THE RELATIONSHIP BETWEEN EMOTIONAL INTELLIGENCE AND LEADERSHIP EFFECTIVENESS IN THE ZIMBABWE MEDICAL SECTOR. A CASE OF HARARE CENTRAL HOSPITAL.

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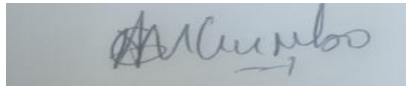
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DEDICATION

I would like to dedicate this study to my mother, Christina and late father Kudakwashe who raise and cared for me. They watched after me throughout my childhood. They were always there physically and emotionally while I am growing up. I remember that they were strong role models and always generous with their hearts and guidance. They taught me the meaning of hard work, perseverance, and tenacity. They showed me how they valued each given opportunity and never gave up on what they believed in. They were always kind with others and helped many who were in need. They shaped me and my siblings into strong, responsible, and capable adults. I will remember them in my life's passing for no one could impact my life the way they did. They are and will always be in my heart. I love my mother and do miss my daddy dearly.

ABSTRACT

The study examined the relationship between emotional intelligence dimensions; self-awareness, self-management, social awareness and relationship management; and leadership effectiveness among leaders in the Zimbabwe medical sector. The main study objective was to determine the relationship between emotional intelligence and leadership effectiveness in the Zimbabwe medical sector.

This was a quantitative study which was informed by a positivist paradigm and it was guided by explanatory design. The research adopted a deductive research approach hence surveys research strategy was applied. Through a probability sampling method, quantitative data was collected from 232 administrators and managers from a population of 700 at Harare Central Hospital. The findings suggested that leaders' emotional intelligence, as measured by the self-assessed Emotional Intelligence Appraisal (EIA), had a significant positive relationship with leadership effectiveness, as measured by the Leadership Practices Inventory. The research also showed that emotional intelligence predicts leadership effectiveness. Limitations of the study were provided which informed areas of further research also provide in the last chapter of the report. Based on the research findings and key recommendations, theoretical and practical contributions were provided.

Keywords: Emotional intelligence, Emotional intelligence appraisal (EIA), leadership effectiveness, Leadership Practices Inventories, Harare Central Hospital

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CHAPTER ONE
INTRODUCTION AND BACKGROUND TO THE RESEARCH PROBLEM

1.1 INTRODUCTION

Health-care delivery was becoming increasingly complex, expensive and the search for reliable, safe, and high-value care was the dream for many Zimbabwean patients. Health-care delivery was often ineffective, due to ineffective leadership. Therefore, an institution can only function effectively when the leadership is effective. Ezziane (2012) citing The Institute of Medicine (2000) estimated that 98,000 people die in the United States due to medical errors that could have been prevented. In Zimbabwe there were no official figures as to how many people lost their lives as the results of preventable errors due to lack of leadership (BBC News, 29 November 2019). The goal of this study was not to blame medical staff and hospitals, but to launch a wakeup call and to increase awareness that change was needed on how patient care should be delivered. There are many possible solutions including the use of advanced technology, education and training, and overall spend more money on logistical and operational side of the health-care delivery system – but importantly leadership was key.

The survival of the Zimbabwe health sector was determined largely by their ability to adapt to continuous change. Attainment of world class health care was only attained by medical organizations that realize the role of effective leadership in health delivery. In today's fast-paced world, the complexity of health care delivery requires organizations in the medical sector to employ leaders with strong leadership skills, who also have strong emotional intelligence skills. Emotional intelligence had become integral to effective leadership (Goleman, 1998).

As health care delivery change so too do the skills, knowledge and attitudes of the leaders. Leaders need to redefine the functions they do as well as the results they achieve. Every change process has an impact on people and their work behavior. The way in which change was introduced and executed by leaders influences the attitudes of those involved. Although intelligent quotient (IQ) and experience were important for leaders, it does not always guarantee that these leaders have the ability to deal with subordinates effectively (Goleman, 1998). Emotional intelligence was a crucial element in one's ability to be socially effective and was

regarded in leadership literature as a crucial determinant of effective leadership (Kerr *et al.,* *2006*).

Emotional intelligence was a set of skills that entails how successfully one deals with emotions (Salovey & Mayer, 1990). Goleman (1998) established that emotional intelligence was the sole most significant factor in job performance. A leader with emotional intelligence focuses on positive emotions and restrains anger, doubt and other negative emotions (Goleman, 1998).

This chapter was focused on highlighting the background leading to the study and it states the problem under study. It also gives an insight into the literature in support of the research problem and objectives the study aimed to achieve together with the research questions and research hypothesis. It proceeds to outline the research methodology and significance of the study. The chapter ends by highlighting chapter outline and finally summary of the chapter.

1.2 BACKGROUND OF THE STUDY

1.2.1 WESTERN CONTEXT

According to Lone and Lone (2018), Western societies found that emotional intelligence contributes significantly towards leadership success. As aforementioned, the basic tenet of emotional intelligence in an organizational setting was about understanding the feelings and emotions of the followers. The outstanding leaders strive for this so that it results in cordial relationships between the leaders and the followers (Abraham, 1999).

1.2.2 ASIAN CONTEXT

Lone and Lone (2018) mentioned that in a non-Western context such as India, the research problem has remained relatively under-researched. Besides, most of the studies conducted in the Indian context have relied on Western theoretical models. Sharma (2006) found emotional intelligence to be a weak predictor of leadership effectiveness among middle and senior-level leaders. Similarly, by using a sample of 340 software professionals of a large software organization in India, Singh (2007) also found a weak link between emotional intelligence and leadership effectiveness. The author argued that the two constructs may not share a cause and effect relationship and could be affected by other extraneous variables.

Saxena and Jain (2013) also used a theoretical model developed in the Western context to confirm a similar link between emotional intelligence and leadership effectiveness on a sample of 352 respondents in the Indian context. Arguably, these findings emphasize that assessing the

relationship between emotional intelligence and leadership effectiveness while employing Western topologies may not produce consistent results.

Nevertheless, Jayawardena and Jayawardena (2012), using Goleman model, found that emotional intelligence contributed towards transformational leadership style and better performance only in the case of male graduate managers in the Asian context.

1.2.3 AFRICAN CONTEXT

Understandably, this partial confirmation of the relationship between emotional intelligence and leadership effectiveness found some more support subsequently in the African context. Nabih *et al* (2016) found that emotional intelligence had a robust and statistically significant association with leadership effectiveness in the Egyptian Fast Moving Consumer Goods (FMCG) sector. Kelvin (2018) found out that there was positive and statistically significant relationship between emotional intelligence and leadership effectiveness among leaders in the banking sector in River State, Nigeria. Consequently, the study concludes that leaders that exhibit high level of emotional intelligence were able to achieve personal and organizational effectiveness.

1.2.4 GENDER

Males and females use their emotions differently (Lone & Lone, 2018). Similarly, perceptual assessments towards the ability and effectiveness of a male or female leader can be significantly different. For example, Kafetsios (2004) found significant differences in emotional intelligence among gender groups. On the contrary, Hopkins and Bilimoria (2007) expressed that there were no significant differences between male and female leaders with respect to social and emotional intelligence. Traditionally, the Indian psyche had more male domination in decision-making, and the emotional states of males were relatively more consistent than females. Despite the evidence that men were typically perceived as more appropriate and effective than women in leadership positions, the potential existence of a female leadership advantage was under debate in academic literature (Lone & Lone, 2018).

1.3 LITERATURE IN SUPPORT OF THE RESEARCH PROBLEM

In context with the purpose of this study, to establish the relationship between emotional intelligence and leadership effectiveness among leaders in the Zimbabwean medical sector, this section will explore literature related to factors that impact on leadership effectiveness. The prime question for investigation was the relationship between emotional intelligence and

leadership effectiveness in the Zimbabwe medical sector. A review and synthesis of relevant literature on emotional intelligence and effective leadership practices was discussed and were listed as follows:

   a) theoretical rationale for examining emotional intelligence
   b) the link between emotional intelligence and leadership effectiveness
   c) effective leadership practices within the health sector
   d) implications for medical health leadership

1.3.1 THEORETICAL RATIONALE FOR EXAMINING EMOTIONAL INTELLIGENCE

Salovey and Mayer (1990) coined the phrase emotional intelligence, which they defined as being a type of social intelligence that includes the ability to monitor their own feelings and those of people around them. This awareness would allow individuals to use that information to modify their own behavior and speech patterns to greatly increase their chances of successful communication.

1.3.2 LINK BETWEEN EMOTIONAL INTELLIGENCE AND LEADERSHIP EFFECTIVENESS

Within the research literature, there was a wealth of evidence that suggests that effective leadership was significantly correlated with emotional intelligence (Lone & Lone, 2018, Kelvin 2018, Nabih *et al.,* 2016). However, Lone and Lone (2018) found out that in a non-Western context like India, the research problem had remained relatively under-researched. Besides, most of the studies conducted in the Indian context have relied on Western theoretical models. Sharma (2006) found emotional intelligence to be a weak predictor of leadership effectiveness among middle and senior-level leaders.

1.3.3 EFFECTIVE LEADERSHIP PRACTICES WITHIN THE HEALTH SECTOR

Significant research had been aimed at examining the impact of emotional intelligence on the leadership effectiveness. However, research that attempted to clearly outline key indicators that best defined effective leadership in Zimbabwean health sector, had been sparse.

1.3.4 IMPLICATIONS ON MEDICAL HEALTH LEADERSHIP

Fought and Misawa (2016) assert that, to become an effective leader one must understand one's own strengths and weaknesses, consistently control and evolve, comprehend colleagues' strengths and weaknesses, and take the initiative of upholding a positive relationship with the co-workers. It is crystal clear that, their assertions on effective leadership were in line with the dimensions of emotional intelligence (Goleman, 2000).

1.4 STATEMENT OF THE PROBLEM

The rate of negligence and frequency of mistakes within health staff had raised alarm to the general population (Ezziane, 2012). Zimbabwe health-care workers tend not to be interested in their practice and the general public was starved of the essential health service they require (BBC News, 29 November 2019). The Zimbabwe medical care standards had declined and the communities to be served always complain of poor service delivery in the hospitals and clinics in the country (Mhlanga-Gunda, Kewley, Chivandikwa & Van Hout, 2020). Government of Zimbabwe had been blamed left, right and center for this dilapidation of health-care delivery, and responded by rolling out cushioning allowances for health workers, flexible duties for nursing staff, duty free vehicle imports for all government medical staff, first beneficiaries of affordable housing through Command Housing, free life cover insurance supported by Old Mutual and restocking of National Pharmaceuticals (NatPharm). It is important to note that after all these had been offered by the Zimbabwe government, poor service delivery in hospitals and clinics continue. Why? Of all the solutions that the Zimbabwe government proffers they forget leadership which was the key. Lack of leadership capacity was identified as the key stumbling block for attaining the goals of health for all in Zimbabwe (Chonzi & Sibanda, 2012).

Strong leadership was needed at all levels in the Zimbabwe medical sector. Goleman (2000) asserted that leaders who were most effective were alike in one important way –they all had a high degree of emotional intelligence. He mentioned that a high degree of emotional intelligence was a qualification of leadership. Other researchers had agreed that most executives had acknowledged that emotional intelligence was as critical as intelligence quotient (IQ) to an individual's leadership effectiveness (Druskat & Wolff, 2001). To be a leader in the health sector, one need cognitive skills, but being the best at these skills does not make one an effective leader. Moreover, Goleman (2000) posit that star performers showed significantly greater strengths in a range of emotional competencies, inter-alia influence, team leadership, political

awareness, self-confidence, and achievement drive. He went on to submit that, on average; close to ninety percent of success in leadership was attributable to emotional intelligence (Goleman, 2000). Research had shown that leaders with high levels of emotional intelligence were more successful (Sosik & Megerian, 1999; George, 2000). A leader's emotional intelligence level may impact on his or her leadership effectiveness (Edelman & Van Knippenberg, 2018; Miao, Humphrey & Qian, 2018). Specific areas of leadership can be developed and strengthened based on the leader's level of emotional intelligence. This study was intended to explore on the relationship between emotional intelligence and leadership effectiveness in the Zimbabwe medical sector. There were few studies done to explore the relationship between emotional intelligence and leadership effectiveness among leaders (Edelman & Van Knippenberg, 2018) and this study had potential to address some inherent challenges in the Zimbabwean health sector leadership effectiveness.

1.5 RESEARCH OBJECTIVES

The study sought to satisfy the following research objectives:

1.5.1 MAIN RESEARCH OBJECTIVE:

a) To determine the relationship between emotional intelligence and leadership effectiveness among leaders in the Zimbabwe medical sector.

1.5.2 SPECIFIC RESEARCH OBJECTIVES:

The specific objectives were:

a) To explore the relationship between leaders' self-awareness and leadership effectiveness.
b) To establish the relationship between self-management and leadership effectiveness.
c) To examine the relationship between leaders' social awareness and leadership effectiveness.
d) To establish the influence of relationship management on leadership effectiveness.
e) To recommend possible emotional intelligence related strategies towards enhancing leadership effectiveness.

1.6 RESEARCH QUESTIONS

The study attempted to answer the following research questions:

1.6.1 MAIN RESEARCH QUESTION:

a) What is the relationship between emotional intelligence and leadership effectiveness in the Zimbabwe medical sector?

1.6.2 SPECIFIC RESEARCH QUESTIONS:

The specific research questions were:

a) Is there any relationship between leaders' self-awareness and leadership effectiveness?
b) What is the relationship between leaders' self-management and leadership effectiveness?
c) Does the leaders' social awareness relate to leadership effectiveness?
d) What is the influence of relationship management on leadership effectiveness?
e) What are the possible emotional intelligence related strategies towards enhancing leadership effectiveness?

1.7 HYPOTHESIS

The following null hypotheses were used to further investigate the above research questions:

a) Emotional intelligence is positively associated with leadership effectiveness.
b) Self-awareness is positively associated with leadership effectiveness.
c) Self-management is positively associated with leadership effectiveness.
d) Social-awareness is positively associated with leadership effectiveness.
e) Relationship management is positively associated with leadership effectiveness.

1.8 DELIMITATIONS/ SCOPE OF THE STUDY

The research study target leaders at Harare Central Hospital. Both males and females leaders were the focal point of the study. Furthermore, the scope of the study was limited to the description of the relationship between emotional intelligence and leadership effectiveness among leaders at Harare Central Hospital.

1.9 RESEARCH METHODOLOGY

This study was mainly informed by the positivism research paradigm, of which an explanatory research design was adopted. It follows therefore that the study followed a deductive research approach and as such a survey research strategy was adopted. Primary data was collected from a sample of two hundred and fifty-four (254) which was mobilized through simple random

sampling method from a population of seven hundred (700) hospital administrators and managers. A structured questionnaire data collection instrument was used to collect data of which a quantitative data analysis approach was applied through application of Statistical Package for Social Sciences (SPSS) version 20.

1.10 SIGNIFICANCE OF THE STUDY

The research findings and recommendations were significant to:

a) The researcher

It was part of fulfillment of the requirements of Masters of Business Administration in Strategic Leadership in which the researcher was currently studying for.

b) The academia

The researcher also hopes that this research serve as a guidance or reference for future research studies on topics pertaining relationship between emotional intelligence and leadership effectiveness among leaders. Again, the study contributes new knowledge to these areas.

c) Leaders in the medical sector

The researcher believes that, the research assist leaders to understand that emotional intelligence was a significant and robust predictor of leadership effectiveness among leaders. The study of this nature was relevant in bringing into spotlight factors that should be considered when recruiting and promoting leaders in organizations.

d) The government and patients

The researcher hopes that, a better, more succinct understanding of the relationship between emotional intelligence and leadership effectiveness would assist the government to deploy effective leaders to their hospitals so that reliable, safe and high value health care is delivered to the patients. An institution can therefore, only function effectively when the leadership is effective.

1.11 CHAPTER OUTLINE

Below is the outline of the whole dissertation process.

