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COLLEGE OF BUSINESS AND ECONOMICS

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DEPARTMENT OF MASTER OF BUSINESS LEADERSHIP

THE ROLE OF EMOTIONAL INTELLIGENCE IN LEADERSHIP EFFECTIVENESS IN PRIMARY HOSPITALS IN ADDIS ABABA

A research Project submitted to Addis Ababa University, School of Commerce in Partial Fulfillment for the Award of Master of Arts Degree in Business Leadership

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APPROVAL BOARD COMMITTEE

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DECLARATION

I, the undersigned, hereby declare that the research project entitled "The Role of Emotional Intelligence in Leadership Effectiveness in Primary Hospitals in Addis Ababa," submitted by me for the award of the degree of Master of Arts in Business Leadership, is my original work and has not been presented for the award of any other degree or similar title at any other university or college.

Name: Meheret Dessalegn

ID No.: _____

Signature: _____

STATEMENT OF CERTIFICATION

I hereby confirm that Meheret Dessalegn completed a research project on the topic "The Role of Emotional Intelligence in Leadership Effectiveness in Primary Hospitals in Addis Ababa" under my guidance in partial fulfilment of the requirements for a Master of Arts Degree in Business Leadership at Addis Ababa University School of Commerce. This work is unique and appropriate for consideration in obtaining a Master's degree in Business Leadership.

_____

Dr. Solomon M.

(Advisor)

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TABLE OF CONTENT

List of tables

List of Figures

ABBREVATION AND ACRONYMS

ACA	Affordable Care Act
CEOC	Comprehensive Emergency Obstetric Care
EI	Emotional Intelligence
EQ-I	Emotional Quotient Inventory
SPSS	Statistical Package for the Social Sciences

ABSTRACT

This research paper investigates the crucial role of emotional intelligence in enhancing leadership effectiveness within primary hospitals in Addis Ababa. Utilizing a quantitative research methodology, the study employed structured surveys and interviews to assess the correlation between five key dimensions of emotional intelligence—self-awareness, self-regulation, motivation, empathy, and social skills—and leadership effectiveness among hospital leaders. Statistical analyses, including correlation and regression, were conducted on data collected from 180 respondents in various leadership positions to determine the impact of emotional intelligence on overall leadership performance. The findings indicate that emotional intelligence significantly influences leadership effectiveness, with social skills emerging as the most critical component. Strong significant correlations were identified between effective leadership and the dimensions of emotional intelligence, particularly self-regulation and self-awareness. While leaders exhibited a generally positive self-perception in their emotional intelligence competencies, several areas requiring development, such as emotional reflection and resilience, were highlighted. The results underscore the vital importance of fostering emotional intelligence skills among healthcare leaders to enhance their effectiveness and subsequently improve organizational outcomes. In conclusion, this study emphasizes the need for integrating emotional intelligence training into leadership development programs within healthcare settings as a means of improving both leadership effectiveness and team dynamics. By implementing comprehensive training initiatives focused on emotional intelligence, healthcare organizations can cultivate more effective leaders who are better equipped to navigate the complexities of the healthcare environment, thus enhancing overall patient care and staff morale.

Keywords: *Emotional Intelligence, Leadership Effectiveness, Healthcare Management, Self-Awareness, Social Skills.*

CHAPTER ONE
INTRODUCTION

1.1. Background of the study

In the modern landscape of organizational management, particularly within the healthcare sector, emotional intelligence (EI) has emerged as a crucial component for effective leadership. Emotional intelligence encompasses the ability to recognize, understand, and manage one's own emotions, as well as the emotions of others. This capability is not merely an asset but a necessity for leaders aiming to navigate the complexities of team dynamics and organizational challenges. Instead of relying solely on technical skills which may secure initial employment individuals aspiring to leadership positions must cultivate emotional competence to thrive and promote effective teamwork (HBS Online, 2022; Issah, 2018).

The historical development of emotional intelligence as a domain of study began with the foundational work of Peter Salovey and John D. Mayer in 1990. Over the past few decades, several models have been introduced to better understand EI, with Daniel Goleman's mixed model being particularly influential in the realm of leadership. Goleman's model illuminates five core components of emotional intelligence: self-awareness, self-regulation, social skills, empathy, and self-motivation (Goleman, 2019). This framework forms the backbone of contemporary discussions regarding the interplay between EI and leadership outcomes.

Research consistently demonstrates a strong correlation between emotional intelligence and leadership effectiveness. Goleman (2019) asserts that emotional and relational competencies are distinguishing factors contributing to leadership success. Studies such as those conducted by Cavaness et al. (2020) and Palmer et al. (2001) highlight that EI is a significant predictor of leadership performance, further reinforcing the assertion that effective leaders are equipped with high emotional intelligence. In fact, a survey by CareerBuilder revealed that 71% of employers prioritize emotional intelligence over intelligence quotient (IQ) in leadership roles (Landry, 2019; HBS Online, 2022).

In the demanding environment of healthcare, particularly within primary hospitals, the need for emotionally intelligent leaders is amplified. Healthcare settings often face unique pressures and complexities that highlight the importance of emotional understanding and empathy. Leaders who excel in emotional intelligence create supportive workplaces that value and understand both patient and staff needs, thereby enhancing overall care quality and

employee satisfaction. This emotional acuity fosters a collaborative atmosphere, allowing health professionals to work effectively, address challenges efficiently, and provide high-quality care (Dikeos et al., 1999; Tountas, 2008).

Despite the importance of these competencies, many organizations still grapple with the challenge of promoting emotional intelligence. A troubling trend is the increasing dominance of financial metrics in decision-making processes, often overshadowing the critical role of interpersonal communication and emotional understanding in fostering effective leadership cultures (Phanarioti, 1996). It is imperative that healthcare institutions, particularly primary hospitals, recognize and prioritize the significance of emotional intelligence in shaping leader behaviors and improving patient outcomes (Verderber, 1996; Goleman & Boyatzis, 2019).

Therefore, this research investigated the role of emotional intelligence in leadership effectiveness specifically in primary hospitals in Addis Ababa. By focusing on this context, the study aimed to elucidate the intricate relationship between emotional intelligence and effective leadership, thereby offering potential strategies for cultivating emotionally intelligent leadership in healthcare organizations.

1.2. Statement of the problem

The intersection between emotional intelligence (EI) and leadership effectiveness in the healthcare sector has historically been underexplored, particularly within primary hospitals in Addis Ababa. Traditionally, organizational leadership studies approached emotions as disruptive components that hindered rational decision-making and efficient workplace functioning (Grandey, 2005). Emotions were often dismissed as irrelevant to workplace dynamics, leading to an overarching narrative that equated sound judgment with emotional suppression. However, contemporary research aligns more closely with the perspective of David and Congleton (2013), who contend that emotions cannot simply be ignored. Such attempts tend to exacerbate emotional responses, underscoring the necessity of emotional awareness and management in effective leadership.

In the context of primary healthcare facilities, the ramifications of insufficient emotional intelligence can be particularly severe. Leaders who are unaware of the significance of emotional intelligence may contribute to an environment where the emotional needs of both healthcare providers and patients are neglected. This oversight can adversely affect patient care, as healthcare professionals often struggle to forge emotional connections with patients,

hampering communication and empathy (Mayer & Salovey, 1997). Poor empathy can lead to misunderstandings and reduced patient satisfaction, ultimately compromising the quality of healthcare delivery.

Moreover, teamwork among healthcare providers is significantly impacted by the absence of emotional intelligence. Teams lacking in EI are prone to conflicts and misunderstandings that undermine effective collaboration—an essential component of quality patient care (Goleman, 2019). The prevalence of high-stress situations in healthcare settings means that leaders and team members must be adept at managing their emotional responses. Without adequate emotional intelligence, healthcare professionals risk facing burnout and increased stress, negatively impacting individual performance and overall patient safety (Munkholm & Strömgren, 2020).

Decision-making, another critical aspect of healthcare leadership, is also profoundly shaped by emotional intelligence. Leaders well-versed in EI are more likely to engage in compassionate decision-making, accounting for the emotional needs of patients alongside clinical considerations (Petrides & Furnham, 2001). Conversely, a lack of emotional awareness may lead to decisions that are overly clinical and detached, disregarding the holistic needs of patients. Effective communication, vital for patient education and adherence to treatment plans, is similarly hindered without sufficient emotional intelligence (Goleman, 2019).

While significant attention has been devoted to the role of emotional intelligence in leadership within various sectors, the healthcare field, particularly in the context of private primary hospitals in Addis Ababa, remains insufficiently researched. Studies have predominantly focused on isolated behaviors related to human resources, leaving a critical gap regarding how emotional intelligence informs leadership styles and effectiveness in this unique healthcare environment. Hence, this study seeks to bridge this gap by examining the role emotional intelligence plays in enhancing leadership effectiveness within private primary hospitals in Addis Ababa. The objective is to provide a clearer understanding of how dimensions of emotional intelligence self-awareness, self-regulation, self-motivation, empathy, and social skills—can positively influence leadership, thereby improving both staff dynamics and patient care outcomes.

By addressing this gap, the research aspires to catalyze greater awareness and integration of emotional intelligence principles into leadership practices in primary healthcare, ultimately leading to more effective and empathetic healthcare delivery.

1.3. Research questions

This research aims to answer the following questions:

1. How does emotional intelligence contribute to leadership effectiveness in primary hospitals?
2. How does self-awareness within emotional intelligence impact the effectiveness of leadership in primary hospitals?
3. Does a developing social skill for leaders in primary hospitals enhance their emotional intelligence?
4. How do leaders in primary hospitals use emotional intelligence to build and maintain strong relationships with their employees?
5. How do self-regulation and emotion management in high-stress situations impact the effectiveness of leadership in primary hospitals?

1.4. Objectives of the study

1.4.1. General objective

The general objective of this research is to investigate the relationship between leadership effectiveness and emotional intelligence private primary hospitals in Addis Ababa.

1.4.2. Specific objectives

1. To assess the Emotional Intelligence and leadership practices of selected primary hospitals in Addis Ababa.
2. To understand how a leader's self-awareness influences their ability to lead effectively.
3. To evaluate the impact of a leader's self-control on their effectiveness in leadership.
4. To analyze how a leader's motivation affects their ability to lead effectively.
5. To investigate how a leader's empathy influences their effectiveness in leadership.
6. To identify the connection between social skill and effective leadership.

1.5. Significance of the study

The exploration of Emotional Intelligence (EI) within the context of leadership in primary hospitals holds considerable significance and relevance. First and foremost, one of the primary benefits of integrating EI into leadership practices is the enhancement of leadership skills. Leaders who harness emotional intelligence can strengthen their interpersonal and communication abilities. By developing an awareness of their own emotions and those of others, these leaders foster stronger relationships, effectively resolve conflicts, and inspire their teams. This enhanced relational dynamic is particularly critical in primary hospitals, where the effectiveness of leadership directly impacts overall organizational performance and patient outcomes.

Another compelling reason for studying EI in hospital leadership is its influence on employee engagement. Leaders characterized by high emotional intelligence are better positioned to understand and respond to the emotional and professional needs of their employees. By cultivating an environment that prioritizes emotional well-being, these leaders help create a workplace where employees feel valued and motivated. This positive atmosphere not only enhances loyalty among staff members but also increases productivity and job satisfaction. Ultimately, when employees experience higher levels of engagement, the hospital benefits from a more committed workforce, which is crucial for maintaining high standards of patient care.

Additionally, the role of emotional intelligence in effective decision-making cannot be overstated. EI equips leaders to engage in critical thinking while taking into account both logical reasoning and the emotional dimensions of situations. This dual approach enables leaders to evaluate circumstances objectively, recognize their own biases, and consider the implications of their decisions on team dynamics and hospital operations. By being emotionally grounded, leaders can make choices that promote the well-being of their staff and the overall healthcare environment, resulting in better organizational outcomes and improved service delivery.

Lastly, studying EI can provide insights into conflict resolution in the often-challenging landscape of primary hospitals. Conflicts are inevitable in healthcare settings due to diverse perspectives and high-stakes environments. Leaders with strong emotional intelligence excel in navigating these conflicts by demonstrating empathy for different viewpoints and

facilitating open dialogues. Their capacity to find mutually beneficial solutions fosters a culture of collaboration and harmony within the organization. Moreover, when leaders prioritize emotional intelligence, they significantly contribute to the quality of patient care. Compassionate and understanding leadership can transform the patient experience, leading to improved satisfaction and trust, which are essential for positive healthcare outcomes.

1.6. Scope of the study

The scope of this study was outlined through conceptual, geographical, and temporal dimensions. Conceptually, the research focused on the role of emotional intelligence (EI) in enhancing leadership effectiveness specifically in primary hospitals. Emotional intelligence, which comprised five key components self-awareness, self-regulation, motivation, empathy, and social skills served as the framework for examining leaders' interactions and decision-making processes in a healthcare setting. The study aimed to explore how these EI components helped leaders navigate complex interpersonal dynamics, enhance team collaboration, improve decision-making, and resolve conflicts, thereby contributing to overall leadership effectiveness. Understanding these dynamics was particularly pertinent in the context of healthcare, where leaders faced unique challenges due to the critical nature of their roles.

Geographically, the study was conducted in Addis Ababa, Ethiopia, focusing on the private primary hospitals located in the Bole Sub-City. Despite the total presence of 40 private primary hospitals across the city, the study concentrated on 15 selected hospitals due to limitations in time and resources. This focused selection facilitated an in-depth examination of the impact of emotional intelligence within a manageable context. The findings from this research provided valuable insights applicable to similar healthcare institutions in the region, promoting best practices in leadership development programs to enhance overall healthcare delivery.

The target population for this study consisted of leaders in the selected private primary hospitals, specifically Hospital CEOs, chief clinical officers, and clinical department heads. With an estimated total of 180 leaders in these roles across the 15 hospitals, the sample design utilized a simple random sampling technique, ensuring that all leaders had an equal opportunity to participate. A calculated sample size of 124 participants was recruited to ensure sufficient representation for statistical analysis. By targeting leadership roles, the

study gathered relevant insights directly from individuals responsible for decision-making and management, thereby providing a nuanced understanding of the influence of emotional intelligence on leadership effectiveness within the healthcare environment.

