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ARTICLES

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Full Length Research Paper

An investigation using multivariate analyses in predicting respondents' perception of satisfaction, professionalism, skill and competence of radiographers in routine radiological services in Enugu, Southeast Nigeria

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Assessing patients' perception of satisfaction, professionalism, competence and skill of health care providers helps health institutions and providers respond to the needs and expectations of the patients. Little work is known to have taken place to understand this phenomenon especially in radiological services in Nigerian hospitals. This study is therefore aimed at investigating the perception of patients' satisfaction, professionalism, competence and skill of radiographers during routine radiological examination in two Nigerian hospitals. Materials and Methods: Three hundred patients were interviewed from two hospitals on their perception of satisfaction, professionalism, competence and skill of radiographers during routine radiological examination. The data was analyzed in terms of descriptive statistics using 95% confidence interval. ANOVA, Chi-Square and multivariate (intercept) statistical tools were applied. Results: The result of Test of Equality of Covariance Matrices giving a Box's M result of 47.745 and F-value of 1.787 >Fcritical of 1.52 (p < 0.05), indicates that respondents' perception of level of satisfaction, radiographers' professionalism, skill and competence are dependent on the combined factors of the respondents age, type of hospital where service is received, gender, level of education and patient length of experience of radiological services.

Key-words: Satisfaction, professionalism, skill and competence, Nigeria, patient perception of care, radiological examination.

INTRODUCTION

Assessing patients' perspectives on health care gives them a voice, which can make public health services more

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responsive to people's need and expectations (WHO, 2000; Rao et al., 2006; Sodani et al., 2011). In the recent past, studies on patient satisfaction gained popularity and usefulness as it provides the chance to health care providers and managers to improve the services in the public health facilities (Sodani et al., 2011). Patient's feedback is necessary to identify problems that need to be resolved in improving the health services (Boyer et al., 2006). This type of feedback triggers a real interest that can lead to a change in their culture and in the perception of patients (Boyer et al., 2006). Patients' perception of care is an indicator of the quality of care and is frequently included in health care planning and evaluation (Ozsoy et al., 2007). The content analysis of the comments made by patients of their expectations from radiology staff indicated that 30% noted that service delivery should be improved as a requirement, 11% requested that friendliness should be improved and that radiology staff should be more courteous (Ugwu et al., 2003).

The code of conduct for radiographers provides guidelines and a framework for professional behaviour expected for the profession and includes professional relationships and responsibilities to patients (Peer et al., 2003).

Accordingly, a patient's physical and psychological needs must be taken care of and abuse of patients must be avoided at all times (Gunn et al., 1991; Beyer et al., 2010). In a study in South Africa, majority of the patients were greeted in a friendly manner by the radiographers, however, about 20% of the patients did not even know the radiographer's name (Beyer et al., 2010). Again in the same study, majority of the patients experienced satisfactory communication between themselves and the radiographer who performed their respective examinations and 13% of the patients were not told what was expected from them and what the examination entailed (Beyer et al., 2010).

In a study on the effects of verbal communication in managing pains in mammographic examination, the patients indicated that professional friendliness of the radiographer was critical in alleviating discomfort (Arthur et al., 2013).

Problem solving is a vital competency for healthcare professionals in an era of rapidly advancing technology. It requires critical thinking, and improves the quality of a clinical service offered and the efficiency of delivering such a service (Castle, 2009; Distler, 2007; Pieterse et al., 2014). How patients' view of the competence and skill of radiographers becomes an important issue for this work. Service quality can be described in terms of professionalism and skills, attitudes and behaviour, accessibility and flexibility, reliability and trustworthiness, service recovery, servicescape, reputation and credibility (Groenroos, 2000; Alrubaiee et al., 2011).

Competency incorporates a combination of skills, knowledge, attitudes and the ability required in the performance of clinical practice (Cowin et al., 2008; Anderson et al., 2012). Competency is closely related to

patient safety and quality improvement, as well as to cost-effective health care (Cowin et al., 2008; Anderson et al., 2012; Anderson et al., 2008). The increasing complexity and multiplicity of patient needs as well as changes in patient profiles have raised the requirements on competency in medical imaging departments, for example (Anderson et al., 2012; Larsson et al., 2007; Fridell, 2011; Aspelin, 2011).

Hence, health care professionals must become aware of the need for optimal competencies in relation to patient care outcomes and the importance of developing a shared understanding of future competency requirements (Anderson et al., 2012; Meretoja et al., 2011).

Even though patients' perception of their providers' is seen to influence their satisfaction, help form an opinion on professionalism, skill and competence of radiographers, it has received minor attention in radiological practice in Nigeria. No study in Nigeria at least to the best of the authors' knowledge has been devoted to studying and quantifying these three aspects of patients' perceptions on radiographers' conduct in Nigerian hospitals.

Hence, this study is aimed at investigating patients' perceptions of satisfaction, professionalism, skill and competence of radiographers during routine radiological examination, the result of which, it is hoped will enable radiographers improve patient care and proper health care planning in Nigeria.

MATERIALS AND METHODS

This is a cross-sectional and descriptive study in which three hundred (300) patients who had come for radiological examination in one public hospital (University of Nigeria Teaching Hospital, Ituku/Ozalla, Enugu) and one private health care institution (Life Chart Diagnostic Centre, Abakpa Nike, Enugu) in Enugu, Eastern Nigeria were surveyed by ten (10) post graduate assistant students to ascertain their perceptions of satisfaction, professionalism, skill and competence of radiographers/staff during routine radiological examination. Convenience sampling method was used in the study for the choice of hospitals for the study while the respondents were chosen through systematic sampling method. One hundred and forty five respondents were interviewed at the public hospital while one hundred and fifty five were interviewed at the private hospital. The study population interval was calculated at 1.48 respondents.

In no particular order, patients were scheduled for examination on radiologist's recommendation. The examination is held every Monday in the public hospital in which the first forty (40) candidates who showed up were examined and about twenty (20) candidates were surveyed per clinic day at the public hospital. They also applied the same technique to the private hospital that equally examines about twenty five (25) candidates on its clinic day of Friday. About thirteen (13) candidates were surveyed per clinic day in the private hospital. The indicators used in the assessment of satisfaction with radiological services include—patient preparation for specific test/exam, registration process at the front desk/courtesy of staff, waiting time before procedure, courtesy of the radiographer, explanation of what to expect during the exam, how questions from the respondents were answered by the radiographer/staff during the examination.

The survey was carried out between March and July of 2013. A validated questionnaire was used by the students who had received

Table 1. Showing the socio-demographics of both hospital.

Socio demographic	Site		Total	Chi-square (P-value)	
	Public n=145	Private n=155			
Age category					
Under 30	53 (36.6)	89 (57.4)	142 (47.3)	23.194(0.001)	
31-40	26 (17.6)	35 (22.6)	61 (20.3)		
41-50	27 (18.6)	15 (9.7)	42 (14.0)		
Over 50	39 (26.9)	16 (10.3)	55 (18.3)		
Gender					
Male	71 (49.0)	21(13.5)	92 (30.7)	44.197(0.001)	
Female	71(51.0)	134 (86.5)	208 (69.3)		
Level of education					
No school	15 (10.3)	2 (1.3)	17 (5.7)	0.001f	
Elementary	26 (17.9)	11 (7.1)	37 (12.3)		
High school	41 (28.3)	69 (44.5)	110 (36.7)		
College university	50 (34.5)	65 (41.9)	115 (38.3)		
Higher education	12 (8.3)	8 (5.2)	20 (6.7)		
Literacy classes only	1 (0.7)	0 (0.0)	1 (0.3)		
Marital status					
Married	37 (25.5)	26 (16.8)	63 (21.0)	0.001f	
Separated	1 (0.7)	1 (0.6)	2 (0.7)		
Divorced	2 (1.4)	0 (0)	2 (0.77)		
Married with children	42 (29.0)	80 (51.6)	122 (40.7)		
Married without children	4 (2.8)	28(18.1)	32 (10.7)		
Single	59 (40.7)	20 (12.9)	79 (26.3)		
Length as a radiological patient					
One month	82 (56.6)	72 (46.5)	154 (51.3)	0.001f	
Tow months	8 (5.5)	3 (1.9)	11 (3.7)		
Three to six months	6 (4.1)	21 (13.5)	27 (9.0)		
Seven months to two years	9 (6.2)	16 (10.3)	25 (8.3)		
Three years to 5 years	3 (2.1)	20 (12.9)	23 (7.7)		
Five years and above	8 (5.5)	16 (10.3)	24 (8.0)		
Can't say	29 (20.0)	7 (4.5)	36 (12.0)		
Occupation					
Student	38 (26.2)	18 (11.6)	56 (17.8)	0.001f	
Government employee	26 (17.9)	28 (18.1)	54 (18.0)		
Private employee	28 (19.3)	13 (8.4)	41 (13.7)		
Unemployed	14 (19.3)	27 (17.4)	41 (13.7)		
Self employed	13 (9.0)	26 (16.8)	39 (13.0)		
Retired	4 (2.8)	1 (0.6)	5 (1.7)		
Teaching	1 (0.7)	2 (1.3)	3 (1.0)		
Trader	17 (11.7)	32 (20.6)	49 (16.3)		
Applicant	0 (0)	2 (1.3)	2 (0.7)		
Farming	3 (2.1)	5 (3.2)	8 (2.7)		
Rev sister	0 (0)	1 (0.6)	1 (0.3)		
Priest	1 (0.7)	0 (0)	1 (0.3)		
Average monthly income					
No income	49(33.8)	43 (27.7)	92 (30.7)		0.006f
5000 and below	23 (15.9)	13 (8.4)	36 (12.0)		

Table 1. Contd.

5000-20000	31 (21.4)	20 (12.9)	51 (17.0)	
21000-50000	21 (14.5)	46 (29.7)	67 (22.3)	
50000-100000	15 (10.3)	24 (15.5)	39 (13.0)	
101000-200000	3 (2.1)	6 (3.9)	9 (3.0)	
201000-400000	1 (0.7)	2 (1.3)	3 (1.0)	
401000-600000	2 (1.4)	1 (0.6)	3 (1.0)	
Main source of payment				
Insurance	11 (7.6)	5 (3.2)	16 (5.3)	
Self pay	114 (78.6)	147 (94.8)	261 (87.0)	
Free medical care	11 (7.6)	1 (0.6)	12 (4.0)	
Children	1 (0.7)	0 (0.0)	1 (0.3)	0.001f
Parents	4 (2.8)	2 (1.3)	6 (2.0)	
Allowance	1 (0.7)	0 (0)	1 (0.3)	
NHIS	1 (0.7)	0 (0)	1 (0.3)	
Was this your first experience with this centre				
No	44 (30.3)	56 (36.1)	-	1.128 (0.288)
Yes	101 (69.7)	99 (63.9)	100 (33.3)	

training on questionnaire administration to collect information from the respondents after securing their consent. Content validity was assured as the questionnaire was first translated into the local language—*igbo* and again translated back to English language; thereby making sure the content remained the same. Modifications were made where necessary. More so, the questionnaire was pre-tested with different radiology patients in the same hospitals four months prior to the interview where the research took place to agree on the contents of the questionnaire and those questions that did not make sense were either modified or discarded altogether.

The research was conducted in compliance with Helsinki Declaration and local legislation. Ethical clearances were obtained from University of Nigeria Teaching Hospital and Life Chart Diagnostic Centre all in Enugu. Informed consent was also obtained from individual patients before questionnaire administration.

The data were analyzed in terms of descriptive statistics using 95% confidence interval. ANOVA test for significance, Chi-Square for association and regression for differences in data and multivariate (intercept) of Pillai's Trace, Wilks' Lambda, Hotelling's Trace and Roy's Largest Root for predictive results of independent variables on dependent variables were applied.

Sample size calculation

The appropriate sample size for the work was achieved using the formula which was developed by Charan et al. (2013) for calculating sample size in medical research and the findings from a previous work, (Iliyasu et al., 2010) in which eighty three percent (83%) of the patients were satisfied with overall health services in the hospital. The calculated sample size was one hundred and eleven (111) for each hospital and two hundred and twenty two (222) for both hospitals, but in order to improve on the result and conclusion of the study and more so because of patient availability, the sample size was increased to three hundred (300) respondents—one hundred and fifty five (155) for the private hospital and one hundred and forty five for the public hospital. Few patients whose number was not tracked decided not to partake in the study. They decided mostly not to partake because of time

factor.

RESULTS

Socio-demographic statistics of the respondents

Table 1 shows a difference in some of the socio demographic characteristics of the respondents. It revealed that the higher the age of the respondents, the fewer their seeking for radiological services at the private facility. In other words, this means that older age groups would not favorably be disposed to using private radiological services. The result confirms this with a Chi-square statistically significant test statistics 23.194(0.001).

The result also showed that greater percentage of the patients who visited the radiological centre are females and it as well showed that more females visited the private radiological centre than they would the public center. Again the test statistics confirmed this at 44.197(0.001). Again the result showed that a greater percentage of those who visited the private radiological services (44.5+41.9%) are those who have attained between high school and College University as compared to those who attend the public centre (28.3+34.5%). In addition, more than half (51.6%) of the patients that attended health service at the private radiological center are those who are married with children as compared to their counterparts in the public that were just 29.0%. The cross tabulation produced a statistically significant Fisher Exact value less than 0.001.

Moreover, more than half (56.6%) of patients seeking care at the public radiological center are those who have been radiological patients for at least one month while at

Table 2. Multivariate analyses predicting respondents' perception of satisfaction, professionalism, skill and competence of Radiographers.

