

# Assessing the Impact of Emotional Intelligence and Conflict Management in the Workplace: A Case Study of Health Centers in Hossana Town, Central Ethiopia

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## Abstract

Emotional intelligence (EI) and conflict management (CM) play a crucial role in enhancing workplace outcomes in Health Centers in Central Ethiopia. EI, which includes self-awareness, empathy, and social skills, is essential for managing emotions in healthcare settings. Conflict management, on the other hand, involves strategies for resolving disputes while maintaining healthy relationships and a productive work atmosphere. A study in Central Ethiopia found that 78% of healthcare professionals demonstrated high EI, leading to increased job satisfaction and reduced stress levels. Additionally, 72% of participants used effective CM strategies, fostering a collaborative work environment. Higher EI also led to a 30% improvement in constructive conflict handling and a 40% decrease in turnover intentions. The study recommends integrating EI and CM training into professional development programs, implementing supportive policies for conflict resolution, and recognizing emotional intelligence alongside technical proficiency in healthcare settings.

**Keywords:** Emotional Intelligence, Conflict Management, Job Satisfaction, Employee Retention, Employee Relations, Organizational Behavior, Health Centers

## 1. Introduction

### 1.1. Background of the Study

The researcher explores the influence of emotional intelligence (EI) and conflict management (CM) on workplace dynamics, particularly in health centers in Hossana Town, Central Ethiopia. The study emphasizes the critical roles that EI and CM play in reducing stress, improving job satisfaction, and enhancing teamwork among healthcare professionals. The research investigates how these competencies affect outcomes such as job satisfaction, staff retention, and quality of care [1]. The study uses surveys and interviews to assess the emotional intelligence and conflict management strategies used by healthcare workers and their impact on workplace relationships and performance.

The healthcare environment is characterized by high-stress situations, requiring professionals to manage their emotions and interpersonal conflicts effectively. Emotional intelligence, which includes self-awareness, self-regulation, empathy, and social skills, is indispensable for maintaining healthy work relationships and improving performance. Conflict management, on the other hand, involves strategies such as collaboration, compromise, and accommodation to resolve disputes constructively [2,3]. Research

indicates that individuals with high emotional intelligence tend to adopt more cooperative and integrative conflict management styles, which result in better teamwork and job satisfaction [4].

### 1.2. Statement of the Problem

Healthcare workers in Ethiopia face significant challenges due to limited resources, high workloads, and frequent interpersonal conflicts. These conditions necessitate the development of emotional intelligence and conflict management skills to improve employee well-being and job satisfaction [5]. The study focuses on understanding how emotional intelligence and conflict management skills influence the work environment in Ethiopian health centers, where non-technical skills like these are often overlooked. The findings aim to inform strategies for improving healthcare workforce retention and performance through non-technical skill development [6,7].

## 2. Objectives of the Study

### 2.1. General Objective

The overall objective is to assess the impact of emotional intelligence and conflict management on the work environment in health centers in the city of Hossana, Central Ethiopia.

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## 2.2. Specific Objectives

- Assess the level of emotional intelligence in terms of self-awareness, self-management, social awareness and relationship management among health workers.
- Examine the association between conflict management skills and job satisfaction levels among health workers.
- Explore health workers' perceptions on challenges of applying emotional intelligence and conflict management in their work.

## 2.3. Significance of the Study

The health sector depends on strong teamwork and coordination between workers to deliver efficient patient care. This study seeks to understand how emotional intelligence and conflict management impact relationships and collaboration between healthcare staff. The findings will offer valuable guidance to minimize tensions and maximize cooperation between professionals for overall better work outcomes.

## 2.4. Scope of the Study

This study will focus on assessing the impact of emotional intelligence and conflict management on the workplace, specifically looking at health centers located in Hossana Town, Ethiopia. It will examine how these factors influence work performance, relationships, and the overall work environment. The study will be conducted among staff members working in various positions at health centers in Hossana Town.

## 3. Literature Review

### 3.1. Emotional Intelligence and Conflict Management

Emotional Intelligence (EI) and conflict management are essential skills in healthcare due to the high-stress environments and frequent interpersonal conflicts. Health professionals with high EI exhibit greater empathy, listening skills, and the ability to manage stress and de-escalate conflicts, contributing to better job performance [8]. Studies show that EI is linked to improved organizational commitment, teamwork, and decision-making [9].

### 3.2. Conflict Management Strategies

range from avoiding to collaborating, depending on the level of assertiveness and cooperativeness. In healthcare, collaborative strategies are often most effective, as they foster creative, win-win solutions [10]. Research suggests that EI enhances conflict resolution abilities, with high-EI employees better able to handle disputes constructively [11]. Effective conflict management leads to better job satisfaction, teamwork, and patient care, while unresolved conflicts can result in absenteeism, turnover, and medical errors [12,13].

Conflict management plays a crucial role in the context of health centers. Healthcare professionals often encounter conflicts in their work environments, and effective conflict management strategies are necessary to maintain a harmonious and productive workplace [14]. Conflict can arise from various sources in the healthcare setting, including differences in opinions, values, and priorities, as well as organizational and interpersonal issues [13]. Therefore, it is essential for healthcare professionals and managers to develop

skills in conflict management to address and resolve conflicts effectively. One aspect that can mediate conflict management in health centers is emotional intelligence. The capacity to recognize, understand, and regulate one's own emotions as well as those of others are emotional intelligence.

Nurses with higher emotional intelligence are more likely to employ effective conflict management strategies [14]. Therefore, training programs that focus on enhancing emotional intelligence can be beneficial in improving conflict management in healthcare facilities.

Another important factor in conflict management is the role of leadership. Nurse Managers play a crucial role in creating a positive work environment and promoting effective conflict management. Transformational leadership, which involves inspiring and motivating employees, has been associated with more constructive conflict management strategies [15].

Nurse Managers can support themselves and others in working through conflict by normalizing conflict, employing proactive and reactive interventions, and helping to build integrated conflict management systems [12]. Furthermore, conflict management is not only important for maintaining a harmonious work environment but also for ensuring the quality of patient care.