1.7. Organization of the Research project

The study was organized into five chapters. Chapter one presented the introduction of the study, including the background, statement of the problem, research question, and objectives of the study. Chapter two included the literature review, which briefly discussed previous works related to the topic. Chapter three presented the research design and methodology, including all the methods and materials. Chapter four consisted of result analysis and discussion. Lastly, the results from the analysis of the collected data were summarized and concluded, and a recommendation was provided for future improvements.

CHAPTER TWO

REVIEW OF RELATED LITERATURE

2.1. Theoretical literature review

2.1.1 Emotional Intelligence

Emotional Intelligence (EI) remains a pivotal concept in leadership effectiveness, particularly in complex environments such as primary hospitals in Addis Ababa. Defined broadly, EI encompasses the capability to perceive, understand, and regulate emotions in oneself and others. Salovey and Mayer (1990) laid foundational groundwork by suggesting that EI is a branch of social intelligence that aids individuals in recognizing their feelings and those of others, which can subsequently inform their social interactions and decision-making processes. Over the years, various models have emerged to articulate the dimensions of EI, principally grouped into three overarching theories: trait-based theories, ability-based theories, and mixed theories.

2.1.1.1 Trait-Based Theories

Trait-based theories focus on the characterization of EI as inherent qualities or traits that individuals possess. According to Petrides and Furnham (2000), this approach views EI as a constellation of self-perceived abilities, personality traits, and dispositions influencing how individuals manage emotional information. In this framework, individuals high in emotional intelligence tend to exhibit traits such as empathy, social skills, and emotional regulation, which enhance their leadership efficacy (Bar-On, 1997). Trait EI encompasses several dimensions, including emotional awareness (the ability to recognize one's emotions), emotional expression (communicating emotions appropriately), and emotional control (managing one's emotions in various situations) (Petrides & Furnham, 2000).

One significant model within trait EI is the Bar-On Model of EQ, which conceptualizes emotional intelligence as a combination of intrapersonal skills (self-regard, emotional self-awareness, assertiveness), interpersonal skills (empathy, social responsibility), stress management skills (tolerance, impulse control), adaptability (problem-solving, reality testing), and general mood (happiness). These traits influence how leaders inspire and motivate their teams, communicate effectively, and manage conflict (Bar-On, 2006).

2.1.1.2 Ability-Based Theories

Contrasting with trait-based theories, ability-based theories, primarily developed by Salovey and Mayer (1990), posit that emotional intelligence comprises specific abilities or skills that can be measured and developed. This model identifies four core abilities: perceiving emotions, using emotions to facilitate thought, understanding emotions, and managing emotions. Perceiving emotions involves recognizing one's own and others' emotional states accurately, while using emotions to facilitate thought pertains to leveraging emotional insights for cognitive processes (Mayer & Salovey, 1997). Understanding emotions entails comprehending the complex interrelations among different emotions, and managing emotions refers to the capacity to regulate one's emotional responses effectively in various contexts (Mayer et al., 2004).

The Mayer-Salovey-Caruso Emotional Intelligence Test (MSCEIT) is a prominent framework used to assess these abilities, providing empirical data supporting the relevance of EI in both personal and professional domains. This ability-based perspective emphasizes the dynamic nature of emotional intelligence, advocating for targeted training and development to enhance an individual's emotional competencies, thereby improving their effectiveness in leadership roles (Mayer et al., 2004).

2.1.1.3 Mixed Theories

Mixed theories combine elements of both trait-based and ability-based perspectives, positing that emotional intelligence includes various competencies that span personality traits, abilities, and skills. One of the most widely recognized models in this domain is Daniel Goleman's Emotional Intelligence Framework, which integrates both personal and social competencies (Goleman, 1995). Goleman identifies five critical components of emotional intelligence: self-awareness, self-regulation, motivation, empathy, and social skills. Self-awareness entails recognizing one's emotions and their effects, while self-regulation involves managing one's emotional responses constructively. Motivation refers to the intrinsic drive to pursue goals with energy and persistence.

This mixed model particularly underscores the importance of social competence, which encompasses empathy (understanding others' feelings) and social skills (influencing and managing relationships). Goleman's framework has significant implications for leaders, as it suggests that emotional intelligence can be developed and refined through training and

experiential learning, ultimately enhancing leadership performance and organizational outcomes (Goleman, 1995).

2.1.2 Components of emotional intelligence

Emotional intelligence (EI) has garnered significant attention in both academic and professional settings due to its critical role in personal and social success. According to an article published by ICAEW Insights on April 28, 2021, emotional intelligence comprises five essential components that contribute to an individual's ability to navigate their own emotions and those of others. These components are self-awareness, self-regulation, motivation, empathy, and social skills. Each of these elements plays a pivotal role in fostering strong interpersonal relationships and achieving professional goals.

Self-Awareness

Self-awareness is the foundational element of emotional intelligence, encompassing the ability to recognize and understand one's emotions, identifying what one is feeling and the reasons behind those feelings. This level of awareness allows individuals to appreciate the impact their emotions have on those around them, fostering healthier interactions. Self-awareness also includes an understanding of personal strengths and weaknesses, as well as clarity about one's core values or moral compass. This introspective capability is critical, as it enhances intuition and aids decision-making, enabling individuals to make sound choices across various life domains.

Self-Regulation

Once self-awareness is developed, the next crucial step in emotional intelligence is self-regulation. This involves effectively managing one's emotions, particularly negative feelings that can lead to impulsive behaviors or harmful interactions. Maintaining self-control and treating others with respect are central to self-regulation. Individuals may encounter situations that evoke strong emotions; in these moments, practicing calmness—such as stepping back and taking deep breaths can be beneficial. Furthermore, self-regulation requires individuals to stay committed to their values and take personal accountability for their actions and mistakes, which fosters greater trust and respect in personal and professional relationships.

Motivation

Motivation represents the intrinsic drive that propels individuals to improve and achieve their goals. This component emphasizes the importance of setting high standards for oneself and relentlessly striving to meet those aims. Individuals who demonstrate strong motivational skills are often proactive, seizing opportunities as they arise, and are adept at asserting themselves in various situations. Additionally, motivation encompasses optimism and resilience—the ability to find positives in adverse situations and learn from setbacks. This positive outlook not only enhances personal satisfaction but also inspires those around them, creating an encouraging and growth-oriented environment.

Empathy

Empathy is a crucial interpersonal skill in emotional intelligence, defined as the ability to understand and share the feelings of others. It involves putting oneself in another person's position and considering a situation from their perspective. An empathetic individual is attuned to the emotions of others and responds appropriately, regardless of differing opinions. Furthermore, empathy emphasizes the significance of respecting diversity and fostering inclusion, which are essential elements in today's multicultural society. Effective communication, both verbal and non-verbal, plays a vital role in demonstrating empathy; it requires individuals to listen actively and respond with sensitivity to the cues presented by others.

Social Skills

Social skills often referred to as social skill, describe the ability to interact effectively with others. Individuals with strong social skills are typically characterized as "people persons" they can build trust and rapport with colleagues and clients alike. Their effectiveness as listeners is matched by their proficiency in verbal communication, enabling them to engage in meaningful conversations. Socially skilled individuals frequently take on leadership roles, providing inspiration and motivation to their teams, adeptly managing change, resolving conflicts, and offering praise and recognition when due. These competencies are not only instrumental in professional environments but also contribute to a positive workplace culture.

In conclusion, the components of emotional intelligence self-awareness, self-regulation, motivation, empathy, and social skills form a comprehensive framework that supports personal and professional development. Each element interconnects, enhancing overall emotional competence and contributing to successful interpersonal relationships. As

emotional intelligence continues to be a pivotal factor in both personal growth and professional effectiveness, understanding and cultivating these components can lead to significant improvements in one's career trajectory and relational dynamics. Emotional intelligence not only enriches individual lives but also plays a crucial role in creating harmonious and productive workplaces.

Professional development is integral to advancing one’s understanding and application of emotional intelligence. As students and professionals navigate their careers, the knowledge gained from understanding these critical components can significantly impact their ability to manage various situations they may encounter.

2.1.3 Business leadership in primary hospitals

Leadership theories have predominantly been developed within a business context and later adapted to healthcare settings. As a result, these theories are dynamic, evolving over time to meet the unique demands of the healthcare environment. Unlike many traditional organizations, healthcare institutions consist of intricate interfaces involving a myriad of professionals, each holding distinct roles. This complexity often leads to a unique organizational structure that tends to adhere to historical practices, frequently resisting change (Kumar et al., 2015). Bossidy and Charan (2002) emphasize that a lack of effective collaboration is a significant shortcoming in various healthcare settings. This underscores the critical role of effective leadership in facilitating the necessary transformations aimed at enhancing organizational quality and performance.

In the context of healthcare, both the environment and leadership serve as foundational pillars to motivate and inspire change for the future (Kotter, 2003). Leadership is not confined to a select few within an organization; instead, it exists within the relationships that permeate the entire institution. Leadership can be viewed as an art that focuses on inspiring individuals to expend effort toward achieving collective goals. This approach can enhance collaboration within healthcare organizations, allowing leaders and their teams to elevate each other's motivation and appreciate the interdependencies that exist among diverse stakeholders (VanVactor, 2012). Furthermore, effective leadership promotes teamwork, enabling healthcare professionals to work cohesively toward shared objectives, ultimately improving patient care and organizational efficiency.

Moreover, leadership in primary hospitals often embodies the behaviors and actions of individuals who coordinate efforts toward achieving common goals while adapting to the ever-changing healthcare landscape (Al-Sawai, 2013). The complexities inherent in healthcare necessitate a leadership style that is flexible and responsive. The challenges faced by primary hospitals require leaders to navigate not only organizational dynamics but also the broader healthcare environment. By fostering an adaptive leadership approach, hospital leaders can effectively respond to the needs and expectations of patients, staff, and regulatory bodies, thereby driving quality improvements.

Hartley and Benington (2010) argue that effective leadership must be viewed as a complex set of practices undertaken by various individuals within specific organizational and inter-organizational cultures. This perspective acknowledges that leadership is not merely a top-down concept; rather, it must be cultivated through collaborative efforts and shared responsibilities among healthcare professionals. In primary hospitals, fostering a culture of shared leadership can empower employees at all levels, encouraging them to take initiative and participate in decision-making processes. As a result, this collaborative leadership approach can lead to innovative solutions and improved outcomes, ultimately benefiting the entire healthcare system. By prioritizing strong leadership practices, primary hospitals can lay the groundwork for sustainable success, ensuring that they meet the evolving challenges within the healthcare sector.

2.2. Empirical study

This study discusses the five components of emotional intelligence (EI) and their effects on effective leadership. Emotional intelligence plays a vital role in determining leadership capabilities and can significantly influence the dynamics within teams and organizations.

2.2.1. The Role of Self-Awareness in Emotional Intelligence and Effective Leadership

Self-awareness is one of the cornerstones of emotional intelligence and has a profound impact on leadership effectiveness. Researchers have highlighted the biases that can occur in self-ratings, which raises the significance of comparing self-assessments with evaluations made by others (Podsakoff & Organ, 1986). A key assumption behind the popularity of 360-degree feedback programs is that accurate self-perception enhances leadership performance. Although some studies suggest self-awareness does not always yield performance improvements in team negotiations (Der Foo et al., 2004), an extensive body of literature

supports the idea that self-awareness positively affects leadership efficacy. Prominent researchers such as Ashford (1989), Atwater and Yammarino (1992), and Sosik (2001) have established that self-aware leaders tend to experience greater managerial effectiveness and foster desired emotional outcomes among their subordinates.

The correlation between self-awareness and leadership effectiveness is critical. Leaders who possess self-awareness can adapt their behavior to align better with the perceptions of their team members, ultimately enhancing overall effectiveness. Recent studies have highlighted the importance of this alignment in the context of authentic leadership, suggesting that self-aware leaders engender higher levels of trust and commitment within their teams (Gardner et al., 2005; Luthans & Avolio, 2003). Furthermore, such leaders are often more effective in mentoring and utilizing influence tactics, thereby promoting organizational performance (Atwater et al., 1998; Young & Dulewicz, 2007). Bratton, Dodd, and Brown (n.d.) discerned that the link between emotional intelligence and leadership performance is most pronounced in managers exhibiting strong self-awareness.

2.2.2. The Influence of Self-Regulation in Emotional Intelligence on Effective Leadership

Self-regulation is another essential dimension of emotional intelligence, defined as the ability to modify one's emotional responses to align with societal values and personal long-term objectives (Baumeister, Vohs, & Tice, 2007). Leaders who embody self-regulation can maintain calmness and composure, especially in stressful situations. This capability is crucial since it allows leaders to effectively manage their emotions and impulses, which can prevent emotional overwhelm and support quality decision-making.

Self-regulation involves various competencies, including self-monitoring and adapting one's behavior based on situational demands. Such emotional control not only enhances a leader's ability to cope with stress but also promotes a healthy work environment. When leaders can manage their emotions adeptly, they set a tone for their teams, fostering an atmosphere of productivity and collaboration. According to Goleman, leaders who excel in self-regulation are often better equipped to pursue goals while maintaining an adaptable approach to unforeseen challenges, which is vital in today's dynamic business landscape.

2.2.3. The Impact of Social Skills in Emotional Intelligence on Effective Leadership

Effective social skill comprises not only self-awareness but also the ability to perceive and influence the emotions of others. This dimension of emotional intelligence is particularly critical in today's workforce, where emotional demands and social connections are heightened (Bradberry). As work environments increasingly prioritize mental health awareness, leaders must hone their social skills to foster supportive and understanding atmospheres (Brant).

Being attuned to emotional cues enhances a leader's ability to connect with their team, thereby driving positive organizational change. Research indicates that leaders who excel at managing relationships can successfully navigate difficult conversations, turning potential conflicts into opportunities for growth (Meinert). For example, organizations that foster open communication foster a positive emotional climate, which enhances collaboration and minimizes conflict. In this context, leaders serve not only as managers but as emotional guides, ensuring that team dynamics remain constructive.