Statistic	Value	F	Sig
Box's M	47.745	1.787	0.04
Multivariate (intercept)			
Pillai's trace	0.943	1124.409	P<0.0001
Wilks' lambda	0.057	1124.409	P<0.0001
Hotelling's trace	16.617	1124.409	P<0.0001
Roy's largest root	16.617	1124.409	P>0.0001
Levene's equality of error variances			
Mean level of satisfaction	-	1.522	0.007
Mean level of professionalism in radiology	-	2.249	P<0.0001
Mean level of knowledge required for practice	-	2.794	P<0.0001
Tests of between-subjects effects (Corrected model)			
Mean level of satisfaction	-	2.257	P<0.0001
Mean level of professionalism in radiology	-	0.696	0.976
Mean level of knowledge required for practice	-	0.855	0.805
Tests of between-subjects effects (Intercept)			
Mean level of satisfaction	-	2326.939	P<0.0001
Mean level of professionalism in radiology	-	594.334	P<0.0001
Mean level of knowledge required for practice	-	630.285	P<0.0001

the private centre, those attending service within one month were just 72 (46.5%) and as high as 29(20%) of Never-the-less the occupation with the highest appearance at the public radiological centre was the student group 38(26.2%). In the Private radiological centre, the occupation with the highest occurrence is trader as they were 32 and the figure represents 20.6% of the patients at the public radiological center could not state how long they had been radiological examination patients. Here again the test statistics showed to be statistically significant at 0.001 Fishers Exact value. There were more respondents who had no income that sought care at the public radiological centre than those who sought care at the private radiological centre. It shows that 49(33.8) were those who sought care at the public radiological centre who had no income while their counterparts in the private centre were just 43(27.7%) accounting for those within that category.

The main source of payment at the two centres was self-pay, however it was more in the private centre (147(94.8%)) than in the public centre 114(78.6%). Also there were more patients who paid through insurance at the public center compared to those who paid using insurance at the private center. It showed that 11(7.6%) paid using Insurance at the public centre and their counterparts in the private was 5(3.2%). Finally there was no difference as to whether the patient was first time

visitor or a re-visitor at both hospitals as it showed that 101(69.7%) and 99(63.9%) for public and private centres respectively. The test statistics gave a non-statistical chi-square value of 1.128, $p=0.288$.

The result presented in Table 2 the Box's Test of Equality of Covariance Matrices giving a Box's M result of 47.745 and F-value of 1.787 $>F_{critical}$ of 1.52 ($p > 0.05$), indicates that respondents' perception of level of satisfaction, radiographers professionalism, skill and competence (knowledge) are dependent on the combined factors of the respondents age, type of hospital where service is received, gender, level of education and patient's length of experience of radiological services.

This result is confirmed in the multivariate tests which give an F-value of 1124.409 ($p < 0.05$) for the combination (intercept) of the factors of respondents age, type of hospital where service is received, gender, level of education and length of experience of radiological services on respondents' perception of level of satisfaction, radiographers professionalism skill and competence.

Particularly, the multivariate test results for Pillai's Trace, Wilks' Lambda, Hotelling's Trace and Roy's Largest Root all have the same F-values of 1124.409 and significance value $p < 0.0001$. This show the dependent variables (level of satisfaction, radiographers' professionalism, skill and competence) are really determined

by the combined effects of respondents' age, type of hospital where service is received, gender, level of education and length of experience of radiology service.

From the Levene's Test of Equality of Error Variances, F-values of 1.52, 2.45 and 2.79 for satisfaction, professionalism, skill and competence were obtained. These were greater than $F_{critical}$ of 1.52 ($p < 0.05$). This further indicates that the above results are acceptable as the equality in error variances across the dependent variables is established. In clearer terms, variation in the response of each respondent from the group response is almost the same among all the respondents. This applies to the level of satisfaction, the level of professionalism in radiology and the level of knowledge radiographers required for practice. So the respondents have the same opinion about the dependent variables, not minding their unique qualities.

From the test of between-subjects effects, the F-values for corrected model and intercept, which are greater than the $F_{critical}$ of 1.52 further establishes the combined effects of respondents' age, type of hospital where service is received, gender, level of education and length of experience of radiology service on respondents' perception of level of satisfaction, radiographers professionalism, skill and competence.

The R (r) value of 0.509 for the respondents perception of level of satisfaction, being greater than the critical R ($r_{critical}$) value of 0.095 reveals that there is a coefficient of determination (relationship) between respondents' age, type of hospital where service is received, gender, level of education and length of experience of radiological services and level of satisfaction. This is indicative that with higher respondents' demographic characteristics, there is more likelihood that respondents' level of satisfaction will increase.

The R (r) value of 0.242 for the respondents perception of level of professionalism in radiology, being greater than the critical R ($r_{critical}$) value of 0.095 reveals that there is a coefficient of determination (relationship) between respondents' age, type of hospital where service is received, gender, level of education and length of experience of radiological services and level of professionalism in radiology. This is indicative that with higher respondents' demographic characteristics, there is more likelihood that respondents' perception will increase. However, this coefficient of determination (relationship) is not as strong as the coefficient of determination between the respondents' demographic characteristics and level of satisfaction.

The R (r) value of 0.282 for the respondents' perception of level of knowledge (skill and competence) required for practice, being greater than the critical R ($r_{critical}$) value of 0.095 reveals that there is a coefficient of determination (relationship) between respondents' age, type of hospital where service is received, gender, level of education and length of experience of radiology service and level of knowledge required for practice. This is indicative of the fact that with higher respondents' demographic

characteristics, there is more likelihood that respondents' perception will increase. However, this coefficient of determination (relationship) is not as strong as the coefficient of determination (relationship) between the respondents' demographic characteristics and level of satisfaction but stronger than the coefficient of determination (relationship) between the respondents' demographic characteristics and perception of level of professionalism in radiology.

From the above, the perceptions of the respondents about levels of satisfaction, professionalism in radiology and knowledge required for practice are influenced by the combination of the respondents' age, type of hospital where service is received, gender, level of education and length of experience of radiological services. However, the combination of these factors has more coefficient of determination (relationship) with level of satisfaction, followed by respondents' perception about the skill and knowledge required for practice, and lastly the respondents' perception about professionalism in radiology.

A breakdown of the multivariate analyses highlighting the predictive values of the independent variables on the dependent variables

Based on the result presented in Table 3, with high Chi-Square values and p-values < 0.05 , the demographic characteristics of the sampled respondents are associated with their level of satisfaction. In particular, respondents that are aged 31 to 40 years are more satisfied with the routine radiological services offered to them by radiographers than respondents of the other age groups, and this satisfaction decreases with increasing age. This shows that the younger respondents are more satisfied than the older respondents. Respondents that attended the private hospital are more satisfied than respondents that attended the public hospital. Female respondents are more satisfied than male respondents. Respondents with secondary school education are more satisfied than respondents with other educational qualifications. Respondents with higher length of experience with radiology are more satisfied than respondents that have lesser length of experience. This shows that level of satisfaction with radiological services rendered by radiographers varies within the different groups as in their demographic characteristics.

Based on the result presented in Table 4, with low Chi-Square values and p-values > 0.05 , the demographic characteristics of the sampled respondents are not associated with their perceived level of professionalism among radiographers. In particular, majority of the respondents from all the age groups, the private and the public hospitals, males and females, the different educational groups and irrespective of how long they have accessed radiological services, believed that the radiographers exhibited professionalism. This reveals that the respondents' perception about the level of

Table 3. Level of satisfaction.

Demographic characteristic	Options	Very dissatisfied (%)	Dissatisfied (%)	Neutral (%)	Satisfied (%)	Very satisfied (%)	Total	Chi-square (p-value)
Age	Under 30	1 (0.7)	5 (3.5)	40 (28.2)	85 (59.9)	11 (7.7)	142 (100.0)	18.043 (0.114)
	31-40	0 (0.0)	1 (1.6)	13 (21.3)	38 (62.3)	9 (14.8)	61 (100.0)	
	41-50	0 (0.0)	2 (4.8)	10 (23.8)	24 (57.1)	6 (14.3)	42 (100.0)	
	over 50	3 (5.5)	4 (7.3)	18 (32.7)	27 (49.1)	3 (5.5)	55 (100.0)	
Type of hospital	Public	3 (2.1)	12 (8.3)	61 (42.1)	57 (39.3)	12 (8.3)	145 (100.0)	55.033 P<0.0001
	Private	1 (0.6)	0 (0.0)	20 (12.9)	117 (75.5)	17 (11.0)	155 (100.0)	
Gender	Male	2 (2.2)	6 (6.5)	39 (42.4)	40 (43.5)	5 (5.4)	92 (100.0)	21.738 P<0.0001
	Female	2 (1.0)	6 (2.9)	42 (20.2)	134 (64.4)	24 (11.5)	208 (100.0)	
Highest level of education	No school	1 (5.9)	2 (11.8)	4 (23.5)	9 (52.9)	1 (5.9)	17 (100.0)	99.440 P<0.0001
	Elementary	0 (0.0)	3 (8.1)	13 (35.1)	16 (43.2)	5 (13.5)	37 (100.0)	
	High school	0 (0.0)	4 (3.6)	24 (21.8)	77 (70.0)	5 (4.5)	110 (100.0)	
	College/ university	2 (1.7)	2 (1.7)	33 (28.7)	61 (53.0)	17 (14.8)	115 (100.0)	
	Higher education	0 (0.0)	1 (5.0)	7 (35.0)	11 (55.0)	1 (5.0)	20 (100.0)	
	Literacy classes only	1 (100.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	1 (100.0)	
Length of experience With radiology	One month	2 (1.3)	8 (5.2)	32 (20.8)	94 (61.0)	18 (11.7)	154 (100.0)	40.075 (0.021)
	Two months	0 (0.0)	0 (0.0)	7 (63.6)	4 (36.4)	0 (0.0)	11 (100.0)	
	Three to six months	1 (3.7)	0 (0.0)	5 (18.5)	19 (70.4)	2 (7.4)	27 (100.0)	
	Seven months to two years	0 (0.0)	1 (4.0)	6 (24.0)	15 (60.0)	3 (12.0)	25 (100.0)	
	Three years to 5 years	0 (0.0)	0 (0.0)	6 (26.1)	14 (60.9)	3 (13.0)	23 (100.0)	
	Five years and above	0 (0.0)	0 (0.0)	5 (20.8)	16 (66.7)	3 (12.5)	24 (100.0)	
	Can't say	1 (2.8)	3 (8.3)	20 (55.6)	12 (33.3)	0 (0.0)	36 (100.0)	

professionalism exhibited by radiographers is not based on the demographic characteristics of the patients. Based on the result presented in Table 5, with low Chi-Square values and p-values > 0.05, the demographic characteristics of the sampled respondents are not associated with their perceived level of knowledge of skills and competence among radiographers. In particular,

majority of the respondents from all the age groups, from the public and the private hospitals, males and females, the different educational groups and irrespective of how long they have accessed radiological services, believed that the radiographers have adequate knowledge of their practice.

This reveals that the respondents' perception

about the level of knowledge (skill and competence) exhibited by radiographers is not based on their demographic characteristics.

DISCUSSIONS

The results of this work clearly show that the

Table 4. Level of professionalism in radiology.

Demographic characteristic	Option	Professional (%)	Not professional (%)	Total	Chi-square (p-value)
Age	Under 30	116 (81.7)	26 (18.3)	142 (100.0)	2.555 (0.465)
	31-40	54 (88.5)	7 (11.5)	61 (100.0)	
	41-50	35 (83.3)	7 (16.7)	42 (100.0)	
	over 50	49 (89.1)	6 (10.9)	55 (100.0)	
	Total	254 (84.7)	46 (15.3)	300 (100.0)	
Type of hospital	Public	126 (86.9)	19 (13.1)	145 (100.0)	1.075 (0.300)
	Private	128 (82.6)	27 (17.4)	155 (100.0)	
Gender	Male	81 (88.0)	11 (12.0)	92 (100.0)	1.165 (0.280)
	Female	173 (83.2)	35 (16.8)	208 (100.0)	
Highest level of education	No school	17 (100.0)	0 (0.0)	17 (100.0)	6.909 (0.228)
	Elementary	31 (83.8)	6 (16.2)	37 (100.0)	
	High school	94 (85.5)	16 (14.5)	110 (100.0)	
	College/university	92 (80.0)	23 (20.0)	115 (100.0)	
	Higher education	19 (95.0)	1 (5.0)	20 (100.0)	
	Literacy classes only	1 (100.0)	0 (0.0)	1 (100.0)	
Length of experience	One month	133 (86.4)	21 (13.6)	154 (100.0)	3.549 (0.737)
	Two months	10 (90.0)	1 (9.1)	11 (100.0)	
	Three to six months	23 (85.2)	4 (14.8)	27 (100.0)	
	Seven months to two years	22 (88.0)	3 (12.0)	25 (100.0)	
	Three years to 5 years	17 (73.9)	6 (26.1)	23 (100.0)	
	Five years and above	19 (79.2)	5 (20.8)	24 (100.0)	
	Can't say	30 (83.3)	6 (16.7)	36 (100.0)	

dependent variables (level of satisfaction, radiographers' professionalism, skill and competence) are determined by the combined effects of respondents' age, type of hospital where services are received, gender, level of education and length of patient's experience of radiological services. At the same time, the results equally vary among the different population groups in the study as the effects of the independent variables differ among the dependent variables.

Take for instance, the case of satisfaction with radiological services. Respondents aged 31 to 40 appear to be more satisfied with radiological services compared to other age groups. Respondents that attended the private clinic, the females, the better educated and those with longer experience with radiological examination are also more satisfied with their radiological experiences. These results are self explanatory as the younger population (31 to 40) years of age may be less concerned with details of being addressed personally and are more likely to be in a hurry to attain to other personal issues of the day. Overall, the respondents are highly educated (115)(38.3%) and most likely may include this (31 to 40) age group, making it easier for them to understand and

follow instructions compared to the younger and elderly population groups.