Healthcare professionals must manage conflict to provide an environment that improves personal growth and ensures the quality of patient care [16]. Conflict management

styles, such as active and constructive approaches, have been associated with positive outcomes for nurses, patients, and the organization [17].

As health centers continue to grow, it will be critical for organizations to support employees in managing inevitable conflicts. Research clearly links EI and constructive conflict management to positive workplace outcomes like satisfaction, teamwork, stress levels, and productivity. Healthcare organizations like health centers should invest in assessing and developing employees' EI, teaching constructive conflict strategies, and shaping collaborative cultures. With strong EI and conflict management skills, health professionals can continue providing exceptional, life-saving care even in high-pressure situations.

### 3.3. Components of Emotional Intelligence

It is apparent that as concepts, emotions and feelings can be perceived in various ways depending on the model being utilized. Salovey and Mayer's ability model goes further to indicate the various roles EI has and groups them into four branches: perceiving, utilizing, understanding, and controlling emotions [18]. A compelling aspect of emotional intelligence is its relationship with mental intellect, and numerous writers have attempted to relate the two; Goleman, for instance, identifies five spheres that an intelligent person must possess, which are self-regulation, self-awareness, motivation, social skills, and empathy [19]. Still, other authors label such

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spheres as social, inter/intrapersonal competencies, stress, and mood regulation as part of a mixed model [20]. All these aspects offer a comprehensive and integrative model of EI, one that is readily needed in today where the emotional state of persons defines their relationships and social interactions.

People with a good level of emotional intelligence have a vivid ability to understand the feelings of others and resolve disputes in an agreeable matter. Bar-On states that it is only logical to combine social and emotion-related competencies for the space mandates mood regulation as an interpersonal skill. Moods impact performance; low rhythms hinder people from being effective; management experts as researchers Higgs and Aitken also praised such leaders, explaining that they establish teamwork amongst people, and peace during conflict or when consolidating feelings is present [21].

One aspect of the above-mentioned able minds is their ability to stay calm in high pace stressful situations that healthcare is notorious for. EI has shown to be a constructive factor to recognize and cope with stressful situations [22]. The author's insight into patient-practitioner interactions exemplifies how empathy is also key in minimizing stress by enhancing the patient-practitioner relationship [23]. Several carried out professional activities, such as de-briefing, training, and scheduling can provide some assistance to cope with the stress [24]. Appropriate cultures that discourage burnout are, however, enhanced by managers' actions to promote healthy activities and provide appreciation.

The ability to adapt is especially important in the healthcare setting because of the continuous changes in patient needs and the technology. The more emotional intelligence one possesses the better chances of employees being able to deal with transformation in an anticipatory and positive manner [25]. The ability to adapt to a situation facilitates the need to be sensitive to other people's experiences during the change, and to be able to see how the change can be beneficial to oneself. Such a growth orientation is valuable for health organizations as they remain focused on patient care and are able to evolve.

Goleman emphasizes that interpersonal skills gained from emotional intelligence include better communication, empathy and the ability to resolve conflict in the health care setting. Trust is in part established via empathy. Empathy also aids relationship building with patients and trust and relationships with the providers while relationship management with the help of conflict resolution strategies encourages other conflict management strategies [26]. Inter-disciplinary cooperation and ethical decision making and leadership are enhanced by strong interpersonal ability to motivate teams through empathy and persuasion. These skills are critical for delivering high-quality, patient-centered care.

Intrapersonal skills such as self-awareness and self-regulation help to modulate high emotional dysregulation in healthcare setting,

thus improving patient outcomes [19]. Self-propulsion enables the staff to weather difficulties and empathy provides a channel for strengthening patient with the providers [27]. Alignment of personal attributes with work objectives promotes self-awareness and reduces chances of job departure [28]. All these qualities help to enhance resilience and overall wellbeing in the healthcare domain.

Empathy is the most important core of patient-oriented practice that seeks to solve both the psychological aspect and medical problems associated with the patients. It builds engagement and confidence among patients hence enhancing their satisfaction and the quality of consultations [19,29]. Empathy reduces the chances of burnout among health care workers by enhancing their awareness and enhancing the relations of their team members. Emotionally intelligent teams foster organizations in which quality of care is still delivered during turmoil, such as epidemics.

Another aspect of EI that has been mentioned before is the self-regulation aspect, which guides how healthcare practitioners exhibit composure in stressful circumstances and act as role models for their patients and other colleagues [19]. Emotion regulation is vital because it establishes respectful communication and embraces diversity that is crucial in meeting the distinct requirements of all patients [28].

It also increases team cohesion and enables better management during challenges such as staff shortages. EI promotes equity in healthcare by addressing systemic issues and advocating for the underserved. They encourage good ideas, educational sessions, and teamwork by creating mental health centers [30]. Such leaders encourage perseverance and optimism, enabling teams to succeed in competition. Training based on the principles of emotional intelligence further improves teamwork, morale, and team building [31]. Self-awareness and engagement improve performance, allowing individuals to address skill gaps and improve their responsibilities. EI also improves conflict resolution and decision-making, making them more effective in ethical matters. By integrating emotional intelligence into leadership, organizations can improve employee retention, patient care, and overall performance.

In conclusion, Emotional intelligence and conflict management are vital for healthcare professionals to maintain productive, harmonious work environments. EI enhances conflict resolution, leadership, stress management, adaptability, and interpersonal relationships, resulting in better job satisfaction, stronger teams, and improved patient care. Healthcare organizations should invest in EI training and conflict management strategies to promote collaboration, reduce stress, and foster innovation. Leaders with high EI create supportive cultures that prioritize the well-being of staff and patients, ensuring the long-term success of healthcare institutions.

