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The evaluation of emotional intelligence competencies from the customers perspective

by

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Abstract

The main purpose of this research study was to determine, which emotional intelligence competencies are important from the customers perspective.

Sales representatives need to build strong relationships in order to maintain long-term business relationships.

Customer satisfaction relates to a customers emotional experience during the service encounter and that service providers with high emotional intelligence should be better able to create a positive emotional experience for customers.

The customers opinions were requested as to which emotional intelligence dimensions are important to them and whether the different customers within various buying units have different opinions on the subject of emotional intelligence competencies.

The dimension of the Bar-on Emotional Quotient Inventory was used as the basis for the questionnaire design. Respondents were asked to rate the various emotional intelligence dimensions.



DECLARATION

I declare that this research project is my own work. It is submitted in partial fulfilment of the requirements of the degree of Masters in Business Administration for the Gordon Institute of Business Science, University of Pretoria. It has not been submitted before for any degree or examination in any other University.

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To my brother, Dusan

To the rest of my extended family and friends

To the rest of the GIBS MBA Class of 2007/2008

Table of Contents

ABSTRACT	II
DECLARATION	III
ACKNOWLEDGEMENTS	IV
1. CHAPTER 1: INTRODUCTION TO RESEARCH PROBLEM	1
1.1 INTRODUCTION	1
1.2 BACKGROUND TO PROBLEM	1
1.3 RELEVANCE OF PROBLEM	3
1.4 PROBLEM STATEMENT	4
1.5 IMPORTANCE OF THE STUDY	5
1.6 RATIONALE FOR CONDUCTING RESEARCH	8
1.7 SCOPE OF RESEARCH.....	8
2. CHAPTER 2: THEORY AND LITERATURE REVIEW	10
2.1 INTRODUCTION	10
2.2 CLARIFICATION OF CONCEPTS	11
2.2.1 EMOTIONAL INTELLIGENCE VERSUS INTELLIGENCE QUOTIENT.....	11
2.2.2 EMOTIONAL COMPETENCY.....	12
2.2.3 CUSTOMER VALUE.....	13
2.2.4 COMPETENCY MODELS	15
2.2.5 COMPETENCY CLUSTERS	16
2.2.6 EMOTIONAL CONSTRUCT.....	16
2.2.7 EMOTIONAL INTELLIGENCE MEASURES	17
2.2.8 COMPARISON OF EMOTIONAL INTELLIGENCE INSTRUMENTS.....	21

2.2.9. EMOTIONAL INTELLIGENCE MEASURES	21
2.4 BUYING UNITS.....	25
2.5 LIMITATIONS.....	27
2.6 CUSTOMER EMOTIONAL VALUE.....	29
3. CHAPTER 3: RESEARCH HYPOTHESES.....	30
3.1 INTRODUCTION	30
3.2 RESEARCH QUESTIONS.....	30
3.3 SPECIFIC RESEARCH HYPOTHESES.....	31
3.4 SIGNIFICANCE LEVEL	32
CHAPTER 4: RESEARCH METHODOLOGY.....	33
4.1 INTRODUCTION	33
4.2 QUANTITATIVE RESEARCH.....	33
4.3 RESEARCH DESIGN	34
4.4 DATA COLLECTION	35
4.5 UNIT OF ANALYSIS	36
4.6 SAMPLE SIZE, SAMPLING METHOD AND RESPONSE RATE	36
4.7 THE RESEARCH QUESTIONNAIRE	38
4.7.1 REASONS FOR SELF-ADMINISTERED QUESTIONNAIRES.....	41
4.8 ANALYSIS OF THE RESEARCH	41
4.9 LIMITATIONS.....	42
CHAPTER 5: RESULTS	44
5.1 INTRODUCTION	44
5.2 RESPONSE RATE.....	44
5.2.1 Response Pattern	46
5.3 DATA CAPTURE	48



5.4 DESCRIPTIVE STATISTICS	50
5.4.1 Gender	51
5.4.2 Current Employment	51
5.4.3 Total Work Experience	52
5.4.4 Respondent Profile.....	53
5.5 SCALE VALIDATION	54
5.6 DIMENSIONS OF EMOTIONAL INTELLIGENCE	54
5.5.1 Structure of the EQ-i Instrument	54
5.5.2 Scale Ratings Based Upon the EQ-i Model	55
5.5.3 Declarative Statement Ratings Based Upon the EQ-i Model	56
5.7 RESULTS PER HYPOTHESIS	58
5.6.1 Hypothesis 1:	58
5.6.2 Hypothesis 2:	58
5.8 CONCLUSION.....	60
CHAPTER 6: DISCUSSION OF RESULTS	61
6.1 INTRODUCTION	61
6.2 REVIEW OF THE LITERATURE	61
6.3 DISCUSSION OF RESULTS FOR HYPOTHESIS 1	63
6.4 DISCUSSION OF RESULTS FOR HYPOTHESIS 2.....	65
6.5 RATING SYSTEM.....	67
6.6 RESPONDENT’S PARTICIPATION	67
6.7 RESPONSE RATES AND RESPONSE PATTERNS.....	67
CHAPTER 7: CONCLUSION AND RECOMMENDATIONS	69
7.1 INTRODUCTION	69
7.2 MAIN FINDINGS OF THE RESEARCH	69
7.3 RECOMMENDATIONS TO MANAGERS AND RECRUITMENT AGENCIES	70



7.4 RECOMMENDATION FOR FUTURE RESEARCH	71
7.5 EXTENDING THE POPULATION AND SAMPLE	72
7.6 CONCLUSION.....	72
4. REFERENCE LIST	73

1. CHAPTER 1: Introduction to Research Problem

1.1 Introduction

A highly competent sales force is perhaps the most important element in the firm's marketing communication process (Kwaku and Kamel, 1998). The evaluations of emotional intelligence competencies from the customer's perspective are the ideas, which initiated this particular study. An opportunity arose to determine which emotional intelligence competencies of sales representatives matter most to their customers and whether these dimension evaluations differ amongst various types of customers. This study was aimed at receiving input from customers as to which emotional intelligence competencies are important to ensure that sales representatives are adding value as part of the broader concept of relationship marketing (Maselli, 2002). This value should not be a once-off affair, but rather on a continued basis as defined by the goal of relationship management (Peck *et al.*,1999).

1.2 Background to Problem

The original and oldest form of direct marketing is the field sales call (Kotler and Keller, 2007). Today many firms rely heavily on a professional sales force to locate prospects, develop them into customers, and grow the business; or they hire manufacturer's representatives and agents to carry out the direct selling task (Kotler and Keller, 2007). Within the medical industry, today's practitioners are exposed to an inordinate amount of direct-to-consumer advertising and various forms of health

information (Young and Macleod, 2005). Moreover, prescribers and end-users are the routine targets of aggressive marketing by pharmaceutical and surgical companies and strategy implementation by the sales representatives (Konrath, 1992). Due to this influx of potential sellers, customers have become selective and hence the reason that sales representatives need to build strong customer relationships. For this particular study, these customers include general practitioners, physicians, pharmacists as well as surgeons who are involved in the purchasing decision-making process. Customers tend to feel more comfortable and at ease with sales representatives who are perceived to add value to their need requirements, which in turn will allow them future appointments. If no beneficial value has been achieved or the sales representatives are too direct and forceful to achieve a sale, the customers will possibly avoid or banish the representatives from future appointments (Brand, 2000).

Bates (2007) quotes further compelling reasons why practitioners refuse to see representatives such as negative previous experiences. He further states that inexperience and lack of emotional connectivity results in sales representative's inability to build and maintain long-term relationships. High acceptance of the internet by physicians has further resulted in a change of marketing and selling strategies by various medical organisations (Yeoh and Roth, 1999)

Satisfaction in selling refers to all the characteristics of the job and its environment that, the salesperson finds satisfying, rewarding and fulfilling (Brown and Peterson, 1993). Salesperson's behaviours focussed on the fulfilment of customer's needs and desires when mediated by a positive frame of mind will in turn lead to increases in customer satisfaction levels and subsequently to increases in profitability

(Keiningham and Vavra, 2001). Developing emotional intelligence within individuals within organisations can help to enhance the quality of the customer's service experience (Bardzil and Slaski, 2003). Hence the purpose of this study is to determine which competencies of sales representative's emotional intelligence matter most to their customers.

Studies suggest that 40% of sales representative calls are cancelled or rescheduled (Bates 2007). The reasons for appointments being cancelled or re-scheduled fall beyond the scope of this research, but the consequential message is that higher emotional intelligence displayed by service providers leads to greater customer satisfaction (Kernbach and Schutte, 2005).

One way of ensuring that emotional intelligence amongst sales representatives is enhanced is by introducing specifically designed training programs. The study by Manna and Smith (2004), entitled "Exploring the need for emotional intelligence and awareness among sales representatives" states that training in emotional intelligence is not just another component in an academic course, but also a course in self-awareness.

1.3 Relevance of Problem

Many studies in the past have focused on competencies, which correlate with performance on the job, which can be measured against well-accepted standards (Lucia and Lepsinger, 1999). That is one competency when treated in isolation. In order to ensure a systems approach, a more comprehensive aspect needs to be looked at, such as a competency model, which is an integrated set of competencies

required for excellent performance. Lucia and Lepsinger (1999) further explain that when the shift from a single competency to an emotional competency model occurs, there are several aspects, which need to be taken cognisance of, such as: generically viewing the emotional competency model for a role, such as project manager; specifically looking at the competency model for a real position; and finally, focussing on a person's emotional competencies.

It is well recognised in marketing that the relationship between market performance (e.g. product sales) and marketing efforts is influenced by interaction mechanisms (Gatignon and Hanssens, 1987). These mechanisms form part of certain identifiable organisational competencies and specific to this study are sales representative emotional competencies. This study will form part of an external survey aimed at customer's perspective of sales force emotional intelligence competencies.

The relevance of the problem is that building strong customer relationships not only through physical product offerings and services, but perhaps more importantly through emotional experiences which in turn contributes to overall customer satisfaction (Barlow and Maul, 2000). The intangible aspects of emotional intelligence competencies displayed by representatives, leads to greater customer satisfaction (Kernbach and Schutte, 2005).

1.4 Problem Statement

Sales representatives need to build positive customer relationships, which forms a foundation for customer satisfaction (Timmons, 2007). Customer satisfaction in turn

is enhanced by higher emotional intelligence displayed by providers of products and services (Barlow and Maul, 2000).

Many of the internally developed competencies adopt a working definition such as a measurable characteristic of a person that is related to success at work. It may be a technical skill, an attribute or an attitude (Lombardo and Eichinger, 2002). In order for companies to remain competitive, individual competency requirements are developed internally (Slater and Narver, 1994). Carmeli (2003) states that he views emotional intelligence as a competency that can be developed through training interventions. Emotional intelligence as a competency is expected to augment positive attitudes towards work, drive positive behaviours and better outcomes (Slaski and Cartwright, 2002).

The initial aim and purpose of this study is to induce the customers to rate the dimensions of emotional intelligence, which are important to them with respect to sales representatives. The second part of the purpose of this study is to determine whether these emotional intelligence dimension evaluations differ amongst buying units within private hospitals.

1.5 Importance of the Study

Cavallo (2001) conducted a global study to assess if there are specific competencies that distinguish high performers from average performers. The multi-rater survey measured a variety of competencies associated with performance. The study supports various other theorist's suggestions that the social, emotional and relational competencies are a distinguishing factor in leadership performance. There are,

however various integrated sets of competencies, which are required for excellent performance (Lucia and Lepsinger, 1999). Lucia (1999) further states that sales force effectiveness may be a function of behavioural and functional skills and competencies.

Measuring the value of such intangible assets is the holy grail of accounting (Kaplan and Norton, 2004). Various articles have been written regarding fundamental emotional intelligence competencies (Bardzil and Slaski, 2003), sales call and sales force effectiveness (Parsons and Van den Abeele, 1981) and the associated core competencies required to ensure, maintain and sustain organisational performance sales effectiveness (Yeoh and Roth, 1999). The dynamism of sales force effectiveness within the realms of a business operational environment has a pervasive and omnipresent influence on organisational performance and competitiveness, and will continue to have such an influence in the future (Wilson, 1985).

An aspect, which needs to be investigated are ways of improving and developing the emotional intelligence competencies within organisational training and development programs (Carmeli, 2003). For purposes of this study emotional intelligence competency has been isolated and has formed the focus of discussions. An emotional intelligence organisational environment bears a significant influence on the strategies that organisational leaders will craft and mould to achieve their short, medium and long term goals and objectives (Manna, 2004). Organisational leaders draft and implement visions, missions and strategies that should steer an enterprise in a direction that its executive management, based on market research and internal

organisational capability assessment, would sustain and ensure organisational profitability and longevity (Eden and Ackermann, 2000).