This result does not exonerate the radiographers as they may have failed in their duty to provide adequate instructions to the other groups bearing in mind the unequal levels of the different population groups to follow and comprehend radiological examination instructions. The elderly and the younger groups require more attention as time must be taken to address their personal needs to improve satisfaction. This finding agrees with Ugwu et al. (2003) where it was recommended that services in delivery related to radiography, friendliness should be improved as a requirement and that radiology staff should be more courteous. Respondents that attended the private clinic expressed more satisfaction than those that attended the public clinic. This result suggests that the private clinic is more at work in meeting the demands of its patients in service delivery. They are hard at work to improve their bottom line and increase their market share as this is the only option of not being edged out in the radiology competitive business.

In Nigeria, public hospitals are less likely to engage in patient satisfaction strategies as the government shoulders

Table 5. Level of knowledge (skill and competence) required for practice.

Demographic Characteristic	Option	Adequate knowledge (%)	Inadequate knowledge (%)	Total	Chi-square (p-value)
Age	Under 30	115 (81.0)	27 (19.0)	142 (100.0)	2.508 (0.474)
	31-40	53 (86.9)	8 (13.1)	61 (100.0)	
	41-50	36 (85.7)	6 (14.3)	42 (100.0)	
	over 50	49 (89.1)	6 (10.9)	55 (100.0)	
	Total	253 (84.3)	47 (15.7)	300 (100.0)	
Type of Hospital	Public	127 (87.6)	18 (12.4)	145 (100.0)	2.248 (0.134)
	Private	126 (81.3)	29 (18.7)	155 (100.0)	
Gender	Male	80 (87.0)	12 (13.0)	92 (100.0)	0.691 (0.406)
	Female	173 (83.2)	35 (16.8)	208 (100.0)	
Highest level of education	No school	16 (94.1)	1 (5.9)	17 (100.0)	4.026 (0.546)
	Elementary	30 (81.1)	7 (18.9)	37 (100.0)	
	High school	93 (84.5)	17 (15.5)	110 (100.0)	
	College/university	94 (81.7)	21 (18.3)	115 (100.0)	
	Higher education	19 (95.0)	1 (5.0)	20 (100.0)	
	Literacy classes only	1 (100.0)	0 (0.0)	1 (100.0)	
Length of experience	One month	136 (88.3)	18 (11.7)	154 (100.0)	7.359 (0.289)
	Two months	10 (90.9)	1 (9.1)	11 (100.0)	
	Three to six months	22 (81.5)	5 (18.5)	27 (100.0)	
	Seven months to two years	21 (84.0)	4 (16.0)	25 (100.0)	
	Three years to 5 years	16 (69.6)	7 (30.4)	23 (100.0)	
	Five years and above	20 (83.3)	4 (16.7)	24 (100.0)	
	Can't say	28 (77.8)	8 (22.2)	36 (100.0)	

the responsibility of staff salary payments, recurrent and capital expenditure regardless of the internally generated revenue (IGR). Never-the-less, strategies must evolve to make government hospitals more responsive to patient care. Patient-centred care should be introduced through in-service training, seminars and workshops. In this study, it is equally not hard to understand that the better educated are more satisfied than the less educated. This is because they are more likely to understand and follow instructions than the less educated groups, thereby improving their chances of being more satisfied with radiological services. The implication of which is that radiographers should be more at work in explaining radiological procedures and preparations for the less educated groups who are likely to be among the elderly and youngest population groups.

The independent variables of respondents' age, type of hospital where service is received, gender, level of education and patient's length of experience with radiological services equally established no relationship with radiographers' professionalism with none of them having a better or significant relationship with radiographers' professionalism than the other. This is

because the R (r) value of 0.242 for the respondents' perception of level of professionalism in radiology is greater than the critical R ($r_{critical}$) value of 0.095. This result is to say that that the radiographers were equally very professional among the various age groups, between the hospitals, the genders, the education groups and among patients with different lengths of radiological services.

It was also observed that the demographic characteristics of the sampled respondents are not associated with their perceived level of knowledge among radiographers. This is because majority among the respondents' age, type of hospital where service is received, gender, level of education and patient's length of experience with radiological services equally believed that radiographers have adequate knowledge of their practice. None of the independent variables was able to predict more than the others concerning radiographers' knowledge (skill and competence) needed to practice. This indicates that radiographers were found competent equally among the various age groups, type of hospital where service is received, gender, education etc; to practice.

Satisfaction with healthcare services and precisely hospital services has received adequate attention in western democracies where advocacy for patients' right have taken prominence. In the sub-Saharan African countries, advocacy for patients' satisfaction with healthcare services is still at its infancy. Quality services rendered in hospitals which are measured in various dimensions including tangibles, reliability of service, responsiveness, assurance, courtesy and empathy to a larger extent determines satisfaction with hospital services. Measuring service quality becomes the advocacy of this study because through this, specific actions are recommended and applied to improve patient satisfaction which invariably increases the bottom line of hospitals through improved patient patronage. These elements of quality are needed to improve service satisfaction in radiology especially in the Nigerian setting and modified to our unique character.

Patient number has continued to climb much faster in the world due to longer life and improved medical services yet healthcare access has remained elusive to majority of patients in Nigeria. Access to healthcare services means timely use of healthcare services to achieve personal wellbeing. This could be inhibited by a lot of factors including lack of availability of healthcare services and high financial costs associated with access to care. Even when healthcare services are available and affordable, structural barriers personified in the attitude of providers could still constitute a barrier to access. Improving access to radiological services could mean a change in the way providers offer services to patients which invariably affect their perception and this we recommend should be considered in offering radiological services in Nigeria.

As healthcare becomes increasingly complex and medication use rises, the vital role pharmacists play in coordinated care delivery becomes very important. It is expected that pharmacists should give patients greater access to healthcare through their role in patient-care services by working more closely with other healthcare professionals to manage chronic conditions, help patients' transition among healthcare settings, and optimize medication use in radiology services. This invariably will improve satisfaction with radiological services as well if well structured in the Nigerian radiological services.

Finally, given the vastness in disease burden in developing countries, efforts are being made to accelerate the production of new technologies to help ameliorate and contain the expanding and growing problems in disease diagnosis as in radiology. Improving the health of the majority in Nigeria, accelerated development in technological advancements in diagnostic techniques is required. However efforts in this direction are impeded by lack of technical training, research tools, financial resources, and up-to-date scientific information. However, accelerated developments in technological advancements personified in technical know-how and provider/patient relationships will go a long way to

increase satisfaction with radiological services in Nigeria.

STUDY LIMITATION

The study has some limitations. First, only two hospitals were chosen conveniently for this study which invariably affects the generalization of the results. More hospitals ought to have been included especially from the rural settings to understand if results could have been different from what were obtained as only urban hospitals were involved in the study. The study was also beset by the limited time period (4 months) within which it was conducted. A longer period would have included a different character of respondents which could have influenced the findings as well.

RECOMMENDATIONS

From the analyses, it is indicative that satisfaction with radiological services decreases with increasing age. Younger respondent are seen to be more satisfied than the older respondents. Exploring the reasons for this outcome and imploring specific strategies to improve on the satisfaction of older radiology patients will be most welcomed. Devising and implementing concrete provider/patient relationships are recommended. Customer relations like identifying patients by their names, explaining the procedure to be undertaken before examination and the likely outcomes, in essence allaying the fears and apprehensions of the older patients are likely measures to improve the satisfaction of the older patients.

Secondly, it is also noted that respondents that attended the private hospital were more satisfied than respondents that attended the public hospital. Differences in patient management deployed by the two hospitals need to be explored. The public hospital could borrow a leaf from the strategies used by the private hospital to beef up the satisfaction level of its radiology patients. It was also gathered from the results that female respondents were more satisfied than male respondents. Probing into the reasons why the males were less satisfied with the radiological services than the females will help in strengthening services to accommodate the desires of the male respondents in radiological services.

The results equally showed that respondents with secondary school education were more satisfied than respondents with other educational qualifications and respondents with higher length of experience with radiology were more satisfied than respondents that have lesser length of experience. The study do recommend that the less educated and first timers in radiological examination be provided with better attention by explaining what is involved in radiological examination. The likely apprehension of the big machines, not understanding what's involved in radiology especially for

the first timers, not being educated on what to expect before and after radiological examination in a language understood by the less educated and first timers should be emphasized and dealt with in future examinations involving them.

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Conflict of Interests

The authors have not declared any conflict of interests.

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Full Length Research Paper

An investigation of the leadership styles of Pentecostal church leaders in Zimbabwe

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The aim of the paper is to focus on leadership styles exercised by Pentecostal leaders in Zimbabwe. The target population was divided into three main groups; the founders, the leaders and the members of Pentecostal churches in Zimbabwe. Depth interviews and questionnaires were used on six founders, three hundred and fifty leaders and nine hundred members. The leadership style of the founders was found to be transformational while that of the leaders was democratic. The dominant leadership style as reported by members was supportive. The study extends/applies the study of leadership styles from business organisations to church organisations. The study enabled the creation of leadership models that can be applied to both church and business organisations for growth. An in-depth study on the leadership styles practiced by Pentecostal churches in Zimbabwe clarifies on the reasons of growth experienced in the churches.

Key words: Democratic leadership, founders, leaders, supportive leadership and transformational leadership.

INTRODUCTION

The study is unique in that it cascades business leadership models to Pentecostal churches in Zimbabwe. Means (1989, p.66) identified five attributes of leaders. The first is that leaders listen and have a passionate desire to understand the needs of followers. Listening builds strength in other people. The second attribute is that leaders build a team by creating a strong sense of synergy, active participation and developing and nurturing followers. The third attribute is that a leader inspires those that follow him/her by recognizing their needs, rewarding them where necessary and building them to full potential. Finally a leader balances priorities which can be analysed from three dimensions, personal

(the individual), social (the group) and production (the job). The ability of a leader to balance these three aspects is crucial to the well-being of all players in an organisation and to one's type of leadership.

Apart from the above leadership attributes, effective leaders tend to exhibit the following characteristics; energy, endurance and physical stamina where leaders work for long hours in order to drive themselves and the subordinates. The second characteristic is the ability of the leader to focus on one's energy and to avoid wasted effort. Such leaders tend to invest their energies and efforts in a single direction and are not easily distracted. A leader has to have aspects of sensitivity, which make it

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possible to read and understand others. It is important for a leader to understand the people that he works with and that he interacts with. The leader should understand the people in terms of their attitudes, interests and their needs. This factor emphasizes the importance of communication skills of the leader to the subordinates, understanding who they are, their position on the issues, and how best to communicate with and influence them (Pfeffer, 1981; 1992; 1993). The fourth characteristic is that of flexibility, particularly with respect to selecting various means in order to achieve one's goals. Flexibility provides the capacity to change the course of action and to be innovative, adopting new methods rather clinging to the status quo. The fifth characteristic is the willingness to engage, when necessary, in conflict and confrontation, or, in other words, a certain degree of personal toughness. The final characteristic is the ability to submerge one's ego, at least temporarily, and play the good subordinate or team player to enlist the help and the support of others. It is important for leaders to be able to change their behaviour in accordance with the situation.

Hemphil and Coons (1957, p.7) define leadership as the behaviour of an individual directing the activities of a group toward a shared goal. Leadership is exercised when a person mobilizes institutional, political, psychological and other resources so as to arouse, engage and satisfy the motives of followers (Burns, 1978, p.18). It is the process of influencing the activities of an organized group toward goal achievement (Rauch and Behling, 1984, p.46) and is the ability of an individual to influence, motivate and enable others to contribute toward the effectiveness and success of the organization (House et al., 1999, p.184).

However leadership also evolved and began to encompass the issue of relationships, followers and emotions instead of focusing on the characteristics of the leader only. Leadership is a relationship in which one person seeks to influence the thoughts, behaviours, beliefs or values of another person (Wright, 2004, p.2). Rowold (2008, p.404) emphasises that only the emotional, value based aspects of leadership influence can account for the exceptional achievements of groups and organisations.

Leadership, as pointed out by Blackaby and Blackaby (2011, p.34), occurs when you move people from where they are to where they ought to be. The result of leadership is that people are not in the same place they were before they were led.

Leadership styles

According to Anderson (2000, p.2267), leadership theories can be grouped into three main categories: leadership as a personality; leadership as behaviour and action and leadership as symbol (how the leaders or actions of leaders are perceived). Yukl (2002, p.11)

classified leadership theories and empirical research on leadership under the following categories; the trait approach, the behaviour approach, the power influence approach, the situational approach and the integrative approach. It is from such theories that leadership styles are derived. Leadership style describes what the leader emphasises when acting in a leadership role (Marturano and Gosling, 2008, p.156). Differences in attitude lead to different leadership styles. The leadership style concept captures both the task orientation and the relationship aspect of behaviour at the same time.

Transactional leadership

Transactional leadership is most often explained as a cost-benefit exchange between leaders and their followers (Kuhnert and Lewis, 1987). The transaction or exchange involves something of value between what the leader possesses or controls and what the follower wants in return for his/her services (Yukl and Fleet, 1992). It involves leaders clarifying goals and objectives, communicating to organize tasks and activities with the cooperation of their employees to ensure that wider organisational goals are met (Bass, 1990; 1998). The success of this type of leader-follower relationship depends on the acceptance of hierarchical differences and the ability to work through this mode of exchange. Transactional leadership is based on the assumption that subordinates and systems work better under a clear chain of command. Burns (1978 cited in Church and Waclawski, 1999:1419 implies that the relationship of the leaders with followers is based on the exchange model that is rewards for work and favour for favour. Kuhnert (1994) agrees with Burns (1978) by saying that the implicit belief in the leader-follower relationship is that people are motivated by rewards and penalties and that interpersonal relations can be characterized as more or less rational exchanges between agents exercising the power of choice.

