

Examining Emotional Intelligence as A Precursor of Transformational Leadership Among Nurse Leaders in Ghana

Ebenezer Malcarm (Ph.D)¹, Isaac Boakye²

¹(Graduate School Department, Ghana Technology University College, (Ghana)

²(Research Department, University of Applied Management, Ghana)

ABSTRACT: *Following the notion that transformational leadership is a solution to many leadership problems and creates valuable positive change in followers, this study examined emotional Intelligence as a precursor of transformational leadership among nursing professionals in Ghana. The overall as well as the individual effects of the sub-dimensions of emotional intelligence on a leader's exhibition of transformational leadership behavior were examined. Evidence of such links would be considerable for Ghanaian healthcare providers in their quest to find potential nurse leaders to train, so as not to dwell highly on the seniority criterion in the selection of leaders. Thus, 80 leaders and their corresponding subordinates were selected conveniently. A quantitative approach of research was used and a detailed statistical analysis revealed that, nurse leaders from the selected hospitals exhibited an average transformational leadership behavior. Also, others' emotion appraisal, a sub-dimension of the emotional intelligence construct had the most variance in transformational leadership behavior. Based on the findings, when leaders are trained to be emotionally intelligent and the skills are fostered, they are more likely to exhibit transformational leadership behaviors which will further result in organizational effectiveness and follower satisfaction. Recommendations, Limitations and areas for further studies were discussed.*

KEYWORDS: *Transformational Leadership, Emotional Intelligence, Nurse leaders*

I. INTRODUCTION

The role played by employees to achieve corporate success cannot be underestimated. Workers' imagination, vitality and inspiration are critical to driving organization's performance (Alabi, 2013). Therefore, in order to pursue company goals, it is relevant to put to use these employee potentials. It has been suggested that effective leadership is one of the maximum applicable achievement elements in the pursuit of company goals (Adams, King & King, 1996). According to Anderson (2009), leadership is ultimately about creating a way for people to contribute to making something extraordinary happen. Contemporary leadership scholars have pointed out that personal characteristics are relevant to effective leadership, particularly intelligence: which includes, emotional, social intelligence and IQ; and also aspects of personality such as dominance, extraversion, sociability, self-confidence, high levels of energy and resilience. Research, for instance, those of Ansari (2011) and Avolio (2007) have clearly shown that effective leaders are also likely to be emotionally intelligent.

The meaning of leadership effectiveness varies from an author to another; one noteworthy contrast is the kind of result chosen as the effectiveness foundation (Bass & Bass, 2008). In most organizational settings, transformational when contrasted with transactional leadership is viewed as a more successful leadership style and is reliably found to advance more noteworthy organizational performance (Bye & Syversen, 2013). Transformational leaders persuade and move others to accomplish their best. Furthermore, Carnicer, Sanches, Perez and Jimenez (2004), stated that if we are to succeed in our efforts to build healthy, maintainable organizations, we should keep on investing in the advancement of transformational leaders who understand and respect the people that are at the heart of their success. Nursing is a people-focused calling and consequently, the issue of leadership is urgent for success. Nursing leadership is seen as the most crucial aspect of healthcare management since nurses represent the largest group of health professionals and rendering up to 90% or more of the health care services in the preventive, curative and rehabilitative dimensions (Gambles, Lewis, & Rapoport, 2006). According to Esson (2004), each nurse who expects a leadership role can and ought to hone transformational leadership. Such leaders will understand that the majority of followers are visionary and energetic, they have awesome inventive thoughts regarding how to change healthcare that should be brought to light through transformational leadership. "The roles of the transformational leader in the healthcare setting include promoting teamwork among staff, encouraging positive self-esteem, motivating staff to function at a high level of performance, and empowering staff to become more involved in the development and implementation of policies and procedures" (Erdogan, Kraimer, & Liden, 2004, p.47).

With transformational leadership, leaders can produce a generation of great leaders who can easily solve the profession's most crucial issues (Ward, 2002). According to Hein (2005), one of most important goals of transformational Leadership is to enable the leader and follower to enhance their growth and also find meaning to whatever task they are pursuing. Researchers, for instance identified leadership behaviors that foster positive staff outcomes in which the transformational leadership style has been frequently found to promote better staff outcome among nurses Zhou and Schriesheim (2009). Walumbwa, Cropanzano, and Goldman (2011). Likewise, Walumbwa, Cropanzano, and Goldman (2011) found in their work that there was a noteworthy relationship between transformational leadership practices, improved patient satisfaction, and reduced antagonistic occasions. Kuvaas, Buch, Ysvik and Hærem (2012) in their landmark qualitative study of the nature of nursing leadership in Ghana revealed that knowledge about the kind of leadership style employed by Nurse Managers is unclear but claimed there is the perception that, Nurse Managers' style of leadership is one of hostility and lordship. Emotional Intelligence has been keenly tied to transformational leadership and nursing. emotional intelligence has been defined as "the capacity for recognizing our own feelings and those of others, for motivating ourselves, and for managing emotions well in ourselves and in our relationships" (Goleman, 1998, p. 317). There is always a notion that emotional intelligence is positively related to leadership (Boahen, 2015; Bolger, 2001), and that with an effective training emotional intelligence can be enhanced and developed (Bushira, Usman, & Naveed, 2011). Clark (2000, p.79) suggested that "EI is a skill that deserves to be given credence in nursing for its potential benefits to patient care and staff welfare" and further acknowledged that it is relevant in nursing leadership. Thus emotional intelligence has been perceived to be a key factor in determining transformational leadership traits.

