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# AN EMPIRICAL STUDY OF THE RELATIONSHIPS BETWEEN EMOTIONAL INTELLIGENCE, TRANSFORMATIONAL LEADERSHIP STYLE, AND WORK PERFORMANCE IN HEALTHCARE ORGANIZATIONS

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**Abstract**
**Purpose**
The purpose of this study is to investigate the relationships between emotional intelligence (EI), transformational leadership style (TLS), and work performance in healthcare organizations. It evaluates how EI and TLS interact to influence staff outcomes, aiming to provide practical insights for improving employee effectiveness and patient care within healthcare teams.
**Methodology**
A quantitative cross-sectional survey was conducted among healthcare managers employed in leading hospitals. A sample of 362 respondents was selected using simple random sampling to ensure statistical reliability. Standardized five-point Likert scales measured emotional intelligence, transformational leadership style, and work performance. Confirmatory factor analysis and structural equation modeling validated the relationships and ensured robust analytical results.
**Findings**
Findings indicate significant positive associations among the variables: emotional intelligence enhances the capabilities of healthcare managers and improves work performance; transformational leadership style further amplifies these effects, fostering greater organizational commitment and teamwork. EI serves a mediating role in strengthening the influence of transformational leaders, contributing to higher employee satisfaction and patient care quality in healthcare settings. The study highlights the value of fostering EI and transformational leadership to achieve superior outcomes in healthcare organizations.

**Keywords:** *Emotional Intelligence, Transformational Leadership Style, Work Performance, Healthcare Organizations.*

## Introduction

Leadership style represents a set of behaviors that significantly influence the management and development of healthcare systems. Effective leadership drives innovation and plays a fundamental role in enhancing the quality of care and improving patient safety outcomes (Alasmari *et al.,* 2025; Bass & Riggio, 2006). Historically, leadership has been recognized as a powerful and attractive force capable of shaping organizational culture and performance (Bass & Riggio, 2006). In healthcare, the transformation process faces numerous challenges, including resistance to change, often stemming from a lack of effective leadership (Lee & Yazdanifard, 2013; Alasmari *et al.,* 2025). Every organizational change, whether large or small, has the potential to inspire healthcare employees and boost their productivity through motivated engagement. This dynamic relationship underscores the strong connection between managers and their teams in healthcare contexts (Coronado-Maldonado & Benítez-Márquez, 2023).

Leadership is the ability of healthcare managers to influence how employees think, feel, and perform their tasks (Bass & Riggio, 2006; Lee & Yazdanifard, 2013). Managers in healthcare wield the authority and possess the resources necessary to monitor, support, and ensure high standards of quality and safety (Alzahrani & Hasan, 2019; Alasmari *et al.,* 2025). Competent and emotionally intelligent managers make substantial contributions to enhancing

organizational safety and cultivating a positive workplace culture (Chevalier *et al*., 2025). Effective leadership is thus intricately linked to successful healthcare organizations (Bass & Riggio, 2006). Furthermore, the healthcare sector continuously emphasizes leadership development, highlighting the need to educate clinicians and administrators as team managers, able to perform dual roles of professional expertise and leadership (Alasmari *et al*., 2025; Lee & Yazdanifard, 2013).

Managing emotions and intrinsic motivation poses particular challenges in healthcare, where managers often resist changes perceived to threaten their beliefs, practices, or autonomy (Coronado-Maldonado & Benítez-Márquez, 2023; Lee & Yazdanifard, 2013). Moving staff beyond their "comfort zones" by introducing change leads to unpredictable scenarios but also presents growth opportunities and improved performance (Chevalier *et al.,* 2025; Ursan, 2023). Effective leadership plays a pivotal role in navigating these complexities, ensuring organizational effectiveness and staff well-being (Bass & Riggio, 2006; Chevalier *et al.,* 2025). Multiple studies have documented the favorable relationship between successful leadership styles and outcomes such as higher patient satisfaction and reduced adverse events (Alasmari *et al.,* 2025; Alzahrani & Hasan, 2019). Emotional intelligence, encompassing abilities like self-awareness, empathy, and social skills, has emerged as a vital leadership development strategy (Coronado-Maldonado & Benítez-Márquez, 2023). It plays a critical role in enhancing the professional and personal growth of healthcare providers, contributing to improved clinical performance and leadership efficacy (Bass & Riggio, 2006; Lee & Yazdanifard, 2013). Emotional intelligence is relevant throughout healthcare education and clinical practice, supporting managers at all levels (Chevalier *et al*., 2025; Alasmari *et al*., 2025).