A key factor in the sustenance of organisational competitive advantage is the people that the organisation employs. The people employed by the organisation, based on their knowledge, qualifications, experience, perceptions, interests, attitudes and beliefs ultimately determine the pulse, energy and culture of the organisation (Eden 2004). In addition, Fineman (1993) states that factors such as individual emotional intelligence will also influence the organisational structure and culture and performance, which have also been verified by Weisinger (2000).

The occupation of positions in an organisation with persons with the requisite skills, knowledge, qualifications, experience and emotional intelligence is critical to the success of the organisation. An emotionally intelligent organization, on the other hand, promotes a culture in which openness and transparency are the norm, and it is permissible for its members to show respectful assertiveness (Huy, 1999). This may explain why, according to Barbian (2001), the emphasis in the workforce is increasingly being placed on the “soft skills” that complement one’s emotional intelligence – that is, the aggregate of strengths and weaknesses of your emotional competencies – as the most essential enhancers of performance in both the corporate culture and individual careers. According to Rock (in Barbian 2001) an emotional aptitude among employees means greater teamwork and initiative, and relationships characterised by optimism, trust, resilience and wisdom.

1.6 Rationale for Conducting Research

The rationale for conducting the research is that various articles have been written regarding emotional intelligence, stating what it entails and how to measure it (Dulewicz and Higgs, 1999). Few articles have been written as to which dimensions of sales representatives emotional intelligence matter most to their customers. The customers are involved in various purchasing decisions and are formed into buying units, which will further be explored in chapter 2. A further aspect is whether there exists a difference in the perceptions of emotional intelligence dimensions across the various buying units.

1.7 Scope of Research

Due to accessibility of information, a convenience study was performed within the medical environment within the private healthcare market in South Africa as well as Namibia. The study concentrated on utilising the sales representatives within a major multi-national organisation to gather the information required. This study concentrated on users of healthcare products who interact with sales representatives. For the purpose of this study, the primary classifications of customers are surgeons and theatre personnel working within private hospitals. They were selected as part of the major contributors to the purchasing decision making process. Three hospital groups namely, Netcare, Life and Medi-Clinic dominate the industry within the borders of South Africa. The customers span across all the hospital groups and the individual hospitals are situated across various geographical

regions. The customers were randomly selected within the medical industry. The customer base is comprised of the following subjects and buying units:

- Randomly selected surgeons across all specialities,
- Pharmacy, which includes randomly selected pharmacists and / or stock controllers and,
- Theatre personnel, which includes scrub sisters and / or matrons.

The survey focuses on emotional intelligence competencies of individuals and no industry bias is expected, although this survey concentrates mainly in the medical industry and could be extended into other industries as well.

Some additional points, which were considered, was to ensure that the selection of customers is representative of the whole market and not from a narrow region or group with unique opinions. The sales representatives were used as fieldworkers to gather the information from the customers. The respondents were informed that the survey pertains to any medical sales representative and not specific to Johnson & Johnson. The possibility existed that customer input and feedback could be used to enhance any training and recruitment opportunities.

2. CHAPTER 2: Theory and Literature Review

2.1 Introduction

In broad terms researchers have somewhat different viewpoints of emotional intelligence, emotional competencies as well as emotional abilities (Dulewicz and Higgs, 2000; Salovey and Mayer 1990). Emotional intelligence is the ability to use emotions adaptively (Salovey and Mayer, 1990; Mayer and Salovey, 1997; Mayer *et al.*, 2000; Salovey *et al.*, 2002). Theoretical perspectives on what abilities comprise emotional intelligence differ somewhat (e.g. Mayer *et al.*, 2000). Researchers have been studying emotional expression and related concepts for more than a hundred years. Scientific publications on emotional intelligence (EI) and related phenomena such as social intelligence appeared in 1920 (Thorndike, 1920).

One line of research was established in 1990 by Salovey and Mayer, another by Goleman in 1995, and yet another by Bar-On in 1997. Emotional intelligence refers to the ability to deal effectively with emotions. This simple definition characterizes the relatively low level of agreement across the major EI theoretical perspectives and scholars regarding the nature of the construct. There appears to be consensus across various conceptualizations that EI is an ability or competency. Individuals differ in terms of their level of EI, which is important in interpersonal and intrapersonal contexts.

Combined, these competencies drive such behaviours as persistence, determination, strong work ethic, high activity levels and an eagerness to learn. These competencies aren't learned intellectually, but are developed experientially. An additional factor is the ability for salespeople to engage in technical aspects and

processes, which require certain skill-sets developed through training and development programs (Willingham, 1987).

Successful organisations utilise some form of sales process in order to ensure that sales force effectiveness is enhanced. According to McClelland (1998), there isn't a specific characteristic that makes a person successful. Success depends on a combination of several competencies. Even two persons, who have different combinations of competencies, may be successful in the same occupation. Therefore, it is more meaningful to determine main clusters of competencies for success criteria or combinations of competencies while constructing competency models for occupations. This study will focus on what emotional intelligence competencies are important and whether these differ across various customers.

2.2 Clarification of Concepts

2.2.1 Emotional Intelligence versus Intelligence Quotient

'Our view of human intelligence' opines Daniel Goleman (2003) is far too narrow. People, who really succeed in life, usually demonstrate emotional intelligence and not what is known as normal Intelligence Quotient (IQ). Emotional Intelligence (EI) means self-awareness, impulse control, persistence, dedication, self-motivation, empathy and social dexterity. Most important of all, it means the control of emotional responses in challenging situations.

Many authors claim there is a paucity of evidence for the validity of measures of emotional intelligence (Dulewicz and Higgs, 2003). There appears from various

sources of literature to be some debate about what constitutes the domain of emotional intelligence, about the terminology used to describe the construct and about methods used to measure it (Steiner,1997; Woodruffe, 1997; Robertson and Smith, 2001). Luthans (2002) points out the relatively weak theory development, research and measures of EI but also stresses its potential importance for leadership effectiveness, human resource performance improvement and other applications. Davies *et al.* (1998) suggest that emotional intelligence is not a true intelligence and is best viewed as a cluster of personality traits. Mayer *et al.* (1999) designed a questionnaire to measure abilities, a feature which distinguished their work from others. The International Institute of Emotional intelligence has broadened the research and evaluation of Emotional Intelligence, exploring how diet, mood, biology, genetics as well as personality contribute to the 'whole'.

The aim of the study was to find the relationship between emotional intelligence and all the factors, which constitute EI and through a survey, discover which elements of emotional intelligence are important to ensure long lasting customer relationships are maintained.

2.2.2 Emotional Competency

The first aspect of the research study revolves around emotional intelligence competencies. Throughout the various literature reviews, the terminology emotional intelligence "competencies" as popularised by Goleman (1995) have been referred to. The terminology emotional intelligence "dimensions" have been used to describe the components and make-up of emotional intelligence measures such as EQ-i (Bar-On, 1997). A study by the Corporate Consulting Group was conducted globally to assess if there are specific competencies that distinguish high performers from

average performers (www.eiconsortium.org). Research suggests that the personal characteristics or attributes or competencies of sales people should be considered as part of the firm's total attribute bundle to satisfy buyers (Wilson and Lichtenthal, 1985). By encouraging emotional intelligence and awareness through training programs amongst sales representatives, as well as measuring their relative importance with customers, sales managers can determine the most suitable attributes for their market (Manna and Smith, 2004). The marketer whose offering consists of attributes best matching the needs and wants of targeted customers enjoys the considerable benefits of differential advantage over competitors (Alderson, 1957). As illustrated by this reference it is not a new concept, but the content importance may still be implemented today.

2.2.3 Customer Value

Sales representatives need to build strong relationships with their customers. As suggested by Treasure (2002), "As marketers explore the value of turning consumers into customers, the winners will be the brands that build mature, intimate relationships through caring, exchanging value and generating effective relationship conversations". Manna and Smith (2004) argue that emotional intelligence is really a part of relationship marketing. Treasure (2002) outlined the main factors that create high quality commercial relationships: caring, or the development of cultural awareness; value exchange and finally communications. Beaudan (2002) mentioned that people that are technically competent and emotionally competent learn from their successes and failures. Sales representative's selling tools have become more technologically advanced, such as use of laptops, voicemail and e-mail, but sales is still about successful emotional interaction with the client (Manna and Smith, 2004).

The aim of the study entails customer's perceptions, opinions and sentiments regarding which emotional intelligence competencies, of sales representatives are important and may in the future render customer value, satisfaction and continued loyalty. An individual's ability to enhance customer value (Parasuraman, 1997; Woodruff, 1997) has become critical in customer retention and loyalty. According to Slater and Narver (1994), creating superior value for customers requires a detailed understanding of the customer's entire value chain, not only as it is today, but also as it evolves over time. The service profit chain (Heskett *et al.* 1994) hypothesises that customer satisfaction leads to customer loyalty, which leads to profitability. Kernbach and Schutte (2005) reported that higher emotional intelligence displayed by the service provider led to greater reported satisfaction with the service transaction.

The impact of suppliers who develop better relationships with their customers are likely to enjoy superior performance in terms of ultimate outcomes such as sales and increased business (Leuthesser and Kohli, 2001). One of the ways of developing better relationships with the customers is through customer relationship management (CRM) which is based on the theory that organisations that use information on customers most intelligently will serve the customer's needs best and will consequently gain a competitive advantage (Wilford, 2000).

All these literary abstractions impart valuable information pertaining to customer expectations coupled with emotional intelligence undertones. Understanding the needs of the customer is vital to maintaining enduring customer relationships (Barnes, 2001). Through a better understanding of the customer's wants and needs particularly with respect to sales force interactions, sustainable customer relationships will be maintained (Veloutso, 2002).

2.2.4 Competency Models

It is also stated that emotional intelligence (EI) comes out if a person uses his or her competencies at the right time and place. According to Goleman (1998), the emotional competencies are both linked to emotional intelligence and they are based on intelligence quotient (IQ). EI indicates a person's "potential" to learn basic practical skills. Dulewicz and Higgs, (1999) discovered that there are distinct associations between competency models and elements of emotional intelligence. Emotional competencies indicate the degree of application. Therefore, a certain level of emotional intelligence is necessary to learn the emotional competencies (Growing, 2001). Recent studies showed that EI based competencies are better predictors of performance than IQ by itself (Cherniss, 2000; Feist and Barron, 1996; Snarey and Vaillant, 1985). Success depends on not only EI, but also EI based on competencies (Goleman, 2001a). Emotional competencies indicate the level of individuals' work performance. That is to say, even though they have similar IQ levels, individuals may have different work performance because of their EI. (Servinc, 2001; Emmerling and Goleman, 2003). A discriminate function analysis indicated that EI scores were able to fairly identify high and low performers (Bar-On, 2005).

The importance of emotional competencies and their relation to performance lead organizations to develop and maintain emotional intelligence in their present employees (Emmerling and Goleman, 2003). Organizations need to determine competency models for every position and job (McLagan, 1980). These competency models can be either set for the organization itself or determined for every occupation groups such as sales, marketing and human resources.

The early definitions of social intelligence influenced the way emotional intelligence was later conceptualised. Contemporary theorists like Peter Salovey and John Mayer originally viewed emotional intelligence as part of social intelligence (Salovey and Mayer, 1990), which suggests that both concepts are related. Several literatures reveal various attempts to combine the emotional and social components of this construct (Lane 2000).

2.2.5 Competency Clusters

Training programs for developing EI based competencies of sales people should focus on competency clusters rather than specific single competencies. It will be more effective to take the grounds of competency clusters while the firms are designing training programs for their employees to increase the success level of them, and so it will pave the way and increase the firms' outputs positively. Companies should consider differences depending on the tasks for their staff while designing training programs in terms of developing EI based competency.

Research has shown that when the ratio of technical skills, IQ and emotional intelligence was calculated to indicate the ingredients of excellent performance, emotional intelligence was shown to be twice as important as the others for jobs at all levels (Huy, 1999).

2.2.6 Emotional Construct

Emotional intelligence (EI) is similar to general intelligence (IQ), except that rather than measuring analytical abilities, it refers to the ability to manage ones' emotions and interpersonal relationships.

There appears from the literature to be some debate about what constitutes the domain of emotional intelligence, about terminology used to describe the construct and about methods used to measure it. Mayer *et al.* (1999) designed a questionnaire to measure abilities. “Our focus is on ability measures of EI because we view these instruments as the most promising” (Mayer *et al.*, 2000). Henceforth, the authors will refer to this as the “EI personal factors model” as distinct from the emotional intelligence ability model.

Davies *et al.* (1998) suggest that emotional intelligence is not a true intelligence and is best viewed as a cluster of personality traits. This view provides support for the EI personal factors model. In broad terms Salovey and Mayer (1990) and subsequent researchers in the field (Dulewicz and Higgs, 2000a, b, c) have different conceptualisations of behavioural competencies. These result in different approaches to the development of the construct while acknowledging a shared view of the roots of its place within an organisational context (Mayer *et al.*, 2000). These differences have led to an important debate (e.g. Mayer *et al.*, 2000); Woodruffe, 2001; Dulewicz and Higgs, 2000a, b, c). The authors contend that behavioural competencies are personal, not ability factors. Dulewicz and Higgs (1999) define emotional intelligence as being aware of, and managing one’s own feelings and emotions; being sensitive to, and influencing others; sustaining one’s motivation; and balancing one’s motivation and drive with intuitive, conscientious and ethical behaviour.

