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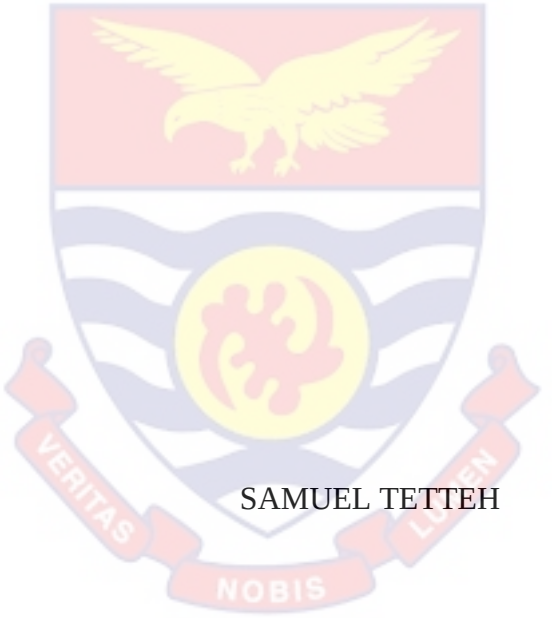
EMOTIONAL INTELLIGENCE AND PERFORMANCE OF NURSES AT THE MERCY WOMEN'S CATHOLIC HOSPITAL, MANKESSIM



SAMUEL TETTEH

2025

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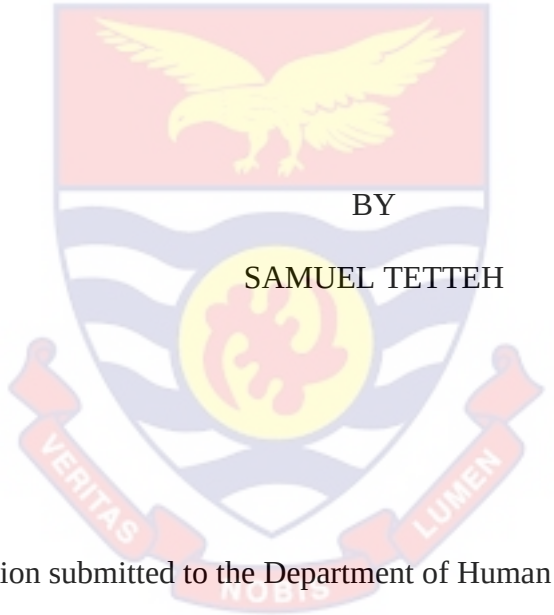

BY

SAMUEL TETTEH

Dissertation submitted to the Department of Human Resource Management, School of Business, College of Humanities and Legal Studies of University of Cape Coast, in partial fulfillment of the requirements for the award of Master Business Administration Degree in Human Resource Management

MARCH 2025

DECLARATION

Candidate's Declaration

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

Candidate's Signature…….. Date: ……

Name: Samuel Tetteh

Supervisor's Declaration

I hereby declare that the preparation and presentation of the dissertation were supervised in accordance with the guidelines on supervision of project work laid down by the University of Cape Coast.

Supervisor's Signature: ……Date: ……

Name: Prof. (Mrs) Rebecca Dei Mensah

ABSTRACT

The study examined the relationship between emotional intelligence and performance of nurses at the Mercy Women's Catholic Hospital, Ghana. The objectives were, to: examine the influence of self-awareness on nurses' job performance; analyse the influence of emotional regulation on nurses' job performance; examine the influence of self-motivation on nurses' job performance; examine the influence of social awareness on nurses' job performance; and analyse the influence of social skills on nurses' job performance. The study adopted the quantitative approach and correlational research design. A structured questionnaire was used to gather data from a sample of 138 nurses in the hospital with the aid of simple random sampling technique. The data were then processed using the IBM SPSS Statistics (version 26) and analysed using partial least square structural equation modeling SMARTPLS version 4. The study found that self-awareness, emotional regulation, self-motivation and social awareness had significant positive influence on nurses' performance. The study also however, found that social skills had no significant positive influence on nurses' performance at the hospital. The study recommended that management of the hospital and other healthcare stakeholders such as the Ministry of Health and the Ghana Health Service should emphasize developing emotional intelligence traits among nurses to run the hospitals. This can be done through seminars, conferences, curriculum, meetings, and training workshops towards improving emotional intelligence traits.

ACKNOWLEDGEMENTS

I would like to express my profound gratitude to my supervisor, Prof. (Mrs) Rebecca Dei Mensah for her immense contribution and constructive criticism and guidance that led to the completion of the project. Her meticulousness and attention to detail have made substantial impact on the quality of the document produced.

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Finally, to all my mates and colleagues who completed this programme together, held discussions and shared ideas to see the course come to a successful completion, I say remain blessed.

DEDICATION

To my family

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CHAPTER ONE

INTRODUCTION

Nurses, as frontline healthcare professionals, must possess emotional intelligence, critical thinking skills, innovation, and self-direction to make sound judgments in clinical practice and effectively solve problems (Azizi-Fini, et al., 2015; Kajal et al., 2011). Given their responsibility to safeguard and promote patients' well-being while enhancing their quality of life, nurses must first understand their own emotions and thoughts. This necessitates the development of emotional intelligence, which equips them with the skills needed for competent nursing practice and effective healthcare delivery. In their roles, nurses manage diverse health conditions, adapt to patients' varying medical needs, work independently toward healthcare goals, and resolve conflicts in community health settings (Ramadan et al., 2020). This study explores the impact of emotional intelligence on nurses' performance in a Ghanaian hospital.

Background to the Study

Performance has been an important aspect of development for both employees and the organisation (Hoque et al., 2017; Hoque & Awang, 2016), which academics and policy makers have advanced discussions around it. Employee performance can be described as the aptitude to produce results, in relation to an objective (Bedarkar & Pandita, 2014; Hoque et al., 2017). Andersen (2010) argued that performance focuses on the efficiency and effectiveness of employees in handling their job-related activities or tasks and the transformation of inputs to outputs to achieve definite results. Diamantidis and Chatzoglou (2019) claim that employee performance is a set of employees'

behaviours that can be observed, assessed, and measured at both the individual and organizational levels to determine how well a company excels in the competitive environment.

Nurses are invaluable assets in any hospital or healthcare system, as the quality of healthcare delivery largely depends on their performance. Their effectiveness plays a crucial role in shaping and maintaining the reputation of health institutions, enhancing their public image (Brewster et al., 2017; Zreen, Farooq & Yasmin, 2018). The success or challenges faced by healthcare institutions are closely tied to the performance of health workers, particularly nurses, who serve as the frontline of healthcare administration (Mwema & Gachunga, 2014). Moreover, certain aspects of nursing practice can be highly stressful, including patient interactions, managing pressure from physicians, and performing nursing procedures in clinical settings (Ashley et al., 2021; Kable et al., 2019). These demanding situations necessitate strong emotional management skills to ensure optimal performance and patient care (Jahan et al.; 2022; Victoroff & Boyatzis, 2013).