The Government of India's Vision for healthcare development and regional initiatives in Tamil Nadu underscore the importance of organized leadership programs that emphasize emotional intelligence and equip healthcare managers with the skills necessary for organizational success and improved patient outcomes (Ursan, 2023; Lee & Yazdanifard, 2013).

This study aims to identify the emotional intelligence and leadership styles among healthcare managers in Coimbatore and to analyze their relationship with performance outcomes. Furthermore, it is hypothesized that components of emotional intelligence, such as self-awareness, empathy, and social skills, alongside transformational leadership behaviours, are strengths in healthcare managers in Coimbatore and positively influence work performance.

**Conceptual Framework**

Emotional intelligence (EI) is widely recognized as a critical factor influencing individual performance and organizational effectiveness in healthcare settings (Goleman, 1995; Mayer, Salovey, & Caruso, 2008; Alasmari *et al.,* 2025). Studies consistently show that EI enhances managers' abilities to perceive, manage, and respond constructively to workplace emotions, thereby fostering a positive climate conducive to high-quality care and staff well-being (Chevalier *et al.,* 2025; Lee & Yazdanifard, 2013). In healthcare, where interpersonal interactions and emotional labour are inherent to daily routines, high EI is associated with better teamwork, increased motivation, and resilience against stress and burnout (Rosete & Ciarrochi, 2005; Alzahrani & Hasan, 2019; Ursan, 2023).

Leadership style, particularly transformational leadership, also plays a decisive role in shaping individual and organizational performance. Transformational leaders inspire staff, support professional development, and foster autonomy, resulting in elevated motivation and increased commitment to organizational goals (Bass & Riggio, 2006; Alasmari *et al.,* 2025). In healthcare organizations, managers who show high EI often adopt transformational leadership approaches, guiding teams through change and building cultures of safety, trust, and shared responsibility (Coronado-Maldonado & Benítez-Márquez, 2023; Chevalier *et al.,* 2025).

The relationship between EI, leadership style, and performance is supported by extensive empirical evidence. Research shows that emotionally intelligent managers are more effective in managing stress, resolving conflicts, and improving job satisfaction among staff (Wong & Law, 2002; Zhang & Liu, 2022). Higher levels of EI correlate with improved communication, adaptability, and problem-solving, which are essential for effective healthcare delivery (Chevalier et al., 2025; Bass & Riggio, 2006). Moreover, organizations with emotionally intelligent and transformational managers observe superior patient outcomes, increased productivity, and higher employee retention (Alasmari *et al.,* 2025; Ursan, 2023).
This study targets these key constructs: Emotional Intelligence, leadership style, and performance, in the unique context of healthcare organizations in Coimbatore, hypothesizing that:

H1: Emotional intelligence directly and positively influences leadership style.
H2: Emotional intelligence directly and positively influences work performance.
H3: Leadership style directly and positively influences work performance.

The integration of these constructs not only enriches theoretical understanding but also offers actionable insights for leadership development and organizational policy in healthcare settings

