The Influence of Emotional Intelligence and Personality Traits on Effective Leadership

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Ineffective leadership contributes to organizational problems and business failures. The negative effect of poor leadership in health services is a prominent issue in today's health services workforce and is exacerbated by the challenges posed by the Affordable Healthcare Act of 2012. This study investigated the impact of emotional intelligence (EI) and personality traits, two variables commonly linked to effective leadership, within healthcare. It also examined the influence of EI and the Big Five personality traits on leadership effectiveness within a healthcare institution. The study assumed that EI and the Big Five personality traits would positively link to each other and leadership effectiveness and predict a negative relationship between neuroticism and leadership effectiveness.

Keywords: leadership effectiveness, emotional intelligence, personality traits

INTRODUCTION

Poor leadership has been associated with the majority of organizational problems and the failures of business owners and senior executives (Collis, 1998; Dotlich & Cairo, 2003; Gilley, Gilley, Ambort-Clark, & Marion, 2014; Hatten, 2011). The examination of variables that influence leadership effectiveness is vital to organizational success (Xu, Zhong, & Wang, 2013). Rosete and Ciarrochi (2005) noted that emotional intelligence (EI) is a common factor among effective leaders. Human resource development (HRD) scholars have heavily explored the impact of EI and personality traits on developing human resources (Farnia & Nafukho, 2016). While personality traits are a recognized research construct, EI has been criticized for the lack of distinctive variance in leadership effectiveness beyond intelligence and personality (Boyatzis, 2016).

Ineffective leaders are counterproductive to organizational success (Schilling, 2009). Individuals in leadership positions who are unable to manage their emotions and maintain satisfactory interpersonal relationships fall short of reaching organizational outcomes (Inyang, 2013). Leadership ineffectiveness also plays a pivotal role in an organization's financial distress (Leverty, 2012). Poor leader behaviors impede an organization's ability to change, achieve missions, and remain competitive (Gilley, Quatro, Hoekstra, Whittle, & Maycunich, 2001. Quality leadership is vital to organizational success. This study aimed to address the ambiguities and contradictions regarding the influence EI and personality characteristics play on leadership effectiveness within the context of a healthcare organization and to answer the calls for more

rigorous empirical evidence regarding the influence of EI and personality styles on leadership effectiveness. Developing a framework for EI, leadership effectiveness, and personality traits was necessary as well as creating a theoretical model regarding the linkage between EI and personality styles on leadership effectiveness. It has been difficult to address these calls due to the wide variation of definitions and methodologies used in both EI and leader effectiveness (Farnia & Nafukho, 2016).

DEFINING THE PROBLEM

Ineffective leaders are counterproductive to organizational success (Schilling, 2009). Individuals in leadership positions who are unable to manage their emotions and maintain satisfactory interpersonal relationships fall short of reaching organizational outcomes (Inyang, 2013). Leadership ineffectiveness also plays a pivotal role in an organization's financial distress (Leverty, 2012). Poor leader behaviors impede an organization's ability to change, achieve missions, and remain competitive (Gilley, Quatro, Hoekstra, Whittle, & Maycunich, 2001). The current level of diversity at all organizational levels has placed additional strains on leaders (Latham, 2014). The Affordable Care Act of 2012 burdened healthcare institutions with regulation and compliance standards (Anderson, 2014). Reduced Medicare, Medicaid, and public insurance reimbursement allocations have financially strapped U.S. based medical facilities and forced practices to increase throughput and reduce time allocated to individual patients in order to maintain financial margins (Freeman, Vatz, Griggs, & Pedley, 2013; Pratt & Belloit, 2014). The mandated accountability and compliance requirements have caused healthcare suppliers to seek innovative approaches to improve performance outcomes (Karimi, Leggat, Donohue, Farrell, & Couper, 2014). Quality leadership is vital to organizational success. Quality healthcare is vital to a nation's health. This study aimed to address the ambiguities and contradictions regarding the influence EI and personality characteristics play on leadership effectiveness within the context of a healthcare organization.