CHAPTER	CONTENTS
CHAPTER ONE: Introduction and Background to	Contents of this chapter includes: study background, literature in support of the research problem, problem statement, research objectives, questions and hypotheses, research methodology, significance of the study, dissertation

the research problem	outline and chapter summary.
CHAPTER TWO: Literature review	This chapter is comprised of: definition of the phenomenon, underpinning theories, importance of the subject, discussion of the existing models, discussion of the key variables, literature synthesis and conceptual framework, chapter conclusion.
CHAPTER THREE: Research methodology	This chapter contents are: research design, research philosophy, approach, and strategy, methodology, research instrument, population and sampling, questionnaire administration, data processing and analysis, research limitations, validity and reliability, ethics and values, chapter conclusion
CHAPTER FOUR: Data analysis and interpretation	This chapter contents are: sample demographics analysis, descriptive analysis, factor analysis, reliability tests, normality tests, correlation tests, regression tests, chapter conclusion.
CHAPTER FIVE: Conclusions and recommendations	This chapter comprised of: recap of research aims and objectives, conclusions, recommendations, theoretical and managerial contributions, research limitations, and areas of further research.

1.12 CHAPTER CONCLUSION

The focus of this chapter was to give an introduction of the research. It started off by giving a background into the problem leading to the research as well as stating the problem area. It went further into highlighting literature in support of the research problem and stating the objectives of the study and research questions to be answered, research hypothesis held, research methodology and the significance such a research had to the researcher, the academia and to the leaders in the medical sector. The chapter ended by highlighting chapter outline of the study. The following chapter reviews literature by other scholars and authors on the problem under study.

CHAPTER TWO

LITERATURE REVIEW

2.1 INTRODUCTION

The chapter reviews literature from other scholars and authors that relate to the problem under study. It highlights the findings and conclusions drawn by other authors in prior studies that relate to this current study. The objectives of this research were reviewed in this chapter in relation to the prior works of other authors.

This chapter was divided into six sections. The first section defines emotional intelligence. This section offers definitions, background and various well documented models of the construct in the current literature. The second section implores the role and impacts of EI in the leadership process. The third section documents the concept of leadership effectiveness. It recognizes how this concept can be perceived and understood differently by different stakeholders in various situations and frame of references. The fourth section discusses the link between EI and Leadership effectiveness and the fifth section discuses EI and leadership outcomes. The sixth and last section of this chapter summarizes existing empirical research that discusses the possible relationship between EI and leadership effectiveness. It also addresses the gap in literature with evidence that was critical to justify the need for this proposed study.

2.2 DEFINING EMOTIONAL INTELLIGENCE

Emotional intelligence was a relatively recent but a well-known concept among academics and practitioners. The construct was based on the idea that traditional types of intelligence, such as intelligence quotient, fail to fully explain cognitive or intellectual ability (Fuentes *et al*., 2016). Additionally, prominent theorists, such as Gardner (1983) and Sternberg (1985), had suggested a more comprehensive approach to conceptualizing intelligence and that there are other dimensions of intelligence, for example social or practical intelligence, which explains that an individual's potential was not limited simply due to their IQ scores (Fuentes *et al*., 2016).

Emotional intelligence had its origin within the concept of 'social intelligence', a term first introduced by E. L. Thorndike in 1920. Social intelligence was defined initially as an ability to understand and manage people and to act wisely in human relations (Wong & Law, 2002).

Gardner (1983) expanded the term later to include a person's interpersonal and intrapersonal intelligence. Intrapersonal intelligence describes one's intelligence in managing his or her own feelings. In contrast, interpersonal intelligence relates to one's intelligence in dealing with others' moods, temperaments, motivations, and intentions (Lawani & Moore, 2018).

Salovey and Mayer (1989) were among the earliest to introduce the term emotional intelligence describing it as one's ability to recognize the meaning of emotions and their relationships. The term reflects the accurate appraisal and expression of emotions in oneself and others as well as the resulting constructive regulation of emotions (Mayer *et al*., 1999). In recent years, Goleman had popularized the term emotional intelligence and lured appeal from academics and practitioners around the globe (Kelvin, 2018; Hou *et al*., 2018). Similar to Salovey and Mayer (1989), he describes emotional intelligence as the capacity for recognizing one's own feelings and those of others and for managing oneself and the relationship with others (Fiori & Vesely-Mailler, 2018).

In all of the recent research on emotions in organizations, emotional intelligence was arguably one of the most controversial constructs. There are non-believers who have pointed out that many of the dramatic claims for emotional intelligence lack theoretical and empirical grounding. In fact, no consensus had been reached as to the definition and breadth of the emotional intelligence concept (Hou *et al*., 2018). Due to its recency, emotional intelligence was still in the midst of empirical and theoretical debates about its dimension, competencies, assessment, and relationship with work attitudes and performance results. Moreover, the construct was in a stage of active development in regards to its relationship to leadership outcomes and team-level performance (Hou *et al*, 2018; Koh & O'Higgins, 2018; Lawani & Moore, 2018).

Regardless of current debates in various aspects of the construct, emotional intelligence had been broadly agreed, theorized, and described in either one of the four main models: 1) Salovey-Mayer's model (Mayer *et al*., 1999; Mayer *et al*., 2001; Salovey & Mayer, 1989); 2) Goleman's model (Goleman, 2000); 3) Bar-On's model (Bar-On, 2006); and 4) Dulewicz and Higgs' model (Dulewicz & Higgs, 2000; Dulewicz *et al*., 2005). In addition, all emotional intelligence models were generally described and classified either as an ability-based or mixed model (Cote *et al*., 2010). Ability-based models define emotional intelligence as a set of abilities relating to emotions and emotional informational processing (Cote *et al*., 2010). The ability-based

emotional intelligence concept concerns actual abilities and should be measured through performance assessment instruments. Mixed or trait-based models, on the other hand, lump together competencies pertaining to emotions, personality traits, motivational factors, and other emotional intelligence concepts (Cote *et al*., 2010). This model often describes non-cognitive skills and personal factors such as motivation, optimism, adaptability, and warmth (Day & Carroll, 2004). Below briefly describes four well-documented models of the emotional intelligence construct in the current literature:

2.2.1   SALOVEY-MAYER'S MODEL.

Salovey-Mayer's model was the ability-based emotional intelligence model that was defined as the subset of social intelligence (Salovey & Mayer, 1989) and was an empirically derived combination of emotion and intelligence (Bratton *et al*., 2011). This model describes emotional intelligence as an ability to monitor one's own and others' feelings, to recognize the meaning of them and their relationships, and to reason and problem solve based on the basis of them (Mayer *et al*., 1999; Salovey & Mayer, 1989). Suggested by Mayer, Caruso, and Salovey, the abilities model consists of four general emotional abilities, referred to as branches (Mayer *et al*., 1999; Mayer *et al.,* 2001):

1. Emotional perception and expression branch, which involves the ability to accurately identify and recognize emotions in oneself and others, as well as the ability to express emotions accurately, for example reading emotions in faces and detecting emotions in music, designs, and stories;

2. Emotional facilitation of thought branch, which involves the ability to assimilate emotions into perceptual and cognitive processes;

3. Emotional understanding branch, which involves the ability to reason about and understand emotions, including the complexities and delicacies of emotions as well as their interrelationships; and

4. Emotional management branch, which involves the ability to manage, regulate, and control, felt emotions in a positive fashion. Figure 1 below shows Salovey-Mayer Model.
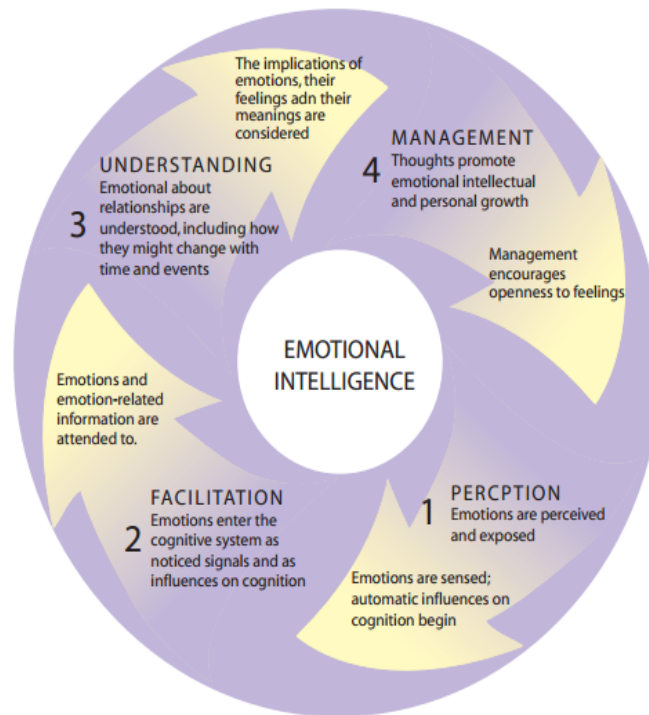
Figure 1: Salovey-Mayer Model
Source: Mayer & Caruso (2002)

The Salovey-Mayer's emotional intelligence competencies were typically measured with the Mayer-Salovey-Caruso Emotional Intelligence Test (MSCEIT) (Chopra & Kanji, 2010). This testing instrument includes a series of one hundred forty-one emotion-based problem-solving questions that evaluate a person's abilities on each of the four emotional intelligence branches (Bradberry & Su, 2006; Chopra & Kanji, 2010). While the instrument was developed based on a decade of theoretical and empirical work, it has been widely criticized and questioned by researchers that the test may have been measuring conformity but not necessarily one's ability to perform his or her tasks. Additionally, the test may lack predictive validity and a significant relationship with job performance (Chopra & Kanji, 2010) and provides scores that were low in reliability and were somewhat difficult to interpret (Follesdal & Hagtvet, 2013).

2.2.2 GOLEMAN'S MODEL.

Goleman (1998a) had popularized the term emotional intelligence. He introduced his own similarly construed emotional intelligence model to the mainstream public and forever changed the landscape of public awareness of the construct, especially in the area of leadership

development (Bradberry & Su, 2006). His model outlines the term emotional intelligence via four key emotional intelligence dimensions, vis-a-vis self-awareness, self-management, social awareness, and relationship management. Each emotional intelligence dimension was composed of specific sets of competencies as described below:

Self-awareness dimension was one's ability to read and understand his or her emotion as well as recognize the impact on work performance and relationship. Self-awareness was composed of two personal competencies: self-confidence and self-control. According to Goleman (2000), people who have superior and accurate self-assessment skills tend to be realistic with a strong and positive sense of self-worth. As leaders with high self-awareness, they tend to have a deep understanding of their emotions, as well as their strengths and weaknesses, and their values and motives. They were honest but not overly self-critical or naively hopeful about themselves and with themselves and others (Goleman, 2000; Nwokah & Ahiauzu, 2010).

Self-management dimension was one's ability to manage and express disruptive emotions and impulses constructively to his or her advantage. Self-management was composed of six personal competencies: self-control, trustworthiness, conscientiousness, adaptability, achievement orientation, and initiative. People with strong self-management skills can stay calm and be clear-headed in highly stressful situations. They also appear authentic and were open to others about their feelings, beliefs, and actions. As leaders with high self-management skills, they were transparent, live their values, admit their own mistakes, and had the courage to confront unethical behaviors. Accordingly, they were comfortable with ambiguities and were flexible with new challenges and with changing or demanding priorities (Goleman, 2000; Nwokah & Ahiauzu, 2010).

Social awareness dimension was one's ability at sensing other peoples' emotions, understanding their perspectives, and taking active interests in their concerns. Social awareness was composed of three social competencies: empathy, organizational awareness, and service orientation. People with a strong sense of social awareness were more attuned to a wide range of emotional signals in a person or group than people who lack these skills. Leaders with a high empathy competence exercise patience to listen attentively and understand their followers' perspectives on issues. This makes leaders get along well with their followers of diverse backgrounds. Similarly, leaders with high organizational awareness can be politically astute,

sense crucial social networks, and understand key power relationships in organizations. In addition, leaders who had a high service orientation competence usually foster a constructive emotional work climate that enhances the relationship between them and their stakeholders, customers, and clients, to ensure that they achieve their goals and priorities (Goleman, 2000; Nwokah & Ahiauzu, 2010).

Relationship management, sometimes called the **social skills dimension**, was one's ability to take charge, inspire, and influence others with compelling visions. Relationship management was composed of eight social competencies: visionary leadership, influence, development of others, communication, being a catalyst for change, conflict management, bond building, and teamwork and collaboration. In regards to the competencies of visionary leadership, leaders with these social skills can create resonance and move followers with a compelling vision or common goals. Leaders that were influential could persuade and engage others to build a network of support for their causes. Leaders who were skilled in cultivating other's abilities were natural mentors to followers at the workplace. Moreover, leaders with high communication and change catalyst competencies were generally able to lead successfully when there was a need to change or challenge the status quo. Such leaders could champion a new order even in the face of strong opposition. They could become strong advocates to overcome barriers. Similarly, leaders who were proficient with conflict management skills were able to manage conflicts for win-win solutions effectively and constructively. These leaders were able to engage all parties, understand differing views, and find common ground that everyone could and would endorsed. Finally, leaders who were effective team members always create a safe, productive, and rewarding work environment that builds bonds and fosters productive collaboration across organizations. They themselves are role models of the company's values, such as integrity, respect, excellence, teamwork, or continuous improvement, as they invest their time and resources in forging and cementing relationships among team members beyond mere work obligations (Goleman, 2000; Nwokah & Ahiauzu, 2010).

Goleman's (2000) four emotional intelligence dimensions could be measured by the Emotional Intelligence Appraisal questionnaire (EIA) which could be taken as either a self-report or 360-degree assessment (Chopra & Kanji, 2010). The EIA was a 28-question performance based assessment, written with behavioral impact statements. It was designed to measure the impact of

specific behaviors on an individual's environment and those around them (Bradberry & Su, 2006). Regardless of its popularity, Goleman's model had been criticized in the research literature as mere 'pop psychology' (Chopra & Kanji, 2010). Yet a study by Bradberry and Su (2006) suggested that the Emotional Intelligence Appraisal provides more tightly linked results to job performance than those on the MSCEIT. The entire EIA test only takes one-fifth of the time to administer (Bradberry & Su, 2006). Figure 2 below shows Goleman's Model.
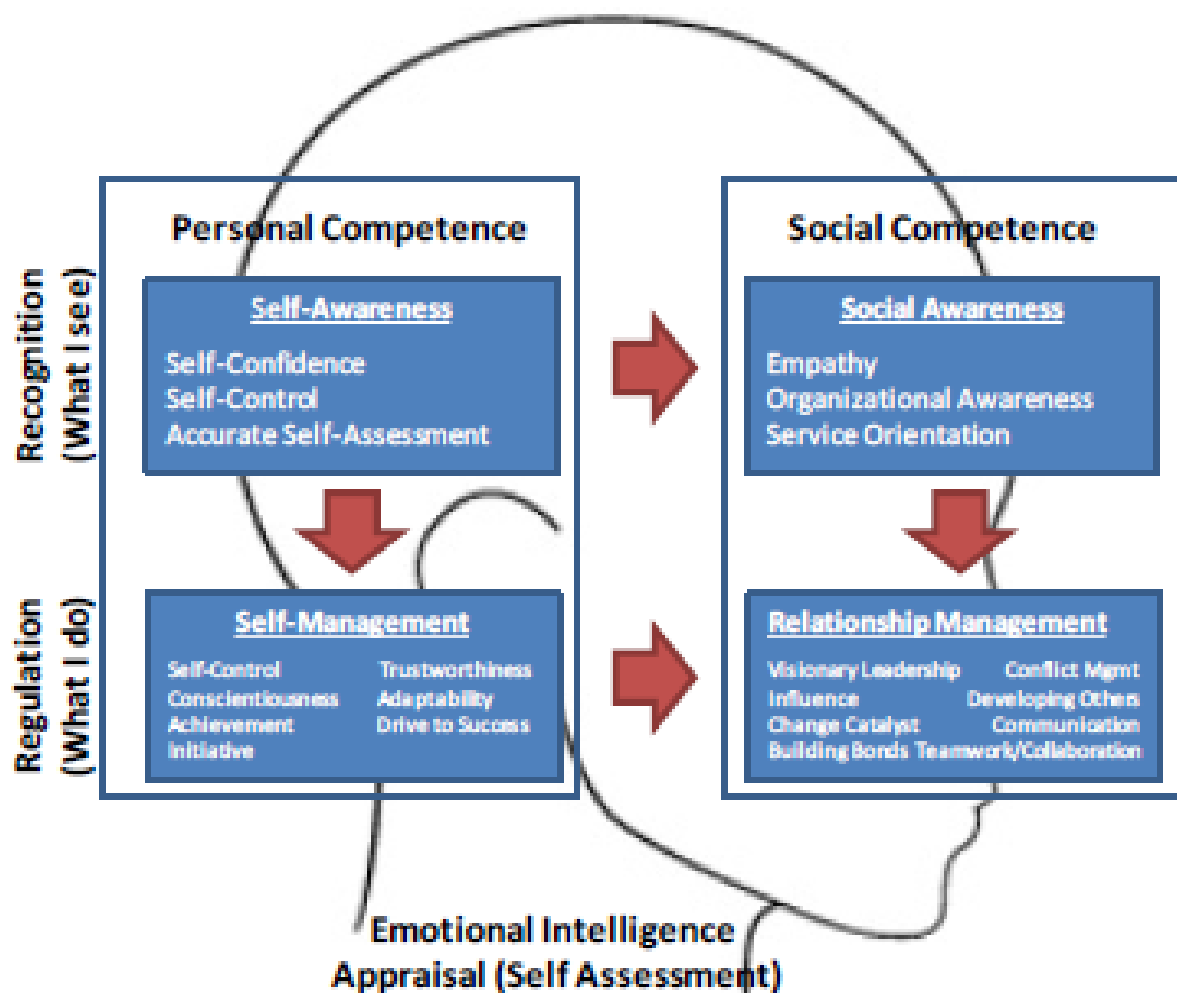
Figure 2: Goleman's Model.
Source: TalentSmart (n.d)