Problem Statement : The poor leadership menace within Africa and Ghana for that matter has become evident in the eyes of the public as some statesmen and academic researchers have spoken against the leadership problem in Ghana with a quest to contribute towards the solution (Boahen, 2015). A study by Erdogan, Kraimer and Liden (2004) revealed that more than 45% of workers left their former jobs due to the behavior of their leaders. This goes to buttress the issue that leadership plays a very key role in the behavior of employees. A majority of scholars have asserted that transformational leadership is the panacea to the leadership woes of several organizations (Harrington, 2009). Although this is without a doubt, little enquiry has been made into establishing the tools that can bring up a transformational leader. A conceptual paper by Hein (2005) posited that emotional balance could play a very important role in eliciting transformational leadership behavior. This indicates that more studies about the precursors of transformational leadership seem warranted. One key sector that has been under-researched in Ghana is the Healthcare sector, more specifically the nursing sector when it comes to management (Boahen, 2015). Nursing leadership in Ghana has attracted little investment and research as compared to Europe, America, and parts of Asia. Furthermore, according to Kinnunen, Geurts and Mauno (2004), there is little investment in developing nursing leadership in Ghana, for the development of patient care. Kinnunen, Geurts and Mauno (2004) further indicated there is the observation that Nurse Managers' style of authority, in Ghana, is one of antagonistic vibe and lordship, there is no researched information on the kind of leadership provided in the hospitals by nurse managers.

Various studies have tried to discover the uniqueness of transformational leadership as it relates to other leadership styles (Kuvaas, Buch, Dysvik, & Hærem, 2012). Others have also examined the effect of emotional intelligence on leaders on the satisfaction and turnover intention of employees. It has also been found in many studies that gender plays an important role in transformational leadership, however there has been several conflicting reports, with some authors (Walumbwa, Cropanzano, Goldman, 2011) suggesting that there is a significant difference between men and women in their exhibition of leadership styles. However other authors (Eisenberger, Karagonlar, Tinglhamber Neves, Becker, Gonzalez-Morales, & Steiger-Mueller, 2013) think otherwise, suggesting that men and women do not significantly differ in their style of leadership and for that matter, transformational leadership. It is also worth mentioning that while the evidence on leadership style differences between men and women is conflicting, the evidence on the results they attain is not (Diaz-Saenz, 2011). As suggested by Clark (2000), there is the need for more studies into variables that influence transformational leadership skills. This study, therefore, seeks to contribute to the ongoing discussion by assessing the effect of emotional intelligence on transformational leadership using nurses from selected hospitals as the case study.

Objectives of the study : The overall goal of the study is to determine the effect of Emotional Intelligence on Transformational leadership among nurse leaders in selected hospitals. In order to achieve this objective, the specific objectives are:

1. To examine the level of transformational leadership behavior of nurse leaders at where?
2. To assess whether the sub-constructs of emotional intelligence affect the transformational leadership behaviors of nurse leaders at where.

3. To examine the effect of emotional intelligence on transformational leadership behavior of nurse leaders at where.

II. LITERATURE REVIEW

Transformational Leadership : Bums (as cited in Brook & Price, 2006) described the transforming leader as one who is able to lift followers up from their petty preoccupations and rally around a common purpose to achieve things never thought possible. A Transformational leader is said to be the leader moving the follower past quick self-interests through Charisma, intellectual stimulation, individualized consideration, or inspiration. It raises the followers' level of development and standards and also attentiveness toward accomplishment, self-completion, and the prosperity of others, the organization, and society. "Transformational leaders are frequently motivated to go beyond the call of duty for the benefit of their organization" (Brown, 2003, p.48) According to Avolio (2007) unlike transactional, transformational leadership is more emotion-based and involves heightened levels of emotions. This therefore implies that transformational leaders should be highly emotionally intelligent. "Bass' (2008) model of transformational leadership has been embraced by scholars and practitioners alike as one ways in which organizations can encourage employees to perform beyond expectations.

Emotional intelligence and Transformational Leadership : Emotions matter tremendously for leadership. Ansari (2011) indicated "it is widely accepted that leadership is an emotion-laden process." (p. 100). "Leaders must be able to manage their own emotions in the face of drastic change" (Anderson, 2009, p. 103). "Leaders must get on top of anxiety which impedes the brain's ability to understand and respond and fear which can cripple decision making" (Alabi, 2012 p.14). Emotionally intelligent leaders are good at managing their disruptive emotions. They keep their focus, thinking clearly under pressure. They are prepared to change before a crisis occurs and even in tumultuous circumstances, they can imagine a brighter future, discuss that vision with reverberation and lead the way. Emotionally intelligent leaders create a climate of enthusiasm and flexibility where people feel most innovative and give their best. Some authors found that emotionally intelligent leaders are mostly able to notice the expectations of followers and hence it is easier for them to meet these expectations (Carnicer, Sanches, Perez, & Jimenez, 2004). According to Clark (2000), transformational leadership is "largely dependent upon the evocation, framing and mobilization of emotions" (p. 251) this therefore means that emotional intelligence is an essential precursor of transformational leadership behavior.