2.2.7 Emotional Intelligence Measures

There are a myriad of tests available to measure emotional intelligence, including those developed by Lane, Quinlan, Schwartz, Walker, and Zeitlin (1990), Bar-On (1997), Boyatzis, Goleman, and Rhee (2000), Mayer, Salovey, and Caruso (2002), Jordan, Ashkanasy, Hartel, and Hooper (2002), Schutte *et al.* (1998), Dulewicz and

Higgs (1999b) and Wong and Law (2002). Emotional intelligence measures also include indexes developed on an ad hoc basis or for which there is little or no research available on their psychometric properties. These include tests such as EIA (Emotional Intelligence Appraisal), EIP (Emotional Intelligence Profile), and the IEI (Index of Emotional Intelligence). McEnrue and Groves (2006) published an article reviewing a number of emotional intelligence measures and focussed on four of the major measurements of EI. The four that were identified are the following:

1. Goleman's four-dimensional trait-based model of self-awareness, self-management, social awareness, and social skills (1995, 1998).
2. Bar-On's five-dimensional trait-based model of intrapersonal, interpersonal, adaptation, stress management, and general mood (1997).
3. Salovey and Mayer's (1990; Mayer and Salovey, 1997), four-dimensional ability model of emotional perception, appraisal, and expression, emotional facilitation of thinking, understanding emotions, and regulating emotions and
4. Dulewicz and Higgs's seven-dimensional trait-based model of self-awareness, emotional resilience, motivation, interpersonal sensitivity, influence, intuitiveness, and conscientiousness (1999a, 2000).

The EI measures based on these models include the Emotional Competency Index (ECI-2; Sala, 2002), the Emotional Quotient Inventory (EQ-i: Bar-On, 1997), the Emotional Intelligence Questionnaire (EIQ: Dulewicz and Higgs, 1999b), the Mayer-Salovey-Caruso Emotional Intelligence Test (MSCEIT; Mayer *et al.*, 2002), and a number of self-report measures based on the Mayer and Salovey (1990, 1997) model such as tests created by Jordan *et al.* (2002), Salovey *et al.* (1995), Schutte *et al.* (1998), Tett *et al.* (2005) and Wong and Law (2002). From among these models and measures, researchers have reviewed four tests of emotional

intelligence: the MSCFIT, ECI-2, EQ-i, and EIQ. Some of these findings will be discussed in the following sections in order to affirm the researcher's decision for selecting the most appropriate measure for the purpose of this study.

Recently researchers have undertaken efforts to develop self-report measures of emotional intelligence (Bar-On, 1997; Schutte, Malouff, Hall, Haggery and Cooper, 1998). One of the most active researchers in the area is Bar-On, whose work culminated in the publication of the Emotional Quotient Inventory (EQ-i; Bar-On, 1997). The authors Dulewicz, Salovey and Cooper (1999) contend that EI elements are personal, not ability factors, based in part on the results of studies showing clear links between many EI elements and personality factors as measured by personality questionnaires. Aspects of the two EI instruments (EQ-i and EIQ) have been used to understand and interpret their complex meanings into a simplistic form and utilise the appropriate instrument for the purpose and requirements of this study. Articles have been published (Dulewicz and Higgs, 2003) summarizing existing information on the reliability and validity of both measures of emotional intelligence as well as content and construct validity with 16 out of the 20 hypothesised relationships between the two instruments. The Bar-On EQ-i model suited the purpose of this study in order to achieve the desired outcome.

The reliability and validity of the new measure of emotional intelligence, the Bar-On Emotional Quotient Inventory (Bar-On, 1997), which is further supported by Dawda and Hart (2000), suggests that the EQ-i eclipse a fairly broad range of related emotional constructs. The eventuality resulted in a survey questionnaire construct comprising of the competencies of emotional intelligence as evinced by Dr. Reuven Bar-On (See Appendix 1).

The development of the EQ-i took place over many years, starting with the development of a conceptual framework and leading to the construction and refinement of scale items. Validity scales and correction indexes were added over time to improve measurement. The Bar-On EQ-i is the first measure of emotional intelligence to be reviewed in the Buros Mental Measurement Yearbook. The Buros Institute is an independent research review institute of international acclaim. The Bar-On EQ-i measures emotionally and socially intelligent behavioural characteristics.

The Bar-On EQ-i consists of 133 items and includes four validity indices and a sophisticated correction factor rendering scores for the components of Intrapersonal, Interpersonal, Stress Management, Adaptability and General Mood competencies. There are also various competency models currently available designed for specific job descriptions, person-fit as well as organisational appropriateness. Lombardo and Eichinger's (2002) work is derived from the Leadership Architect® competency model which lists twenty-eight functional competencies. The model suggested by Lombardo, et al., lacks detail on social and emotional behaviours.

Another model which has been used previously by emotional intelligence practitioners, is the model developed by Goleman (1998), who presented a model with 25 competencies, derived from the Hay-McBer consultants' competencies framework. These competencies are arranged in 12 clusters and these have since been reduced empirically to 20 competencies to form the Emotional Competencies Inventory (Boyatzis et al., 2000). The Emotional Competency Inventory© (ECI), contains twenty social and emotional competencies organised into four main clusters

or behavioural groups namely, Self-Awareness, Self Management, Social Awareness and Social Skills.

2.2.8 Comparison of Emotional Intelligence Instruments

Emotional intelligence (EI) is growing into a multimillion-dollar training industry (Kunnanatt, 2004; Adkins, 2004). Development professionals must consider which index has more predictive power than the others in explaining work-related phenomena and can be used to measure EI among individuals with markedly different demographic attributes operating in different contexts.

There is no shortage of information regarding the validity or lack of validity of various EI tests. However, it is scattered across a host of articles and technical reports, which makes comparison among measures a difficult task. Moreover, existing research is piecemeal in perspective; each article typically examines just one or two tests and one or two types of validity (Boyatzis et al., 2000).

Test validity is an important quality. A test is valid if it measures what it is supposed to measure and Nunnally and Bernstein (1994) offer an excellent explanation of test construction, measurement, and assessment.

2.2.9. Emotional Intelligence Measures

Table 2.1 provides a summary description of each EI test, including the type of measure, length, theoretical model, nature of competencies, and versions. The ECI-

2, EQ-I, and EIQ are self-report trait-based measures, while the MSCEIT is an ability-based self-report test that is referenced against expert and consensus opinion. It is important to note that the measures are based on different conceptual EI models, which we describe in detail below. The MSCEIT and EQ-i are considerably longer measures than their counterparts at 141 and 133 items, respectively, although the EQ-I is offered in a 51-item short version. All of the measures are available in self-assessment and other or multi-assessment versions, while the MSCEIT and ECI-2 are offered in team assessment and university versions, respectively. McEnrue and Groves (2006) compare the EI instrument measures in Table 2.1 and Table 2.2 respectively.

Table 2.1 Summary and Comparison of Emotional Intelligence Measure Characteristics

EI Measure	Type	Technical Manual	Theoretical Model	EI Competencies and Scales	Lengths	Versions
Mayer-Salovey-Caruso Emotional Intelligence Test (MSCEIT)	Self-report questionnaire referenced against experimenter and consensus opinion	Mayer, Salovey, & Caruso (2002)	Salovey & Mayer (1990, 1997)	<ul style="list-style-type: none"> * Perception, appraisal, and expression of emotions. * Emotional facilitation of thinking * Understanding and analyzing emotional information * Regulation and management of emotion 	141 questions	<ul style="list-style-type: none"> * Self-assessment * Other/multirater assessment * Team assessment
Emotional Competence Inventory, Version n2 (ECI-2)	Self-report questionnaire	Sala (2002)	Goleman, (1995, 1998) Boyatzis, Goleman, & Rhee (1999)	<ul style="list-style-type: none"> * Self-awareness * Self-management * Social awareness * Social skills 	72 items	<ul style="list-style-type: none"> * Self-assessment * Other/multirater assessment * University version
Emotional Quotient Inventory (EQ-i)	Self-report questionnaire	Bar-On (2004)	Bar-On (1997)	<ul style="list-style-type: none"> * Intrapersonal * Interpersonal * Adaptation * Stress management * General mood 	133 items	<ul style="list-style-type: none"> * Self-assessment * Other/multirater assessment * Short version (51 items)
Emotional Intelligence Questionnaire (EIQ)	Self-report questionnaire	Dulewicz & Higgs (1999b)	Dulewicz & Higgs (1999a, 2000)	<ul style="list-style-type: none"> * Self-awareness * Emotional resilience * Motivation * Interpersonal sensitivity * Influences * Intuitiveness * Conscientiousness 	69 items	<ul style="list-style-type: none"> * Self-assessment * Other/multirater

Source: McEnrue and Groves, 2006

Table 2.2 Summary of Validity Evidence for Emotional Intelligence Measures

EI Measure			Validity Criteria		
	Content	Construct	Face	Predictive	External
MSCEIT	<p><i>Moderate</i></p> <ul style="list-style-type: none"> * Omits emotional expression * Excludes management of emotions 	<p><i>High</i></p> <ul style="list-style-type: none"> * Independent reviews demonstrate discriminant and convergent validity 	<p><i>Low</i></p> <ul style="list-style-type: none"> * Only a single test of face validity * Items demonstrate little resemblance to organizational phenomena 	<p><i>Moderate</i></p> <ul style="list-style-type: none"> * Limited but growing number of studies show positive relationship with job performance 	<p><i>Moderate</i></p> <ul style="list-style-type: none"> * Validation data based on North American samples * Comparative data for gender, age, and ethnicity
ECI-2	<p><i>Low</i></p> <ul style="list-style-type: none"> * Items unavailable for review * Very broad EI conceptualization * ECI-2 competencies include products on EI 	<p><i>Low</i></p> <ul style="list-style-type: none"> * High inter-correlations with personality measures * Lack of data on relationships with other EI measures 	<p><i>Moderate</i></p> <ul style="list-style-type: none"> * Very little research on face validity; no independent studies 	<p><i>Moderate</i></p> <ul style="list-style-type: none"> * Limited evidence of ability to predict job performance is based on ECI-1 	<p><i>Moderate</i></p> <ul style="list-style-type: none"> * Limited evidence of differences across age, gender, and education level
EQ-I	<p><i>Low</i></p> <ul style="list-style-type: none"> * Some EI competencies lack affect * Omits emotional expression 	<p><i>Low</i></p> <ul style="list-style-type: none"> * High inter-correlations with personality measures * Very high Inter-correlations with other EI measures 	<p><i>Moderate</i></p> <ul style="list-style-type: none"> * Items do not explicitly reference work-related phenomena 	<p><i>Moderate</i></p> <ul style="list-style-type: none"> * Limited number of studies show positive relationship with job performance 	<p><i>Moderate</i></p> <ul style="list-style-type: none"> * International data show relevance outside North America
EIQ	<p><i>Low</i></p> <ul style="list-style-type: none"> * Few competencies address emotion * Omits emotional expression and regulation 	<p><i>Moderate</i></p> <ul style="list-style-type: none"> * Moderate Inter-correlations with personality measures * High inter-correlations with other EI measures 	<p><i>Moderate</i></p> <ul style="list-style-type: none"> * Only anecdotal evidence of face validity 	<p><i>Moderate</i></p> <ul style="list-style-type: none"> * Limited number of studies demonstrate positive concurrent correlations 	<p><i>Low</i></p> <ul style="list-style-type: none"> * No evidence of differences across gender, age, ethnic, or national culture * Samples dominated By European males

2.4 Buying Units

Webster and Wind (1972) call the decision-making unit of a buying organization the buying center. The buying center is composed of “all those individuals and groups who participate in the purchasing decision-making process, who share some common goals and the risks arising from the decisions.” This is the decision-making process by which role players in hospitals establish the need for purchased products and services and identify, evaluate, and choose among alternative brands and suppliers.

The end users and the purchasing decision makers are classified as the two buying units within the hospital theatre environment (Brand, 2000). The end users are the surgeons who use medical products on patients for clinical outcomes and to offer the patient good medical care. The stock purchasers, stock controllers, theatre sisters and pharmacists are involved in the purchasing decision making process but are not directly involved with the use of the product. The classifications of the groups are factors of their job functions. For classification and purposes of this study the two groups are classified as surgeons and theatre personnel.

The following Table 2. 1 illustrates the characteristics of business markets, which consist of all the organisations that acquire goods and services. This source of information is from Jay Greene (2003).