Furthermore, social skill encompasses a plethora of competencies, including empathy, conflict resolution, and effective communication. Leaders who invest in these emotional skills can address team needs more effectively, leading to increased morale and productivity. According to Odette and Lauren (2022), social skill is an indispensable facet of effective leadership and plays a pivotal role in cultivating a positive organizational culture.

2.2.4. The Role of Empathy in Emotional Intelligence and Leadership Effectiveness

Empathy, a fundamental element of emotional intelligence, pertains to the capacity to comprehend and resonate with the emotions of others. Leaders who possess empathy can establish deeper connections with their employees, fostering more productive and inclusive work environments. Goleman (1995) asserts that empathy is a critical virtue for leaders, as it not only inspires and motivates others but also propels teams toward greater effectiveness.

Empathic leaders facilitate a culture of understanding, ensuring that no team member feels marginalized. This inclusivity contributes to heightened employee optimism and commitment, thereby elevating overall organizational vision (Goleman, Boyatzis, & McKee, 2002). A study titled "The Impact of Empathy on Leadership Effectiveness among Business Leaders in the United States and Malaysia" indicates that leaders who demonstrate empathy significantly improve their leadership effectiveness, correlating with better organizational performance.

Furthermore, the acknowledgment of emotional dimensions in healthcare leadership is essential for fostering supportive environments. By recognizing the importance of empathy in relational dynamics, leaders can initiate behavioral changes that promote cohesive work settings, ultimately enhancing the efficacy of health leadership (Health Services Management Centre, 2005).

2.2.5. The Effect of Motivation in Emotional Intelligence on Effective Leadership

Motivation is a crucial component of emotional intelligence that influences leadership emergence across diverse settings. Research findings indicate that motivated leaders are more likely to engage actively in leadership roles than those lacking intrinsic motivation (Leadership & Organization Development Journal, 2011). Leadership motivation encompasses intrinsic and extrinsic factors that drive individuals to pursue leadership opportunities and inspire their subordinates.

Effective leaders harness their motivation to create a vision that resonates with their teams, encouraging collective effort toward shared objectives. Motivated leaders not only set the pace for goal achievement but also actively work to uplift their teams, fostering an environment where individuals feel valued and driven to contribute. In addition to fostering engagement, leadership motivation also correlates with better decision-making and conflict resolution, as motivated leaders approach challenges with an optimistic and proactive mindset.

Furthermore, a motivated leadership approach strengthens team cohesion, as leaders encourage collaboration, open communication, and trust among team members. By prioritizing motivation as a dimension of emotional intelligence, organizations can cultivate leaders who inspire and motivate their teams to meet and exceed performance expectations.

2.3. Conceptual review

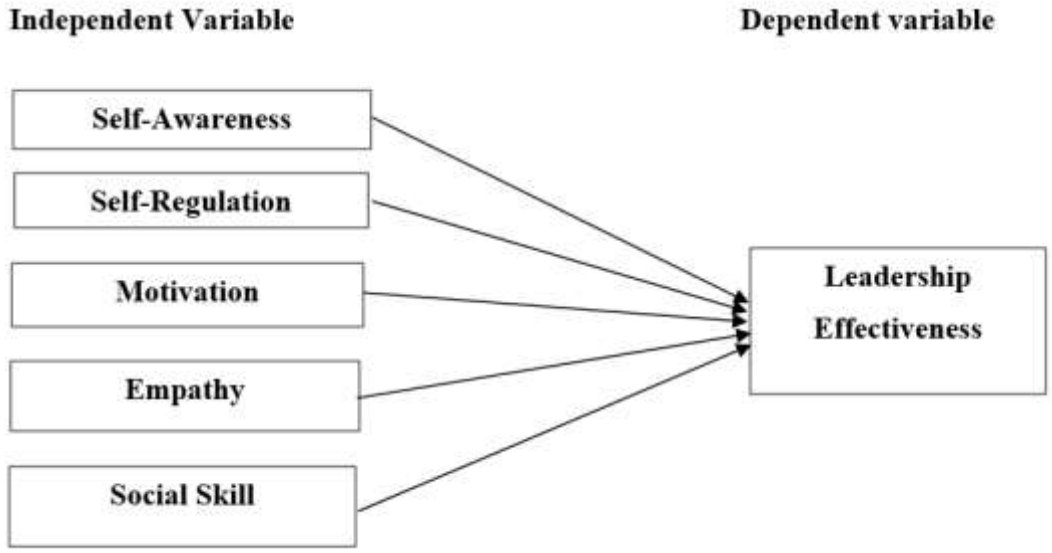

Figure 1: Conceptual framework

Source: The five components of emotional intelligence and their effect on leadership effectiveness (adapted from Goleman 1995).

2.4. Hypothesis

Self-Awareness

According to Goleman (2019), self-aware leaders possess the ability to recognize their own emotions and motivations, as well as their consequent effects on others. They maintain a clear understanding of their strengths and weaknesses, leading with a spirit of introspection rather than mere authority. As such, self-aware leaders are generally self-confident, adaptable, assertive, and capable of humility. Gewertz (2006) notes that leaders who demonstrate high levels of self-management and self-awareness often witness an increase in financial profitability due to their empathetic responses to conflicts and their ability to tackle challenges in constructive, less disruptive manners. Therefore, we hypothesize that:

H1a: There will be a positive relationship between self-awareness and leadership effectiveness.

Self-Regulation

Leaders who exhibit a high degree of emotional self-regulation can manage their disruptive emotions and impulses effectively, allowing them to adapt to changing circumstances

(Goleman, 2019). These leaders are characterized by their propensity to suspend judgment and assess situations before acting, making them trustworthy, conscientious, innovative, and adaptable to the needs of both their employers and followers. Being more in tune with their emotions enables them to transition from reactive to thoughtful responses, serving as role models for their followers by demonstrating self-control and the ability to delay gratification (Goleman, 2005; Vann et al., 2017). Thus, the researcher hypothesizes that:

H1b: There will be a positive relationship between self-regulation and leadership effectiveness.

Self-Motivation

Self-motivated leaders exhibit enthusiasm, drive, optimism, and a focus on achievement (Mullen et al., 2018; Mayer & Salovey, 1997). These leaders persist despite adversity and setbacks, using their intrinsic motivation to navigate challenges and guide themselves toward their goals. Emotionally self-motivated leaders set exceptionally high standards for quality and effectiveness in their work (Manktelow & Carlson, 2016). Recognizing the importance of contingent rewards as a motivational tool, they inspire transformational behaviors within their organizations (Vann et al., 2017). Accordingly, we hypothesize that:

H1c: There will be a positive relationship between self-motivation and leadership effectiveness.

Empathy

Empathetic leaders possess the unique capacity to understand and resonate with the experiences of others from their perspectives, which is critical for effective decision-making (Petrides & Furnham, 2001). Leaders who blend strong self-awareness with empathy consider the emotional input of others when making decisions (Goleman, 2019). This essential leadership skill is linked to significantly improved performance across multiple domains, including engagement, decision-making, and coaching (HBS Online, 2022; Goleman, 2019). Studies have shown that leaders who cultivate their emotional intelligence in roles such as school counseling, where empathy is actively taught, become better at leading others (Mullen et al., 2018). Therefore, we hypothesize that:

H1d: There will be a positive relationship between empathy and leadership effectiveness.

Social Skill

Leaders who excel in social skills can build strong relationships, create networks, and manage interpersonal dynamics effectively (Goleman, 2005). They are adept at handling emotional responses in others, managing conflicts, and fostering a cooperative work environment (Issa, 2018; Goleman & Boyatzis, 2017). Such leaders possess the social acumen to communicate clear expectations, provide direction, and cultivate trust among employees while positively reinforcing good performance (Manktelow & Carlson, 2016; Goleman, 2019). Hence, we hypothesize that:

H1e: There will be a positive relationship between social skills and leadership effectiveness.

CHAPTER THREE
RESEARCH METHODOLOGY

This chapter presents the methodological framework being applied to solve the research problem and answer the research questions. The chapter describes the chosen research approach, research design, research population, sampling and sampling techniques, source of data, data collection instruments, reliability and validity of the instruments, data collection procedures, method of data analysis and ethical considerations.

3.1. Research Approach

This study adopts a quantitative research methodology to assess the role of emotional intelligence in leadership effectiveness within primary hospitals in Addis Ababa. The rationale for employing a quantitative approach lies in the need for clear statistical insights that can provide robust evidence regarding the relationship between emotional intelligence and leadership efficacy.

The quantitative aspect of the research involved utilizing structured surveys distributed to a defined population of leaders in various primary hospitals. These surveys included validated instruments to measure emotional intelligence attributes, such as self-awareness, self-regulation, motivation, empathy, and social skills. Additionally, leadership effectiveness was assessed through established metrics that could quantify various aspects of leadership performance, including team satisfaction, decision-making quality, and overall hospital performance.

By conducting statistical analyses on the collected survey data, the research aimed to identify correlations and possible causal relationships between emotional intelligence and leadership effectiveness. This allowed for the evaluation of the extent to which emotional intelligence contributed to the effectiveness of leaders in the context of healthcare management.

The research utilized various statistical tools, including regression analysis, correlation coefficients, and possibly ANOVA to draw comprehensive conclusions regarding the impact of emotional intelligence on leadership outcomes. Such a methodology ensured that the findings were grounded in empirical evidence, making them applicable to both academic discourse and practical applications within the healthcare sector.

By focusing solely on quantitative data, this research acknowledged the importance of numerical trends and statistical significance in understanding leadership dynamics in healthcare settings. This streamlined approach aimed to present a clear, data-driven analysis of how emotional intelligence influenced leadership effectiveness, providing actionable insights for policymakers, hospital administrators, and future leadership training programs.

3.2 Research Design

The research design selected for this study is explanatory research, which focuses on elucidating the relationships between emotional intelligence and leadership effectiveness. Explanatory research is particularly suitable for this study as it aims to explain the underlying reasons and mechanisms through which emotional intelligence influences leadership practices. By establishing cause-and-effect relationships, the research will provide valuable insights into how different facets of emotional intelligence contribute to effective leadership in primary hospitals.

To achieve this, the study first utilized quantitative surveys to gather data on emotional intelligence levels and leadership effectiveness from participants. This involved assessing various dimensions of emotional intelligence, such as self-awareness, self-regulation, motivation, empathy, and social skills, alongside measures of leadership effectiveness..

The explanatory research design also aided in identifying the contextual factors within the primary hospitals that may have impacted the relationship between emotional intelligence and leadership effectiveness. It allowed the research to account for external variables that could have influenced the findings and helped in understanding how emotional intelligence could be leveraged strategically to enhance leadership outcomes in the healthcare sector. Ultimately, this design facilitated a constructive exploration of the research questions and offered a detailed examination of the role of emotional intelligence in shaping effective leadership in primary hospitals.

3.3 Sources and Types of Data

The study primarily relied on primary data collected through structured survey questionnaires, key informant interviews, and focus group discussions targeting leaders in private primary hospitals in Addis Ababa. The survey quantified the emotional intelligence traits of the leaders and measured their effectiveness in leadership roles. The structured nature of the survey facilitated the collection of data that could be easily analyzed statistically and

compared across different respondents. Furthermore, the survey included validated scales that measured emotional intelligence and leadership effectiveness, thus ensuring the data's robustness.

Secondary data was utilized to contextualize the findings within existing research and literature. This included reviews of past studies on emotional intelligence and leadership, articles from relevant blogs, and data from reputable websites. This multi-source data collection approach not only enhanced the credibility of the research findings but also supported a comprehensive understanding of the topic. Additionally, a support letter from the AAU MBL department was obtained to facilitate access to the target population and assure participants that ethical considerations and confidentiality were prioritized throughout the research process.

3.4 Population of the Study

Since this research focused on private primary hospitals in Addis Ababa, the sample was drawn from 15 private primary hospitals, specifically targeting leadership roles such as Hospital CEOs, chief clinical officers, and clinical department heads. According to the Ethiopian Standards for Primary Hospitals, each hospital had a workforce comprising at least 100 employees, though the specific number might have varied. The emphasis of this study on leaders was pivotal, as these individuals were responsible for guiding their organizations and making critical decisions that impacted healthcare delivery.

The expected number of leadership roles within each hospital included one Hospital CEO, one chief clinical officer, and ten clinical department heads. Thus, the total population of the study was anticipated to be 180 leaders across all selected hospitals. By focusing solely on those in leadership positions, the research ensured that the data collected reflected the experiences and perspectives of individuals directly involved in decision-making and management processes. This targeted approach not only narrowed the focus of the investigation but also underlined the importance of emotional intelligence within the leadership context of healthcare.

Furthermore, this population size was significant enough to capture a diverse range of experiences and insights, enriching the overall findings of the research. The selection of participants was systematic, ensuring a balanced representation from each hospital and facilitating an effective exploration of how emotional intelligence manifested in leadership

practices across the varied settings of private primary hospitals in Addis Ababa. The target respondents were briefly informed about the research objectives, ensuring that their contributions were both informed and voluntary.

Table 1: Target Respondents

Leadership Role	Number of Targets Per Hospital	Total Across 15 Hospitals
Hospital CEO	1	15
Chief Clinical Officer	1	15
Clinical Department Heads	10	150
Total Leaders Per Hospital	12	180

3.5 Sample Techniques and Sample Size

3.5.1 Sample Techniques

In this study, a census sampling technique was employed to gather data from all eligible leaders within the selected private primary hospitals in Addis Ababa. A census involved collecting data from every member of the defined population, ensuring that the research encompassed a comprehensive overview of the relationship between emotional intelligence and leadership effectiveness. By using this technique, the study captured the full scope of insights from Hospital CEOs, chief clinical officers, and clinical department heads across the 15 targeted hospitals. The rationale for opting for a census instead of a sample was primarily to avoid potential biases and ensure inclusivity, as every eligible leader's input contributed to the richness of the data. Given the relatively manageable population size of 180 leaders, the census approach not only facilitated a complete data set but also enhanced the study's validity and reliability by providing a thorough representation of leadership perspectives in healthcare settings.

