



## Relationship Management and Leadership Effectiveness of Medical Doctors in Benin City, Edo State, Nigeria

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**Abstract.** Relationship management is a critical interpersonal competency that enables individuals to establish, maintain, and sustain effective relationships within organisational settings. This study is focused on relationship management as a predictor of leadership effectiveness. Specifically, it empirically investigated the impact of relationship management on leadership effectiveness among medical doctors in selected hospitals in Benin City, Edo State. The study population consisted of one thousand four hundred and forty-nine (1449) medical doctors comprising of consultants, resident doctors, medical doctors, and house officers. While the sample size of this study was originally determined to be 313 based on the formula of Taro Yamane (1967), a final sample of 315 medical doctors successfully responded to the study questionnaire. Three hundred and fifteen (315) modified pre-validated structured questionnaires were utilised to draw data from medical doctors in the University of Benin Teaching Hospital (UBTH) and the Edo Specialist Hospital (ESH), Edo State. With the aid of Statistical Package for Social Sciences version 24, data retrieved was analysed using descriptive statistics and regression analysis. Findings revealed that relationship management had a positive and significant impact on leadership effectiveness among medical doctors, as indicated by a p-value of 0.001. Based on the findings, the study recommends that hospital directorates should design and deploy structured leadership development frameworks specifically tailored to cultivate interpersonal competencies. Also, relationship management competencies should be formally integrated into residency training and continuous professional development (CPD) modules.

**Keywords:** Leadership Effectiveness, Relationship Management, Medical Doctors, Healthcare Institution, Edo State.

### 1. Introduction

Relationship management represents the ability to inspire, influence, and develop others, while effectively navigating organisational conflicts (Goleman, 1995). It involves clear communication, teamwork, and the ability to build and maintain good relationships. In the high-stakes environment of healthcare, this competency is no longer optional but a core dimension of relational leadership required to manage complex, interdependent teams (Goleman, Boyatzis, & McKee, 2013; Northouse, 2025). Effective relationship management allows medical leaders to enhance communication, resolve disputes empathetically, and establish rapport with multidisciplinary staff (Dooshima, 2024). Leaders focusing on relationship management have greater employee engagement and satisfied teams (Wijaya & Zaini, 2022).

Leadership effectiveness refers to the extent to which a leader successfully influences individuals and groups to achieve desired outcomes, including goal attainment, employee satisfaction, and organisational sustainability (Northouse, 2025). Julina, Julina, and Sos (2023) asserts that leadership is one of the most important factors determining an organisation's success. According to Ciulla and Ciulla (2020) leadership is effective today when it is inspirational and motivational towards achieving set or emerging goals. In hospital settings, leadership effectiveness can significantly impact patient care, staff satisfaction, and overall organisational performance (Powell *et al.*, 2024). The role of leadership is therefore essential in shaping the direction of an organisation providing both vision and motivation to achieve sustained growth and progress.

The Nigerian healthcare sectors are faced with poor patient outcomes, low staff morale, and high turnover

rates, issues that are often indicative of ineffective leadership. The leadership challenges in these settings are worsened by systemic pressures such as inadequate funding and resource allocation, high patient-to-doctor ratios, corruption and mismanagement, and limited access to leadership development programmes (Umeha, 2015; Udeh, 2018; Ossai *et al.*, 2020; Okechukwu, 2023). These conditions make it difficult for doctors to thrive as leaders, thereby impacting team performance and the quality of care provided to patients.

Numerous studies have examined the general link between relationship management and leadership effectiveness (White *et al.*, 2019; Wijaya, Khoir, & Zaini, 2022; Okoro, Akpotu, & Asiyai, 2024; Sarimah, Fazrin, & Norman, 2024; Thompson, 2024). Notwithstanding the recognised importance of both constructs, empirical literature in the Nigerian context has tended to treat relationship management and leadership as isolated variables or within loosely defined frameworks. Specifically, there remains a notable scarcity of data regarding how relationship management serves as a precursor to effective leadership among medical practitioners. This scholarly oversight underscores the need for an empirical investigation into these interpersonal dynamics within specialised healthcare environments. Consequently, the present study evaluates relationship management as a predictor of leadership effectiveness among a sample of 315 medical doctors across selected hospitals in Benin City, Edo State.