Emotional intelligence is fundamentally the ability to recognize, understand, and regulate one's own emotions as well as those of others. It involves identifying the reasons behind emotions, expressing them constructively, and using this awareness as a motivational tool to foster meaningful relationships (Ramadan et al., 2020). According to Vahidi et al. (2016), emotional intelligence enables nurses to focus on achieving their professional goals, meeting expectations, and attaining performance benchmarks. Additionally, emotionally intelligent nurses can build rapport with patients, effectively manage their own emotions, and demonstrate empathy key

factors in delivering high-quality care (Chew et al., 2015). Establishing a trusting relationship with patients is the foundation of effective healthcare. This requires essential emotional skills, including the ability to perceive and respond to others' emotions, regulate one's own emotions, acknowledge the emotions of others, and effectively manage emotional dynamics in healthcare settings (Umar et al., 2013).

From the perspective of Umar et al. (2013, p. 1), emotional intelligence is described as, "the subset of social intelligence that involves the ability to monitor one's own and other's feelings and emotions, to discriminate among them and to use this information to guide one's thinking and actions". Within the framework of Goleman's (2001) emotional intelligence model, the pioneering scholar captured the construct to include a person's level of self-awareness, emotional regulation, motivation, social awareness or empathy, and social skills. The model seems to suggest that persons with these traits understand their emotions; can control emotions and impulses; are usually motivated; understand the viewpoints of those around them; and are usually easy to talk to.

Given the delicate nature of nursing duties and the varying attitudes of patients, emotional intelligence plays a crucial role in enhancing nurses' performance (Al-Hasan & Arriff, 2019). Nurses who develop emotional intelligence can better navigate patient interactions, manage stress, and maintain professionalism under pressure (Beauvais et al., 2011). By effectively regulating their own emotions and understanding those of their patients, they can foster trust and improve the overall patient experience. Emotional intelligence also strengthens teamwork among nurses, allowing them to

collaborate efficiently in fast-paced healthcare environments. In this regard, health sector managers play a vital role in coaching nurses to refine their interpersonal skills, emotional awareness, and job-related competencies (Cox et al., 2013). Providing structured emotional intelligence training can help nurses communicate effectively with colleagues and patients alike. When nurses receive guidance in managing workplace relationships and handling conflicts, they become more adaptable and resilient. As a result, investing in emotional intelligence development contributes significantly to improved nursing performance and better healthcare outcomes.

Also, according to the Mayer and Salovey Model (Karimi et al., 2021; Salovey & Mayer, 1990), the presence of emotional intelligence in nurses steers their ability to monitor their own and others' moods and emotions, to distinguish between them, and to utilize this information to guide one's thinking and actions" (p. 189). The nurses will be able to offer a good appraisal of their expressions, emotion control, and emotion utilization in the workplace (Supramaniam & Singaravelloo, 2021; Hussien, Elkayal & Shahin, 2020). These traits will spur the overall performance of the nurses to improve in healthcare service delivery.

In addition, emotionally intelligent nurses may invest fully in their work, and increase their self-efficacy which in turn evokes their support for the health institution (Kim, Kolb & Kim, 2013; Rana, Pant & Chopra, 2019). They seem to get engaged, involved, committed, and passionate to demonstrate citizenship or other discretionary behaviours (Oh, Cho & Lim, 2018). Similarly, evidence showed that individual nurses who could control the general environment at the workplace may increase the readiness to devote effort within their work by not

becoming easily fatigued and developing the tendency to remain resolute in the face of task difficulty or failure and hence increase job performance (Christian, Garza & Slaughter, 2011; Chughtai & Buckley, 2008; Soliman & Wahba, 2019).

Other empirical evidence (Al-Hamdan et al., 2021; Wang et al., 2023; Alonazi, 2020; Dewi, 2020; Karimi et al., 2020) suggest emotional intelligence has significant link with performance of nurses. For instance, Wang et al. (2023) in their study on EI and nurses' performance during the COVID-19 pandemic found that nurses with EI are able to successfully champion their talk effectively. Additionally, Dewi (2020) established that EI has a significant relationship with performance of nurses in the hospitals in China.

The study was situated at the Mercy Women's Catholic Hospital - Mankessim, Ghana. As a hospital under the Christian Health Association of Ghana, an agency under the Ministry of Health, the discharge of health care and its associated funding as well as facilities are borne by the government of Ghana. The hospital provides health clinical services, serves as a training centre for graduate and postgraduate medical programs, and undertakes research into emerging health problems. Due to the rising needs of the citizens and other stakeholders for better health services (Boadu et al., 2021), it is worthwhile investigating how the performance of the nurses can be encouraged to reap the expected outcomes. Since nurses' performance help hospitals to provide exceptional services, there is a need to identify factors that may improve it in health organizations.

Statement of the Problem

The growing demand for quality healthcare has heightened the need for health workers who exhibit innovation, dedication, and a strong commitment to professional ethics to enhance overall performance (Wei et al., 2021; Worline, Dutton & Sisodia, 2017). However, research indicates that nurses in developing countries, including Ghana, often struggle to meet expected performance standards due to unfavorable working conditions (Lartey, Osafo, Andoh-Arthur & Asante, 2020; Spence et al., 2017). These challenges have led to public dissatisfaction, with many patients perceiving the nursing profession as lacking commitment to the country's healthcare goals (Lartey et al., 2020). Addressing these concerns requires targeted interventions to improve work environments, motivate nurses, and reinforce their essential role in delivering quality healthcare.

The absence of performance-driven initiatives among health workers often results in a lack of motivation and reluctance to fully commit to service delivery (Tuzun et al., 2017; Brummel & Parker, 2015). This disengagement affects their willingness to go beyond basic responsibilities, ultimately impacting patient care. As a consequence, hospitals are deprived of crucial discretionary behaviors, such as proactive decision-making, compassionate interactions, and effective nursing practices, all of which enhance healthcare quality (Eva et al., 2019). Nurses who lack motivation may struggle with adaptability, teamwork, and maintaining high standards in patient care. Meanwhile, emotional intelligence is a key factor in nursing performance, as it enables nurses to regulate their emotions, communicate effectively, and build trust with patients. Developing emotional intelligence helps nurses navigate

stressful situations with composure and empathy, leading to improved patient experiences. By fostering a culture that prioritizes emotional intelligence, hospitals can create a more supportive and patient-centered healthcare environment.

Evidence suggest that emotional intelligence skills help nurses to cope with the emotional demands of the healthcare environment to deliver services well, which could have led to stress and burnout (Dou et al., 2022). Emotional intelligence promotes nurses' ability to establish a rapport with patients, manage their own emotions, and empathize with patients, which is essential to providing quality care (Chew et al., 2015). Despite the available records that established the link between emotional intelligence and nurses' performance, the results have not been conclusive. There are conflicting results about the relationship between emotional intelligence and clinical performance.

Globally, extensive studies have been done on the nexus between emotional intelligence and employee performance with varied findings across both public and private organisations (Chew et al., 2015; Cox–Kelley et al., 2013), one strand of studies have found no connection between these variables (Holman et al., 2016; Şenyuva, Kaya Işik & Bodur, 2014). Another strand of studies (Li et al., 2021; Xie et al., 2021; Salisu & Awang, 2018) have shown that emotional intelligence and job performance of nurses' nexus are inconclusive because of the unidimensional nature of measuring the construct. Researchers emphasize the need to study emotional intelligence multidimensionally to identify which aspects most strongly influence performance (Soto-Rubio et al., 2020). There is a gap in empirical research on how specific dimensions impact nurses' performance outcomes. Existing studies

lack a thorough examination of their direct effects on key indicators like clinical decision-making, patient satisfaction, and teamwork.