The census approach served to eliminate the risks associated with sampling error, which could occur when only a subset of the population was studied. By ensuring that all leadership roles were surveyed, the findings were more likely to reflect the true dynamics of how emotional intelligence factors into leadership effectiveness in primary hospitals. This exhaustive approach allowed for detailed statistical analyses to be conducted, strengthening

the conclusions drawn from the research. Furthermore, this method promoted inclusivity and diversity in the data collected, as it took into account different contexts, experiences, and perspectives held by leaders of varying positions and backgrounds within the healthcare system. The comprehensive nature of this census sampling technique established a solid empirical foundation for understanding the vital role emotional intelligence played in effective leadership within the specific setting of private primary hospitals.

3.5.2 Sample Size

The sample size for this research consisted of all potential respondents that met the criteria of being in leadership roles within the selected private primary hospitals in Addis Ababa. Specifically, the target population included 180 leaders, comprising 15 Hospital CEOs, 15 chief clinical officers, and 150 clinical department heads, distributed across 15 hospitals. This sample size was substantial enough to enable meaningful statistical analysis while ensuring adequate representation of different leadership roles within the healthcare setting. By including every eligible leader in the study, the research sought to capture a comprehensive view of the emotional intelligence traits that influenced leadership effectiveness, allowing for robust and generalizable conclusions drawn from the data collected.

The decision to focus on this specific sample size aligned with the research methodology that emphasized clarity and precision in understanding the intricate dynamics of emotional intelligence and its impact on leadership. A total of 180 leaders, as defined by the operational framework of the study, allowed the research to be statistically powered, enhancing the reliability of findings and ensuring that conclusions reflected real-world implications. Moreover, this sample size fostered diversity, as it encompassed varying experiences, organizational contexts, and departmental responsibilities, thus enriching the understanding of how emotional intelligence manifested in different leadership scenarios. Ultimately, the comprehensive sample size not only ensured data robustness but also aided in producing findings that held significance and applicability within the healthcare sector.

3.7 Method of Data Analysis

This study employed a quantitative approach to data analysis, utilizing statistical techniques to examine the relationship between emotional intelligence and leadership effectiveness in primary hospitals. Data were collected through structured surveys and analyzed using statistical software, such as SPSS.

The analysis included both descriptive and inferential statistical methods. Descriptive statistics were used to summarize key demographic characteristics of the participants and to present an overview of their emotional intelligence scores. Inferential statistical techniques, including correlation and regression analyses, were conducted to assess the strength and direction of relationships between emotional intelligence traits and leadership effectiveness.

By identifying patterns and correlations within the data, this analysis contributed to a deeper understanding of the role emotional intelligence plays in shaping leadership effectiveness in primary healthcare settings.

3.8 Reliability and Validity of the Instruments

3.8.1 Reliability

Reliability pertained to the consistency and stability of the research instruments used in data collection. For this study, the reliability of the survey questionnaire measuring emotional intelligence and leadership effectiveness was assessed utilizing Cronbach's alpha coefficient. A commonly accepted threshold for reliability was a Cronbach's alpha of 0.70 or above, indicating satisfactory internal consistency among the items within each measured domain. Before data collection, a pilot test was conducted with a small sample drawn from the same population to examine the reliability of the scales being used. Based on the pilot test results, any necessary adjustments were made to ensure the reliability of the instruments.

Table 2: Reliability Statistics

Reliability Statistics	
Cronbach's Alpha	N of Items
.920	60

3.8.2 Validity

Validity referred to the extent to which a research instrument accurately measured what it intended to measure. In this study, the validity of the survey instruments was established through content validity and construct validity. Content validity was assessed by having experts in emotional intelligence and leadership review the survey items to ensure that they comprehensively covered the relevant domains and were reflective of the constructs being studied. Their feedback was instrumental in refining the items to enhance their relevance and clarity.

Furthermore, construct validity was evaluated through exploratory and confirmatory factor analyses, which helped determine whether the measured instruments accurately represented the theoretical constructs of emotional intelligence and leadership effectiveness. By examining the correlation between different items and their alignment with the underlying constructs, the research established a strong foundation for the validity of the instruments being employed.

3.9. Ethical Considerations

Ethical considerations were critical in conducting research, particularly in sensitive environments such as healthcare. This study adhered to strict ethical guidelines throughout the research process. First and foremost, obtaining informed consent from all participants was essential. Each leader involved in the study was thoroughly briefed on the research objectives, ensuring they understood the purpose of the study and how their participation contributed to the overall findings. Consent forms outlined their rights, including their right to withdraw from the study at any time without repercussions.

Additionally, confidentiality and anonymity of participants were of paramount importance. All collected data were anonymized, and identifiers were removed from the dataset to ensure that no individual could be linked to their responses. This approach protected participants' privacy and fostered an environment where they felt safe to share their experiences openly, thereby enhancing the integrity of the research. Secure storage of data was also implemented to prevent unauthorized access, ensuring that all materials remained confidential throughout and after the study.

Finally, ethical considerations extended beyond participant rights to encompass the use of data and dissemination of findings. Researchers accurately reported the results without

misrepresentation or manipulation of data. This commitment to ethical research practices aimed to contribute meaningful insights to the field while maintaining the trust and respect of participants and stakeholders involved in the study. By prioritizing ethical considerations throughout the research process, the study aimed to uphold the highest standards of integrity and accountability.

CHAPTER 4

4. DATA ANALYSIS, RESULTS AND PRESENTATION

4.1. Introduction

This chapter presents the results of the data analysis. The study aimed to investigate the relationship between leadership effectiveness and emotional intelligence in private primary hospitals in Addis Ababa. To draw valid conclusions, the primary data collected were analyzed in relation to the research objectives and questions.

To achieve this aim, the chapter begins with general information about the respondents. Descriptive statistics were employed to organize and summarize the collected data, while correlation and regression analyses were utilized to explore the explanatory aspects of the study. SPSS version 27 software was used to process the quantitative data and derive reliable conclusions and implications.

To ensure that the data collected were suitable for analysis, all questionnaires were screened for completeness. Any incomplete questionnaires were deemed errors and were excluded from the analysis. This section is organized as follows:

4.2. The Response Rate of Questionnaires

Any research study that utilizes surveys to collect data must consider the response rate of those surveys. The primary data from the questionnaire were distributed to 180 participants

involved in private primary hospitals in Addis Ababa, with 159 completed questionnaires returned, resulting in a response rate of 88.33%. Such a high response rate indicates that the research achieved a significantly above-average rate, well above the 70% threshold generally considered ideal for accurately representing the entire population. Furthermore, according to Mugenda (1999), a response rate of 50% is considered sufficient, a rate of 60% is preferable, and a response rate of 70% or higher is ideal for accurately representing the whole population.

4.3. Demographic Information of Respondents

This section analyzes the demographic variables of the respondents using frequency and percentage distributions, which are presented in tabular format.

Table 3: General Information about Respondents

Demographic characteristics		Frequency	Percentage
Gender Distribution	Male	86	54.0%
	Female	73	46.0%
	Total	159	100%
Age	20 - 30 Years	56	35.2%
	31 - 40 Years	59	37.1%
	41 – 50 Years	29	18.3%
	51 and Above	15	9.4%
	Total	159	100%
Position	Doctor	9	27.0%
	Nurse	96	60.9%
	Administrator	29	18.3%
	Support Staff	24	15.1%
	Total	159	100%
Years of Experience in Healthcare	Less than 1 year	35	22.0%
	1-5 years	61	38.4%
	6-10 years	40	25.1%
	More than 10 years	23	14.5%
	Total	159	100%

Level of Education	Diploma	44	27.7%
	Bachelor's Degree	77	48.4%
	Master's Degree	29	18.3%
	Doctorate	9	5.7%
	Total	159	100%

Source: own Survey, 2024

The first demographic variable evaluated is gender distribution. The respondents were largely male, constituting 54.0% of the total sample, while females accounted for 46.0%. This representation indicates a slight predominance of male participants in the study. Understanding gender dynamics in leadership contexts is essential, as it may influence communication styles, decision-making processes, and team interactions. Additionally, examining the role of gender in emotional intelligence can provide insights into any possible variations in how emotional competencies manifest among different genders in leadership roles, thereby contributing to the broader dialogue on effective leadership in healthcare.

Next, the age distribution of the respondents reveals an even spread across various age groups. About 35.2% of respondents are aged between 20-30 years, while the 31-40 age group has a marginally higher representation at 37.1%. The 41-50 age group comprises 18.3%, and those aged 51 and above represent 9.4%. This relatively balanced age distribution indicates a workforce that includes both younger leaders who may bring fresh perspectives and experience, as well as older leaders who likely possess extensive industry insights. Such diversity within age groups can positively impact the overall dynamics of leadership by merging innovative ideas with experiential knowledge, which is vital for navigating the complexities inherent in healthcare environments.

The position of the respondents further complements the demographic information, shedding light on their professional roles within the healthcare facility. The majority of the respondents were nurses, making up 60.9% of the sample, followed by administrators at 18.3%, support staff at 15.1%, and a smaller proportion of doctors at 27.0%. The predominance of nurses reflects the significant role they play in primary healthcare settings and offers a unique lens to study how emotional intelligence influences leadership effectiveness among non-medical professionals. Understanding the perspectives of those in various roles is crucial, as their

interactions and emotional competencies collectively shape leadership effectiveness in nursing and healthcare.

In terms of professional experience, the respondents demonstrate an ample distribution in years of experience within healthcare. Approximately 38.4% have 1-5 years of experience, followed by 25.1% who have between 6-10 years. About 22.0% have less than 1 year of experience, while those with over ten years account for 14.5%. This variation in experience levels is instrumental in understanding the emotional intelligence competencies being assessed. Less seasoned professionals may approach leadership differently compared to their more experienced peers, indicating the potential need for tailored leadership development programs focused on fostering emotional intelligence at different career stages.

The educational background of the respondents also varies, with most holding a Bachelor's degree (48.4%), followed by those with a Diploma (27.7%), a Master's degree (18.3%), and a Doctorate (5.7%). This educational disparity highlights the importance of academic qualifications in shaping emotional intelligence and leadership skills, as well-educated leaders may possess greater awareness of emotional competencies and how they affect interpersonal dynamics in the workplace. The range of educational backgrounds provides a foundation for understanding how these diverse educational experiences translate into leadership behaviors and emotional intelligence capabilities in hospital settings.

4.4. Descriptive analysis

One of the specific objectives of this research is to investigate the relationship between leadership effectiveness and emotional intelligence in private primary hospitals in Addis Ababa. This includes focusing on Self-Awareness, Self-Regulation, Motivation, Empathy, and Social Skills (Relationship Management) as they relate to Leadership Effectiveness. Following a thorough literature review and preliminary analysis, respondents were asked to rate the extent to which each of the 50 major factors, categorized into five groups, influenced overall Leadership Effectiveness. As noted in Chapter 3, a 5-point Likert scale was employed for the rating system, where 1 corresponds to 'strongly disagree,' 2 indicates 'disagree,' 3 represents 'neutral,' 4 indicates 'agree,' and 5 corresponds to 'strongly agree.'

4.4.1. Self-Awareness Related Factors

Table 4: Self-Awareness Related Factors

Descriptive Statistics			
	N	**Mean**	**Std. Deviation**
I am aware of my strengths and weaknesses.	159	3.92	.689
I can accurately assess my emotions in different situations.	159	3.59	.765
I know how my emotions affect my performance.	159	3.80	.682
I regularly reflect on my feelings and their impact on my actions.	159	3.19	.868
I am aware of how my emotional state influences my decisions.	159	3.76	.698
I understand how my unique background shapes my emotional responses.	159	3.06	.873
I can recognize when I am feeling overwhelmed.	159	4.00	.675
I can identify the triggers of my emotional reactions.	159	3.30	1.107
I often seek feedback to enhance my self-awareness.	159	3.70	.725
I am in tune with my emotional responses during stressful situations.	159	3.88	.697
Grand Mean		**3.63**	

Source: own Survey, 2024

The first item analyzed from the self-awareness factors, "I am aware of my strengths and weaknesses," garnered a mean score of 3.92 with a standard deviation of 0.689. This suggests that respondents largely agreed with the statement, reflecting a solid level of self-awareness among leaders in primary hospitals. The relatively low standard deviation indicates uniformity in responses, implying that most leaders possess a clear understanding of their capabilities, which is essential for effective leadership.

The second item, "I can accurately assess my emotions in different situations," received a mean score of 3.59, accompanied by a standard deviation of 0.765. While this score shows a tendency toward agreement, the slightly higher deviation indicates some variability in how respondents perceive their emotional assessment abilities. This variability may indicate that while many leaders feel confident about their emotional assessments, there are those who may struggle or lack confidence in this area.

For the statement "I know how my emotions affect my performance," the mean score was 3.80, with a standard deviation of 0.682. This shows a strong awareness among leaders regarding the impact of their emotions on their performance. The relatively low standard deviation again highlights a consensus among respondents, indicating that a majority recognize the importance of emotional awareness to optimize performance.

The fourth item, "I regularly reflect on my feelings and their impact on my actions," presented a mean score of 3.19 and a standard deviation of 0.868. This lower mean score indicates a more neutral stance among respondents regarding self-reflection. The higher standard deviation suggests that practices of reflection vary among leaders, implying that while some might engage in frequent introspection, others may neglect this aspect of self-awareness.

Respondents rated the item "I am aware of how my emotional state influences my decisions" with a mean of 3.76 and a standard deviation of 0.698. This indicates that leaders are generally aware of how their emotions cascade into decision-making processes. The narrow range of responses mirrors the consensus around the importance of emotional regulation in leadership.

The analysis of "I understand how my unique background shapes my emotional responses" yielded a mean of 3.06 and a higher standard deviation of 0.873. This score suggests that leaders might have varying degrees of insight into how their backgrounds influence their emotional behaviors, signaling a potential area for growth in cultural competence and emotional intelligence training.

“I can recognize when I am feeling overwhelmed” produced a mean score of 4.00 with a standard deviation of 0.675, pointing to a strong ability among respondents to identify overwhelming emotional states. This high level of awareness is crucial, as it allows leaders to mitigate stress and maintain effective leadership even in challenging situations.

The item “I can identify the triggers of my emotional reactions” reflected a mean score of 3.30, with a standard deviation of 1.107. The lower mean suggests that identifying triggers may be a less developed skill among leaders, as indicated by the high standard deviation, which reveals significant differences in individual experiences regarding emotional triggers.

