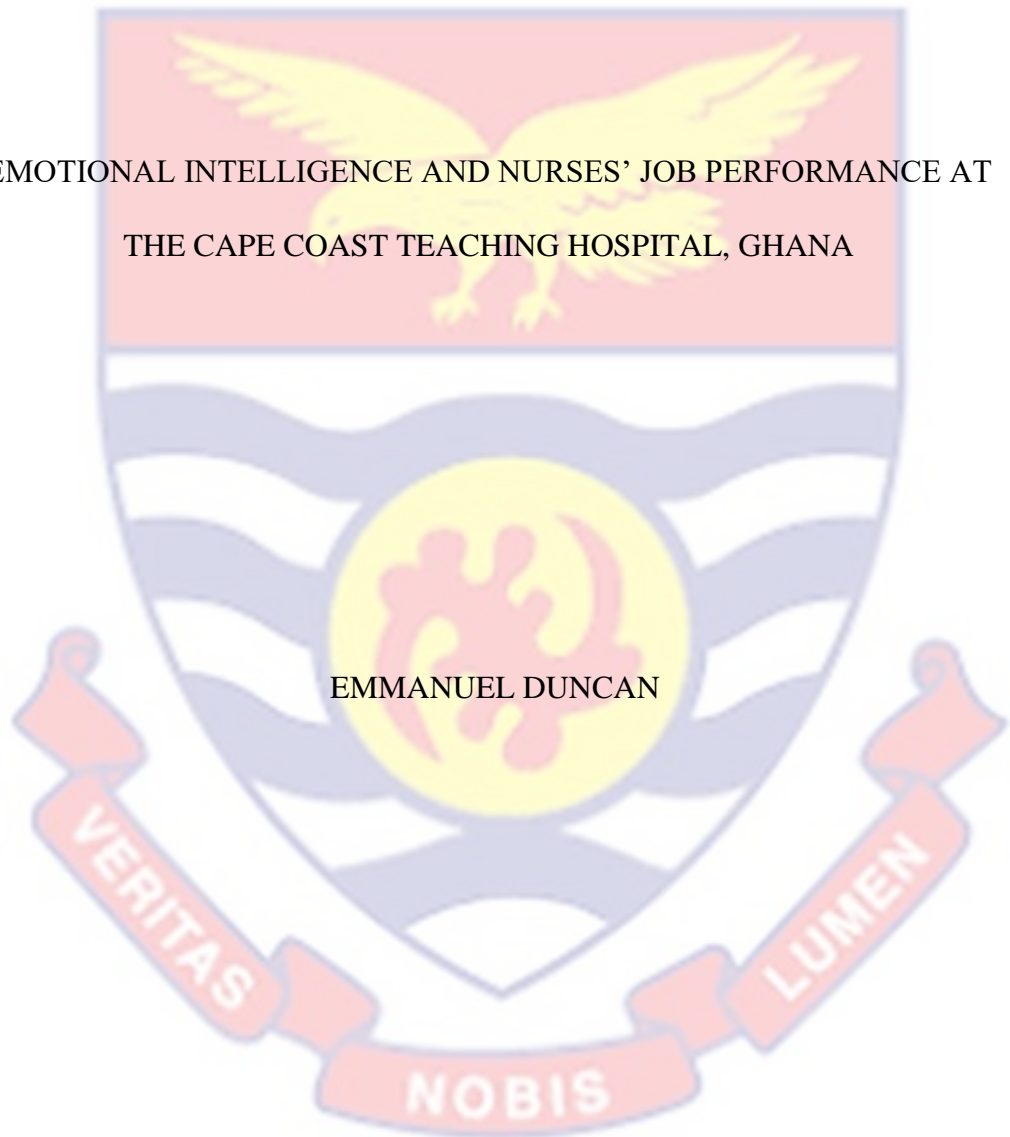


UNIVERSITY OF CAPE COAST

EMOTIONAL INTELLIGENCE AND NURSES' JOB PERFORMANCE AT
THE CAPE COAST TEACHING HOSPITAL, GHANA



EMMANUEL DUNCAN

2022

UNIVERSITY OF CAPE COAST

EMOTIONAL INTELLIGENCE AND NURSES' JOB PERFORMANCE AT
THE CAPE COAST TEACHING HOSPITAL, GHANA

BY

EMMANUEL DUNCAN

Dissertation submitted to the Department of Human Resource Management of
the School of Business, University of Cape Coast, in partial fulfillment of the
requirements for the award of Master of Business Administration degree in
Human Resource Management

SEPTEMBER 2022

DECLARATION

Candidate's Declaration

I hereby declare that this dissertation is the result of my original research and that no part of it has been presented for another degree at this University or elsewhere.

Candidate's signature..... Date.....

Name: Emmanuel Duncan

Supervisor's Declaration

I hereby declare that the preparation and presentation of the dissertation were supervised under the guidelines on supervision of the dissertation laid down by the University of Cape Coast.

Supervisor's signature..... Date.....

Name: Prof. (Mrs) Rebecca Dei Mensah

ABSTRACT

The general objective of the study was to examine the emotional intelligence and performance of nurses at the Cape Coast Teaching Hospital. The study was guided by four objectives and four hypothesis that assessed how emotional intelligence's dimensions of self-awareness, social awareness, self-management and relationship management affected performance. Mayer and Salovey's (1990) ability theory and Goleman's (1996) Mixed Competency theory underpinned the theoretical basis for the study, allowing for the review of concepts and empirical literature on emotional intelligence and job performance. An explanatory research design was adopted in the study. The study sampled 267 out of 799 nurses from the hospital using a purposive sampling technique after applying the Yamane sample determination formula. Structured Questionnaires were used as an instrument for data collection. Descriptive statistics were used to analyse the demographics data collected. However, the research hypotheses were analysed using Pearson Product Moment Correlation coefficient and multiple regression analysis. The findings revealed that nurses' self-awareness and relationship management positively influence their job performance. However, their social awareness and self-management skills do not significantly affect their performance. The study, therefore, concluded that self-awareness and relationship management are the two significant predictors of nurses' job performance at the CCTH. It was suggested that the Management of the Cape Coast Teaching Hospital must consider implementing training and development programs aimed at raising the emotional intelligence of nurses within the facility.

KEY WORDS

Emotional Intelligence

Job Performance

Nurses

Relationship Management

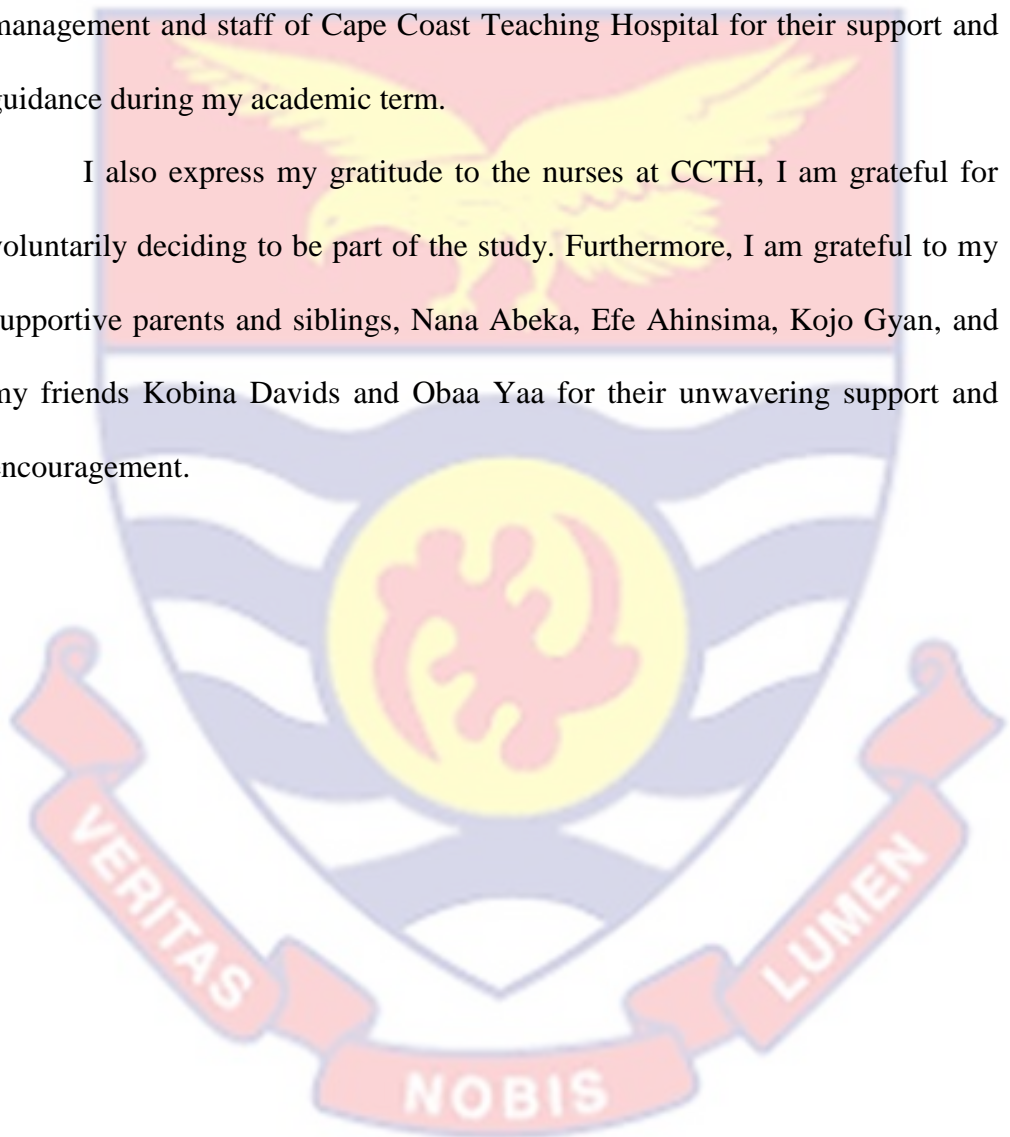
Self-Awareness



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DEDICATION

To Mr. Robert Otieku Duncan and Mrs. Gladys Abena Duncan



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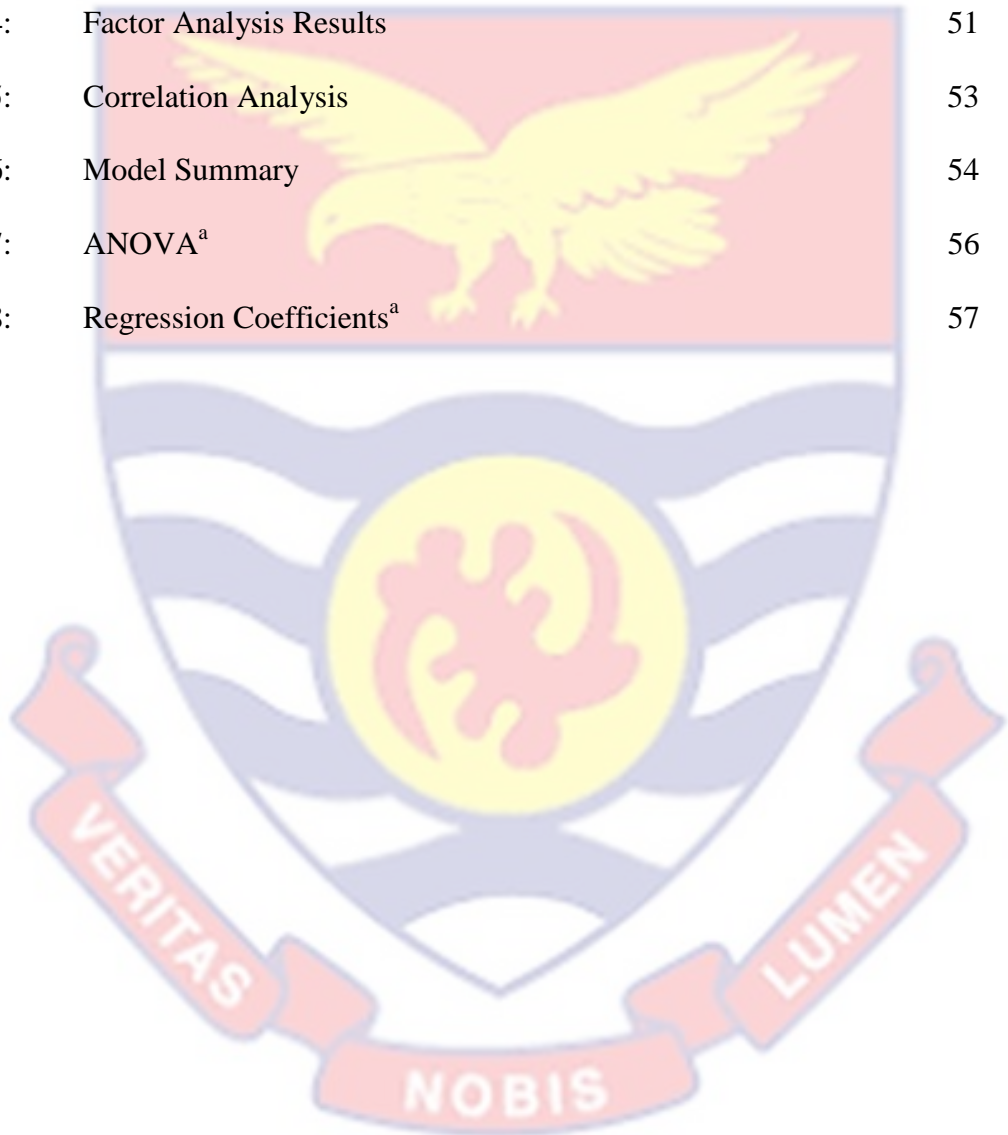
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LIST OF ACRONYMS

| | |
|------|------------------------------|
| CCTH | Cape Coast Teaching Hospital |
| KMO | Kaiser-Mayer-Olkin |
| NJP | Nurses Job Performance |
| OLS | Ordinary Least Squares |
| RM | Relationship Management |
| SA | Self Awareness |
| SM | Self-Management |
| SoAR | Social Awareness |



CHAPTER ONE

INTRODUCTION

The undermining force that fuels every action and reaction is one's emotions. In our everyday livelihoods, relationships are inevitable. The environment is often influenced by how individuals handle their feelings and their understanding of the feelings of those around them. While emotions may be used for constructive services, others impair problem-solving and decision-making both in the workplace and in personal situations. Particularly for nurses, their level of emotional intelligence is key to determining how well they perform on their jobs and relate to their patients. This paper, therefore, aimed to understand how the emotional intelligence of nurses influences their job performance using nurses at the Cape Coast Teaching Hospital as a case study. This chapter elaborated on the background of the study and how the theory of emotional intelligence emanated. The chapter also sought to express the problem of the study, the objectives, and the research questioned asked. More so, the significance of the study was articulated with its limitations and delimitations.