Building on these insights, this study examines the impact of Goleman's (2001) emotional intelligence subdimensions, self-awareness, emotional regulation, motivation, social awareness (empathy), and social skills on nurses' performance in the selected hospital. According to Yan et al. (2018), nurses with heightened self-awareness in emotional intelligence experience improved occupational well-being, which, in turn, enhances their job performance. Likewise, research by Sarikaya and Yegen (2017) highlights that emotional intelligence is closely linked to staff nurse competencies and workplace integration. Their findings suggest that emotional intelligence influences how nurses interact with colleagues, patients, and their environment, ultimately contributing to improved performance.

While some studies have examined the impact of emotional intelligence on nursing performance within specific settings or populations (Chong, Falahat & Lee, 2020; Prentice, Dominique Lopes & Wang, 2020), there remains a gap in research that explores diverse healthcare contexts. Factors such as different healthcare environments, geographical locations, and cultural backgrounds have not been sufficiently considered. A broader analysis across these varied contexts would offer a more comprehensive understanding of how emotional intelligence influences nurses' performance. In response to this gap, the present study contributes to the growing body of literature by investigating the relationship between emotional intelligence and nurses' performance at Mercy Women's Catholic Hospital in Mankessim, Ghana.

Purpose of the Study

The purpose of the study was to examine the influence of emotional intelligence and nurses' performance at Mercy Women's Catholic Hospital in Mankessim, Ghana.

Objectives of the Study

The following were the specific objectives of the study. To;

1. examine the influence of self-awareness on nurses' job performance.
2. analyse the influence of emotional regulation on nurses' job performance.
3. examine the influence of self-motivation on nurses' job performance.
4. examine the influence of social awareness on nurses' job performance
5. analyse the influence of social skills on nurses' job performance.

Research Hypotheses

The study addresses the following hypotheses.

1. H1: There is a significant positive relationship between self-awareness and nurses' job performance.
2. H2: There is a significant positive relationship between emotional regulation on nurses' job performance.
3. H3: There is a significant positive relationship between self- motivation on nurses' job performance.
4. H4: There is a significant positive relationship between social awareness on nurses' job performance.
5. H5: There is a significant positive relationship between social skills on nurses' job performance.

Significance of the Study

The study on the influence of emotional intelligence on nurses' performance in Ghana holds significant implications for policy development and government initiatives. By uncovering the relationship between emotional intelligence and nurses' performance outcomes, the study provides valuable insights for policymakers in formulating evidence-based strategies to enhance the quality of nursing care. The findings can guide the Ministry of Health in designing training programs and interventions that promote the development of emotional intelligence skills among nurses. This, in turn, can lead to improved patient outcomes, increased job satisfaction among nurses, and enhanced healthcare service delivery in Ghana.

Moreover, the Ministry of Health plays a pivotal role in overseeing healthcare delivery across the country. The study's findings on the influence of emotional intelligence on nurses' performance can inform the Ministry of Health's human resource policies and practices. By recognizing the importance of emotional intelligence in nursing, the Ministry of Health can incorporate emotional intelligence assessments and training programs into their recruitment, selection, and professional development processes. This would enable the identification and cultivation of emotionally intelligent nurses, ultimately leading to a more competent and compassionate nursing workforce in Ghana.

Again, adds to the existing body of literature in several ways. Firstly, it contributes to the limited research available on emotional intelligence within the Ghanaian nursing context. By examining the specific influence of emotional intelligence on nurses' performance outcomes, the study fills a gap in the

literature and expands our understanding of the role of emotional intelligence in healthcare settings.

Furthermore, the study's focus on Ghana contributes to the global knowledge base on emotional intelligence in nursing. It offers insights into the unique cultural, social, and organizational factors that may impact the relationship between emotional intelligence and nurses' performance in the Ghanaian context. This knowledge can serve as a reference point for future research in similar healthcare settings and help in comparing findings across different countries and cultures. It provides a foundation for further research, fostering a culture of evidence-based practice and promoting the integration of emotional intelligence into nursing education, training, and professional development programs.

Delimitation

The study was conducted at the Mercy Women's Catholic Hospital - Mankessim, Ghana. The unit of analysis then was the nurses in the hospital due to the immense role they play in health care delivery. Because nurses are first-hand employees dealing with clients in the hospitals, their behaviours to service are crucial by examining their job performance to help make informed decisions which are paramount. Again, the study was delimited to emotional intelligence dimensions and job performance constructs.

Limitation

Although the findings of the study are useful for generalized practice, the fact that the study was delimited to only one hospital may pose issues of generalisation. Again, because the data was collected from a single source, issues of common method are likely to contaminate the results of the study.

Future scholars may consider widening the scope of the study and as well, adopt mixed methods approach to aid in better understanding of the research output.

Organisation of the Study

This study is organized into five chapters. Chapter One, which is the introductory chapter, presents a background to the study, a statement of the problem, objectives of the study, research questions, significance, delimitations, and limitations of the study as well as the organisation of the study. Chapter Two contains a review of relevant literature; both theoretical and empirical literature that underpins the variables. Chapter Three covers the methodological framework and techniques to be employed in conducting the study. Chapter Four focuses on the analyses of the data and discussion of the results and main findings regarding the literature. The final Chapter captures the summary, conclusions, and recommendations of the study.

Chapter Summary

The chapter started with an introduction to the study, in which the researchers elaborated on its theoretical foundations as well as empirical revelation and assertions made by earlier researchers to demonstrate the study's usefulness. The problem statement followed in the chapter, where the issue was rationally stated and the gaps in the body of knowledge were noted. The study's aim was then stated, and three objectives were established to give the investigation focus. Study questions were developed in accordance with the specified research goals. After outlining the research's relevance, its boundaries, and the arrangement of its many chapters, the study was finally divided into its several chapters.

CHAPTER TWO

LITERATURE REVIEW

Introduction

The purpose of this chapter is to review relevant literature on the key constructs of the study while identifying arguments and inconsistencies found in previous research. The chapter begins with an in-depth discussion of emotional intelligence, exploring its definition, components, and significance in healthcare settings. This is followed by an examination of job performance among nurses, highlighting factors that influence their effectiveness in delivering quality patient care. The chapter critically analyzes existing studies to uncover gaps and unresolved debates in the literature. To provide a structured approach, the review is organized into three key sections: the theoretical review, which discusses relevant theories underpinning the study; the conceptual review, which clarifies key concepts and their interrelationships; and the empirical review, which examines findings from prior studies on emotional intelligence and nursing performance.

Theoretical Review

This section examines the emotional intelligence models developed by Goleman, Bar-On, and Mayer & Salovey, which serve as the theoretical foundation for the study. These models provide valuable insights into the components and applications of emotional intelligence in healthcare settings. While numerous theories could be utilized to explain the study's variables and their interrelationships, these specific models were chosen due to their relevance to nursing performance. Each model offers a unique perspective on how emotional intelligence influences workplace behavior, decision-making, and

patient interactions. The study establishes a solid theoretical basis for understanding the role of emotional intelligence in enhancing nurses' performance.