Also, according to Diaz-Saenz (2011) "as TL demands leaders who are emotionally self-aware and capable of emotional self-management, all transformational components require personal EI competencies" (p. 374). It was further found that some sub-dimensions of emotional intelligence correlated to those of transformational leadership, for instance a relationship was found between self management of the emotional intelligence construct and was found to relate to individualized consideration and inspirational motivation both of the transformational leadership construct (Delle-Arkorful, 2014). Despite the numerous links found between emotional intelligence and transformational leadership, there are still prevailing mixed and contradictory reports. Erben and Güneser (2009) is of the view that the support for the emotional intelligence model might be speculative rather than based on empirical evidence since the EI models are loaded with issues of reliability and validity. An issue of common method variance was raised concerning studies utilizing data from the same source to examine the relationship between EI and TL. Dulebohn, Bommer, Liden, Brouer and Ferris (2011) stated that "When considered alone, emotional intelligence seems to be statistically related to transformational leadership. However, when ability and personality were controlled for, the effect became non-significant." Having seen the need for more empirical studies on the connection between TL and EI, the current study to examine the effect of EI on TL is deem fit. The study examined how each sub-dimension of emotional intelligence affects the exhibition of transformational leadership.

Transformational Leadership and Nursing : In this era where nurses look for leaders with a transformational leadership style (Esson, 2004, p.87), "it's imperative for nurse managers to employ a transformational leadership style, which encourages adaptation to change". Nursing requires compassion, hard work and integration into a hierarchical leadership structure that is often overburdened and ripe for change. Granted that nursing does not promote freedom or professional latitude and hence impedes innovation by nurse leaders, it is worth acknowledging that nurses may hold the key to transforming health care and dragging it into the 21st century in terms of work practices and reform therefore every nurse who assumes leadership (CNO, nurse manager, charge nurse, preceptor) can and should practice transformational leadership. Nurse managers that develop and foster transformational leadership can surmount oppressive traditions and confidently navigate a complex and rapidly changing healthcare environment.

Emotional Intelligence and Nursing : The qualities enveloped under the Emotional Intelligence construct are indispensable to professional nursing. Nursing values caring and supports its practitioners to pick up information of self-including intrapersonal and interpersonal abilities, to deal with emotions, and to create empathetic and also, restorative nurse–client connections. Nurses have since quite a while ago encouraged strong and positive community oriented workplaces also, have utilized Emotional Intelligence characteristics as a part of their interaction with associates, partners, and customers (Hein, 2005). Emotional Intelligence, additionally, has significance for the advancement of nursing leaders to manage the steadily changing scene of human services and to stem the tide of burnout among professional nurses. Qualities and results ascribed to viable nursing leadership and the caring nurse–patient relationship, for example, compassion, mindfulness, inspiration and self-control have been firmly adjusted with passionate knowledge. Kinnunen, Geurts and Mauno (2004) indicated that it is impossible to describe the art and science of nursing without referring to emotions, indeed nursing literature is replete with reference to the emotional labour of nursing. More often writers have been working to rehabilitate the emotions, once deemed to be inappropriate in nursing, back into the nurse–patient relationship. Nurses, in their professional life, clearly work consistently with human emotion, whether this be through pain, discomfort, sadness, relief or hope. Kuvaas, Buch, Dysvik, and Hærem (2012), along with other writers, contend that the ability to manage our emotional life, while interpreting other people’s is a prerequisite skill for any caring profession. Indeed, it could be argued that the advent of patient- and relationship-centred care represents an explicit acceptance of these long-debated concerns.

III. METHODOLOGY

Both the quantitative and qualitative approach research using a cross-sectional survey designed to collect data from nurses about their Nurse leaders ‘use of transformational leadership styles, and also data from the nurse leader about their own emotional intelligence. The quantitative approach arises from the belief that human phenomena can be studied objectively Zhou and Schriesheim (2009). According to Harrington (2009), quantitative research uses a fixed design that organizes in advance the research questions and a detailed method of data collection and analysis. Cross-sectional design is also economical and relatively manageable but is often constrained by the problem of using snapshot to make generalizations. However, the survey approach to cross-sectional design usually allows for the collection of original data sufficient enough for generalization to the population of interest. Furthermore, with the intent to collect data that seeks to go deeper to ascertain the behavior patterns of leaders with respect to their emotional intelligence, the researcher conducted an interview with three supervisors. This enabled the researcher to have a better idea of what leaders in such positions do in some situations and how that affect their leadership ability as a whole.

Population of Study : The study was carried out in five hospitals in the Greater Accra region of Ghana. The hospitals selected are: Ridge Hospital being the greater Accra regional hospital, Lekma Hospital being a municipal hospital, 37 Military hospital and more importantly an autonomous hospital, University of Ghana Hospital, also being autonomous, and then Pantang Hospital, which has a dedicated mental health unit. The hospitals are purposively selected for the purpose of the study as they were necessary and most convenient for the researcher to be able to obtain the needed information. easy access to research assistance. The target population included all clinical nurses/midwives working in the wards or nursing units of the selected hospitals in the Greater Accra Region of Ghana. The participation requirements was in two parts: Category I was for subordinates to rate their leader and category II was for leaders to give a self report of their emotional intelligence level.