The next item, "I often seek feedback to enhance my self-awareness," received a mean score of 3.70, with a standard deviation of 0.725. This score implies that leaders are actively pursuing feedback to bolster their self-awareness, recognizing its importance in personal and professional development. The moderate standard deviation indicates a fairly consistent approach to seeking feedback among leaders.

Lastly, the statement "I am in tune with my emotional responses during stressful situations" scored a mean of 3.88 with a standard deviation of 0.697. Similar to previous results, this score demonstrates a strong consensus among respondents regarding their emotional responsiveness, highlighting a capacity for self-regulation that can be advantageous in the high-pressure environment of primary healthcare.

In comparison to existing research on emotional intelligence and leadership, these results align with those presented by Antonopoulou (2024), who emphasized the role of self-awareness and emotional regulation as key components of effective leadership. The variability in viewpoints among leaders regarding their reflective practices and emotional triggers suggests opportunities for targeted training programs designed to enhance self-awareness, support emotional intelligence development, and ultimately foster more effective leadership in primary hospitals.

Overall, the analysis of self-awareness factors reveals a generally positive landscape regarding emotional intelligence among leaders in primary hospitals in Addis Ababa, with notable strengths in emotional awareness and regulation. However, it also highlights specific areas for development, particularly in reflection practices and identifying emotional triggers. These insights will be critical in shaping future training initiatives aimed at enhancing leadership effectiveness through emotional intelligence.

4.4.2. Self-Regulation Related Factors

Table 5: Self-Regulation Related Factors

Descriptive Statistics

	N	Mean	Std. Deviation
I can control my emotions effectively in the workplace.	159	3.06	.687
I remain calm and composed under pressure.	159	3.46	.809
I can manage my emotional responses to criticism.	159	3.64	.790
I do not let my emotions dictate my reactions.	159	3.96	.520
I can adapt my emotions to suit different social contexts.	159	3.69	.517
I practice techniques to help manage my emotional responses.	159	2.62	.809
I can take a step back and reassess my feelings when needed.	159	3.13	.850
I set personal goals to improve my emotional responses.	159	3.91	.599
I can stay focused even when I am feeling strong emotions.	159	3.81	.600
I believe self-control is crucial for effective leadership.	159	4.01	.539
Grand Mean		**3.53**	

Source: own Survey, 2024

The first item analyzed was "I can control my emotions effectively in the workplace," which yielded a mean score of 3.06 with a standard deviation of 0.687. This relatively low mean indicates that respondents may struggle with emotional control, indicating a need for further development in this essential leadership skill. The standard deviation suggests that opinions varied widely, with some individuals feeling more confident in their emotional control than others.

The second item, "I remain calm and composed under pressure," showed a higher mean of 3.46 and a standard deviation of 0.809. This implies a moderate level of confidence among

respondents in maintaining their composure during stressful situations, but the larger standard deviation indicates varying degrees of effectiveness in this area. This suggests that while some leaders manage pressure well, others may falter, highlighting a potential area for training.

The third item, "I can manage my emotional responses to criticism," had a mean of 3.64 and a standard deviation of 0.790. The relatively higher mean indicates that a significant number of respondents felt they could handle criticism effectively. However, the standard deviation shows that experiences with criticism varied, prompting the need for focused interventions to uniformly enhance emotional resilience in leadership roles.

The fourth item assessed was "I do not let my emotions dictate my reactions," where a mean score of 3.96 and a standard deviation of 0.520 were recorded. The mean reflects a strong belief among respondents in their ability to maintain emotional control. The low standard deviation indicates a consensus among respondents that their emotional reactions are under their manageable control, suggesting a robust foundation for effective leadership practices based on emotional intelligence.

Respondents scored an average of 3.69 (standard deviation 0.517) on the statement "I can adapt my emotions to suit different social contexts." This suggests a moderate yet favorable adaptability within various social situations. The relatively low standard deviation points to a general agreement among respondents, setting a positive tone for the importance of situational awareness in leadership effectiveness.

The statement "I practice techniques to help manage my emotional responses" received a mean of 2.62 with a standard deviation of 0.809, indicating a significant gap in proactive emotional management strategies among respondents. The low mean suggests many respondents may not be utilizing specific techniques, emphasizing a potential area for leadership training to enhance emotional intelligence further.

The item "I can take a step back and reassess my feelings when needed" registered a mean of 3.13 and a standard deviation of 0.850. This shows that while respondents recognize the importance of self-reflection, they may not consistently apply this practice, as indicated by the higher standard deviation. This inconsistency can lead to varied leadership outcomes, necessitating strategies to reinforce reflective practices.

The statement "I set personal goals to improve my emotional responses" achieved a mean of 3.91 and a standard deviation of 0.599. This result indicates a positive inclination towards self-improvement among respondents, with the low standard deviation suggesting consistency among participants in their pursuit of enhancing emotional responses, leading to better leadership effectiveness.

The penultimate item, "I can stay focused even when I am feeling strong emotions," presented a mean of 3.81 with a standard deviation of 0.600. This relatively high score reflects a favorable perception of concentration despite emotional challenges. The degree of agreement suggests a collective acknowledgment of the importance of emotional stability in maintaining focus within a leadership role.

Finally, "I believe self-control is crucial for effective leadership" garnered the highest mean score of 4.01 with a standard deviation of 0.539. This demonstrates a strong consensus among respondents regarding the fundamental role of self-control in effective leadership. The low standard deviation reinforces the uniform belief in self-control, positioning it as a key determinant of successful leadership effectiveness in the healthcare setting.

When comparing these findings to existing literature, it aligns with previous research which underscores the significance of emotional intelligence in enhancing leadership effectiveness. Studies have consistently shown that leaders exhibiting strong emotional self-regulation are more successful in their roles and cultivate more effective teams (Nesbit, 2011; Qiao et al., 2024).

In conclusion, the analysis of self-regulation factors reveals a nuanced understanding of emotional intelligence within leadership effectiveness in primary hospitals in Addis Ababa. While there are areas where leaders exhibited commendable self-regulation skills, several factors revealed opportunities for improvement. Enhanced emotional management strategies, self-reflection practices, and training programs focused on emotional intelligence can substantially contribute to the effectiveness of leadership, ultimately benefiting hospital operations and patient care.

4.4.3. Motivation Related Factors

Table 6: Motivation Related Factors

Descriptive Statistics

	N	Mean	Std. Deviation
I am driven to achieve goals that have personal meaning to me.	159	3.69	.835
I remain motivated even in the face of challenges.	159	2.99	.831
I inspire others to remain focused on their goals.	159	3.69	.626
I set clear and attainable goals for myself.	159	3.84	.831
I actively seek ways to improve my performance.	159	3.84	.906
I feel a strong sense of purpose in my work.	159	3.99	.811
I am resilient when faced with setbacks.	159	3.26	.938
I maintain a positive mindset towards my responsibilities.	159	3.73	.884
I encourage others to find their intrinsic motivation.	159	3.82	.615
I believe my motivation positively impacts my team's performance.	159	4.06	.677
Grand Mean		**3.69**	

Source: own Survey, 2024

The first motivation-related factor assessed is the drive to achieve personally meaningful goals, which garnered a mean score of 3.69 and a standard deviation of 0.835. This indicates a generally positive outlook among respondents regarding personal motivation, suggesting that leaders frequently align their personal aspirations with their leadership roles. The relatively low standard deviation indicates a consensus among participants about the importance of personal meaning in driving their success.

By contrast, the second item remaining motivated in the face of challenges—revealed a mean score of 2.99, with a standard deviation of 0.831. This lower score suggests a less robust

perception of resilience amongst respondents, indicating that challenges might be a significant factor in diminishing motivation. The slightly higher standard deviation further suggests variability in responses, highlighting that while some respondents remain steadfast, others struggle significantly to maintain motivation under pressure.

The third item assessed respondents on their ability to inspire others to focus on their goals, achieving a mean score of 3.69, with a standard deviation of 0.626. This result suggests that a majority of leaders feel competent in motivating their teams, yet the relatively high agreement also raises questions about the disparities when compared with those who face unique challenges that hamper their ability to inspire effectively.

Setting clear and attainable goals was highly rated, with a mean score of 3.84 and a standard deviation of 0.831. This finding emphasizes the significance of goal clarity as an essential motivational factor in leadership effectiveness. The consistent scores imply that leaders prioritize goal-setting as a vital part of their leadership strategy, offering a direction that is crucial for both personal and team success.

Respondents also rated their inclination to seek ways to improve performance similarly high, with a mean score of 3.84 but a notably higher standard deviation of 0.906. This indicates variability in how individuals approach self-improvement while many leaders actively pursue enhancement, some may lack the same drive, suggesting a divide in the motivation for professional growth. This variability may underscore differing levels of emotional intelligence among the leaders surveyed.

A strong sense of purpose in work scored the highest among motivation-related factors, with a mean of 3.99 and a standard deviation of 0.811. This emphasizes the motivational force of purpose in leadership contexts, which can act as an anchor for leaders, aligning their emotional intelligence with their roles and inspiring their teams. The relatively low standard deviation indicates a common understanding of purpose's importance in driving performance.

In contrast, leaders demonstrated resilience when faced with setbacks, scoring a mean of 3.26 and a standard deviation of 0.938. This indicates a significant struggle among many leaders with resilience. The high standard deviation illustrates varied responses, indicating that while some may bounce back, many do not, suggesting that resilience remains a challenging area for development among the leaders studied.

The mean score of 3.73 for maintaining a positive mindset indicates that, overall, leaders tend to approach their responsibilities with an optimistic outlook, although the standard deviation of 0.884 reflects a moderate uncertainty about consistency in this positivity. This variability may suggest that external factors and individual personality traits markedly influence their attitude toward challenges they encounter in their roles.

The item regarding the encouragement of others to find their intrinsic motivation yielded a mean score of 3.82 with a low standard deviation of 0.615, reflecting a strong tendency among leaders to foster motivation in their teams. This consistency suggests that leaders view intrinsic motivation as a key driver of team performance and a vital part of their leadership effectiveness.

Lastly, the belief that their motivation positively impacts team performance garnered a high mean score of 4.06 and a standard deviation of 0.677. This indicates a strong consensus that motivated leaders create a ripple effect within their teams, enhancing performance and efficiency. The relatively low standard deviation implies that most respondents share a belief in the importance of their motivational role as leaders.

When comparing these findings with previous research, outcomes align with the works of scholars like Gómez-Leal et al., (2021)., highlighting the relationship between emotional intelligence and leadership success. Their findings suggest that leaders with higher emotional intelligence exhibit resilience, a strong sense of purpose, and motivational skills, reinforcing the importance of emotional intelligence in fostering effective leadership in healthcare settings. Thus, our study corroborates the essential elements of leadership highlighted in other research, affirming the need for emotional intelligence training in professional development programs.

In summary, the descriptive analysis of motivation-related factors in this research underlines the critical role emotional intelligence plays in leadership effectiveness among private primary hospitals in Addis Ababa. While leaders are generally driven by meaningful goals and possess a strong sense of purpose, challenges remain in their resilience and the ability to maintain motivation amid setbacks. As these findings emphasize the interconnectedness of emotional intelligence, motivation, and leadership effectiveness, they offer valuable insights for enhancing leadership capabilities in the healthcare sector.

4.4.4. Empathy Related Factors

Table 7: Empathy Related Factors

Descriptive Statistics			
	N	**Mean**	**Std. Deviation**
I can understand the emotional state of others easily.	159	3.83	.915
I actively listen to my team's concerns and feelings.	159	3.95	.855
I can put myself in someone else's shoes.	159	3.86	.710
I respond appropriately to the emotions of others.	159	3.19	.851
I recognize when someone is struggling emotionally.	159	3.40	.772
I make an effort to connect with my team emotionally.	159	3.30	.861
I show compassion and understanding in my interactions.	159	3.54	.891
I value the emotions of others as much as my own.	159	3.71	.814
I provide support to colleagues in emotional distress.	159	3.93	.676
I believe empathy is essential for building a cohesive team.	159	3.67	.691
Grand Mean		**3.63**	

Source: own Survey, 2024

In this research, the assessment of empathy-related factors within the context of leadership effectiveness in primary hospitals reveals critical insights. The first item, "I can understand the emotional state of others easily," has a mean score of 3.83 with a standard deviation of .915. This suggests that respondents feel moderately confident in their ability to understand the emotions of others, but the relatively high standard deviation indicates significant

variance among individual responses, hinting that some leaders may struggle more than others in this area.

The second item, "I actively listen to my team's concerns and feelings," yielded a slightly higher mean score of 3.95 and a standard deviation of .855. This indicates that leaders perceive themselves as actively engaging with their team members' emotional expressions. The lower standard deviation implies a more unified perception among respondents regarding the importance of listening actively to team concerns, which is an essential characteristic of effective leadership.

Next, the item "I can put myself in someone else's shoes" garnered a mean score of 3.86 with a standard deviation of .710. This reinforces the previous findings, suggesting that leaders are generally adept at empathizing with their team members. The lower standard deviation here indicates that most respondents share a similar level of agreement, demonstrating a collective recognition of the importance of perspective-taking in leadership effectiveness.

Respondents rated the statement "I respond appropriately to the emotions of others" with a mean score of 3.19 and a standard deviation of .851. This lower mean suggests that leaders feel less confident in their ability to respond appropriately to emotional cues, potentially pointing to a gap in emotional responsiveness that could impact team cohesion and morale.

When evaluating the item "I recognize when someone is struggling emotionally," respondents rated it at a mean of 3.40 and a standard deviation of .772. This indicates a moderate confidence level in leaders' abilities to identify emotional struggles in their teams, but the somewhat low consensus (shown by the standard deviation) suggests that some leaders may need training or support in recognizing emotional distress effectively.

For the item "I make an effort to connect with my team emotionally," the mean score was 3.30 with a standard deviation of .861. This score, while still positive, hints at room for improvement in emotional connection efforts among leaders. The standard deviation shows considerable variability in responses, which suggests that not all leaders prioritize emotional connection equally.