Three important distinctions identify transactional approaches to leadership. The first dimension is the contingent reward which is the degree to which the leader sets up constructive transactions or exchanges with followers. The leader using this dimension clarifies expectations and establishes the rewards for meeting these expectations. The second and third dimensions of transactional leadership are two types of management-by-exception. Management-by-exception occurs when the leader intervenes to make a correction when something goes wrong. The two types of management –by-exception are active and passive. Active leaders monitor follower behaviour, anticipate problems and take corrective action before the behaviour creates serious difficulties (Northouse, 2004, p.179). Passive leaders wait until the behaviour has created problems before taking action. The active form of the leader looks for

deviations, whereas in the passive form, the leader waits for problems to emerge (Hater and Bass, 1988).

While transactional leaders motivate followers to comply with the leaders' requests and organisational role through an exchange process, transformational leaders motivate followers by encouraging them to transcend their self-interests for the sake of the organisational and shared goals (Marturano and Gosling, 2008, p.168). Transactional leaders predetermine what their followers should do to realize their personal and organisational aims, while transformational leaders motivate and stimulate their followers to surpass their own self-interests and direct themselves to a higher level of motivation linked to the interest of the team, organisation or larger community (Bass and Avolio, 1994; Eagly et al., 2003). Workers are not motivated to give anything beyond what is clearly specified in their contract because transactional leadership encourages specific exchanges and a close connection between goals and rewards.

Transactional leaders exhibit specific leadership skills usually associated with the ability to obtain results, to control through structures and process, to solve problems, to plan and organise and work within the structures and boundaries of the organisation (Marturano and Gosling, 2008, p.169). As the transactional style revolves around the formulation and maintenance of a contract, negotiation skills are essential for this type of leadership. Effective transactional leaders are capable of clarifying what is expected of the employees' performance, explaining how to meet such expectations, spelling out the criteria of the evaluation of their performance, providing feedback on whether the employee is meeting the objective and allocating results that are contingent to their meeting the objectives (Bass, 1985). The transactional leadership exemplifies the most common dynamic of social exchange between leadership and followers. The question that remains is the extent of this dynamism and which this study tries to explore.

Laissez-faire

Laissez-faire leadership is the avoidance or absence of leadership. Laissez-faire leaders are indifferent and have a 'hands-off – let –things-ride' approach toward the workers and their performance (Marturano and Gosling, 2008, p.168). These leaders ignore the needs of others, do not respond to problems or do not monitor performance. They avoid making decisions, hesitate in taking action and are absent when needed (Avolio and Bass, 2004). The laissez-faire leader avoids active participation in the responsibility of setting goals, clarifying expectations, organising priorities or becoming involved when leadership direction is needed (van Eden et al., 2008). There is no attempt in assisting followers to reach their potential and to make them grow. The leader allows the members to make their own decisions

resulting in the expectant self-empowerment of the follower (Hartog et al., 1997; Bartol et al. 2003). According to Omolayo (2007, p.1), laissez-faire involves non- interference policy, allows complete freedom to all workers and has no particular way of attaining goals. The subordinates under the laissez-faire leadership have to seek other sources to support them in making final decisions (Muenjohn, 2007).

Transformational leadership

Transforming leadership aims to move beyond people's wants and desires, thereby encouraging their real needs and values. It appeals to the moral values of followers in an attempt to raise their consciousness about ethical issues and to mobilize their energy and resources to reform institutions (Yukl, 2002, p241). Transformational leaders are visionary, solitary, inspirational figures consumed with very particular ideals and goals (Bass, 1990; Burke, 1986; Tichy and Devan, 1986; Zaleznik, 1977 cited in Church and Waclawski, 1999, p.1419).

Yukl (2002) identified four components of transformational leadership; idealized influence (charisma), inspirational motivation, intellectual stimulation and individualized consideration. According to Bass and Steidlmeier (1999), leadership is truly transformational only if it is focused on the interests of followers, not on the leader's self-interest. They distinguish between authentic transformational leadership and pseudo-transformational leadership. Authentic transformational leaders are committed to altruistic values and moreover conform their behaviour to these values. Pseudo-transformational leaders are engaged in the pursuit of self-interest.

According to Bass (1985), there are four behavioural components that make up transformational leadership: charisma, inspiration, intellectual stimulation and individualised consideration. Charisma is the ability to arouse emotions that will result in strong identification of the followers with the leader. This includes the leader providing vision and gaining respect and trust. Shamir et al. (1993) propose that charismatic leaders' expression of high expectations for followers' performance and their ability to persuade followers that they can meet those expectations motivate followers to produce and sustain greater effort through the mediation of self-efficacy. They went on to say that by articulating a compelling vision, charismatic leaders produce in followers a level of personal commitment whose personal behavioural manifestations produce a self reinforcing cycle that sustains itself over time (Shamir et al, 1993 cited in Shea, 1999). Inspiration is based on behaviour espoused by the leader such as communicating high expectations, the use of symbols to gain the focus of followers and modelling the appropriate behaviour. Intellectual stimulation includes promoting intelligence and rationality, enabling followers

to be creative problem solvers. Individualised consideration is where leaders give support and personal attention to followers and express appreciation of their work, thereby developing self-confidence.

Bass assumes leadership as a position and omits the moral dimension. However Burns (1978) addresses the moral dimension when he says the result of transforming leadership is a relationship of mutual stimulation and elevation that converts followers into leaders and may convert leaders into moral agents (Owen et al., 2004, p.314).

Transformational leadership begins with different beliefs about oneself and others. The first is that leadership is not a job but a way of being. The second is that whereas in some beliefs, leadership means power and control over others, in transformational leadership a desire to enable others to realize their own power and leadership potential is exercised. Leadership under transformational leadership is a mutual relationship where each participant can rise to a worthy purpose and behave with moral fibre, courage, integrity and trust. Individuals who exhibit transformational leadership often have a strong set of internal values and ideals and they are effective at motivating followers to act in ways that support the greater good rather than their own self interests (Northouse, 2004, p.136). Leaders under this approach are concerned with the performance of followers and with developing followers to their maximum potential.

Transformational leaders are flexible, empower and nurture followers to their maximum potential. They create a vision which gives the leader and the organization a conceptual map for where the organization is headed; it gives meaning and clarifies the organization's identity and gives followers a sense of identity within the organization and also a sense of self-efficacy (Northouse, 2004, p.145). The transformational approach focuses on both the followers' and leader's needs and both are central in the leadership process.

However one of the criticisms of this approach is that there are overlaps especially when considering the four factors. The overlap does not provide a clear distinction on the factors. Another criticism is that some of the terms in the transformational approach are used synonymously while others try to separate them such as charismatic and transformational leadership. The third criticism of this approach is that it lacks clarity; it covers a wide range of what is involved.

Servant leadership

According to Greenleaf, the great leader is seen as servant first, and that simple fact is key to his greatness (Greenleaf, 1977; Rezaei et al., 2012) and places emphasis on the needs of the follower over self-interests of the leader (Laub, 1999). The notion by Greenleaf is supported by a Biblical scripture in Mt. 23:11 which says:

But he that is greatest among you shall be your servant (NIV)

A relevant definition of servant leadership focuses on the spirit of the leader and the task of the leader. The life of a servant leader is one that is marked by what flows or comes out of them, who they are and not by technique. It describes the inner nature, character and spirit of the leader. A servant leader is a moral leader whose purpose is accomplished when their subordinates become more autonomous (Dubrin et al., 2006). The servant leader is mission driven and goal oriented in all that he or she does. Servant leadership focuses both on the spirit of the leader and the task of the leader; it seeks to meet the needs of the follower through actions that empower the follower by the sharing of power and a practice of authenticity in leadership that favours the follower (Laub, 1999). It moves away from the command-control leadership styles and focuses on teamwork, egalitarianism and strong ethical behaviour which involve followers in decision making and sacrificially provides quality and direction to the followers (Spears, 1996). Servant leadership promotes the valuing and development of people, the building of community, the practice of authenticity, the providing of leadership for the good of those led and the sharing power and status for the common good of each individual, the total organisation and those served by the organisation.

A relevant definition of servant leadership therefore focuses on the spirit of the leader and the task of the leader. The life of a servant leader is one that is marked by what flows or comes out of them, who they are and not by technique. It describes the inner nature, character and spirit of the leader. A servant leader is mission driven and goal oriented in all that he or she does. It means a person has the innate desire to serve (Rezaei et al., 2012). Servant leadership focuses both on the spirit of the leader and the task of the leader. It moves away from the command-control leadership styles.

Lenski (1986) expresses a servant as a person wanting to serve others and therefore in the kingdom of God you are recognized by how much you have been prepared and how much you have served Christ's people. One of the Biblical scripture that supports the notion by Lenski is 1 Corinth.4:1-2 which states that:

So then, men ought to regard us as servants of Christ and as those entrusted with the secret things of God. Now it is required that those who have been given a trust must prove faithful (NIV).

The other scripture reference that exemplifies Christ as a servant leader is found in Jn: 13:1-17. Greenleaf (1977), the founder of servant leadership, noted that the only authority deserving our allegiance is that which is freely granted by the led to the leader in proportion to the servant stature of the leader.

Democratic

The definitions of democratic leadership are dynamic and abundant (Choi, 2007) and this has resulted in an unclear well-developed definition of democratic leadership (Gastil, 1994).

Democracy means the power of the people or the dominion of many whereby the people may participate in power directly or representatively (Jürgen, 2011). Democracy involves a participatory relationship where individuals are involved in the decision-making process to determine what needs to be done and how it should be done and by who. It involves the distribution of power between employees and managers so as to allow employee involvement in decision-making. It is characterized by a bottom-up approach and allows a constant flow of information up the chain of command.

Members of the group take a participative role in the decision – making, the followers actively participate in the leadership process (Jürgen, 2011). It encourages creativity and team members are engaged in projects and decisions. The democratic leader plays three major roles; distributing responsibility, empowering others and aiding others in their deliberations (Jürgen, 2011), though he makes the final decisions. White and Lippitt (1960) emphasise group participation, discussion and group decisions encouraged by the leader. The major characteristic of the democratic leadership style is participation (Chemers, 1984; Luthar, 1996; Denhardt and Denhardt, 2003 cited in Choi, 2007).

One of the benefits of the democratic leadership style is that it allows employees' innovativeness and creativity which in turn benefits an organization. It is useful when there are difficult problems to solve which may require several different perspectives in order to come to an agreement. This approach takes time so it can slow decision-making. It can hinder situations where speed or efficiency is essential by trying to gather people's input. This type of leadership requires strong leaders that can maintain positivity, control and performance.

Supportive

Supporting is a relationship-oriented behaviour that shows consideration, acceptance and concern for the needs and feelings of others (Yukl, 2002). Supportive leaders tend to be friendly, approachable and pay attention to the welfare of members and helps, according to Yukl (2002) build and maintain an effective interpersonal relationship. The leaders make themselves available whenever members or subordinates need support, help or advice. This is likely to win the relationship and support of subordinates.

Theocracy

Theocracy is a government by divine guidance or by officials who are regarded as divinely guided. It is a

government by a specific institutional faith (Douthat, 2006:24). The word theocracy comes from the Greek word which means 'rule by God'. Theocracy is bound up with a commitment to certain societal objectives that are characterised by equality, justice and community values (Wright, 1990, p.5). The religious community is ordered by God through the intermediary of its founders and leaders who establish political, educational and legal institutions, that is the divine Law, directing the citizens toward what is best (Fraenkel, 2010, p.346). According to Mkwanzai, the church as a theocracy run by the all powerful ordained man of God, does not and should not lend itself to democratic principles of management and leadership (Nyathi, 2013), Theocracy reflects God's character, values, beliefs and goals (Wright, 1990). God becomes inseparable from the social objectives of the people and therefore the concept of God as reason gives normative weight to the description that the more human beings perfect reason the more they become like God (Fraenkel, 2010).

METHODS

The focus of the study was to find out the leadership styles that are prevalent in Pentecostal churches in Zimbabwe. Some of the questions asked were related to the characteristics and values of the Pentecostal church leaders such as integrity, empowering, supportive, visionary, focused and God-fearing. It also focused on what the leaders themselves perceived to be their leadership styles and what the followers perceived to be the leadership style of their leaders. In order to address the research questions fully, the mixed methods (pragmatic) approach was adopted in this study where methods are integrated within a single study (Creswell, 2009). The pragmatic approach uses methods which appear best suited to the research problem without being caught up in philosophical debates. These are methods to expand the scope or breadth of the research to offset the weaknesses of either approach alone (Blake, 1989; Greene et al., 1989; Rossman and Wilson, 1991 cited in Driscoll et al., 2007). According to Testa et al. (2003), the major reasons for using the mixed methods approach are that the approach enhances precision of the words and narrative; the answers can be broader and more comprehensive because the researcher is not focused on a single approach and finally the researcher can provide strong evidence for a conclusion and corroboration of findings. In the research the mixed methods approach played a complementary role as well as the 'synergetic' role where a research question can be concluded fully through the mixed approach technique. Pragmatism is therefore not committed to one system philosophy and reality; researchers have freedom of choice of methods, techniques and procedures of research that best meet their needs and purposes; do not see the world as an absolute unity; truth is what works at that time (Cresswell, 1998). The mixed methods approach is therefore, flexible, uses multiple methods of data collection and analysis in order to bring out a true meaning. It uses both the deductive and inductive approaches.