2.2.3 BAR-ON'S MODEL.

Bar-On defines emotional intelligence as a cross-section of related emotional and social competencies, skills, and facilitators that impact intelligence behavior (Bar-On, 2006). The Bar-On's emotional intelligence construct was a mixed model, largely concerned with successfully understanding oneself and others, relating healthy to people, and acclimatizing to and coping with the close surroundings to be more effective in dealing with environmental demands (Chopra & Kanji, 2010). Bar-On supports the construct as an array of non-cognitive abilities, knowledge, and competencies that help one cope with a variety of situations, demands, and pressures encountered in life (Chopra & Kanji, 2010). His model was broken down into five key areas or competencies including self-perception, self-expression, stress management, interpersonal skills, and decision-making. These competencies can be measured by the Bar-On's Emotional Quotient Inventory (EQ-i). The EQ-i was a 133-item self-assessment measure that provides an estimate of emotional-social intelligence. It was written in the form of short sentences with a 5-point response scale, ranging from 'not true to me' to 'true of me'. The assessment typically takes approximately forty minutes to complete (Bar-On, 2006). Figure 3 below depicts Bar-On's model.

Figure 3: Bar-On's Model

Source: Multi-Health System (2011)

2.2.4   DULEWICZ AND HIGGS' MODEL.

Dulewicz and Higgs (2000) describe the nature and definition of emotional intelligence as a construct that addresses individual traits, values, and behaviors. They describe emotional intelligence as being concerned with one's awareness and management of his or her own feelings. This includes being sensitive to one's own feelings and influencing others to sustain their motivation and drive with intuitive, conscientious, and ethical behaviors (Dulewicz, Higgs, & Slaski, 2003). Dulewicz and Higgs' model was developed based on personality factors within seven emotional intelligence elements or scales including self-awareness, emotional resilience, motivation, inter-personal, influence, intuitiveness, and conscientiousness, as described below (Dulewicz & Higgs, 1999; Dulewicz *et al*., 2003):

1. Scale a: self-awareness describes the awareness of one's own feelings and his or her ability to recognize, manage, and control these feelings constructively. This includes a degree of self-belief in his or her ability to manage feelings that could affect the work environment.

2. Scale b: emotional resilience describes one's ability to perform consistently in a range of situations and adapt his or her behaviors appropriately. This includes abilities to balance the needs of the situations with the needs of the individuals involved. Additionally, emotional resilience includes one's ability to retain focus on a course of action in the face of personal challenge or criticism.

3. Scale c: motivation describes the drive and energy to achieve results (both short- and long-term outcomes) under pressure or in the face of possible rejection or questioning.

4. Scale d: interpersonal sensitivity describes ones' ability to be aware of and take into consideration others' needs and perceptions used to arrive at decisions. This emotional intelligence scale covers one's willingness to actively listen to and be open-minded to any reactions, inputs, or ideas.

5. Scale e: influence describes the ability to persuade others by recognizing and understanding their positions and needs.

6. Scale f: decisiveness describes the ability to arrive at clear decisions on key issues using both rational and emotional insights even if (or when) presented with incomplete information.

7. Scale g: conscientiousness and integrity describes the ability to show personal commitment to a course of action and to pursue an ethical decision under extreme pressure or in the face of challenge. These seven scales could be measured by the Dulewicz and Higgs Emotional Intelligence Questionnaire (the EIQ). The EIQ instrument was based on an extensive literature review of nine leading authors on emotional intelligence (Dulewicz *et al*., 2003). It was designed to capture the meaning of the behaviors and personal competencies shown to be good predictors of success (Dulewicz & Higgs, 1999). The questionnaire could be conducted via a self-report or 360-degree assessment (Dulewicz *et al*., 2003). According to Dulewicz *et al*. (2003), the EIQ had shown an acceptable level of validity and reliability, especially as an appropriate instrument for assessing emotional intelligence at work.

2.3 EQ AND LEADERSHIP PROCESS

According to George (2000), leadership was one of the most researched topics in organizational sciences. Consequently, this concern among researchers had given birth to queries like why some people emerge as leaders while others simply fail to deliver in relatively similar situations. Stanescu and Cicei (2012) commented that the growing scientific literature studying the role of moods and emotions in organizational settings shows that feelings had a more significant role in the leadership process, rather than being a secondary factor. Emotional intelligence greatly complements leader's ability to work effectively with teams, cope with stress, and lead others. For instance, a leader who could not discern and self-assess their emotions could not recognize certain cues from their subordinates. Leaders who displayed poor management of their emotions might allow their emotions to interfere with their level of efficacy as to pertain to leading others. For instance, when they feel anxious, they might avoid giving an important speech, or when they feel angry, they might inappropriately lash out at a co-worker. Despite this entire general views, however, there was little empirical research to substantiate the relationship between emotional intelligence and leadership effectiveness especially in the Zimbabwean context (Palmer *et al*, 2001).

Goleman (1995) defined emotional intelligence (EI) as abilities such as being able to motivate oneself, to control impulse and delay gratification, to empathize and hope. Low *et al* (2004) define EI as a learned ability to recognize experience, comprehend, and express human emotions in healthy and productive ways. Emotional intelligence was the ability to identify and manage

your own emotions and the emotions of others (psychologytoday.com). Leadership was the process of persuasion or example by which an individual induces a group to pursue objectives held by the leader or shared by the leader and his or her followers (Gardner, 1993). When leaders were capable of understanding their emotional intelligence, they were more apt to serve their employees and promote an atmosphere conducive to high morale because individuals would want to work for them, and they would feel a sense of loyalty to the organization and the vision the leader was trying to convey.

Goleman (1998b) considered leadership and emotional intelligence (EQ) to be imperative for effective leadership: IQ and technical skills do matter, but mainly as threshold capabilities. Research showed that emotional intelligence was the sin qua non of leadership (Goleman, 1998b). Without EQ, an individual could have the best training in the world, a razor-sharp analytical mind, and an infinite supply of smart ideas, but still would not make a good leader (Goleman, 1998a).

2.4 LEADERSHIP EFFECTIVENESS

Leadership was the process of translating company goals into visions, which were understandable and shareable by different stakeholder groups and influencing employees to share those visions and coordinately work towards them (Kruse, 2013). George (2000) suggests that leadership effectiveness involves the development of a collective sense of goals, instilling in others both knowledge and appreciation of certain work activities, and generating a sense of excitement, confidence, and trust. Leadership was inspiring others to pursue your vision within the parameters you set, to the extent that it becomes a shared effort, a shared vision, and a shared success (Zeitchik, 2012). Leadership was a process of social influence, which maximizes the efforts of others, towards the achievement of a goal (Kruse, 2013)

However, thinking about leadership effectiveness had increasingly shifted to a much broader base and now includes any successful attempt to influence a group, whether or not there was formal authority or control in place. This shift had occurred not only because the command and control approach had been challenged by a more democratic leadership method but because it had been made more sense to devolve some parts of the leadership role to individuals who possesses emotional awareness and were able to regulate them as they perform their task (Susan

& Anne, 2014). Moreso, Tschan *et al* (2015), pointed out that leadership effectiveness was measured in terms of a leader's influence in controlling others, to set and achieve goals and to coordinate the reporting team's efforts on a top-down basis.

Similar to emotional intelligence, leadership effectiveness was a confusing term. It has been defined by various leadership scholars and numerous studies at different times. There was no one universal, agreed-upon definition or theory that could describe the term fully (Cooper & Nirenberg, 2004; Yukl, 2011, 2013). The criteria to evaluate leadership effectiveness in research also depend largely on researchers' explicit or implicit conception of leadership (Yukl, 2013). Most researchers assess and define leadership effectiveness in terms of the consequences of influence on individuals, groups, or organizations (Cooper & Nirenberg, 2004; Yukl, 2013). The controversial nature of this term was probably due to the fact that 'leadership' in itself was complex and was not one-size-fits-all (Grimm, 2010). Therefore, for clarity, this study used this definition: leadership as the management of social relationships where the leaders' ability to influence such relationships can affect performance outcomes (Kerr *et al*., 2006; Kilduff & Balkundi, 2011). Accordingly, leadership effectiveness was defined and viewed in this study as the successful exercise of personal influence that result in accomplishing shared objectives in a way that is personally satisfying to those involved (Cooper & Nirenberg, 2004).

One inclusive statement in current literature about leadership effectiveness had been that more often than not, leadership effectiveness was in the eye of the beholder (Cooper & Nirenberg, 2004). Various organizations and entities set different goals and priorities to meet the needs of their serving stakeholders. Accordingly, their stakeholders define and assess leadership effectiveness differently and with varying degrees of importance. Examples of objective criteria used to measure leaders' effectiveness include sales, net profits, profit margin, market share, return on investment, return on assets, productivity, advancement and innovation, credit ratings, customer survey results, and safety records. Subjective criteria of leadership effectiveness, on the other hand, include ratings obtained from the leaders' supervisors, peers, or subordinates (Yukl, 2013). Attitudes or perceptions of leadership effectiveness were usually measured with questionnaires or interviews. These measures address, for example, how well leaders meet the needs and expectation of others such as their supervisors, followers, and peers, and how much

they like, respect, and admire their leaders, or how strongly they were committed to carrying out their leaders' visions and directions (Yukl, 2013).

According to the definition and framework mentioned above, this research studied leadership effectiveness based on how leaders perceived their leadership abilities and performances at the Harare Central Hospital. The research investigator asked leaders to complete the Kouzes and Posner (2003) Leadership Practices Inventory (LPI) in order to obtain the self-perceived level of leadership effective of these leaders. The LPI-Self questionnaire was used to provide information about the leader's leadership behavior and rate their level of leadership effectiveness on the five practices of exemplary leadership behaviors vis-a-vis challenging the process, inspiring a shared vision, enabling others to act, modeling the way, and encouraging the heart (see figure 4 below for details).
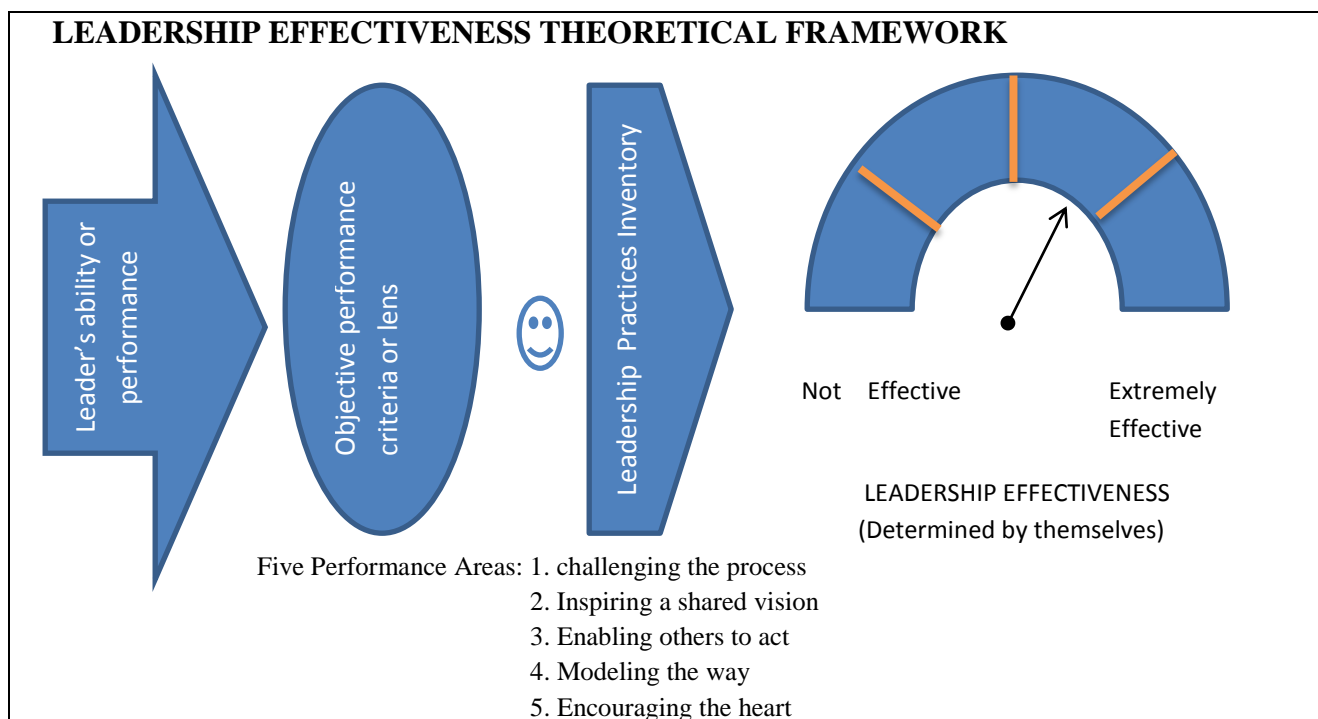
Figure 4: Leadership Effectiveness theoretical framework
Source: Development Dimensions International (n.d)

2.5 LINK BETWEEN EI AND LEADERSHIP EFFECTIVENESS

Within the research literature, there was a wealth of evidence that suggests that effective leadership was significantly correlated with emotional intelligence (Lone & Lone, 2018; Kelvin,

2018; Nabih *et al*, 2016; Fuentes *et al*, 2016). According to Northouse (1997) leadership was a process whereby an individual impacts a group of individuals to attain a common goal. Hollander (1978) espoused that in the system theory, leadership was a process of mutual influence between leaders and followers which vacillates among leaders, followers, and the situation at hand.

Mayer and Salovey (1997) define emotional intelligence (EI), as the skill to perceive emotions, to access and construct emotions so as to help thought, to comprehend emotions and emotional knowledge, and to thoughtfully control emotions so as to encourage emotional and intellectual growth. Many of the more widely-known research studies were based on connecting the aspects of emotional intelligence with that of effective leadership.

The literature on the leadership quotient had a remarkable number of theories that create a framework on the characteristics that define an effective leader, of which the two most distinct forms of leadership traits were transactional, and transformational (Mandell & Pherwani, 2003). In a transactional leadership, performance forms the main basis for rewarding or disciplining an employee. Emphasis was placed on timely completion of work, quality of work, and compliance with the company's norms and values while trying to affect an employee's performance organizational punishments and incentives (Bass & Avolio, 1994).