Background to the Study

Emotions are very significant in the way individuals behave and react to situations in their daily lives (Puri & Mehta, 2020). As postulated by Machera and Machera (2017), employees in recent times are prone to several attitudes, and perceptions about the things around them, which are mostly based on their experiences and what they were taught by peers, adults, and in schools. These have exposed them to so many emotional challenges including family abuse, lower self-esteem, relationship stress, sexual abuse, and work-life

balancing that influence one's performance, be it at the workplace, education, or team works (Mohamad & Jais, 2016). According to Brackett, Rivers, and Salovey (2011), emotional intelligence skills are regularly applied in handling challenges of emotions concerning individuals and groups, and how such skills relate to one's area of work is paramount. This, therefore, presupposes that the relevant of emotional intelligence among individuals cannot be overemphasized.

In Mayer and Salovey's (1997, p. 3) perspective "emotional intelligence is the capability to understand thoughts, to get to and produce thoughts to hold up to a feeling, to understand feelings and enthusiastic learning, and to actively manage feelings to improve relationships" while Goleman (1998) conceptualised emotional intelligence "as the ability to recognize our feelings and those of others, to motivate ourselves, and to handle our emotions well to have the best for ourselves and our relationships" (Drigas & Papoutsis, 2018, p.4). Understanding the emotional intelligence of employees has become a factor necessary to directly influence the functioning of employees and their overall performance as well as the organisation's (Puri & Mehta, 2020).

The literature suggests that people with excessive emotional intelligence are more able to control their emotions, comprehend others' feelings, communicate well, and have a positive impact on others (Puri & Mehta, 2020). Several studies such as Ezzatabadi *et al.*, (2012), Asilaza (2016), and Munir and Azam (2017) have indicated that emotional intelligence when effectively assessed and managed will result in improved job performance at

the workplace. Employees' job performance is a prerequisite for the overall performance of organisations (Vahidi, & Arshadi, 2016).

Emotional competences are even more vital in healthcare delivery as researchers have identified the health sector as an area where human connections take place and that needs employees with sound emotions (Beauvais *et al.*, 2011; Karimi, Leggat, Donohue, Farrell & Couper, 2014; Al-Hamdan *et al.*, 2017). This is so because the healthcare sector is different from other industries in many ways. To supply and organise very valuable services for people, the health care providers are incredibly reliant on one another (Nyarko & Kahwa, 2020). Healthcare personnel must respond to the patients' emotional and spiritual needs (Fernandez *et al.*, 2012); hence, they must understand the patients' pain and demonstrate their emotional empathy for them. The potential to control personal emotions while understanding the emotions of others is therefore crucial for healthcare workers in hospitals (Puri & Mehta, 2020).

Healthcare professionals such as health assistants, midwives, and nurses are the front liners of healthcare organisations who interact in the workplace with various types of people every day (Munir & Azam, 2017). A nurse may fulfill multiple emotional needs regularly, ranging from basic health therapy to patients, to cooperation and contact with other nurses or physicians (Chatrath, Kaur, & Singh, 2021). Nurses have a significant impact on all aspects of hospital functioning (Al-Hamdan, Oweidat, Al-Faouri, & Codier, 2016). In the studies, emotional experience has typically been acknowledged as a component of the healthcare profession. Although it is increasingly accepted for nurses to display personal emotions as they resonate with patients and

demonstrate their compassion, it is obvious that they must control their emotions if they are to provide assistance and support (Vahidi, Areshtanab, & Bostanabad, 2016). To deliver high-quality care and performance as a nurse generally, the nurse must be able to connect with patients, control personal emotions, and commune with them (Asiamah, 2017).

According to Goleman (2021), emotional intelligence competences are twofold; the personal and social dimensions. The personal dimension includes self-awareness and self-management while the social dimensions capture social awareness and relationship management of the individual. Emotional self-awareness is the potential to recognise, monitor, and influence the effects of personal emotions (Sabie, Bricariu, Pîrvu, & Gatan, 2020). Self-aware individuals can understand their thoughts correctly and stay mindful of them as they happen (Zahirrodine *et al.*, 2014). Self-management is the willingness of the nurse to align personal needs with the interests of other individuals, such as patients, and healthcare team members, taking initiative, adjusting quickly to each situation, and taking a different approach (Vestal, 2015). Krishnan, Mahphoth, Ahmad, and A'yudin (2018) related social awareness to how individuals who have gained knowledge of themselves deal with others' emotional feelings, psychological needs, and wants. The nurse's ability to inspire, relate and influence others as a tool for adaptability encapsulates relationship management (Munir & Azam, 2019).

Nursing professionals ought to be aware of their feelings and sentiments before interacting with patients because they are expected to foster and safeguard patients' well-being (Kaya *et al.*, 2017). As a result, nurses must develop emotional intelligence ability to prepare for providing skilled nursing

practice and support in their clinical setting (Ramadan *et al.*, 2020). Being able to combine these competencies in the activities of the nurse can greatly impact the nurse's performance and his or her relationship with patients and colleagues. This brings to light how a nursing practitioner should consider situations that give rise to their own emotions, being mindful of what they feel, acknowledging the connection between their emotions and behaviour while leveraging on the potential effect of their emotions is paramount for quality service (Asiamah, 2017; Hutchinson & Hurley, 2013; Serat, 2017)

Nurses should be resistant or placed in a defensive shield against these emotional needs to enable an effective and efficient working environment. The nurses' ability to fulfill specific job goals, expectations, and metrics, or attain their organisational objectives is considered nursing performance (Bakr & Safaran, 2012). The cornerstone of nursing is humanism and emotional responses are essential in developing and sustaining a caring environment (Qiuting, 2013). The potential for the nurse to communicate, influence and engage with patients' emotions is important in delivering quality health care services (Beauvais *et al.*, 2011). The clinical practices of nurses directly affect patient satisfaction, healthcare outcomes, and hospital performance as a whole (Lee & Ko, 2010). This study, however, examined how emotional intelligence affects the performance of nurses.

Statement of the Problem

Nursing care is a major healthcare service that significantly contributes to the patient's healing process (Han & Ceilley, 2017). However, it is common to encounter nurses yelling at and degrading people who ask questions about particular aspects of their health (Asamani, Agyemang, Afful & Asumeng,

2017). In addition, some studies have also shown that the attitude of nurses in Ghana is unhealthy, which is hampering quality health care delivery in Ghana (Adams *et al.*, 2020; Hatamian & Moradi, 2018; Nyarko & Kahwa, 2020). Nurses' communications through their body language, visual sign, and tone of expression had become a major challenge in health care delivery (Hafskjold, Sundling & Eide, 2018), which might result from inadequacies in the management of their emotional response (Lartey *et al.*, 2020).

Cape Coast Teaching Hospital is a public hospital that is funded and subsidized by the Government of Ghana. The hospital receives daily visits and emergency referrals of patients in Cape Coast and beyond (Agbenyefia, 2017). As the Central regional hospital and the biggest health facility within the region, patronage of the facility is very high, leading to an increased workload for employees within the facility. As the first point of call to the facility, nurses are quite pressured to perform certain workloads, which lead to relationship stress, emotional burnout, anxiety, and inadaptability, all of which can be minimised or avoided if well managed (Austin *et al.*, 2012; Daniels & Abousi, 2020; Green *et al.*, 2016). For example, the typical nurse and midwife admission ratio in the hospital has an average of 1: 20 between 2016 to 2019 while the delivery ratio to the midwife (at the delivery suite) has an average of 1:71 between 2017 to 2019 (CCTH, 2020). This implies a high level of workload on nurses within the facility. Therefore, it is imperative to have an understanding of the perception of nurses, their self-awareness and others' awareness, and the use and management of emotions to handle nurse-patient relations (Bertram *et al.*, 2016; Goleman, 2021) to enhance nurses' job performance at the Cape Coast Teaching Hospital.

Although many scholars have researched emotional intelligence and job performance, their findings have produced contradictory conclusions throughout time. As a result, there are both positive and negative effects of emotional intelligence on performance found in studies (Bachman *et al.*, 2000; Shahhosseini *et al.*, 2013). The works of these scholars- Bipath, 2007; Nwankwo, Sydney-Agbor, Nwankwo & Agu, 2013; Rieck, 2008; Sy, Tram & O'Hara, 2006 and many others show a positive relationship between emotional intelligence and job performance, however, some researchers (e.g., Alsakarneh, Hong, Eneizan & Al-Kharabsheh, 2019; Bohrer, 2007; Brooks, 2002; Shaffer & Shaffer, 2005) also found a negative relationship. Furthermore, studies on emotional intelligence and job performance of nurses were carried out in advanced countries and other developing economies (Al-Hamdan, *et al.*, 2021; Beauvais, *et al.*, 2011; Karimi, Leggat, Donohue, Farrell & Couper, 2014) with sparse empirical research in the Ghanaian setting.

Furthermore, most of the previous studies measured emotional intelligence as a composite variable, with only a few paying attention to its dimensions and its impact on nurses' job performance. This also creates another void in the literature, specifically in Ghana. Again, Asiamah (2017) also suggested that due to the inconclusiveness of prior studies in the area, there is a need to conduct such a study in other contexts using larger sample sizes (219). Previous researchers like Khan, Asghar, and Chughtai (2013) have used sample sizes of 120 respondents while Vijitharan, Harikaran, and Nanthagopan (2019) used 60 respondents in their research respectively.

Moreover, with the important functions nurses perform in the healthcare delivery sector in Ghana, it is even more imperative to study how

their emotional intelligence skills influence their performance on the job at the hospital. Per the argument above, this study examined emotional intelligence and nurses' job performance at the Cape Coast Teaching Hospital.

Purpose of the Study

This study aimed to examine the influence of emotional intelligence on nurses' job performance at the Cape Coast Teaching Hospital. The specific objectives sought to:

1. Analyse the effect of self-awareness on nurses' job performance at the Cape Coast Teaching Hospital.
2. Determine the effect of self-management on nurses' job performance at the Cape Coast Teaching Hospital
3. Examine the effect of social awareness on nurses' job performance at the Cape Coast Teaching Hospital.
4. Evaluate the effect of relationship management on nurses' job performance at the Cape Coast Teaching Hospital.
5. Determine the level indicators of nurses' performance.

Research Hypothesis

To meet these stated objectives, the following specific hypotheses were formulated:

H₁: Self-awareness positively affects the job performance of nurses at the CCTH

H₂: Self-management positively affects the job performance of nurses at the CCTH

H₃: Social Awareness positively affects the job performance of nurses at the CCTH

H₄: Relationship management positively affects the job performance of nurses at the CCTH.

Significance of the Study

Emotional intelligence is probed in this age of human development as an effective component of establishing an impactful nursing role and improving the performance of nursing workers (Bakr & Safaan, 2012). In Ghana, the area of emotional intelligence has been scantily researched with little in the health sector especially with nurses, resulting in nurses at hospitals with little or no idea about emotional intelligence and its application in their workplace. Hence, this study will create awareness both among the policy makers and the nurses on the impact of nurses' emotional intelligence on job performance. Also, the findings would contribute to existing literature and serves as a reference point for future studies. Thus, it would contribute to the expansion of knowledge in this area by providing empirical evidence on the influence of emotional intelligence variables such as self-awareness, self-management, social awareness, and relationship management on nurses' job performance from a developing country perspective.

Delimitation

Even though several variables can affect the performance of nurses, this study focused on how emotional intelligence can affect their job performance. This is because emotional intelligence is one key factor that can facilitate nurses' job performance overtime. Goleman's aspects of self-awareness, self-management, social awareness and relationship management were used to evaluate emotional intelligence in this study. Other variables that could affect performance were however not controlled for in this study.

Additionally, this research was narrowed to the Cape Coast Teaching Hospital because it has a large number of staff nurses which was enough to represent a fair sample of the local hospitals in Ghana. Moreover, only the staff nurses of the regional hospital were entitled to fill the data collection.

Limitations

During this research, the researcher was constrained by time and financial obligations. Other factors other than EI could also have an impact on job performance but were not included in the current study. This could lead to over estimation of the impact of EI on performance. The study also relied on self-reported data, which is prone to response bias and this could be overcome by using a more robust measurement scale that incorporates responses from participants, peers, and supervisors. Again, COVID-19 restrictions also posed a major challenge to the data collection procedure, resulting in the lower response rate achieved. However, the researcher did his utmost best to retrieve as many questionnaires as possible to allow for the data analysis.

Definition of Terms

Emotional intelligence: This is the capacity to recognise, assess, regulate and utilise an individual's emotions in adaptive ways for effective decision-making and actions. Emotions help with reasoning by focusing on changes.

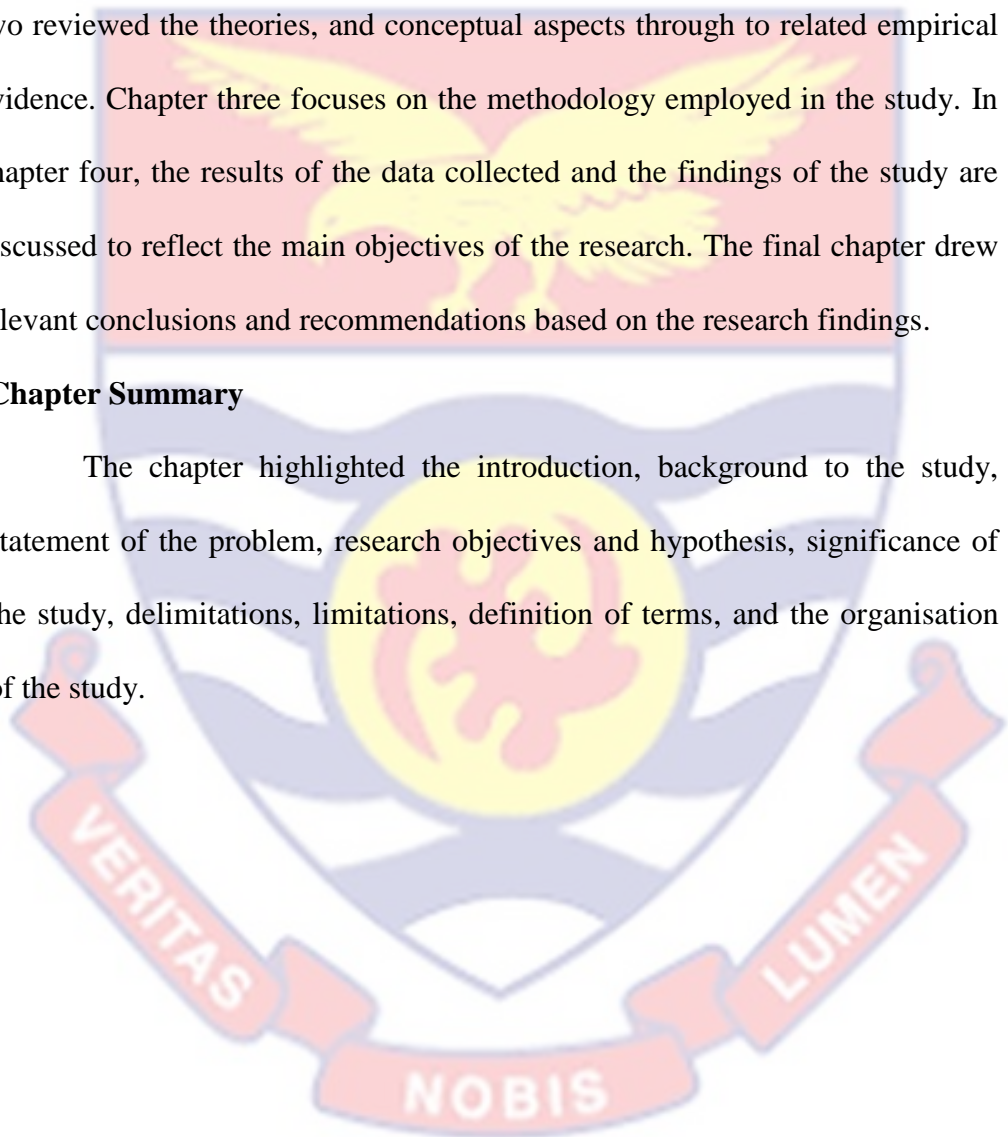
Job performance: This refers to employees' output in terms of work quantity, work quality, and work timeliness in any given environment in a specific job.