Goleman Model

A mixed model of emotional intelligence is often referred to as Goleman's (1995) theory of emotional intelligence. His emotional quotient (EQ) assessment included self-reported data and feedback from the participant's associates or peers and involved measures of both skills and personality traits. Emotional intelligence is composed of five factors, according to Goleman (1998): self-awareness, self-regulation, motivation, empathy, and social skills. In what he called the "two by two model," the original five factors were re-established into four, which included awareness of one's own emotions and the emotions of others, as well as management of one's own and others' emotions. Later, Goleman (1998b) began to include motivation as necessary for any successful leader.

It has been hypothesized that many of our daily interactions are heavily influenced by IQ (Ko, Cho & Roberts, 2005; Doyle et al., 2019). Goleman (1995) questioned the significance of IQ, claiming that it was not a sole predictor of success. Why did some people with high IQs struggle professionally while others with moderate IQs flourish? Emotional life, like basic arithmetic or reading, is a domain that can be treated with varying degrees of skill and necessitates its own set of competencies, according to Goleman (1995). And how good a person is at them is key to understanding why one person succeeds in life while another, with similar intelligence, fails (p. 36).

Goleman (2001) extended his theory of emotional intelligence to leaders and managers, claiming that a high level of emotional intelligence was required for effective leaders to switch between leadership styles effortlessly. In an organizational and leadership theory, Goleman (1995) affirmed that Emotional Intelligence (EI) might be more meaningful than Wechsler's (1955) IQ, the historically approved measure of intelligence. It was further posited that while people are born with a certain level of emotional intelligence, it can be learned and improved. Goleman (2001) framed his emotional intelligence theory around leadership in the business world. Goleman (2001) defined emotional intelligence as "the ability to manage ourselves effectively and our relationships" (p. 80) and said the skills were required for effective leadership and performance.

Goleman (1998b) categorized emotional intelligence into five key domains: self-awareness, self-management, motivation, social awareness, and relationship management. Self-awareness includes competencies such as emotional self-awareness, accurate self-assessment, and self-confidence, which enable individuals to recognize and understand their emotions. Self-management encompasses skills like self-control, trustworthiness, conscientiousness, and adaptability, allowing individuals to regulate their emotions and behaviors effectively. Motivation involves an individual's achievement drive and initiative, which encourage goal-setting and perseverance. Social awareness includes empathy and organizational awareness, enabling individuals to understand and respond to the emotions of others. Lastly, relationship management involves skills such as conflict

resolution, teamwork, and leadership, which are essential for building strong interpersonal relationships.

Empathy, service orientation, and organizational awareness are all examples of social awareness. Developing others, influence, communication, leadership, change catalyst, bonding, and teamwork are all part of relationship management. More importantly, while personality traits like teamwork, optimism, and initiative are personality traits, Goleman (1995) opined that these areas of expertise are traits or skills that can be learned rather than intrinsic characteristics of individuals. Nurses must be aware of their own emotions and the emotions of others to maintain positive, effective working relationships, not only with other staff members but, more significantly, with students. In light of this, the current study will examine if experience and status will significantly influence nurse's emotional intelligence.

Bradberry and Greaves (2009) created the Emotional Intelligence Appraisal (EIA) premised on Goleman's theory of emotional intelligence incorporating four subscales: self-awareness, self-management, social awareness, and relationship management. Emotional intelligence, according to Bradberry and Greaves (2009), is "the ability to be aware emotions in oneself and others, as well as the capacity to use that awareness to manage behaviour and relationships" (p. 17). They asserted that emotional intelligence could predict 58% of a worker's job performance, but only 38% of people are aware of their emotions as they happen. The mixed theory of Bradberry and Greaves involves personality traits and the cognitive ability component of emotional intelligence. However, they argue that the traits measured by their indicator

reflect observable skills and competencies that individuals can develop, based on Goleman's theory of emotional intelligence.

Bar-On Model

Bar-On's (2006) model of emotional intelligence is purely an ability-based theory consisting of five key components:

1. the capacity to comprehend, understand, and demonstrate feelings and emotions;
2. the ability to comprehend and refer to others' feelings;
3. the right to influence and manage one's emotions;
4. the ability to deal with modification, adjust, and solve personal and interpersonal challenges; and
5. Self-motivation and the ability to generate positive impact (p. 9)

"A cross-section of interrelated emotional and social competencies, skills, and implementers that determine how effectively we begin to identify ourselves, understand others and associate with them, and cope with daily demands," according to Bar-On (2006, p. 9). His emotional quotient inventory (EQ-i) had five factors and 15 subscales, including factors not found in Salovey and Mayer (1990) or Goleman (1995). Intrapersonal, interpersonal, stress management, adaptability, and general mood were five factors.

Bar-On (2006) identified that the five factors were further divided into subscales. Self-esteem, emotional self-awareness, assertiveness, independence, and self-actualization were among the subscales in the intrapersonal factor. Empathy, social responsibility, and interpersonal relationships were among the subscales in the interpersonal factor. The subscales of stress tolerance and impulse control made up the stress management factor. The subscales of reality-

testing, flexibility, and problem-solving made up the adaptability factor. The subscales of optimism and happiness made up the mood factor. Bar-On (2006) wanted to know why some people were more successful in life than others. His emotional intelligence construct included ability-based skills such as the ability to manage and control emotions, as well as non-ability-based traits and moods.

Mayer and Salovey Model

Emotional intelligence (EI) was defined by Salovey and Mayer (1990) as "the ability to monitor one's own and others' moods and emotions, to distinguish between them, and to utilize this information to guide one's thinking and actions" (p. 189). Emotional intelligence (EI) was first offered as a paradigm that included three constructs: emotion appraisal or expression, emotion control, and emotion utilization. The ability to evaluate and communicate one's own and others' emotions using verbal and nonverbal clues is emotion appraisal or expression.

This branch emphasizes the ability to analyse one's own emotions and articulate them appropriately and the ability to perceive and respect the feelings of others through reading facial expressions or body language and attempting to understand other people's perspectives. The ability to manage one's emotional state and influence the mood of others is referred to as emotion regulation. This construct considers one's activities and behaviours. Mayer and Salovey changed their definition of emotional intelligence in 1997 to emphasize the link between cognition and emotion. The following was included in the new definition of emotional intelligence: The ability to perceive, appraise, and express emotion accurately, access and/or generate feelings when they facilitate thought, understand emotion and emotional knowledge, and regulate emotions to

promote emotional and intellectual growth are important examples of emotional intelligence. (Salovey & Mayer, 1997, p. 10).

This new emotional intelligence framework has four branches, organized from easiest to most difficult to perform. From the lowest to the greatest level, the four components are perceiving or expressing emotions, using emotions to facilitate thought, understanding/analyzing emotions, and controlling emotions to promote growth. Perceiving/expression emotion involves the precise evaluation and expression of one's and others' emotions, similar to the emotion appraisal/expression construct of the original EI structure; however, the revised framework also includes the ability to detect emotional expression in objects (artwork/design) and distinguish between individuals with unethical agendas. The use of emotion to influence one's mental processes is referred to as "using emotions to promote thought." This branch acknowledges the importance of emotional awareness in directing ideas, aiding judgment and remembering of feelings, and affecting mood shifts.