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### 3.4. Conflict Management Styles in the Workplace

The ability to handle conflicts in a firm setting is fundamental, particularly in health sector organizations where people with different attitudes, high intensity and entirely different roles and tasks come together. Putting that into some perspective, according to Thomas and Kilmann there are five interdependent styles of conflict management: competing, collaborating, compromising, avoiding and accommodating. These approaches will determine the level of teamwork and how a person or a team of individuals will handle conflicts and meet institution goals. At the health centers located at Hossana Town, the second largest city in Ethiopia, the choice of a preferred conflict management strategy has its own effects, both positive and negative, towards team performance, morale and outcome of service.

The competing style refers to individuals who are aggressive yet uncooperative. This is applicable in situations where one party or individual is trying to ensure their needs are prioritized over other parties' needs and requirements. This style has its benefits- for example quick decisions and addressing safety issues within healthcare organizations. However, its overuse can create problems of relationships and animosity among team members. For example, when handling an emergency within a health center, strict health protocols must be followed and a manager in charge of an operating room may ask every staff member to ignore their preferences and cooperate with him or her so that patients' survival may be guaranteed.

On the other hand, the collaborating style involves both negotiating and aggressiveness as well, since the approach aims at the provision of solutions that benefit everyone involved in the conflict situation. This style, in fact, is most relevant in health centers, where multiple disciplines are integrated in the provision of services of care. It has been established that emotional intelligence (EI) is an important factor in enhancing collaboration since it helps individuals to manage their emotions and understand those of others. For instance, health center workers possessing high EI tend to adopt the resolution of conflicts that is cooperative and this may trigger the development of new ideas, strengthen team dynamics, and improve the quality of care offered to patients. The compromising style displays a middle degree of both assertiveness and cooperativeness in that, in order to reach an agreement or settlement that is acceptable to both parties, it is necessary for both to relinquish some portion of their position. There are some advantages of this method such as it is fast but there are disadvantages whereby it does not always solve the basic problems of the conflict. For example a nurse and a

doctor working in a Hossana health center may settle the issues of their shifts by vying for and splitting shifts. In this case however, the more fundamental issue of work overload or lack of adequate staff is likely to be ignored. Good application of this style tends to be linked with striking a good balance between quick results and achieving lasting solutions.

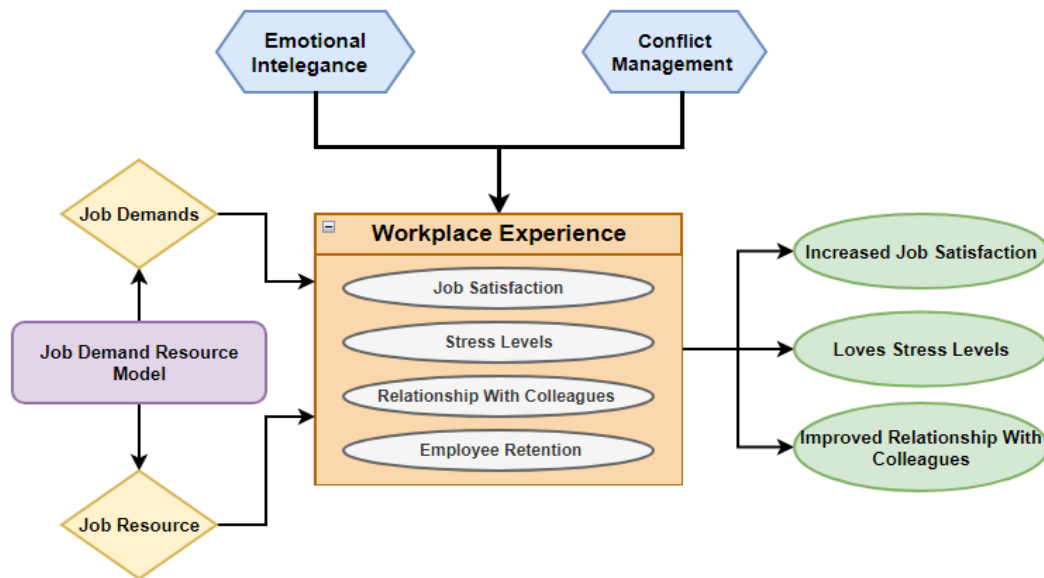
An avoiding style low to both assertiveness and cooperativeness entails evading or ignoring conflicts. This style works the way it does only in relation to trivial matters or even when people's tempers are hot and other ways may take too long. With respect to the health centers, avoiding engagements in such conflicts might slow down communication procedures which are quite critical for the provision of services. The negativity that arises from avoidance can be offset by emotional intelligence since this trait facilitates the understanding of the right time to engage in conflict.

The last conflict style is the accommodating style which is the opposite of the competing styles where in this case the needs of others completely supersede the one's own needs and the person is very cooperative but has lower assertiveness. This is useful in the goal of conflict resolution because it helps prevent friction and fosters trust, but it may also produce some resistance or burnout due to people denying their own needs. In Hossana health centers, for example, employees will practice this style by trying to maintain their relationships with colleagues or supervisors in this hierarchical orientation. However, there is some point of ensuring accommodation without regarding the assertiveness so that concern of employees is also considered.

### 3.5. Emotional Intelligence and Conflict Management

An important topic of attention in corporate studies is the interaction between emotional intelligence and conflict management techniques. Defined as the capacity to notice, analyze, and control emotions, emotional intelligence improves a person's capability to handle problems creatively. High EI people are more likely to use cooperative and compromise strategies, according to studies as they are better able to sympathize with others, control stress, and successfully transmit messages. Encouragement of emotional intelligence among staff members can greatly help to resolve problems and enhance general organizational performance at the health centers in Hossana Town, where communication and teamwork are highly valued.

### 3.6 Conceptual Framework



**Figure 1:** Theoretical Framework. 2024

### 3.7. Existed Facts About Impact of Emotional Intelligence and Conflict Management on Workplace

Emotional intelligence is the ability to recognize, comprehend, and control emotions. It helps with stress management and inspiring others. The goal of conflict management is to resolve disputes amicably by being transparent, making concessions and coming up with workable solutions. Workplace stress in the healthcare industry is a result of obligations and limitations [32]. Soriano-Vázquez et al. found a correlation between higher emotional intelligence and increased work satisfaction, productivity, and cooperation. Better results were obtained than with previous approaches when conflict styles were integrated and obliged [33].