The Organisation of the Study

The study is ordered from chapters one to five. Chapter one presents the study which incorporates the background of the study, statement of the problem, the purpose of the study, objectives, research hypothesis, the significance of the study, delimitations, and limitations to the study. Chapter two reviewed the theories, and conceptual aspects through to related empirical evidence. Chapter three focuses on the methodology employed in the study. In chapter four, the results of the data collected and the findings of the study are discussed to reflect the main objectives of the research. The final chapter drew relevant conclusions and recommendations based on the research findings.

Chapter Summary

The chapter highlighted the introduction, background to the study, statement of the problem, research objectives and hypothesis, significance of the study, delimitations, limitations, definition of terms, and the organisation of the study.



CHAPTER TWO

LITERATURE REVIEW

Introduction

This chapter examines related works of literature in the area of study. The essence is to identify what has been done, what is missing and the lessons learned from previous studies. The chapter was categorised into theoretical review, conceptual review, and empirical studies. The chapter then provided a conceptual framework, before ending with a chapter summary.

Theoretical Review

The study was mainly underpinned by Goleman's (1995) theoretical model. Mayer, Salovey, and Caruso's ability models were used as a supplement theory (Mayer *et al.*, 2004). The development of the theories of emotional intelligence has resulted in two essential approaches (Brackett, River & Salovey, 2011); the Mixed model and the Ability model, where the Ability model was developed with an emphasis on cognitive ability only (Mayer & Salovey, 1990; 1997) and the mixed approach concerning performance includes both ability and personality skills was developed by Goleman (1995, 2021). It is this approach that drives job performance at work (Aydemir & Aren, 2014). The two theoretical models were discussed due to their corresponding effects in the workplace.

Goleman's Theoretical Model: The Mixed Competency Approach

Deducing on Goleman's (2021) theoretical model, emotional intelligence is twofold: personal and social domains. The two broad categories are further grouped with different separate abilities. Personal emotional competence includes self-awareness and self-management while social

awareness and relationship management relates to the social competence category (Goleman, 2021). Personal emotional competence is the individual ability of understanding and regulates one's emotions. Self-awareness posits self-knowledge and realisation of one's emotional abilities and limitations. Accurate self-evaluation, emotional self-awareness, and self-confidence are all parts of the self-awareness spectrum (Goleman, 2021).

Emotional self-awareness is the potential to recognise the influence of personal emotions on oneself. Accurate self-assessment recognises the strength and weaknesses' that one may have encountered and accepts constructive feedback to help escape comprising their work. Self-confidence is one's skill and self-esteem. The latter is one's ability to manage relationships by using communication skills for a productive outcome (Hutchinson & Hurley, 2013). This brings to light how a nursing practitioner should consider situations that give rise to their own emotions, being mindful of what they feel, and acknowledging the connection between their emotions and behaviour while leveraging on the potential effect of their emotions is paramount for quality service (Serat, 2017).

Self-management is the willingness of the nurse to align personal needs with the interests of other individuals, such as patients, or healthcare team members, taking initiative, adjusting quickly to each situation, and taking a different dimension (Vestal, 2015). Further, self-management relies on the qualities of restraint, flexibility, initiative, success, openness, and positivism (Goleman, 2021). Despite the strain, a nurse may be assertive about what they believe is right and find a solution by believing in their capacity (Tagoe & Quarshie, 2017).

Social-emotional competence relates to understanding and handling others' emotional drives (Bradberry & Greaves, 2009). Social awareness draws from the competence of empathy, service orientation, and organisational awareness (Goleman, et al., 2002; Munir & Azam, 2019). When dealing with people, it is important to consider their needs and emotions. This is empathy. Organisational awareness is when one can discern a team's emotional states and power relationships, spotting networks, and other group performance while providing services for peers, supervisors, and patients connected to the organization (Boyatzis, *et al.*, 2015).

Relationship management is the nurse's capacity to motivate, relate and influence others to be a tool for adaptability (Munir & Azam, 2019). Generally, nurses in inspirational leadership have acquired the skills to inspire, influence, and persuade others. They may also have acquired training in such things as generating behavioral changes, cultivating relationships managing conflict, establishing working bonds, and leading a team or organisation (Goleman, 2021). Within each cluster of emotional intelligence, Goleman identifies a set of competencies to be mastered. It is necessary to work on and build emotional intelligence to function at a high level since it is a taught skill rather than a natural one (Miao, Humphrey, & Qian, 2017).

According to Goleman and Boyatzis (2017), people are born with a general emotional intelligence that defines their capacity for acquiring emotional skills, therefore the order of the competencies is not random; rather, they occur in a domain that works synergistically to support one another (Goleman, 2021). Unlike the ability models, which were framed as a generic theory of emotional intelligence (Salovey & Mayer, 1990), Goleman's

theoretical model was particularly applied to work performance (Goleman, 2021). This was an influential concern for this study at the Cape Coast Teaching Hospital in Ghana on emotional intelligence and nurses’ job performance in a work setting. Figure 1 displays the framework of emotional intelligence;

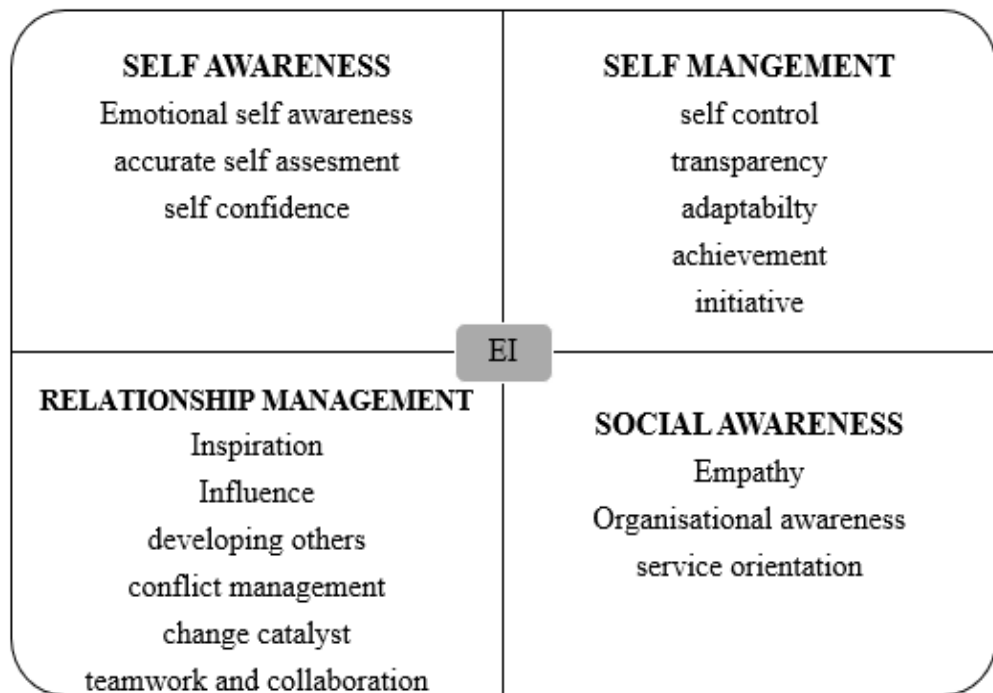


Figure 1: Model framework of Emotional Intelligence

Source: Goleman, Boyatzis, and Mckee (2002)

As originators of the concept, Mayer and Salovey (1990) explained emotional intelligence to be the ability to properly and effectively interpret emotional stimuli. This encompasses the capacity to recognise, take in, comprehend, and control feelings (Mayer & Salovey, 1990). The theory further described emotional intelligence “as a unit of social intelligence which enables an individual to influence personal feelings and evaluate other’s actions” (Mayer, Salovey, & Caruso, 2004, p.199). Emotional intelligence is argued as the capacity to assess and evaluate personal and others’ emotional

states, and the capacity to control and manage their own and others' emotions in productive ways (Olderbak, Semmler & Doebler, 2019).

Subsequently, the expanse of this field gained attention and resulted in various expositions by researchers. Hence, Mayer and Salovey (1997) emended the concept of emotional intelligence into four major models: perception, comprehension, facilitation, and utilisation of emotions. Accordingly, Mayer, Salovey, and Caruso (2004) revised emotional intelligence into four classified domains. Firstly, emotional intelligence is the to comprehend, assess, and shows emotions. Secondly, being able to adapt and communicate emotions. Thirdly, the capacity for understanding and processing emotional information. Lastly, the capacity to utilise emotions through thinking to control emotional impulsiveness. The thinking process is influenced by emotions either consciously or unconsciously, for any action that needs to be taken or achieved (Lankashini *et al.*, 2017).

Emotional intelligence was characterised as the tendency to deploy the sharpness of one's emotional sensitivity and its effective application on one's self, even as a moderator and influence (Mayer, Caruso & Salovey, 2016). This implied that the intelligent management of emotions is a confluence of developed ability or skills to sustain efficient and healthy interpersonal relationships (Mayer *et al.*, 2016). Emotional intelligence was further interpreted as the willingness to know oneself and utilising the awareness to make useful decisions (Serrat, 2017). Likewise, emotional intelligence was argued on the premises as a key determinant of certain adaptive behaviour of an individual livelihood (Brackett, *et al.*, 2011). Mayer, Salovey, and Caruso (2012) further argued that the ability theory uncovers individual differences in

how feelings can be expressed under the influence of logic and reasoning. The setback of this theory was a slight emotion (Mesquita, Barrett & Gendron, 2011). In contrast to the ability theory, Goleman (2021) introduced the mixed model which comprises the ability and personality skills. This mixed theory was applied to know the corresponding impact of emotional intelligence on workplace performance. Figure 1 shows the theoretical model for the ability theory of emotional intelligence;

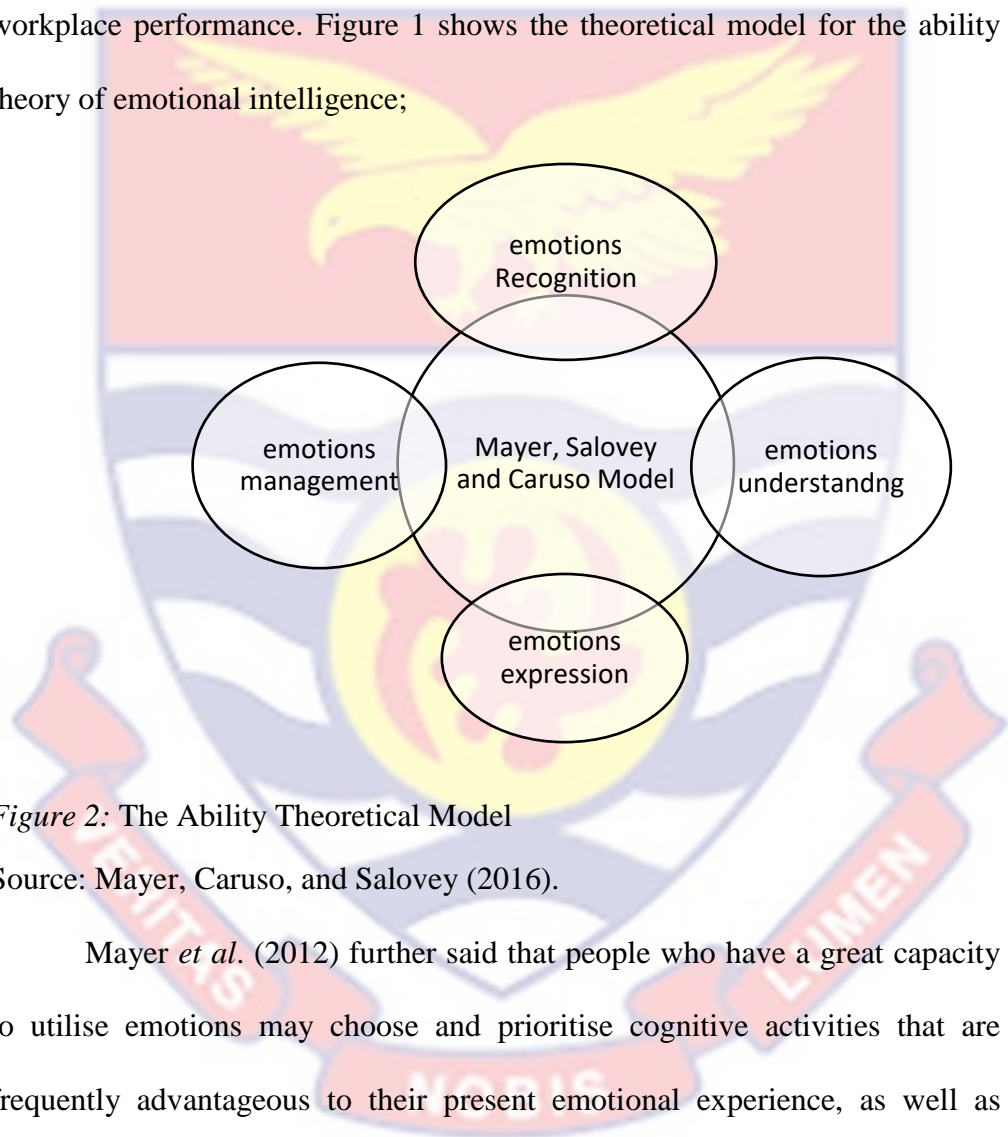


Figure 2: The Ability Theoretical Model

Source: Mayer, Caruso, and Salovey (2016).

Mayer *et al.* (2012) further said that people who have a great capacity to utilise emotions may choose and prioritise cognitive activities that are frequently advantageous to their present emotional experience, as well as adjust their emotions to match the given environment in a manner that promotes improved situational adjustment (Muhina, Aboimova, Kulagina, Trophimo & Chigarov, 2016). The four theoretical models of Mayer, Salovey and Caruso (2004) are theorised to be hierarchically organised with emotions recognition and understanding to a higher order cognitive activities that deal

with the strategic adaptation of the individuals' emotions, whereas with the emotion's expression and management as an experimental cognitive activity that deals with emotional processing of information (Shaqra, Duwairi & Al-Ayyoub, 2019).