Conceptual Review

This section of the study explores the key concepts that define the study's variables, with a focus on emotional intelligence and job performance among nurses. It provides a detailed review of these concepts and their respective subdimensions, examining how they influence nursing effectiveness. By analyzing existing literature, this section aims to clarify uncertainties and provide deeper insights into the debates and findings of previous researchers. Ultimately, the review enhances understanding of the relationship between emotional intelligence and nurses' job performance within the Ghanaian health sector setting.

Concept of Emotional Intelligence

EI has been defined across industries and countries and is considered a key indicator for successful leadership (Barreiro & Treglown, 2020; Chen et al., 2015; Goleman, 2004), helping leaders to deal effectively with their own emotions as well as those of subordinates (Li et al., 2016). Although EI has been variously defined (Meisler, 2014), perhaps the most widely accepted is that proposed by Salovey and Mayer (1990), who defined EI as the "ability to monitor one's own and others' feelings and emotions, to discriminate among them and to use this information to guide one's thinking and actions". EI is broadly conceptualized from two approaches: a trait (trait emotional self-efficacy) and an ability (cognitive emotional ability; Mayer et al., 2008; Salovey and Mayer, 1990). Both approaches are complementary (e.g. Petrides, 2011; Liu et al., 2013).

However, assessment based on both approaches does not highly correlate with each other, suggesting that they are measuring different things (Brackett & Mayer, 2003). Furthermore, the trait dimension of EI seems to dismiss the emotions in EI while the ability dimension focuses on the emotions in the EI and how individuals can improve their emotional awareness and regulations (Caruso, 2008). From this understanding and consistent with arguments that EI is malleable (Goleman, 1995; Restubog et al., 2020), we approach EI as an ability. EI is described as "a set of interrelated abilities possessed by individuals to deal with emotions" (Wong and Law, 2002, p. 13). EI can further be conceptualized as a type of social intelligence that involves the ability of an individual to monitor the emotions of others and oneself and,

decipher between them and use the information to guide one's thinking and actions (Salovey and Mayer, 1990; Mayer and Salovey, 1993).

In the context of the workplace, EI is a set of skills that help individuals regulate their emotions, and others and plan and achieve tasks (Salovey and Mayer, 1990). Four important skills of EI to be examined includes: (1) the perception and appraisal of emotions (e.g. learning about facial expressions); (2) assimilating basic emotional experiences into real-life scenarios (e.g. weighing emotions and thoughts); (3) understanding, interpreting and reasoning about emotions (e.g. interpreting happiness, fear, anger and shame); and (4) the management and regulation of emotions in oneself and others, for example, knowing how to calm down after feeling angry about a situation or de-escalating a tense situation at work (Mayeret al., 2000). EI, therefore, is the ability of an individual to recognize emotions, interpret them, apply them to situations and solve problems (Mayer et al., 2000; Salovey and Mayer, 1990).

From the perspective of Batool (2013), emotional intelligence is the ability to perceive accurately, appraise, and express emotion; the ability to access and/or generate feelings when they facilitate thought; the ability to understand emotion and emotional knowledge; the ability to regulate emotions, motivating oneself, empathy and handling relationships. Adopting that definition of EI, Wong and Law (2002) developed an EI scale termed, Wong and Law Emotional Intelligence Scale (WLEIS), associated with the four dimensions of EI: OEA (others' emotion appraisal); SEA (self-emotion appraisal); UOE (use of emotion) and ROE (regulation of emotion). OEA refers to a person's ability to perceive and understand the emotions of those around them. SEA describes an individual's ability to understand his/her deep emotions

and to express these emotions naturally. ROE relates to a person's ability to regulate his/her emotions, which enables faster recovery from psychological distress. UOE identifies a person's ability to make use of his/her emotions by directing them toward constructive activities and personal performance (Hur et al., 2011; Wong and Law, 2002; Yan et al., 2018).

In the hospital sector, Yan et al. (2018) adopted the WLEIS constructs developed by Wong and Law (2002) and conducted a study of clinical nurses from two hospitals in China, defining EI as an ability to perceive accurately, appraise and express emotion and to regulate emotions to promote emotional and intellectual growth. Although there have been extensive debates over defining EI and its constructs (Cavazotte et al., 2012; Rajah et al., 2011), most scholars have adapted the measures of Salovey and Mayer (1990) in empirical work.

Dimensions of Emotional Intelligence

The current study adopts a multidimensional approach to measuring emotional intelligence (EI) based on Goleman's (2001) framework. It defines EI as an individual's ability to recognize and manage emotions effectively, encompassing key dimensions such as self-awareness, self-regulation, motivation, empathy, and social skills. These components collectively influence how individuals understand their own emotions, interact with others, and respond to workplace challenges. By utilizing Goleman's model, this study aims to assess the impact of emotional intelligence on nurses' performance within the hospital setting.

Self-awareness

Self-awareness is a thorough understanding of one's emotions, needs, thoughts, strengths, and weaknesses. Self-aware individuals are extremely honest and are neither unduly harsh nor excessively forgiving (Goleman, 2001). Self-aware people may see their flaws and bad behaviors, and occasionally they can even find humor in them (Goleman, 2004). To put it another way, self-aware people can identify their own needs, evaluate them, and choose when and how to meet them (Goleman, 2016). Self-aware people frequently deliberate before behaving and never allow their surroundings to control them. For instance, when appealing offers are discovered to not be in line with one's goals, self-aware people are more likely to decline them (Boyatzis & McKee, 2004). Self-aware people have a clear understanding of their objectives, vision, strengths, and overall feelings. They also have the intuition to distinguish between good and negative.

Self-Management

Self-management is a continuous internal self-communication process that enables us to navigate uncomfortable circumstances with more composure. Identification, management, management, and control of our emotional conduct are all aspects of self-management (Goleman, 2004). It is also known as "self-regulation which entails choosing the right emotional response and level of intensity is necessary to undertake certain task. This is linked to other people's attitudes and emotional signals. That facet of emotional intelligence is what frees us from the emotional bonds that bind us. Those frequently meet unpleasant events and scenarios that elicit strong emotions and bad sentiments, but people who are good at managing their emotions are usually able to keep

them under control and even utilize some of them to their benefit (Pinos, Twigg & Olson, 2006). Like everyone else, those who participate in inner self-conversation occasionally suffer negative moods and emotional urges, but they learn to constructively regulate and channel these emotions.

Social Awareness

Emotional intelligence is highly dependent on social awareness. According to Atwater and Waldman (2007), social awareness is crucial for both managers and employees to succeed because socially aware people are more likely to be receptive to diversity and cultural differences. Social awareness contributes to the development of trust within teams and working groups (Martinovski, Traum, & Marsella, 2007). Social awareness is the capacity to recognize and value the emotions of individuals as well as social groupings. To react effectively, one must have the capacity to read body language, facial emotions, and even posture. Being socially conscious entails being knowledgeable with the social constructions and culture that surround us. Social groups or communities encounter issues, and social awareness attempts to address such issues through an individual's thoughts and feelings about their circumstances.