Pragmatic research uses qualitative research to inform the quantitative portion of research studies or vice versa (Onwuegbuzie and Leech, 2005). The mixed methodology as discussed by Onwuegbuzie and Leech, (2005) allows for triangulation (seeking convergence and corroboration of results from different methods studying the same phenomenon), complementarity (seeking elaboration, enhancement, illustration and clarification of the results from one method with results from the other method), development

(using the results from one method to help inform the other method), initiation (discovering paradoxes and contradictions that lead to reframing of the research question) and expansion (seeking to expand the breadth and range of inquiry by using different methods for different inquiry components).

According to Yin (1994), bringing qualitative and quantitative evidence and methods strengthens the case study method. Interviews and observations may not enable the researcher to generalize and draw broader conclusions as these techniques are limited as to whether the same things happen to other individuals in similar circumstances (Hussey and Hussey, 1997; Stangor, 1998). Questionnaires on the other hand have the ability of gathering a wide range of complex information on individuals or organizations on a comparable basis (Veal, 2005). Collis and Hussey (2009) indicate that the questionnaire method is appropriate for a study aimed at finding out what respondents say they do, think or feel while trying to make a generalization from a sample to a population. The researcher adopted the mixed methodology having realized that to get to a comprehensive conclusion a combination of qualitative and quantitative techniques are needed in this research. Misinterpretation, superficial answers and unwillingness to give real opinions are some of the shortcomings of questionnaires which can be addressed by using interviews.

Case studies are particularly good at enabling the researcher to get a detailed understanding of the context of the research and the activity taking place within the context (Huberman and Mile, 2002; Saunders and Lewis, 2012). Yin (1994) noted further that a case study research aims not only to explore a certain phenomena but to understand them within a particular context using multiple methods for collecting data (Hussey and Hussey, 1997, p.66). The case study allows the investigator to concentrate on specific instances in an attempt to identify detailed interactive processes which may be crucial, but which are transparent to the large-scale survey – it provides a multi-dimensional picture of the situation (Remenyi et al., 2005). The researcher adopted a descriptive case study approach where she focused on a six Pentecostal church settings. These church settings provided an in-depth account of events, relationships, experiences or processes occurring in that particular instance. The advantages of using the descriptive case study approach according to Lessem and Schieffer (2008) are; firstly that they reveal more fully the essence and meanings of human behaviour. Descriptive case studies seek to uncover qualitative and quantitative factors in such experience. Thirdly, they engage one's total self in passionate involvement with the phenomenon. Finally the descriptive case study approach seeks to predict or determine causal relationships and they undertake careful, comprehensive descriptions, vivid and accurate renderings of experience rather than measurements or ratings. The study on the influence of leadership suits the descriptive approach as the researcher seek to get first hand information from the church leaders, their associates and the members of the congregation.

The researcher then selected the churches based on the following criteria: the church should be in Zimbabwe and should have been in existence for the past ten years by the time this study started in 2010 and should have branches locally, regionally and internationally. The church should believe in the Pentecostal doctrine of salvation, Holy Spirit with the evidence of speaking in tongues, healing, deliverance and tithing. The other criteria are that the church category should be registered with the relevant Ministries in Zimbabwe and be affiliated to the governing board of Pentecostal churches in Zimbabwe; the Evangelical Fellowship of Zimbabwe (EFZ). Following the above criteria six churches were selected which were given pseudonyms for identification purposes, starting from the biggest to the small ones. The terms biggest, bigger, big 1, big 2, small 1 and small 2 were used. The biggest and bigger churches existed before the Zimbabwean independence while the rest emerged after independence.

The case study approach allowed the researcher to use multiple

sources of data collection techniques and in this research observations, in-depth interviews and questionnaires were used as the main methods of data collection.

Depth interviews were carried out on founders of the church, leaders and members in order to understand the full process, hidden meanings and the context of the results. This category represents the main decision makers within the Pentecostal churches. The interviews were done in two phases. The interviews were also used for purposes of elaboration and expansion where data analysis may exemplify how patterns based on quantitative data analysis apply in particular cases. It therefore adds to the understanding of the data collected using other instruments. It is important to add at this level that informal interviews were done in an unstructured manner on members of the congregation to assist in a broader understanding of the aspects that were surfacing as the data collection procedure was going on.

An interview is a conversation with a meaning (Berg, 1989; 2004; Dexter, 1970 cited in Maykut and Morehouse, 1994). The researcher arranged interviews with people whom the researcher believes may add to the understanding of the phenomenon being studied. Interviews gather information on emotions, experiences and feelings. The nature of such emotions, experiences and feelings need to be explored rather than simply reported in a word or two. Investigation of leadership styles may also involve sensitive and in many cases personal issues hence the need of an interview. Sensitive issues call for careful handling and in some cases coaxing in order to get the informant to be open and honest. The researcher used interviews on leaders of the church who held information that ordinary followers would not have.

A combination semi structured interviews and unstructured interviews were used since the issues discussed, the questions raised and the matters explored change from one interview to the next as different aspects of the topic are revealed (Hussey and Hussey, 1997:156). Some of the questions asked the founders were: how, when and why did you start their church and what their mission and vision are. They were also asked what they would consider as their leadership style and the reasons for that. The founders were also asked the structure if their church and also asked to explain the leadership model that they were following.

The leaders that are under the founders were asked why they joined that particular church and how they were selected to leadership. They were also asked on their tenure of office if any and their leadership style. The leaders were also questioned as to what they perceive as the leadership style of the founder and how this complements with their own leadership style.

Interviews are good at producing data which deal with topics in depth and in detail. Subjects can be probed, issues pursued and lines of investigation followed over a relatively lengthy period. The researcher is likely to gain valuable insights based on the depth of the information gathered and the wisdom of key valuable informants. Interviews are a good method for producing data based on informants' priorities, opinions and ideas. The informants have the opportunity to expand their ideas, explain their views and identify what they regard as crucial factors. Information from interviews can also be used to supplement information obtained from other techniques such as observations, surveys and non-verbal reactions (Kumar, 2005).

The method itself is flexible allowing for adjustments during interviews. It also requires simple equipment which is easily accessible. Data can be checked for accuracy and relevance as they are collected. The response rate is high as the interviews are pre arranged and they are also therapeutic in nature. The researcher was focusing on leadership styles and leaders are sometimes lonely for many reasons so this gave them a chance to speak to someone without being criticized.

Group pressure is eliminated so that each respondent reveals more honest feelings. The one – one interview situation gives the respondent the feeling of being the focus of attention, whose

personal thoughts and feelings are important and genuinely wanted. The closeness of the one – to – one relationship allows the interviewer to become more sensitive to non-verbal feedback.

Without the restrictions of cultivating a group process, new directions of questioning can be improvised more easily. Individual interviews allow greater flexibility in exploring casual remarks and tangential issues, which may provide critical insights into the main issue (Saunders et al., 2009; Bryman and Bell, 2003).

The researcher took into cognizance some of the following problems related to interviews. Analysis of data can be difficult and time-consuming as this requires the transcribing and coding of interview data. Semi-structured and unstructured interviews produce data that are not pre-coded and have relatively open format. The data collected are to an extent, unique owing to the specific context and the specific individuals involved. This has an adverse effect on reliability.

The other disadvantage is that data from interviews are based from what people say rather than what they do. The two may not tally. Interviewees' statements can be affected by the identity of the researcher. The recording part can be inhibiting to some people. The areas that one may be interviewing on may be so sensitive to such an extent that some subjects may not be free to open up. Finally interviews may be costly to the researcher in terms of the resources that may be needed such as stationery, transport and accommodation and provision of food in some cases.

The researcher requested for permission from senior pastors/founders for carrying out interviews. The interviews ranged from structured to unstructured formats using a question guide where necessary. Structured interviews were used on leaders in order to establish their goals, leadership styles, background of the founder, leadership structure, the number of churches planted and the number of followers they have. In order to get a fairly accurate understanding the researcher would use probes during interview such as detail-oriented probes, elaboration probes and clarification probes where necessary. The researcher used note taking during the interviews. The researcher found this method useful in order to gain the leaders' perspectives on the focus of enquiry of this study.

Questionnaires with self- introductory cover letters were used in this research so as to link and compliment with other methods that were used for data collection. A self completion questionnaire survey was distributed to eight hundred members of the church members of the six Pentecostal church categories. Another three hundred questionnaires were distributed to the leaders within the case study while the other questionnaire was distributed to six founders of the Pentecostal churches in Zimbabwe. The questionnaire addressed questions focusing on three main areas of leadership styles, growth and sustainability. This focus on the three areas was utilized in all the research instruments though the focus of particular issues would differ from one instrument to another.

Sampling

Unit of analysis

This study focused on the influence of leadership styles on Pentecostal churches in Zimbabwe. Six Pentecostal churches were studied and were pseudonyms for ethical purposes; the pseudonyms being biggest, bigger, big 1, big 2, small 1 and small 2. The units of analysis were individuals within the Pentecostal churches in Zimbabwe; these being founders, leaders and members. According to Collis and Hussey (2009, p.121), a unit of analysis is the kind of case to which the variables or phenomena under study and the research problem refer and about which data is collected and analyzed.

Sample and sample size determination

Choosing a study sample is an important step in any research

project since it is rarely practical, efficient or ethical to study whole populations (Marshall, 1996). Sampling methods allow researchers the ability to reduce research costs, conduct research more efficiently (speed) and provides for greater accuracy (Latham, 2007). A proposed sample size should take into account the aim of the study, the intended statistical analysis technique, the expected variability within the samples and the anticipated results (Hussey and Hussey, 1997; Marshall, 1996; Clegg, 1990). Marshall (1996) states that an appropriate sample size for a qualitative study is one that adequately answers the research question and the number of required subjects usually becomes obvious as the study progresses, as new categories, themes or explanations stop emerging from the data (data saturation). This notion is supported by Mason (2010) who argues that qualitative samples must be large enough to assure that most or all of the perceptions that might be important are uncovered. Sample size in the majority of qualitative studies should generally follow the concept of saturation, whereby the collection of new data does not shed any further light on the issue under investigation (Mason, 2010). Qualitative sampling usually requires a flexible, pragmatic approach using a flexible research design and an iterative, cyclical approach to sampling, data collection, analysis and interpretation (Marshall, 1996). Samples for qualitative studies are generally much smaller than those used in the quantitative studies (Mason 2010). The reasons for the small sample size are that as the study goes on more data does not necessarily lead to more information, qualitative research is concerned with meaning and not making generalised hypothesis statements and finally qualitative research is very labour intensive, analysing a large sample can be time consuming and often simply impractical (Ritchie et al., 2003).

As a result of the numerous factors that can determine sample sizes in qualitative studies, many researchers shy away from suggesting what constitutes a sufficient sample size (Mason, 2010). The numbers range between five to fifty interviews depending with the type of study (Morse, 1994; Creswell, 1998; Guest et al., 2006; Green and Thorogood, 2009; Charmaz, 2006; Ritchie et al., 2003; Bryman, 2012). Gerson and Horowitz (2002:223), however, suggest that fewer than 60 interviews cannot support convincing conclusions and more than 150 produce too much material to analyse effectively and expeditiously. Saunders et al. (2009) argue that the issue of sample size is ambiguous; it is dependent on one's research questions and objectives. Bryman (2012) concluded that there is quite a lot of variety in what is believed to be the minimum requirement, so that it is unsurprising to find that actual sample size varies considerably in qualitative research.

Purposive sampling was used where the researcher actively selects the most productive sample to answer the research question (Marshall, 1996). Purposive sampling is selecting a sample on the basis of your own knowledge of the population, its elements and the nature of the research aims (Babbie, 1990). In purposive sampling subjects are selected for a good reason tied to purposes of research and useful in case study research (Saunders et al., 2009). For the purpose of this study interviews were divided into three group participants; founders, leaders and members. In the first stage semi structured interviews were carried out on four founders, thirty five leaders and thirty members. In the second stage a structured interview guide was used on five founders and one president of the church since the founder died some years ago. In addition, eighteen leaders and thirty members were interviewed.

The choice of subjects for the questionnaire survey utilized the multi-stage sampling technique which allows the researcher to cluster certain groups because a master list is not available and used to overcome geographically dispersed population (Latham, 2007; Saunders et al, 2009). Multi- stage sampling, sometimes referred as multi-stage cluster sampling, is used where the groups selected in a cluster sample are so large that a sub-sample must be selected from each group (Hussey and Hussey, 1997, p.147). It is difficult to establish the exact number of the Pentecostal population

but clustering them together in groups allows the researcher to come up with the required sample size. Multistage sampling refers to sampling plans where the sampling is carried out in stages using smaller and smaller sampling units at each stage (Latham, 2007). One selects clusters randomly from the population and then select individuals randomly from the clusters. One way to increase the accuracy of results from cluster sampling is to use many clusters when implementing multistage sampling.

The researcher started off with regions or provinces, then districts, cities and local churches. As the population increases, the sample size increases at a diminishing rate and remains relatively constant over 380 cases (Krejcie and Morgan, 1970; Collis and Hussey, 2009). Czaja and Blair (2005) argue that a compromise is fashioned between sample size requirements, the method of data collection and the resources available. Taking the above discussion into consideration; with over a million Pentecostal church members in Zimbabwe, the researcher used a sample size of six founders, 350 for the leaders and 800 for the members.

Measurement

A pragmatic approach may also relate to the resources available to researchers, even dictating which questions one asks and the way they are framed. In the second stage, the aim of the survey was to establish the dominant leadership style. The questionnaire had five parts on leadership styles within it; transformational, transactional, Laissez-faire, supportive and servant leadership. In the first part, the Multifactor Leadership Questionnaire (MLQ) by Avolio and Bass (2004) was adapted considering the context in which it was applied and the questionnaire was designed using literature as efforts to get the instrument from the authors proved difficult. The MLQ is a widely used instrument worldwide (Tejeda et al., 2001). This part of the questionnaire addressed the following leadership styles; transformational, transactional and laissez-faire. According to Avolio and Bass (2004) the major components of the transformational leadership style are; idealised influence, inspirational motivation, intellectual stimulation and individualized consideration. For transactional leadership the components are contingent reward, management by exception (active) and management by exception (passive) while the laissez-faire is characterized by a leader who avoids getting involved when important decisions are made, avoids making decisions and is absent when needed (Avolio and Bass, 2004). Respondents rated their level of agreement against a 5-point Likert scale with 1 representing 'strongly agree' and 5 representing 'strongly disagree'.