The ability theoretical model recognises that emotional intelligence skills are regularly applied in handling challenges of emotions concerning individuals and groups, and how such skills relate to one's area of work is paramount. Those other scholars who also criticised the ability theory posit that the theory only makes unsupported claims about the power and predictive ability of emotional intelligence. Interpretively, the ability and mixed theoretical models "are very significant as they help develop and lead us to the conceptual frameworks that guide the study under scrutiny".

Conceptual Review

The Concept of Emotional Intelligence

Emotions are integral elements inside us to others through the expression of one's facial, mood, and body language. Emotional intelligence is a social science phenomenon known to be a sub-set of social intelligence and also a reactor in businesses that are gaining a lot of coverage lately (Mayer & Salovey, 1997; Mohamad & Jais, 2016). According to Matthews *et al.* (2017), strong emphasis is being made on its relevance to life stability, interpersonal relations, and business achievement. These are arguments characterized by one's personal or professional performance, and every field is essential to be considered by educators. Emotional intelligence was shown to have a significant impact on the livelihoods of people (Fernández-Berrocal, Cabello, & Extremera, 2012).

Dimensions of Emotional Intelligence

This model of skills depicts four (4) branches of emotional intelligence specifically Self-Awareness, Self-Management, Social Awareness, and Relationship Management (Goleman, 2021; Munir & Azam, 2019).

Self-Awareness

Sabie, Bricariu, Pîrvu, and Gatan (2020) define emotional self-awareness as the ability to recognise, monitor, and influence the effects of their own emotions. This ability includes managing the impact of their emotions on themselves and one's immediate environment. Self-aware individuals can understand their thoughts correctly and stay mindful of them as they happen (Zahirrodine *et al.*, 2014). This involves keeping abreast of how people appear to react to particular circumstances and situations (Lam & O-Higgins, 2012). The realisation of self, recognising their gut feelings, instincts, and resources through their inner state, and spontaneous ability to identify a person's mood swings and reactions when he or she is in the spotlight is also termed self-awareness (Goleman 2021).

Yin *et al.* (2021) further explained an interaction between self and patients is delicate, requiring nurses to manage not just the conversations or treatment at hand, but also their emotional feelings to assist shape the situation, especially when lifesaving measures are involved. Bautista *et al.* (2018) expatiated that people who can honestly assess themselves can do the same for the organisations in which they work; they have a firm grasp of their capabilities, know where they need to improve, when to ask for help, and taking a calculated risk have an awareness of self (Grandey & Gabriel, 2015). The art of acknowledging feedback and constructive criticism which allows an

individual to learn from mistakes and play to one's strengths is a skill that requires accurate self-assessment (Maxim, 2021).

The individual's self-awareness is represented in any situation based on his or her internal state disposition (Zhang & Fan, 2013). This disposition of mind leads to the discovering of emotional self-confidence where the individual can identify strengths, and limitations and leverage such skills for productive job performance in an organisation (Masrek *et al.*, 2014; Maxim, 2021). People with limited self-awareness, on the other hand, view a situation that needs improvement as a danger to their growth or a sign of failure (Bambale *et al.*, 2016).

Self-Management

This relates to the ongoing action of adapting, assessing, controlling, and using personal emotions to guide one's behaviour healthily (Munir & Azam, 2019), providing satisfactory conduct or results concerning one immediate environment and community by continuously regulating their values and self-expectation (Goleman, Boyatzis, & McKee, 2002). Self-management is the ability to control personal impulsive urges through reasoning with a positive outlook (Goleman, 2021). Lee and Ok (2012) explained that self-impulses of individuals drive their emotions which we cannot do without but help manage. This drive is often a result of an inward dialogue that occurs. MacCann *et al.* (2020) also mentioned self-management as the ability to regulate their feelings intrinsically either positively or negatively to achieve the desired goal or channel their emotions for useful decision-making.

Karimi (2014) surmised that self-regulated persons typically react coolly to hostile peer criticism, colleagues, supervisors, and patients as outstanding bankers or tellers dealing with the frustrations of clients. This ability comprises a set of mental competencies and behavioural patterns that helps people to structure themselves at work or elsewhere to facilitate appropriate achievement (Taxes & Gross, 2018). Normally, this achievement is done through the persuasion we exert on ourselves to help achieve the self-encouragement needed to behave in desirable ways (Goleman & Cherniss, 2001). Initiatives are key to exceptional achievement in organisations that depend on the development of a good personal relationship with clients and are proactive in taking anticipatory decisions to avoid problems before they occur. By contrast, those who lack self-initiatives are shortsighted and react to issues as they happen which leads to poor decisions making (Aldaod, Sweis, Alawneh & Jaradat, 2019).

Social Awareness

Employees work on some tasks individually and others in teams or inter-groups in various situations in every sector, which implies that handling relationship within organisations is a considerable skill to understand and accept how others feel (McPheat, 2010). Krishnan, Mahphoth, Ahmad, and A'yudin (2018) related social awareness to how individuals who have gained knowledge of themselves deal with others' emotional feelings, psychological needs, and wants. This skill involves developing others, influencing actions, and leveraging diversity to promote harmony during communication (Raghubir, 2018; Serrat, 2017).

Raghubir (2018) further emphasises the exhibition of these skills among nurses including their mutual regard, persuasion, empathy, and acceptance of others' emotionality. The ability to identify peers, colleagues, and patients' unspoken needs and concerns; mapping them to organisations' culture to aid in providing quality care services is referred to as service orientation. Social awareness has a crucial function in the service orientation of an employee's job performance where thoughtful evaluations of others' emotions during interactions are considered without hasty conclusions on actions, expressions, and conduct (Sunindijo & Zou, 2013).

Relationship Management

This relates to the assessment of our values and norms concerning those around us for their impact. The behaviour and attitudes, thoughts, and words about others could either strengthen or weaken our relationships which solely depends on our ability to collaborate, build, influence change, and manage conflict while working in a team (Goleman, Boyatzis, & Mckee, 2002). The relationship was mentioned as the ability to effectively navigate experiences by using knowledge of personal and others' emotions (Lam & O' Higgins, 2012). This involves clarity of information transfer and influence. The skill of influence is centered on how people's emotions are effectively handled and managed (Goleman, 1995) which is based on their skill to move interaction in the best direction and are persuasive. An effective change that occurs as the result of one's ability to persuade others to alter their view on an issue is a product of influence through coaching and mentorship to foster long-term development (Cherniss *et al.*, 1998).

Also, good relationships offer a healthy setting for expressing feelings and emotions to be aired and discussed among staff and colleagues (Ingram, 2013; Lassk & Shepherd, 2013). Dakin and Taplin (2014, p.11) asserted that “having people to talk to is very good and a learnable skill between services and staff.” Therefore, it’s very imperative to know that social awareness is about acceptance of other’s emotions especially patients, staff, and team members (McPeat, 2010), while good relations among staff, peers, and others improve productivity and life means relationship management (Memon *et al.*, 2014). Communication is a component of relationship management achievement. Individuals who communicate effectively are open to new information, stay receptive to good and bad news, and while being attuned to others’ emotional states (Jack *et al.*, 2013). This leads to spotting gaps during interactions with peers, colleagues, and patients, and taking adequate steps to manage disagreements when there’s trouble is known as conflict management (Zhang & Fang, 2013).

Level Indicators of Performance

In a global and developing world economy, many organisations have stood the test of time until now and these organisations are believed to have survived as a result of their performance of employees at the workplace (Ismail, Nopiah, & Rasul, 2020). With this global perspective, it is imperative to understand what influences or affects the job performances of employees that yields benefits to organisations, and vice versa. Organisations know how to improve and sustain employee job performance, which is crucial to every organization's existence and growth. Hence, the section of this study would

reveal some measurements of job performance that were adapted from this literature.

Cox-Kelley, *et al.* (2013) claim that nurses are subjected to performance standards and job expectations that are untypical of those for business professionals. Scholars have pinpointed four exceptional characteristics for healthcare workers: "(1) expert skill level; (2) social ability to communicate and maintain relationships; (3) emotional ability to handle grief, dying, and stressful situations; and (4) a personality type that permits flexibility of processes and procedures" (Albanese *et al.*, 2005 p.101).

Vestal (2015) also discussed nursing work performance under two categories; personal and social competencies. Personal competencies are those required to enable the nurse to accomplish assigned personal tasks while social competencies place a strong emphasis on how nurses interact with both patients and other team members. Performing the work to the best of one's abilities, being aware of one's sentiments toward others, being able to think clearly and maintain focus under pressure, participating in accomplishing hospital objectives, vision, and purpose, knowing how to improve performance, accept criticism gratefully and make necessary changes, among others are all examples of personal competences (Vestal, 2015). Social competencies include making sure the team develops clear objects, building rapport and keeping others in place, establishing a welcoming and cooperative atmosphere among the members of the health team and even the patients, and persuading them to work hard to meet organisational goals (Vestal, 2015).

However, there exist four general measurements employed to measure job performance namely; the quality of work, quantity of work, cost-

effectiveness, and timeliness (Alhusna, 2001; Furnham, 1997; Kahtani, 2013). The quality of work is determined by how effective or accurate is the employee doing the work. Also, measuring accuracy, effectiveness, and appearance can determine the quality of work (Gryn, 2010). The quantity of work refers to the efficiency of work done. The actual amount, number, and measure of work accomplished by an employee against the standard expectation set by the organisation or worker are termed as work quantity. The cost-effectiveness of service delivery in the aspect of job performance is achieving high productivity with the minimum unit cost and providing services on time. The swiftness of services rendered, when and how time as leverage to obtain a desirable outcome is termed timeliness (Kahtani, 2013). The delays in work output could be costly which makes timeliness of work output an essential service.

Furthermore, another study discovered three-dimensional job performance indicators that comprise job quality, job quantity, and job time (Na-Nan, Chairprasit & Pukkeeree, 2018). Putra and Dewi (2019) posit that employee job performance refers to the output, both in terms of quality and quantity, that employees produce within a specified duration while performing their job responsibilities in line with their standards of operations or obligations assigned to them. The widespread consensus is that job performance comprises of challenging set of interrelated criteria related to various job-related factors, conditions of services, individual characteristics, and the working situation (Milkovich *et al.*, 1991).

In conclusion, job performance is an appearance attribute that every human should possess to accomplish their personal and organisational goals

(Owuori, 2021). Although there exist varied concepts about the measurement of job performance standards (Ackon, 2012), this study stems to carry out the task effectively on nurses. The next section focuses on various empirical literature with emphasis on emotional intelligence and nurses' job performance.

Empirical Review

Several studies have been carried out on emotional intelligence and job performance across the globe. This section reviews the relationship between determinants of emotional intelligence and job performance.

Self-Awareness and Job Performance

Self-awareness was also found to have a positive influence on job performance by Mohamad and Jais (2016). They collected primary data from 212 Malaysian teachers from 6 schools. Their correlation analysis concludes that self-awareness is a significant determinant of performance in the educational sector of Malaysia. Contrarily, self-awareness was not found to be a significant determinant of job satisfaction and job performance in the context of information technology professionals (Masrek, Osman, Khamis, Fais & Paiman, 2014), and employee performance of 100 participants in the telecom sector in Pakistan (Shahzad, Sarmad, Abbas, & Khan, 2011). Similarly, self-awareness was found to be insignificant to job performance in the banking industry of Benin City, Nigeria (Oguns & Uhumamure, 2016). When self-awareness and self-esteem were examined as determinants of job performance in elementary school teachers, it was discovered that self-awareness was a significant predictor of the job performance of teachers in Kerman, Iran (Mansouri & Tajrobehkar, 2015).

Gontur and Dekom (2017) indicated that self-awareness was positively related to employee performance among 176 local government workers in Nigeria using correlation analysis. Additionally, Noel and Mosoti (2016)'s research on the impact of self-awareness on employee performance found that self-awareness increases workers' performance in the Ugandan private sector. Karimi and Rada (2015) asserted that employees with a high level of self-awareness can recognise when mistakes have been made and either correct them or seek assistance from someone with more knowledge, resulting in increased work productivity. Subsequently, a survey by Mshellia, Malachy, Sabo, and Abu-Abdissamad (2016) employed primary data and the pooled OLS approach on a sample of 300 nurses in the Plateau State of Nigeria. They revealed a positive significant statistical relationship between self-awareness and contextual performance of professional nurses in Jos's metropolis, based on a correlation coefficient of 0.161 that was statistically significant at 1%. Also, the influence of self-awareness on performance revealed a significant correlation among students in Africa (Udo & Ukpong, 2016).

Vijitharan, Harikaran, and Nanthagopan (2019) further examined how emotional intelligence affects the performance of school teachers in Sri Lanka. Using a stratified random sampling technique, 60 primary secondary school teachers were selected to represent the study's sample. After a comparative analysis using regression analysis and ANOVA, they concluded that emotional intelligence significantly influences the performance of teachers irrespective of the level they teach.

In another study by Getahun (2021), the influence of emotional intelligence on the performance of commercial banks in Ethiopia was assessed

using an explanatory approach. Data was collected from 400 respondents using a five-point Likert scale. The analysis from the factor analysis and the regression analysis revealed a significant positive relationship between self-awareness and organizational citizenship behaviour which was gainfully used as an indicator of job performance. Similarly, Vestal (2015) employed a descriptive-correlation analysis and found a moderate positive correlation between self-awareness and work performance among nurses in the Philippines state of Visayas.

Self-Management and Job Performance

Contrarily, Khan, Asghar, and Chughtai (2013) revealed that self-management is not a strong predictor of employee performance in Islamabad (because of inadequate personality development skills. This study collected data from 120 respondents across the manufacturing sector of Pakistan. Shahzad *et al.*, (2011) study of emotional intelligence and job performance in the telecom industry in Pakistan found similar results. Their results demonstrated that the impact of self-management was not significantly related to employee performance in the telecom sector.

Noel and Mosoti (2016) showed that the relationship between self-management skills on the performance of private sector employees in Uganda was positive and significant. Their study employed 208 respondents from the sugar industry in Uganda. Generally, self-management improved the general employee's performance in the private sector. Vestal (2015) acknowledged the positive influence of self-management on the work performance of nurses in private hospitals in the Philippines. Also, self-management was found to have a significant influence on the job performance of Malaysian teachers

(Mohamad & Jais, 2016), students in Nigeria (Udo & Ukpong, 2016), and primary and secondary school teachers in Jaffna, Sri Lanka (Vijitharan, Harikaran & Nanthagopan, 2019).

Furthermore, Gontur and Dekom (2017) assessed the emotional intelligence of local government workers in the Plateau State of Nigeria. Their study sampled 176 employees and collected quantitative data that was analysed using correlation and regression analysis. The results revealed that self-management had a significant influence on employee performance of the local government workers in Plateau State, Nigeria.

Similarly, self-management was found to be significantly correlated with employee performance but not a strong predictor of employees' performance in the corporate sector in India (Maheswari & Sundaram, 2015). A study on the impact of self-management on employee performance in the banking sector of Saudi Arabia indicated that self-management positively influences the performance of employees in the service industry like banks.