Table 2.3 Characteristics of Business Markets

<u>Characteristic</u>	<u>Description</u>
Close supplier-customer relationship	With the smaller customer base and the importance and power of the larger customers, suppliers often must customize offerings to individual business customer needs
Professional purchasing	Trained purchasing agents follow formal policies, requirements, and constraints when buying. Many of the buying instruments – such as proposals and purchase contracts – are not typical of consumer buying.
Multiple buying Influences	More people influence business buying decisions; buying committees are common in major purchases. Firms must send knowledgeable salespeople to deal with well-trained buyers
Multiple sales calls	With more people involved in the process, it takes multiple sales calls to win most business orders, and the sales cycle can take years.

Systems Buying and Selling

Many customers prefer to buy a total solution to their problem from one seller. This practice is called systems buying.

Sellers have increasingly recognised that buyers like to purchase in this way, and many have adopted systems selling as a marketing tool (Kotler and Keller, 2007).

Kotler and Keller (2007) state that the members of buying centres can be classified as those who partake in the following activities:

1. *Initiators.* People who request that something be purchased, including users or others.
2. *Users.* Those who will use the product or service; often, users initiate the buying proposal and help define product requirements.
3. *Influencers.* People who influence the buying decision, including technical personnel. They often help define specifications and provide information for evaluating alternatives.

4. *Deciders*. Those who decide on product requirements or on suppliers.
5. *Approvers*. People who authorize the proposed actions of deciders or buyers.
6. *Buyers*. People who have formal authority to select the supplier and arrange the purchase terms, including high-level managers. Buyers may help shape product specifications, but their major role is selecting vendors and negotiating.
7. *Gatekeepers*. People who have the power to prevent sellers or information from reaching members of the buying center; examples are purchasing agents, receptionists, and telephone operators.

Webster (1998) cautions that ultimately, individuals, not organizations, make purchasing decision. Individuals are motivated by their own needs and perceptions in attempting to maximize organizational rewards (pay, advancement, recognition, and feelings of achievement).

2.5 Limitations

Competent ability is bigger than a skill, includes knowledge, connects to performance and can be improved (Gowing, 2001). Salovey and Mayer (1990) and Cooper and Sawaf (1998) mention that, “perceiving emotions is the ability to perceive emotions in one and others.” The results are reliant on respondent information and the assumptions are made that the respondents are aware of, or have heard of some aspects of emotional intelligence, emotional intelligence competencies or any other EI descriptive.

Buying units will be discussed in later chapters of the study and the composition of one of the buying units is an amalgamation of educated and lesser- educated subjects. This may have had a result in the way the questions were perceived and

answered. Unfortunately, these assumptions are not based upon circumstantial evidence. This may have contributed to learner responses. Certain subjects of the sample were also ambivalent to the term emotional intelligence.

In certain literature studies such as Salovey and Mayer (1990), Dulewicz & Higgs (2000) and Goleman (1998), the elements of emotional intelligence have been grouped to form clusters. For this particular study the dimensions of emotional intelligence were considered as initiated by Bar-On (1997) and the purpose was to find out which of these are important and whether they differ between different buying units within the private hospital sector. This variation in terminology may have had an affect in the respondents understanding between what constitutes emotional intelligence. The aim of the study was not necessarily to find out how much they know about EI, but rather to fulfil the purpose of the study through the phrasing of the questions.

Choice of competency models may be deemed as researcher bias when formulating the questionnaires and hence the reason to compare the various models of EI measures and to select the most appropriate for the purpose of this research.

Due to sales representatives administering the questionnaires, a tendency towards customer favouritism may be eminent. This could introduce a relationship bias to the results. Some surgeons do not see representatives as a rule, so they have the potential to be excluded from the survey.

2.6 Customer Emotional Value

Customer satisfaction is an additional important organizational variable. Walker (1995) pointed out that all elements of a service encounter, including the physical surroundings, waiting time, and importantly, the behaviour and performance of service providers, can influence customers' level of satisfaction. Barlow and Maul (2000) theorized that high emotional intelligence in service providers contributes to customer satisfaction. They posited that customer satisfaction relates to a customer's emotional experience during the service encounter, and that service providers with high emotional intelligence should be better able to create a positive emotional experience for customers.

3. CHAPTER 3: Research Hypotheses

3.1 Introduction

A hypothesis is an unproven proposition or supposition that tentatively explains certain facts or phenomena (Zikmund, 2003). Based on the literature review in the previous chapter, which covered emotional intelligence competencies and the measurement thereof, the following chapter focuses on specific questions with reference to the actual research study. From these research specific questions, the relevant hypotheses were augmented and will be covered in the following sections. The null and alternative hypotheses are stated and will be tested in this research paper.

3.2 Research Questions

3.2.1 Question 1: Which competencies of sales representative's emotional intelligence matter most to their customers?

The importance of understanding emotional intelligence competencies and various schools of thought of emotional intelligence and the measurement thereof was covered in the previous chapter. Customer's perceptions of sales representative's competencies of emotional intelligence were identified from the results of this question.

The emphasis of this question is to understand which competencies of emotional intelligence are important from the customer's perspective.

3.2.2 Question 2: Do these competencies vary across different types of customer buying units?

The different types of customer buying units were classified according to purchasing decision makers and end users. These purchasers included Pharmacists, stock controllers and theatre personnel. The end users included doctors who operate in a theatre environment and are aided by sales representatives informing them of current advances in medical technologies.

3.3 Specific Research Hypotheses

3.3.1 Hypothesis 1

Ho: All emotional intelligence competencies are important to customers within the healthcare market.

H_A: Some emotional intelligence competencies are more important than others to customers within the healthcare market.

3.3.2 Hypothesis 2

Ho: Emotional intelligence competencies do not differ across the various buying units.

H_A: Emotional intelligence competencies do differ across the various buying units.

3.4 Significance Level

The significance level is set at the standard level of 0.05, which is customary in the behavioural sciences.

In summary it is expected that there will be a difference between which emotional competencies are regarded as being important and that this difference of opinion exists amongst various buying units. The research methodology chapter, which follows on will take the form of a systematic enquiry, which required careful planning of an orderly investigation. The stages in the methodology process overlap chronologically and are functionally interrelated.

CHAPTER 4: Research Methodology

4.1 Introduction

The research method used for this research study was quantitative research. This quantitative study intended to determine which competencies of sales representative's emotional intelligence matter most to their customers and whether these differ amongst various customers within the decision-making buying units referred to in chapter 2. Leedy and Ormond (2001) described quantitative research as a process to be used to answer questions about a specific topic with a purpose of explaining, predicting and controlling phenomena. The quantitative approach, due to the nature of this research study was deemed the preferred option to pursue, in order to substantiate the outcome of the study.

4.2 Quantitative Research

This research project focused on gathering information from current customers of Johnson & Johnson within the medical industry. The purposes of the study was to determine which emotional intelligence competencies, based upon Bar-On's (1997) trait-based measure, are important to customers within the medical industry. This research study aimed to analyse the current perceptions and opinions of surgeons, scrub sisters, stock controllers and pharmacists of medical suppliers within the medical industry who have direct business relations with medical sales representatives. The buying units (Brand, 2000), consist of consumers who are directly or indirectly involved with the product buying decision as part of the purchasing decision-making process.

A further aspect to the research was to determine whether a correlation exists between the two buying units with regards to the evaluation of sales representative's competencies of emotional intelligence.

4.3 Research Design

The research design thought to be the most appropriate for this study was the quantitative non-experimental design described by Welman & Kruger (2001). The research design was the master plan for specifying the methods and procedures used for collecting and analysing the required information. The emphasis of the research design was to conduct a questionnaire-based survey targeted at respondents within the medical environment by means of sales representative's personally handing out the questionnaires as well as an online survey.

The objectives of the study within the research design were to accede the opinions of respondents in order to fulfil the purpose of the study as discussed in chapter 1. The reason for utilising the sales representatives was to ensure that a higher response rate was achieved due to the personal impetus of the sales representatives.

The research design is centred on a research survey questionnaire comprising of 34 Likert scale questions, 6 descriptive and an additional comments section. Printed questionnaire versions as well as an online format were also made available. The Bar-On model provides the theoretical basis for emotional-social intelligence as a cross-section of interrelated emotional and social competencies and skills. The make up of the questionnaire, coupled with respondent's responses, attempted to answer the research questions stipulated in chapter 3. The framework for the research design will be discussed in the following sections.

4.4 Data Collection

Sales representatives from different business units within Johnson & Johnson Medical throughout South Africa and Namibia were utilised to send out the surveys as well as collect them. This was purposefully done to ensure a high response rate. The concept was that if the sales representatives personally handed out the survey questionnaire, the respondents would be favourably obliged to act in response of the request, which would ensure that the sales representatives were able to collect the responses personally. The same concept was followed regarding the theatre personnel. The theory was that subjects feel more obliged to complete a questionnaire if they know who the interviewers are (Zikmund, 2003). The respondents also had the option of filling in a web-based online questionnaire. These respondents were specifically targeted, by the researcher as well as working colleagues who were requested to distribute the link to the web-based survey via their own personal contacts ensuring that the criteria for respondent selection was adhered to. The representatives were briefed as to how to deliver and convey the requirements in order to avoid complete relationship bias. Representatives were also briefed upon the requirements for complying with ethical data collection procedures. The right to anonymity, privacy and respondent confidentiality were strictly adhered to. In order to minimise relationship bias, representatives utilised their forthcoming random appointment bookings in order to avoid on solely calling on their favourite customers, which may have affected the results. The sales reps utilised their existing customer appointments, which have been made prior to being aware of the possibility of such a survey.

The respondents were made to understand that the survey pertains to any sales representative who calls on them and not specific to Johnson & Johnson's sales representatives.

4.5 Unit of Analysis

The unit of analysis were sales representatives promoting and selling medical and surgical devices within the borders of South Africa. The respondents were identified as medical practitioners who operate in surgical theatres as well as support staff in the form of theatre sisters, stock controllers and pharmacists.

4.6 Sample Size, Sampling Method and Response Rate

The sampling method is divided into two parts. The first part relates to the printed questionnaire and the second relating to the on-line survey. The first part will be discussed as follows:

There were a total of 10 representatives, who were actively involved in the distribution groundwork of identifying and handing out the questionnaires to the relevant customers. The targeted sample included 11 surgeons per representative as well as 11 theatre personnel who were involved in purchasing decisions. The targeted sample was practicing surgeons who operate in surgical theatres as well as theatre personnel (scrub sisters, stock controllers and pharmacists) who deal with surgical sales representatives by making use of their products and services.

This equated to a total of 220 printed survey questionnaires (See Appendix 2). The sales representatives randomly handed out the survey questionnaires and collected them in order to prevent the possibility of presence intimidation. Additional to the printed questionnaires, 40 e-mail requests were sent out to randomly selected customers from Johnson & Johnson's medical database. To ensure a fast

penetration level the e-mail messages were sent out in conjunction with the printed questionnaires. As no sampling frame existed, a convenience sample of specialising surgeons, as well as theatre personnel, pharmacists and stock controllers, were selected. According to Huysamen (1994) convenience sampling, one of the most common types of non-probability sampling is where population elements are selected on the basis of their availability or because they are representative in the researcher's opinion. Judgement, or purposive sampling as a non-probability sampling technique was used to the extent that the sample was based on judgements made by Brand (2000) regarding the buying unit sample members. A high response rate was expected due to the fact that questionnaires were personally handed out and collected by the same individuals. The sales representatives kept track of whom they delivered the questionnaires to as well as the date sent and received. The response rate was measured in this regard (Refer to Table 5.1). Printed questionnaires were also mailed to the respondents particularly in the geographically dispersed regions such as the Garden Route in the Cape, Port Elizabeth and East London. Questionnaires were also mailed to respondents in Namibia.

The second part of the sampling method refers to the on-line method, which will be discussed as follows:

Due to the fact that the survey was also available on-line, the overall response rate was very difficult to establish especially due to the nature of the snowballing effect. Some of the respondents forwarded the survey-link onto colleagues who also formed part of the sample requirements. The on-line survey was of an anonymous nature with the job description differentiating the respondents within the buying units. The

researcher also utilised an extensive database in order to e-mail the web-based link to the survey to the targeted sample.

The respondents were informed on the covering letter that the responses should be distinguished in determining which emotional intelligence competencies were important to them with respect to any medical sales representatives across all medical companies and not just those pertinent to Johnson & Johnson. The sales representatives were also informed of these requirements during the briefing sessions.

Included in this research study, which falls outside the scope and purpose of this study were the response patterns and time taken for questionnaire completion. This was purposefully done and presented as additional information in order to substantiate additional differences within the two buying units, which may link the response pattern to interest in the subject of emotional intelligence. Perhaps the customers who were requested to complete the survey may not be fully aware of the term “emotional intelligence” and hence the possible reluctance to respond. This concept falls outside of the scope of this research study and could possibly form the basis for future research ideas. These results are presented in chapter 5 and noted for future research studies in chapter 7.4.