### 1.1 Research Question

This study was guided by the following research question:

- What is the relationship between relationship management and leadership effectiveness among medical doctors in selected hospitals in Benin City, Edo State?

### 1.2 Hypothesis

This hypothesis was formulated and tested in this study:

H<sub>01</sub>: Relationship management does not significantly predict leadership effectiveness among medical doctors in selected hospitals in Benin City, Edo State.

## 2. Review of Literature

### 2.1 Leadership Effectiveness

Leadership effectiveness is essential for achieving organisational goals and improving overall performance. Leadership involves the ability to influence, motivate, and guide individuals toward the accomplishment of organisational objectives while promoting collaboration and shared commitment (Gomec & Bozkus, 2021). Julina, Julina, and Sos (2023) noted that leadership remains one of the most significant factors determining organisational success. Effective leaders not only focus on results but also build positive relationships and adapt to changing organisational demands. Research shows that effective leadership creates work environments where employees feel valued, motivated, and empowered to perform effectively (Rosenbloom & Clerkin, 2022).

In contemporary organisations, leadership effectiveness is increasingly demonstrated through a leader's ability to inspire followers, manage change, and achieve both short-term and long-term goals (Ciulla & Ciulla, 2020). However, modern leaders operate in rapidly changing environments characterised by technological advancement, workplace diversity, and complex decision-making challenges (Gallos & Bolman, 2021). Consequently, leaders are expected to foster teamwork, resolve conflicts, communicate effectively, and provide strategic direction within organisations (Abdulfatai, 2021).

Emotional intelligence has also been identified as a critical factor influencing leadership effectiveness. Leaders with high emotional intelligence possess self-awareness, resilience, empathy, communication skills, and the ability to regulate emotions effectively (Scott, 2013). In healthcare settings particularly, emotionally intelligent leaders are better equipped to manage complex situations, support employees, and improve organisational outcomes (Gkintoni, Halkiopoulos, & Antonopoulou, 2023a). Effective leadership therefore contributes significantly to organisational performance, employee commitment, innovation, and sustainable competitive advantage (Northouse, 2022).

### 2.2 Relationship Management

Relationship management refers to the ability of leaders and individuals to build, maintain, and strengthen positive interpersonal relationships within and outside the organisation (Goleman, 1998). In organisational settings, it involves effective communication, trust-building, collaboration, conflict

resolution, emotional intelligence, and employee engagement (Robbins & Judge, 2022). Trust and commitment are important elements of relationship management because they promote reliability, cooperation, and long-term workplace relationships (Krishna & Sebastian, 2023). Effective communication also plays a vital role by facilitating information sharing, resolving conflicts, and improving interactions among employees and leaders (Adham, 2023).

Leaders who maintain healthy relationships with employees are more likely to inspire trust, commitment, and teamwork within the organisation (Northouse, 2022). Relationship management is especially important in dynamic and diverse work environments where collaboration is necessary for achieving organisational goals (Robbins & Judge, 2022). The Leader-Member Exchange (LMX) theory explains that high-quality relationships between leaders and subordinates are characterised by mutual respect, trust, support, and open communication, while poor relationships may reduce employee satisfaction and performance (Graen & Uhl-Bien, 1995). Empirical studies further show that supportive and respectful leader-employee relationships create positive work environments that encourage creativity, productivity, and employee engagement (Wang *et al.*, 2024). Effective relationship management therefore helps individuals improve communication, manage conflicts effectively, and build strong professional relationships within organisations (Dooshima, 2024).

### **2.3 Relationship Management and Leadership Effectiveness**

Leadership effectiveness depends greatly on a leader's ability to build and maintain positive interpersonal relationships within the organisation. Relationship management involves the ability to develop, sustain, and improve interactions with colleagues, subordinates, peers, and stakeholders. Leaders with strong relationship management skills demonstrate greater awareness of employees' emotions and needs, thereby fostering collaboration, loyalty, and commitment within the workplace (Mysirlaki & Paraskeva, 2020). Similarly, Wijaya, and Zaini (2022) found that leaders who prioritise relationship management achieve higher employee engagement and team satisfaction, indicating that relationship management is an essential component of effective leadership.