PURPOSE OF THE STUDY

The purpose of this study was to answer the calls for more rigorous empirical evidence regarding the influence of EI and personality styles on leadership effectiveness. Prior to beginning this work, developing a methodology or framework for EI, leadership effectiveness, and personality traits was necessary as well as creating a theoretical model regarding the linkage between EI and personality styles on leadership effectiveness. It has been difficult to address these calls due to the wide variation of definitions and methodologies used in both EI and leader effectiveness (Farnia & Nafukho, 2016).

THEORETICAL FOUNDATION AND LEADERSHIP THEORY

This study was theoretically underpinned by Human Capital Theory (HCT), Human Resource Development Theory (HRDT), Trait Theory, and EI. Capital was originally associated with tangible assets and final goods used in production. The traditional forms of capital have been expanded to include intangible assets that improve organizational productivity. EI has been touted as a means to improve individual, group, and organization performance (Kunnanatt, 2004; Swanson & Holton, 2001). Wang, Werner, Sun, and Gilley (2017) defined HRD as "a mechanism in shaping individual and group values and beliefs and skilling through learning-related activities to support the desired performance of the host system" (p. 1175). Traits have been intensely studied by personality psychologists and portrayed as descriptors of a person. Salovey and Mayer (1990) defined EI as "the ability to accurately perceive emotions, to access and generate emotions so as to assist thoughts, to understand emotions and emotional knowledge, and to reflectively regulate emotions so as to promote emotional and intellectual growth" (p. 5).

LEADERSHIP EFFECTIVENESS

Leadership is a top priority for organizations and one of the "most researched and debated topics in the organizational sciences" (Zopiatis & Constanti, 2010, p. 302). Leadership research can be traced back to a 19th century philosopher Thomas Carlyle and his Great Man theory. Early leadership research suggested some individuals possessed innate traits or characteristics that allowed them to rise above others and that these extraordinary individuals were capable of altering the course of history (Hollander, 2014).

Leadership research is extensive and has expanded to include the examination of personality traits, intelligence, situational leadership, and interactions between leaders and followers (Grossman & Valiga, 2016; McCall & Lombardo, 1983). Intelligence tests were developed to measure an individual's analytic ability (Dunkel, De Baca, Woodley, & Fernandes, 2014). The focus of leadership studies has progressed into three stages of conceptual, empirical, and methodological advances: (a) behavioral and attitude research; (b) behavioral, social-cognitive, and contingency research; and (c) transformational, social exchange, team, and gender-related research (Lord, Day, Zaccaro, Avolio, & Eagly, 2017).

EMOTIONAL INTELLIGENCE

In the past two decades, EI has become a popular and often-used construct in the study of psychology and other social sciences (Bajerski, 2016). EI was first introduced by Salovey and Mayer (1990) as the ability "to accurately perceive emotions, to access and generate emotions so as to assist thoughts, to understand emotions and emotional knowledge, and to reflectively regulate emotions so as to promote emotional and intellectual growth" (p. 5). Goleman (1995, 1998) then elevated the status and recognition of EI and emphasized the characteristics of EI relevant to leadership performance and effectiveness.

Three theoretical models have emerged in the field of EI based on prevailing theories of EI. These include abilities, traits, and mixed models which consist of both abilities and traits (Farnia & Nafukho, 2016). According to Farnia and Nafukho (2016), the leading models based on the respective EI theories are Mayer and Salovey's Ability model (1997), Bar-On's Emotional-Social Intelligence model (1997a), and Goleman's (1998) Emotional Competencies model which is a mixture of ability and trait models.

EMOTIONAL INTELLIGENCE MODELS

Mayer and Salovey's Ability Model

Mayer and Salovey (1997) coined the term *emotional intelligence* when they developed their model. According to Mayer and Salovey (1997), EI involved the ability of individuals to examine their emotions and the emotions of others, to manage their own emotions and thinking, and in turn influence the emotions of others. The original Salovey and Mayer model consisted of abilities such as one's ability to perceive, appraise, and express emotions (Petrides & Furnham, 2001). Eysenck, Eysenck, & Barrett (1985) defined traits as dispositions separate from abilities.