On the other hand, transformational leadership functions through the notions of motivating and stimulating the co-workers in order to create a completely different perspective on the organizational objectives and foster an atmosphere where the employees were motivated to achieve higher levels of capability while inspiring the employees to put team interests before personal interests. Thus, transformational leadership rests on four basic pillars: intellectual stimulation, idealized influence, inspirational motivation, and consideration for each individual employee (Bass & Avolio, 1994).

The Center for Creative Leadership (2001) findings suggested that higher levels of emotional intelligence were correlated with better performance in nine key areas: participative management; putting people at ease; balance between personal life and work; straightforwardness and composure; building and mending relationships; doing whatever it takes; decisiveness; confronting problem employees; and change management. The Center for Creative

Leadership (2001) study concluded that coworkers seemed to appreciate managers' skill to regulate their emotions and leaders were more likely to be seen as participative, composed, and balanced. Similarly, Koh and O'Higgins's (2018) quantitative study revealed that leaders who provided encouragement to their followers were perceived by followers to be the most effective.

However, other research studies have suggested the emotional intelligence had little to no effect on leadership effectiveness (Lawani & Moore, 2018). Lawani and Moore (2018) examined the effect of emotional intelligence as a predictor of leadership success among construction professionals in the construction industry. The results of the study suggested that EI might not play a direct role in explaining success among construction project managers and construction professionals. Furthermore, the findings suggested that if a role existed, other variables might have impacted the construct measurement. In a 2004 study, Schulte *et al*. explored the correlation and predictive behavior of the EI construct in relation to general cognitive ability or personality and the Big Five personality dimensions of Neuroticism, Extraversion, Openness to Experience, Agreeableness, and Conscientiousness. Their conclusions suggested that the EI construct might be limited in advancing the research literature between emotional intelligence and human performance. Waterhouse (2006a) maintained that having multiple conflicting EI measures and constructs was problematic.

Research studies on the 'better outcome' of EI over IQ were initiated with Goleman's (1995) report on the topic and suggested that emotional intelligence was as powerful, and at times more powerful, than IQ. Lam and Kirby's (2002) research results support that emotional intelligence was more important than IQ and that emotional intelligence contributes more positively towards cognitive-based work achievements than results obtained solely from the level of general intelligence IQ. Present theories suggest that emotional intelligence by itself cannot be held as an indicator of work achievements. Emotional intelligence, however, works towards providing a basis for developing competencies related to managing and controlling emotions and understanding the emotional processes of the co-workers, which in turn are strong predictors of work-related performance, thereby exhibiting the importance of possessing high levels of emotional intelligence in achieving the desired work outcome (Goleman, 2001; Mayer *et al*, 1990).

Various research studies suggest that effective leadership was more readily demonstrated within the transformational style of leadership, as opposed to transactional leadership styles. Further research found that transformational styled leaders performed better in team settings (Keller, 1995), greater effectiveness and reparation (Hater & Bass, 1988), and better efforts from their junior employees (Seltzer & Bass, 1990). Burns (1978:4), stated, 'The transforming leader recognizes and exploits an existing need or demand of a potential follower. But, beyond that, the transforming leader looks for potential motives in followers, seeks to satisfy higher needs, and engages the full person of the follower. The result of 'transforming leadership was a relationship of mutual stimulation and elevation that converts followers into leaders'.

Gardner and Stough's (2002) studies conducting comparative analyses on transformational leadership and emotional intelligence had demonstrated a positive interlink between the two aspects, and thereby suggested a necessary incorporation of the two for effective leadership. Mandell and Pherwani (2003) suggested that organizational leaders' level of emotional intelligence was strongly related to transformational leadership style. Mandell and Pherwani (2003) further suggested that transformational leadership must be combined with emotional and social forms of intelligence. This was essential as emotional and social intelligence were the two fundamental elements considered important for forging strong employee-management relationships and motivating employees to use their optimal level of capability.

Based on his longitudinal research over a span of three decades, Klemp (2005) noted several key aspects of emotional intelligence that were highly correlated to leadership effectiveness. He highlighted that not only were effective leaders aware of their impact on others, but they use this impact to their advantage. The most effective leaders, he continued, make tough decisions while congruently showing empathy during the process. Klemp (2005) furthermore, noted that the most effective leaders, exhibiting high levels of emotional intelligence, were passionate about what they do, were excellent communicators, and were adept at balancing feelings and logic when making decisions.

Similarly, Palmer, *et al* (2001) examined emotional intelligence via a modified version of the Trait Meta Mood Scale on 43 higher-level, midlevel, and lower-level managers who were former and current scholars of the Swinburne University Center for Innovation and Enterprise Programs (CIE). The study showed that emotional intelligence correlated with several components of

transformational leadership. This study gave several indications that emotional intelligence may account for how effective leaders scrutinize and respond to their subordinates and make them feel while at work.

Emotional intelligence had been cited as having relative significance in the workplace performance of effective leaders' subordinates. Kelvin (2018) carried out a research on relationship between emotional intelligence and leadership effectiveness among leaders in the banking sector in River State, Nigeria. The results of the study revealed that there was a positive and statistically significant relationship between emotional intelligence and leadership effectiveness. Consequently, the study concludes that leaders that exhibit high level of EI were able to achieve personal and organizational effectiveness.

Goleman (2001) opined that leaders with a high level of emotional intelligence were extremely necessary for achieving success within any formal organization. The effective leaders must empathize with the employees, comprehend their feelings on the work environment, assist whenever there were any problems, be capable of controlling their own emotions, and apprehend the socio-political norms functioning within the organization. Furthermore, effective leaders significantly affect the performance levels of an organization by creating certain a kind of work environment (using the emotional and social intelligence dimensions) best suited for that particular type of profession.

Koh and O'Higgins (2018) conducted a study among 86 officer cadets from the republic of Singapore Air Force to examine the relationship between emotional intelligence perceived and actual leadership effectiveness in the military context. The results indicate that there was a significant positive relationship between EI and both perceived and actual leadership effectiveness.

Similarly, Lone and Lone (2018) conducted an exploratory study of the linkages between EI and leadership effectiveness among 230 supervisors in the banking sector in the State of Jammu and Kashmir, India. The study employs three dimensional emotional intelligence model developed by Singh and Chadha. The results indicate that emotional competency and emotional sensitivity were found to be significant antecedents of leadership effectiveness in the context under reference. Confirming the findings of Koh and O'Higgins (2018), Lone and Lone (2018)

demonstrated that higher emotional intelligence was associated with higher leadership effectiveness. Along these lines, it was quite evident that emotional intelligence and leadership effectiveness were two significantly related factors that must work in close concert in order to obtain the best possible organizational outcome.

2.6 EMOTIONAL INTELLIGENCE AND LEADERSHIP OUTCOMES

As discussed, leadership theorists and researchers take opposing stands when it comes to the study of emotional intelligence and leadership (Lone & Lone, 2018). Many acknowledge that emotional intelligence was a key ingredient to effective leadership practices (Lone & Lone, 2018; Kelvin, 2018; Nabih *et al.*, 2016; Fuentes *et al.*, 2016; Koh & O'Higgins, 2018). Others continue to show skepticism (Lawani & Moore, 2018; Lone & Lone 2018; Hou *et al.*, 2018) and suggest that emotional intelligence was simply another fad that develops among leaders and was collectively followed enthusiastically by organizations for a finite period of time. This lack of agreement results in a gap in literature (Lawani & Moore, 2018). The main reason for this research was to address said gap with evidence and to better understand and validate if there was any relationship between these two important concepts. The research could help answer the question asked by many; does emotional intelligence related to leadership outcomes? Or, the research could potentially side with various other claims that suggest relationship between emotional intelligence and leadership were merely speculative in nature and that there was no significant relationship between leaders' emotional intelligence and leadership effectiveness.

2.7 CONCEPTUAL FRAMEWORK
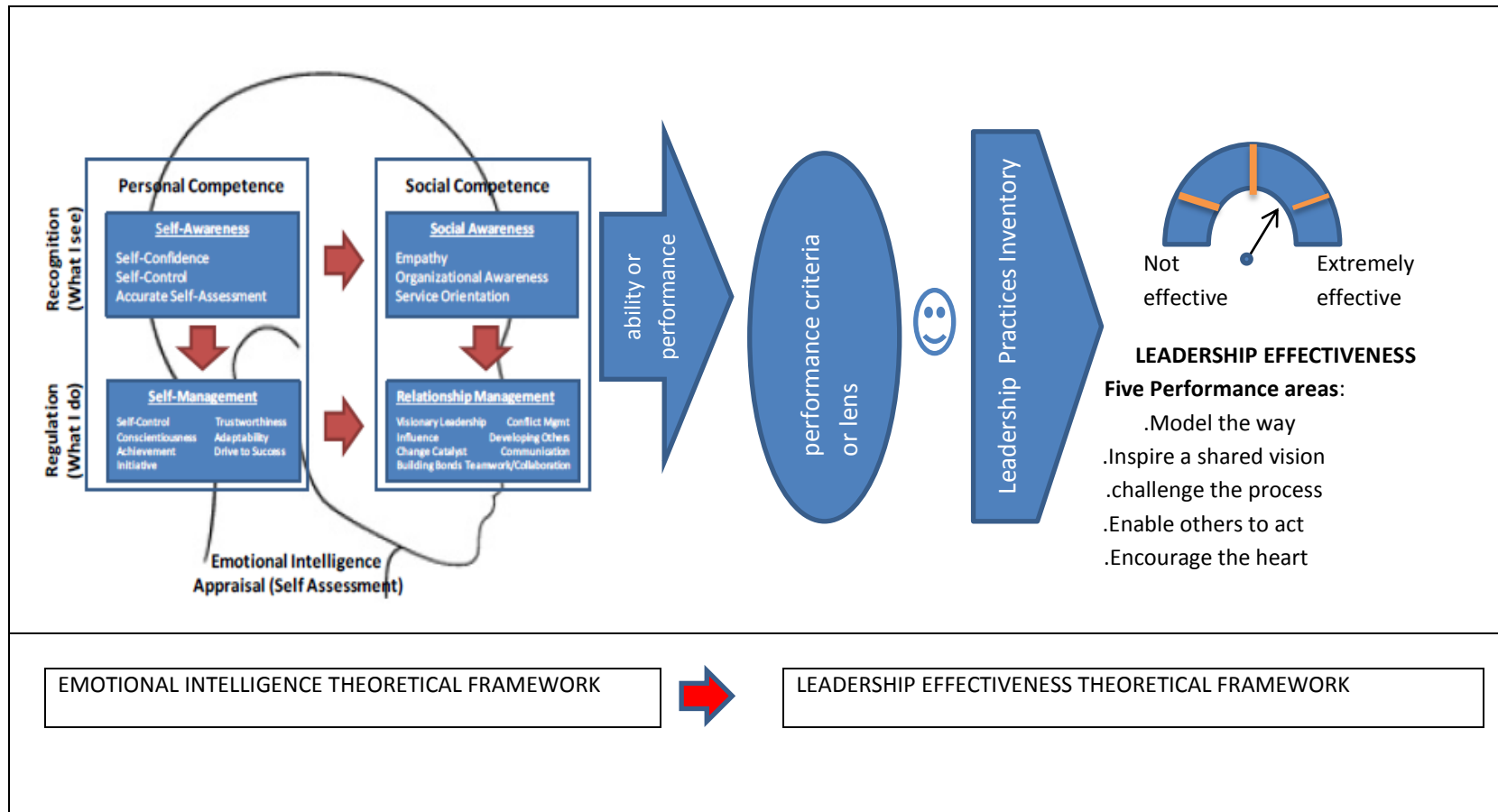
Figure 5: Conceptual Framework

Source: TalentSmart (n.d); Development Dimensions International (n.d)

2.8 HYPOTHESIS MODEL
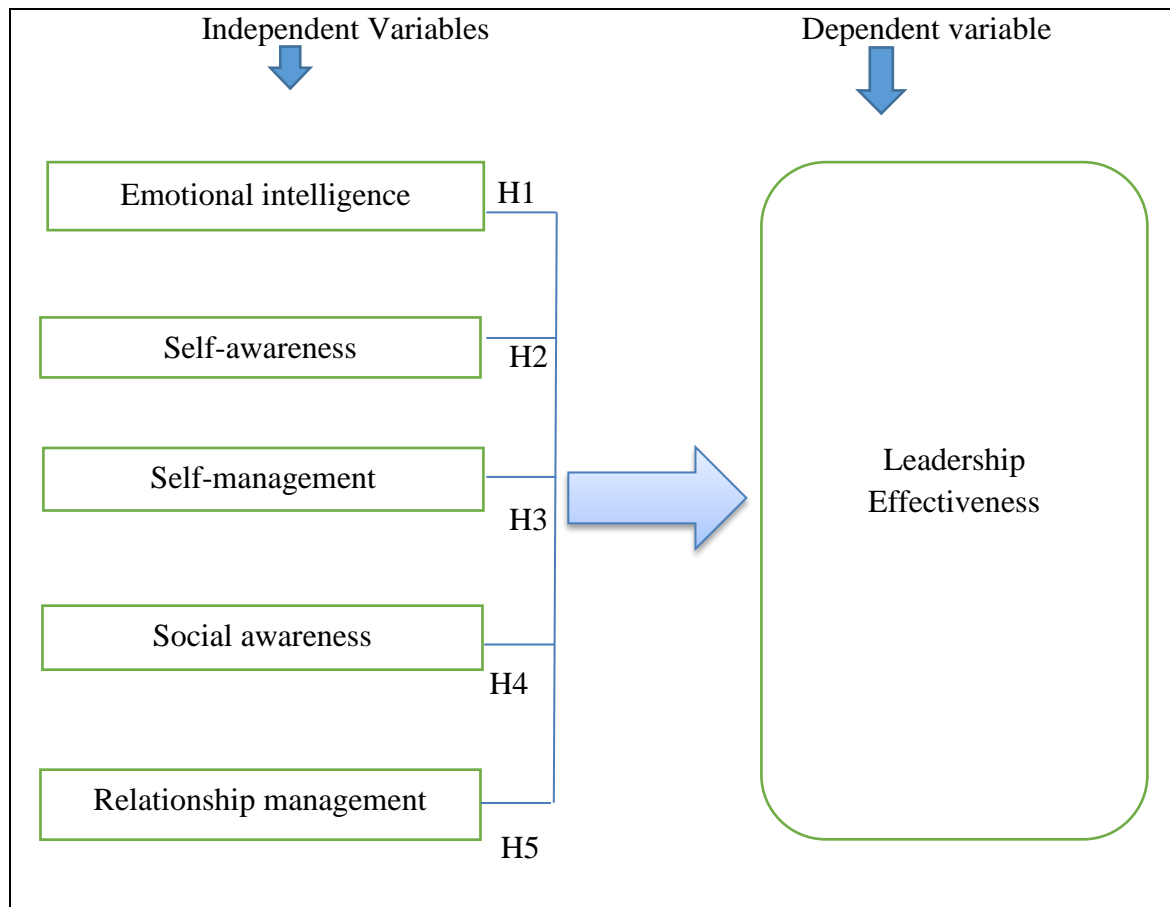
Figure 6: Hypothesis model

Source: Researcher's own construction

- H1: Emotional intelligence is positively associated with leadership effectiveness.
- H2: Self-awareness is positively associated with leadership effectiveness.
- H3: Self-management is positively associated with leadership effectiveness.
- H4: Social-awareness is positively associated with leadership effectiveness.
- H5: Relationship management is positively associated with leadership effectiveness.

2.9 CHAPTER SUMMARY

The literature review suggests that there was a strong connection between emotional intelligence and effective leadership among business leaders and corporate executives, however, very little was known about the relationship between emotional intelligence and leadership effectiveness among leaders in the health sector. However, some theorists disagree, at least at the current state of research, that leaders' emotional intelligence predicts desirable leadership outcomes (Hou *et*

al, 2018; Lawani & Moore, 2018). This conflict results in a gap in literature today. This deficiency justifies the immediate need for this research study, to further examine and confirm if the relationship exists between leaders' emotional intelligence and their perceived leadership effectiveness. The following chapter will then look at the methodology used in the collection of data for the research.