The second part of the instrument measures the supportive leadership style. The major qualities of supportive leadership by House (1998) were adopted. The major characteristics are; concerned, trusting and respectful of followers; considerate, understanding attitude; friendly, encouraging and communicative and finally fostering follower development. A 5-point Likert scale was used with 1 representing 'strongly agree' and 5 representing 'strongly disagree'.

The third part of the questionnaire measured servant leadership by adopting the Liden, Wayne, Zhao and Henderson's 28-item servant leadership instrument (2005, 2008). The items were adjusted to fit the context of the study on Pentecostal churches in Zimbabwe. The scale uses seven categories on servant leadership: emotional healing which is an act of showing sensitivity to others' personal concerns, creating value for the community, conceptual skills which includes knowledge of the organization and the job at hand in order to be in a position to support followers effectively, empowering, helping subordinates grow and succeed by providing mentorship and support, putting subordinates first where followers' needs are a priority and finally behaving ethically which involves interacting openly, fairly and honestly with followers. A 5-point Likert scale was used for rating each behaviour statement, with 0

representing 'not at all' and 4 representing 'frequently, if not always'.

A reliability test was carried out on the following leadership styles; transformational, transactional, laissez-faire, supportive and servant leadership. The test was done on the three target groups, the founders, the leaders and the members. The test showed Cronbach alpha values of more than 0.7. Cronbach Alpha values above 0.7 are considered acceptable with those above 0.8 considered preferable (Pallant, 2011). A value higher than 0.6 indicates satisfactory internal consistency reliability (Malhotra et al., 2002). In the current study the Cronbach alpha tests were good with values ranging from 0.7 to 0.9 for 13 out of the 15 cases.

Pre – test

A pilot study was conducted so as to determine the respondents' understanding and interpretation of the questionnaire, testing the length of the questionnaire and any feedback on difficulties that the respondents faced (Dillman, 2000; Alreck and Settle, 2003; Bryman and Bell, 2003; Chan and Chan, 2005). The importance of pre – testing a questionnaire according to Ticehurst and Veal (2000:151) are: testing questionnaire wording, layout, sequence, gaining familiarity with participant, testing fieldwork arrangements, interview or questionnaire completion time and testing analysis procedures. The pre-test in the first stage of data collection was done on leaders and members of the Pentecostal churches in Zimbabwe other than those that were participating in the final survey. Twenty questionnaires were tested on both leaders and members, each group answering ten questionnaires. All questionnaires were answered and returned.

The pilot study indicated that there was a need for the researcher to amend three questions from the leadership questionnaire which were ambiguous to the respondents and were not understood. The first was question 5 which had to do with the pastor's focus on irregularities. The question had to be expanded to give the real meaning. The word 'members' was added to question number 8 as initially respondents were not sure who the question was referring to. On Question 41 the word 'upset' was added as respondents were not clear on the context of the word 'anxious' in the statement. There was a slight adjustment to the members' questionnaire with a Likert scale being included as the Likert scale allowed more options to a question asked.

Ethical consideration

Ethics

Ethics are norms or standards of behaviour that guide moral choices about our behaviour and our relationships with others (Cooper and Schindler, 2003). Saunders et al. (2009) define ethics as the appropriateness of one's behavior in relation to the rights of those who become the subject of one's work or are affected by it. The goal of ethics in research is to address the following issues; harm to participants, consent, privacy of possible and actual participants, voluntary nature of participation and the right to withdraw partially or completely from the process and confidentiality of data provided by individuals or identifiable participants and their anonymity (Saunders et al., 2009; Bryman and Bell, 2003). Therefore the researcher has tried to address the key issues in ethics that applied to this study by getting letters of consent from all the founders of the churches that were studied.

FINDINGS

The mixed methods approach has various ways of

collecting and analysing data. The approach to data collection and analysis used was the convergent design where both qualitative and quantitative data are collected separately yet concurrently. The inclusion of qualitative data analysis can help compensate for the fact that qualitative data typically cannot be generalized and similarly the inclusion of quantitative data can help explain relationships discovered by qualitative data (Onwuegbuzie and Leech, 2005).

The Grounded Theory Approach (Glaser and Strauss, 1967), using the Constant Comparative Method (Maykut and Morehouse, 1994) and the Public and Hidden Transcript Theory (Scott, 1992) were used for qualitative data analysis while the Statistical Package for the Social Sciences (SPSS) version 16.0 was used to analyze quantitative data. Grounded theory methods consist of simultaneous data collection and data analysis with each informing and focusing on the other throughout the research process (Denzin and Lincoln, 2005). It allows the researcher to compare data with data, data with categories and category with category. The discourse that emanates from the study was analyzed using Scott's (1992) Public and Hidden Transcript Theory. The public and hidden transcripts are established ways of behaving and speaking that fit certain actors in particular social settings, whether those in power/authority or those not. According to Scott (1992), the public transcripts are the open interactions between subordinates and those who dominate while the hidden transcripts portray the discourse that takes place 'offstage', beyond the direct observation by power holders.

The Statistical Package for the Social Sciences (SPSS) was used in the management and analysis of quantitative data. Reliability was assessed using the Cronbach's coefficient alpha on the SPSS. The reliability of a scale indicates how free it is from random error (Pallant, 2011, p.6). Internal consistency is the degree to which the items that make up the scale are all measuring the same underlying attribute (Pallant, 2011, p.97), with Cronbach's coefficient alpha being the most common used.

Significance testing (Bryman and Bell, 2003) was used as part of examining relationships between two or more variables. The degree of freedom (δf) and the probability (p -value) were used as part of the test results where if the probability is low ($p < 0.05$) then one has a statistically significant relationship whereby the null hypothesis (H_0) is rejected and the alternative hypothesis (H_1) is accepted. If the probability of obtaining the test statistic is higher than 0.05 ($p > 0.05$), the relationship is not statistically significant, therefore the null hypothesis is accepted (Saunders et al., 2009).

Descriptive analysis transforms raw data into a form that is easy to understand and interpret (Zikmund, 2000). Descriptive and inferential statistics were used for quantitative data with the following outcome; summarized data tables, frequencies, measures of variability, hypothesis testing, and inferences about a population

characteristic, significance tests and regression analysis.

To test whether the leadership style was different across the different churches a chi square test was used. The response of both members and leaders was taken to be the dependent variable while the church category was taken to be the independent variable.

All tests were done at 0.05 level of significance. If the level of significance (P-value) was less than 0.05 the null hypothesis was rejected. If the P-value was greater than 0.05 the null hypothesis was accepted

Leadership styles prevalent in Pentecostal churches in Zimbabwe

The founders mentioned that if any church has to succeed it has to have good leadership. Some of the founders mentioned an inner circle of leaders who are trustworthy, make strategic decisions together with the founder, are experienced in the running of the church and understand the vision well. This type of leadership core has different names given to it such as apostolic team, Day-to-Day Advisory Board, Hub leaders and Apostolic Council. They mentioned that the leadership team needs to understand their (the founders') vision and be able to implement that in their branches. It was noted that the churches under study have a number of branches locally and internationally with the biggest church leading. The researcher requested information on statistics of membership. The information was not easily available and the most common reason that was mentioned was high mobility of members changing from one church to another. The researcher also found out that most of the church's database on membership was either not there or not updated and in some cases the term membership is not clearly defined.

As the researcher was interacting with the various leaders it was observed and noted that they all have titles that relate to their job descriptions such as care pastor who may be involved in caring for people, visiting them; then Sunday school pastor dealing with Sunday school, youths' pastor taking care of the youths. The pastors that are under the founder are also given titles in line with the places where they are based for example the Harare pastor, the Botswana pastor, the London pastor and the list goes on and on.

The founders mentioned that in order for them to have a strong leadership they hold regular meetings, conferences and visit the different branches regularly. The founder of the big 2 church category interviewed in Bulawayo on 13 December 2012 put it this way, "As a leader I don't just sit and watch my leaders working. I have to plan ahead, hold leadership meetings regularly where I always impart the spirit that is in me, the vision that I am carrying. If a leader does not meet his leaders regularly error sets in and that clearly destroys a church. My teachings are in line with the vision that I am carrying

so that the leaders carry the same DNA, the DNA of this particular house." The bigger church responded to the same question by saying, "The DNA is passed through the different departments in all our churches starting from Sunday school up to the adults. We have teachings for all departments that align to our DNA. We also use peer-to-peer training and mentoring which ensures the crucial ethos of the church are passed down" (Interviewed on 30 January 2014 in Bindura).

Seminars on leadership are held regularly and the founders sometimes invite guest speakers in line with what he would want his leaders taught. The researcher attended some of the meetings, leadership seminars and conferences. It was noted that such meetings are not normally optional since the founder would want all his pastors whom he calls 'sons' to be with him and hear the founder called 'the father' or 'the visionary' speak 'words of wisdom to his sons'. This the founders said is very important as they need to keep in touch and just like in any home discuss issues intimately and correct issues where it's necessary before anything goes out of hand. The researcher observed that in the meetings the various pastors present reports from their centres as a way of feedback which are discussed openly and the pastors are free to ask question from the founder or any other pastors. The meetings are normally chaired by the founder and in their absence the wife chairs the meeting or any other leader that the founder asks to do so.

The founders also mentioned that their wives play an important role in the effective running of the church. They went on to say this is as clear demarcation from other churches that do not allow women in leadership position. The researcher observed that the wives of the founders are very active in church activities and in the day-to-day running of the church. The wives attend the meetings and normally sit next to their husbands in front of the people or pastors' meeting that the husband is chairing. The founders highlighted that they encourage their leaders that are married to function together with their wives so that they will not be any gap created between them. The wives of the founders are the ones that run the ladies ministries which are part of the church.

The above scenario allowed the researcher to use the Grounded Theory to come up with clear categories such as leadership, leadership styles mission and vision. These categories were then refined later and analysed in detail through the use of the Hidden Transcript Theory (Scott, 1992) and also the quantitative analysis using SPSS.

The leaders that support the founders and the members also highlighted the aspect of conferences and of guest speakers and they also mentioned that these conferences were crucial for their spiritual growth. Upon being asked on the issue of leadership styles of the founders the following were some of the responses:

The only thing that I can say is that they are leaders

that hear from God and they also live in luxury (Interviewed in Masvingo on 3 March 2011).

Our fathers (meaning founders) speak of servant leadership quite a lot and I have read quite a lot on servant leadership. My understanding of a servant leader is that of Jesus Christ; His lifestyle and his focus was that of a servant but for our leaders today it is the opposite; their attitudes towards material things, their lifestyle, some are even worshipped, the expensive schools that they send their children too, the way they appoint their leadership, I can go on and on but for me they do not practice servant leadership and yet they are very charismatic (Interviewed in Mutare on 11 August 2011).

I am not sure what your status in church is because what you are asking me as a leader is quite sensitive but let me be honest with you on the issue of leadership. The founders themselves want to believe that they practice servant leadership and ask us to address them that way and we do, what can we do? But truly speaking they are not! Look at the things that they emphasise, contrary to what Jesus would emphasise and generally their lifestyle. I have said it all, thank you (Interviewed in Bulawayo on 23 October 2011).

I find our leaders to be quite good. On the issue of leadership styles I would want to see the servant leadership being practised more than what is currently happening. Maybe leaders shy away from practising it because it does not bring popularity to them but look at Jesus Christ and I think He should always be our model especially us Pentecostals (Interviewed in Harare on 5 December 2011).

The above responses show the discourse that surrounds leadership styles of Pentecostal churches in Zimbabwe which the Hidden Transcript Theory (1992) describes as the 'offstage' discourse which occurs beyond the direct observation by power holders. One of the founders responded on the issue of servant leadership by saying some people do not understand that their leaders are servant leaders because they probably see what happens during conferences; the reverence to the founders, the cars that we drive during conferences but that is not the norm. However responses from the founders, leaders and the members create a discourse which Scott (1992) explains this in his theory on 'Public and Hidden Transcripts Theory' where he explained the hidden transcript as an indifferent guide to the opinion of subordinates.