4.7 The Research Questionnaire

A survey is a research technique in which information is gathered from a sample of people using a questionnaire. Good questionnaire design is the key to obtaining good survey results (Zikmund, 2003). Emotional Intelligence is the ability to use awareness

of emotions to better understand and manage behaviour and relationships with others (Bradberry and Greaves, 2002).

Emotional construct surveys tend to be long and cumbersome. They often exceed 100 questions, and this can make the process of answering, a chore for the respondents who often lose interest (Coates, 1998; Waldman, Atwater and Antonioni, 1998).

Two of the most common EI measures are the Bar-On Emotional Intelligence (EQ-i) instrument and the Dulewicz and Higgs (2000) Emotional Intelligence Questionnaire (EIQ). These were covered in the previous chapters and the Bar-On EQ-i was identified which would form the basis of the research questionnaire design.

The theoretical instrument used for the questionnaire design was based upon the Bar-On EQ-i quotient inventory, which consists of 133 items. The Bar-On EQ-i consists of 5 composite scales and 15 subscales and the research questions were pertinent to each heterogeneous component (Refer to Appendix 1). The survey research questionnaire has a descriptive component, as well as Likert scale ratings pertaining to the components of emotional intelligence competencies which were constructed with the intention of determining which competencies are important from the customer's perspective. The questionnaire, which was pre-tested by unbiased independent individuals, comprised of elements pertaining to components of the Bar-On (1997) Emotional Intelligence (EQ-i) instrument (Refer to Appendix 2).

The aim in developing the questionnaire was to uncover and evaluate which emotional intelligence competencies of sales representatives were important from the

customer's perspective. The customers consisted of buying units within private hospital groups. The cover letter stated what the purpose of the study was.

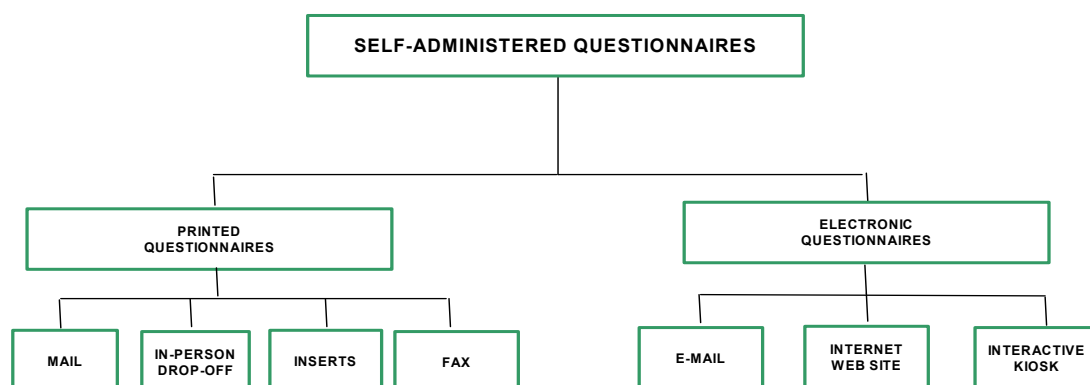
A web-based questionnaire was also created using SurveyMonkey which is an online survey tool that enables data to be automatically captured and sorted according to the lay-out of the research questionnaire. The lay out and design of the research questionnaire as shown in See Appendix 2, was created as an online version, which the respondents could then enter via the following web link:

http://www.surveymonkey.com/s.aspx?sm=zCrXye9EsMr_2br8EdsrVe_2fw_3d_3d

The construct, composition and design of the online survey as well as the printed survey questionnaire were similar; to ensure that content consistency was maintained.

For this particular research, the interviewer's presence was not essential. The self-administered questionnaire was designed as depicted in Table 4.1.

Table 4.1 Self-Administered Questionnaires



Source: Zikmund, 2003. Business Research Methods

4.7.1 Reasons for Self-Administered Questionnaires

Cost

The self-administered questionnaires were relatively inexpensive compared to personal interviews and telephone surveys. Cost effective resources were available in the form of sales representatives who aided with the questionnaire distribution.

Respondent Convenience

The mail surveys, in-person drop-off's and website self-administered questionnaires could be filled out whenever the respondent had the time. Thus, there is a better chance that respondents will take time to think about their replies (Zikmund, 2003).

Geographic Flexibility

Mail questionnaires as well as e-mail questionnaires can reach a geographically dispersed sample simultaneously and at a relatively low cost because interviewer presence was not required.

4.8 Analysis of the Research

Reliability was established by using a Cronbach alpha. The reason for calculating the Cronbach alpha is that it allows removal of items per dimension that reduced scale reliability. In order to test the A one-way ANOVA was performed on the composite and subscales of the Bar-On EQ-i model to determine whether a difference does exist between the two buying units. The one-way ANOVA is a generalisation of two-sample t-test, used to test whether means from several populations are all equal, and if not, which are significantly different from others.

Hypothesis testing made use of a correlation matrix to between variables of interest. ensure ix A survey is a research technique in which information is gathered from a sample of people using a questionnaire. Good questionnaire design is the key to obtaining good survey results (Zikmund, 2003). Emotional Intelligence is the ability to use awareness of emotions to better understand and manage behaviour and relationships with others (Bradberry and Greaves, 2002).

4.9 Limitations

Due sales representatives administering the questionnaires, a tendency towards customer favouritism was thought to be eminent. This could introduce a relationship bias to the results although the instructions were given out to the sales representatives before questionnaire distribution commenced.

Convenience sampling (Huysamen, 1994), is one of the most common types of non-probability sampling where population elements are selected on the basis of their availability and representation according to the researcher's opinion. As some members of the population have no chance of being sampled, it is not known to what extent the convenience sample, regardless of its size, actually represents the entire population.

The major limitations of mail questionnaires relate to response problems (Zikmund, 2003). The actual response patterns results may be subjective and was severely dependent on active interviewer involvement, respondent integrity and accurate information gathering. Due to the fact that online as well as printed surveys were made available, the manual data capturing from the interviewers became vitally important. For those respondents who did not specify completion period, those results were disregarded.

Another limitation with self-administered surveys is that selective perception may take place. The respondent does not have an opportunity to ask questions of an interviewer. Problems that might be clarified in an interview can remain misunderstandings in a web based mail survey (Zikmund, 2003).

Generally some surgeons do not see representatives as a rule, so they have the potential to be excluded from the survey. That would be unfortunate as there may be compounding reasons why they do not engage with sales representatives. These respondents were excluded from direct contact from the sales representatives.

As Zikmund (2003) further states, limitations of the internet website particularly when the link to a web site is forwarded, the researcher has no assurance that the intended subject will fill out the questionnaire. Zikmund (2003) further states "wrong person's answering the questions may be a problem when corporate executives, physicians and other professionals are surveyed". An element of honesty and integrity had to be entrusted within the respondents.

CHAPTER 5: Results

5.1 Introduction

This chapter presents the results from the sample conducted and looks at the response rate, data capture, descriptive statistics and hypotheses testing in response to the questionnaire formulated on the basis of the Bar-On EQ-i emotional intelligence model. The results are presented using tables, figures and statistical summaries to facilitate ease of interpretation of the participating respondents.

The theoretical instrument used for the questionnaire survey was based upon the Bar-On EQ-i Quotient Inventory, which consists of 133 items and includes four validity indices as well as a sophisticated correction factor. The summary report provided results for the 5 composite scales and 15 subscales associated with the Bar-On EQ-i. The responses to the questionnaire were analysed using statistical analyses generated from a statistical data analysis program (SAS).

5.2 Response Rate

As cited in chapter 4.6, the total number of printed questionnaires and e-mail requested questionnaires totalled to 260. The distribution and recording of the questionnaires was maintained in a very controlled environment. The web-based survey link was sent out to some of the customers who were randomly selected from Johnson & Johnson's customer database. A total of 40 e-mail messages were sent out with an accompanying front cover as well as an attached link to the survey website. Of the 40 e-mail requests that were sent out, 22 of the respondents participated. There were only two respondents who mentioned that they were unable to complete the survey due to server technical issues. These responses were

submitted as direct feedback to the fieldworker's who initially sent out the request via e-mail. These incomplete results were disregarded and would not have affected the overall results. Of the 220 printed questionnaires that were delivered by the sales representatives, 39 were returned which equated to a 17% response rate. As mentioned before, the reason for the online survey as well as the printed version was to ensure a high penetration level as early as possible. There were no reported incidences of distribution overlap, whereby the same customers received the printed as well as the e-mail requests. The total surveys sent out were 260, of which 61 actually participated in the survey, which further equates to an overall response rate of 23%. Please refer to Table 5.1 for the results of the response rates.

Table 5.1 Response Rate

	Printed Questionnaire	Electronic Questionnaire	Total Distribution
Mail	64%	N/A	7 out of 10*
In-person drop off	17%	N/A	39 out of 220
E-mail	N/A	55%	22 out of 40
Internet website	N/A	Same as e-mail	Same as e-mail

*Incorporated as part of total printed questionnaires

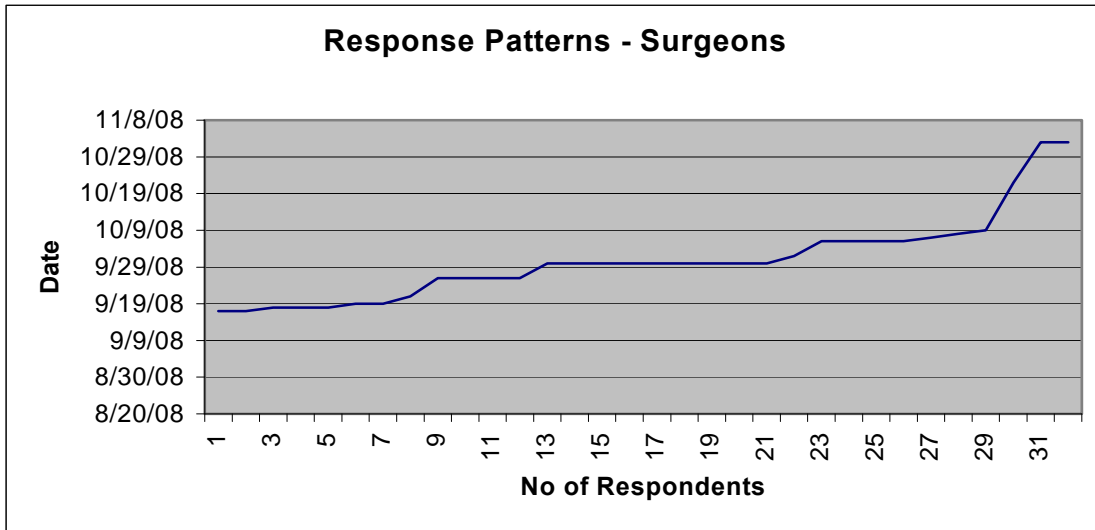
The intended buying units as discussed in chapter 2, were targeted and there was no need to disregard respondents who fell outside of the buying unit composition due to the nature of the questions presented. The only intervention required during data capturing was the adjustment of titles of theatre personnel who were involved with

inventory control and inventory purchasing decision-making processes. As discussed further in chapter 2, the composition of the buying units entailed any form of purchasing decisions by the purchasing decision makers who specifically had direct interaction and customer relations with medical sales representatives.

5.2.1 Response Pattern

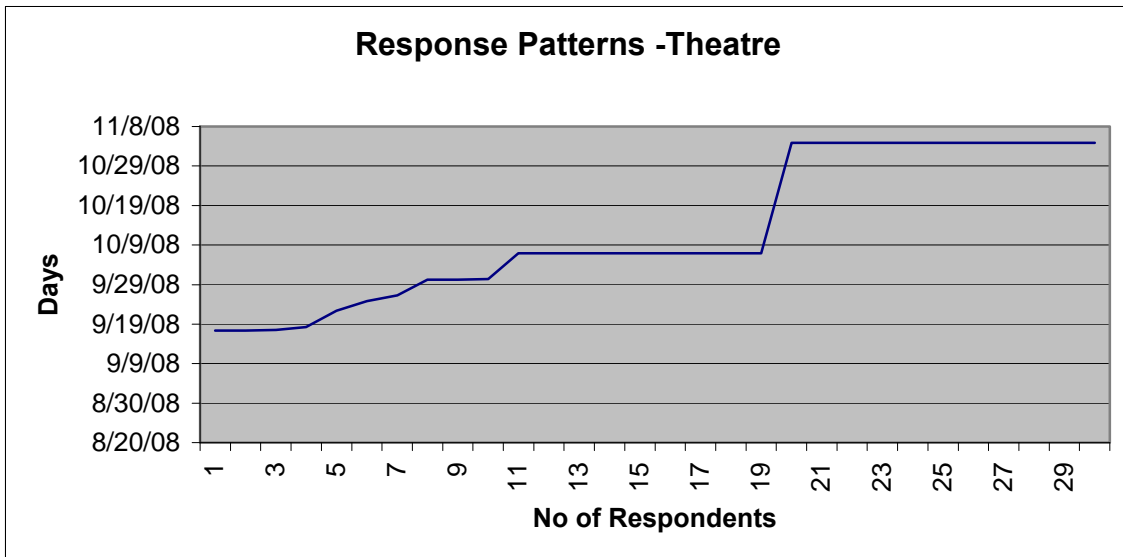
Respondents were measured with respect to response pattern between the two buying units in completion of the surveys. This measure was based upon initial introduction of the questionnaire and the time taken to respond. The respondents who completed the survey online were automatically recorded and the respondents who completed the printed survey questionnaire were manually recorded upon receipt and submission dates. Figure 5.1 shows graphic plots of cumulative response patterns for the surgeons as the first buying unit as well as theatre personnel as the second buying unit. A relatively consistent response pattern is imminent with the surgeons and the graph illustrates a heightened response activity on the 29th of September 2008, followed by a more consistent trend.