Empathy

Empathy is a crucial aspect of an employee's emotional intelligence since it affects how they behave professionally. The capacity to understand another person's perspective of the world and their thoughts and feelings in a given circumstance, regardless of how different those perspectives are from one's own, is known as empathy (Stein et al., 2009). To enhance learning and mental development, employees must establish a culture of patience,

encouragement, and an openness to questions. These are all elements of empathy (Kouzes & Posner, 2013). It is also the method through which we engage with other brains, and it frequently corresponds with other feelings such as concern for others (Coplan & Goldie, 2011). Empathetic managers are more likely to keep their best staff, have excellent multicultural communication skills, and are excellent at addressing consumer complaints. In academic circles, empathy is connected with striving to alleviate any emotionally disruptive workplace experiences is viewed as the forerunner of experiences at work (Twigg, Pino & Olson, 2006).

Relationship Management

The last facet of emotional intelligence is relationship management. At this stage, additional aspects of emotional intelligence, such as self-awareness, self-management, and social awareness among others are employed. Understanding other people's emotions properly is a necessary ability for effective relationship management (Goleman, 2004). Relationship management involves more than just being kind. Beyond that, it also entails being able to comprehend one's own emotions, utilize that to foretell others' feelings, sympathize with them, and guide them in the proper way in order to accomplish a shared objective. One must constantly act in accordance with their actual sentiments and be sincere in their interactions with others in order to manage the connection efficiently (Rexhepi & Berisha, 2017). Communication abilities are crucial for managing relationships. Paying attention to what individuals say or do in specific situations will help you better understand them and establish acceptable interactions with them.

Nurses Performance

Generally, performance is an important aspect of development for both employees and the organisation or firm (Hoque, Awang & Salam, 2017). Hence, there is a need to understand the basic concept of performance in the discussion of employee performance concept. Performance can simply be explained as the aptitude to produce results, in relation to an objective. Similarly, Khalid, Rehman and Ilyas (2014) argued from the health perspectives that performance focus on efficiency and effectiveness of the firm in handling their cost and outcomes, while process perspective performance emphasizes on transformation from inputs to outputs in order to achieve definite results (Muchhal, 2014). Whereas, Muchinsky (2003), employee performance (EP) can be seen as a set of employees' behaviours that can be observed, assess and measure success at the individual level.

According to Ahmed et al. (2012), nurses' performance is a set of behaviour which a nurse shows in relation to their job, or otherwise, amount of efficiency gained due to the person's type of job. It is efficiency in his job according to his legal tasks and the degree of efforts and successfulness of a person. It can be defined as the skills of a person in doing his job (Ahmed et al., 2012). Almomani (2018) defined nurses' performance as the degree to which a nurse assists the organisation in achieving its organizational objectives, and is also called employee performance. Anitha (2014) stated that job performance expresses the financial and non-financial outputs of staff directly related to the organization's organizational performance. Levey (2001) defines job performance as "the result of three factors: skill, effort, and the nature of working conditions. According to the author, skills include the knowledge,

abilities and competencies that an individual brings to the organization. The effort includes the degree of motivation of the employee to accomplish his work, the nature of work conditions.

Abu Sharkh et al. (2010) indicate that job performance reflects the degree to which the individual functions are fulfilled and reflect how the individual fulfills the job requirements. Zahra (2015) defined Job performance as the outcome of an individual's performance while performing his functions The performance appraisal process starts at the beginning the collection of data that can be analyzed and the results obtained is used to judge the behavior or performance of the employee, whether high, medium or low, in accordance with the benchmarking criteria used to assess the performance level, and accordingly the definition of performance relates primarily to the behavior of the individual during the implementation of the tasks required of him, in addition to the level of efficiency (scientific and practical) that he owns and enable him to implement tasks at best.

Similarly, in hospital setting, job performance of nurses is regarded as central topic since nurses' attitudes and behaviours are important in determining the quality of healthcare services (Manogaran & Muthuveloo, 2019). According to Seren, Tuna and Bacaksiz (2018), the existing measure of nurses' job performance needs to update since there is development in nursing roles. In fact, findings from study done by Kim, Kolb and Kim (2013) noted that nurses engage in both task and contextual performance behaviors. Therefore, this study measured job performance of nurses in terms of task performance and contextual performance using scale developed by (Manogaran & Muthuveloo, 2019). Job performance refers to behaviors that contribute directly to

organization's technical core while contextual performance refers to behaviours that maintain the broader social environment in which technical core must function (Beauvais, Brady, O'Shea & Griffin, 2011).

Empirical Review

This empirical review section is developed in line with the study's specific objectives. The review will help provide arguments and findings of prior researchers as well as outlining areas of consensus and disagreement thereby help avoid previous errors committed by the earlier scholars. The review will also guide, refine the problem statement and development of hypotheses.

Self-awareness and nurses' performance

Smith and Brown (2020) conducted a study to investigate the impact of self-awareness training on nurses' job performance, enrolling 100 nurses and providing training to 50 of them. Pre- and post-intervention surveys analyzed with paired t-tests showed significant improvements in job performance among the trained group, concluding that self-awareness training enhances performance and recommending its integration into nursing education.

Another study conducted by Jones and Williams (2019) sought to analyse the relationship between self-awareness and clinical decision-making among 200 nurses using validated scales. Pearson correlation and regression analysis revealed a strong positive correlation between self-awareness and effective decision-making, concluding that self-aware nurses are better decision-makers and recommending self-awareness assessment tools in evaluations.

According to the study of Lee and Kim (2021) which assessed the effects of self-awareness on stress management and job satisfaction among 150 nurses using a mixed-methods approach, with quantitative data analyzed using ANOVA and qualitative data through thematic analysis, higher self-awareness was linked to lower stress levels and higher job satisfaction, concluding that self-awareness is crucial for well-being and performance, recommending regular self-awareness workshops.

Davis and Thompson (2022) conducted a randomized controlled trial on the impact of self-awareness on communication skills among 120 nurses, with communication skills assessed through peer evaluations and self-reports, analyzed using ANCOVA. The intervention group showed significantly better communication skills post-training, concluding that self-awareness enhances interpersonal communication and recommending mandatory self-awareness training in nursing curricula.

Emotional regulation and nurses' performance

Given that EI is a psychological resource composed of a set of abilities concerned with the processing of emotion-relevant information, it is one possible contributor to positive job attitudes and behaviours and, specifically, job performance (Miao, Humphrey & Qian, 2017). For instance, Miller and Johnson (2019) conducted a longitudinal study to assess the impact of emotional regulation training on nurses' job performance. The study involved 120 nurses, with 60 receiving emotional regulation training. Pre- and post-intervention surveys measured job performance, and data were analyzed using paired t-tests. Results showed significant improvements in job performance among the trained

group. The study concluded that emotional regulation training enhances nurses' performance and recommended its inclusion in nursing education programs.