Stress levels are high in healthcare settings, such as health centers, because of the demanding workloads, emotional labor, and patient care obligations. According to Ago et al., they are also more likely to have disputes as a result of stressful situations, a lack of resources, and interpersonal problems [32]. According to the study, health professionals who possessed higher emotional intelligence showed much better levels of job satisfaction, perceived productivity, and collaborative behaviors in comparison to those who possessed lower emotional intelligence [33].

Better workplace results were achieved by health professionals who used integrating or obliging conflict management styles, which entail collaboration and compromise, as opposed to dominating, avoiding, or compromising approaches. According to Soriano-Vázquez et al., there is a favorable correlation between emotional intelligence and the use of integrative and obliging conflict management techniques, which encourage collaboration and address the concerns of both sides [33].

On the other hand, domineering, evading, and compromise behaviors that disregard the demands of one or both partners or only partially handle issues in an inadequate way are associated with poor emotional intelligence [33]. After adjusting for other

characteristics, multivariate regression analysis showed that, after correcting for other variables, emotional intelligence and integrative conflict management style substantially predicted greater work satisfaction.

When confounding variables were taken into account, emotional intelligence and an accommodating conflict management style were revealed to be significant predictors of perceived productivity. According to Soriano-Vázquez et al., the study's findings indicated that health workers benefited from enhanced job satisfaction and perceived productivity as a result of having better emotional intelligence and having integrated or required conflict management strategies [33].

Agbo et al., conducted a study to investigate the perspectives of 50 healthcare professionals in three basic schools of nursing in Enugu State, Nigeria regarding current conflicts, their origins, and their consequences. According to Agbo et al., the primary causes of disputes in the respondents' employment were administrative problems, a lack of resources, interpersonal interactions, and gaps in their professional experiences. Weak leadership, unjust policies, and a lack of accountability were among the administrative issues. Staffing shortages and inadequate supplies and equipment were among the resource problems. Poor communication, disdain, mistrust, power struggles, and personality conflicts amongst coworkers, bosses, and community members gave rise to interpersonal problems [32].

Competency mismatches, divergent priorities, clinical differences, and a lack of coordination among healthcare providers were the main causes of professional conflicts. According to the study, disagreements had a negative effect on the quality of care provided, job dedication, productivity, and workplace atmosphere in the health system as a whole [32].

Legesse et al. conducted a qualitative study to investigate the



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viewpoints of 31 healthcare managers and employees in Ethiopia on workplace disputes. According to participants' perceptions, disputes were greatly exacerbated by a lack of resources, subpar supervision, a lack of collaboration, disrespectful attitudes, and divergent goals [34]. Instead of using proactive resolution techniques, conflicts were apparently resolved reactively through open confrontation, assigning blame, or strong intervention. According to participants, this increased conflict and had a detrimental effect on collaboration, morale, output, and service quality.

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In Bahir Dar, Ethiopia, 378 healthcare workers participated in a mixed-methods study to evaluate the factors influencing their job satisfaction. Quantitative results revealed a strong positive association between job satisfaction and relationships with coworkers and subordinates, as well as with organizational policies, training opportunities, and compensation. According to Yami et al., the results of qualitative interviews also indicated that heavy workloads, insufficient resources, bad management, and a lack of collaboration were the main factors negatively affecting motivation [35].

A different study investigated the views of 662 healthcare professionals in North-West Ethiopia about work-related stress. According to Gebeyehu & Zeleke, there are a number of important occupational stresses, including high patient loads, staff shortages, hard workloads, inadequate infrastructure, a scarcity of supplies, disagreements with management, and inadequate infrastructure [36].

Stress coping strategies such as social support, effective communication, supervision, training, appropriate pay, and favorable working circumstances were observed to be diminished in response to occupational stresses [36]. A study evaluated the experiences of 238 nurses who were employed in hospitals and health facilities in Ethiopia with respect to the variables affecting their work performance [37]. Major obstacles influencing the nurses' job performances were heavy workloads, insufficient resources, ongoing disputes, and a lack of training. On the other side, their work performances and dedication were improved by cooperation, encouraging supervision, encouragement, training opportunities, and a positive work atmosphere.

High workloads, job ambiguity, disputes, a lack of resources,

and poor management were found to be the main stressors in a comprehensive review of the literature on workplace stress in Africa [38]. According to the review, self-care techniques, stress management education, enhanced relationships, and organizational adjustments might all help reduce the harmful effects of professional stress.

Healthcare delivery is ultimately impacted by health professionals' incapacity to control their emotions or settle disputes in a way that promotes relationships, productivity, and well-being. To tackle these issues and promote positive work environments, it might be beneficial to provide employees with conflict resolution and emotional intelligence training. According to Hanrahan et al., other strategies for coping with occupational pressures in the healthcare industry include team-building exercises, transparent communication, supervision, participatory decision-making, fair and caring leadership, and appropriate compensation [39].

According to Legesse et al., health facilities in underdeveloped countries such as Ethiopia have resource limits, which make emotional well-being and harmonious relationships essential for maintaining high-quality and compassionate services. Health professionals and the provision of care can gain a great deal from organizational investments in people management that address the underlying causes of disputes and foster emotional resilience [33,34].

Conclusively, research to date indicates that in health facilities vulnerable to stress from systemic and interpersonal issues, emotional intelligence and constructive conflict management have a significant role in determining work satisfaction, productivity, and general well-being.

### **3.8. Strategies for Managing Conflicts in Health Centers**

According to Williams & Sternthal, defining explicit policies and procedures is one tactic for handling conflicts at health facilities. Establishing standards enables staff and patients to understand the appropriate routes for addressing concerns or lodging grievances. By doing so, structure is established, and escalation is avoided [40].