Figure 5.1 Response Patterns



The response patterns of the theatre personnel (Figure 5.2) reflected a gradual incline at the onset of survey introduction and then an increase in activity on the 9th of October 2008. Following this there was minimal activity with a proportional increase in response pattern after the 29th of October. This was attributed to fieldworker intervention close to the questionnaire completion date.

Figure 5.3 Response Patterns



5.3 Data Capture

The data captured from the web-based questionnaire was captured on SAS, which is a statistical data analysis program for complete statistical software management. The web-based questionnaire was created using SurveyMonkey which is an online survey tool that enables data to be automatically captured and sorted according to the lay-out of the questionnaire design. For purposes of data capture, evaluation and consistent interpretation, the completed printed questionnaires were also inputted into the web-based online survey questionnaire as manual entries.

The results were transformed onto an Excel-based statistical program as well as the SAS program. The reason for utilising both programs was due to varying degrees of functionality of the program, which enabled convenient data capturing. The cleaning of the data was minimal, due to the processes put in place to prevent missing data

The first six questions of the questionnaire were descriptive questions, followed by 34 Likert scale questions. All the questions were post-coded so that analysis could be performed on the data collected. The category scales reflected demographics and gender questions. The web-based questionnaire was used to sort and collate all the data and the results were analysed via nonparametric statistical analysis. Once the fieldwork had been completed, the data was inputted and the results interpreted to aid in answering the research questions and proving the hypotheses as mentioned in chapter 3.

As discussed previously the composition of the buying units entailed purchasing decision makers who specifically had direct interaction with medical sales representatives. The classification of job titles required some form of intervention due

to varying degrees of job title descriptions. During data capture certain of these anomalies regarding job titles were identified. The title descriptions ranged from stock controllers, stock supervisors or inventory control administrators. The descriptor prior to the questionnaire distribution was that the respondents had to be involved in inventory purchasing decisions as well as customer relationships with medical sales representatives. These factors resulted in an element of data capture intervention, which is noted in the discussion and interpretation of the results.

Data processing generally begins with the editing and coding of the data. Due to the online nature of the questionnaire there was no need for editing and checking the data collection forms for omissions, legibility and consistency in classification. However a few of the hard copy survey questionnaires did require some form of interpretation due to illegibility commonly found amongst the medical profession. These were however minimal and insignificant to be noted as possible data capture errors. The printed questionnaires that were mailed, were received back by facsimile to the fieldworker who initiated the request.

All 45 questions and descriptors were coded as per Table 5.2, to ensure that the SAS program could read all inputs and prevent data confusion. The balance of the descriptor coding can be found in Appendix 4.

Table 5.2 Coding Descriptors

Descriptor Coding			Descriptor Coding	
Question No	Coded		Question No	Coded
AC1	A3		BA1	D2
AC2	A3		BA2	A1
AC3	C2		BA3	B3
AC4	A3		BA4	C2
AC5	D2		BA5	A4
AC6	A3		BA6	C2
AC7	A3		BA7	A5
AC8	B2		BA8	A2

Nominal values were allocated to gender, title and employment history. A key to the coding system is presented below:

Gender		Speciality/Title	
Male	1	Surgeon	1
Female	2	Theatre	2

5.4 Descriptive Statistics

This section examines broad descriptive categories including gender, occupation classification, title, work experience and employment history.

5.4.1 Gender

Table 5.3 depicts the split between genders, which illustrates that 64% of the sample were male and 36% were female. The surgeons were predominantly male at 90% while 63% of the pharmacists were females. 62% of theatre personnel were females, which is reflective of the population of theatre personnel in Southern Africa (Council for Medical Schemes Annual Report, 2004). Female Surgeons were the minority at 0.1% and the majority of these are Gynaecologists.

Table 5.3 Gender Split

Gender		
Answer Option	Response Percent	Response Count
Male	64.0%	40
Female	36.0%	23
	<i>answered question</i>	63
	<i>skipped question</i>	4

A critical analysis of EI development studies as indicated by McEnrue *et al.* (2006), indicates that most of the EI studies contain limitations and in particular fail to control for demographic factors such as gender and work experience. The relevance of gender evaluation results specific to emotional intelligence dimensions therefore fell outside the scope of this particular research study.

5.4.2 Current Employment

The current term of employment (Table 5.4) indicated that 42% of respondents have been with their current employer for less than 5 years and 26% have been employed for a period longer than 16 years. 36% of the pharmacists have been with their

current employer between 6 and 10 years and 40% of surgeons have been with their current employer for longer than 16 years.

Table 5.4 Current Employment

How long have you been employed in your current position?		
Answer Optio	Response Percent	Response Count
1-5 Years	41.3%	26
6-10 Years	17.5%	11
11-15 Years	15.9%	10
+16 Years	25.4%	16
	<i>answered question</i>	63
	<i>skipped question</i>	4

5.4.3 Total Work Experience

Almost half of the total respondents have longer than 16 years work experience. Of those respondents 68% are Surgeons. The stock controllers have the least work experience with 40% of those within the 1 – 5 years experience range.

Table 5.5 Total Work Experience

Total work experience?		
Answer Optio	Response Percent	Response Count
1-5 Years	11.1%	7
6-10 Years	23.8%	15
11-15 Years	15.9%	10
+16 Years	49.2%	31
	<i>answered question</i>	63
	<i>skipped question</i>	4



5.4.4 Respondent Profile

Table 5.6 depicts the split between one of the buying units being the Surgeons and the second buying unit comprising of theatre personnel. 51% of the respondents were surgeons and the remainder were theatre personnel. During the data capturing on these particular questions, some interpretations were required due to the fact that some of the respondents included their field of specialisation such as vascular and gastroenterology. These were incorporated as profiles of surgeons.

Table 5.6 Respondent Profiles

Respondent profile		
Answer Optio	Response Percent	Response Count
Surgeons	50.8%	32
Theatre Personnel	49.2%	31
	<i>answered question</i>	63
	<i>skipped question</i>	4

5.5 Scale Validation

An item analysis was performed to ensure internal consistency as the dimensions of emotional intelligence as presented by Bar-On (1997), were utilised. The Cronbach coefficient Alpha values were all greater than 0.7, which indicates that there is item correlation and internal consistency within the variables. Hair *et al.* state that the reason for using the Cronbach Alpha is that it has an important use as a measure of reliability for psychometric instruments. Cronbach Alpha measures how well a set of items measures a single, measurable, latent construct. As a rule of thumb Hair *et al.* (1998) further states that for a psychometric instrument alpha values greater than 0.70 were considered acceptably reliable. Refer to Appendix 3 for the results.

5.6 Dimensions of Emotional Intelligence

The Bar-On EQ-i model stresses the importance of emotional expression and views the outcome of emotionally and socially intelligent behaviour in Darwinian terms of effective adaptation (Bar-On, 2006).

5.5.1 Structure of the EQ-i Instrument

The composite and subscales of the Emotional Quotient Inventory (EQ-i) were utilised as the basis of measure and the survey results will be presented in the following sections and the interpretation of the results will be discussed in chapter 6.

The following table illustrates the descriptive subscale in an abbreviated form. Please refer to Appendix 1 for detailed explanations and descriptions of the EQ-i subscales.

Table 5.7 EQ-i Emotional Dimensions

EQ-i Composite/Subscale	Abbreviated descriptive subscale
A. Intrapersonal	
1. Self-regard	Be aware of, understand, accept, and respect oneself
2. Emotional Self Awareness	Recognise & understand one's feelings
3. Assertive	Express feelings, beliefs & thoughts
4. Independence	Be self-directed & self-controlled in thinking & actions
5. Self-Actualisation	Realize one's potential capacities
B. Interpersonal	
1. Empathy	Be aware of, understand, appreciate feelings of others
2. Social Responsibility	Demonstrate oneself as member of one's social group
3. Interpersonal Relationships	Establish & maintain relationships by giving & receiving
C. Stress Management	
1. Stress Tolerance	Withstand situations without "falling apart" by coping with stress
2. Impulse Control	Resist or delay an impulse, drive, or temptation to act
D. Adaptability	
1. Reality Testing	What is subjectively experienced & what objectively exist
2. Flexibility	Adjust emotions, thoughts & behaviour to changing situations
3. Problem Solving	Identify & define problems and implement effective solutions
E. General Mood	
1. Optimism	Maintain a positive attitude
2. Happiness	Feel satisfied, enjoy oneself & others and have fun

5.5.2 Scale Ratings Based Upon the EQ-i Model

When interpreting these results, it is important to note that the Bar-On model is operationalised by the EQ-i as was discussed in the previous chapter. In order to better understand the Bar-On model of emotional social intelligence and how it developed, it is important to comprehend the Emotional Quotient Inventory (EQ-i) which has played an instrumental role in developing this model. The following results as indicated in Table 5.8 are listed for the composite scales of the emotional

intelligence dimensions and have been rated from 1 being the least important to 5 being the most important. These rating scales provided simple descriptive and evaluative measures of opinions.

Table 5.8 Emotional (EQ-i) Composite and Subscales

Emotional Composite and Subscales						
Answer Options	Codir	1	2	3	4	5
Highly self-expressive	A3	2	7	19	24	10
Self-regard and respectful of your time and space	A3	0	1	5	22	34
Controlling and being aware of his/her emotions	C2	0	3	19	24	16
Being assertive in order to get message across	A3	2	11	20	20	9
Self-reliant in adding value	D2	0	5	10	28	19
Striving to achieve personal goals and actualizing rep's potential	A3	2	11	24	14	11
Being aware of and understand how others feel	B2	0	4	12	27	19
Co-operating with others in buying decision process	B2	1	8	14	22	17
Being able to establish mutually satisfying relationships and Relate well with others	B2	0	3	9	26	24
To effectively manage high stressful situations	C2	1	1	10	25	25
Expressing feelings in non-destructive manner	C2	0	7	10	24	20
Being reliable and responsive	A3	0	3	5	17	37
To adapt and adjust one's feelings and thinking to new situations	D2	0	2	11	32	17
To effectively solve problems of a personal and interpersonal nature	D2	3	0	16	19	24
Positive outlook	E1	0	2	8	23	29
Feeling content with oneself and others	E1	0	4	14	24	20

5.5.3 Declarative Statement Ratings Based Upon the EQ-i Model

The structure of the EQ-i is based on the literature and it's author's research experience as a clinical psychologist (Bar-On, 1997). The concept as discussed in chapter 2, was theoretically developed from logically clustering variables and identifying underlying key factors purported to determine effective and successful functioning as well as positive emotional health (Bar-On, 1997). Therefore the EQ-i presents a hierarchical structure with the development of a conceptual framework, which has lead to the refinement of scale items. The scale items were presented as declarative statements within the questionnaire.

Table 5.9 depicts the coding and Likert scale rating which illustrated the scores for the higher-order composite dimensions of Intrapersonal, Interpersonal, Adaptability, Stress management and General mood as well as the 15 subscales of the EQ-i.

Table 5.9 Emotional (EQ-i) Descriptive Dimensions

Emotional Behavioural Traits						
Answer Options	Codir	Neve	Rare	Usua	Almos Alway	Alway
Reps have the ability to adapt to a changing situation	D2	0	10	25	21	5
Reps are respectful of your time and space	A1	2	11	18	25	5
Listens well and is sensitive to customers ideas and needs	B3	0	6	25	22	7
Is especially effective at calming people in stressful situations	C2	2	19	24	11	4
Are highly intuitive to surroundings	A4	3	15	27	10	5
Maintains a level emotional response during complicated procedures	C2	1	5	28	24	2
Accurately picks up on the mood in the room	A5	1	9	22	26	2
Are quite comfortable with who he/she is	A2	1	4	26	25	4
Are able to discuss negative issues without fear of rejection	A3	2	16	20	21	2
Has a strong sense of optimism that's tempered with reality	E1	1	11	20	26	3
Has a deep underlying belief that things will turn out right, despite setbacks	E1	0	11	21	25	3
Reps can be counted upon for effective feedback	A3	4	11	20	20	6
Reps can handle conflict effectively	D3	2	19	23	14	2
Reps use sensitivity to another person's feelings to manage interactions	B2	0	13	23	20	4
Positive attitude even in face of adversity	E1	1	6	23	27	3
Reps understand the emotions I feel and the impact On my outer actions and behaviours	C2	3	10	22	21	4
Reps have empathetic listening skills	B2	1	11	24	22	3
Reps see criticism as a chance for improvement	D2	2	23	16	14	5

5.7 Results per Hypothesis

The next section focuses on the results per hypothesis and starts by re-introducing the hypotheses set out in chapter 3.