Communication is a major aspect of relationship management because effective communication ensures that information is clearly conveyed, understood, and implemented. Leaders with good

communication skills promote teamwork, coordination, feedback, and employee development (Hashimy & HT, 2023). Empathy also plays an important role in relationship management, as empathetic leaders better understand the emotions and challenges of team members, enabling them to provide appropriate support and guidance. McGowan and Shipley (2023) noted that empathy contributes significantly to the development of resilient and high-performing teams.

Conflict management is another critical dimension of relationship management. Leaders who adopt constructive communication and problem-solving approaches are more capable of resolving workplace conflicts effectively while maintaining healthy professional relationships (Thompson, 2024). Effective relationship management has also been linked to improved organisational performance, customer satisfaction, and competitiveness because relationship-oriented leaders often create more productive and cooperative work environments (Siam & Heriyadi, 2022). In healthcare settings, relationship management is particularly important because leadership effectiveness is closely associated with teamwork, collaboration, patient care, and staff resilience. Medical leaders who maintain effective relationships with healthcare workers are more likely to improve team coordination, employee morale, and patient outcomes.

### **2.4 Theoretical Anchor**

This study is anchored on the Emotional Intelligence Theory developed by Daniel Goleman in 1995. Goleman defined emotional intelligence (EI) as the ability to recognise, understand, and manage one's own emotions while also identifying and appropriately responding to the emotions of others. According to Goleman (1995), emotional intelligence comprises five key dimensions: self-awareness, self-regulation, motivation, empathy, and relationship management. Among these components, relationship management refers to an individual's ability to establish and maintain positive interpersonal relationships, influence others, resolve conflicts effectively, and encourage collaboration within an organisation. Within leadership contexts, emotional intelligence contributes significantly to the development of strong interpersonal relationships, effective conflict management, and team cohesion. Leaders with high emotional intelligence are better positioned to create meaningful emotional connections with their team members, thereby fostering trust, loyalty, and cooperation within the workplace.

This theory is highly relevant to the present study because relationship management, as a core component of emotional intelligence, plays a significant role in enhancing leadership effectiveness. In healthcare settings, medical doctors are required to coordinate multidisciplinary teams, communicate effectively, and sustain professional relationships to achieve organisational objectives. Therefore, Goleman’s Emotional Intelligence Theory provides an appropriate theoretical framework for explaining how relationship management influences leadership effectiveness among medical doctors in selected hospitals in Benin City, Edo State.

**3. Research Methodology**

**Research Design:** This study adopted correlational research design to examine the relationship between the variables (Relationship management and Leadership effectiveness).

**Population and Sampling:** The population for this study consisted of one thousand four hundred and forty-nine (1,449) medical doctors comprising of consultants, resident doctors, medical doctors, and house officers. While the sample size of this study was originally determined to be 313 based on the formula of Yamane (1967), a final sample of 315 medical doctors successfully responded to the study questionnaire. The number of respondents from each healthcare institution included 266 from University of Benin Teaching Hospital (UBTH), and 49 from Edo Specialist Hospital (ESH). The selection of the above-mentioned healthcare institutions from which respondents were drawn was based on their large

population of medical doctors, their ownership structure representing a federal hospital in the case of UBTH and a state-owned hospital with ESH, as well as on convenience and accessibility to the researcher.

**Instrumentation:** Data were gathered using a two-section structured questionnaire. Section A addressed demographics, while Section B utilised a five-point Likert scale (5 = Strongly Agree to 1 = Strongly Disagree) to measure relationship management (RMT) and leadership effectiveness (LEF).

**Validity and Reliability:** To ensure instrument validity, the questionnaire was reviewed by senior academics in the Department of Human Resource Management at the University of Benin. A pilot study was conducted with 32 doctors outside the primary sample, yielding a Cronbach’s alpha coefficient above the 0.70 threshold for both constructs, indicating high internal consistency.

**Data Analysis:** Descriptive statistics (Mean, Standard Deviation, Skewness) and inferential statistics (Pearson Correlation and Simple Linear Regression) were applied using SPSS version 2024 to test the null hypothesis at a 0.05 level of significance.

**4. Results**

This section presents the results derived from the data collected from the structured questionnaire and analysed based on the research question and hypothesis in this study. The demographic data of the participants of this study were analysed using frequency and percentages.