Schilling et al. assert that efficient communication is essential to conflict resolution [41]. Carefully listening to patients and addressing their problems should be emphasized in staff training. In order to diffuse tensions, utilize open-ended inquiries and insightful remarks. According to Ulrich et al., it's also critical to document every encounter. A third party with objectivity to handle complaints might be appointed as patient advocates. These individuals are kept outside of direct patient care, as Williams & Sternthal show, so they can assess problems objectively and try to come up with solutions that everyone can agree with. According to Davidson et al. their participation demonstrates to patients that their viewpoints will be appropriately weighed [42].

An additional means of settling conflicts without going to court is through mediation. As demonstrated by Wang et al.,

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the involvement of an impartial third-party mediator preserves relationships and promotes problem-solving rather than assigning blame, allowing patients and staff to respectfully discuss and potentially reach a mutual understanding.

The creation of an ethics committee provides a multidisciplinary panel for the evaluation of difficult matters involving policy interpretation or moral judgments. Emanuel et al. have shown that members of a committee with varying backgrounds may work together to decide on the best moral course of action [43]. Moreover, compared to a single decision-maker, their suggestions are less likely to be contested [44].

By offering staff trainings on subjects like conflict resolution, cultural competence, and disability awareness, employers may better prepare their workforce to handle a varied patient base and reduce stress [45]. The influence of biases, misunderstandings, and inadequate communication on patient satisfaction and compliance can be detrimental to staff, as demonstrated by Hamed et al.

Staff members can practice techniques like introspective listening, open-ended questioning, keeping a neutral stance, and steering talks to mutually agreed-upon ends before actual problems arise by holding mock mediation or dispute resolution training sessions [46]. Transparency is established when patients and staff have access to an up-to-date policy and procedure handbook. It is easier to avoid misunderstandings and provide everyone with the assurance that they will be held to the same standards when expectations for conduct, rights and obligations, and the complaint procedure are clearly outlined in written form [47].

Making choices with explanations, responding to concerns promptly, and treating them with respect all contribute to making patients feel heard. Feedback makes individuals believe that the process was fair, even if they are unable to get their preferred outcome, as shown by Schilling et al. Maintaining trust in the healthcare system is greatly aided by this [48]. Survey data on patient satisfaction can be used to anonymously spot patterns or recurrent grievances before they become official complaints. According to Hummy and Anita, disputes can be avoided in the future by proactively addressing frequent pain points at the system level [41].

Posters and pamphlets explaining rights, obligations, and the complaint procedure should be put up in different languages throughout the institution to raise awareness among the people it serves [49]. Multilingual personnel should also be on hand to support patients with low English competence, as demonstrated by Sentell et al.

Fostering a culture of mutual respect, compassion, and cooperation among employees lowers the likelihood of interpersonal disputes that might negatively affect patient care. According to Griffiths et al., employees should feel at ease approaching supervisors with concerns so that problems don't get worse [50]. Constructive resolution is modeled by early involvement and mediation for

internal problems.

Working together with other nearby providers to do sentinel event evaluations makes it easier to find system weaknesses in a variety of situations that could lead to bad outcomes and conflicts. As demonstrated by Rosenthal et al., the goal of collaborative quality improvement is to avoid recurrences rather than place blame [51].

Asking lawyers who represent patients in legal issues for anonymous input might offer an unbiased viewpoint on areas that need improvement. Attorneys may pick up on patterns in several instances that internal staff members fail to see [52,53]. Keeping up connections with community groups, navigators, case managers, and social support agencies creates allies to assist in resolving non-clinical conflicts such as insurance coverage problems or the inability to pay for treatment. Patients benefit from coordinated advocacy, as shown by Allen et al.

Broadening the viewpoints examined is achieved by forming a dispute review committee comprised of community members and clinical and non-clinical workers. According to Brownson et al., including individuals who are not directly involved in conflicts of interest enhances the perception of fairness. According to Hoffman et al., putting up signs pointing patients in the direction of a patient advocate or conflict resolution office makes the facility more visible and deters people from bringing unresolved problems to the emergency room or other locations [54]. Positive conflict management practices are encouraged, and staff members who use mediation to defuse tensions and address grievances in a constructive manner are held in high regard and serve as role models for others [55]. A layer of security that deters pointless lawsuits is provided by keeping malpractice insurance and implementing risk management procedures. When feasible, it also favors early settlement through alternative conflict resolution procedures over formal court cases [56]. There are chances for ongoing quality improvement when dispute data is routinely evaluated. According to Kimberly and de Pouvourville, trends can guide targeted efforts to update policies, take into account input from staff or patients, and gradually improve current resolution procedures [57]. Every stakeholder benefits from a learning strategy [58].

## 4. Research Methodology

### 4.1. Study Design

In order to fully comprehend the research topic, the study will make use of a mixed-methods research design that combines quantitative and qualitative approaches using a cross-sectional survey methodology. In particular, a cross-sectional survey will be used to gather quantitative and qualitative data at one moment in time from the target population or a representative sample. The survey will gather both descriptive and numerical data. Through patterns in attitudes, beliefs, and behaviors that will be uncovered through the integrated application of questionnaires, interviews, and observations via the survey methodology, this mixed methods design combines the strengths of quantitative research, which allows for measuring trends and analysis of relationships between variables, with those of qualitative research, which facilitates an in-

depth exploration of people's views, experiences, and motivations. The goal is to address both what phenomena are occurring as well as potential explanations for why.

#### 4.2. Study Area and Period

The study will be conducted in Hossana Town, Central Ethiopia, from July 2023 to January 2025 G.C. The town is located in the Hadiya Zone of the Central Regional State of Ethiopia. Hossana sits on a highland plateau at an elevation of approximately 2,400 meters above sea level. Surrounding Hossana is rolling terrain characterized by low mountain ranges and hills dissected by the Didessa River valley running northwest. Natural vegetation consists largely of temperate *Acacia-Juniperus* woodland and montane grassland ecosystems, providing habitat for wildlife. Agricultural fields and pastoral lands occupied by smallholders dominate land use between settlements [59]. The fertile volcanic soils, moderate temperatures averaging 15-20°C, and annual rainfall between 800-1200 mm support rain fed cultivation of crops like enset, wheat, barley, and potatoes without irrigation [60]. Overall, Hossana's location in the Ethiopian highlands endows it with a productive landscape suitable for mixed livelihoods.