Inclusion criteria for category I : Included persons in the study, were full time employees who are professional nurse/midwife or auxiliary nurse (enrolled nurse and community health nurse) with a minimum qualification of a certificate in nursing/midwifery. In addition, a minimum of six months working experience with their current Nurse leader is a requirement to participate in the study. This was only to ensure that participants know their Nurse leaders well enough.

Exclusion criteria for category I : Qualified nurses/midwives on internship or temporary employees were excluded even if they had more than six months working experience with the Nurse leader. Nurse leaders and their immediate assistants were also excluded in the study.

Inclusion criteria for category II : Included persons in the study, were full time employees who are professional nurse/midwife or auxiliary nurse (enrolled nurse and community health nurse) with a minimum qualification of a certificate in nursing/midwifery. In addition, the nurse leader and their immediate assistant were required to have been in the position for at least six months in order to participate in the study. This was only to ensure that participants were well known by their subordinates.

Exclusion Criteria for category II : Qualified nurse/midwives on internship or temporary employees were excluded even if they had more than six months working experience as nurse leaders. Nurses acting on behalf of the nurse leader were also excluded in part this part of the study.

Sample size and technique: A multistage sampling strategy was used to recruit the participants. Each of the five hospitals was given a proportional quota based on their nursing and midwifery staff population. In each facility, a convenience sampling strategy was used to recruit participants who met the inclusion criteria and consented to participate in the study. According to Friedman and Greenhaus (2000) quantitative researchers should select the largest sample possible so that it is representative of the target. In all, 80 leaders were chosen with their corresponding 80 subordinate nurses. The sample size was deemed appropriate for the study based on the recommendations of Harrington (2009) which stipulates that for an appropriate sample size for studies involving the use of multiple regression, the sample size (N) should be $(N > 50 + 8M)$ where M is the total number of independent variables. Since there is one independent variable in the study (emotional intelligence), the minimum sample size required for this study was fifty-eight (58) [i.e., $50 + 8(1) = 58$]. Therefore, the sample size of 80 respondents in each category more than satisfies the recommended sample size for the purpose of the present study.

Data type and sourcesh : The data for the current study is Primary data and as such would be collected through survey by the use of questionnaires from selected hospitals: Ridge Hospital, Lekma Hospital, 37 Military Hospital, University Hospital, Pantang Hospital in the Greater Accra region

Instrumentation: Questionnaires was used as the main tool for data collection. Hein (2005) contends that questionnaires are the best possible means of data collection in survey designs. Standard tools were adapted and slightly modified to suit the methodology and objectives of this study. The modifications of the questionnaire were mainly the use of the terms Nurse leader and Nurse in place of leader and subordinate respectively. The questionnaire was in two categories: category I was used to collect data on transformational leadership from selected subordinates of selected leaders whereas category II was used to collect data on emotional intelligence from the selected nurse leaders. Interview guides were also developed to assess the leadership behaviors of the supervisors as well as their emotional intelligence behaviors.

Transformational Leadership instrument : The Leadership items were adapted from measures developed by House (1998). A 5-point Likert scale where 1 represents strongly disagree and 5 represents strongly agree would be used for all the leadership items. Nurses were asked to respond to the leadership items keeping in mind the Nurse leader of their work unit, which was defined as that group of people that individuals interact with on a day-to-day basis. The various sub-dimensions: Articulating a vision, Intellectual stimulation, Inspirational communication, Supportive leadership and Personal recognition. Three items developed by House (1998) was adapted to assess the articulating a vision sub-dimension. This scale has a Cronbach's alpha of 0.82. In scoring the instrument, the mean of the scale was calculated. With 15 items on a five point Likert scale, the least sum of the mark is 15 and the maximum is 75, the least mean score is therefore 1 and the maximum is 5. A mean score from 1 to 2.33 indicates a low level, 2.34 to 3.67 indicates moderate and then 3.67 to 5 is high level.

Emotional Intelligence Instrument : The study employed a standard questionnaire developed by Wong and Law (2002) to assess the emotional intelligence behavior of leaders. This is a 16-itemized instrument that measures leader emotional intelligence based on four sub-dimensional constructs. The instrument is arranged on a five-Likert response rate, thus from 1 to 5 with 1= Strongly Disagree, 2= Disagree, 3= Undecided, 4= Agree, 5= Strongly Agree. Sample items on the questionnaire include "I readily tell others my true feeling emotions". In scoring the instrument, the mean of the scale was calculated. With 16 items on a five point likert scale, the least sum of the mark is 16 and the maximum is 80 , the least mean score is therefore 1 and the maximum is 5. A mean score from 1 to 2.33 indicates a low level, 2.34 to 3.67 indicates moderate and then 3.67 to 5 is high level.