**Table 1:** Demographic Profile of the Respondents

Demographics	Category	Frequency (n)	Percent (%)	Cumulative Percent
Gender	Male	182	57.8	57.8
	Female	133	42.2	100.0
	Total	315	100.0	
Age (years)	25 – 34	180	57.1	57.1
	35 – 44	101	32.1	89.2
	45 – 54	26	8.3	97.5
	55 & Above	8	2.5	100.0
	Total	315	100.0	
Marital Status	Single	164	52.1	52.1
	Married	151	47.9	100.0
	Total	315	100.0	
Highest Educational Qualification	MBSS	196	62.2	62.2
	Fellowship	35	11.1	73.3
	Membership	84	26.7	100.0
	Total	315	100.0	
Years of Medical Practice	1 – 5	158	50.2	50.2
	6 – 10	65	20.6	70.8
	11 – 15	62	19.7	90.5
	16 & Above	30	9.5	100.0
	Total	315	100.0	
Hospital Type	UBTH	266	84.4	84.4
	ESH	49	15.6	100.0

Demographics	Category	Frequency (n)	Percent (%)	Cumulative Percent
	Total	315	100.0	
Current Position	House Officer	117	37.1	89.5
	Medical Officer	27	8.6	52.4
	Resident Doctor	138	43.8	43.8
	Consultant	33	10.5	100.0
	Total	315	100.0	

Source: Field Survey (2025)

Table 1 presents the demographic profile of the respondents to provide important background information for understanding the composition of the study sample. Out of the 315 medical professionals surveyed, 57.8% were male (182 respondents) while 42.2% were female (133 respondents). This indicates a slightly higher representation of male participants in the study. With respect to age distribution, Table 1 shows that majority of respondents (57.1%) fell within the 25–34 years category, followed by 32.1% who were between 35–44 years. A smaller proportion (8.3%) were aged 45–54 years, while only 2.5% were 55 years and above. This pattern suggests that the sample was largely made up of younger medical professionals in their early and mid-career stages. In terms of marital status, the participants were almost evenly distributed, with 52.1% single and 47.9% married.

Table 1 also shows the educational qualifications of the respondents. It reveals that a significant proportion (62.2%) held an MBBS degree, while 26.7% had attained Membership, and 11.1% had advanced to the Fellowship level. This indicates that most respondents were still in the early or intermediate phases of professional qualification with relatively fewer at the advanced specialist level. The respondents’ years of medical practice shows that half of the participants (50.2%) had practiced for 1–5 years, while 20.6% reported 6–10 years of experience, and 19.7% had been in practice for 11–15 years. Only 9.5% had practiced for 16 years or more. These results also highlighted the dominance of younger, less experienced professionals in the sample. In terms of institutional distribution, Table 1 shows that majority of the respondents (84.4%) were drawn from the University of Benin Teaching Hospital (UBTH), while 15.6% were from the Edo Specialist Hospital (ESH). This shows the larger size and workforce capacity of UBTH compared to ESH.

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

**Table 2:** Mean and Standard Deviation of Relationship Management

S/N	Statement	Mean	Std Dev
1	I communicate effectively with medical colleagues.	4.44	0.596
2	I resolve conflicts among healthcare team members constructively and empathetically.	4.16	0.688
3	I maintain professional relationships with my healthcare team.	4.39	0.578
Overall mean & standard deviation		4.33	0.491

Source: Field Survey (2025)

From Table 2 above, the highest-rated statement was, “I communicate effectively with medical colleagues” with a mean score of 4.44 (SD = 0.596). This implies that most doctors consider effective communication and knowledge-sharing as central to teamwork and improved patient outcomes. The statement “I resolve conflicts among healthcare team members constructively and empathetically” while still rated positively, received a slightly lower mean score (M = 4.16, SD = 0.688) compared to the other statements or items. This suggests that although doctors generally view themselves as capable of handling conflicts constructively and empathetically, this may be relatively more challenging compared to communication and relationship-building. The higher standard deviation here also points to greater variability in respondents’ experiences or confidence in conflict management. Similarly, the statement on “maintaining professional relationships with my healthcare team” scored highly (M = 4.39, SD = 0.578) to show the importance of trust, respect, and open communication in enhancing team performance. The overall mean score of 4.33 (SD = 0.491) indicates a generally high level of competence among medical doctors in managing professional relationships in the healthcare setting. This suggests that, on average, respondents strongly agreed with the statements measuring this construct.