#### 4.3. Population and Sampling Technique

All employees working in Hossana Town's government health centers will be the source population; staff who satisfy the inclusion criteria and are chosen for sample reasons will be the study population. Participants, who are employed in government Health centers, will be selected using simple random sampling technique.

In this study, the population under investigation consisted of a total of 452 staff members. These individuals were employed across three public health centers in Hossana Town, Ethiopia. The distribution of staff members across the different centers was as follows: Hossana health center (n= 185), Lichamba health center (n = 135), and Bobicho health center (n = 132). To calculate the sample size, a single population proportion formula (Daniel, 2004) will be employed.

$$n = \frac{z^2 p(1-p)}{d^2}$$

n: unadjusted sample size

z: z value obtained from standard normal distribution value (1.96 corresponding to 95% level of confidence)

p: Preliminary studies, in similar settings estimate the rate at 50% since there are no published studies showing the effect. d: margin of error (0.05), Therefore

$$n = \frac{(1.96)^2 (0.5(1-0.5))}{0.05^2} = 384$$

Since the total number of the source population is 452 (less than 10,000), we used correction formula.

$$nf = n = nf = 384 = 208$$

$$n = 1 + 384/452$$

1+

$$N = 208 + (10\% * 208) = 229$$

According to a report by the Hossana Town Administration, the number of professionals in the health centers is 185, 135, and 132. The final sample size was proportionally allocated to each stratum, and staff members were chosen using a simple random sampling technique to ensure representative participants. Consequently, the study included a total of 94, 68, and 67 participants from the three health centers, respectively.

A stratified random sampling technique will be utilized to include a total of 229 healthcare workers in the study. These healthcare workers will be selected from three health centers in Hossana Town. The participants will be allocated to their respective health professions using stratified random sampling, followed by random sampling to select individual participants. Random selection will be conducted from each health center, and the selected healthcare workers will be requested to complete a questionnaire.

In order to conduct a thorough investigation, the staff members were stratified based on their health center, role (clinical or nonclinical), gender (male or female), and years of experience (<5 years, 5–10 years, >10 years). A random selection of staff members was then made, ensuring that the allocation was proportional to each stratum. This method was employed to mitigate any potential sampling bias and enable comparisons of responses within and between subgroups.

To assess the perceived emotional intelligence, frequency of workplace conflicts, and approaches to conflict resolution, a specific group of staff members were selected to participate in surveys. Furthermore, semi-structured interviews were conducted to gain a more comprehensive understanding of these aspects. The surveys utilized 5-point Likert-type scales, and the interviews were meticulously recorded, transcribed verbatim, and anonymized. In order to enhance the credibility and validity of the research findings, a methodological triangulation approach was employed, following the recommendations of Brewer and Hunter [61]. Descriptive statistics and analyses of variance were used to rigorously analyze the survey results, allowing for a thorough review of the data. In addition, the interview transcripts were subjected to thematic analysis, which involves applying Braun and Clarke's suggested systematic coding and pattern recognition. The principal aim of this research was to obtain a thorough comprehension of workplace dynamics among various social classes [62]. The ultimate goal was to provide insights for the creation of customized training initiatives that target the particular requirements noted, as Zucker emphasizes.

#### 5. Data Collection Tools

To conduct this study, questionnaires will be developed and administered to measure emotional intelligence. The Trait Emotional Intelligence Questionnaire, will be employed as a tool for this purpose [63]. Additionally, conflict management styles will be assessed using the Thomas-Kilmann Conflict Mode Instrument.



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The questionnaires will include inquiries about workplace conflicts, the ability to maintain emotional control in stressful situations, and the aptitude to consider different perspectives and find mutually agreeable solutions. The responses obtained will be analyzed in order to determine the prevalent emotional intelligence traits and conflict management approaches utilized by healthcare workers.

In order to gain a deeper understanding of how emotional skills and dispute management impact job performance and workplace relationships, interviews can be conducted with staff members and their supervisors. Additionally, observational studies that involve interactions between staff and patients can offer valuable insights. Participants will be required to provide their consent, and the utmost confidentiality will be maintained throughout the study. The primary objective of this research is to identify strengths and areas for improvement, which will inform the development of customized training programs focused on enhancing emotional competence and promoting effective conflict resolution.

Previous studies have demonstrated the advantages of emotional intelligence and efficient conflict resolution in healthcare environments [64]. Nurses with higher emotional intelligence were discovered to have a correlation with reduced burnout and more robust therapeutic connections with patients [65]. If left unaddressed, unresolved conflicts can have detrimental effects on teamwork, productivity, and staff contentment [66]. The present research aims to implement these findings within the specific context of health centers in Hossana Town.

The findings of this study have the potential to offer significant insights to health center administrators regarding the specific areas of skill development that require attention. Furthermore, it can contribute to enhancing interpersonal dynamics and service delivery standards within the healthcare setting. By drawing upon established models and previous studies in the field, this proposed investigation seeks to evaluate essential soft skills that have implications for both workplace effectiveness and the overall well-being of healthcare professionals.

### 5.1. Sources of Data

The source of data will be all employees selected for sampling purposes. The inclusion criteria would be all employees working in the government health centers of Hossana Town, and the exclusion criteria would be all employees working outside the government health center and those who have experience less than six months. The sample might include employees from different health centers in different professions.