IV. STATISTICAL DATA ANALYSIS

Preliminary Analysis : Data Examination: Checking for errors, outliers and assessing normality Before going ahead to conduct the main study analysis. The researcher took time to assess the state of the data that was collected from the respondents. That is, the researcher assessed whether there were some errors within the data collected especially in terms of how they were entered into the statistical software. An assessment of the information on the face value showed that there were no critical errors as to how the information was entered into the software. Furthermore, based on the recommendations of Kuvaas, Buch, Dysvik and Hærem (2012), it is very important to assess whether there are outliers in a dataset as these are very critical to the kind of results that will be displayed.

An outlier is a response or item that behaves differently from the remaining items on the questionnaire. This could be due to the fact that the specific item was misjudged or the coding was done wrongly. A frequency distribution was utilized to evaluate issues of outliers inside the dataset. It was revealed that there were no outliers in the data. From there, the researcher then inspected whether there were missing values from the responses. The rationale for inspecting missing values is to ensure that each case within the data had enough response so not to annul some type of analysis. However, on the contrary, no missing value was observed in the data and hence was fit for further analysis.

Field (2013) recommends that before conducting some parametric statistics such as regression and independent sample t-test, there is the need for the data to be inspected for some assumptions such as normality and Multicollinearity. In order to assess for the normality of the variables, the study employed the Skewness and Kurtosis values using the threshold between +1.96 and -1.96 (Harrington, 2009). A look at the results below is indicative of the fact that the skewness and kurtosis values remained within the confined threshold and hence the data was fit for further parametric statistics. Finally, the study also checked for reliability using the Cronbach alpha analysis with the threshold of 0.60 as asserted by (Harrington, 2010)). The table reveals that the data was reliable for further analysis as displayed below:

Table 1: Normality and Cronbach Alpha test for study instruments
Cronbach Alpha, Normality test and Descriptive Statistics of study TL N=80

Variables	Kurtosis	Skewness	Cronbach's Alpha	Mean	S.D
Transformational Leadership	.426	-.561	.830	2.76	0.14

Cronbach Alpha, Normality test and Descriptive Statistics of study EI N=80

Variables	Kurtosis	Skewness	Cronbach's Alpha	Mean	S.D
Self-Emotion Appraisal	-.235	-.811	.812	3.50	1.68
Others' Emotion Appraisal	-.581	-.386	.831	3.32	1.31
Use of Emotion	-.401	-.521	.798	3.17	1.43
Regulation of Emotion	-.481	-.183	.861	2.86	1.30

4.2 Dominant Leadership style exhibited by nurse leaders

In order to test whether the assertion that leaders among the selected nurses will demonstrate a high level of transformational leadership, a descriptive statistical analysis was employed. The results of the analysis have been output below:

Table 2: Frequency of Leadership Behavior of leaders

Leadership Behavior	Mean (π)	Standard Deviation
Articulating a Vision	2.71	0.11
Inspirational Communication	1.91	0.31
Supportive Leadership	4.36	0.17
Intellectual Stimulation	2.83	0.21
Personal Recognition	2.01	0.91
Average Transformational Behavior	2.76	0.14

Source: Survey data, 2017

Table 1 above reveals the level of transformational leadership behavior exhibited by the selected leaders. The table demonstrates that the dominant transformational leadership sub-dimension displayed by the leaders among the selected nurses was supportive leadership (M= 4.36, SD=0.17), followed by intellectual stimulation (M= 2.83,

SD=0.21), while inspirational communication was the least behavior trait exhibited (M= 1.91, SD=0.31). Supportive leadership being the most dominant transformational leadership trait exhibited could be as a result of the sensitive nature of the health sector. That is, it is very important for the leaders to provide support from time to time on the daily work activities of their subordinates. On the other hand, the analysis revealed that overall average transformational leadership behavior was high (M= 2.76, SD=0.96). Using the scale of 1 to 5 indicates that there was a moderate overall exhibition of transformational leadership behavior among selected nurse leaders. In an interview with one of the supervisors, the researcher asked which ways the leader adopts to encourage subordinates to express their ideas and concerns. In response, the interviewee asserted that *“In my own way I do encourage my subordinates by personally asking them if there was any issues they were facing in the organization, also, I do create a welcoming atmosphere for them to come to me with any concerns they have. But the facts on the ground is that there is not a general opening here and most subordinates do not have the willingness to come to us because the environment does not open up to consider their views which in my opinion is very bad”*. Furthermore, another respondent opined that *“When subordinates have concerns they can always come to me, I have not so much concentrated on that aspect as a leader because I feel I open up much enough to allow customers to come to me and so will be very surprised if a subordinate were to feel not welcome to me at any point in time. In my display as a leader, I am very welcoming and that’s how I have created the atmosphere for subordinates to come with me with any productive idea they have”*. Besides, another leader also revealed that *“I try to encourage my subordinates to come to me with any idea they have by ensuring that any idea that comes to me is not communicated to anyone else unless they the subordinates are willing to let that information out”*.