White and Green (2020) also examined the relationship between emotional regulation and burnout among 200 nurses using a cross-sectional survey design. Pearson correlation and regression analysis revealed a strong negative correlation between emotional regulation and burnout levels, indicating that nurses with better emotional regulation skills experienced lower burnout. The study concluded that enhancing emotional regulation can reduce burnout and recommended regular emotional regulation workshops for nurses.

Clark et al. (2021) employed a mixed-methods approach to investigate the effects of emotional regulation on stress management and job satisfaction among 180 nurses. Quantitative data were analyzed using ANOVA, while qualitative data underwent thematic analysis. Findings showed that higher emotional regulation was associated with lower stress levels and higher job satisfaction. The study concluded that emotional regulation is vital for nurses' well-being and recommended regular training in emotional regulation.

Martin and Lee (2018) conducted a randomized controlled trial to examine the impact of emotional regulation on patient care quality among 100 nurses. Data were collected through patient satisfaction surveys and analyzed using ANCOVA. The intervention group, which received emotional regulation training, demonstrated significantly better patient care quality. The study concluded that emotional regulation enhances the quality of patient care and recommended integrating emotional regulation training into professional development programs.

Patel and Kumar (2022) examined the effect of emotional regulation on teamwork and collaboration among 150 nurses using a cross-sectional design. Data were analyzed using structural equation modeling, revealing that higher emotional regulation was associated with better teamwork and collaboration. The study concluded that emotional regulation is crucial for effective teamwork and recommended promoting emotional regulation in team-building activities. Brown and Davis (2023) investigated the role of emotional regulation in coping with workplace challenges among 170 nurses through a longitudinal study. Data were collected at multiple time points and analyzed using multilevel modeling. Findings indicated that nurses with better emotional regulation skills coped more effectively with workplace challenges. The study concluded that emotional regulation is essential for resilience and recommended continuous training in emotional regulation for nurses.

Self-motivation and nurses' performance

Empirical evidence shows that self-motivation predicts job performance and job satisfaction over and above classic well-known constructs such as personality traits and cognitive intelligence (Miao et al., 2017; O'Boyle Jr et al., 2011). Nurses with higher emotional intelligence possess such set of skills for perceiving, accessing and generating emotions in order to assist thought, understand emotions and emotional knowledge and regulate emotions in a considered way that will promote job performance (Côté, 2014).

In addition, Kluemper, DeGroot and Choi (2013) noted that there are a number of reasons why workers with high EI might experience higher job performance. At the intrapersonal level, one would expect that individuals who understand their own moods and can use them effectively would have the skills

and resources required to repair negative moods, regulate emotions, withstand workplace stress and increase job satisfaction. At the interpersonal level, one would expect individuals who are good at understanding and regulating the emotions of others to benefit from better interpersonal relationships and social networks and to increase the prevalence of positive mood in the workplace (Extremera, Mérida-López, Sánchez-Álvarez & Quintana-Orts, 2018).

Consistent with this idea, employees with high EI report more positive attitudes and behaviour like extra-role behaviours in the workplace than their peers with lower EI, even when the influence of cognitive intelligence and personality traits is controlled (Zhu, Liu, Guo, Zhao & Lou, 2015). In the view of Boyel et al. (2011), emotional intelligence creates innovational inventiveness in people and thus, helps in the change in an individuals' job performance. Furthermore, job performance is encouraging the communication inside organisation which is another capacity of emotional intelligence (Farh, Seo & Tesluk, 2012). In sum, emotional intelligence has the ability to better clarify the nurses' workplace performance.

Social awareness and nurses' performance

According to Barreiro and Treglown (2020), individuals with social awareness and social skills experience higher levels of engagement. To put this differently, how an individual interprets emotions and applies self-management in dealing with their emotions and that of others are vital skills and resources that facilitate work engagement experiences (Barreiro & Treglown, 2020). Drawing on the Goleman's model, the study argues that nurses' social awareness will lead to positive work engagement experiences in the health facilities. In other words, the ability of an individual to respond positively to

his/her emotions will lead to higher work engagement. The reason why EI will lead to higher work engagement is embedded in the emotional component of work engagement, such that work activities are sustained by the emotional experience (ability to manage one's emotions and that of others) which becomes a source of energy to achieve work tasks (Green et al., 2017).

Furthermore, when nurses exercise social awareness in the face of emotional experience at work, it serves as energizing fuel for positive work behaviour (Elfenbein, 2007). EI has also been useful in achieving positive work outcomes (e.g. work engagement) in emotional experiences at work such as conflict management (Aqqad et al., 2019), organizational change (Klarner et al., 2011), business negotiations (Sharma et al., 2013) and to achieve a positive emotional climate (Elfenbein et al., 2007). Research again shows that EI can be developed over time to regulate oneself and that of others in the face of challenging times and experiences, and this increases social work tasks such as engagement and dealing with stress (George, Okon & Akaighe, 2021; Morrison, 2007).

Moreover, EI has positive effects on employees' work engagement of civil servants in terms of social responsibility towards the social community, engagement towards the organisation and organizational citizenship behaviour towards individuals (Levitats & Vigoda-Gadot, 2020). Based on these past research works; the present study argues that EI will influence nurses work performance.

Social skills and nurses' performance

Jones and Smith (2018) conducted a longitudinal study to assess the impact of social skills training on nurses' job performance. The study involved

150 nurses, with 75 receiving social skills training. Pre- and post-intervention surveys measured job performance, and data were analyzed using paired t-tests. Results showed significant improvements in job performance among the trained group. The study concluded that social skills training enhances nurses' performance and recommended its inclusion in nursing education programs.

Green and Taylor (2019) explored the relationship between social skills and job satisfaction among 200 nurses using a cross-sectional survey design. Pearson correlation and regression analysis revealed a strong positive correlation between social skills and job satisfaction, indicating that nurses with better social skills experienced higher job satisfaction. The study concluded that enhancing social skills can increase job satisfaction and recommended regular social skills workshops for nurses.

Lee et al. (2020) employed a mixed-methods approach to investigate the effects of social skills on teamwork and collaboration among 180 nurses. Quantitative data were analyzed using ANOVA, while qualitative data underwent thematic analysis. Findings showed that higher social skills were associated with better teamwork and collaboration. The study concluded that social skills are vital for effective teamwork and recommended regular training in social skills. Brown and Wilson (2021) conducted a randomized controlled trial to examine the impact of social skills on patient care quality among 100 nurses. Data were collected through patient satisfaction surveys and analyzed using ANCOVA. The intervention group, which received social skills training, demonstrated significantly better patient care quality. The study concluded that social skills enhance the quality of patient care and recommended integrating social skills training into professional development programs.

Davis and Thompson (2022) examined the effect of social skills on conflict resolution among 150 nurses using a cross-sectional design. Data were analyzed using structural equation modeling, revealing that higher social skills were associated with better conflict resolution abilities. The study concluded that social skills are crucial for effective conflict resolution and recommended promoting social skills in team-building activities.

Patel and Kumar (2023) investigated the role of social skills in reducing workplace stress among 170 nurses through a longitudinal study. Data were collected at multiple time points and analyzed using multilevel modeling. Findings indicated that nurses with better social skills experienced lower levels of workplace stress. The study concluded that social skills are essential for stress management and recommended continuous training in social skills for nurses.