3.1 INTRODUCTION

The purpose of this study was to determine the relationship between emotional intelligence and leadership effectiveness in the Zimbabwe health sector. This chapter sets out various phases that were trailed in completing this study. This chapter details the research design, approaches and techniques used by the researcher in collection of data to meet the objectives of the study. It also encompasses a profile of all instrumentation used in the study, including reliability and validity data; sampling methodology procedures, and techniques used in analyzing the data.

3.2 RESEARCH DESIGN

Research design refers to the way the researcher goes about in answering the research questions and objectives by considering the necessary research strategies and that the information collected would be a true representation of the reality (Saunders *et al*., 2009). It was a program designed to guide the research in observing, collecting, analyzing and interpreting data meant to answer the research objectives, according to Creswell (2011). A good research design serves many purposes. It forms the essential framework for research action and minimises the risk of collecting unnecessary information.

Research designs can be categorized into three classes namely the exploratory design, descriptive design and explanatory design (Babbie & Mouton, 2004). Babbie and Mouton (2004) assert that the aims for each research design vary a great deal, ranging from, gaining new sights into the phenomenon; undertaking preliminary investigation before a more structured study of the phenomenon is done (exploratory design); describing central concepts and constructs of a phenomenon (descriptive design); determining priorities for the research and developing new hypotheses about existing phenomena (explanatory design). The choice of a research design lies upon the cross between the need to obtain relevant reliable data, feasibility, ethics, availability of respondents, money and time (Church, 2013). However of interest to this study was explanatory design and the choice was due to the following justifications: explanatory research emphasize on investigating a problem or situation in order to understand the relationships between variables (Saunders, *et al*., 2009). The study sought to investigate the relationship between emotional

intelligence and leadership effectiveness in the Zimbabwe medical sector. This required quantitative analysis and correlation analysis of different variables.

3.2.1 EXPLANATORY DESIGN

As the name entails, the main purpose of this design was to explain the relation between variables. Thus the purpose of this study was to establish whether there was significant relationship between emotional intelligence and leadership effectiveness. Hence, this explanatory design utilized correlational designs to investigate the probable relationship between leaders' emotional intelligence and leadership effectiveness. The explanatory and prediction correlational designs were selected for and well suited to this study because they enabled the researcher to: 1) explain the relationship between variables in question; and 2) anticipate outcomes, like the level of leadership effectiveness, by using certain variables, such as emotional intelligence dimensions, as predictors (Creswell, 2011).

3.3 RESEARCH PARADIGM

Research paradigms also known as research philosophy were beliefs and assumptions about the way the researcher views the world (Creswell, 2011). There were three research philosophies commonly applied in business research, namely positivism, interpretivism and pragmatism (Tsai & Wu, 2011). The positivism believes that knowledge was valid if it developed by testing hypothesis that was derived from theory whilst it focuses on facts that were gathered and measured using quantitative methods. The interpretivism philosophy was derived from social sciences based on individual experiences, memory and expectations whilst they believe that reality was contextual and relative, and therefore it cannot be generalized. The pragmatism philosophy on the other hand does not agree with the positivists of a structured and less room for choice due to the causal and effect relationship. They also do not agree with the interpretivism view though this approach takes the aspects of both the positivism and interpretivism approaches (Bambale, 2014).

After considering the strengths and weaknesses of various research paradigms, this study adopted the positivism philosophy. Williamson (2006) stated that positivism consider that, as in the field of science, knowledge can be only be based on what was observed and experienced. Key positivist tenets were measurement and objectivity resulting in a focus on quantitative data. Positivist position was characterized by testing of hypothesis developed from existing theory

through measurement of observable social realities (Saunders, *et al*., 2009). Saunders *et al*. (2009) state that positivism was based upon values of reason, truth and validity, and there was a focus purely on evidences, collected through direct observation and experience, and measured empirically by quantitative methods inter-alia, surveys and experiments and statistical analysis. Positivist suits well because it allows for objectivity, value freeness, deductions, quantitative analysis and the truth would conform to empirical evidence (Saunders *et al*., 2009). Moreover, positivist philosophy allowed the researcher to reach out to more people and have conclusive objective results in the Zimbabwe medical sector. There were many leaders in the Zimbabwe health sector which means positivism philosophy was more appealing and cost effective as a paradigm. Also, previous studies on relationship between emotional intelligence and leadership effectiveness used positivist paradigm (Koh & O'Higgins, 2018; Kelvin, 2018; Nabih *et al.*, 2016; Fuentes *et al.*, 2016; Lawani & Moore, 2018; Lone & Lone, 2018; Hou *et al.*, 2018).

3.4 RESEARCH APPROACH

Research approaches were the methods used to acquire knowledge (Saunders, *et al*., 2009). Research approach can be categorized into three classes namely the deduction, induction and abduction approach (Creswell, 2012). Deduction dictates that the researcher should be independent of what was being observed. Important characteristic of deduction was that concepts need to be operationalized in a way that enables facts to be measured quantitatively. Deduction approach relies on facts, owes more to positivism and induction to interpretivism, and relies on quality data hence subjective. Abduction was a mixture of approaches that is deduction and induction approaches. Deduction approach constructs a rigid methodology that does not permit alternative explanations of what was going on. In that sense, there was an air of finality about the choice of theory and definition of the hypothesis. Inductive approach was concerned with the context in which events were taking place. Therefore, the study of a small sample of subjects might be more appropriate than a large number as with the deductive approach. This study was premised within a deductive approach. This was because quantitative data is more efficient and can be used to test hypothesis. Moreover, all aspects of the study were carefully designed in advance.

3.5 METHODOLOGY

The term methodology refers to the theory of how research should be undertaken (Saunders, *et al.*, 2009). According to Burns (2000) there were three types of research methodologies that can be identified from the literature, namely quantitative, qualitative and mixed methodology. Quantitative research provide answers to questions of who, where, how many, how much and relationships between variables, whilst qualitative research provide answers to why and how questions (Tsai & Wu, 2011). Qualitative research had its strength in obtaining complex specific description of how people experience a given research issue regarding values, opinions, behaviors, emotions, and relationship of individuals (Chen, C., Chen, C. V., and Li, 2013). The mixed methodology as suggested by the name was a mixture of the afore-mentioned methodologies. It is important to note that this study can use any of the method but chooses quantitative methodology.

3.5.1 QUANTITATIVE RESEARCH

According to Burns (2000), a quantitative approach was one in which the investigator primarily uses positivist philosophy for developing knowledge (that is, cause and effect thinking, reduction to specific variables and hypothesis and questions, use of measurement and observation, and the test of theories).

This study was premised within a quantitative study and data was collected quantitatively and this helped the researcher develop an understanding of the phenomenon being studied. This method availed the researcher with the capacity to test theory and generalize the findings in this case theory of emotional intelligence and leadership. Moreover, the use of statistical techniques allowed for sophisticated analyses and the approach was objective and replicable.

3.6 RESEARCH STRATEGY

Saunders *et al* (2009) defined research strategy as a general plan of how the researcher was going about answering the research question(s). Research strategy was based on clear research objectives and a detailed review of the relevant literature. Case study, experiment, survey, action research, phenomenology, and ethnography were examples of research strategies (Olesia, Namusonge, and Iravo, 2013). Given the explanatory position adopted in this research and the nature of the research questions, survey strategy was considered to be the most appropriate because it offers a methodical way to gather data, analyze information, and report findings, thus

comprehend a specific problem or situation in great depth (Olesia *et al*., 2013). Surveys were standardized and they allow collection of large amount of data economically. Because of their standardization they were easy to compare (Saunders et al., 2009). Furthermore they allow quantitative analysis using descriptive and inferential statistics. Since the research use explanatory approach a survey strategy can be used to suggest possible reasons for particular relationships between emotional intelligence and leadership effectiveness, and to produce models of these relationships (Saunders *et al*., 2009:144).

3.7 STUDY POPULATION AND SAMPLING

3.7.1 POPULATION

Saunders, *et al* (2009) defined a study population as a universal set of elements with one or more common characteristics that a researcher was interested in, in the course of the research. Bryman (2012) further outlined that the population was a target group from which a researcher can sample individuals in which the researcher will be interested in gaining data and drawing conclusions. The population for this study was seven hundred (700) hospital administrators and managers, according to the human resources database availed to the researcher. Conducting research to such a large number would be cumbersome, costly and time consuming (Chegini & Nezhad, 2012). The researcher implemented sampling techniques in dealing with the cross functional groups within the hospitals and as a way to deal with costs and time.

3.7.2 SAMPLING

Sabeen (2012) asserts that a sample referred to as the segment of the population used for investigation and inferences purposes. There were two sampling techniques that were widely used vis-à-vis probability sampling and non-probability or judgmental sampling (Chegini & Nezhad, 2012). For the purposes of this study a probability sampling techniques was used because of less bias and they were more reliable when collecting large amount of data. The selection of the target sample was simple random sampling. All leaders at Harare Central Hospital had equal chance to participate in the study. Simple random sampling help improve efficiency because it does not require the researcher to know the full attributes of the population.

3.7.2.1 SAMPLE SIZE DETERMINATION

Harare Central Hospital human resources department had availed information that there were seven hundred (700) hospital administrators and managers at the hospital at the time of this study, which the researcher had used as the sampling frame. To determine the sample size, the researcher used the following statistical formula:

$$n = (\frac{N}{1+N(e)^2})$$

Where n= sample size

N= target population

e= sampling error or precision level (5%)

Therefore, the sample size from the target population was calculated as follows:

n= ((700)/ (1+ (700(0.05) ^2))

= 254

Thus, a sample of two hundred and fifty four (254) leaders was selected from the population for assessing the relationship between emotional intelligence and leadership effectiveness in the Zimbabwe medical sector. All the two hundred and fifty-four leaders selected were from Harare Central Hospital where the researcher distributed questionnaires randomly.

3.8 DATA COLLECTION

The researcher made use of two off-the-shelf measurement instruments in this study, namely Emotional Intelligence Appraisal (EIA) questionnaire by TalentSmart Inc., and Kouzes and Posner (2003) Leadership Practices Inventory. These two questionnaires were adopted to obtain information on emotional intelligence and leadership effectiveness. These two instruments were combined to form one questionnaire (see appendix B) and had two sections. Section I of the questionnaire had 28 statements measuring emotional intelligence and Section II had 30 behavioral statements measuring leadership practices.

3.8.1 EMOTIONAL INTELLIGENCE APPRAISAL

The Emotional Intelligence Appraisal: The EIA questionnaire was selected for this study because it was a performance-based self-assessment survey of emotional intelligence specifically

designed for Goleman's model, which was the research's theoretical framework. The founders of TalentSmart, Travis Bradberry and Jean Greaves, developed the survey around four emotional intelligence dimensions, vis-a-vis self-awareness, self-management, social awareness, and relationship management (Bradberry & Su, 2006). It evaluates emotional intelligence competencies as it connects emotional intelligence dimensions (both personal and social competencies) to what one sees and does with emotions personally and in the presence of others.

The Emotional Intelligence Appraisal questionnaire consists of 28 assessment questions written with behavioral impact statements to accurately assess behavior demonstrative of emotional intelligence skills (Bradberry & Su, 2006). The questionnaire was made up of six self-awareness questions, nine self-management questions, five social awareness questions, and eight relationship management questions.

The questions were based on a six-point Likert scale as follows: '1 – Never', '2 – Rarely', '3 – Sometimes', '4 – Usually', '5 - Almost Always', and '6 – Always', measuring level of frequency with the statements describing on-the-job behaviors (Bradberry & Su, 2006; TalentSmart Inc., 2010). The appraisal can be completed in approximately five to seven minutes though there was no time limit.

3.8.2 KOUZES AND POSNER LEADERSHIP PRACTICES INVENTORY

With this instrument, the research investigator asked leaders in health to complete the Kouzes and Posner (2003) Leadership Practices Inventory (LPI) in order to obtain the self-perceived level of leadership effective of these leaders. The LPI consists of two components: the self-report questionnaire and the observer questionnaire. For the purposes of this study only the LPI-Self report was used. The LPI was a questionnaire with 30 behavioral statements—six for each of The five practices that takes 10 to 15 minutes to complete. The LPI-Self report questionnaire was used to provide information about the leader's leadership behavior and rate their level of leadership effectiveness on the five practices of exemplary leadership behaviors of challenging the process, inspiring a shared vision, enabling others to act, modeling the way, and encouraging the heart.

3.9 DATA ANALYSIS TECHNIQUES

Statistical Package for Social Sciences version 20 (SPSS v.20) software was used for data processing (Kincaid, 2012). In order to test the hypothesis and to investigate the relationships and rate and the quality of variables, correlation coefficient test were done to assess the strength and direction of relationships whilst regression analysis was carried out to assess EI and its influence on leadership effectiveness in the Zimbabwean medical sector. For more comprehensive data analysis, the descriptive data was imported to Microsoft excel, as it allows easier interpretation of data (Duff, 2011).

3.10 DATA PREPARATION.

Before analyzing the data, the researcher took needed steps to prepare the data file in a form that could be used to conduct analyses and test the proposed hypotheses. This includes effort to enter the data into the SPSS. After all data were entered into the SPSS, the researcher reviewed and verified that the data values were complete and accurate and that they conformed to acceptable values for each variable. For example, the participants with incomplete or missing data were removed from the study. Lastly, the data file was saved electronically without any data manipulation. The electronic data files received for this study was always kept password-protected for future reference or data validation for the entire research process. The paper records were stored in a locked cabinet. All data files and records were later destroyed promptly after thirty calendar days when this research was completed.

3.11 NORMALITY TEST

Normality test was conducted by the researcher so as to establish whether to use either parametric or non-parametric analysis models to test the data (Kincaid, 2012). In this research, Shapiro-Wilk (s-w) test was used. This was the measurement used to test a sample size of less than two thousand (2000) in look of its distribution to determine if the sample fits the normal distribution. The non-parametric tests were done because the results from the normality test had showed that the sample was not normal.

3.12 CORRELATION TESTS.

Correlation statistic describes association between two variables. The researcher tests the variables for their association using the Spearman's rank correlation 'rho'. This was compelled

by the finding that the data sample was non-parametric. The Spearman's correlation was a non-parametric rank based statistical test for unevenly distributed data (Bambale, 2014). Therefore, Spearman's correlation was employed since the data was not normally distributed. The correlation takes a range from -1.0 for a perfect negative relationship to +1.0 for a perfect positive relationship, whilst a zero (0) indicates no relationship among the variables (Chinomona *et al*. 2013).

3.13 REGRESSION TESTS

After analyzing the results from the correlation analysis between the variables, the researcher went on further to carry out the regression analysis. The correlations analysis simply measures the strength of a relationship whilst it does not determine the predictive relationship between the variables (Mapolisa & Kurasha, 2013). In order to determine how EI as the independent variable predict leadership effectiveness which was the dependent variables, a regression analysis model was computed using the linear regression analysis. This model was necessitated by the fact that there was no more than one variable affecting the outcomes (Zehiri *et al*., 2013). On the other hand regression analysis was important to the research because it bring out the cause and effect relationship between EI and leadership effectiveness.

3.14 RELIABILITY AND VALIDITY

Reliability was the degree to which data collection techniques produce consistent results, similar observations made or conclusions reached by other researchers or there was transparency in how sense was made from the raw data (Saunders, *et al*., 2009). Validity suggests whether an instrument truly measures what it was supposed to measure and whether or not its scores have meaning for participants. The Leadership Practice Inventory (LPI) had demonstrated a strong internal reliability, with a tendency for the reliability coefficients from the LPI-Self to range between 0.75 and 0.87, and the LPI-Observer ranging between 0.88 and 0.92. The LPI has shown significant test-retest reliability at levels greater than 0.90 correlations (Kouzes and Posner, 2003). The EIA's reliabilities for the four emotional intelligence skills were very strong, yielding Cronbach's alpha coefficient values ranging from 0.79 to 0.92 (TalentSmart, n.d.).