Social Awareness and Job Performance

Several researchers have discovered that emotional intelligence, such as social awareness, has a significant impact on an individual working in the service sector. For instance, O'Boyle *et al.* (2011) conducted a meta-analysis on emotional intelligence and job performance. They reported that social awareness as a component of emotional intelligence is positively associated with job performance in the service sector. Ifelebuegu, Martins, Theophilus, and Arewa (2019) also found social awareness to have a significant impact on the health and safety performance of employees in a wide variety of routine services such as hospitals and high-risk industries such as oil and gas, due to

its inherent ability to influence human factors. Another case study on Chahar Mahal Bakhtiari Province Gas Company by Bahramain and Sharifi (2015) surveyed the emotional intelligence and job performance of staff members and revealed a significant positive influence of social awareness on staff performance.

Concurrently, Noel and Mosoti's (2016) utilised both descriptive and inferential statistics to demystify the components of emotional intelligence and employee performance of private sector workers in Uganda on a sample of 208 respondents. Their findings revealed that the association between social awareness on employee performance was not a very strong one but had a positive regression coefficient, signifying a significant effect on performance. In another related study, Mshellia, Malachy, Sabo, and Abu-Abdissamad (2016) revealed an insignificant positive impact of social awareness on the contextual performance of nursing professionals in Jos Metropolis. Similarly, Serhan and Gazzaz (2019) concluded that there was no impact of social awareness on employees' performance in the Saudi banking sector. Further, Oguns and Uhunamure (2016) could not find any significant evidence to conclude the influence of social awareness on the job performance of Bankers in the Benin state of Nigeria.

Gontur and Dekom (2017) analysed the four components of emotional intelligence among local government employees using an OLS and correlational analysis and revealed a significant impact of social awareness on local government employees in Nigeria. Social awareness was similarly found to be a significant predictor of employee job satisfaction which tends to influence the overall outcome of job performance among workers in

information technology professionals in Pakistan (Masrek, Osman, Khamis, Fais & Paiman, 2014). Vestal (2015) stated clearly that social awareness had a positive significant impact on the perceived work performance of nurses in the Philippines. Getahun (2021) in his appraisal of organisational citizenship among commercial bank workers in Ethiopia recently disclosed a significant influence of social awareness on organisational citizenship behaviour. Further, emotional intelligence variables such as social awareness had a positive effect on employee performance such as higher education teachers in Pakistan (Asrar-ul-Haq, Anwar, & Hassan, 2017; Mohamed & Jais, 2016). More so, using a sample of 154 employees from selected corporate entities in India's Bangalore city, Maheswari and Sundaram (2017) indicated a significant correlation between social awareness and employee performance.

Relationship Management and Job Performance

Relationship management skills help employees recognise the value of each of their coworkers and work closely with them by setting clear goals and objectives. By establishing clear goals and objectives for each task, employees can work cooperatively toward a common goal in any working environment (Hogan, 2014). Studies have found a positive influence of self-management on job performance (Gontur & Dekom, 2017). For instance, Oguns and Uhunamure (2016) showed a significant influence of relationship management on employee performance in the banking industry of Nigeria. The research focused on school teachers in Malaysia by Mohamad and Jais (2016) indicated that relationship management is a significant predictor of job performance.

Vestal (2015) also reported that relationship management had a moderate impact on the job performance of nurses at central Visayas general

hospital in the Philippines. Furthermore, the influence of relationship management was found to be a significant predictor of employee performance in the service industry like banks (Serhan & Gazzaz, 2019; Getahun, 2021), Telecom professionals (Shahzad, 2011), customer services (Khan, Asghar & Chughtai, 2013). Subsequently, Mshellia, Malachy, Sabo, and Abu-Abdissamad (2016) surmised that the relationship management of health workers at Jos Metropolis, specific nurses, has a significant impact on the performance of nursing professionals in Nigeria.

Lessons Learnt and Knowledge Gap

This section revealed the lessons learned based on the literature reviewed. The main application trend of the ability model has been academic (Zhang & Fan, 2013). The developmental evidence depicts those cognitive abilities in different emotional intelligence branches such as the recognition and understanding of emotions are parallel rather than sequential, through complex learning processes influenced by certain internal and external factors (Laborde, Dosseville, & Allen, 2016). The conceptual issues of various literature revealed that when the organisation's culture and policies are not effectively implemented, it will render the elements of emotional intelligence ineffective and tends to reduce job performance.

Although the four models of emotional intelligence remain the foundation for all developmental research in the field of emotional intelligence, there has been a revised concept of these models which has led to the development of three branches of models of ability as emotions recognition, emotions understanding, emotions management (Mayer, Caruso & Salovey, 2016). Nevertheless, the four models remain the inception for

every current model and their description aids in the theoretical understanding of the content domains covered by the mixed model perspective of emotional intelligence.

Also, the researcher discovered that different measures of emotional intelligence, using varied methods are reporting different outcomes (Zeidner, Matthews & Robert, 2012). Several models have been adapted over the period such as Mayer, Salovey Caruso test model, multifactor scale model, emotional quotient model, trait meta mood model, emotional quotient inventory, and emotional competency inventory just to mention a few by various researchers (Higgs & Dulewicz, 2000; Mayer, Caruso, Salovey, 1999; Mayer, *et al.*, 2016; Salovey, *et al.*, 1995; Stough, Donaldson, & Palmer, 2002) through their quest to measure the elements of emotional intelligence, led to the development of different subscales due to their choices of scale measurement (Harms & Crede, 2010). While the models are different, they nonetheless have two essential elements: controlling oneself and others and knowing oneself and everyone (Goleman, 2021).

Yet, the researcher further identified the need to examine the related constructs of emotional intelligence in different cultural contexts to establish a unified (Harms & Crede, 2010) and possible cultural moderator of the phenomena (Sadri, Weber &, Gentry, 2011). Also, the mixed model seems to be more effective and popular for measuring the degree of emotional intelligence than the Ability Model concerning people with higher levels of emotional initiative intelligence in the workplace (Joseph & Newman, 2010; Kong, 2014; Mahdinezhad *et al.*, 2017; Mortana, *et al.*, 2014; O'Boyle, *et al.*,

2011) and the most influential dimension in the health sector (Goleman, 2021).

Additionally, the researcher discovered that most of the studies undertaken in advanced and developing countries like Saudi Arabia, Germany, India, Nigeria, and Ghana were based on Police services (Al-Ali, Garner & Magadley, 2012), Hotel industries (Lin & Cho, 2018), Sales and Marketing (Anees *et al.*, 2020), Teachers (Vidhya, 2019), students (Lankashini *et al.*, 2017) and Banking sector (Mekpor & Dartey-Baah, 2020) with little works with the health industry (Aldaod, *et al.*, 2019; Samiuddin, *et al.*, 2017) specifically among nurses. This raises concerns about the applicability of their findings in the Ghanaian settings due to cultural differences, values, norms, and environmental factors such as socio-economic position.

Conceptual Framework

The conceptual framework illustrated below determines the direction of the study. The independent variable was emotional intelligence, which is represented by self-awareness, self-management, social awareness, and relationship management, while the dependent variable is the nurses' job performance centered on three performance indicators developed by Na-Nan *et al.*, (2018). These job performance indicators include quality of work, quantity of work, and timeliness of work. This study presents the framework of the influence of the relationship of the four constructs of emotional intelligence on nurses' job performance as shown in Figure 3 below;

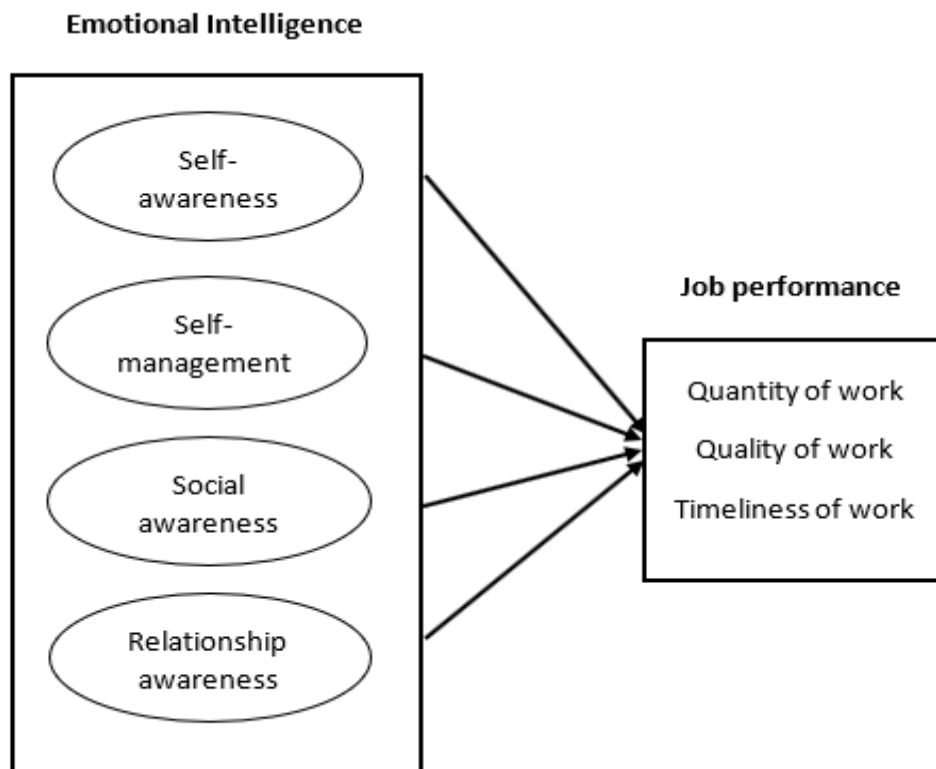


Figure 3: Conceptual Framework for this study

Source: Author's Construct (2021).

Chapter Summary

The theoretical, empirical studies and conceptual reviews on the influence of emotional intelligence and job performance have been reviewed. The theoretical review discussed the theories underpinning emotional intelligence and how they related to the study. The empirical review presented the findings of related literature on emotional intelligence and job performance. The conceptual framework was devised from the related literature reviewed which brought to light the lessons learnt from the reviewed literature. The methodology of this study, which would be guided by the reviewed literature, as well as the reporting results, was covered in the following chapter.

CHAPTER THREE

RESEARCH METHODS

Introduction

This chapter focused on the research methodology employed, which aimed to accomplish the stated objectives of the study. It was organised into various sections, including research design, study area, population, sample and sampling techniques, research data collection instruments and procedure, data analysis, and ethical considerations.

Research Approach

The study is grounded in the positivist philosophy because issues about emotional intelligence are often based on empirical observation and objectively verifiable through quantitative techniques (Saunders, Lewis & Thornhill, 2015). In light of the precise aims of the study, the nature of the primary data that was collected and analysed, and the scope of the study's objectives in question, this study employed a quantitative research approach. The construct by nature was measured and subjected to statistical modification. The quantitative approach, per Creswell (2014), focuses on explaining events by gathering numerical data that are then examined using techniques with a mathematical foundation. Often, this makes it easier to make inferences and draw conclusions about the relationship between and among the variables.

Additionally, the quantitative approach produces results that are based on numerical and logical findings rather than interpretations, which can be replicated and compared to other studies in the future (Parcel *et al.*, 2021). The quantitative approach was chosen to examine the correlation between the

study variables and outcomes. Such information would enable others to conclusively prove initial findings by carrying out a similar analysis (Dudwick et al., 2006).

Research Design

The study design is a collection of principles and procedures to be followed in solving the research problem (Leedy & Omrod, 2010). According to Zikmund, Car, and Griffin (2013), a research design is a plan that details the precise data technique or approaches the researcher will adopt to accomplish the study's objectives. Due to the nature of the scientific inquiry guiding this study, an explanatory research design was used. As a result, being motivated by the logic of casual correlations among the relevant variables.

Separating these factors and determining the degree to which they contribute to these outcomes is the duty of the researcher (Ghauri & Gronhaug, 2005). According to Saunders *et al.* (2003), the purpose of explanatory research is to explain the causal relationship between variables. Specifically, this design examines the cause and effect of single or multiple regressors on the regressand. It also attempts to provide answers to why certain outcomes are attained and link diverse ideas to comprehend the reasons, causes, and effects of a subject. Explanatory design, therefore, seeks to explain rather than describe a particular problem under review. The design was relevant to the study since its primary goal is to analyse a situation or particular issue to understand the patterns of interactions between the variables.

This study employs the explanatory design as it aims to evaluate the cause-and-effect relationship between emotional intelligence variables and job

performance among nurses job performance at CCTH. This study design was selected because it aimed to enlighten readers on the type and intensity of association between the research variables while enabling the testing of hypotheses based on the relationships.

Study Unit

The central regional hospital, now, Cape Coast Teaching Hospital is currently a four hundred (400) bed capacity referral Hospital situated in the Northern part of Cape Coast in Ghana. The area is bordered on the north by Abura Township, on the south by Pedu Estate/4th Ridge, on the east by Nkanfua, and on the west by Abura/Pedu Estate. The hospital, which was the first in a line of incredibly contemporary Regional Hospitals built by the Ministry of Health, began full operations on August 12, 1998, and was named the best Regional Hospital in 2003.

The Cape Coast Teaching Hospital serves as one of the major Tertiary health facilities among Korle Bu Teaching Hospital, Tamale Teaching Hospital, and Komfo Anokye Teaching Hospital in Ghana, which provides outpatients and inpatients services in general clinical services, specialized clinical care, imaging services, OBS & gynecological, diagnostic and rehabilitation services with a yearly specialty attendance service of 168,000 to 180,000 including a yearly average of 11,000 inpatients. The Teaching Hospital provides medical care services such as dialysis, child health, gynae emergencies, adolescent and family planning, and surgical services. The hospital serves an average of 461 patients daily with a nursing capacity of 845 on shift duties (CCTH Reviewed Annual Performance Report, 2020, February, p.30).

Even though there are several hospitals in Ghana, this study was focused on Cape Coast Teaching Hospital because they constitute a large number of staff nurses which was enough to represent a fair sample of the local hospitals in Ghana. More so, the attention of health workers, especially nurses in general who will want to improve their quality of services in handling patients was inspired. This is realised in the Cape Coast Teaching Hospital’s vision that “A World-Class Leader in Tertiary Health Care, Medical Education and Research” propel. It has also helped society as a whole in handling challenges of emotions concerning individuals and groups, and how such skills relate to one’s area of work.