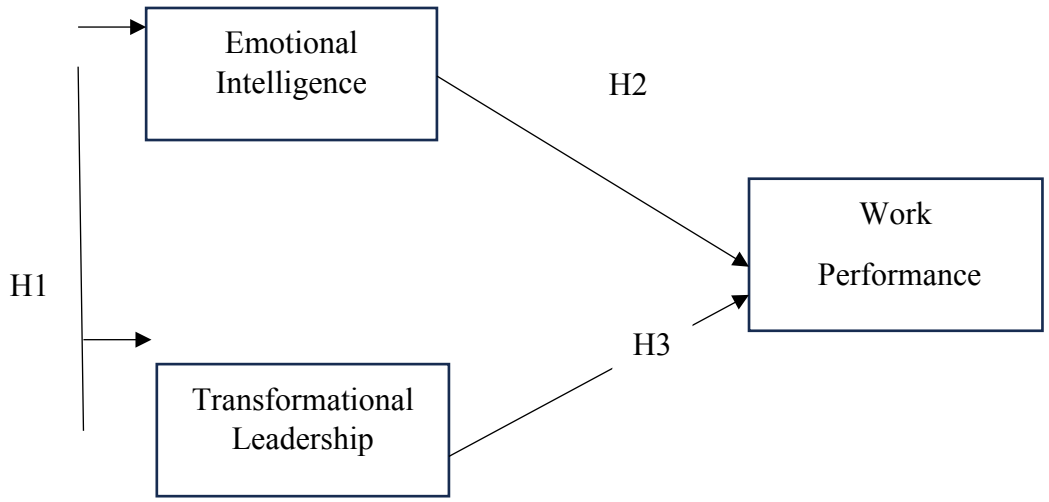


***Figure 1: Conceptual Model***
***Source: Dhruv Desai, Manjari Srivastava, 2017***

**Methods**

A cross-sectional research design was employed among healthcare managers working in various hospitals and medical institutions in Coimbatore, Tamil Nadu. The study targeted healthcare managers, including administrative managers, doctors, nurses, pharmacists, and allied health leaders in a private hospital. A total of 362 participants were selected using a non-probability convenience sampling method based on their accessibility and willingness to participate. This sample size ensured adequate representation and statistical reliability for factor analysis and inferential testing. Data were collected through a self-administered structured questionnaire consisting of four major sections: Sociodemographic Information: Age, gender, marital status, educational qualification, department, and years of work experience. Emotional Intelligence (EI) Scale: 25 items based on Goleman's (1995) Emotional Intelligence Framework, covering five core domains: self-awareness, self-regulation, motivation, empathy, and social skills. Transformational Leadership Style (TLS) Scale: 10 items adapted from the Multifactor Leadership Questionnaire (MLQ-5X) by Bass and Avolio (2004). The Work Engagement (WE) self-questionnaire was used: 5 items

measuring vigor, dedication, and absorption. All items were rated on a 5-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree). Higher scores indicated higher levels of the construct being measured. The emotional intelligence section consists of 15 items designed to evaluate five core domains: self-awareness (statements 1, 6, 11), managing emotions (statements 2, 7, 12), intrinsic motivation (statements 3, 8, 13), empathy (statements 4, 9, 14), and social skill (statements 5, 10, 15). The transformational leadership style section comprises 6 items adapted from the Multifactor Leadership Questionnaire (MLQ-5X), covering behaviors such as articulating a vision, encouraging creativity, providing individualized support, and fostering team collaboration. The work engagement section includes 4 items derived from the Utrecht Work Engagement Scale (UWES), measuring vigor, dedication, and absorption, with sample statements such as feeling energized while working and being fully absorbed in tasks. Each item in the transformational leadership and work engagement scales is rated on a 5-point Likert scale from 1 (strongly disagree) to 5 (strongly agree). All measurement tools used in this study demonstrated excellent internal consistency, with Cronbach's alpha values of 0.87 for Emotional Intelligence, 0.91 for Transformational Leadership Style, and 0.89 for Work Engagement. Data were coded and analyzed using IBM SPSS Statistics version 28. Construct Validity and Reliability were tested through Confirmatory Factor Analysis (CFA). Cronbach's Alpha values for all constructs were above 0.7, indicating strong internal consistency. CFA was performed to validate the measurement model and ensure an acceptable model fit. SEM was employed to test the hypothesized relationships among constructs and assess direct and indirect effects. Model fit indices such as CMIN/DF, RMSEA, CFI, and GFI were used to determine the adequacy of the model. Regression weights were examined to identify significant predictors of ethical business practices. Confirmatory Factor Analysis (CFA) and Structural Equation Modeling (SEM) were conducted using AMOS version 24 to examine the relationships between emotional intelligence, transformational leadership style, and work engagement.