5.6.1 Hypothesis 1:

Ho: All emotional intelligence dimensions are important to customers within the healthcare market.

H_A: Some emotional intelligence dimensions are more important than others to customers within the healthcare market.

The Cronbach Alpha indicates that there is scale reliability amongst the variables. As discussed in the previous chapters, Cronbach's Alpha is used to improve reliability. The Cronbach coefficient Alpha values were all greater than 0.7, which indicates that there is item correlation and internal consistency within the variables. The Cronbach

5.6.2 Hypothesis 2:

Ho: Emotional intelligence dimensions do not differ across the various buying units.

H_A: Emotional intelligence dimensions do differ amongst the different buying units.

The Friedman one-way ANOVA analysis was performed in order to determine if differences existed between the groups and if these were reported at significant

levels greater than or less than the significance level of 0.05. The one-way ANOVA is a generalisation of two-sample t-test, used to test whether means from several populations are all equal, and if not, which are significantly different from others.

From the results of the Friedman ANOVA table, small p-values indicate that the population means are not all equal. The one-way ANOVA indicates the results per dimension as comparisons between the coded variables. The Friedman one-way analysis of variance test results are shown in Appendix 3.

The multivariate statistic analysis for Group 1 versus Group 2 is shown in Table 5.8 indicating a p-value of 0.0156, which is below the 0.05 significance level which indicates that the explanatory variables are significant and can be concluded that differences do exist between the two groups. The outcome is to reject the null hypothesis. which is less than the significance level of 0.05, which means we can conclude that the explanatory variable has some power (Albright *et al.*, 2003).

Table 5.8 Multivariate Statistics

```

MULTIVARIATE STATISTICS FOR GROUP *1          VS. GROUP *2
  THERE ARE      32 CASES,      31 OF THEM COMPLETE IN GROUP *1

  THERE ARE      31 CASES,      30 OF THEM COMPLETE IN GROUP *2
  NULL HYPOTHESIS IS THAT BOTH GROUPS HAVE EQUAL MEANS FOR ALL VARIABLES

  DEGREES OF FREEDOM, BELOW, REDUCED BY      2
  BECAUSE OF LINEAR DEPENDENCIES AMONG THE VARIABLES TESTED.

  MAHALANOBIS D SQUARE          1.4945
  HOTELLING T SQUARE            23.8883
  F VALUE                       2.6489          P-VALUE      0.0156
  DEGREES OF FREEDOM           8,           55

```

5.8 Conclusion

The hypotheses that were initially stated in chapter 3 have been concluded in this chapter and tabulated and graphical results have been presented.

The Emotional Quotient Inventory (EQ-i) which, includes the 5 composite and 15 subscales to measure emotional intelligence, formed the basis of this study. The focus was the rating of the emotional intelligence constructs popularised by Goleman (1995). The summation was to reject the null hypothesis, which indicated that certain emotional intelligence dimensions were more important than others from the customer's perspective. Regarding the second hypothesis, the null hypothesis was also rejected which concluded that emotional intelligence dimensions do differ within the various hospital buying units.

In the following chapter 6 the results will be discussed with the emphasis of interpreting the findings of this study.

CHAPTER 6: Discussion of Results

6.1 Introduction

The previous chapter presented the results with some analyses of the results pertaining to each of the hypotheses. The purpose of this chapter is to interpret these results and analysed with reference to the literature review in chapter 2 and in terms of the hypotheses documented in chapter 3.

6.2 Review of the Literature

In broad terms researchers have somewhat different viewpoints of emotional intelligence, emotional competencies as well as emotional abilities (Dulewicz and Higgs, 2000; Salovey and Mayer 1990). According to the literature review, as discussed in chapter 2, the relevance of the problem is that building strong customer relationships is important and the intangible aspects of emotional intelligence competencies displayed by representatives, leads to greater customer satisfaction (Kernbach and Schutte, 2005).

The question is which of the emotional intelligence dimensions are important and are some of them more important than others? A frame of reference and measure had to be used and hence the reason for a construct and content emotional intelligence model such as the EQ-i. The model used to determine the extent to which emotional dimensions are measure is the Bar-On EQ-i. By enhancing emotional self-awareness, behavioural and functional skills can be improved (Lucia and Lepsinger, 1999). Bar-On (1997) has examined the extent to which the EQ-i provides information that is distinctive from or duplicates that generated by other measures of personality characteristics, emotional competence, and cognitive intelligence. Other

researchers have done so as well. Some research suggests considerable overlap between what the EQ-i measures and that which can be obtained from existing personality tests.

The EQ-i was originally a wide range of studies over the past two decades, I have continuously molded my

Research has shown that certain competencies, like technical skills, can be developed through a systematic and consistent approach to building competence in personal and social awareness, self- management, and social skill (Cooper and Sawaf, 1998). However, unlike technical skills the pathways in the brain associated with social and emotional competencies are different then those engaged by more cognitive learning.

Several studies have also highlighted the close correlation between a company's success and the emotional intelligence of its leaders.

Competent ability is bigger than a skill, includes knowledge, connects to performance and can be improved (Gowing, 2001). Salovey and Mayer (1990) and Cooper and Sawaf (1998) mention that, "perceiving emotions is the ability to perceive emotions in one and others." The results are reliant on respondent information and the assumptions are made that the respondents are aware of, or have heard

6.3 Discussion of Results for Hypothesis 1

The stated null hypothesis was that all emotional intelligence competencies are important to customers within the healthcare market. As illustrated in Table 5.10 below, the respondents rating of the EQ-i emotional intelligence dimensions shows significant differences within certain of the dimensions. Within the intra-personal composite dimension, assertiveness was identified as being the most important emotional dimension. With regards to the inter-personal component, social responsibility was regarded as being the most important dimension. Stress management primarily featured the emotional component of impulse control, which is the ability to effectively control his or her emotions. The adaptability component reflected flexibility as being the primary alternative and within the general mood component, the subscale of optimism reflected as the most important. Table 5.10, shows the respondent rating with regards to the composite scales of the EQ-i, model. These measures were firstly validated by the high significance level for the Cronbach Alpha as indicated in the previous chapter.



Table 6.1 Rating of the Emotional (EQ-i) Intelligence Dimensions

Intrapersonal	
	Response Percent
Self-regard and self acceptance	18.0%
Aware of own emotions	23.0%
Assertive	24.6%
Independent	16.4%
Strive to achieve personal goals	18.0%
Interpersonal	
	Response Percent
Showing high level of empathy	32.8%
Social skills	36.1%
Interpersonal relationship	31.1%
Stress management	
	Response Percent
Stress tolerance	31.1%
Effectively control emotions	68.9%
Adaptability	
	Response Percent
Thinking with external reality	15.0%
Flexibility	56.7%
Problem-solving	28.3%
General mood	
	Response Percent
Generally optimistic	81.7%
Happy and content with life	18.3%

6.4 Discussion of Results for Hypothesis 2

The stated null hypothesis was that sales representatives emotional intelligence competency evaluations do not differ across the various buying units. The Friedman one-way ANOVA analysis was performed in order to determine if differences existed between the groups and if these were reported as significant levels. The results were illustrated in the previous chapter.

Table 5.11 below, illustrates the ratings per buying unit within the hospital environment and scores were assessed with the aid of the SAS statistical program. The multivariate one-way ANOVA was used to validate the significance levels amongst the measured variables. The multivariate statistic analysis for Group 1 versus Group 2 indicated that a p-value of 0.0156, which is below the 0.05 significance level shows that the explanatory variables are significant and conclusions can be made that differences do exist between the two groups. In comparing the two buying units, the respondent rating scales showed some noteworthy differences across certain of the dimensions. Within the intra-personal composite dimension, self-regard and self-acceptance were identified as being the most important within the surgeons group and emotional self-awareness featuring favourably within the theatre personnel buying group. Within the interpersonal dimension, social responsibility was an important dimension for the surgeons and high levels of empathy were deemed important amongst the theatre personnel.

The last three emotional dimensions being, stress management, adaptability and general mood showed fairly similar responses. Both groups showed that impulse control and effectively controlling emotions were of noticeable importance. Under the dimension of adaptability, flexibility was regarded as of primary importance. The adaptability component's subscales are reality testing, problem solving and flexibility.

The final composite component of general mood also reflected similar results for both of the buying units. General optimism amongst surgeon and theatre personnel scores, divulged response scores of 83% and 76% respectively. These rating scores of general mood amongst both buying units manifested from an expected outcome.

Table 6.2 Rating per Buying Unit

Intrapersonal		
	Surgeons	Theatre Personnel
Self-regard and self acceptance	29.0%	9.0%
Aware of own emotions	4.0%	43.0%
Assertive	26.0%	20.0%
Independent	19.0%	15.0%
Strive to achieve personal goals	22.0%	13.0%
Interpersonal		
	Surgeons	Theatre Personnel
Showing high level of empathy	9.0%	57.0%
Social responsibility	55.0%	15.0%
Interpersonal relationship	36.0%	28.0%
Stress management		
	Surgeons	Theatre Personnel
Stress tolerance	38.0%	24.0%
Effectively control emotions	62.0%	76.0%
Adaptability		
	Surgeons	Theatre Personnel
Thinking with external reality	5.0%	28.0%
Flexibility	65.0%	44.0%
Problem-solving	30.0%	28.0%
General mood		
	Surgeons	Theatre Personnel
Generally optimistic	83.0%	76.0%
Happy and content with life	17.0%	24.0%

6.5 Rating System

The respondents rated the dimensions and the results are shown in appendix 3. .

6.6 Respondent's Participation

During the capturing of the data, the additional comments from the questionnaire were also duly noted. Some of the following comments were made:

"I do not know Martin well enough to give my full opinion on the subject." This type of response highlighted that the respondent, as initially discussed during the sales representative's briefing session as stipulated in chapter 4.6, may not have properly received the intended instructions.

Most of the customer feedback was very positive with some of the direct comments listed below:

"Would like to see the results of this survey"

"Emotional intelligence per se is a complicated subject, let alone the reps"

"We always get given a representative to deal with and are almost forced into building an instant relationship even if there may be personality differences".

The last comment made, the surgeon was referring to orthopaedic sales representatives who, due to the nature of the business, have to spend time in theatre assisting the surgeon with any technical aspects of the products used.

6.7 Response Rates and Response Patterns

As previously mentioned the response patterns could lean towards some form of subjectivity. The more diligent fieldworkers noted the time take taken to complete the

survey rates while others tried to remember when exactly they dropped the questionnaire off at the surgeons or theatre personnel's workplace. Another fact, which remains to be challenged, is how quickly the receptionists notified the fieldworkers once their surgeons had completed the survey.

The response rates were measured as two separate entities as a result of the questionnaire being sent out as an e-mail request as well as a printed survey. The overall response rate of 23% was rather disappointing and no explanation could be given for this phenomenon.

CHAPTER 7: Conclusion and Recommendations

7.1 Introduction

This final chapter outlines the main findings of the research and makes recommendations to management of organisations and recruiting agencies as to ideas of ensuring that their employees responsible for sales are made to understand the value of understanding what entails emotional intelligence. Emotions and values are linked. An emotion is the psychosomatic form in which man experiences his estimate of the beneficial or harmful relationship of some aspect of reality to himself (Brown, 1982).

7.2 Main findings of the research

The main findings of the research was, although reference is made to clusters of emotional intelligence dimensions, aimed at trying to uncover which elements within those clusters are particularly important to customers of sales representatives. The focus was particularly relevant due to the nature of the job expectations. Surgical sales representatives across various different medical companies are faced with many challenging situations due to the nature of their jobs. They often spend a vast amount of time attending procedures or being in theatre to assist with any technical aspects of the products, which surgeons or theatre staff may have.

As indicated from the research, Sales representatives issues in the a good part of their day in theatre, assisting with any technical aspects of their products being used in theatre. The environment the sales representatives are faced with can often lead to stressful situations. As indicated through the research findings, some of the

emotional intelligence dimensions are more important than others from the customer's perspective. It was interesting to note that the surgeons found "self regard and self acceptance" as more important than the other dimensions as opposed to theatre personnel who found "aware of emotions to be the most important dimension. The findings of the research are that certain of the dimensions of emotional intelligence are more important to various types of customers. From a customer relationship perspective, what would the ideal be? Due to the fact that different customers have different wants, needs and expectations, a probability exists that, sales representatives may have to be far more emotionally adaptable.