Population

The components or individuals that will be investigated and from whose data will be collected are referred to as the population of a study (Keller & Warrack, 2003). The target population for this study was 799 nurses working in the Cape Coast Teaching Hospital consisting of Professional Nurses, Midwives, and Enrolled Nurses/General Nurses (CCTH Reviewed Annual Performance Report, 2020, February, p.30). A breakdown of the staff strength has been provided in the Table below;

Table 1: Breakdown of Nurses at CCTH

| Category | Number |
|---------------------|---------------|
| Professional Nurses | 562 |
| Midwives | 152 |
| Enrolled Nurses | 85 |
| Total | 799 |

Source: Based on data from CCTH Annual Performance Report (2020)

Sampling and Sampling Procedure

The target populations of seven hundred and ninety-nine (799) persons were deemed too big to study in the limited time available. As a result, the need for sampling was unavoidable. The sample was selected using a purposive or convenient sampling technique. This became necessary for the study because of several reasons. This included the shift systems for the nurses which meant that not all nurses would be present on a particular day. Again, some nurses were busy and would not be able to make time to fill out the questionnaire. Therefore, only those available and willing to participate were included in the study. However, the researcher ensured that there is a fair representation of the various categories of nurses within the CCTH in the study. This was done by including the proportions of the various nurse groups to form the final sample. Based on Yamane's (1967) sample formula, the sample size for this study was determined. The following is the formula:

$$\text{Sample size (n)} = \frac{N}{1+N(\alpha)^2};$$

Where: N = denotes the sampling frame or the population of which the sample is derived; n = the sample size being determined; α = confidence interval or the level of precision (0.05). Substituting the value 'N' and ' α ' into the formula, expanding the bracket, and simplifying the entire expression, given the value of 'n'. Therefore, the sample size for this study was determined as follows:

$$\begin{aligned} \text{Sample size (n)} &= \frac{799}{1+799(0.05)^2} \\ &= \frac{799}{1+799(0.0025)} \\ &= \frac{799}{1+1.9975} \end{aligned}$$

$$\begin{aligned} &= \frac{799}{2.9975} \\ &= 266.5554 \\ &= 267 \end{aligned}$$

Data Collection Instrument

The questionnaire method of data collection was used in two respective major sections A and B. The researcher adapted both emotional intelligence self-assessment questionnaires developed by Mohapel (2015), based on Goleman's emotional competence framework (Goleman, 2021) and employees' job performance which was also based on Na-Nan, Chairprasit, and Pukkeeree (2018). This study adapted these questionnaires because of the value change in cultural differences between developed and developing countries like Ghana. Section A had two sub parts; Part I consisted of the gender, marital status, educational level, work experience, category, and shift duty of the nurses. Part II constitutes an adapted emotional intelligence self-assessment questionnaire which has 27 items grouped under four domains as follows; self-awareness, self-management, social awareness, and relationship management to examine the level of emotional intelligence of the nurses. This was a structured closed questionnaires with the scoring response ranging from 1 = 'Never', 2 = 'Rarely', 3 = 'Sometimes', 4 = 'Often', and 5 = 'Always'.

Section B was devoted to the dependent variable, Nurses' Job Performance. The nurses' job performance was evaluated using the employee job performance scale advanced by Na-Nan, Chairprasit, and Pukkeeree (2018). It encompasses a 13-items scale that is classified under three elements of employee job performance such as job quantity, job quality, and job time.

The frequency of nurses' job performance was scored as "1 = 'strongly disagree', 2 = disagree, 3 = indifferent, 4 = 'agree' and 5 = 'strongly agree'".

Data Collection Procedures

An introductory letter was received from the Human Resource Department, University of Cape Coast, Ghana to introduce the researcher and commence the data collection process at Cape Coast Teaching Hospital. The letter introduced the researcher to the management of the hospital, seeking their permission whether the study could be carried out in the hospital. After some weeks, an approval letter was received from the ethical review board of Cape Coast Teaching to carry out this research, serving as an introductory letter to various units for data collection.

The objectives of this study were verbally explained to the participants which enabled easy and convenient filling of questionnaires. The questionnaires were distributed by the researcher and to speed up the data collection process, a mutual agreement was made between the respondents to submit the completed questionnaires to the "in-charge" or "shifts leader" after completion. Before the questionnaires were distributed, nurses were identified with numbers after signing the consent form; these numbers were written on smaller paper cards and placed in a sanitised container from which nurses were randomly selected from the container at various units to easily identify participants for this study. Two weeks period was agreed upon by the researcher and the respondents but due to "off duty" or "leave duty" entitlement to nurses, the data was obtained in a three-time schedule; morning, afternoon, and evening for two weeks. Some were able to fill and give back immediately but other respondents asked that the researcher comes back later.

Upon mutual agreement between respondents and the researcher, questionnaires completed were submitted to the “in-charge” or “shifts leader” of various units for easy collection by the researcher. This method of gathering primary data gives researchers the chance to build rapport and ensure sanity in the workplace with respondents, resulting in a high recovery rate (Islam & Islam, 2020). Totaling two hundred sixty-seven (267) questionnaires were administered out of which, two hundred and nineteen (219) were retrieved, resulting in 82.02% retrieved. Some staff nurses were on leave at the time of administering these questionnaires.

Data Processing and Analysis

Both descriptive and inferential statistics were employed to analyse the data in this study. The data cleaning was done through sorting and editing to eliminate errors that occurred while the nurses were responding to the questionnaires, blank spaces were excluded. Responses were coded and imported from Microsoft office 365 excel to Statistical Package for Social Sciences (SPSS) version 21 software for further analysis and reporting. The summary of the data into figures and tables was presented in a table form using descriptive statistics. A multiple ordinary least square regression technique was also employed to analyse the data based on the objectives of the study.

Reliability and Validity

Reliability and validity data are two major concerns necessary when assessing a specific instrument. Reliability concerns the consistency or dependability of the instrument; high and low reliability determines the accuracy and consistent measurement of the value (Roberts & Priest, 2006).

Also, Sanders, Lewis, and Quick (2012) refer to data validity as the extent to which an instrument measures a specific construct or variable. These adapted questionnaires were reviewed by the supervisor for corrections and approval before distribution. Again, the questionnaires were vetted and approved by the ethical review board of Cape Coast Teaching hospital before being administered to respondents. The reliability score of this study for each construct is shown in Table 2, where the reliability analysis of each construct is greater than 0.7 which opined that the questionnaires administered had very good reliability (Shahinzadeh & Barkhordari, 2015).

Table 2: Reliability Results

| No | Constructs | No of items | Cronbach's Alpha |
|----|-------------------------|-------------|------------------|
| 1 | Self-awareness | 5 | .738 |
| 2 | Self-management | 6 | .766 |
| 3 | Social awareness | 6 | .808 |
| 4 | Relationship management | 5 | .777 |
| 5 | Job performance | 11 | .873 |

Source: Field Survey (2021)

Model Specification

The purpose of this study was to investigate the relationship between emotional intelligence and nurses' job performance at Cape Coast Teaching Hospital, Ghana. Also, the study seeks to investigate the effects of the four constructs of emotional intelligence on nurses' job performance. Based on the review literature the following regression model was estimated for this study:

$$NJP = \beta_0 + \beta_1SA + \beta_2SM + \beta_3SoAR + \beta_4RM + \epsilon$$

Where:

NJP = Nurses' Job performance

SA = Self-awareness

SM = Self-management

SoAR = Social awareness

RM = Relationship management

β = coefficients and

ε = Error Term

Ethical Consideration

Li (2011) asserts that morality and ethics are primarily related and that they both address questions of doing right or wrong in communities, societies, and individuals. Therefore, everyone involved in research must be aware of ethical issues. The researcher made every attempt to uphold Cape Coast Teaching Hospital's ethical standards as much as feasible. An introductory letter was delivered to introduce the researcher and approval was also received from the ethical review board of Cape Coast Teaching Hospital before the study was conducted.

According to Bissell *et al.* (2012), the three fundamental ethical requirements for research are that participants give voluntary agreement, are fully informed about the purposes, methods, and advantages of the study, and retain their freedom to withdraw. Therefore, a letter of consent was written to respondents clearly stating the purpose of this study, methods, and importance and maintaining their right of withdrawal. The nurses were promised that their involvement would be voluntary, anonymous, and confidential of the information submitted.

Chapter Summary

This section outlined the research methods imperative for this study. The section thoroughly discussed the study approach, study design, sampling

techniques, data instrument and collection procedures, and data processing and procedures. Questionnaires were the major instrument for data collection. The data were collected and coded using SPSS and analysed using factor analysis, descriptive statistics, and multiple regression analysis. All ethical principles by the hospital were carefully considered. The findings and analysis from this study are presented in the next chapter.



CHAPTER FOUR

RESULTS AND DISCUSSION

Introduction

This study examined the impact of emotional intelligence on nurses' job performance at the Cape Coast Teaching Hospital, Ghana. This chapter presented the results and discussion of the study. The first section of the chapter discusses the demographic information of the respondents. The second part presents and discusses the main results that address the research questions and the hypothesis.

Demographic Characteristics of Participants

A sum of 267 instruments was distributed of which 219 responses retrieved were considered valid, amounting to an 82.02% response rate. According to Muthama (2016), a response rate above 50% is good for statistical analysis and can therefore justify the inferences made about the population. The demographic profile of respondents who participated in this study were outlined in Table 2.

Table 3: Demographic profile of respondents

| Demographic profile | Frequency(N) | Percentage% |
|----------------------------------|---------------------|--------------------|
| Gender | | |
| Male | 63 | 28.8 |
| Female | 156 | 71.2 |
| | 219 | 100.0 |
| Marital status | | |
| Single | 129 | 58.9 |
| Married | 85 | 38.8 |
| Divorced/Widowed | 5 | 2.3 |
| | 219 | 100.0 |
| Nursing Education | | |
| Diploma/Nursing Training College | 162 | 73.9 |
| Bachelor's Degree | 49 | 22.4 |
| Master's Degree | 8 | 3.7 |
| | 219 | 100.0 |
| Category of Nurses | | |
| Professional Nurses | 124 | 56.6 |
| General Nurses/Enrolled Nurses | 34 | 15.5 |
| Midwives | 61 | 27.9 |
| | 219 | 100.0 |
| Work experience | | |
| Less than a year | 62 | 28.3 |
| 1 – 5 years | 117 | 53.4 |
| 6 – 10 years | 24 | 11.0 |
| 11 years and above | 16 | 7.3 |
| | 219 | 100.0 |

Source: Fieldwork (2021)

As shown in table 2, out of the 219 study respondents, 63 participants were males and 156 were females representing 28.8% and 71.2% respectively, indicating females outnumber males in the nursing profession at the hospital studied. Concerning their marital status, 58.9% (129) were single, 38.8% (85) were married and 2.3% (5) were widowed or divorced. About 73.9% (162) of the respondents held diplomas obtained from nursing training colleges, 22.4% (49) had bachelor's degrees, and 3.7% (8) with a master's degree as their professional qualification for work. Also, 53.4% (117) of the respondents had working experience between 1 to 5 years of service, 28.3% (62) had less than a year of experience, and service experience beyond 6 years was 18.3% (40).

Most of the respondents were professional nurses, amounting to 56.6% (124) of the study's respondents, followed by 27.5% (61) being midwives and 15.5% (34) being general/enrolled nurses.

According to Fariselli, et al., (2008) certain indicators of emotional intelligence competencies do not change with age indicating that certain competencies need to be developed by learning. Similarly, Goleman (2021) posits that emotional intelligence competencies are not natural skills, but rather acquired skills that may be improved to reach exceptional job performance. Therefore, age was not an essential factor of consideration for this study.

Factor Analysis

Factor analysis is a common technique that is frequently used for data reduction and improving data adequacy. According to Adam (2015), factor analysis is the most important statistical technique for establishing factorial validity, construct validity, and the structural validity of measures of perception, opinion, and existing constructs. This statistical technique of dimension reduction evaluates ideas that are difficult to directly quantify by condensing a large number of variables into a small number of understandable underlying elements (Leech, Barrett & Morgan, 2014). Instrument development or validation is often before most quantitative studies even though promising instruments may be available, they might lack sufficient psychometric information to justify their use. Therefore, researchers are occasionally faced with either validating or possibly adapting an existing tool. The researcher conducted factor analysis using the SPSS software application to examine the construct validity of the adapted tools.

Also, confirmatory factor analysis was conducted to examine the measurement strength of each construct. Confirmatory and exploratory factor analysis are essential statistical techniques for measuring existing or developed instruments of measurement validity. Exploratory factor analysis is employed to investigate potential underlying structures of a group of observable variables without having knowledge of or bias toward the outcome's structure (Leech et al., 2014). This presents an underlying construct for a set of variables. By performing, exploratory factor analysis, the underlying constructs for a set of measured variables factor is identified. However, verifying the factor structure of a set of observed constructs is confirmatory factor analysis. With the use of this factor analysis technique, the researcher was able to examine the idea that there is a connection between the variables that can be detected and the latent variables that underlie them.

Latent variables are underlying constructs that are not directly observable and cannot be measured by one single item. Based on empirical research, only a 5-point Likert scale related to the four determinants of evaluating emotional intelligence and the five Likert statements which measured job performance. The test of construct measurement using SPSS factor analysis with principal axis factoring as the extraction method were presented in Table 3 below, reporting the factor loadings, Kaiser-Mayer-Olkin (KMO) statistics, and the Cronbach alpha respectively:

Table 4: Factor Analysis Results

| Constructs | Items | Factor loading | KMO statistic | Cronbach Alpha | | | |
|------------------------|-------------------------|----------------|---------------|----------------|------|------|------|
| Self-Awareness | SA1 | .706 | .707 | .738 | | | |
| | SA6 | .633 | | | | | |
| | SA2 | .625 | | | | | |
| | SA7 | .593 | | | | | |
| | SA4 | .561 | | | | | |
| | Self-Management | SM8 | | | .603 | .820 | .766 |
| | | SM9 | | | .527 | | |
| SM10 | | .592 | | | | | |
| SM11 | | .703 | | | | | |
| SM12 | | .572 | | | | | |
| SM13 | | .527 | | | | | |
| Social Awareness | | SoAR14 | .632 | .848 | .808 | | |
| | SoAR15 | .684 | | | | | |
| | SoAR16 | .679 | | | | | |
| | SoAR18 | .538 | | | | | |
| | SoAR19 | .668 | | | | | |
| | SoAR20 | .649 | | | | | |
| | Relationship Management | RM21 | .582 | | | .790 | .777 |
| RM22 | | .748 | | | | | |
| RM23 | | .602 | | | | | |
| RM24 | | .676 | | | | | |
| RM27 | | .581 | | | | | |
| Nurses Job Performance | | NJP2 | .582 | .861 | .873 | | |
| | | NJP3 | .536 | | | | |
| | NJP4 | .515 | | | | | |
| | NJP5 | .646 | | | | | |
| | NJP6 | .590 | | | | | |
| | NJP8 | .652 | | | | | |
| | NJP9 | .620 | | | | | |
| | NJP10 | .697 | | | | | |
| | NJP11 | .729 | | | | | |
| | NJP12 | .700 | | | | | |
| | NJP13 | .660 | | | | | |

Source: Fieldwork (2021)

The first construct was SA, which denotes the measure of self-awareness. This consisted of 7 Likert scale questions, of which the confirmatory factor analysis revealed the factor loadings of items above the threshold of 0.5 were considered acceptable factor loadings (Hair, Black, Babin, Anderson, & Tatham, 2006), and the items that revealed lower factor loadings were eliminated to maintain and increase the reliability of the

construct. The second construct, SM denotes self-management, which is comprised of six Likert scale questions. It was confirmed that all the six items had their factor loadings greater than 0.5 which signified an acceptable factor loading for construct validity so none of the items were eliminated.