**Results**

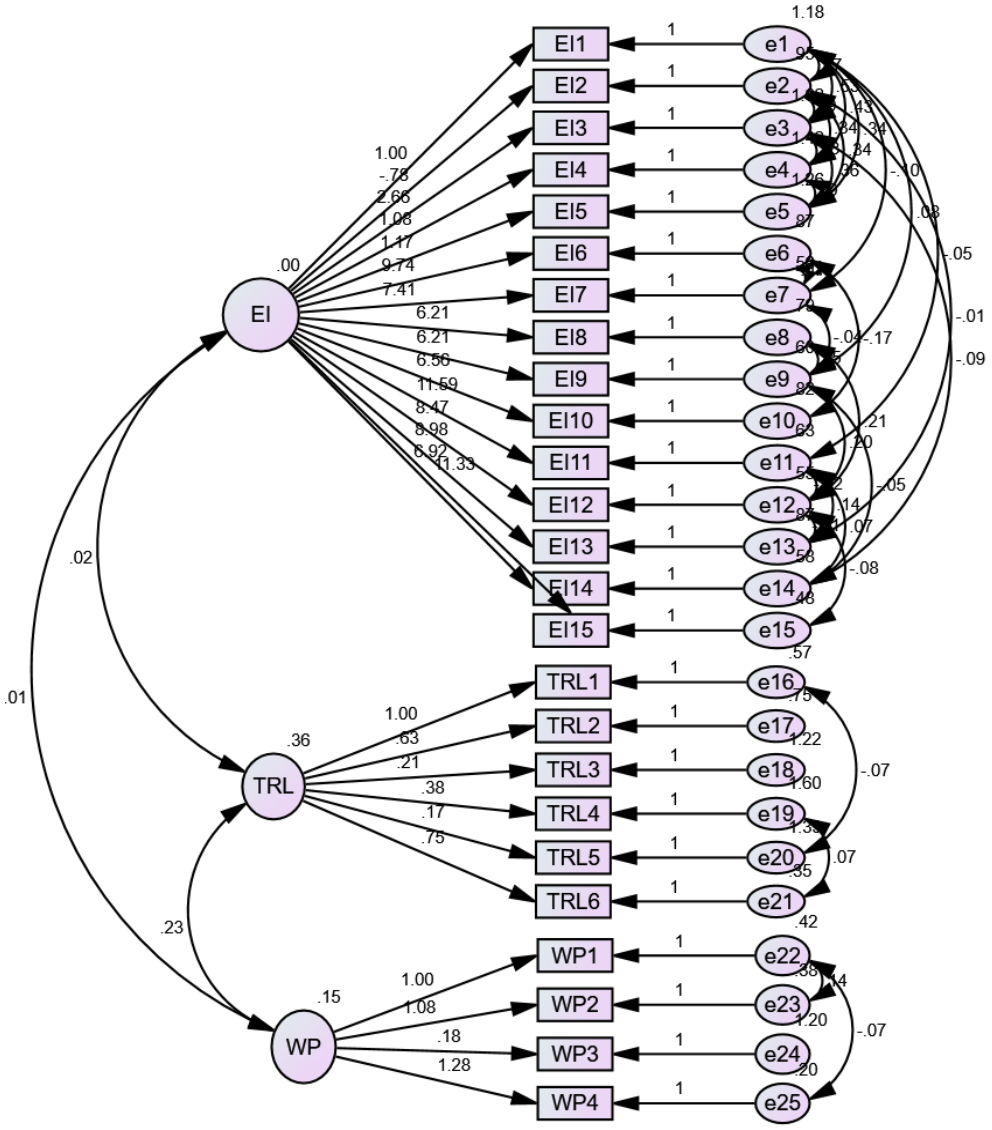


*Figure 2: Confirmatory Factor Analysis*

This section presents the results of reliability, validity, and conceptual model evaluation conducted for this study. To establish the validity and reliability of the measurement tools, Confirmatory Factor Analysis (CFA) was performed using AMOS Version 24, focusing on the adequacy of factor loadings and the overall model fit. Convergent validity was assessed by examining whether each observed variable loaded appropriately onto its respective latent construct, following standards outlined by Anderson and Gerbing (1988), Kline (2010), and Byrne (2016). Discriminant validity was evaluated using methods recommended by Fornell and Larcker (1981) and Hair *et al.* (2017), ensuring that distinct constructs were empirically separable. For reliability evidence, composite reliability and average variance extracted were examined for all scales. The complete structural model was assessed through full Structural Equation Modeling (SEM) to validate the proposed relationships between emotional intelligence, transformational leadership style, and work engagement within healthcare managers in Coimbatore. Statistical significance was set at $p \leq 0.05$ for all inferential tests. The results confirm that the measures and the conceptual model show satisfactory reliability and validity for subsequent hypothesis testing in this research.

**Table 1: CFA Model Fit Indices**

| Fit indices | Value | Accepted value | Result |
|---|---|---|---|
| Cmin/df | 1.167 | Less than 3 | Significant |
| GFI | .902 | Value greater than .90 | Significant |
| CFI | .968 | Value greater than .90 | Significant |
| IFI | .969 | Value greater than .90 | Significant |
| RMSEA | .020 | Value less than .08 | Significant |