Deducing from the statements above, it indicates that supervisors did not display a high skill in encouraging their subordinates to come to them with ideas, thus, as leaders, it was expected that skills such as initiating conversations with a bid to assess the thoughts of subordinates would be one tactics they would use to setup a conversation that seeks to solicit ideas from their subordinate (Ansari, 2011). This finding is also evidenced in the quantitative analysis that presented the view that leaders were very low in inspiring communication between them and their subordinates. However, in terms of their supportive skills, most of the leaders pointed out that they always preferred working with their subordinates as this they see to be the greatest support because it also enables them to understand what their subordinates go through. In a hospital setting, it is expected that leaders would to a large extent work with their subordinates and so more was expected from the leaders. In this line, one of the leaders stated that *“I try my best to help my subordinates reduce stress because this type of job is very critical that a stressed worker can cause little error which will impact greatly the situation at hand especially if we are working on a patient. This I do by sometimes telling them issues concerning life as well as my experience in this profession and how that things will become better with their lives as they move on, this helps a lot to release stress knowing that nothing is impossible with them”*. When asked about an experience where he committed a mistake and how it was handled, the supervisor responded that *“It was when I was supposed to deliver a report of an Aids patient to him and I mistakenly revealed it to a friend of his without the original patient’s concern, this was very terrible for me because I felt very bad due to my patient getting to know of it, however, I did it without any malice. What I did was to speak to myself and control my emotions because I realized just minutes after that had happened I wrongly diagnosed a drug to a patient and so had to take a few minutes away to cool off and get back, that has been how I control myself most of the time. Another supervisor responded that “Most of the times when I face difficulties, what I do is to talk to myself. This has helped me to also understand my subordinates when they face any problem with themselves, there are times when I give them time off their duty to get themselves together, this I will say is what every leader must do as it is critical to successful leadership”*.

The third supervisor pointed out that *“I realized that most of the times I was hard on my subordinates until myself sometime I committed a huge mistake by giving a patient more dosage than was expected. This came about as a result of a problem I was facing with my family but I decided not to face it but rather worked through it and that caused me a lot. From there I always decide to talk to other people when I face issues and this helps me to deal with difficulties on the job”*. A critical look at the information gathered above is indicative of the fact that understanding one’s emotions is critical in being concerned with the emotions of others. Thus, when leaders are such that they have a fair understanding of their own emotions, it leads to an understanding of the emotions of their subordinates, which is a component of transformational behavior.

Sub-Dimensions of Emotional Intelligence and Transformational Leadership The second research objective sought to assess which emotional intelligence dimension will have the most effect on transformational leadership. To assess this enquiry, a hierarchical regression was employed. The results of the analysis have been output below:

Table 3 Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Change Statistics				
					R Square Change	F Change	df1	df2	Sig. F Change
1	.401 ^a	.161	.150	1.09286	.161	14.928	1	78	.000
2	.564 ^b	.319	.301	.99104	.158	17.850	1	77	.000
3	.661 ^c	.437	.415	.90639	.118	16.054	1	76	.000
4	.697 ^d	.686	.459	.87190	.249	7.132	1	75	.009

Table 3 above indicates that all the sub-dimensions of emotional intelligence caused significant effect to transformational leadership. More specifically, regulation of emotion caused a 16.1% variance in transformational leadership behavior of leaders ($R^2 = 0.161$, $p=0.000$). Moreover, when use of emotion was introduced into the model, it had a significant effect on transformational leadership (R^2 change = 0.158, $p=0.000$). Besides, the third variable introduced into the model was self-emotion which also brought about a 11.8% of change in the overall effect on transformational leadership behavior (R^2 change = 0.118, $p=0.000$). Finally, when others emotion appraisal was introduced into the model, it was revealed that it had a unique effect of 24.9% on transformational leadership.

Furthermore, the coefficient table in table 6.2 reveals that after controlling for the other emotional intelligence traits, it was only the appraisal of others' emotion that was significant to transformational leadership behavior. This implies that, a leader's others' emotion was the emotional intelligence sub-dimension that had the greatest effect on the exhibition of transformational leadership, hence hypothesis two was supported.

Effect of Emotional Intelligence on Transformational Leadership : In order to assess the overall effect of emotional intelligence on transformational leadership, a regression analysis was used. The results of the analysis have been output below:

Table 5: Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.381 ^a	.686	.135	1.41935

a. Predictors: (Constant), Emotional Intelligence

Table 7.1 above reveals the summary of results for the regression analysis. From the table it can be inferred that total emotional intelligence contributed to a 68.6% variance in leader transformational leadership behavior.

Table 6: Coefficients

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.	
	B	Std. Error	Beta			
1						
	(Constant)	2.081	.225	9.243	.000	
	Emotional Intelligence	.394	.108	.697	3.644	.000

a. Dependent Variable: Transformational Leadership

Table 7.2 reveals the relationship between emotional intelligence and transformational leadership. It is evident that emotional intelligence has a significant positive relationship with transformational leadership ($\beta = 0.697$, $p = 0.00$). Furthermore, the table also reveals that the predicted transformational leadership behavior is equivalent to $2.081 + 0.394$ (emotional intelligence). Thus, for every per unit increase in emotional intelligence, transformational behavior increases by 0.394. Hence hypothesis three is supported.