The validity of the LPI has proven quite robust in assessing individuals' leadership behaviors and in providing useful feedback in leadership development and effectiveness. Herold, Fields, and

Hyatt (1993) concluded, the LPI items that had correlations with other items exceeding 0.60, resulted in a confirmatory model with acceptable fit. The authors also explained that there was sign of validity on the scores of the LPI and factor analyses, including independent analyses of the LPI, exposed a strong five-factor construction (Herold *et al*, 1993).

According to TalentSmart, the Emotional Intelligence Appraisal (EIA) was held to the strictest research standards in both its design and validation. Over the last decade, hundreds of thousands of responses have been compiled and analyzed with the following results. The EIA's reliabilities for the four emotional intelligence skills were very strong, yielding Cronbach's alpha coefficient values ranging from 0.79 to 0.92. Additionally, the emotional intelligence skills measured using the EIA show significant indicators of job performance, with regression analysis yielding significant results at the 0.001 level. Lastly, studies across industries and the globe support the instrument's validity and ability to measure emotional intelligence accurately (TalentSmart, n.d.).

3.15 ETHICAL CONSIDERATIONS

Ethics in research entails what was right and what was not right to do when conducting research (Neuman, 2000) and forms an integral part of any research study. Ethics in research spans the entire research process: from the nature of the problem being investigated, the reporting of the theoretical framework thereof, the context within which the research was conducted, the data collection instruments utilized, the data collection methods utilized, the research subjects, the procedures utilized to analyze the data and the way in which the data was reported (Cohen, Manion & Morrison, 2000: 50; Neuman, 2000: 90-91). The following ethical considerations were noted during this research, the researcher asks for permission to collect the data from Harare Central Hospital management (see approval letter in appendix D), GSM clearance (see appendix C), and informed consent (see appendix A). Moreover, considerations were applied to method of data collection, presentation and interpretation of findings, citations as well as referencing.

3.16 LIMITATIONS OF THE STUDY

➢ The sample size might not be representative of total population as a result the researcher used approved models in drawing the sample size.

➢ Some participants were unwilling or slow to respond to the questionnaires given to them by the researcher because they might feel their confidentiality was invaded and privacy threatened. The researcher informs participants that the research was confidential and their information was going to be kept confidential.

3.17 CHAPTER SUMMARY

This chapter presented the methodology of the study. Data collection process and analysis was also discussed in this chapter. The research design was presented and the research paradigm outlined. Moreover, research approaches and research strategies were unveiled in detail. Information regarding the target population and sample size was also presented. Instruments used in this research, as well as their reliability and validity, were discussed in detail. Finally, the limitations of the study as well as the ethical considerations that were taken into account when conducting the research were also included in this chapter. The following chapter four discusses data analysis, presentation and interpretation.

CHAPTER FOUR

DATA ANALYSIS, PRESENTATION AND INTERPRETATION

4.1 INTRODUCTION

This chapter focuses on the presentation and analysis of the primary data collected using the questionnaires. The purpose of this study was to determine the relationship between emotional intelligence and leadership effectiveness among leaders in the Zimbabwe health sector. The use of tables was incorporated in this chapter to turn the raw data collected into meaningful information that allows for a conclusion to be drawn in relation to the research objectives. Data analysis was presented as follows:

Phase 1: Questionnaire response rate

Phase 2: Scale reliability and validity tests

Phase 3: Hypothesis testing

4.2 PHASE 1: QUESTIONNAIRE RESPONSE RATE

Working with a study population of 700 leaders, questionnaires were issued physically and via emails to a sample of 254 leaders at Harare Central Hospital. Of the 254 questionnaires distributed, 232 were returned earning a response rate of 91.34%. The overwhelming response rate was necessitated by self-distribution of questionnaires and emails that were used in data collection method. Below was the illustration of response rate as given by table 4.1.

Table 4.1 Response rate

Responding Group	Questionnare Distributed	Questionnaire Returned	Response rate
Leaders	254	232	91.34%

Source: Author's own design.

4.3 PHASE 2: SCALE RELIABILITY AND VALIDITY TESTS

The validity and reliability of the research instrument was evaluated by computing the coefficient of alpha (Cronbach's alpha) that measures the internal consistency of the sample variables and to check if the sample was adequately reliable and if the sample data can be used to perform correlation and regression tests.

4.3.1 RELIABILITY TESTS

A coefficient of alpha that was above 0.7 was considered to be acceptable (Saunders *et al*., 2009) and it indicates that there was a good consistency among variables within dimensions of emotional intelligence and leadership effectiveness, the results were indicated in tables 4.2 below.

Table 4.2 Reliability Statistics

Cronbach's Alpha	N of Items
.920	5

Table 4.3 Item-Total Statistics

	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Cronbach's Alpha if Item Deleted
self_awareness	24.6042	9.122	.842	.894
Self_management	24.6210	9.342	.869	.893
Social_awareness	24.6229	8.689	.812	.898
Relationship_management	24.6207	9.319	.877	.892
Leadership_effectiveness	21.4538	7.546	.728	.938

As indicated by results in table 4.2 above, the total scale of reliability was 0.960 which was way above the acceptable benchmark of 0.7 (Saunders *et al*., 2009). The variables in table 4.3 were checked for reliability and to confirm if the items loaded were sufficient to the instrument to make it reliable and all the variables yields a coefficient of alpha greater than 0.7, self-awareness (0.894), self- management (0.893), social- awareness (0.898), relationship management (0.892) and leadership effectiveness (0.938), an indication that the variables under study were valid and reliable to the instrument.

4.3.2 VALIDITY TESTS

The validity of the instrument was further analyzed using content validity as it was also related to face validity which refers to the extent to which a measurement instrument represents all the features required on a given construct (Schneider & George, 2011). Study supervisor Dr Gumbo was frequently consulted as a way of establishing face and content validity. The researcher further checked convergent validity of the variables by checking the results of the correlation

statistics on whether they were converging towards the same direction, in this instance the results were all positive as indicated by table 4.7 of the correlation analysis. Furthermore, after analyzing data collected on SPSS v.20 the result of KMO was 0.897 as it shown in table 4.4 below. This implied that data collected were valid.

Table 4.4 KMO and Bartlett's Test[a]

Kaiser-Meyer-Olkin Measure of Sampling Adequacy.		.897
Bartlett's Test of Sphericity	Approx. Chi-Square	5398.327
	df	378
	Sig.	.000

4.4 NORMALITY TESTS

Normality tests were done to determine whether to use parametric or non-parametric analysis methods to test the association and influence of the variables (Mehta & Pillay, 2011). The study based its analysis on Shapiro-Wilk (s-w) test, a measure used to test normality for a sample of less than 2000 in terms of its distribution. Table 4.4 below show results of normality tests results based on Shapiro-Wilk.

Table 4.5 Normality tests of the sample

Tests of Normality

	Kolmogorov-Smirnov[a]			Shapiro-Wilk		
	Statistic	df	Sig.	Statistic	df	Sig.
self_awareness	.202	232	.000	.812	232	.000
Self_management	.180	232	.000	.853	232	.000
Social_awareness	.225	232	.000	.773	232	.000
Relationship_management	.177	232	.000	.853	232	.000
Leadership_effectiveness	.101	232	.000	.927	232	.000

a. Lilliefors Significance Correction

With reference to results in table 4.5 above, all variables under the study were tested for normality with leadership effectiveness (0.927), having a higher statistic of followed by self-management (0.853), relationship management (0.853), self-awareness (0.812) and lastly social-awareness (0.773) all variables with a significance value of ($p<0.05$). These results indicate that

the sample was not normally distributed hence the nonparametric tests were conducted for further process and analysis of the data.

4.5 PHASE 3: HYPOTHESIS TESTING

In order to answer the research objective, questions and hypothesis formulated in the study, this section provides analysis and solution to the major research objective which was to determine the relationship between emotional intelligence and leadership effectiveness among leaders in the Zimbabwe medical sector. Results of the analysis were presented in sections of correlation analysis and regression analysis as provided below.

4.5.1 CORRELATION TESTS

Correlations test were performed to assess the strength of relationship or association between independent and dependent variables. The Independent variables were dimensions of emotional intelligence. The Dependent variable was leadership effectiveness. Non parametric tests using Spearmans 'rho' produced the results in Table 4.6 and Table 4.7 below. A correlation coefficient enables quantification of strength of the linear relationship between two ranked or numerical variables. A correlation coefficient takes a range from -1.0 (perfect negative relationship) to +1.0 (perfect positive relationship), whilst a zero (0) indicates no relationship between the variables (Chinomona *et al*. 2013). A correlation coefficient nearer to 1 (+ or -) is the stronger the relationship and that is nearer to 0 (meaning no relationship), the weaker the correlation was. Correlations of 0.4 to 0.5 were moderate.

4.5.1.1 EMOTIONAL INTELLIGENCE AND LEADERSHIP EFFECTIVENESS

The level of association between E.I and leadership effectiveness were presented in table 4.6 below.

Table 4.6 Correlations

			Emotional_intelligence	Leadership_effectiveness
Spearman's rho	Emotional_intelligence	Correlation Coefficient	1.000	.781[**]
		Sig. (2-tailed)	.	.000
		N	232	232
	Leadership_effectiveness	Correlation Coefficient	.781[**]	1.000
		Sig. (2-tailed)	.000	.
		N	232	232

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

The correlation results according to table 4.6 above indicated that there was a strong positive and statistically significant relationship between leaders' emotional intelligence and leadership effectiveness (r=0.781**, p<0.01) supporting H1, which states that emotional intelligence was positively associated with leadership effectiveness. The results of the correlation can be accepted at every significance level as they have been proved to be statistically significant. This implies that emotional intelligence can augment leadership effectiveness and these results are in consistent with those of Koh and O'Higgins, (2018); Kelvin, (2018); Lone and Lone, (2018); Nabih *et al.*, (2016); Fuentes *et al.*, (2016); Fiori and Vesely-Mailer, (2018) who observed that EI was positively associated with leadership effectiveness. The level of association between leadership effectiveness and self-awareness, self-management, social awareness and relationship management were presented in the table 4.7 below.

Table 4.7 Correlations results.

Correlations

			self_awareness	Self_management	Social_awareness	Relationship_management	Leadership_effectiveness
Spearman's rho	self_awareness	Correlation Coefficient	1.000	.834**	.779**	.845**	.739**
		Sig. (2-tailed)	.	.000	.000	.000	.000
		N	232	232	232	232	232
	Self_management	Correlation Coefficient	.834**	1.000	.837**	.869**	.714**
		Sig. (2-tailed)	.000	.	.000	.000	.000
		N	232	232	232	232	232
	Social_awareness	Correlation Coefficient	.779**	.837**	1.000	.830**	.684**
		Sig. (2-tailed)	.000	.000	.	.000	.000
		N	232	232	232	232	232
	Relationship_management	Correlation Coefficient	.845**	.869**	.830**	1.000	.758**
		Sig. (2-tailed)	.000	.000	.000	.	.000
		N	232	232	232	232	232
	Leadership_effectiveness	Correlation Coefficient	.739**	.714**	.684**	.758**	1.000
		Sig. (2-tailed)	.000	.000	.000	.000	.
		N	232	232	232	232	232

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

4.5.1.2 SELF AWARENESS AND LEADERSHIP EFFECTIVENESS

The results in table 4.7 above showed the following:

- Self-awareness was significantly positive related to leadership effectiveness (r=0.739**, p<0.01).

These results were in consistence with the studies carried out by Koh and O'Higgins, (2018); Kelvin, (2018); Lone and Lone, (2018); Nabih *et al.*, (2016), Fuentes *et al.*, (2016), Fiori and Vesely-Mailer, (2018); who found out that self-awareness was strongly associated with leadership effectiveness.

The correlation results implies that if leaders in the medical sector knows their internal states, preferences, resources, and intuitions, and how these impact to their leadership, in turn the subordinates would become spiritually committed to their organizations by being innovative and carry out their tasks in honesty and love.

The results above showed a significant positive relationship between self- awareness and leadership effectiveness, thereby supporting hypothesis 2.

4.5.1.3 SELF-MANAGEMENT AND LEADERSHIP EFFECTIVENESS

The results in table 4.7 indicated the following:

- Self-management and leadership effectiveness have a strong positive correlation $(r=0.714^{**}, p<0.01)$

The results were in consistent with those of Koh and O'Higgins, (2018); Kelvin, (2018); Lone and Lone, (2018) who concurred that self-management was strongly associated with effective leadership.

The results above show a significantly positive relationship between self-management and leadership effectiveness, thereby supporting hypotheses 3.

4.5.1.4 SOCIAL AWARENESS AND LEADERSHIP EFFECTIVENESS

The results in table 4.7 above showed the following:

- There was a strong positive correlation between social awareness and leadership effectiveness $(r=0.684^{**}, p<0.01)$

The results were consistent with those of Koh and O'Higgins, (2018); and Kelvin, (2018), who asserts that social awareness attributes were positively correlated with leadership effectiveness because the leaders had adeptness at inducing desirable responses in others.

The result confirms the assertion that, if leaders in the medical sector exude awareness of others' feelings, needs, and concerns to their followers, they have a potential to influence other employees that can create behaviour which reciprocate that of their leader (Fiori & Vesely-Mailer, 2018).

The results above showed a significantly positive relationship between social awareness and leadership effectiveness which supports hypothesis 4.

4.5.1.5 RELATIONSHIP MANAGEMENT AND LEADERSHIP EFFECTIVENESS

The results in table 4.7 above indicated the following:

- Relationship management was significantly positive related to leadership effectiveness (r=0.758**, p<0.01)

These results were in consistence with the studies carried out by Koh and O'Higgins, (2018); Kelvin, (2018); Lone and Lone, (2018); Nabih *et al*., (2016); Fuentes *et al*., (2016); Fiori and Vesely-Mailer, (2018), who found out that relationship management was greatly associated with leadership effectiveness.

The correlation results implies that leaders who take charge, inspire, and influence others with compelling visions impact their leadership effectiveness, and in turn the subordinates become spiritually committed to their organizations.

These results above showed that relationship management was positively associated with leadership effectiveness, thereby supporting hypothesis 5.

4.5.2 REGRESSION TESTS

Having done the correlation analysis between the variables, the researcher went on further to carry out the regression analysis. The correlations analysis simply measures the strength of a relationship whilst it does not determine the predictive relationship between the variables (Kelvin, 2018). In order to determine how E.I as the independent variable predicts leadership effectiveness which was the dependent variable, a regression analysis model was computed using the linear regression analysis. On the other hand regression analysis was important to the research because it bring out the cause and effect relationship between E.I and leadership effectiveness. Hence the results from the regression analysis were summarized and presented in the table 4.8 below.

Table 4.8 Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.754[a]	.569	.561	.76345

a. Predictors: (Constant), Relationship_management,
Social_awareness, self_awareness, Self_management

The tests results indicate there was a significant effect of the independent variable (self-awareness, self-management, social awareness and relationship management) on the dependent variable (leadership effectiveness) as indicated above. Based on the multiple regression analysis test, the results suggested that the leaders' emotional intelligence dimensions or subscales of self-awareness, self-management, social awareness, and relationship management, were particularly good at predicting leadership effectiveness (Adjust R square = 0.561). This means only 56.1% of the variability of the dependent variable, leadership effectiveness rating, were explained by the independent variables, self-awareness, self-management, social awareness, and relationship management scores. According to Muijs (2011), Adjusted R square of 0.561, suggest that emotional intelligence dimensions (or the predictors) were particularly good at predicting leadership effectiveness (or the outcome). In other words, emotional intelligence dimensions significantly predict leadership effectiveness. This led to a conclusion that Hypothesis 1 was supported. Having said that, the results from the multiple regression analysis test appear to agree with the results by Koh and O'Higgins, (2018); Kelvin, (2018); Lone and Lone, (2018); Nabih *et al.,* (2016), Fuentes *et al*., (2016); Fiori and Vesely-Mailer, (2018); who found in their studies that emotional intelligence predict leadership effectiveness to a practically useful extent. Hence one can submit that it was proper and standard to use these emotional intelligence measures in applied settings for instance in hiring, promotion, or retention.