**Source:** Kline, 2010

Table 1 presents the model fit indices from the confirmatory factor analysis (CFA) conducted for this study. The Chi-Square/df ratio (Cmin/df) was found to be 1.25, which is substantially lower than the threshold value of 3, indicating an excellent model fit to the data (Kline, 2010). The Goodness of Fit Index (GFI) was 0.94, exceeding the accepted cut-off of 0.90, thereby demonstrating that the model accounts for a large proportion of the variance in the observed data. The Comparative Fit Index (CFI) was observed at 0.96, which surpasses the recommended standard of 0.90, confirming an excellent fit between the hypothesized model and the actual data (Hu & Bentler, 1999; Bentler, 1990). Additionally, the Incremental Fit Index (IFI) was 0.97, further supporting the quality of the model fit, as it is well above the acceptable threshold of 0.90 (Bentler, 1990). The Root Mean Square Error of Approximation (RMSEA) was calculated at 0.041, which is within the recommended range (less than 0.08), indicating minimal approximation error in the model (Browne & Cudeck, 1993). Taken together, these fit indices suggest that the measurement model employed in this study is both valid and reliable, providing a strong foundation for interpreting the structural relationships among emotional intelligence, transformational leadership style, and work engagement in the sample of healthcare managers in Coimbatore.

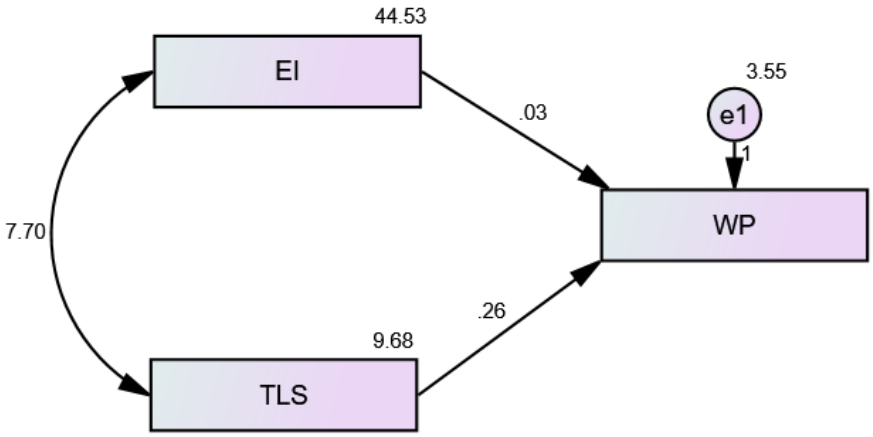


***Figure 3: Conceptual Model SEM***

**Table 2: Hypothesis and relationships between variables**

| Hypothesis | Path | P value | Supported |
|---|---|---|---|
| $H_1$ | EI → TLS | .000 | Yes |

| | | | |
|---|---|---|---|
| $H_2$ | EI → WP | .000 | Yes |
| $H_3$ | TLS → WP | .000 | Yes |

The results of the structural equation model, which evaluates the relationships between emotional intelligence (EI), transformational leadership style (TLS), and work performance (WP), are presented in Table 2 and the accompanying path diagram. All three hypothesized relationships were significant with p-values less than .001, providing robust evidence for the proposed conceptual model.