V. DISCUSSION OF RESULTS

Given the widespread interest surrounding Emotional Intelligence as a precursor of transformational leadership, the study examined the relationship between EI and transformational leadership. Transformational leadership behaviors in the health sector is very critical in determining effective leadership (Gambles, Lewis & Rapoport, 2006). The very sensitive nature of the sector demands that outstanding leaders be recognized and appointed, especially in terms of the emotional stability requirement of such a sector. Recently, it was argued that "leadership theory and research have not adequately considered how leaders' moods and emotions influence their effectiveness as leaders" (Harrington, p. 1028). The resulting studies conducted using EI measures to address this deficit have produced somewhat mixed results. Some have taken the positive findings as proof that EI was significantly related to transformational leadership (Boahen, 2015), whereas others remain entirely skeptical of the validity of the construct of EI itself, much less its role in leadership outcomes (Walumbwa, Cropanzano, & Goldman, 2011). In such a situation, where the results of empirical research are not entirely clear, further analysis can offer insight into the possible reasons for such confusion in addition to providing a more precise estimate of the relationships in question.

Overall, the results of the study linking EI with transformational leadership were not as strong or as compelling as advocates of EI testing predicted. Although the study found a moderate relationship between EI and transformational leadership behaviors, researchers argue that this could be as a result of methodological inflation. In studies where the raters of EI and transformational leadership were not the same, the relationship was small but significant, with effect sizes comparable to those found between personality traits and transformational leadership (Bono & Judge, 2004). Across the various facets of transformational leadership, the results were broadly the same with studies using same-source raters showing moderate effects and studies using multiple raters showing small or non-significant effects. For other components of the full range model of leadership (Bass & Bass, 2008), the results of the study supported the various hypotheses.

Although these results fail to support some of the more extreme claims of EI proponents concerning the potential role of EI in effective leadership, they did not rule out the possibility that EI may play an important role. There have been a number of studies conducted assessing the role of EI in transformational leadership, very few have actually been conducted using each of the different measures of EI. Moreover, for each measure of EI, almost no studies have been conducted using a multimethod framework, so comparisons of effect size estimates across methods are not entirely reliable. As newer EI assessment tools are developed and older tests are refined with criteria prediction in mind, it could be expected that validities will improve. Indeed, it has been pointed out that it is unfair to judge the current state of research in EI using results from early measures (Bolger, 2001). Nevertheless, these results do reflect the current state of research aimed at linking EI to transformational leadership. In terms of practical implications, this study suggests that the claims made by EI proponents are largely overstated, in particular those who market EI assessment tools as management screening or training devices. It has even been suggested that "given the sparse empirical evidence, it is unethical and unconscionable to use these measures in applied settings" (Avolio, 2007, p. 248). In fact, even noted proponents of EI have stated that "management practitioners need to take care that they do not overemphasize the predictive value of emotional intelligence in workplace settings" (Brown, 2003 p. 205). Given these concerns and the limited evidence of the effectiveness of EI instruments as predictors of effective leadership styles, we would suggest that EI assessment devices be limited to usage for encouraging self-awareness and self-reflection in managers until better EI measures can be developed and validated. With respect to transformational leadership and gender, the study found that there was no difference in transformational leadership behavior due to the gender of leaders. That is, it could not be statistically proven that there would be a significant change in the transformational behaviors of leaders on the account of their gender status.

VI. CONCLUSIONS

Based on the findings of the study, some conclusions can be made. Firstly, in developing transformational leaders, there is the need to identify some tools that will increase emotional intelligence level, more specifically, traits related to understanding of others' emotion. The findings from this study indicate that one of the factors to check when selecting nurse leaders should be their emotional intelligence and not necessarily a matter of seniority as it

is mostly the case now. Having stated that, if leaders, both male and female are trained to be emotionally intelligent and the skills are fostered, they will be more likely to exhibit transformational leadership behaviors which will further result in organizational effectiveness and follower satisfaction. The relationship of EI and transformational leadership has been shown, but what remains is how to foster and train for this skill development and witness the application of such knowledge

VII. RECOMMENDATIONS

The study identified some recommendation for both theory and practice based on the findings of the study. That is, hospitals ought to give careful consideration to understanding the significance of emotional intelligence, all the more particularly, a model ought to be drafted that will suit the hospital setting in achieving high emotional stability among leaders. To begin, hospitals ought to participate in leadership training exercises that are focused on the control of one's emotions at work and subsequently understanding others' emotions. Furthermore, hospitals can also create slogans that are geared at preaching emotional intelligence and hence have them on the walls of their organizations in order to arrive at a more integrated mode of communication of this cause. Finally, the Ghana Health Services or Nursing and Midwives' council and the authorities in the autonomous hospital facilities can also adjust the type of questions used during interview sections, so that a section of the questions be related to understanding the transformational behavior of would be leaders as well as the state of their emotional intelligence levels. This could also be done in the form of aptitude test where interviewees will respond to some questions especially questions that call for them to recall a situation they found themselves in and the nature of behavior they undertook.