4.5.2.1 ANOVA RESULTS - F TEST

Table 4.9: ANOVA[a]

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	174.382	4	43.595	74.797	.000[b]
	Residual	132.308	227	.583		
	Total	306.689	231			

a. Dependent Variable: Leadership_effectiveness

b. Predictors: (Constant), Relationship_management, Social_awareness, self_awareness, Self_management

Furthermore, the *F*-ratios were calculated and shown in Table 4.9 for the mean sum of squares for regression and for the residuals. It attempted to test if the regression model was a good fit for the data. The results confirmed that emotional intelligence dimensions scores significantly

predict leadership effectiveness (F = 74.797, p=0.000). In other words, the regression model was a good fit of the data, and these results can be accepted at any level of significance.

4.5.2.2 COEFFICIENTS RESULTS

Table 4.10 Coefficients[a]

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.	Collinearity Statistics	
	B	Std. Error	Beta			Tolerance	VIF
(Constant)	1.631	.414		3.939	.000		
self_awareness	.176	.132	.114	1.335	.183	.260	3.846
1 Self_management	.070	.163	.042	.432	.666	.200	5.010
Social_awareness	.118	.110	.087	1.074	.284	.290	3.454
Relationship_management	.922	.143	.552	6.448	.000	.260	3.852

a. Dependent Variable: Leadership_effectiveness

The beta coefficients as shown in table 4.10 reveal that relationship management was generally more powerful in explaining the effects of emotional intelligence to leadership effectiveness in the medical sector (β=0.552, p=0.000), followed by disappointing results for self-awareness, self-management and social awareness that did not find a statistically significant relationship (p-values > 0.05) between them and the dependent variable.

For hypotheses testing, a multiple linear regression analysis was performed by regressing the overall emotional intelligence score and the Leadership Practices Inventory as in table 4.11 below and found to be statistically significantly correlated with total (overall) emotional intelligence, (β=0.728, t= 16.122, p=0.000).

Table 4.11: Coefficients[a]

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
1 (Constant)	1.973	.410		4.813	.000
Emotional_intelligence	1.222	.076	.728	16.122	.000

a. Dependent Variable: Leadership_effectiveness

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Emotional intelligence had got an impact of 0.728 meaning a unit change in emotional intelligence results in 0.728 increases in leadership effectiveness. Thus leaders in the medical sector should take emotional intelligence in applied setting like recruitment, promotion and retention.

4.5.2.3 COLLINEARITY

Table 4.10 illustrates results of Variance Inflation Factors (VIFS) for each variable in the model. These tests were performed to test for multi-collinearity among the predictor variables. The VIFs ranged between 3.454 and 5.010. The results indicate the absence of multicollinearity among all predictor variables because the tolerance values are higher than the minimum 0.10 level. The VIF statistics were all below 10.0 critical levels (Pallant, 2007). Hence, one can reasonably state that the standard multiple regression model above was stable and good in explaining the variance in leadership effectiveness. The model implies that there was a significant positive relationship between self-awareness, self-management, social awareness, relationship management and leadership effectiveness.

4.6 DISCUSSION OF FINDINGS

The purpose of the study was to examine and test the relationship between EI and leadership effectiveness among leaders in the Zimbabwe medical sector. In particular, five hypotheses were hypothesized. To test the hypothesis, data were collected from the leaders at Harare Central Hospital. The results from the empirical study supported all the five hypothesized research hypotheses in a highly significant way.

H1 predicted that **emotional intelligence was positively associated with leadership effectiveness**. When the relationship between E.I and leadership effectiveness was tested, the findings in table 4.11, indicated a positive and significant influence between the variables (β=0.728, t= 16.122, p=0.000), supported by a positive correlation in table 4.6 (r=0.781**, p<0.01). Thus, accordingly, as leaders in the Zimbabwean health sector being able to motivate oneself, to control impulse and delay gratification, to empathize and hope when discharging leadership roles was key to attain organizational goals. These results were consistent with those of Lone and Lone (2018); Kelvin (2018); and Nabih *et al.,* (2016) who concluded that EI was positively associated with leadership effectiveness. Therefore, this study concludes that EI had a significant and strong positive relationship with leadership effectiveness.

H2 forecasted that **self-awareness was positively associated with leadership effectiveness.** The relationship between leaders' self-awareness and leadership effectiveness was tested using the correlation analysis which supported the hypothesis. The findings in table 4.7 indicated a strong positive significant correlation ($r=0.739^{**}$, $p<0.01$). It was evident that self-awareness had proved to be of great significance in achieving leadership effectiveness. The findings confirm the previous works of Koh and O'Higgins (2018) and Fuentes *et al.,* (2016) who noted that leaders who were capable of understanding themselves were more apt to serve their employees and promote an atmosphere conducive to high morale because individuals want to work for them, and they feel a sense of loyalty to the organization and the vision the leader try to convey. These leaders had the ability to activate followers' workplace spirituality which in turn made them effective. As such, this study submits that self-awareness had a strong and significant positive influence on leadership effectiveness.

H3 predicted that **self-management was positively associated with leadership effectiveness**. This hypothesis was tested using correlation analysis and the results in table 4.7 indicated a strong significant positive correlation ($r=0.714^{**}$, $p<0.01$). It was understood that attributes such as self-management by the leaders make leaders to be able to manage their internal states, impulses, and resources that in turn helps in the achievement of organizational goals. These results were consistent with those of Koh and O'Higgins, (2018); Kelvin, (2018); Lone and Lone, (2018) who submit that self-management was greatly associated with leadership effectiveness. Hence, based on these findings, this study confirms that self-management had an impact on leadership effectiveness.

H4 assumed that **social-awareness was positively associated with leadership effectiveness**. The relationship between leaders' social awareness and leadership effectiveness was tested by correlation analysis, the findings in table 4.7 indicated a significantly strong positive correlation ($r=0.684^{**}$, $p<0.01$). From the results it can be drawn that for leaders to be more effective in their organizations, leaders must be able to sense other peoples' emotions, understanding their perspectives, and taking active interests in their concerns. These results were consistent with those of Koh and O'Higgins, (2018) and Kelvin, (2018) who asserts that social awareness attributes was positively correlated with leadership effectiveness because the leaders had adeptness at inducing desirable responses in others. Also based on these findings, this study

deduces that social awareness had a strong and significant relationship with leadership effectiveness.

H5 predicted that **relationship management was positively associated with leadership effectiveness**. When the association between relationship management and leadership effectiveness was tested, the findings in table 4.10 indicated a positive and significant influence between the variables (β=0.552, p=0.000), supported by a positive correlation in table 4.7 (r=0.758**, p<0.01). The correlation results implies that leaders who had this attribute of emotional intelligence they themselves were role models of the company's values, such as integrity, respect, excellence, teamwork, or continuous improvement, as they invest their time and resources in forging and cementing relationships among team members beyond mere work obligations (Goleman, 2000) and this influence subordinates to become committed to their organizations. These results were in consistence with the studies carried out by Koh and O'Higgins, (2018); Kelvin, (2018); Lone and Lone, (2018); Nabih *et al*., (2016), Fuentes *et al*., (2016), Fiori and Vesely-Mailer, (2018) who found out that relationship management was strongly associated with leadership effectiveness.

4.7 EVALUATION OF HYPOTHESES

The hypotheses which were proposed in section 1.7 of this study were as follows:

a) Emotional intelligence is positively associated with leadership effectiveness.
b) Self-awareness is positively associated with leadership effectiveness.
c) Self-management is positively associated with leadership effectiveness.
d) Social-awareness is positively associated with leadership effectiveness.
e) Relationship management is positively associated with leadership effectiveness

Table 4.12 below show hypotheses tested and decision made

HYPOTHESES	DECISION
H1. Emotional intelligence is positively associated with leadership effectiveness.	Hypotheses accepted
H2. Self-awareness is positively associated with leadership effectiveness.	Hypotheses accepted
H3. Self-management is positively associated with leadership	Hypotheses accepted

effectiveness.	
H4. Social-awareness is positively associated with leadership effectiveness.	Hypotheses accepted
H5. Relationship management is positively associated with leadership effectiveness.	Hypotheses accepted

Source: Author's own design

Main hypotheses that predicted emotional intelligence was positively associated with leadership effectiveness were fully accepted because of the statistically significant results that were achieved in this study. This assertion was supported by results in the table 4.6, 4.7, 4.8, 4.9, 4.10 and table 4.11 as analyzed using correlation and regression analysis respectively.

The resultant hypothesis model can be analyzed as emotional intelligence influence leadership effectiveness. Hence the hypothesis model was accepted as shown by figure 7 below.
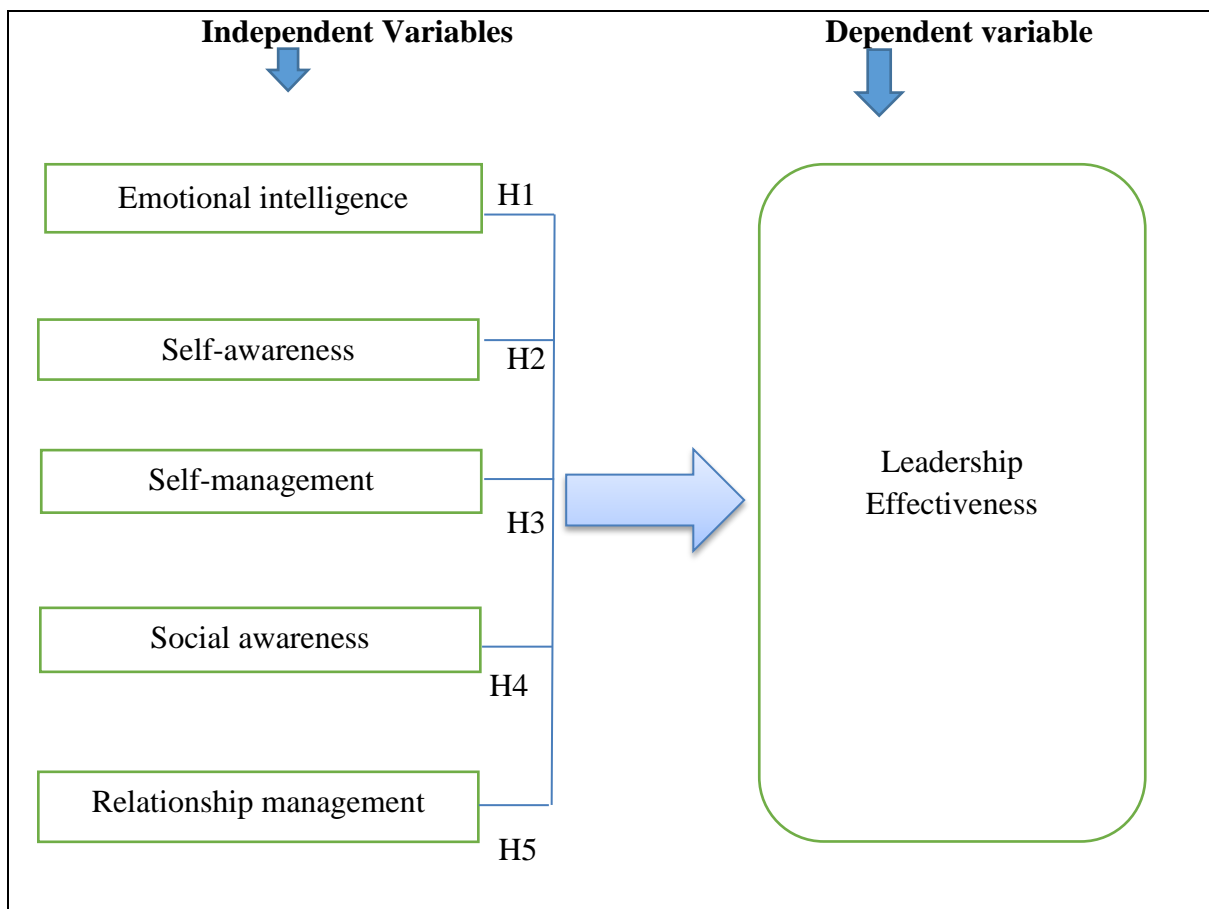
Figure 7: Hypotheses model

Source: Author's own design

4.7 CHAPTER SUMMARY

The chapter on data analysis, presentation and interpretation was presented out in sections that includes; introduction, descriptive analysis where response rate from the sample were discussed. Normality test of the sample as well as the validity and the reliability of the instrument was done and presented. Sample data was found not to follow a normal distribution; therefore, non-parametric analysis models were selected for the tests of relationships. The test of relationships among variables which analyzed the correlations was done. Spearman's rank correlation analysis was used. Finally, the findings from the study were discussed in relation to literature and hypothesis held. The following chapter five provided the discussion, conclusion and recommendations to the study.

CHAPTER FIVE

DISCUSSION, CONCLUSION AND RECOMMENDATIONS

5.1 INTRODUCTION

This chapter summarizes the research and draw conclusions based on the data presented in chapter four, in relation to each research objective and its respective hypothesis. Additionally, theoretical contributions and the limitations of the study were addressed, along with recommendations for future studies for leaders in the health sector. The prime aim of this study was to examine the relationship between emotional intelligence and leadership effectiveness. A better, more succinct, understanding of this relationship will enhance the working relationships among leaders and thereby improve self-efficacy and overall health efficiency.

5.2 RE-CAP OF RESEARCH OBJECTIVES

As indicated by section 1.5 of this study, the following research objectives were formulated:

- To determine the relationship between emotional intelligence and leadership effectiveness among leaders in the Zimbabwe medical sector.
- To explore the relationship between leaders' self-awareness and leadership effectiveness.
- To establish the relationship between self-management and leadership effectiveness.
- To examine the relationship between leaders' social awareness and leadership effectiveness.
- To establish the influence of relationship management on leadership effectiveness.
- To recommend possible emotional intelligence related strategies towards enhancing leadership effectiveness.

5.3 CONCLUSIONS

In order to achieve the objectives correlation analysis and regression analysis were carried out as depicted by section 4.5 of this study with special reference to tables 4.6; 4.7; 4.8; 4.9; 4.10 and 4.11. Hence, the following conclusions were drawn against each objective:

Objective 1: **To determine the relationship between emotional intelligence and leadership effectiveness among leaders in the Zimbabwe medical sector**.

The correlation results showed that there was a significant relationship between total emotional intelligence and leadership effectiveness. However regression results indicated relationship management, a dimension of emotional intelligence was the main predictor of leadership effectiveness. Therefore, this study concludes that the research objective was satisfied in that EI had a significant and strong positive relationship with leadership effectiveness.

Objective 2: To explore the relationship between leaders' self-awareness and leadership effectiveness.

The results showed a direct correlation between self-awareness and leadership effectiveness. Hence this study concludes that this research objective was satisfied in that leaders' self-awareness had a significant strong positive relationship with leadership effectiveness.

Objective 3: **To establish the relationship between self-management and leadership effectiveness.**

The correlation results showed that there was a significant relationship between self-management and leadership effectiveness. Therefore this study concludes that the research objective was satisfied in that self-management had a significant strong positive relationship with leadership effectiveness.

Objective 4: **To examine the relationship between leaders' social awareness and leadership effectiveness.**

The correlation results indicated that there was a significant relationship between social awareness and leadership effectiveness. However regression results indicated social awareness was not a predictor of leadership effectiveness. Still, this study concludes that this research objective was satisfied in that leaders' social awareness had a significant strong positive correlation with leadership effectiveness.

Objective 5: **To establish the influence of relationship management on leadership effectiveness**.

The results indicated that relationship management was the key determinant of highly effective leaders. Based on these findings, this study confirms that relationship management influence leadership effectiveness.

Objective 6: To recommend possible emotional intelligence related strategies towards enhancing leadership effectiveness.

- The study recommended that Harare Hospital had to initiate programs to improve emotional intelligence of present leaders. This would empower leaders with lower levels of emotional intelligence to enrich their self-awareness, self-management, social awareness, relationship management and to lead their subordinates in a more constructive way.