Bar-On EI Model

The Bar-On Model (1997a) helps researchers understand EI as an "array of noncognitive capabilities, competencies, and skills that influence one's ability to succeed in coping with environmental demands and pressures" (p. 14). The Bar-On definition of EI incorporated abilities along with personality, motivation, and affective dispositions (Nafukho & Muyia, 2014). The Bar-On Emotional Quotient Inventory (EQ-I) contains 133 items that assess an individual's response to gain a total Emotional Quotient (EQ) score. According to Farnia and Nafukho (2016), the Bar-On Model offers a broader view than Salovey and Mayer's ability model by allowing researchers to measure EI as a part of social intelligence.

Goleman's Mixed Model of EI

EI was made popular by Goleman's (1995, 1998) publications in which he discussed EI in both personal and professional settings (Farnia & Nafukho, 2016; Viskupicova, 2016). The predecessor to the Emotional

Competency Inventory model, The Emotional and Social Competency Inventory (ESCI) model, includes the following areas: self-awareness; social awareness; self-management; and relationship management (Boyatzis, 2006). The ESCI contains 12 competencies as compared to the 18 included in the original ECI model. Additionally, the ESCI model reviewed the competencies on a 360-degree scale. The ESCI model of EI contains 12 competencies that are arranged within the four clusters listed above. Table 1 below depicts the four ESCI clusters and 12 related competencies:

TABLE 1
EMOTIONAL AND SOCIAL COMPETENCY INVENTORY (ESCI) MODEL

Self-Awareness	Social Awareness	Self-Management	Relationship Management
Emotional Self-Awareness	Empathy	Achievement Orientation	Conflict Management
	Organizational Awareness	Adaptability	Coach and Mentor
		Emotional Self-Control	Influence
		Positive Outlook	Inspirational Leadership
			Teamwork

Boyatzis, 2007

Personality Traits and the Five Factor Model

Personality researchers have provided numerous definitions of personality. The five-factor model has been recognized for the reliability generated across various theoretical frameworks and geographical cultures (Bono & Judge, 2004; Costa & McCrea, 1992; McCrae & Costa 1999). The Big Five model has been translated into several languages and applied to different cultures and contexts (Shane, Nicolaou, Cherkas, & Spector, 2010). The Big Five personality factors include: extraversion; agreeableness; conscientiousness; openness; and neuroticism (Costa & McCrea, 1992; Goldberg, 1990). Numerous studies have identified certain personality dimensions as indicators of job performance outcomes (Hurtz & Donovan, 2000).

RESEARCH DESIGN AND METHODOLOGY

The study used quantitative research methods to explore the influence of EI and the Big Five personality traits on leadership effectiveness.

Research Question

The research question that this study sought to investigate was: *What influence do EI and personality style have on leadership effectiveness?* This study empirically tested the hypotheses that:

Hypothesis 1: *A positive relationship exists between EI and Effective Leadership.*

Hypothesis 2: *A positive relationship exists between EI and the Big Five Personality characteristics (extraversion, conscientiousness, openness, and agreeableness).*

H3. *A positive relationship exists between The Big Five Personality characteristics (extraversion, conscientiousness, openness, and agreeableness) and leadership effectiveness.*

H4. *A negative relationship exists between The Big Five Personality characteristic neuroticism and leadership effectiveness.*

Population and Sample Population

The population for this study consisted of physicians, administrators, and other healthcare leaders that are members of the institution's leadership academy. The secondary data for the study consisted of ESCI EI scores and 360 degree performance review results previously collected by the healthcare institution. Using Qualtrics® software, the institution electrically delivered the Big Five personality trait survey to all leadership academy members. The sample population included 54 leadership program leaders.