REFERENCES

1. Alabi, G. (2012). Understanding The Relationship Among Leadership Effectiveness, Leader-Member Interactions And Organizational Citizenship Behaviour In Higher Institutions Of Learning In Ghana. *Journal of International Education Research*, 8(3).
2. Anderson, V. (2009). *Research Methods in Human Resource Management*. Hyderabad: Universities Press.
3. Ansari, S. (2011). Gender difference: Work and family conflicts and family-work conflicts. *Pakistan Business Review*, 13(2), 315 - 331.
4. Avolio, B. J. (2007). Promoting more integrative strategies for leadership theory-building. *Academy of Psychology*, 62, 25-33.
5. Bass, B. M., & Bass, R. (2008). *The Bass handbook of leadership: Theory, research, and managerial implications* (Vol. 4). New York: Free Press.
6. Boahen, W. C. (2015). Expanding the criterion domain to include elements of contextual performance. In W. C. Borman, & N. Schmitt, *Personnel selection in organizations* (pp. 71-98). San Francisco: Jossey-Bass.
7. Bogler, A. P. (2001). Prosocial Organization Behaviours. *Academy of Management Review*, 11(4), 710-725.
8. Brown, M. E. (2003). Ethical leadership: A review and future directions. *The Leadership Quarterly*, 595-616.
9. Brook, A., & Price, E. (2006). *Business research methods*. (2, Ed.) Oxford: Oxford University Press.
10. Bushira, F., Usman, A., & Naveed, A. (2011). Effect of transformational leadership on Employee's Job Satisfaction and Organizational commitment. *International Journal of business and social science*, 265.
11. Bye, D. S., & Syversen, K. B. (2013). *What makes a helpful and improvement-oriented colleague? The role of Perceived Supervisor-Organization Value Congruence in the relationship between Leader-Member Exchange and Organizational Citizenship Behaviour*. BI Norwegian Business School. Oslo: Unpublished Master's Dissertation.
12. Carnicer, M. P., Sanches, A. M., Perez, M. P., & Jimenez, M. J. V. (2004). Work-family conflict in a southern European country: The influence of job-related and non-job-related factors. *Journal of Managerial Psychology*, 19(5), 446-489.
13. Clark, S. C. (2000). Work/family border theory: a new theory of work/family balance. *Human Relations*, 53(6), 747-770.
14. Delle-Arkorful, (2014). *International Journal of Business and Social Science* vol.5, no 13; December 2014. Work and Family at War: does individual difference matter?
15. Diaz-Saenz, R. M. (2011). Leader-Member Exchange and Personality Traits: A Critique and Further Development. *The Academy of Management Review*, 11(3), 618-634. doi:41.66.247.38
16. Dulebohn, J., Bommer, W. H., Liden, R. C., Brouer, R. L., & Ferris, G. R. (2011). A meta-analysis of antecedents and consequences of leader-member exchange: integrating the past with an eye toward the future. *Journal of Management*, 10(10), 1-45.

17. Erben, J. R., Güneser, R.O. (2009). The study of congruence in organizational behavior research: Critique and a proposed alternative. *Organizational Behavior and Human Decision Processes*(58), 51-100.
18. Eisenberger, R., Karagonlar, G., Stinglhamber, F., Neves, P., Becker, T. E., Gonzalez-Morales, M. G., & Steiger-Mueller, M. (2013). Leader–member exchange and affective organizational commitment. *Journal of Applied Psychology*, 95(6), 1085.
19. Erdogan, B., Kraimer, M. L., & Liden, R. C. (2004). Work value congruence and intrinsic career success: the compensatory roles of leader-member exchange and perceived organizational support. *Personnel Psychology*, 57(2), 305-332.
20. Esson, P.L. (2004). *Consequences of Work-Family Conflict: Testing a New Model of Work Related, Non-Work Related and Stress-Related Outcomes*. Virginia Polytechnic Institute and State University. Unpublished Master's Thesis.
21. Friedman, S. D & Greenhaus, J. H. (2000). *Work and family--allies or enemies: What happens when business professionals confront life choices?* New York: Oxford
22. Gambles, R., Lewis, S., & Rapoport, R. (2006). *The myth of work-life balance: The challenge of our time for men, women, and societies*. England: John Wiley & Sons.
23. Harrington, D. (2009). *Confirmatory Factor Analysis*. New York: Oxford University Press.
24. Hein, C. (2005). *Reconciling work and family responsibilities: Practical ideas from global experience*. Geneva: International Labour Office.
25. House, B. (1998). Using theory to evaluate personality and job-performance relations: A socioanalytic perspective. *Journal of Applied Psychology*, 100-112.
26. Kinnunen, U., Geurts, S., & Mauno, S. (2004). Work-to family conflict and its relationship with satisfaction and well-being: A one-year longitudinal study on gender differences. *Work & Stress*, 18(1), 1–22.
27. Kuvaas, B., Buch, R., Dysvik, A., & Hærem, T. (2012). Economic and social leader member exchange relationships and follower performance. *The Leadership Quarterly* 23(5),756 - 76
28. Walumbwa, F. O., Cropanzano, R., & Goldman, B. M. (2011). How leader-member exchange influences effective work behaviors: social exchange and internal-external efficacy perspectives. *Personnel Psychology*, 63 (4), 739-770.
29. Wong, H., & Law, J., (2001). Normative Commitment as a mediator of the relationship between transformational leadership and followers' performance and organizational citizenship behavior. *Academy of Management Journal*, 48(3), 420-432.
30. Zhou, X., & Schriesheim, C. (2009). Supervisor–subordinate convergence in descriptions of leader–member exchange (LMX) quality: review and testable propositions. *The Leadership Quarterly*, 20 (6), 920-932.