The statement "I show compassion and understanding in my interactions" scored a mean of 3.54 with a standard deviation of .891. This result indicates a recognition of compassion as an integral part of leadership, although the high standard deviation unveils a disparity in

personal experiences or practices, suggesting that some leaders may need encouragement in demonstrating empathy consistently.

Respondents ranked "I value the emotions of others as much as my own" at a mean of 3.71, accompanied by a standard deviation of .814. This indicates a solid appreciation for the emotional states of others, but the standard deviation reflects varied beliefs on the importance of this principle, implying a need for a shift that encourages greater emotional investment in interpersonal relationships within teams.

The item "I provide support to colleagues in emotional distress" received a mean score of 3.93 and a standard deviation of .676, suggesting that leaders feel competent in offering support during times of emotional hardship. The relatively low standard deviation reflects a common understanding among respondents of the importance of this supportive behavior in fostering a healthy work environment.

Lastly, the statement "I believe empathy is essential for building a cohesive team" achieved a mean of 3.67 and a standard deviation of .691. This indicates a broad acknowledgment among leaders of the value of empathy in promoting teamwork and collaboration, yet the variance in responses points to differing levels of emphasis placed on empathy within leadership roles.

In comparison with previous research, studies have consistently highlighted the significant role empathy plays in effective leadership. For instance, Ioannidou & Konstantikaki, V. (2008) posited that emotional intelligence, particularly empathy, is a key differentiator in the success of leaders, and this research extends those findings by demonstrating that leaders in primary hospitals in Addis Ababa recognize the importance of emotional understanding but reveal areas where further development is needed.

In conclusion, this research underscores the critical role of empathy in leadership effectiveness within primary hospitals in Addis Ababa. While the overall sentiment reflects a moderate belief in the capacity to understand and connect with team members emotionally, the variability in responses across different items highlights areas where further development and training could significantly enhance leadership effectiveness. Increased focus on training leaders to recognize emotional distress and respond appropriately can foster a more cohesive and supportive work environment, ultimately improving staff morale and patient care.

4.4.5. Social Skills (Relationship Management) Related Factors

Table 8: Social Skills (Relationship Management) Related Factors

Descriptive Statistics			
	N	**Mean**	**Std. Deviation**
I can build strong relationships with my colleagues.	159	3.87	.764
I communicate effectively with others to resolve conflicts.	159	4.18	.778
I actively collaborate with my team to achieve shared goals.	159	3.53	.920
I foster a positive work environment through my interactions.	159	2.91	.766
I adapt my communication style to suit the audience.	159	3.60	.835
I am skilled in managing group dynamics.	159	3.23	.880
I provide constructive feedback to my team members.	159	3.91	.741
I can effectively influence others in a positive way.	159	3.93	.730
I am approachable and considered a good listener by my peers.	159	3.42	.821
I navigate social complexities in the workplace with ease.	159	3.62	.745
Grand Mean		**3.61**	

Source: own Survey, 2024

The study examined the link between emotional intelligence and leadership effectiveness, specifically focusing on the social skills aspect, which encompasses relationship management. Analyzing the responses recorded, the item concerning the ability to build strong relationships with colleagues yielded a mean score of 3.87, with a standard deviation of 0.764. This indicates that a majority of respondents feel reasonably confident in their

capacity to forge meaningful connections with their peers, reflecting that interpersonal relations play a crucial role in leadership effectiveness within primary hospitals.

Effective communication emerged as another essential skill within the realm of social competencies. This item received a mean score of 4.18, and a standard deviation of 0.778, highlighting a strong sentiment among respondents about their ability to engage in productive dialogues that help resolve conflicts. The relatively low standard deviation suggests that opinions on this capability are closely clustered, implying a consensus on the importance of adept communication in fostering a collaborative leadership environment.

In examining the collaborative efforts of leaders, the statement regarding actively working with teams to achieve shared goals received a mean of 3.53, marked by a higher standard deviation of 0.920. The lower mean suggests that while some leaders recognize their collaborative abilities, there may still be significant variance in experiences. This indicates that enhancing teamwork and cooperation could be areas for development in leadership training within the healthcare sector.

The item assessing the capacity to foster a positive work environment through interactions yielded a mean of 2.91 and a standard deviation of 0.766, indicating a deeper concern among respondents. A mean below the neutral point (3) suggests that fostering positivity may be a challenging area for leaders in primary hospitals, highlighting a potential gap in emotional intelligence skills that can adversely affect workplace morale.

Adapting communication styles to suit different audiences is a notable skill in effective leadership. The mean score was recorded at 3.60, with a standard deviation of 0.835. This suggests sufficient acknowledgment among respondents of the necessity for flexible communication strategies, although the relatively moderate mean suggests room for improvement in this adaptive skill.

The ability to manage group dynamics is essential for productive teams; this statement received a mean of 3.23 and a standard deviation of 0.880. The low mean reflects potential difficulties leaders face in achieving harmony within their teams, suggesting that leadership development programs could benefit from focusing on strategies for effective group management.

Survey participants rated their ability to provide constructive feedback at a mean score of 3.91 with a lower standard deviation of 0.741. This indicates a strong belief in the importance of feedback for professional development, yet suggests varying effectiveness in implementation, warranting further training on delivering feedback that promotes growth rather than discouragement.

The capacity to positively influence others was rated at a mean of 3.93 and a standard deviation of 0.730, which suggests that many leaders possess an inherent ability to inspire and motivate their teams. This finding reinforces the role of positive influence in enhancing leadership effectiveness, emphasizing the need for leaders to cultivate this skill further.

Respondents rated themselves at a mean of 3.42 regarding their approachability and perception as a good listener among peers, with a standard deviation of 0.821. While the average score indicates a recognized ability to listen, the mixed responses reflect diverse experiences which may impact a leader's effectiveness in fostering open communication lines.

Lastly, the item relating to navigating social complexities in the workplace received a mean score of 3.62 and a standard deviation of 0.745. This suggests that many leaders feel somewhat comfortable managing the intricate social dynamics that are inherent in healthcare settings, yet it still suggests opportunities for training in emotional intelligence to handle these complexities more adeptly.

In comparison to previous research, the findings of this study align with existing literature that underscores the significance of emotional intelligence in leadership roles. Research by Pramila (2025) emphasizes that leaders with high emotional intelligence are more adept at managing relationships and fostering effective teamwork, reinforcing the vital role these skills play in achieving leadership success. Additionally, a study by Jones (2007) found that social skills are correlationally significant to overall leadership effectiveness, echoing the importance of the results observed in this analysis and confirming their relevance to the healthcare sector.

In conclusion, the results indicate that while respondents in primary hospitals in Addis Ababa generally display a commendable level of social skills, significant gaps remain in fostering positive work environments, managing group dynamics, and enhancing collaborative efforts.

These findings underline the necessity for targeted training programs that focus on emotional intelligence competencies, particularly those linked to leadership effectiveness, to ensure that healthcare leaders can navigate the complexities of their roles more effectively. Addressing these areas will not only enhance leadership performance but also contribute positively to the organizational climate within primary hospitals.

4.5. Results of Correlation Analysis

The correlation of the variables is measured by the Pearson correlation coefficient. The results of the Pearson correlation are presented in the following table and interpreted according to the guidelines suggested by Field (2006). He mentioned that the Pearson correlation coefficient shows the relationship and direction between the predictor and outcome variables. Accordingly, if the relationship is measured in the range of 0.1 to 0.29, it is considered a weak relationship; 0.30 to 0.49 indicates a moderate relationship; and above 0.50 shows a strong relationship. The positive and negative signs indicate the direction of their relationship.

Table 9: Pearson correlation information

Correlations

		Leadership Effectiveness	Self-Awareness	Self-Regulation	Motivation	Empathy	Social Skill
Leadership Effectiveness	Pearson Correlation	*1*	*.643***	*.674***	*.407***	*.570***	*.720***
	Sig. (2-tailed)		*.000*	*.000*	*.000*	*.000*	*.000*
	N	*159*	*159*	*159*	*159*	*159*	*159*
Self-Awareness	Pearson Correlation	*.643***	*1*	*.573***	*.246***	*.540***	*.431***
	Sig. (2-tailed)	*.000*		*.000*	*.002*	*.000*	*.000*
	N	*159*	*159*	*159*	*159*	*159*	*159*
Self-Regulation	Pearson Correlation	*.674***	*.573***	*1*	*.378***	*.517***	*.601***
	Sig. (2-tailed)	*.000*	*.000*		*.000*	*.000*	*.000*
	N	*159*	*159*	*159*	*159*	*159*	*159*
Motivation	Pearson Correlation	*.407***	*.246***	*.378***	*1*	*.399***	*.257***
	Sig. (2-tailed)	*.000*	*.002*	*.000*		*.000*	*.001*
	N	*159*	*159*	*159*	*159*	*159*	*159*

Empathy	**Pearson Correlation**	***.570*** **	***.540*** **	***.517*** **	***.399*** **	***1***	***.487*** **
	Sig. (2-tailed)	***.000***	***.000***	***.000***	***.000***		***.000***
	N	***159***	***159***	***159***	***159***	***159***	***159***
Social Skill	**Pearson Correlation**	***.720*** **	***.431*** **	***.601*** **	***.257*** **	***.487*** **	***1***
	Sig. (2-tailed)	***.000***	***.000***	***.000***	***.001***	***.000***	
	N	***159***	***159***	***159***	***159***	***159***	***159***

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

The correlation analysis conducted in this study aimed to examine the relationships between emotional intelligence components namely self-awareness, self-regulation, motivation, empathy, and social skills and the dependent variable of leadership effectiveness among primary hospitals in Addis Ababa. The findings, based on the Pearson correlation coefficient, reveal significant associations among these variables, highlighting the integral role of emotional intelligence in enhancing leadership outcomes.

As indicated in Table 9, leadership effectiveness exhibits strong positive correlations with social skills ($r = 0.720$, $p < 0.01$) and self-regulation ($r = 0.674$, $p < 0.01$). This suggests that leaders who excel in social skills and self-regulation are likely to demonstrate higher effectiveness in their leadership roles. These results align with prior research emphasizing that leaders with strong social competencies can build effective relationships and create supportive working environments (Nesbit, 2012; Qiao et al., 2025).

Furthermore, leadership effectiveness is moderately correlated with both empathy ($r = 0.570$, $p < 0.01$) and self-awareness ($r = 0.643$, $p < 0.01$). This indicates that leaders who possess a high level of empathy and self-awareness are more effective in their leadership practices. This observation aligns with studies that have shown empathic leaders are better at understanding employee needs and fostering a positive workplace culture (Gómez-Leal et al., 2021), while self-aware leaders can accurately assess their strengths and weaknesses, facilitating personal and professional growth (Pudasaini, 2024).

Motivation, while showing the weakest correlation with leadership effectiveness ($r = 0.407$, $p < 0.01$), still signifies a noteworthy relationship. This suggests that motivated leaders can positively influence their teams and drive organizational goals, albeit to a lesser extent than the other emotional intelligence components. The current findings resonate with the notion

that intrinsically motivated leaders are more effective in inspiring their teams (Ryan & Deci, 2000).

Additionally, self-awareness and self-regulation are interconnected, showing correlations of $r = 0.573$ ($p < 0.01$). This reinforces the premise that self-aware leaders understand their emotions and can regulate them effectively, leading to better leadership practices (Antonopoulou, 2024).

4.6. Diagnostic Tests

In this study the researcher used inferential analysis is concerned with the various tests of significance for normality, auto correlation and multi co linearity in order to determine the validity of data. The data was sorted to group questions according to applicable constructs under test. Finally multiple regression analysis were performed. Tests and analysis of the data are presented below.

4.6.1. Multicollinearity Assumption

Multi co linearity exists when there is a strong correlation between two or more predictors in a regression model Saunders et.al, (2007). There should be no perfect linear relationship between two or more of the predictors. So the predictor variables should not correlate too highly (Ho, 2006). If there is perfect co linearity between predictors, it becomes impossible to obtain unique estimates of the regression coefficients because there are an infinite number of combinations of coefficients that would work equally well. Perfect co linearity is rare in real-life data, but less than perfect co linearity is virtually unavoidable Field, (2006).

If there is a high degree of correlation between independent variables, we have a problem of what is commonly described as the ‘’problem of Multicollinearity‟ Kothari, 2004; Field, (2006). This research data multi-co linearity assumption is checked by the Pearson Correlation Coefficient and Co linearity Statistics.

The Multicollinearity assumption is that by looking SPSS analysis output correlation table of co linearity statistics value of Tolerance and Variance Inflation Factor /VIF (Field, 2006). The Tolerance column value below 0.2 and VIF value above 10 pose a Multicollinearity problem. Having this, the Tolerance and VIF value is shown in the regression standardized coefficients table below and the analysis indicates that there is the minimum tolerance value of 0.570 which is above 0.02 and the maximum VIF value is 2.083 which is below 10.

Therefore, the predictors don't highly correlate with each other; hence, there is no Multicollinearity problem.

Table 10 : Collinearity statistics value

Coefficients[a]

Model		Collinearity Statistics	
		Tolerance	**VIF**
1	**Self-Awareness**	***.588***	***1.700***
	Self-Regulation	***.480***	***2.083***
	Motivation	***.798***	***1.253***
	Empathy	***.570***	***1.753***
	Social Skill	***.595***	***1.681***

4.6.2. Homoscedasticity

Homoscedasticity is the extent to which the data values for the dependent and independent variables have equal variances, as Saunders, et al. (2009) noted. Based on the explanation by Field (2009), at each level of the predictor variables, the variance of the residual terms should be constant which means the residuals at each level of the predictors should have the same variance. Therefore checking for this assumption is helpful for the goodness of the regression model. Field (2009) suggested that it should plot the standardized residuals, or errors (ZRESID) on the Y-axis and the standardized predicted values of the dependent variable based on the model (ZPRED) on the X-axis to get the Homoscedasticity result.