Measures

The healthcare institution's research department annually administers the ESCI (Boyatzis et al., 2007 to measure leadership academy participant EI scores. The ESCI is a multi-rater assessment tool that measures 12 competencies that are categorized into the following four clusters: self-awareness; self-management; social awareness; and relationship management. The Big Five model developed by Goldberg (199) was used to capture primary data in order to measure the personality traits of study participants. The Big Five is a widely recognized personality psychology tool used to identify personality traits (Funder, 2006). The instrument used in this study to measure the Big Five included 50 items on a 5-point Likert scale. The study used the 50-item scale from the International Personality Item Pool (IPIP) (Goldberg, 1990).

Leadership effectiveness has been difficult to measure due to a lack of objective criteria (Murensky, 2000). Rosete and Ciarrochi (2005) used 360-degree performance measurement scores to assess leadership effectiveness. The leadership effectiveness scores for this study were compiled by replicating a method utilized by Rosete and Ciarrochi (2005) who assessed 41 senior executives' leadership effectiveness using an objective measure of performance and a 360-degree assessment that involved each leader's subordinates and direct manager.

RESULTS

A linear regression analysis was conducted to assess whether the EI predicted Leadership Effectiveness, controlling for the personality (i.e., the Big Five domains). An exploratory factor analysis was used to assess the construct validity of EI and the Big Five. The primary test of hypotheses included correlation analyses to examine linear relationships between EI, the Big Five, and Leadership Effectiveness. Reliability of the measurement scales was tested by using Cronbach's alpha (α). Based on the guidelines by George and Mallery (2016), values above .9 are considered to have excellent reliability, values above .8 are considered to have good reliability, and values above .7 are considered to have acceptable reliability. All scales demonstrated acceptable reliability.

Linear Regression Analysis

A linear regression analysis was conducted to assess whether EI (Self Management, Relationship Management, Social Awareness, Self Awareness) and personality (Extraversion, Agreeableness, Conscientiousness, Emotional Stability, and Openness) significantly predicted Leadership Effectiveness. The results of the linear regression model were significant, $F(9,44) = 21.59$, $p < .001$, $R^2 = 0.82$, indicating that approximately 82% of the variance in Leadership Effectiveness is explainable by EI (Self Management, Relationship Management, Social Awareness, Self Awareness) and personality (Extraversion, Agreeableness, Conscientiousness, Emotional Stability, and Openness). Self Management significantly predicted Leadership Effectiveness, $B = 1.05$, $t(44) = 4.62$, $p < .001$. This indicates that on average, a one-unit increase of Self Management will increase the value of Leadership Effectiveness by 1.05 units. Agreeableness also significantly predicted Leadership Effectiveness, $B = 0.44$, $t(44) = 3.65$, $p < .001$. This indicates that on average, a one-unit increase of Agreeableness will increase the value of Leadership Effectiveness by 0.44 units. Conscientiousness significantly predicted Leadership Effectiveness, $B = 0.13$, $t(44) = 2.12$, $p = .040$, indicating that a one-unit increase in Conscientiousness predicts a 0.13 increase in Leadership Effectiveness. When controlling for all clusters of EI and personality, Relationship

Management, Social Awareness and Self Awareness (which were previously related to Leadership Effectiveness in bivariate analyses) did not significantly predict Leadership Effectiveness.

CONCLUSIONS AND RECOMMENDATIONS

The results of this study suggest EI competencies predicted leadership effectiveness beyond personality. The study also found agreeableness and conscientiousness had a positive relationship with EI and leadership effectiveness.