Leadership style of the founder (1st stage)

33% of the leaders attributed transformational as the leadership style of the leader, followed by supportive with 26.8% then democratic at 17.5%. 11.3% mentioned theocratic while 8.6% said servant leadership. Few mentioned autocratic, transactional and participative (0.7, 0.7 and 0.3%) respectively. Most of the people from the

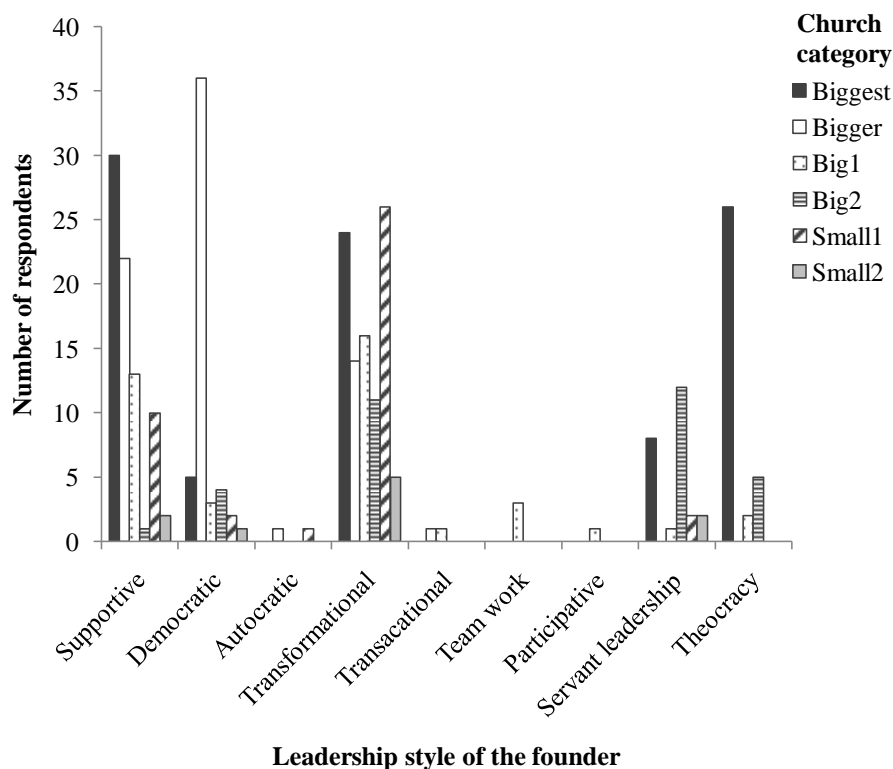


Figure 1. Leadership style of the founders in the church.

Table 1. Leadership style of the founders.

Leadership style	Frequency	Percent
Supportive	78	26.8
Transformational	96	33
Theocracy	33	11.3
Transactional	2	0.7
Servant	25	8.6
Autocratic	2	0.7
Democratic	51	17.5
Team work	3	1
Participative	1	0.3
Total	291	100

of those from big1 who believe that their leader is transformational, sharing the same view with those of the small 1 and small 2 church as shown in Figure 1 and Table 1.

In the second stage, a questionnaire measuring the behavioural attributes was distributed to the founders, the core-leaders and the members (Table 2).

Members’ view on the leadership style of the founders

Using a Kruskal-Wallis test, the leadership styles were

Table 2. The Characteristics and Values of the Founders.

Characteristics	Frequency	Percent
Supportive	87	12.8
Integrity	137	20.2
Empowering	62	9.1
Visionary and Focused	166	24.4
God - fearing	222	32.7
Democratic	5	0.7
Total	679	100

significantly different from each other across the Likert scale (Chi sq=1752.361; df=4; P<0.0001). The leadership style of the founder according to the members is supportive leadership (somewhere between strongly agree and agree on the Likert scale) followed by transformational leadership style (Figure 2).

Leaders’ view on the leadership style of the founders

Using a Kruskal-Wallis test, the leadership styles were significantly different from each other across the Likert scale (Chi-sq=850.652; df=4; P<0.0001). The leadership style of the founder according to the leaders is transformational followed by supportive (Figure 3).

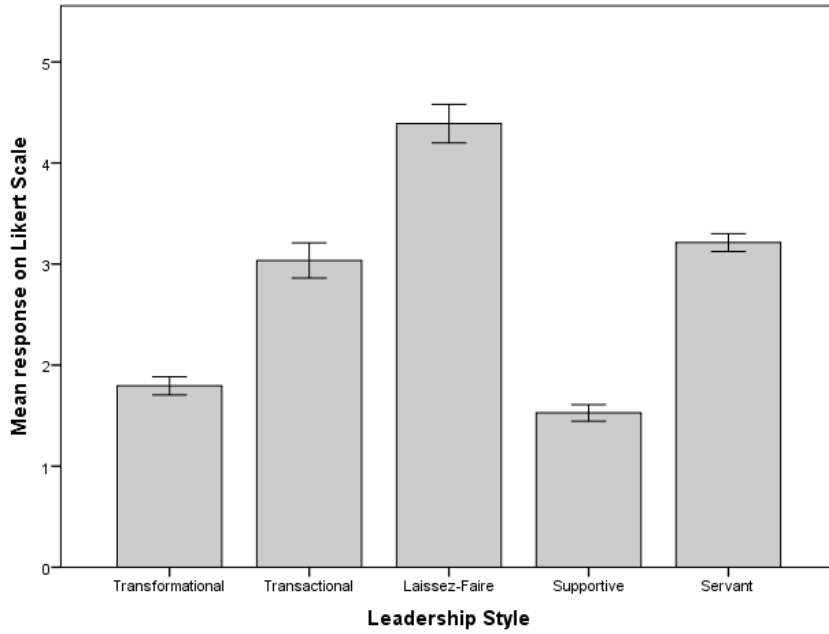


Figure 2. Members' response.

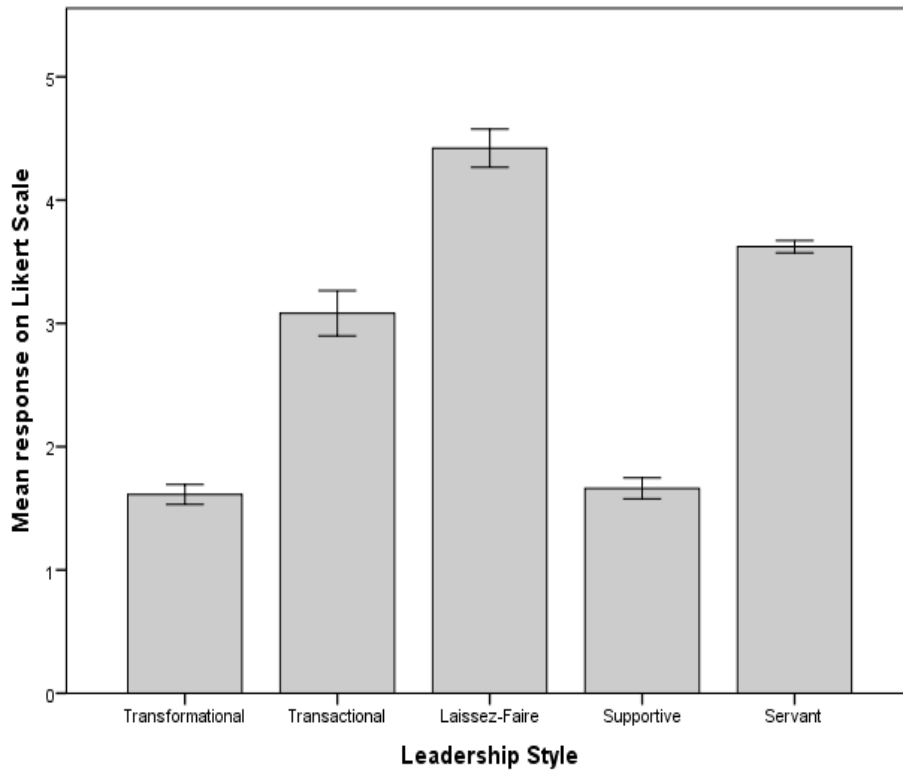


Figure 3. Leaders' response.

Founders' view on their leadership style

Using a Kruskal-Wallis test, the leadership styles were

significantly different from each other across the Likert scale (Chi-sq=323.212; df=4; P<0.001). The founders indicated their leadership styles as transformational

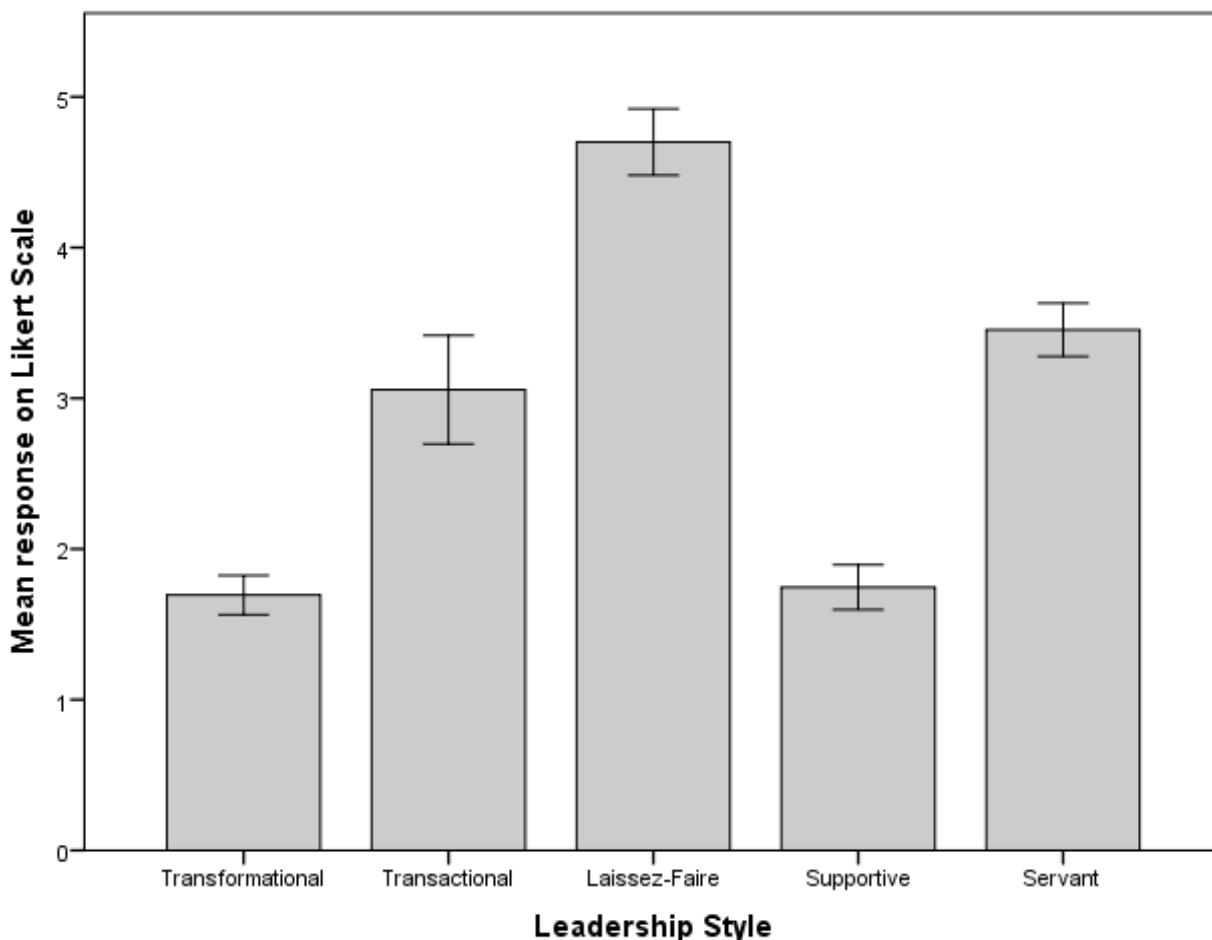


Figure 4. Founders' response.

followed by supportive (Figure 4).

Table 3 shows that there is no difference between the leadership style of the founder and what the members and leaders perceived. Transformational and supportive leadership are between strongly agree and agree on the Likert scale. Transactional leadership is around neutral on the Likert scale while there is strong disagreement on the Laissez-Faire style (above 4 on the Likert scale).

Leadership style of the leaders

44.3% mentioned democratic as their leadership style, while 28.2% mentioned the supportive. 12.4% said their leadership style was transformational, servant leadership being 5.5%, followed by team work at 3.4%. Those that said they practised the autocratic leadership style were 3.1%. The transactional leadership style had 2.1% while the participative had 1%. The dominant leadership style of the leaders is democratic which can be inferred to the fact that leaders within the church may have a different leadership style than that of the founder (Table 4).

Leadership style of the founder vs. leaders' leadership style

Most of the respondents identified transformational as the leadership style of the founder (96) yet most of the leaders said they are democratic (129). Leadership style of the founder is not necessarily cascaded down to the rest of the leaders. This is a possible cause of conflicts and splits. A further study can be done looking at those that have split (Table 5).

Dominant leadership style

On the dominant leadership style, 34% of the respondents said the supportive leadership style was dominant. 32.3% alluded to the transformational leadership style while 23.4% mentioned the democratic leadership style. It is important to note that the three leadership styles, supportive, transformational and democratic account for over 80% of the responses. The other leadership styles were servant leadership at 6.5%, team work 2.1%,

Table 3. Summary: Comparison of perception of leadership style of founder on a likert scale.

Leadership style	Members' perception	Leaders' perception	Founders' perception
Transformational	2.39±0.04	1.6±0.05	1.69±0.07
Transactional	3.76±0.05	3.08±0.06	3.06±0.18
Laissez-faire	4.6±0.03	4.4±0.1	4.7±0.11
Supportive	1.83±0.04	1.67±0.06	1.75±0.07
Servant	3.61±0.01	3.17±0.05	3.45±0.09

Table 4. Leadership style of the leader.

Leadership style	Frequency	Percent
Supportive	82	28.2
Transformational	36	12.4
Transactional	6	2.1
Servant	16	5.5
Autocratic	9	3.1
Democratic	129	44.3
Team work	10	3.4
Total	291	100

Table 5. Leadership style of the founders vs. Leadership style of the leader.

Founders	Leaders								Total
	Supportive	Transformational	Democratic	Transactional	Servant	Autocratic	Team work	Participative	
Supportive	38	7	30	0	0	2	1	0	78
Transformational	16	18	40	6	5	3	6	2	96
Theocracy	14	5	11	0	0	2	0	1	33
Transactional	0	0	1	0	0	1	0	0	2
Servant	5	3	6	0	10	1	0	0	25
Autocratic	1	0	1	0	0	0	0	0	2
Democratic	7	3	39	0	1	0	1	0	51
Team work	0	0	1	0	0	0	2	0	3
Participative	1	0	0	0	0	0	0	0	1
Total	82	36	129	6	16	9	10	3	291

transactional 1% and autocratic and participative almost insignificant at 0.3% each. These findings reveal that the most prevalent leadership styles in Pentecostal churches are supportive, transformational and democratic which is in agreement with the members' respondents (Table 6).