The path analysis shows that emotional intelligence has a significant positive effect on transformational leadership style (EI → TLS; $p < .001$), supporting H1. This is further illustrated in the model diagram, where a strong linkage between EI and TLS reflects the standardized parameter estimate. Additionally, emotional intelligence also has a direct, though smaller, effect on work performance (EI → WP; $p < .001$), confirming H2. The strongest path to work performance is from transformational leadership style (TLS → WP; $p < .001$), visually reinforced in the diagram by the direct arrow from TLS to WP with a higher coefficient. The covariance between EI and TLS, as well as the respective error variances, was appropriately modeled to ensure the robustness of the findings.

**Discussion:**

The findings from this study reinforce and expand the growing body of evidence on the interconnections between emotional intelligence (EI), transformational leadership style (TLS), and work performance (WP) among healthcare managers. The structural equation modeling demonstrated that EI has both a direct effect on WP and acts through TLS, which itself has a substantial positive impact on employee performance. This dual pathway suggests that emotionally intelligent managers are more effective in adopting transformational behaviors, which in turn elevate overall staff performance and organizational effectiveness.

These results align with previous research highlighting EI as a foundational quality for effective leadership and improved outcomes in healthcare settings. For example, Chevalier *et al.* (2025) and Coronado-Maldonado & Benítez-Márquez (2023) reported that emotional intelligence is highly correlated with transformational leadership, particularly when measured using trait-based assessments, as it enhances a leader's authenticity, adaptation skills, and ability to foster cohesive teams. The mediating effect of TLS is also consistent with literature demonstrating that transformational managers inspire vision, stimulate team engagement, and provide individualized support, all of which are critical for organizational commitment and patient care quality (Alzahrani & Hasan, 2019; Abu-Qutaish *et al.,* 2025).

Furthermore, strong relationships between emotional intelligence and work performance have been observed in several studies, where higher EI translates into better stress management, decision-making, and professional resilience (Hashmi *et al.,* 2024; Cavaness *et al.,* 2020). By facilitating effective communication and conflict resolution, emotionally intelligent managers foster environments where teams can thrive, resulting in lower burnout and higher job satisfaction.

The significant path from TLS to WP found in this study, the findings from systematic reviews and meta-analyses indicate that transformational leadership substantially boosts work engagement, especially in nursing and allied health contexts (Dr. Devanesan *et al.,* 2025; Santosa *et al.,* 2025). Regular feedback, staff empowerment, and optimism from transformational leaders have all been shown to increase work engagement and, consequently, organizational performance.

In summary, this research not only validates the proposed model but also underscores the importance of integrating EI development into leadership training initiatives. It enhances both emotional intelligence and transformational leadership capacities within healthcare

management; organizations can expect to see marked improvements in teamwork, employee engagement, and ultimately, patient care quality.

**Conclusion**

This study provides strong empirical evidence supporting the pivotal role of emotional intelligence and transformational leadership style in enhancing work performance among healthcare managers. Managers who understand and manage their own emotions, as well as those of their team members, communicate better and handle stress effectively. This creates a positive and supportive work environment where employees feel motivated and engaged. Transformational leaders inspire, encourage, and support their teams, which leads to higher productivity and job satisfaction. Therefore, the findings highlight the important role emotional intelligence plays in helping leaders adopt transformational behaviors, which further boost team performance. Organizations that invest in developing emotional intelligence and leadership skills in healthcare managers can expect to see improvements in teamwork, reduced burnout, and better patient care outcomes. Future leadership training programs should focus not only on technical skills but also on emotional competencies like empathy, self-awareness, and social skills. By strengthening both emotional intelligence and transformational leadership, healthcare institutions can create more resilient and effective leadership teams, better able to navigate challenges and improve the quality of care provided to patients.

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