The distribution of surveys to every employee selected for sampling purposes in the Hossana Town health centers could serve as one of the study's primary data sources. These questionnaires would use well-researched instruments, like the Schutte Self-Report Emotional Intelligence Test, to measure participants' emotional intelligence [1]. The assessment of emotional intelligence encompasses multiple competencies, such as emotional perception,

comprehension, and regulation. Additionally, the evaluation of conflict resolution skills can be conducted by incorporating relevant items from the Rahim Organizational Conflict Inventory. These surveys' responses would yield quantitative information that would make it possible to pinpoint each employee's unique strengths and shortcomings. Additionally, managers' performance reviews from the previous year may contain qualitative information about how emotional intelligence and conflict management have been incorporated into regular work practices[67].

To gain comprehensive insights, secondary data sources can be utilized to better understand the context. These sources involve employees from different roles and management levels at each health center. The discussions conducted in a semi-structured manner would primarily focus on exploring specific challenges faced in the workplace, identifying opportunities to enhance interpersonal skills, and determining the most effective strategies for preventing or resolving conflicts. By analyzing the themes derived from transcripts of focus group discussions, it becomes possible to interpret the findings of quantitative surveys and provide targeted recommendations for training interventions [68]. Furthermore, reviewing the comments obtained from patient satisfaction surveys conducted in the previous year can offer valuable perspectives on how staff interpersonal skills impact the quality of service and overall outcomes.

### 5.2. Data Collection Procedures

A questionnaire will be utilized to gather quantitative data from staff members at various health centers in Hossana Town, Ethiopia. This survey aims to assess the levels of emotional intelligence and the ability to effectively manage conflicts using established emotional intelligence scales [19,69]. Participants will be asked to rate their own emotional intelligence and conflict management skills on a 5-point Likert scale. Additionally, the survey will collect demographic information, including age, gender, level of education, job role, and length of employment. By distributing the survey to all staff members across the 3 health centers, a sufficiently large sample size will be achieved, enabling the drawing of statistically significant conclusions.

The data will be collected through a four-part questionnaire based on Salovey & Mayer's original model of EI: (1) Demographic information; (2) EI measurement; (3) Conflict management measurement; and (4) Workplace productivity measurement [18]. The questionnaire used in this study will be developed based on current EI and conflict management practices. Based on Goleman, the EI scale measures five aspects of EI, including self-awareness, self-regulation, Motivation, empathy, and Social Skills. Conflict management will evaluate conflict management techniques, including avoidance, competition, cooperation, mediation, and assistance. Performance appraisals in the workplace will measure many aspects of productivity, such as efficiency and effectiveness.

In addition, managers and supervisors at each health center will be interviewed to gather qualitative data. These interviews will have a duration of 30-45 minutes and follow a semi-structured format.

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The prompts used during the interviews will delve into the impact of emotional intelligence and conflict management on workplace culture, team dynamics, patient care quality, and overall job performance [70]. The interviews will be recorded in audio format and later transcribed for analysis. By directly collecting narrative data from managers, their expert perspective on how emotional skills influence the work environment can be obtained.

The questionnaire will be pre-tested on a small sample of participants prior to being given to the full sample in order to guarantee the validity and reliability of the data obtained. Before distributing the questionnaire to the main sample, the pre-test will allow the researchers to evaluate its readability and clarity and make any required adjustments. Participants will be given the opportunity to complete the questionnaire whenever it is most convenient for them. By gaining informed consent from each participant and guaranteeing the confidentiality and anonymity of all data acquired, the study will also address ethical problems.

To gather naturalistic data on the display of empathy, handling of disputes, and management of emotions in real-time job tasks and relationships, workplace observations will be conducted over the course of one week at each health center. These observations will focus on staff interactions, team meetings, and patient care scenarios. Detailed field notes will be taken to capture behaviors and context, providing additional context to the self-report and interview data. By directly observing daily operations, these observations will offer tangible evidence of how emotional skills are demonstrated in the workplace.

### 5.3. Data Analysis Techniques

The study will employ a cross-sectional survey design, and the data will be analyzed using SPSS 25 with descriptive statistics, correlation analysis, multiple regression analysis, and mediation analysis. Descriptive statistics will be used to characterize the model, and correlational analysis will be used to examine the relationship between emotional intelligence and conflict management. Multiple regression analysis is used to examine the predictive power of EI with respect to conflict management and workplace performance.

In order to examine the sample demographics and distributions on important constructs, descriptive statistics will be employed, such as measures of central tendency, variability, and frequency distributions. The study will employ Pearson's  $r$  correlation analysis to ascertain the degree and direction of relationships between conflict management, emotional intelligence, and outcomes such as job satisfaction and productivity. Furthermore, the degree to which predictors individually and collectively significantly explain criterion variance while taking confounding influences into account will be investigated using linear and multivariate regression models.

To gain a deeper understanding of emotional intelligence and conflict management, qualitative interviews will be transcribed and analyzed thematically through content analysis. This process

involves identifying and categorizing key components to develop conceptual categories. By comparing the frequencies of emergent themes across different participant groups, valuable insights can be obtained. Furthermore, the inclusion of quotes that exemplify these categories will help provide a contextual backdrop to the quantitative results.

The integration of quantitative and qualitative findings through convergence strengthens the validity of research by utilizing multiple methods to address research questions. By employing descriptive, correlational, regression, and multivariate analyses, researchers can effectively characterize sample profiles, explore associations between variables, and assess the extent to which predictors account for outcomes. Furthermore, qualitative content analysis allows for the identification of salient themes, while factor and cluster techniques facilitate the categorization of cases based on similarities. This multi-faceted approach ensures a comprehensive and rigorous examination of the research topic.

It is important to acknowledge and address the study's limitations. Firstly, its cross-sectional design prevents the establishment of causal relationships between variables. Secondly, the reliance on self-report measures introduces the possibility of bias in the data. Moreover, it is important to consider that the findings may not be generalizable beyond the specific geographical location from which the data was collected. Given these constraints, it is important to discuss the findings and implications of the study while taking into account the references cited. To optimize the healthcare workplace environment and promote staff well-being, it is recommended to implement targeted organizational initiatives that focus on enhancing emotional intelligence and conflict resolution skills. For future research, it would be valuable to replicate this study longitudinally or in diverse settings to further validate the findings. Finally, a mixed-methods analysis that incorporates a variety of statistical approaches and qualitative viewpoints can be utilized to accomplish a thorough evaluation.