**Table 3:** Mean and standard deviation of leadership effectiveness

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

Source: Field Survey (2025)

Table 3 shows that among the items, the highest-rated was confident decision-making based on clinical expertise and emotional intelligence (M = 4.22, SD = 0.611). This suggests strong problem-solving and judgment skills. Providing clear and timely guidance (M = 4.17, SD = 0.617) and fostering collaboration within the team (M = 4.15, SD = 0.690) were also rated highly to show effective communication and teamwork. While creating a motivating work environment (M = 4.03, SD = 0.713) and offering constructive feedback (M = 4.08, SD = 0.740) were slightly lower, they still indicate positive perceptions. The overall results in Table 3 show that respondents demonstrated a high level of leadership effectiveness with an overall mean score of 4.13 (SD = 0.523). The results therefore suggest that the doctors exhibit strong leadership abilities, particularly in decision-making and guiding teams, though continuous improvement in motivation and feedback delivery could further enhance leadership effectiveness.

**Table 4:** Summary of descriptive statistics of the research variables

Variable	N	Mean	Std. Deviation	Skewness		Kurtosis	
				Statistic	Std. Error	Statistic	Std. Error
RMT	315	4.33	0.491	-0.188	0.137	-0.493	0.274
LEF	315	4.13	0.523	-0.148	0.137	-0.360	0.274

Note: RMT = Relationship management; LEF = Leadership effectiveness

Source: Field Survey (2025)

The descriptive statistics in Table 4 show that the research variables were rated relatively high by respondents with mean scores ranging from 4.13 to 4.33 on a 5-point scale. Relationship management (M = 4.33, SD = 0.491) recorded the highest means, indicating that doctors perceived themselves as particularly strong in teamwork, collaboration, and professional drive. Leadership effectiveness (M = 4.13, SD = 0.523) was similarly rated positively to show doctors' confidence in guiding and supporting their teams. The skewness values (all close to zero), indicate that responses were fairly symmetrical, while the negative kurtosis values suggest a flatter distribution which implies moderate variability in perceptions across respondents.

**Model Estimation and Interpretation**

In this section, correlation and regression analysis are statistical approaches used to investigate the relationship between the variables of interests (relationship management and leadership effectiveness) in order to test the stated hypothesis.

**Table 5:** Pearson's correlations coefficient

	LEF	RMT
LEF Pearson Correlation	1	.533
Sig. (2-tailed)		.000
N	315	315
RMT Pearson Correlation	.533	1
Sig. (2-tailed)	.000	
N	315	315

Note: RMT = Relationship management; LEF = Leadership effectiveness  
 . Correlation is significant at the 0.01 level (2-tailed).

Table 5 shows that there is a positive and significant relationship between leadership effectiveness and relationship management (RMT) [ $r = 0.533, p = 0.000$ ]. The result imply that the model has no indication of multicollinearity.

**Table 6:**  
Model Summary<sup>b</sup>

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Durbin-Watson
1	.533 <sup>a</sup>	.284	.282	.4429940	1.918

a. Predictors: (Constant), RMT  
b. Dependent Variable: LEF

Table 4.6 presents the results of a regression analysis of the independent variable relationship management (RMT) on leadership effectiveness in hospitals. The calculated coefficient of determination ( $R^2$ ) value of 0.284 indicates that the independent variable account for 28.4% of the variation in the dependent variable. The adjusted  $R^2$  value of 0.282 indicates that the independent variables explain 28.2% of the variation. Furthermore, the Durbin-Watson statistic of 1.918 reveals that there is no serial correlation in the dataset.

**Table 7:**  
ANOVA<sup>a</sup>

Model		Sum of Squares	Df	Mean Square	F	Sig.
1	Regression	24.343	1	24.343	124.044	.000 <sup>b</sup>
	Residual	61.424	313	.196		
	Total	85.767	314			

a. Dependent Variable: LEF  
b. Predictors: (Constant), RMT

The statistical significance of the study model is indicated by the accompanying analysis of variance (ANOVA) in Table 7. The F-statistic, with a value of 124.044, is significant at the  $p = 0.000$ . This indicates that the dependent variable leadership effectiveness (LEF) and the independent variable relationship management (RMT) have a statistically significant association.