Supporting Hypotheses 1, all four clusters of EI were positively correlated with Leadership Effectiveness, indicating that at as emotional intelligence increased, leadership effectiveness also increased. A primary finding from the study was that a significant positive relationship existed between all four EI quadrants and leadership effectiveness. There was a strong relationship between leadership effectiveness (r = .850) and self-management, relationship management (r = .706), and social awareness (r = .718). These findings suggest individuals who are astute in adaptability, self-control, optimism, and achievement orientation are more likely to build positive social relationships in the process of achieving organizational goals. The results of H1 are important to the HRD field as it provides empirical support to the EI components that are strongly related to leadership effectiveness

Hypothesis 2 was partially supported; Agreeableness and Conscientiousness were positively related to the four EI clusters (self-management, relationship management, social awareness, and self-awareness). Agreeableness was strongly correlated with all four clusters (r = .757, r = .699, r = .759, and r = .477 respectively). Conscientiousness was moderately correlated with the four clusters of EI (r = .482, r = .373, r = .441, and r = .373 respectively). Extraversion, Emotional Stability, and Openness were not related to emotional intelligence. This study suggested leaders high in agreeableness are more likely to recognize their own emotions as well as the emotions in others and to management those emotions in a manner that build relationships in the process of achieving organizational goals.

Hypothesis 3 was partially supported. Agreeableness and Conscientiousness were positively associated with leadership effectiveness. Agreeableness had a strong relationship with leadership effectiveness (r = .792) and Conscientiousness had a moderate relationship with leadership effectiveness (r = .522). Extraversion and Openness were not related to leadership effectiveness.

Hypothesis 4 was not supported; emotional stability (i.e., neuroticism) was not significantly correlated with leadership effectiveness. These results are presented in Table 6.

IMPLICATIONS OF THE STUDY

The first contribution to EI research is the use of empirical data to analyze the effect of EI on leadership effectiveness using actual performance scores to define leadership effectiveness. The second implication for research is related to personality traits by job category as the study was conducted within the context of a healthcare institution.

The first implication for HRD involves recruitment and selection. The results of the study may support the inclusion and consideration of a leader's overall EI score within internal and external recruitment and selection processes. Senior management and those who make hiring decisions can analyze EI traits, agreeableness, and conscientious personality behaviors of prospective applicants and use those scores as an indicator of leadership effectiveness. The second HRD implication involves leadership development. The EI and leadership effectiveness scores used in this study were derived from 360-degree feedback from the leader's followers, peers, and supervisors. The use of 360-degree instrumentation allows individual perceptions to be considered along with the perceptions of others. The results of the study indicate EI and personality scores may be important to identify behaviors and traits that need to be developed. HRD professionals and executive coaches may use the leader's personality traits and self-awareness EI scores to tailor executive coaching plans to better develop the leader's capacity to manage and influence the behaviors and attitudes of his or her followers. A third implication involved the significant relationship between EI, personality, and leadership effectiveness may serve as a predictor of leadership

effectiveness. Leaders who were considered superior in leadership effectiveness in both "what" (>4) and "how" (>4) were analyzed against EI and personality traits. The leaders who received superior ratings scored high in agreeableness and conscientiousness personality traits. Additionally, superior leaders scored high in the four EI clusters. These findings suggest that leaders who have higher EI, agreeableness, and conscientiousness are more likely to be considered by their supervisors and subordinates to be effective leaders. Performance reviews should include a component that encourages leader growth and improvement, which ultimately leads to enhanced patient satisfaction. It is appropriate for institutions that use EI and personality traits as a tool to improve a leader's effectiveness to link specific outcomes of improved leadership effectiveness to compensation. The first implication for healthcare organizations is related to the existence of a leadership academy. These findings are important to other healthcare institutions that may be considering ways to increase leadership effectiveness. The second implication for healthcare organizations is to consider the personality and EI differences of individuals that affiliate with academic healthcare institutions as compared to non-academic healthcare institutions. The study participants were members of an academic healthcare system. Physician participation accounted for 20% of the sampled population. There was no variance between leadership effectiveness scores of physicians and the other study participants. These results may be important to other healthcare institutions that are non-academically based as the personality of participants may vary among academic based institutions versus non –academic based institutions. The third implication regards EI as a leadership development tool within the healthcare arena. EI has gained notoriety in the healthcare field as a possible mechanism to improve the efficiency of a hospital system (Mintz & Stoller, 2014; Nowacki et al., 2016). The results of the study support EI as a positive indicator of effective leadership decisions within the healthcare field.

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