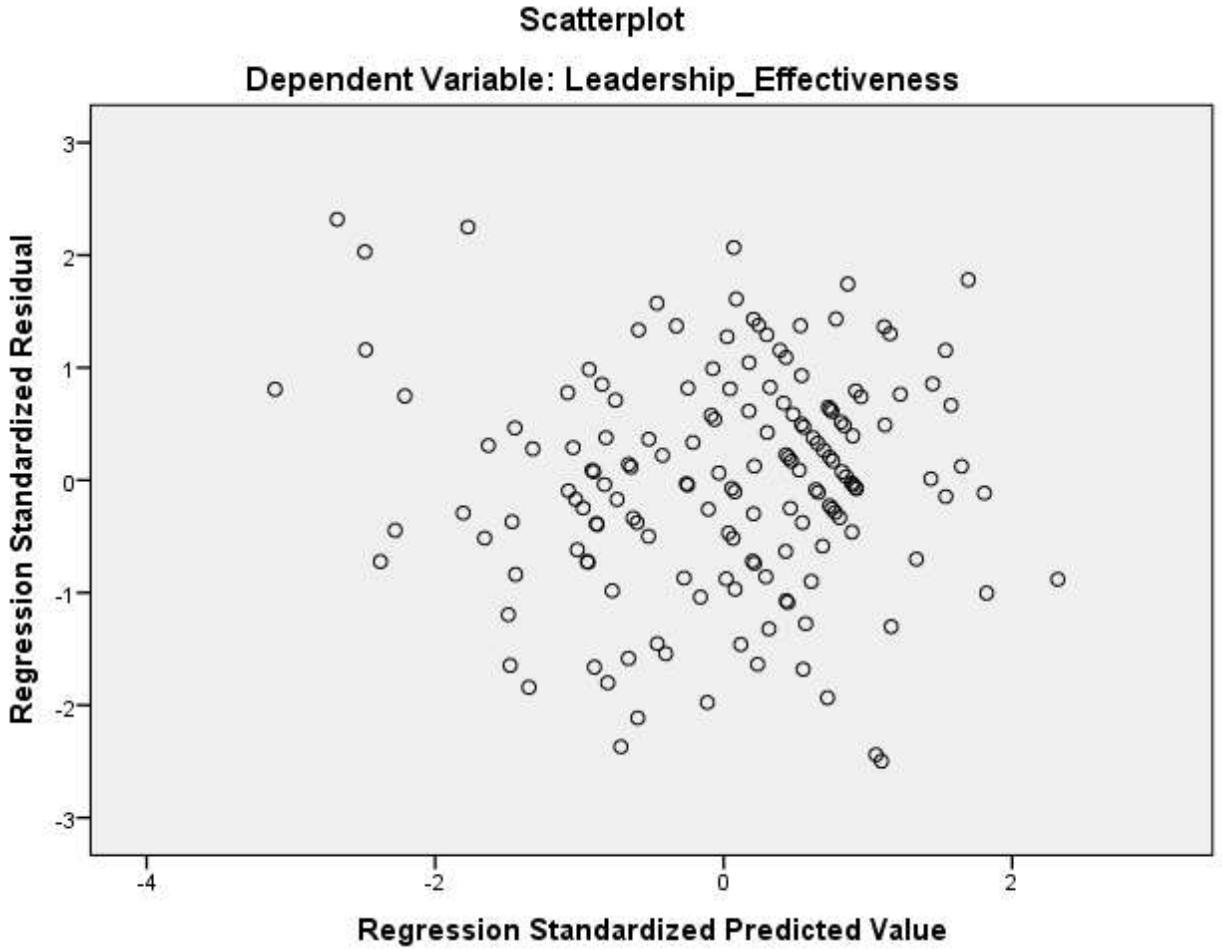

Figure 2: Homoscedasticity test result

Source: Own survey result, 2024

4.6.3. Auto-correlation Assumption / Durbin-Watson Test

In multiple linear regression models, one of the assumptions is that the residuals are independent of one another. This means that the values of the residuals should be uncorrelated. To verify this assumption, we examine the regression output in the model summary box. The Durbin-Watson statistic is used to test the assumption of independence (or uncorrelatedness) among the residuals. This statistic can range from 0 to 4, with values below 1 or above 3 causing concern and potentially rendering the analysis invalid. For our analysis, the Durbin-Watson statistic is above 1 (Field, 2009; Gujarati, D. 2004), suggesting that the assumption is acceptable. A value of 2 indicates no auto correlation, whereas a value approaching 0 suggests positive auto correlation, and a value approaching 4 indicates negative auto correlation (Saunders et al., 2009, p.622).

Table 11: Durbin-Watson Test

Durbin-Watson
1.670

Source: Own survey result, 2024

4.6.4. Normality Test

Frequency distributions come in many different shapes and sizes. It is quite important, therefore, to have some general descriptions for common types of distributions. In an ideal world our data would be distributed symmetrically around the center of all scores. As such, if we drew a vertical line through the center of the distribution then it should look the same on both sides. This is known as a normal distribution and is characterized by the bell-shaped curve. According to Robert Burn and Richard Burns, (2008), in practical terms, the range of the distribution is 6 standard deviation units, i.e. 3 on each side of the mean. The proportion of cases beyond ±3 standard deviations is so small that it is common practice to use ±3 as arbitrary limits in illustrative diagrams. As we have seen from the below table, the skewness between ±3, it shows normal distribution. Figure Below also shows the data is almost normal.

The histogram is simetrical along the center 0 (Almost all variables were found to be normal.

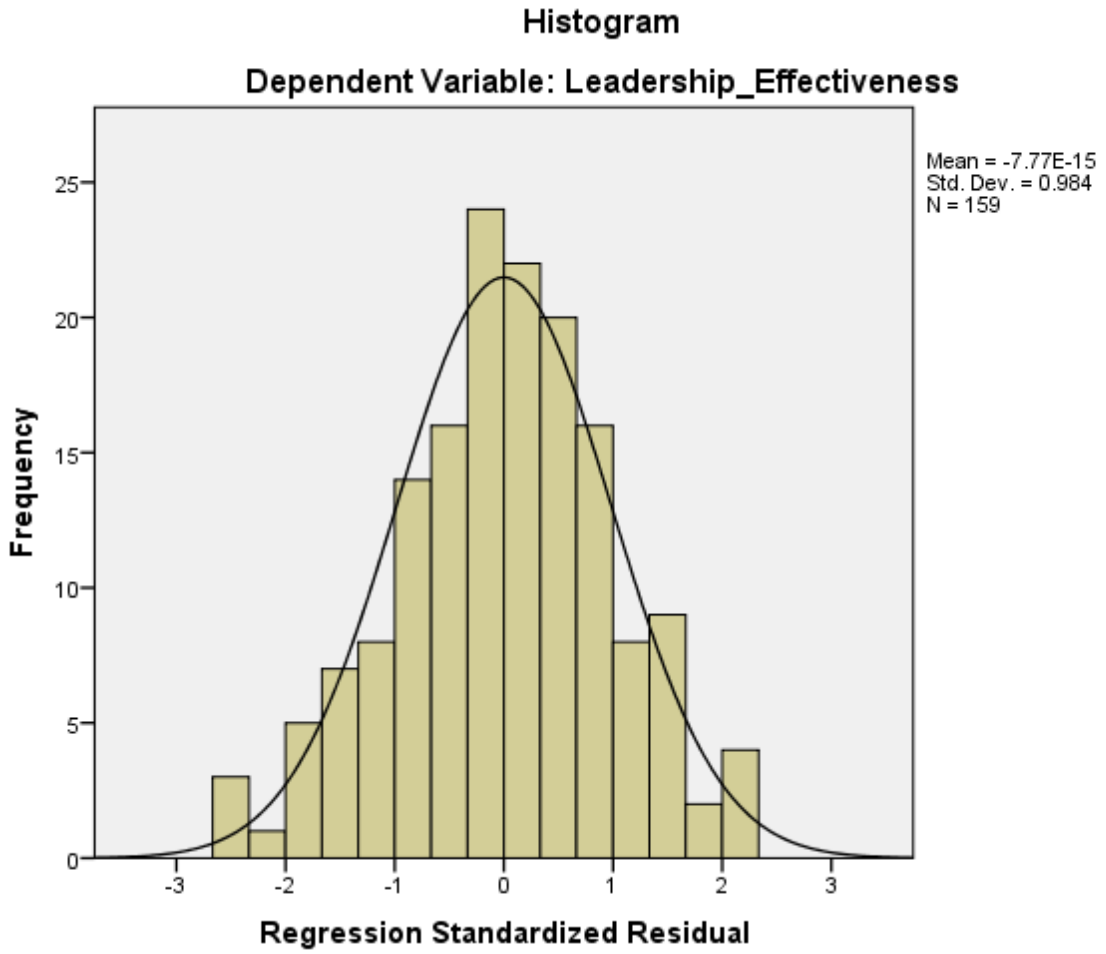

Figure 3: Tests of Normality

Source: Analysis survey data, 2024

Table 12: Normality Test using Skewness and Kurtosis

Descriptive Statistics

	N	Skewness		Kurtosis	
	Statistic	Statistic	Std. Error	Statistic	Std. Error
Leadership Effectiveness	159	-.255	.192	-.553	.383
Self-Awareness	159	-.588	.192	1.410	.383
Self-Regulation	159	-.627	.192	.921	.383
Motivation	159	-.346	.192	.058	.383
Empathy	159	-.641	.192	1.180	.383
Social Skill	159	-.621	.192	.089	.383

Source: Analysis survey data, 2024

The Kurtosis of any uni-variate normal distribution is 3. It is common to compare the Kurtosis of a distribution to this value. Distributions with Kurtosis less than 3 are said to be platykurtic, although this does not imply the distribution is "flat-topped" as sometimes reported. Rather, it means the distribution produces fewer and less extreme outliers than does the normal distribution.

4.6.5. Test of Linearity

The fourth assumption to be tested out is linearity or assumption of linear relationship observed between two variables. Linearity implies that slope of the population regression function is constant; thus, non-linearity means, in other words, that a change in the dependent variable does depend on the value of one or more of the independent variables (Stock, 2007). The linearity test of the disturbance has been presented in the following figure.

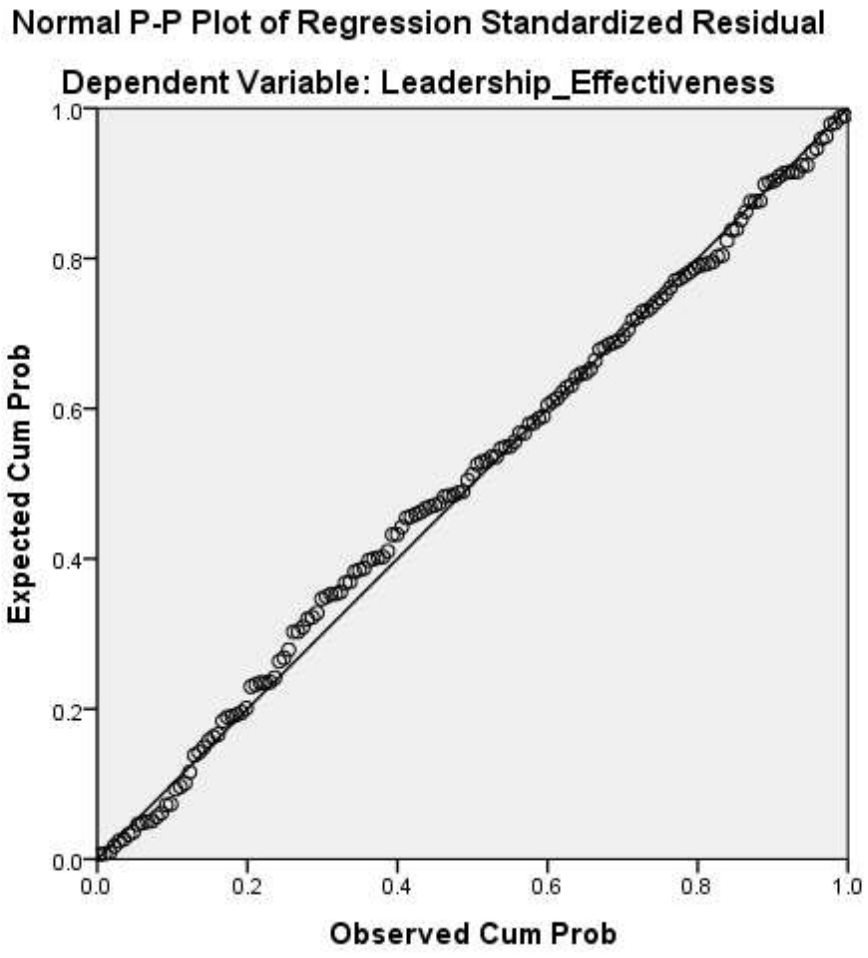

Figure 4: Linear distribution of the data

Source: Analysis of survey data, 2024

4.7. Regression Analysis

Regression standardized coefficients can take on any value between 0 and 1, and it measures the proportion of the variation in a dependent variable that can be explained statistically by the independent variable(s) (Saunders et al., 2012). R square tells us how much of the variance in dependent variable is accounted for by the regression model from the sample, the adjusted value tells us how much variance in dependent variable would be accounted for if the model had been derived from the population from which the sample was taken (Field, 2006). Regression coefficients (R) and R Square of the research are discussed below:

Table 13: Model Summary Table

Model Summary[b]

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	*.837*[a]	*.701*	*.691*	*.23150*

Source: Analysis of survey data, 2024

4.7.1. Analysis of Variance /ANOVA/ Test

ANOVA tests indicate that whether the model is significantly better at predicting the outcome than using the mean as a M‘’best guess‟ (Field, 2006). ANOVA model is more likely to be significant, indicating that at least one group mean is different from another group mean. ANOVA is the appropriate statistical technique to examine the effect of a less-than interval independent variable on an at-least interval dependent variable. If the F test result is not significant, the model should be dismissed and there is no need to proceed to further steps (William and Barry, 2010).

On the other hand, regarding to ANOVA test Saunders et al., (2012) discussed that a very low significance value (usually less than 0.05) means that your coefficient is unlikely to have occurred by chance alone. A value greater than 0.05 means you can conclude that your coefficient of multiple determinations could have occurred by chance alone. Therefore, the ANOVA table and test result is presented and discussed below.