**Table 8:**  
Coefficients<sup>a</sup>

Model		Unstandardized Coefficients		Standardized Coefficients	T	Sig.
		B	Std. Error	Beta		
1	(Constant)	1.670	.222		7.519	.000
	RMT	.568	.051	.533	11.138	.000

a. Dependent Variable: LEF

Table 8 shows that relationship management has a positive and statistically significant impact on leadership effectiveness, which is indicated as: (RMT) [ $\beta = 0.568, p = 0.000$ ]. The researcher therefore concludes that we fail to accept the null hypothesis and accept the alternative hypothesis because the p-value of 0.000 was less than 0.05 ( $p.value = 0.000 < 0.05$  &  $T-stat = 11.138$ ).

### 5. Discussion of Findings

The statistical analysis revealed that relationship management is a robust predictor of leadership effectiveness ( $\beta = 0.568, p < 0.05$ ). This result confirms that doctors who prioritise interpersonal connections and open communication are perceived as more effective leaders. Interestingly, while doctors

rated themselves highly in collaborative communication ( $M=4.44$ ), conflict resolution received a lower mean score ( $M=4.16$ ), suggesting a specific area for skill development. These findings align with the work of White et al. (2019), who found that relationship management frameworks mitigate burnout and build team trust in medical training settings. Similarly, the positive correlation ( $r = 0.533$ ) supports the views of Sarimah, Fazrin, and Norman (2024), emphasising that effective communication is the cornerstone of organisational performance. In the Nigerian context, where resource constraints are high, the ability of a doctor to manage relationships serves as a soft power tool that compensates for systemic stressors by maintaining team cohesion.

## 6. Conclusion and Recommendations

This study concludes that relationship management is a significant predictor of leadership effectiveness among medical doctors. The ability to foster trust and resolve conflicts directly enhances a doctor's capacity to guide healthcare teams and make confident clinical decisions. Based on the findings of this study, the following recommendations are made:

**Targeted Leadership Initiatives:** Hospital directorates should design and deploy structured leadership development frameworks specifically tailored to cultivate interpersonal competencies such as emotional regulation and conflict resolution, which are essential for navigating complex clinical environments.

**Curriculum Integration:** Relationship management competencies should be formally integrated into residency training, and continuous professional development (CPD) modules

**Policy Reform:** Health sector policies should include interpersonal competency assessments as a criterion for promotion into clinical leadership roles.

## 7. Contribution to Knowledge

This study contributes to the existing body of knowledge by providing empirical evidence on relationship management and leadership effectiveness in Nigerian healthcare institutions in Benin City, Edo State.

It extends Emotional Intelligence Theory in healthcare leadership research by identifying relationship management as a significant predictor of leadership effectiveness.

The findings offer practical insights for healthcare management and policymakers by highlighting the importance of relationship management skills in enhancing leadership effectiveness, thereby informing leadership development programmes, management practices, and policy reforms in the healthcare sector.

## 8. Limitation of Study

While this study provides valuable empirical insights into the relationship between relationship management and leadership effectiveness among medical practitioners, certain limitations may affect the generalisability of the findings:

The sample was disproportionately drawn from a single federal tertiary institution and a state hospital. Specifically, 84.4% of respondents were from the University of Benin Teaching Hospital (UBTH), while only 15.6% were from Edo Specialist Hospital (ESH). As a result, the findings may primarily reflect the organisational structure, leadership expectations, and workplace culture typical of a large federal teaching hospital and a state-owned hospital. Therefore, caution should be exercised when extending the findings to private healthcare facilities, or primary healthcare centres, which operate under different administrative, financial, and resource conditions, professional categories, or regions of Nigeria.

This study focused exclusively on medical doctors, ranging from house officers to consultants. However, healthcare delivery is inherently multidisciplinary, involving professionals such as nurses, pharmacists, laboratory scientists, and hospital administrators. Given the differences in professional responsibilities, organisational interactions, and leadership structures across healthcare professions, the findings cannot be generalised to the broader healthcare workforce in Nigeria.

## 9. Suggestion for Future Studies

Future studies should employ broader cross-regional and multi-professional comparative research designs involving diverse healthcare professionals and institutions across Nigeria to enhance the generalisability and applicability of findings within the healthcare sector.

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