Concerning the construct of social awareness (SoAR), out of the 7 items, 6 Likert items had factor loadings greater than 0.5 except for two items which had a factor loading lesser than 0.5 from the analysis. Items with loading below the threshold were eliminated to ensure higher factor loadings. Also, all the dependent variables' indicators (NJP) support the factorability of the correlation matrix except for NJP1 and NJP7 which were eliminated since they had a factor loading below 0.5.

The Kaiser-Mayer-Olkin (KMO) and Bartlett's Test of Sphericity statistic is a measure of sampling adequacy of the various items that form the construct. The KMO value ranges from 0 to 1, with values greater than 0.6 considered acceptable and values lower than 0.6 considered mediocre. The KMO value for all the constructs was greater than the required threshold of 0.6. The KMO value for the constructs were 0.707, 0.820, 0.848, 0.790, and 0.861 for self-awareness, self-management, social awareness, relationship management, and nurses' job performance respectively, indicating that there is sampling adequacy for the factor analysis.

Test for Internal Reliability

After the factors that form the constructs have been obtained, there is a need to test for internal reliability to measure how each scale item correlates with the total scale score (Adam, 2015). A reliability test is also used to evaluate how consistent the items purporting to measure the construct are with

each other and how free the data is from measurement error (Leech *et al.*, 2014). The Cronbach coefficient Alpha is used to check for the reliability of the construct. The alpha ranges between 0 and 1, with 0.7 or above being the most acceptable. The results in Table 3 confirm that all the constructs had alpha values greater than 0.7 to signify that reliability was not an issue for any of the constructs.

Correlation Analysis

Following the factor analysis, the constructs were created by mean transforming the items. To analyse the level of association between the various constructs, a Pearson correlation test was performed. The correlation results were interpreted based on Cohen’s (1988) guidelines. The results of this test are presented below:

Table 5: Correlation Analysis

| | NJP | SA | SM | SoAR | RM |
|------|--------|--------|--------|--------|----|
| NJP | 1 | | | | |
| SA | .436** | 1 | | | |
| SM | .373** | .494** | 1 | | |
| SoAR | .368** | .507** | .624** | 1 | |
| RM | .422** | .387** | .530** | .643** | 1 |

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

Source: Field Survey (2021)

From the correlation matrix presented in Table 5, it is observed that all the correlation coefficients are significant at 1%. All variables are positively correlated with the correlation coefficient ranging from 0.368 to 0.643. The matrix shows that there is a weak positive correlation between nurses’ job performance and self-awareness ($r = 0.436, n = 219, p < 0.01$), suggesting that as self-awareness improves, the performance of nurses is likely to improve as well. Again, there was a significantly positive association between nurses’ job

performance and self-management, social awareness, and relationship management, even though the relationship was weak. The other emotional intelligence variables were also positively correlated and their correlations range from 0.387 to 0.643, signifying that the measures of emotional intelligence are linearly related to each other. More so, none of the variables had a correlation coefficient greater than 0.8 to threaten the model due to issues of multicollinearity. After this, I conclude that the model is free from any issues of multicollinearity.

Regression Analyses

To estimate the relationships between emotional intelligence and nurses' job performance at the CCTH, the study employed an ordinary least square (OLS) estimation approach. The general OLS regression model employed is specified as;

$$Y = \beta_0 + \beta_1 X_1 + \beta_2 X_2 + \beta_n X_n + \varepsilon$$

The final estimable regression model is stated as follows;

$$NJP = \beta_0 + \beta_1 SA + \beta_2 SM + \beta_3 SoAR + \beta_4 RM + \varepsilon$$

Where NJP represents nurses' job performance, SA is self-awareness, SM is self-management, SoAR is social awareness and RM is relationship management. β and ε are the coefficients and error terms respectively.

The results of the regression analysis are presented below;

Table 6: Model Summary

| Model | R | R Square | Adjusted Square | R Std. Error of the Estimate | Durbin-Watson |
|-------|-------------------|----------|-----------------|------------------------------|---------------|
| 1 | .521 ^a | .271 | .257 | .45795 | 1.571 |

a. Predictors: (Constant), RM, SA, SM, SoAR

b. Dependent Variable: NJP

Table 6 presents the joint relationship between the independent and dependent variables, the variations that exist in the dependent variable caused by the independent variable, and finally, the issue of autocorrelation among the residuals in the regression model. R (which is 0.521) from Table 6 indicates the joint relationship that exists between the dependent variable and the independent variable. Hence, the R-value of 0.521 indicates a strong positive joint relationship between all the emotional intelligence variables and nurses' job performance.

The R square also illustrates how much variation in the dependent variable results from the independent variable. The results from Table 5 imply that a 27.1% variation in nurses' job performance (NJP) is predicted by the four emotional intelligence variables. The difference of 72.9% of the variation in NJP is caused by other factors. However, the Adjusted R square of 25.7% demonstrates how changes to the independent variables in the regression model might explain variations in the NJP.

Lastly, results from Table 5 indicate a Durbin Watson of 1.571, which is moderately greater than the threshold of 1.5 to indicate the presence of no autocorrelation in the model. In a regression model, there is the need for the model to be free from autocorrelation and serial correlations in the residuals for the model to be good. It is expected that the Durbin-Watson statistic should be in the range of 1.5 to 2.5 (Adam, 2015). Since the value obtained in this study is 1.571, there is no cause for alarm and for that matter, indicates that there is no autocorrelation among the residuals in the regression equation.

Table 7: ANOVA^a

| Model | | Sum of Squares | Df | Mean Square | F | Sig. |
|-------|------------|----------------|-----|-------------|--------|-------------------|
| 1 | Regression | 16.680 | 4 | 4.170 | 19.883 | .000 ^b |
| | Residual | 44.880 | 214 | .210 | | |
| | Total | 61.559 | 218 | | | |

a. Dependent Variable: NJP

b. Predictors: (Constant), RM, SA, SM, SoAR

From Table 7, the F-statistic of 19.883 and the sig value of 0.000 denotes that the model jointly and significantly explains the variation in the dependent variable. The implication is that the linear regression model specified above is a good fit for the estimation. Other assumptions that have to be considered in a multiple regression model include issues of random sampling, the continuous scale of measurement, normality, larger sample size, multicollinearity, and linearity among variables. It must be stated that the sample for this study was randomly generated and the measurement scale was all continuous (ratio and interval). The sample size is also relatively large enough and the correlation among the variables suggests that the linearity assumption is also met. More so, due to the propositions from the Central limit theorem, in a study with a larger sample size (greater than 30), there is no need for the assumption of normality to be tested. This study, therefore, ignored that assumption based on the central limit theorem (Adam, 2015).

Table 8: Regression Coefficients^a

| Model | Unstandardized Coefficients | | Stand. T | Sig. | 95.0% Confidence Interval for B | | Collinearity Statistics | | |
|------------|-----------------------------|------------|----------|--------|---------------------------------|-------------|-------------------------|-----------|-------|
| | B | Std. Error | | | Beta | Lower Bound | Upper Bound | Tolerance | VIF |
| (Constant) | 1.652 | .259 | | 6.385 | .000 | 1.142 | 2.162 | | |
| SA | .236 | .057 | .292 | 4.151 | .000 | .124 | .347 | .691 | 1.448 |
| SM | .085 | .071 | .094 | 1.196 | .233 | -.055 | .226 | .546 | 1.832 |
| SoAR | -.008 | .079 | -.009 | -1.103 | .918 | -.163 | .147 | .447 | 2.239 |
| RM | .248 | .073 | .265 | 3.395 | .001 | .104 | .393 | .559 | 1.790 |

a. Dependent Variable: NJP

Finally, in a statistical model like this, there is the need to check for the presence of multicollinearity among independent variables since its presence in the model could lead to spurious results. This can be assessed using the Tolerance and Variance Inflation Factor (VIF) values under the Collinearity statistics section from Table 8. The rule of thumb is that the VIF values should be less than 10 while the Tolerance values are also greater than 0.1 to signify a multicollinearity-free model (Adam, 2015). From the results above, the VIF values are 1.448, 1.832, 2.239, and 1.790 respectively, which fall below 10 while the tolerance values of 0.691, 0.546, 0.447, and 0.559 respectively, which is also greater than 0.1.

This shows that there is no multicollinearity among the independent variables, confirming the results from the correlation matrix in Table 5. In conclusion, the independent variables are not highly correlated among

themselves, and for that matter, multicollinearity is not an issue in the current model. Other assumptions of adequate sample size, normality and linearity, and the measurement scale were all dealt with accordingly. The study, therefore, proceeds to discuss the main regression results obtained from the multiple OLS estimations.

Regression Results

Self-Awareness and Nurses' Job Performance

The first objective of the study assessed the effect of self-awareness on the performance of nurses. The regression results presented in Table 8 show that self-awareness positively and significantly influences the performance of nurses. The results revealed that the positive coefficient of 0.236 means that self-awareness is a significant predictor ($p\text{-value } 0.000 < 0.05$) of nurses' job performance at the 95% confidence interval. This means that as the self-awareness of nurses increases by one unit, nurses' performance can increase by 0.236 units, all things being equal. This confirms the first hypothesis of the study that self-awareness has a significant impact on nurses' job performance. The results signify that as nurses become aware of themselves emotionally, they can understand their thoughts correctly and stay mindful of their actions as they happen (Ghoreishi *et al.*, 2014). This helps to keep them abreast of how they can react to particular circumstances and situations. This can subsequently translate into improved performance for such nurses.

Persons with accurate self-awareness are mindful of their competencies, which are primarily self-assurance, self-evaluation, and emotion management. Consequently, they seek out criticism, learn from their failures, and are aware of their areas for improvement as well as when to

collaborate with those who have talents that match their own (Shahzad *et al.*, 2011). This is because, self-awareness encompasses the art of acknowledging feedback and constructive criticism which allows an individual to learn from mistakes and play to one's strengths (Maxim, 2021; Sfetcu, 2020). The individual's self-awareness is represented in any situation based on his or her internal state disposition (Humphery, *et al.*, 2015; Zhang & Fan, 2013). This disposition of mind leads to the discovery of emotional self-confidence where the individual can identify strengths, and limitations and leverage such skills for productive job performance in an organization (Masrek *et al.*, 2014; Maxim, 2021).

This finding is supported by a plethora of studies. For instance, Gontur and Dekom (2017) found the self-awareness of local government employees to positively influence their performance within state organisations in Nigeria. Kelly (1998) revealed that the key competence required for "star" performance is emotional self-awareness demonstrated in the form of self-confidence. Boyatzis (1982) earlier reported that self-awareness warrants superior performance by employees. More recently, Getahun (2021) found increases in self-awareness to be significantly related to banking staff performance in Ethiopia. However, Shahzad *et al.* (2011) reported that self-awareness is an insignificant predictor of performance in the Pakistani telecom industry. Masrek *et al.* (2014) similarly found self-awareness to be positive but insignificantly related to employee job satisfaction in Malaysia. Oguns and Uhunamure (2016) also find self-awareness to be insignificantly related to employee performance in the banking sector. Abbas *et al.* (2011) also reported similar insignificant findings.

Self-Management and Nurses' Job Performance

In the second objective, the study examined how self-management as a measure of emotional intelligence can affect the performance of the sampled nurses. Again, the findings revealed a positive relationship between self-management and job performance. Although for every unit increase in self-management, there could have been an increase (0.085) in nurses' performance, however, this was a statistically insignificant ($p\text{-value} = 0.233 > 0.05$) predictor of job performance. This does not support our hypothesis for this study that self-management has a significant effect on nurses' job performance. The hypothesis H_2 is therefore rejected.

The results imply that the self-management of nurses does not predict their performance. Even though this is contrary to the expectation of the researcher, it is consistent with the outcome of Abbas, *et al.* (2011), documenting a statistically insignificant relationship between self-management and job performance. The results; however; contradict the findings of Gontur and Dekom (2017) who reported a positive and significant relationship between employee self-management and their performance in the local government sector in Nigeria. Oguns and Uhunamure (2016) also revealed that self-management, also known as self-regulation, is positively related to employee performance in the banking industry in Nigeria.

Social Awareness and Nurses' Job Performance

The third objective assessed the relationship between social awareness and nurses' job performance. In this regard, the regression estimates in table 6 show a more startling result. The results reveal a negative relationship between social awareness and nurses performance ($\beta = -0.008$, $p\text{-value} = 0.918 > 0.05$, t -

stat = -0.103). This means that social awareness could be adversely related to the performance of nurses, however, since the p-value is greater than 0.05, the results become statistically insignificant. This does not support hypothesis three which hypothesizes that social awareness is significantly related to nurses' job performance. This means the third hypothesis is also rejected.

Again, these results contradict the expectation of the researcher because, social awareness has a crucial function in the service orientation of an employee's job performance where thoughtful evaluations of other's emotions during interactions are considered without hasty conclusions on actions, expressions, and conduct (Sunindijo & Zou, 2013). Even though the result is not what was expected, the study is not alone with such findings. A similar study by Oguns and Uhumamure (2016) also revealed that social awareness has an insignificant relation to employee performance in the banking industry in Nigeria while Agarwal (2020) also concluded that social awareness is not significant in predicting the performance of employees across five sectors in the UAE.

The results do not support the findings of Gontur and Dekom (2017), who earlier reported a statistically significant and positive relationship between social awareness and employee performance. Lathesh and Avadhani (2018) also found social awareness to be positively related to employee performance in India even though social awareness is not able to explain the differences in performance across different age groups in the insurance sectors.

Relationship Management and Nurses' Job Performance

The final dimension of emotional intelligence is relationship management. Therefore, the fourth objective investigated how relationship management impacts the performance of nurses at the CCTH. From Table 7, it is observed that relationship management (RM) has a positive relationship with nurses' job performance (NJP). The results show a positive coefficient of 0.248, statistically significant at 5% ($\beta = 0.248$, $t\text{-stat} = 3.395$, $p\text{-value} = 0.001 < 0.05$). This shows that, as the level at which nurses can manage relationships at the workplace increases, performance could increase by 0.248 units, all things being equal. This means the final hypothesis is supported by the study so we fail to reject the hypothesis.

This finding is not surprising because good relations among staff, peers, and others improve productivity (Memon *et al.*, 2014). An individual's ability to promote healthy relationships with the people around him or her is seen as a yardstick that can foster harmonious habitation and tolerance (Agarwal, 2020). The behaviour, attitudes, thoughts, and words about the people we work or live with could either strengthen or weaken our relationships which solely depend on our ability to collaborate, build, influence change, and manage conflict while working in a team. Our ability to establish and sustain positive connections, speak, motivate and influence others, collaborate effectively with others, and resolve issues all come together to promote productivity at the workplace, thereby increasing the performance of employees (Getahun, 2021)

The results are in tandem with those of Gontur and Dekom (2017) who documented a direct effect of relationship management on employee

performance. Oguns and Uhunamure (2016) also documented that relationship management is significant and has a positive relation to employee performance in the banking industry in Nigeria. Similarly, Agarwal and Singh (2020) also postulate that relationship management is a significant determinant of the performance of employees across five sectors in the UAE. Similar results have been reported in studies such as Mohamad and Jais (2016), Vestal (2015), and Serhan and Gazzaz, (2019). This aids our analysis to conclude that relationship management positively enhances nurses' job performance.