Table 14: ANOVA Table

ANOVA[a]

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	*19.189*	*5*	*3.838*	*71.613*	*.000[b]*
	Residual	*8.199*	*153*	*.054*		
	Total	*27.388*	*158*			

Source: Analysis of survey data, 2024

4.7.2. Regression Coefficients or Model

Standardized regression coefficient (Beta) is the estimated coefficient indicating the strength of relationship between an independent variable and dependent variable expressed on a standardized scale where higher absolute values indicate stronger relationships (range is from -1 to 1) William and Barry, (2010).

Table 15: Regression Standardized Coefficients

Coefficients[a]

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	*-.110*	*.219*		*-.505*	*.614*
	Self-Awareness	*.257*	*.050*	*.299*	*5.176*	*.000*
	Self-Regulation	*.181*	*.072*	*.161*	*2.520*	*.013*
	Motivation	*.136*	*.049*	*.138*	*2.789*	*.006*
	Empathy	*.064*	*.060*	*.063*	*1.067*	*.288*
	Social Skill	*.414*	*.055*	*.428*	*7.468*	*.000*

a. Dependent Variable: Leadership Effectiveness

Self-awareness is identified as a significant contributor to leadership effectiveness, with a Beta coefficient of 0.299 and a t-value of 5.176 ($p < 0.001$). This indicates that leaders who have a keen awareness of their emotions, strengths, and weaknesses are likely to lead more effectively. Research supports this notion; for instance, Antonopoulou (2024) asserts that self-aware leaders possess a clear understanding of their impact on others, which enables them to make informed and empathetic decisions. The findings in this study align with such

literature, emphasizing the importance of self-awareness in nurturing effective healthcare leadership.

Similarly, self-regulation emerges as a relevant factor influencing leadership effectiveness, reflected in a Beta of 0.161 ($p = 0.013$). This suggests that leaders who can manage their emotions and behavior are better equipped to provide stability and clear direction to their teams. According to Bar-On (2006), self-regulation in leaders can lead to enhanced problem-solving capabilities, fostering a more resilient organizational culture. As healthcare environments can be particularly high-pressure, self-regulating leaders can sustain productivity and morale, thereby promoting leadership effectiveness and better patient outcomes.

Motivation is another key element identified in the regression model, with a Beta of 0.138 ($p = 0.006$). Leaders who exhibit high levels of self-motivation can inspire their teams, cultivating an environment where staff members feel driven to achieve organizational goals. Research by Bass and Avolio (1994) highlights the association between transformational leadership styles and high levels of intrinsic motivation, suggesting that motivated leaders are intrinsically linked to heightened leadership effectiveness. This finding is particularly relevant in healthcare, where motivated leaders can influence staff performance and, ultimately, patient care quality.

While social skills show the strongest relationship with leadership effectiveness, yielding a Beta of 0.428 ($p < 0.001$), empathy indicates a weaker connection, with a Beta of 0.063 ($p = 0.288$). The robust role of social skills underscores the importance of interpersonal abilities in healthcare leadership, as leaders with strong social skills can effectively communicate and forge relationships within their teams, leading to improved collaboration and problem-solving (Gómez-Leal et al., 2021). Conversely, the lack of statistical significance for empathy suggests that while it is critical, its direct impact on leadership effectiveness may be more nuanced compared to other elements of emotional intelligence.

CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.1. Summary

This research paper investigated the role of emotional intelligence in leadership effectiveness among primary hospitals in Addis Ababa. It aimed to evaluate five key dimensions of emotional intelligence self-awareness, self-regulation, motivation, empathy, and social skills and their correlation with leadership effectiveness. Through a methodical application of descriptive, correlation, and regression analyses, key insights were distilled about the ways emotional intelligence contributes to effective leadership within the healthcare sector.

Descriptive statistics revealed varied levels of emotional intelligence among leaders, with self-awareness exhibiting a grand mean score of 3.63, indicating a generally positive self-perception. Leaders acknowledged strengths such as their ability to understand their emotions and how these influence their decisions. However, discrepancies appeared in areas such as emotional reflection and recognizing emotional triggers, suggesting a need for development in these aspects of self-awareness.

Turning to self-regulation, the analysis indicated a mean score of 3.53, signifying that while leaders possess some degree of emotional control, there are areas for improvement. For instance, the ability to manage emotional responses to criticism garnered mixed results, demonstrating variability among leaders in coping strategies. The findings suggest that training programs aimed at improving self-regulation could enhance emotional management skills crucial for leadership effectiveness.

Motivation-related factors highlighted a grand mean of 3.69, wherein leaders exhibited a strong sense of purpose but demonstrated variable resilience amidst challenges. Despite a generally positive self-assessment regarding personal meaning in their work, many leaders struggled to maintain motivation when faced with difficulties. This indicates that resilience training could be beneficial, enabling leaders to inspire their teams even during tough times.

The correlation analysis provided essential insights, revealing strong positive correlations between leadership effectiveness and emotional intelligence components. Specifically, social skills demonstrated the strongest relationship ($r = 0.720$, $p < 0.01$), followed by self-regulation ($r = 0.674$, $p < 0.01$) and self-awareness ($r = 0.643$, $p < 0.01$). These findings suggest that leaders who exhibit strong emotional intelligence dimensions are likely to perform effectively in their roles, thus underlining the importance of emotional intelligence training in enhancing leadership.

Regression analysis further illuminated the contributions of each emotional intelligence component to leadership effectiveness. The regression model indicated that social skills had the highest Beta coefficient (0.428), followed by self-awareness (0.299) and self-regulation (0.161). These findings stress that while all emotional intelligence factors are significant, social skills may be the most crucial for leaders to foster effective team dynamics and collaborative environments.

5.2. Conclusions

The findings from this research substantiate the integral role that emotional intelligence plays in enhancing leadership effectiveness among primary hospitals in Addis Ababa. Leaders in the study generally displayed commendable levels of emotional intelligence, particularly in terms of self-awareness and self-regulation. However, challenges remain in specific areas, particularly regarding emotional reflection and the management of emotional responses to criticism.

Correlational analysis demonstrated that emotional intelligence dimensions are positively associated with leadership effectiveness. The strong correlations found, particularly between social skills and leadership effectiveness, highlight the transformative potential of interpersonal communication and relationship management in healthcare leadership. Leaders with high emotional intelligence not only understand their emotions but also engage effectively with their teams, which is vital in a collaborative healthcare environment.

The regression analysis underscored the significant contributions of emotional intelligence components to leadership effectiveness, with social skills emerging as the most impactful. This finding is crucial, as it elevates the importance of developing strong interpersonal skills among leaders aimed at managing teams and fostering a cohesive work environment. The results suggest that leaders equipped with excellent social skills are better positioned to inspire their teams and navigate complex workplace situations.

Additionally, while self-awareness and self-regulation were significant contributors to effective leadership, the results indicate the necessity for ongoing personal development in these areas. The leaders' struggle with aspects such as recognizing emotional triggers suggests potential gaps in their emotional intelligence training. Enhancing self-reflective practices and emotional management techniques will better prepare leaders to handle the emotional demands of their roles.

Interestingly, motivation, while still relevant, showed a moderate correlation with leadership effectiveness. This indicates that while motivated leaders can positively influence their teams, there is room for improvement in resilience, particularly when facing setbacks. A systemic approach that promotes resilience training could bolster leaders' ability to maintain motivation in challenging situations, which in turn could enhance team dynamics and performance.

The high significance of emotional intelligence components reflects the need for healthcare organizations to prioritize emotional intelligence training as part of their leadership development initiatives. Leaders who are emotionally intelligent are more likely to create supportive work environments, directly impacting staff morale and patient care.

Thus, this research reinforces the argument for integrating emotional intelligence training into leadership development programs within healthcare settings. There exists a need for healthcare institutions to foster emotional intelligence capabilities, not only to enhance leadership effectiveness but also to improve overall healthcare delivery in a rapidly evolving environment.

5.3. Recommendations

Based on the findings and conclusions drawn from this study, the following recommendations are proposed:

- **Implement Comprehensive Emotional Intelligence Training Programs:** Hospital management should prioritize the development and implementation of training programs focused on enhancing leaders' emotional intelligence competencies, particularly in self-awareness, self-regulation, social skills, and empathy. This will equip leaders with the necessary skills to improve their leadership effectiveness.
- **Encourage Regular Self-Reflection Practices:** Leaders should be encouraged to engage in regular self-reflection to better understand their emotional triggers and behavioral responses. Providing tools such as journaling, coaching, or structured feedback sessions can enhance their self-awareness and promote continuous personal development.
- **Foster a Supportive Organizational Culture:** Organizations should cultivate a supportive environment that values emotional intelligence by recognizing and rewarding leaders who demonstrate strong EI skills. This can be achieved through mentorship programs and leadership recognition initiatives that highlight effective emotional management and rapport-building.
- **Integrate Resilience Training into Leadership Development:** Given the findings that resilience was a significant challenge for many leaders, organizations should incorporate resilience training into their leadership programs. Teaching leaders how to

maintain motivation and overcome challenges will enhance their ability to lead effectively in high-pressure environments.

- **Promote Team-Based Emotional Intelligence Workshops**: Organizing team-based workshops focused on emotional intelligence can foster a more cohesive organizational culture. These workshops should encourage open communication, stimulate collaboration, and teach team members to utilize emotional intelligence principles in everyday interactions, ultimately boosting overall team morale and performance.

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APPENDIX A

QUESTIONNAIRE

Dear Respondent,

My name is Meheret Dessalegn, and I am a student at Addis Ababa University working towards a Master of Arts in Business Leadership. This research, which serves as partial fulfillment of an academic requirement, is entitled "The Role of Emotional Intelligence in Leadership Effectiveness in Primary Hospitals in Addis Ababa." Your honest responses to this survey are very important, as they will determine the success of the study. This questionnaire is intended solely to collect primary data for this investigation.

I respectfully ask that you take a few moments out of your busy day to respond to the questions as described below:

- There is no need to write your name.
- Please answer each question.
- You are only required to mark the option number that best represents your choice.
- For questions that require explanations, please provide your answers in the space provided.

If you require any clarifications or descriptions regarding the study or the questions presented, feel free to contact me at +251 93 108 7403. Please be assured that we will treat the information you provide with the utmost confidentiality.

Thank you for taking the time to participate in this study!

Sincerely, Meheret Dessalegn

Master of Arts in Business Leadership

Addis Ababa University, School of Postgraduate Programs

Part one: General Information

1. **Age**

a) 20-30
b) 31-40
c) 41-50
d) 51 and above

2. **Gender**

a) Male
b) Female

3. **Position**

a) Doctor
b) Nurse
c) Administrator
d) Support Staff

4. **Years of Experience in Healthcare**

a) Less than 1 year

b) 1-5 years

c) 6-10 years

d) More than 10 years

5. **Level of Education**

a) Diploma

b) Bachelor's Degree

c) Master's Degree

d) Doctorate

Part two:

Please tick (√) on the appropriate column to indicate your reactions to the following statements.

Key: 1=strongly disagree, 2= disagree, 3=moderately Agree, 4= agree, 5= strongly agree

NO	Statement	Strongly disagree (1)	Disagree (2)	Moderate (3)	Agree (4)	Strongly Agree (5)
1. Self-Awareness						

1	I am aware of my strengths and weaknesses.					
2	I can accurately assess my emotions in different situations.					
3	I know how my emotions affect my performance.					
4	I regularly reflect on my feelings and their impact on my actions.					
5	I am aware of how my emotional state influences my decisions.					
6	I understand how my unique background shapes my emotional responses.					
7	I can recognize when I am feeling overwhelmed.					
8	I can identify the triggers of my emotional reactions.					
9	I often seek feedback to enhance my self-awareness.					
10	I am in tune with my emotional responses during stressful situations.					
2. Self-Regulation						
1	I can control my emotions effectively in the workplace.					
2	I remain calm and composed under pressure.					

3	I can manage my emotional responses to criticism.					
4	I do not let my emotions dictate my reactions.					
5	I can adapt my emotions to suit different social contexts.					
6	I practice techniques to help manage my emotional responses.					
7	I can take a step back and reassess my feelings when needed.					
8	I set personal goals to improve my emotional responses.					
9	I can stay focused even when I am feeling strong emotions.					
10	I believe self-control is crucial for effective leadership.					
3. Motivation						
1	I am driven to achieve goals that have personal meaning to me.					
2	I remain motivated even in the face of challenges.					
3	I inspire others to remain focused on their goals.					
4	I set clear and attainable goals for myself.					
5	I actively seek ways to improve					

	my performance.					
6	I feel a strong sense of purpose in my work.					
7	I am resilient when faced with setbacks.					
8	I maintain a positive mindset towards my responsibilities.					
9	I encourage others to find their intrinsic motivation.					
10	I believe my motivation positively impacts my team's performance.					
4. Empathy						
1	I can understand the emotional state of others easily.					
2	I actively listen to my team's concerns and feelings.					
3	I can put myself in someone else's shoes.					
4	I respond appropriately to the emotions of others.					
5	I recognize when someone is struggling emotionally.					
6	I make an effort to connect with my team emotionally.					
7	I show compassion and understanding in my interactions.					

8	I value the emotions of others as much as my own.					
9	I provide support to colleagues in emotional distress.					
10	I believe empathy is essential for building a cohesive team.					
5. Social Skill (Relationship Management)						
1	I can build strong relationships with my colleagues.					
2	I communicate effectively with others to resolve conflicts.					
3	I actively collaborate with my team to achieve shared goals.					
4	I foster a positive work environment through my interactions.					
5	I adapt my communication style to suit the audience.					
6	I am skilled in managing group dynamics.					
7	I provide constructive feedback to my team members.					
8	I can effectively influence others in a positive way.					
9	I am approachable and considered a good listener by my peers.					
10	I navigate social complexities in					

	the workplace with ease.					
Dependent variable: Leadership Effectiveness						
1	I lead my team towards achieving organizational objectives.					
2	I effectively manage team dynamics to enhance performance.					
3	I am successful in motivating my team to excel in their roles.					
4	I foster an environment of trust and respect within my team.					
5	I am able to make decisions that positively impact my team.					
6	I encourage open communication among team members.					
7	I handle conflicts in a way that strengthens team relationships.					
8	I adapt my leadership style to meet the needs of my team.					
9	I provide a clear vision for my team's future direction.					
10	I believe my leadership contributes to overall team success.					