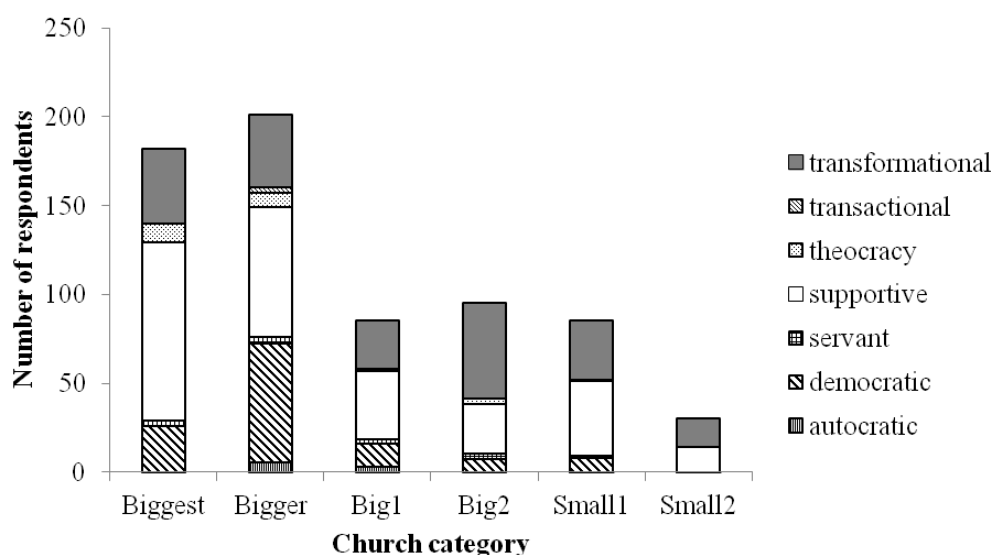
There was a significant association between the name of the church and members' perception of the dominant leadership style in the church ($\chi^2 = 118.5$; $df = 30$; $P < 0.001$). Most church members believe that the supportive leadership style is dominantly practised in the church. The members believe that the most prevalent leadership styles are supportive, transformational and democratic. These findings are in agreement with what the leaders perceive as discussed above (Figure 5).

Leaders' leadership style vs. dominant leadership style in the church

Most of the leaders said their leadership style is democratic that is 44% followed by supportive 28%. Very few accepted that their leadership is participative 1%. On the other hand for the church members believe that the dominant leadership style is supportive (99) 34%, followed by transformational 32%, followed by democratic with 23.4%. The influence of the dominance of the leadership style in a church on a particular leadership style adopted by individual leaders can be seen in Table 7 for example 99 said in their church is supportive and 44 concurred with that.

Table 6. Dominant leadership style as perceived by leaders.

Leadership style	Frequency	Percent
Supportive	99	34
Transformational	94	32.3
Transactional	3	1
Servant	19	6.5
Autocratic	1	0.3
Democratic	68	23.4
Team work	6	2.1
Participative	1	0.3
Total	291	100

**Figure 5.** Church members' perception of dominant leadership style practised in church.

Association between leadership style and church category and leadership style of the founder and the leader

On the basis of the above cross tabulation results the following hypotheses were formulated and tested that there is no association between leadership style and the church category and the alternate that states that there is an association between leadership style and the church category. The Chi-square test was carried out. The level of significance = 0.05. Now Chi-square test statistic = 123.20 > the critical value = 67.5 which means the null hypothesis was rejected in favour of the alternate hypothesis meaning that there is an association between leadership style and church category. The leadership styles vary depending on the church that one is looking at.

A second hypothesis was tested with the null hypothesis stating that there is no association between the leadership

style of the founder and that of the individual leader and the alternate stating an association. Chi-square test statistic=140.86>the critical value=79.1, meaning the null hypothesis was rejected in favour of the alternate hypothesis which states that there is an association between leadership style of the founder and that of the individual leader.

DISCUSSION AND FUTURE IMPLICATIONS

Selection and appointment of leaders

Leaders are mainly selected through appointments by the church elders. Before appointments prospective leaders are subjected to vetting. The person and level at which vetting is done varies from one church to the other. Whilst there are variations amongst the Pentecostal churches on who appoints, who vets and at what level, it can be

Table 7. Leaders' leadership style vs. dominant leadership.

Founders	Leader						
	Supportive	Transformational	Transactional	Servant	Autocratic	Democratic	Participative
Supportive	44	20	0	2	0	15	1
Transformational	40	33	1	4	1	49	0
Theocracy	2	2	1	3	0	0	0
Transactional	8	23	1	0	0	3	0
Servant	0	6	0	0	0	0	0
Autocratic	2	5	0	8	0	1	0
Democratic	3	3	0	1	0	0	0
Participative	0	2	0	1	0	0	0
Total	99	94	3	19	1	68	1

acknowledged that all these are done to try to reduce unsuitable individuals into leadership positions. As noted from interviews and observations most of the Pentecostal churches use standard criteria from the Bible which defines the suitability of a leader:

Here is a trustworthy saying. If anyone sets his heart on being an overseer he desires a noble task. Now the overseer must be above reproach, the husband of but one wife, temperate, self-controlled, respectable, hospitable, able to teach, not given to drunkenness, not violent but gentle, not quarrelsome, not a lover of money. He must manage his own family well and see that his children obey him with proper respect. (If anyone does not know how to manage his own family, how can he take care of God's church?). He must not be a recent convert, or he may become conceited and fall under the same judgment as the devil. He must also have good reputation with outsiders so that he will not fall into disgrace and into the devil's trap. Deacons likewise are to be men worthy of respect, sincere, not indulging in much wine and not pursuing dishonest gain. They must keep hold of the deep truths of the faith with a clear conscience. They must first be tested and then if there is nothing against them, let them serve as deacons. In the same way, their wives are to be women worthy of respect, not malicious talkers but temperate and trustworthy in everything. A deacon must be the husband of but one wife and must manage his children and his household well. Those who have served well gain an excellent standing and great assurance in their faith in Christ Jesus (1 Timothy 3:1 -13).

Leadership style of the founders

Transformational leadership was found to be the main leadership style of the founders followed by the supportive leadership style. These leaders are visionary and inspirational figures that are consumed with particular ideas and goals (Bass, 1990; Burke, 1986; Tichy and Devann, 1986; Zaleznik, 1977 cited in Church and

Waclawski, 1999). They have goals that need to be met so the need to be focused and they are driving the church towards those goals. Transformational leadership inspires, is charismatic and is concerned with individuals (Bass, 1985). They are mostly concerned with the well being of the people whom they serve (Bass and Steidlmeier, 1999). This is consistent with the nature of people that come to church who may have special needs and circumstances that they expect to be assisted in. This can be summarized by some of the founders who said that they are called by God to serve people (Guti, 2000; 2011). However most respondents find the founders' lifestyle and focus (such as the houses, property they own, expensive schools that they send their children and allowances that they allocate to themselves) contrary to that of a servant leader, therefore the findings reveal that the servant leadership style does not dominate among Pentecostal founders in Zimbabwe. Kadenge (2011, p.12) pointed out that listening to how members talk about their leaders, one wonders who they are following, Jesus or the church leader. Christ did not come to be served but to serve and this cannot be said fully of most of the Pentecostal churches in Zimbabwe. Manyika (2014, p.5) supported the sentiments by Kadenge by saying apostles, prophets, evangelists and all other servants of God should be there only to point us to Jesus, they are not and should never be the focus of our worship although there is some honour due to them.

Leadership style of the founders and the leaders

Leaders may have their own leadership styles, it does not follow that the leadership style of the founder is the same as that of the other leaders. Results show that most leaders are democratic and democracy allows participation of individuals. The leaders have to exercise flexibility and ability to adapt (Hersey and Blanchard, 1969) under the leadership style of the founder. Bloch and Whiteley (2003) pointed out that a dose of the democratic leadership style incorporated with other styles

can be tremendously effective. Within the Pentecostal church cycle, there is jig-saw-fit between founders' leadership style and that of his leaders' leadership style. It should also be noted at this point that the founder and the leader differ in that the founder is the one who came up with the mission and vision of the church right from the onset. Results from interviews and observations indicate that leaders, though some of them may have a different leadership style have to blend their leadership style with that of the founder, hence the dominant leadership style lines up with that of the founder as discussed below.

Dominant leadership style

It can be noted that the dominant leadership styles is that of supportive followed by transformational. However the supportive leadership style can actually be grouped under the general term of transformational since transformational leadership composes of charisma, inspirational, intellectual stimulation and individualized consideration (Bass, 1985). It is also important to note that the views of individuals come mostly from what they experience within a church setting which is the supportive part that seems more tangible and this component builds up from the path-goal theory which focuses on the relational aspect in terms of leader behaviour, subordinate characteristics, task characteristics and motivation (Northouse, 2004). Within the leader behaviour is the supportive leadership which within the Pentecostal churches becomes crucial for the attainment of goals and has to be practised by leaders. From the interviews and observations, the Pentecostal churches have a number of activities and support groups such as healing Sundays, family Sundays, cell or home groups, care networks, hospital visits, funeral department, ladies and men's groups to name just a few.

Conclusion

The conclusion was guided by the research objectives and the related findings. These were divided into three main categories; leadership styles, growth strategies, sustainability and succession plan.

Leadership style of the founders

The findings reveal transformational as the overall leadership style of the founders. Further analysis according to each category reveals quite interesting results with the biggest church attributing the supportive leadership style as the leadership style of the founder, the bigger church highlighting the democratic leadership style and the other categories mentioning the transformational leadership style. The transformational leadership dominates among the founders' leadership

style because the majority of the Pentecostal churches are fairly new and still growing and hence need leaders with charisma (Bass, 1985) that can stimulate them in order to achieve the required goals. Pentecostal church founders have a task of articulating their vision and making it clear to their followers and the main leadership style they pursue is transformational leadership. Bass (1985) goes on to say transformational leaders provide vision that enables them to gain respect and trust. From the findings, the majority of the Pentecostal churches are still trying to build structures such as acquiring property which requires that the leaders pay close attention to the performance of followers and develop these followers to the maximum potential so that in turn the followers support the vision and goals of the church as they will have been empowered (Bennis and Nanus, 1985; Church and Waclawski, 1999; Northouse, 2004). According to Adadevoh (2013), leadership engages in changing systems, structures and people. Findings also reveal that one of the major issues that face Pentecostal churches in Zimbabwe is the lack of resources especially finances. A transformational leadership style appeals to the moral values of the followers so as to mobilize their energy and resources to reform institutions (Yukl, 2002).

Leadership style of the leaders

Contrary to the founders' leadership style being transformational, the democratic leadership style was prevalent among the church leaders. These findings, especially from interviews and observations reveal that this is an important aspect as this leadership style complements that of the founder. Within the Pentecostal church cycle therefore, there is jig-saw-fit between founders' leadership style and that of his subordinate leaders in order for them to reach their goals effectively. Both of these leadership styles aim at achieving goals (Rauch and Behling, 1984; Yukl, 2002), in an effective and successful manner (House et al., 1991) which brings a change within the group moving them to where they ought to be (Agee, 2001; Blackaby and Blackaby, 2003). The democratic leadership style allows for participation and decision-making by the followers though the final decision lies on the leader (White and Lippitt, 1960; Choi, 2007; Jürgen, 2011). The findings further reveal that participation of followers is an important component (Luthar, 1996; Denhardt and Denhardt, 2003) and in the case of Pentecostal churches in Zimbabwe this aspect allows them to achieve their goals especially the financial input through offerings and tithes.

Dominant leadership style

Members and leaders of Pentecostal churches indicated the supportive leadership style as the dominant leadership style within Pentecostal churches. The supportive leader

is friendly, approachable, attends to the well-being and human needs of subordinates and goes out of his/her way to make work pleasant for the members. Supportive leadership helps to build and maintain effective interpersonal relationships (Yukl, 2010). The person treats members as equals and gives them respect for their status. This type of leadership is what prevails within the church despite the differences that leaders' and founders' style of leadership may differ. It is found in the Path-goal theory.

This is supported by the fact that the church is a service organization, therefore it has to exhibit strong supportive characteristics as noted from the findings that many people come to church to be supported physically, spiritually and emotionally.

The supportive leadership style is followed by transformational and then the democratic. All these leadership styles are in fact anti - autocratic. Both transformational and democratic have strong aspects of supportive which then dominate overall as this aspect has to be practised often-times in Pentecostal Churches.

In conclusion the findings on leadership styles reveal that the leaders are democratic, charismatic, supportive and transformational. According to Waldman et al. (2001), such leaders cause followers to be highly committed to the leader's mission with high levels of sacrifice. The leadership styles are not self-centred as Pashapa (2013:23) points out that rediscovering and benchmarking leadership theory and practice against the Jesus style of leadership which is 'others -centred' and self- sacrificial is the best antidote to protect the church from religious imposters who are not genuine. Kadenge (2011, p.12) hammered on the same point by saying that the humility that was in Christ is what both members and leaders should emulate and concludes by saying Christ did not come to be served but to serve.

Practical Implications

A study that cascades business leadership styles to Pentecostal churches is a unique study that assists both business and church organisations to relate how leadership styles affect growth within the organisations.

Limitations

Sample size and access to respondents were the major limiting factors.

Notes

The data presented in this research paper are a part of a large part that included the influence of leadership styles on Pentecostal churches in Zimbabwe.

Conflict of interests

The author has not declared any conflict of interest

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