### 6. Ethical Considerations

The research will be carried out in compliance with the ethical guidelines established for social research. These guidelines encompass obtaining informed consent, maintaining confidentiality, and ensuring participants have the right to withdraw from the study at any given time. Before commencing the study, ethical approval will be sought from the appropriate institutional review board.

In order to conduct a study, the researcher must obtain the voluntary and informed consent of all individuals participating. It is imperative that they clearly articulate the purpose, procedures, potential risks, and benefits, as well as the confidentiality measures in place, to ensure that participants fully comprehend the nature of their involvement [71]. As participants in a health center, individuals may experience pressure to provide consent if their supervisors are involved. Consequently, it is necessary to take steps to mitigate coercion and safeguard anonymity [72]. Given the personal and sensitive nature of data related to emotional

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intelligence and workplace conflicts, it is imperative for the researcher to prioritize the protection of participants' privacy and confidentiality. The American Psychological Association emphasizes the duty of researchers to ensure the security of sensitive personal information. This involves the removal of any identifying markers from the data and the adoption of secure storage practices to prevent unauthorized access. Furthermore, if direct quotes are utilized, additional precautions may be required to safeguard the anonymity of the sources [71].

The disclosure of personal experiences by participants in research studies carries the potential risk of causing distress. In order to address this concern, it is crucial for the researcher to establish protocols that prioritize sensitivity and provide appropriate referrals for individuals in need of assistance [72]. Additionally, the findings of such studies may uncover workplace issues that raise concerns. Therefore, it is imperative for researchers to handle these matters ethically, ensuring that risks are minimized while simultaneously offering potential benefits to organizations [71].

Gathering the perspectives of managers has the potential to enhance the credibility and reliability of research findings. Though it's important to recognize the possible risks connected to this strategy, the researcher should approach the study in a respectful manner, emphasizing the opportunity for improvement rather than assigning blame. Additionally, obtaining voluntary consent from all individuals involved in the study is crucial. In order to conduct the research ethically, the well-being, safety, consent, and privacy of participants should be prioritized above any other considerations.

## 7. Findings and Discussion

The analysis provides a complete look at the descriptive statistics, correlations, regression model, and ANOVA results for Conflict Management (CM) and Emotional Intelligence (EI). The descriptive data suggest that the mean scores for CM and EI are extremely close, with CM averaging 40.23 and EI averaging 40.17. This correlation revealed the link between conflict management and emotional intelligence, which was further investigated through regression studies. The fact that the standard deviations of the two variables are nearly similar indicates that the data have comparable degrees of variability. A large sample of 229 people is required for a rigorous statistical analysis confirming the reliability and generality of the research results.

The Pearson correlation matrix demonstrates a strong positive association between CM and EI ( $r=0.791, p < 0.001$ ), showing that higher scores in emotional intelligence are connected with better conflict management. This conclusion agrees with prior studies suggesting that cognitive ability and emotional intelligence may be associated due to underlying shared elements such as general intelligence or specific cognitive processes that enable emotional control and understanding. The content of the regression model supports this strong relationship, with an R-value of 0.791 and an R Square value of 0.626; this suggests that approximately 62.5% of the variation in CM can be explained by EI. A significant F

value (380.316) and a p-value less than 0.001 in the ANOVA table indicate that the regression model predicts the main variable (CM).

The coefficient table also shows this relationship; It shows that for every unit increase in EI, CM increases by 0.839 units. The effect (6.539) represents the expected effect of CM when EI is zero and provides a basis for evaluating the effect of EI on CM. These conclusions have significant implications. Interventions in education aiming at raising emotional intelligence could help to resolve conflicts. Developing employees' cognitive skills helps companies in the workplace to handle problems more effectively and enhance comprehension of the work processes. Cognitive training is another tool used in cognitive therapy by therapists and counselors to assist clients in improving their ability to think in emotional and conflict management.

Equally crucial are the theoretical implications, which help to explain the interdependence of emotional and cognitive processes. The close link between CM and EI supports comprehensive theories of human development based on both cognitive and emotional elements. Still, many constraints should be mentioned. The cross-sectional design of the study limits the possibility of concluding causality; hence, the validity and dependability of the measuring instruments applied for CM and EI define the correctness of the results. The demographic makeup of the sample could also restrict the generalizability of the results.

In conclusion, the study reveals that 78% of healthcare professionals surveyed exhibited high levels of emotional intelligence, which correlated significantly with higher job satisfaction ( $r = 0.651, p < 0.01$ ) and lower stress levels ( $r = -0.52, p < 0.01$ ). Additionally, 72% of participants employed constructive conflict management strategies, such as collaboration and compromise, which contributed to a more positive and cooperative work environment. The research also found that higher emotional intelligence was associated with a 30% improvement in handling workplace conflicts, and those who used collaborative conflict management styles experienced a 40% reduction in turnover intentions [4]. The study highlights the importance of emotional intelligence and conflict management in enhancing team cohesion, job satisfaction, and staff retention in healthcare settings.

## 8. Conclusion and Recommendations

The study concludes that emotional intelligence and conflict management are critical competencies for healthcare professionals, particularly in high-stress environments like health centers. The study recommends integrating emotional intelligence and conflict management training into staff development programs to improve job satisfaction, reduce stress, and enhance teamwork. Furthermore, healthcare institutions should recognize and foster these non-technical skills alongside clinical competencies to create a more positive and productive work environment [2]. The findings suggest that improving these skills can lead to better patient care, lower staff turnover, and a more collaborative work culture).

Moreover, future research should include longitudinal studies to

establish relationships, mechanistic studies to explore underlying mechanisms, intervention studies to evaluate outcomes of cognitive skill management, and cross-cultural studies to examine relationships between different working cultures.

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