Chapter Summary

The results obtained from the analysis were presented and discussed in the chapter. The chapter presented the demographics of the respondents, followed by a factor analysis process to obtain the final variables of interest for the study. Correlation and regression results were presented subsequently. The findings revealed self-awareness and relationship management to be positively and significantly related to nurses' job performance, while social awareness and self-management were insignificant in predicting employee performance.

CHAPTER FIVE

SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

Introduction

This is the final chapter of the study. The chapter presents a summary of the entire research, followed by a summary of the key findings based on which conclusions were arrived at. This would be followed by some policy recommendations and suggestions for future studies.

Summary of the Study

The study sought to examine the impact of emotional intelligence on the performance of nurses at the Cape Coast Teaching Hospital. The study was founded on five main objectives. The objectives were to investigate the impact of self-awareness, self-management, social awareness, and relationship management on nurses' job performance at the CCTH and to determine the level. Four hypotheses were also formulated to be tested using quantitative data collected from 267 nurses from the hospital. Mayer and Salovey's (1990) ability model and Goleman's (1995) Mixed Competency model provide the theoretical basis for the study, allowing for the review of concepts and empirical literature in the area of emotional intelligence and job performance.

The study followed a positivist paradigm because of its quantitative nature and employed the explanatory design to test the hypotheses and assess the relationships between the variables. Out of 799 nurses within the hospital, 267 were sampled and data was collected from 219 respondents, representing an 82.02% response rate. The data was analysed using SPSS version 21.

Summary of Key Findings

The following key findings were obtained from the study:

In relation to the first objective, the study observed a positive correlation between self-awareness and nurses' job performance at the CCTH. The regression results also revealed that self-awareness positively impacts the nurses' performance at the CCTH. This was significant at 5%, confirming the study's first hypothesis that self-awareness has a significant impact on nurses' job performance. This implies that so long as nurses are aware of themselves and their surroundings their outputs can be improved and can be translated into their higher job performance.

The study of objective two found a significantly positive correlation between self-management and nurses' job performance. The regression results also revealed that even though self-management has a positive relationship with performance, the results were statistically insignificant. The study, therefore, rejected the second hypothesis that self-management has a significant impact on nurses' job performance.

Concerning the third objective, another positive and significant association was found between nurses' social awareness and job performance. However, the regression results proved otherwise. The OLS estimations exhibited a negative relationship between nurses' social awareness and job performance, even though the relationship was statistically insignificant. This resulted in the third hypothesis that social awareness significantly affects a nurse's ability to execute her job being rejected as well.

With regards to the fourth objective, the study examined the nexus between relationship management and nurses' performance. The correlation

analysis also revealed a positive association between relationship management and nurses' performance. This was also confirmed by the statistically positive effect of relationship management on nurses' performance. The study, therefore, confirmed the fourth hypothesis that relationship management has a significant impact on the job performance of nurses.

Conclusions

Corollary to the results obtained from the analysis, the study arrived at four key conclusions. In respect of the first objective, the study concluded that when nurses are emotionally aware of themselves and their effects, they can maximise their strengths while ensuring that their weaknesses are kept to the barest minimum, as to not affect their performance at the workplace negatively. This leads to a positive outcome in terms of organizational job performance.

Concerning the relationship between self-management and job performance, the results rather produced some startling results contrary to the expectations of the researcher. The study found no statistical evidence to conclude the impact of self-management on the performance of nurses at CCTH. The study, therefore, concluded that even though nurses need to manage themselves emotionally their performance is somehow not related to this dimension of emotional intelligence. The study, therefore, concludes that self-management does not impact the performance of nurses.

The third objective examined the nexus between social awareness and the job performance of nurses. The study found no statistical evidence to conclude the impact of social awareness on the performance of nurses at the CCTH. This means that being aware of your social surroundings as a nurse is

not enough to enhance your performance. The study, therefore, concluded that social awareness is not statistically significant in predicting nurses' job performance at CCTH.

In respect of the last objective, the study observed that a nurse's ability to manage relationships by using communication skills for productive outcomes is likely to enhance his or her performance. Overall, the study concludes that how a nursing practitioner considers situations that give rise to his or her own emotions, being mindful of what he or she feels, acknowledging the connection between his or her emotions and behaviour while leveraging on the potential effect of their emotions is paramount for quality service and superior performance. It is also appreciated from the work that emotional intelligence like self-awareness, self-management, social awareness, and relationship awareness influences the job performance of the nurses through quantity, quality, and timeliness of work. In all, it could be realised that the aim of the study has been accomplished for each outcome of the results obtained.

Recommendations

The following suggestions were made in response to the study's results and conclusions:

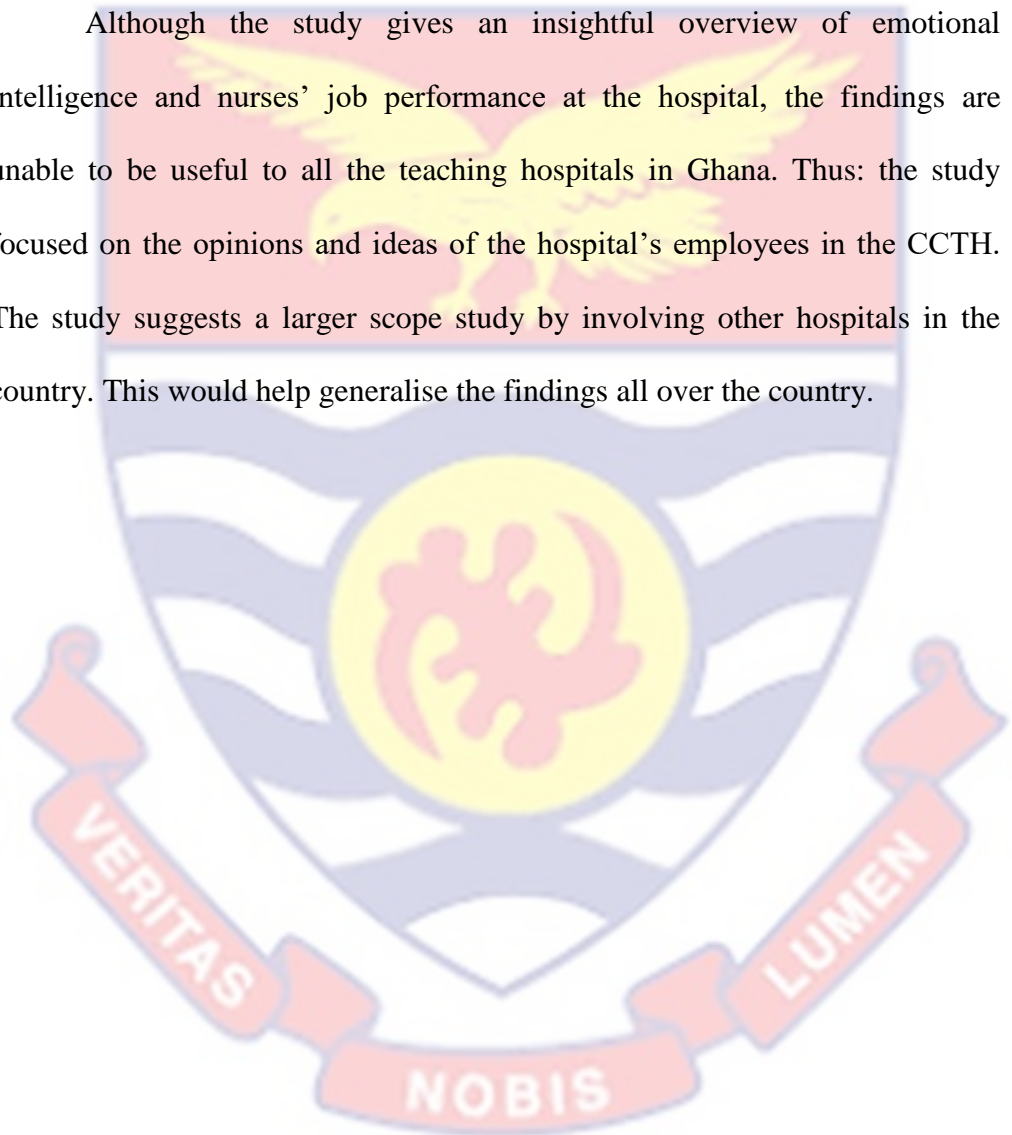
It is recommended that the management of the Cape Coast Teaching Hospital should consider implementing training and development programmes aimed at raising the emotional intelligence of nurses within the facility.

The study suggested that policymakers should make it a point to inculcate courses that can enable nursing trainees to identify and develop their emotional skills since this can further help their professional development.

Finally, the study recommended that nurses should also take it upon themselves to strive toward the development of their emotional intelligence throughout their careers. This will help them grow professionally and translate into how they relate to their patients and clients.

Suggestions for Future Studies

Although the study gives an insightful overview of emotional intelligence and nurses' job performance at the hospital, the findings are unable to be useful to all the teaching hospitals in Ghana. Thus: the study focused on the opinions and ideas of the hospital's employees in the CCTH. The study suggests a larger scope study by involving other hospitals in the country. This would help generalise the findings all over the country.



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APPENDIX

QUESTIONNAIRE

UNIVERSITY OF CAPE COAST

COLLEGE OF HUMANITIES AND LEGAL STUDIES

SCHOOL OF BUSINESS

DEPARTMENT OF HUMAN RESOURCE MANAGEMENT

QUESTIONNAIRES ON EMOTIONAL INTELLIGENCE AND NURSES' JOB PERFORMANCE AT THE CAPE COAST TEACHING HOSPITAL

Dear Respondent,

“I am a final year Post Graduate student at the University of Cape Coast, pursuing a Master of Business Administration Human Resources Management option. As a requirement, I am researching the topic of “*Emotional intelligence and nurses’ job performance at the Cape Coast Teaching Hospital, Ghana.*” I would be grateful if you could spare a few minutes of your time to contribute to the success of this study by filling out these forms. Information provided would be treated strictly confidential for this study only. Your anonymity is greatly assured.”

SECTION A

PART I: Demographic characteristics of participants

Kindly tick [] as appropriate.

1. Gender: Male [] Female []
2. Marital status:
Single [] Divorced/Widowed []
Married []
3. Level of Nursing Education
Diploma [] Nursing Training College []
Bachelor Degree [] Master’s Degree []
4. Work experience
Less than a year [] 1-5years []
6-10years [] 11years above []
5. Category of Nurses
Professional Nurses [] General Nurses [] Midwives []
6. Shifts Duty
Morning [] Afternoon [] Night []

PART II: Emotional Intelligence

THE QUICK EMOTIONAL SELF ASSESSMENT QUESTIONNAIRES

The following questions below are designed to help you establish your management of emotions and how well you navigate your emotions for job performance. To what extent do you agree about the statement about your emotional response?

Kindly tick [√] the appropriate closed response to your emotional feelings about the answer.

1-Never 2- Rarely 3- Sometimes 4- Often 5- Always

| NO. | SELF AWARENESS | 1 | 2 | 3 | 4 | 5 |
|--------|--|---|---|---|---|---|
| SA1 | My feelings are clear to me at any given moment. | | | | | |
| SA2 | I find it easier to put words to my feelings. | | | | | |
| SA3 | My moods are easily affected by external events. | | | | | |
| SA4 | I can easily sense when I'm becoming angry. | | | | | |
| SA5 | I readily tell others my true feelings. | | | | | |
| SA6 | Even when I'm upset, I'm aware of what's happening to me. | | | | | |
| SA7 | I can stand apart from thoughts and feelings and examine them. | | | | | |
| | SELF MANAGEMENT | | | | | |
| SM8 | I am very patient under pressure. | | | | | |
| SM9 | I accept responsibility for my reactions. | | | | | |
| SM10 | I can accept critical comments from others without becoming angry. | | | | | |
| SM11 | I maintain my composure, even during stressful times. | | | | | |
| SM12 | I can restrain myself when I feel anger toward someone. | | | | | |
| SM13 | I direct my energy to see the positive side of situations. | | | | | |
| | SOCIAL AWARENESS | | | | | |
| SoAR14 | I consider the impact of my decisions on other people. | | | | | |
| SoAR15 | I can easily tell if the people around me are | | | | | |

| | | | | | | |
|--------|--|--|--|--|--|--|
| | becoming angry. | | | | | |
| SoAR16 | I easily sense it when a person's mood changes. | | | | | |
| SoAR17 | My peers or patients can tell me intimate things about themselves. | | | | | |
| SoAR18 | I usually know when to speak and when to be silent. | | | | | |
| SoAR19 | I care what happens to other people. | | | | | |
| SoAR20 | I understand when people's feelings change. | | | | | |
| | RELATIONSHIP MANAGEMENT | | | | | |
| RM21 | Others can depend on me for emotional support. | | | | | |
| RM22 | I can talk to someone who is down if they are very anxious. | | | | | |
| RM23 | I easily show affection to others. | | | | | |
| RM24 | I initiate changes when necessary. | | | | | |
| RM25 | My relationships are safe places for me. | | | | | |
| RM26 | I communicate effectively under pressure. | | | | | |
| RM27 | I can resolve conflicts among peers and patients. | | | | | |

SECTION B

“Job performance: To what extent do you agree with the following statements about your performance at work? Your responses will be quantitatively assessed on a Likert scale of 1-5, such that one (1) indicates the least agreement to the statement while five (5) represent the highest agreement to the statement.”

“1 – Strongly disagree 2- disagree 3- Indifferent 4- Agree 5– Strongly Agree”

| No. | STATEMENTS | 1 | 2 | 3 | 4 | 5 |
|-----|---|---|---|---|---|---|
| | QUANTITY OF WORK | | | | | |
| 1. | The number of works is in sync with the number of patients available. | | | | | |
| 2 | My daily services meet the organisation's expectations. | | | | | |
| 3 | The services under my responsibility correspond to my skills and ability. | | | | | |
| 4 | My daily tasks are always fulfilled. | | | | | |
| | QUALITY OF WORK | | | | | |
| 5 | Tasks are performed attentively and correctly. | | | | | |

| | | | | | | | |
|----|--|--|--|--|--|--|--|
| 6 | Tasks are completed as per the specifications and standards of work. | | | | | | |
| 7 | The materials and tools provided meet the set criteria and standards of nursing practices. | | | | | | |
| 8 | Quality inspection is conducted before the delivery of any services. | | | | | | |
| 9 | Routine services meet the expectations of patients. | | | | | | |
| | TIMELINESS OF WORK | | | | | | |
| 10 | Tasks are carried out within a reasonable amount of time. | | | | | | |
| 11 | Tasks are normally completed on schedule. | | | | | | |
| 12 | The delivery of services is conducted in a timely fashion. | | | | | | |
| 13 | I can accomplish time-related work and organisational goals. | | | | | | |

THANK YOU FOR CONTRIBUTING TO THE SUCCESS OF THIS STUDY.