7.3 Recommendations to Managers and recruitment agencies

Due to the fact that foundations of social and emotional competencies are often laid down early in life and reinforced over several years they tend to become synonymous with our self-image and thus need focused attention over time to bring about change (Cherniss, Goleman *et al.*, 1998). Research has shown that Emotional Intelligence can be developed through a systematic and consistent approach to building competence in personal and social awareness, self-management and social skills. Organisational commitment and a systematic approach consistent with a focussed approach will be required to build emotionally competent organisations. A strategic cycle of assessment, learning, practice and feedback over time will enable organisational members to build the competencies that can drive personal success and develop high performing leaders for the organisation.

A further study may be to determine from the customer what the elements of emotional competence of the best performing sales representatives are, measured

on sales performance or any other appropriate results orientated form of measurement.

Occupation of positions in an organisation with persons with the requisite emotional competencies, knowledge, qualifications and experience is critical to the success of that individual. These attributes however, are not the only criteria that determine the successful employment of job seekers. Job seekers will enter into a recruitment and selection process that will often assess and determine whether they will be successfully employed. Different companies use numerous ways to assess candidate suitability for certain roles that respective employees, upon successful recruitment will be required to perform. Instituting emotional intelligence training programs with specific focus on emotional adaptability due to varying demands from customers.

7.4 Recommendation for future research

The depth and breadth of clusters have evolved as competition has evolved and as modern economies have grown in complexity. Globalisation, together with rising knowledge intensity, has greatly altered the role of clusters in competition. A cluster is a geographically proximate group of interconnected companies and associated institutions in a particular field, linked by commonalities and complementarities (Porter, 1998) A comparison of emotional intelligence competence across various industry clusters could form part of a much larger exploratory study.

The authors Brackett *et al.* (2006) contend that significant differences do exist in levels of emotional intelligence and social intelligence between male leaders and female leaders. This is contradictory to findings by Hopkins and Bilimoria (2008), which state that no gender differences do exist. An opportunity may be to explore

which dimensions of emotional intelligence with respect to female representatives are important to the customer and which are important pertaining to male representatives and if a difference really exists.

As was mentioned in chapter 4.6, the possibility exists to uncover what the customers of suppliers understand by the term emotional intelligence and does it play a role in business transactions as is suggested by Kernbach and Schutte (2005).

7.5 Extending the population and sample

One of the major limitations of this study was that it covered a small buying discipline in one particular industry. An opportunity arises for this research study to be extended to a broader spectrum and perhaps even comparing various clusters within geographic, cultural, institutional or environmental terms.

7.6 Conclusion

Emotional intelligence is still regarded as a relatively new term for a construct that is aimed at complementing the traditional view of intelligence by emphasising the emotional, personal and social contributions to intelligent behaviour. The question still remains whether emotional intelligence can be developed into a sustainable behavioural and repeatable pattern. The advantage for various stake-holders in identifying this holy grail, would ensure individual content and self confidence. These factors can ultimately enhance all forms of relationships in a uniquely positive way. Content providers end up with satisfied customers. The ultimate outcome is that no single emotional intelligence element is better or worse than the next, but each individual dimension contributes to the whole

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APPENDIX 1

Emotional Quotient Inventory

EQ-i Composite Scales and Subscales*

Composite/subscale	Description of subscale: ability to . . .
EQ-i total (TOTAL)	
Intrapersonal (INTRA)	
Emotional Self-Awareness (ES)	Recognise and understand one's feelings
Assertiveness (AS)	Express feelings, beliefs and thoughts and defend one's rights in a non-destructive manner
Self-regard (SR)	Be aware of, understand, accept, and respect oneself
Self-actualisation (SA)	Realise one's potential capacities
Independence (IN)	Be self-directed and self-controlled in one's thinking and actions and to be free of emotional dependency
Interpersonal (INTER)	
Empathy (EM)	Be aware of, to understand, and to appreciate the feeling of others
Interpersonal Relationship (IR)	Establish and maintain mutually satisfying relationships that are characterized by emotional closeness and by giving and receiving affection
Social Responsibility (SR)	Demonstrate oneself as a cooperative, contributing, and constructive member of one's social group
Adaptation (ADAPT)	
Problem solving (PS)	Identify and define problems as well as to generate and implement potentially effective solutions
Reality testing (RT)	Assess the correspondence between what is subjectively experienced and what objectively exist
Flexibility (FL)	Adjust one's emotions, thoughts, and behaviour to changing situations and conditions
Stress management (STRES)	
Stress tolerance (ST)	Withstand adverse events and stressful situations without 'falling apart' by actively and positively coping with stress
Impulse control (IC)	Resist or delay an impulse, drive, or temptation to act
General mood (MOOD)	
Happiness (HA)	Feel satisfied with one's life, to enjoy oneself and others, and to have fun
Optimism (OP)	Look at the brighter side of life and to maintain a positive attitude, even in the face of adversity

* Subscale descriptions are based on Bar-On (Bar-On, 1997; pp. 44-47)

APPENDIX 2

Research Questionnaire

Survey on Emotional Intelligence Dimensions of Sales Representatives

In order to have the optimal training programs to develop sales reps, we are asking your opinion on: “ Which emotional intelligence dimensions of sales representatives are important to our customers with whom you would start or continue to purchase from?”

Thank you very much for participating in our research study. Please read the questions carefully and mark an “X” next to your response.

1. I hereby give consent for the anonymous data collected in this survey below.

Yes	No
-----	----

2. Please read each question thoroughly and simply mark an “X” next to your response.

1. Gender	Male		Female	
2. Are you a practicing surgeon?	Yes		No	
3. If Yes above, what is your speciality?				
4. If No above, what is your title?				
5. How long have you been employed in your current position?				
6. Total work experience?				

3. Please review the following characteristics which you value in a Sales Rep?

Score these from 1 to 5 (5 being the most important)

Characteristic	1	2	3	4	5
1. Highly self-expressive					
2. Self-regard and respectful of your time and space.					
3. Controlling and being aware of his/her emotions					
4. Being assertive in order to get message across					
5. Self-reliant in adding value					
6. Striving to achieve personal goals and actualizing rep’s potential					
7. Being aware of and understand how others feel					
8. Co-operating with others in buying decision process					
9. Being able to establish mutually satisfying relationships and relate well with others					
10. To effectively manage high stressful situations					
11. Expressing feelings in non-destructive manner					
12. Being reliable and responsive					
13. To adapt and adjust one’s feelings and thinking to new situations					
14. To effectively solve problems of a personal and interpersonal nature					
15. Positive outlook					
16. Feeling content with oneself and others					

4. Please read each statement and rate how descriptive it is of surgical sales representatives who call on you.

Characteristic	Never	Rarely	Usually	Almost Always	Always
1. Reps have the ability to adapt to a changing situation					
2. Reps are respectful of your time and space.					
3. Listens well and is sensitive to customers ideas and needs					
4. Is especially effective at calming people in stressful situations					
5. Are highly intuitive to surroundings					
6. Maintains a level emotional response during complicated procedures					
7. Accurately picks up on the mood in the room					
8. Are quite comfortable with who he/she is					
9. Are able to discuss negative issues without fear of rejection					
10. Has a strong sense of optimism that's tempered with reality					
11. Has a deep underlying belief that things will turn out right, despite setbacks					
12. Reps can be counted upon for effective feedback					
13. Reps can handle conflict effectively					
14. Reps use sensitivity to another person's feelings to manage interactions					
15. Positive attitude even in face of adversity					
16. Reps understand the emotions I feel and the impact on my outer actions & behaviours					
17. Reps have empathetic listening skills					
18. Reps see criticism as a chance for improvement					

5. Which best describes a typical surgical sales rep? (Select one)

Emotional Intelligence dimensions

1. Intrapersonal

Self-regard and self acceptance	
Aware of own emotions	
Assertive	
Independent	
Strive to achieve personal goals	

2. Interpersonal

Showing high level of empathy	
Social skills	
Interpersonal relationship	

3. Stress Management

Stress tolerance	
Effectively control emotions	

4. Adaptability

Thinking with external reality	
Flexibility	
Problem-solving	

5. General mood

Generally optimistic	
Happy and content with life	

6. Any additional comments



APPENDIX 3

Results

Friedman One-Way ANOVA

VARIABLE COUNT	MEAN	STANDARD DEVIATION	MINIMUM	MEDIAN	MAXIMUM
NO. NAME					
1 A	3.3369	0.5149	2.0000	3.3636	4.2727
2 C	3.4005	0.5407	2.0000	3.3667	4.1667
3 D	3.3625	0.5934	2.0000	3.4167	4.5000
4 B	3.4958	0.5064	2.0000	3.5000	4.5000
5 E	3.4812	0.5877	2.0000	3.6000	4.6000

FRIEDMAN TWO-WAY ANALYSIS OF VARIANCE TEST RESULTS

VARIABLE NO. NAME	RANK SUM
1 A	88.5
2 C	94.5
3 D	88.5
4 B	104.5
5 E	104.0

FRIEDMAN TEST STATISTIC = 3.14. P-VALUE = 0.5351
ASSUMING CHI-SQUARE DISTRIBUTION WITH 4 DEGREES OF FREEDOM

KENDALL COEFFICIENT OF CONCORDANCE = 0.0245

Friedman One-Way ANOVA

VARIABLE COUNT	MEAN	STANDARD DEVIATION	MINIMUM	MEDIAN	MAXIMUM
NO. NAME					
1 A	3.6334	0.6073	2.5455	3.6364	5.0000
2 C	3.7473	0.7199	1.3333	3.6667	5.0000
3 D	3.6817	0.7008	1.8333	3.5000	5.0000
4 B	3.7688	0.7349	2.0000	4.0000	5.0000
5 E	3.8323	0.6478	2.0000	4.0000	5.0000

FRIEDMAN TWO-WAY ANALYSIS OF VARIANCE TEST RESULTS

VARIABLE NO. NAME	RANK SUM
1 A	72.5
2 C	97.5
3 D	82.5
4 B	104.0
5 E	108.5

FRIEDMAN TEST STATISTIC = 11.77. P-VALUE = 0.0192
ASSUMING CHI-SQUARE DISTRIBUTION WITH 4 DEGREES OF FREEDOM

KENDALL COEFFICIENT OF CONCORDANCE = 0.0949

APPENDIX 4

EQ-i Coded Descriptors

APPENDIX 4

EQ-i Coded Descriptors

EQ-i Coded Descriptors



	A. Intrapersonal	A
	1. Self-regard	1
	2. Emotional Self Awareness	2
	3. Assertive	3
	4. Independence	4
	5. Self Actualisation	5
	B. Interpersonal	B
	1. Empathy	1
	2. Social Responsibility	2
	3. Interpersonal Relationships	3
	C. Stress Management	C
	1. Stress Tolerance	1
	2. Impulse Control	2
	D. Adaptability	D
	1. Reality Testing	1
	2. Flexibility	2
	3. Problem Solving	3
	E. General Mood	E
	1. Optimism	1
	2. Happiness	2
	Descriptive subscales	
AC1	Highly self-expressive	A3
2	Self-regard and respectful of your time and space	A3
3	Controlling and being aware of his/her emotions	C2
4	Being assertive in order to get message across	A3
5	Self-reliant in adding value	D2
6	Striving to achieve personal goals and actualizing rep's potential	A3
7	Being aware of and understand how others feel	B2
8	Co-operating with others in buying decision process	B2
9	Being able to establish mutually satisfying relationships and relate well w others	B2
10	To effectively manage high stressful situations	C2
11	Expressing feelings in non-destructive manner	C2
12	Being reliable and responsive	A3
13	To adapt and adjust one's feelings and thinking to new situations	D2
14	To effectively solve problems of a personal and interpersonal nature	D2
15	Positive outlook	E1
16	Feeling content with oneself and others	E1
BA1	Reps have the ability to adapt to a changing situation	D2
2	Reps are respectful of your time and space	A1
3	Listens well and is sensitive to customers ideas and needs	B3
4	Is especially effective at calming people in stressful situations	C2
5	Are highly intuitive to surroundings	A4
6	Maintains a level emotional response during complicated procedures	C2
7	Accurately picks up on the mood in the room	A5
8	Are quite comfortable with who he/she is	A2



9	Are able to discuss negative issues without fear of rejection	A3
10	Has a strong sense of optimism that's tempered with reality	E1
11	Has a deep underlying belief that things will turn out right, despite setbacks	E1
12	Reps can be counted upon for effective feedback	A3
13	Reps can handle conflict effectively	D3
14	Reps use sensitivity to another person's feelings to manage interactions	B2
15	Positive attitude even in face of adversity	E1
16	Reps understand the emotions I feel and the impact on my outer actions behaviours	C2
17	Reps have empathetic listening skills	B2
18	Reps see criticism as a chance for improvement	D2
1	Intrapersonal	AB1
2	Interpersonal	AC1
3	Stress management	BC1
4	Adaptability	CD1
5	General mood	BE1