- Leaders are recommended to be educated to deal with their own emotions; the behavioral and knowledge aspects of emotional intelligence for instance ability to express emotions in an acceptable way. Leaders who are able to express emotions acceptably can handle interpersonal conflict situations with more poise than those not in control or aware of their emotions. Therefore, each leader should be made aware of the importance of expressing emotions in an acceptable way.

- Social gatherings or seminars are recommended to be used for leaders to get to know each other on emotional level, hence cultivate a deeper understanding of each other.

- Emotional intelligence seminars and communication programs are also recommended to help leaders support each other during times of stress or times of change, as well as during times of personal upheaval that might affect work performance.

- Elements of emotional intelligences are recommended to be addressed in staff development.

- It was recommended that in times where applications for leadership positions are solicited from staff, emotional intelligence should be a useful asset.

- Miller and Scott (1988) recommended that leaders can be trained in emotional intelligence skills, if they wanted to excel, earn loyalty and the right to exercise leadership authority. Through training, leaders develop a larger view of both self and others.

5.4 RECOMMENDATIONS

- It was recommended that the relationship between emotional intelligence and leadership effectiveness be studied in other organizations and in other industries to allow for a more comprehensive comparison of the relationship.

- It was recommended that further studies be conducted in the area of effective leadership in order to ascertain the challenges and pitfalls.

5.5 THEORETICAL CONTRIBUTIONS

Most of the studies that looked at the relationship between emotional intelligence and leadership effectiveness had been conducted in western world and the findings from this study provide useful insights on the applicability of the theory of emotional intelligence and leadership effectiveness in a developing country, Zimbabwe.

The results from this study contribute to the existing body of knowledge in the literature by providing the relationship of emotional intelligence and leadership effectiveness in the medical sector in a developing country, Zimbabwe. Many studies in leadership management have tended to ignore emotional intelligence in the leadership management process. Therefore, the findings from this study had contributed in filling this gap of knowledge.

The study had laid emphasis on main driver of leadership effectiveness often cited in literature, which was emotional intelligence. As an addition to the existing body of knowledge, this study tested whether attention to emotional intelligence dimensions are an important drivers in leadership effectiveness in a medical setup. The results indicated that emotional intelligence dimensions; self-awareness, self- management, social-awareness and relationship management were the most important precursors of leadership effectiveness.

This study provides empirical evidence on the nature of relationship between emotional intelligence and leadership effectiveness in the Zimbabwe medical sector. The major contribution of this study was toward a better understanding of the relationship between emotional intelligence and leadership effectiveness among leaders at Harare Central Hospital. In this respect, it showed that emotional intelligence had a positive significant relationship with leadership effectiveness.

5.6 PRACTICAL IMPLICATIONS

The increasing significance of emotional intelligence on leadership effectiveness among leaders in the Zimbabwe medical sector cannot be overemphasized. For instance, the success of the medical sector might be difficult to accomplish without the leaders' emotional intelligence. The current study was an endeavor to investigate the relationship between emotional intelligence and leadership effectiveness in the medical sector. Accordingly, the conclusions of this empirical study were projected to offer rewarding implications to both practitioners and academicians.

To the practitioners, the significant influential role of emotional intelligence on leadership effectiveness among leaders in the medical sector was emphasized. Emotionally intelligent leaders had the extraordinary quality of distinguishing and comprehending the internal emotional environment of their own and others' minds during social exchanges and display dexterity in managing their interactions with others in ways that yield mutually fruitful results for both (Goleman, 2005). The study therefore proposes that leaders in the health sector should consider achieving emotional intelligence skill when managing employees in order to attain leadership effectiveness. The research findings suggest that there was a link between emotional intelligence dimensions and leadership effectiveness. Thus, leaders' emotional intelligence influences the way their followers feel about their work and consequently, the way the followers will execute their duties. It was recommended that the organization initiates programs to improve emotional intelligence of present leaders. This would empower leaders with lower levels of emotional intelligence to enrich their self-awareness, self-management, social awareness, relationship management and to lead their subordinates in a more constructive way.

On the academic side, this study provides a substantial contribution to the emotional intelligence and leadership effectiveness literature by methodically exploring the relationship between emotional intelligence and leadership effectiveness among leaders in the Zimbabwe medical sector. Precisely, the current study findings proffer a cautious backing to the proposition that emotional intelligence should be acknowledged as substantial precursor and instrument to foster leadership effectiveness in the Zimbabwean medical sector.

5.7 LIMITATIONS OF THE STUDY

Although the present study makes significant contributions to the academics and the practitioners, it has limitations in several ways. The following limitations were noted:

- Firstly, the study was limited by its sample. The data was collected from only leaders at Harare Central Hospital; possibly, the results would be more informative if data from all hospitals and other industries in Zimbabwe are incorporated in the study.
- Secondly, the current study was limited to the medical sector in Zimbabwe.
- The third and final limitation of the study was the restricted scope of variables measured.

5.8 AREAS OF FURTHER RESEARCH

Limitations of the study informed areas of further research. The data were collected from only leaders at Harare Central Hospital; possibly, the results would be more informative if data from all hospitals and other industries in Zimbabwe were incorporated in the study. For further expansion of this current conceptual framework, more study is needed in a large data set for all leaders in different sectors in order to carry out industry inclusive analysis. Hence, upcoming studies may be done by using data from all provinces and different industries across the country.

The current study was limited to the medical sector in Zimbabwe. Subsequent research should envision duplicating this research in other similar and developing nations in Africa to permit for comparisons of findings. Forthcoming researches can as well extent the present hypothesis model learning results of emotional intelligence on leadership effectiveness. Thus the limitation was the restricted scope of variable measured when in reality there are several variables not related to emotional intelligence that are extremely significant to leadership effectiveness vis-à-vis technical skills, experience and extent of one's network that can increased leader's success in various situations and these were not accounted for in this study.

Furthermore, the research gap was closed by casting the foundation for future researches to be conducted in the medical sector in area of emotional intelligence and leadership effectiveness.

5.9 CONCLUSION

The chapter focused on discussion of research results based on research objectives. It also showed the conclusion which was drawn from the research findings. It was therefore evident that there was relationship between emotional intelligence and leadership effectiveness. It was established that leaders must have high emotional intelligence in order to improve performance in the workplace. Leaders play a critical role in the creation of a strong organizational citizenship behaviour which results in improved performance. However this was a complex relationship that needs further validation.

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APPENDIX A: INFORMED CONSENT FORM

UNIVERSITY OF ZIMBABWE

Letter of Introduction and Informed Consent

Title of the study:

The relationship between emotional intelligence and leadership effectiveness in the
Zimbabwe medical sector. A case of Harare Central Hospital.

Beloved Respondent

You are invited to participate in an educational research study conducted by ONWELL
MAFUTA an MBA student from the Graduate School of Management at the University of
Zimbabwe. The purpose of the study is to explore the relationship between emotional
intelligence and leadership effectiveness in the Zimbabwe medical sector. A case of Harare
Central Hospital.

Please note the following:

➤ This is an **anonymous** study as you are not supposed to write your name on the answer
sheet. The responses you give will be treated as **confidential** as you cannot be recognized
in person based on the responses you contribute.

➤ Your contribution in this survey is very critical to me. However, you may choose not to
contribute and you may also discontinue contributing at any stage of the survey without
any adverse costs.

➤ I will request you to answer questions in a questionnaire, as completely and honestly as
possible. The questionnaire should not take more than 20 minutes of your time.

➤ The findings of the research will be used for educational purposes only and may be
published in an academic journal. I will offer you with a summary of my results on
request.

> Feel free to contact my research supervisor, Dr C. Gumbo, on his cell: +263785143792, email: cgumbo@muast.ac.zw, if you have any questions or comments regarding the research.

Please sign the form to show that:

❖ You have read and understand the information provided above.

❖ You give your consent to participate in the research on a voluntary basis.

_____   _____

Respondent's signature   **Date**

APPENDIX B: QUESTIONNAIRE

SECTIONS 1: THE EMOTIONAL INTELLIGENCE APPRAISAL

There are six possible responses to each sentence: '1- Never', '2- Rarely', '3- Sometimes', '4- Usually', '5- Almost Always', and '6- Always', measuring level of frequency with the statements describing on-the-job behaviours.

Instructions

Read each statement and decide which one of the six possible response best describes you. Choose the response that best applies to each statement and record it in the box to the right of that statement. If a statement does not apply to you, respond in such a way that will give the best indication of how you would possibly feel, think, or act. Although some of the sentences may not give you all the information you would like to receive, choose that response that seems the best, even if you are not sure. There are no "right" or "wrong" answers and no "good" or "bad" choices. Answer openly and honestly by indicating how you actually are and not how you would like to be or how you would like to be seen. There is no time limit, but work quickly and make sure that you consider and respond to every statement.

Self-awareness section

1. I am aware of my strengths and weaknesses. ☐
2. I have a guiding awareness of my values and goals. ☐
3. I recognize how my feelings affect my performance. ☐
4. I realize the links between my feelings and what I think, do and say. ☐
5. I am decisive, and able to make sound decisions despite uncertainties and pressures. ☐
6. I can voice views that are unpopular and go out on a limp for what is right. ☐

Self- management section

7. I manage my impulsive feelings and distressing emotions well. ☐
8. I consistently act ethically and am considered to be above reproach. ☐
9. I meet commitments and keep promises. ☐
10. I smoothly handle multiple demands, shifting priorities and rapid change. ☐
11. I seek out fresh ideas from a wide variety of sources. ☐

12. I do not let stressful situations or people affect me once I have left work. ☐

13. I think clearly and stayed focused under pressure. ☐

14. I take tough, principled stands even if they are unpopular. ☐

15. I am organized and careful in my work. ☐

Social Awareness section

16. I am attentive to emotional cues and am a good listener. ☐

17. I can tell if someone is not happy with me. ☐

18. I can tell if a team of people are not getting along with each other. ☐

19. I respect and relate well to people from varied backgrounds. ☐

20. I am good at accurately read key power relationships. ☐

Relationship management section

21. I deal with difficult issues straightforwardly. ☐

22. I lead by example. ☐

23. I am skilled at the art of persuasion. ☐

24. I champion the change and enlist others in its pursuit. ☐

25. I foster open communication and stay receptive to bad news as well as good. ☐

26. I see working with difficult people as simply a challenge to win them over. ☐

27. I am good at reconciling differences with other people. ☐

28. I build solid relationships with those I work with. ☐

SECTION 2: LEADERSHIP PRACTICES INVENTORY (LPI)

The rating scale runs from 1 to 10 as follows:

1. Almost Never
2. Rarely
3. Seldom
4. Once in a While
5. Occasionally
6. Sometimes
7. Fairly Often
8. Usually
9. Very Frequently
10. Almost Always

Instructions

Please read each statement carefully, and using the RATING SCALE (above), ask yourself:

HOW FREQUENTLY DO I ENGAGE IN THE BEHAVIOR DESCRIBED?

Additionally,

- ➢ Be realistic about the extent to which you *actually* engage in the behavior
- ➢ Be as honest and accurate as you can be
- ➢ DON NOT answer in terms of how you would like to behave or in terms of how you think you should behave
- ➢ DO answer in terms of how you typically behave on most days, on most projects, and with most people
- ➢ Be thoughtful about your responses. For example, giving yourself 10s on all items is most likely not an accurate description of your behavior. Similarly, giving yourself all 1s or all 5s in most statements is likely not an accurate description either. Most people will do some things more or less than they do other things.
- ➢ If you feel that a statement does not apply to you, it's probably because you don't frequently engage in the behavior. In that case, assign a rating of 3 or below.

For each statement, decide on a response and then record the corresponding number in the box to the right of the statement. After you have responded to all thirty statements, go back through the LPI one more time to make sure you have responded to each statement. Every statement must have a rating

Questions

To what extent do you typically engage in the following behaviors? Choose the response that best applies to each statement and record it in the box to the right of that statement.

1. I set a personal example of what I expect of others. ☐
2. I spent time and energy making certain that the people I work with adhere to the principle and standards that we have agreed on. ☐
3. I follow through on promises and commitments I make. ☐
4. I ask for feedback on how my actions affect other people's performance. ☐
5. I build consensus around a common set values for running our organization. ☐
6. I am clear about my philosophy of leadership. ☐
7. I talks about future trends that will influence how our work get done. ☐
8. I describe a compelling image of what our future could be like. ☐

9. I appeals to others to share an exciting dream of the future. ☐

10. I show others how their long-term interest can be realized by enlisting in a common vision. ☐

11. I paints the 'big picture' of what we aspire to accomplish. ☐

12. I speak with genuine conviction about the higher meaning and purpose of our work. ☐

13. I seek out challenging opportunities that test my own skills and abilities. ☐

14. I challenge people to try out new and innovative ways to do their work. ☐

15. I search outside the formal boundaries of my organization for innovative ways to improve what we do. ☐

16. I ask, 'what can we learn?' when things don't go as expected. ☐

17. I make certain that I set achievable goals, make concrete plans, and establish measurable milestones for the projects and programs that we work on. ☐

18. I experiment and take risks, even when there is a chance of failure. ☐

19. I develops cooperative relationship among the people I works with. ☐

20. I actively listen to diverse points of view. ☐

21. I treat others with dignity and respect. ☐

22. I support the decisions that people make on their own. ☐

23. I give people a great deal of freedom and choice in deciding how to do their work. ☐

24. I ensure that people grow in their jobs by learning new skills and developing themselves. ☐

25. I praise people for a job well done. ☐

26. I make it a point to let people know about my confidence in their abilities. ☐

27. I make sure that people are creatively rewarded for their contribution to the success of projects. ☐

28. I publicly recognize people who are exemplify commitment to shared values. ☐

29. I find ways to celebrate accomplishments. ☐

30. I give members of the team lots of appreciation and support for their contributions. ☐

APPENDIX C: GSM LETTER

GRADUATE SCHOOL OF MANAGEMENT

UNIVERSITY OF ZIMBABWE

TREP Building
Mt Pleasant
Harare, Zimbabwe

Email: info.uzgsm@gmail.com
Tel: 263-0242- 333521/2

9th June 2020

TO WHOM IT MAY CONCERN

Dear Sir/Madam

RE: ACADEMIC REFERENCE LETTER FOR MR ONWELL MAFUTA (R181275T

This letter serves to confirm that Mr Mafuta is a bona fide Master of Business Administration (MBA) student at the Graduate School of Management (GSM), University of Zimbabwe (UZ). He is carrying out a research in partial fulfillment of the requirements of the MBA degree programme.

We kindly request you to provide him with the information he needs to complete his research. Please note that only aggregated data will be used in the final analysis. Please also note that the Graduate School of Management upholds high levels of confidentiality and ethical standards in conducting research, and therefore, the information that you provide will be used for academic purposes only and will not be disclosed to third parties.

Yours faithfully,

GRADUATE SCHOOL
OF MANAGEMENT
UNIVERSITY OF ZIMBABWE

DR W. P. MKUMBUZI
DIRECTOR, GRADUATE SCHOOL OF MANAGEMENT
/bm

APPENDIX D: HARARE HOSPITAL RESEARCH APPROVAL

A/CD for your perusal
Re. 30/7/20

GRADUATE SCHOOL OF MANAGEMENT
UNIVERSITY OF ZIMBABWE

TREP Building
Mt Pleasant
Harare, Zimbabwe

Email: info.uzgsm@gmail.com
Tel: 263-0242- 333521/2

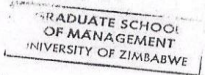9th June 2020

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Yours faithfully,

GRADUATE SCHOOL
OF MANAGEMENT
UNIVERSITY OF ZIMBABWE

DR W. P. MKUMBUZI
DIRECTOR, GRADUATE SCHOOL OF MANAGEMENT
/bm

No objections to the study
Did it pass through the ethics
committee ?

Approved for Study to be
concluded

SALLY MUGABE CENTRAL HOSPITAL
CHIEF EXECUTIVE OFFICER
0 4 AUG 2020
P.O. BOX ST 14, SOUTHERTON
HARARE, ZIMBABWE

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