Conceptual Framework

One of the important components of the research is how well to represent one's ideas diagrammatically for easy comprehension of readers. Guntur (2019) argued that the conceptual framework forms the "blueprint" of every research and gives clarity and direction to the ideas being expressed in such research. Grant and Osanloo (2014) emphasized the importance of a conceptual framework by stating that, it is the foundation upon which research is constructed. Based on the purpose and the guiding objectives of the study, the conceptual framework for this present study is presented in Figure 1.

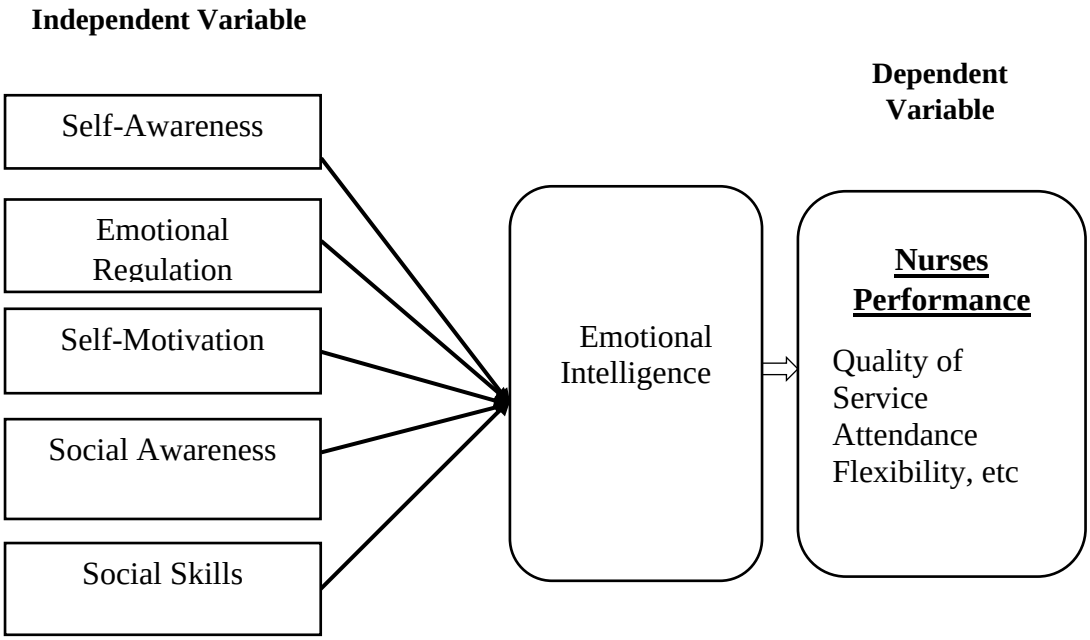

Figure 1: Conceptual Framework depicting the nexus between Emotional Intelligence and Nurses Performance

Source: Author's Construct (2024)

The conceptual framework illustrates the interrelationships of emotional intelligence, work engagement and nurses' performance at the Mercy Women's Catholic Hospital - Mankessim, Ghana. As depicted in the figure, emotional intelligence serves as the independent variable, and performance as dependent variable. According to the framework, it is expected that emotional intelligence will positively influence nurses' performance.

Chapter Summary

The chapter reviewed the literature on theoretical, conceptual and empirical issues relating to emotional intelligence, work engagement and nurses' performance. Important issues and lessons from the review informed the conceptual framework of the study. The review further proved beneficial in the research methods section, analyses, presentation of findings, discussions, conclusions and recommendations. In the review, a number of lessons have been

learnt. Among these lessons sterned from methodological use and analytical tools employed in the previous works. A number of the studies reviewed showed that the scholars used the simple random sampling techniques in drawing the respondents. Few of them relied on non-probability sampling techniques such as purposive for their qualitative approach. Concerning the analytical tools, majority relied on the use of correlation and regression between the two variables. Much was not seen on the use of the techniques such as partial least square structural equation modelling.

CHAPTER THREE

RESEARCH METHODS

Introduction

This chapter outlines the research methodology employed in conducting the study, detailing the approach and techniques used to achieve the study's objectives. It explains the rationale behind each method, ensuring clarity and justification for their selection. Key elements discussed in this section include the research approach, research design, and the study area, providing insight into the study's overall framework. Additionally, the chapter covers the target population, sample size, and sampling techniques, describing how participants were selected. It also examines the research instrument, data collection procedures, and measures for ensuring reliability and validity. Finally, the chapter addresses data analysis methods and ethical considerations to ensure the integrity and credibility of the study.

Research Approach

The current study employs the quantitative research approach. This is due to the nature and purpose of the study under consideration. The current study demands that researcher collect numerical data that would be analysed quantitatively. The current study also demands that the study's result is generalized on the entire population. Tashakkori and Teddlie (2010) averred those quantitative methods are often considered as deductive in nature because inferences from tests of statistical hypotheses result to general inferences about characteristics of a population. Lincoln, Lynham and Guba (2011) are also of the view that quantitative approach to research is directed towards the development of testable hypothesis and theories which are generalizable across

settings. The factors raised earlier are the reasons behind the choice of quantitative research approach against the qualitative research approach.

Research Design

This research adopted correlational research design. The correlational study design which falls under the causal design was also employed, as it helps to explore the relationships or links between the variables under study. Thus, it would help measure the extent to which the study variables are related or to determine which variables are interacting and what type of interaction is occurring. Sekaran and Bougie (2016) argue that for causal design to be used, a researcher must be certain that a change in the dependent variable is not caused by any other variable except the variable of interest.

The authors further asserted that if the study failed to establish the above condition, it could at best be considered as a correlational one. Since this study cannot conclude that emotional intelligence is the only variable that causes change in the nurses' performance, it can only be considered as a correlational one rather than a causal one. Creswell (2014) averred that a correlational design is a helpful design because through it, researchers can examine the relationship between the variables of interest. Though this design is useful in studies like this, some weaknesses are that; correlational studies can harbor biases due to self-selection into groups being compared (Creswell, 2014). Correlational studies are less artificial than studies involving interventions, and are often unreasonably practical and manageable to implement (Sekaran & Bougie, 2016).

Study Area

Mercy Women's Catholic Hospital, located in Mankessim, Ghana, has a rich history of providing healthcare services to the local community. Established in 2010, the hospital has been a pillar of medical care in the region for several decades. Originally founded by Rev. Sr. Elizabeth Burns with a mission to serve the underserved and provide quality healthcare, it has since grown and evolved to meet the changing healthcare needs of the community. The hospital offers a wide range of medical services, including general medicine, surgery, pediatrics, obstetrics and gynecology, and emergency care. Over the years, it has expanded its facilities and incorporated modern medical technologies to ensure patients receive the best possible care.

In addition to its clinical services, Mercy Women's Catholic Hospital is actively involved in community outreach and health education programs. It conducts regular health camps, workshops, and awareness campaigns on various health issues, contributing to improved public health in the region. Throughout its history, the hospital has been dedicated to its mission of providing compassionate and affordable healthcare to all, regardless of their socioeconomic status. It continues to play a vital role in the healthcare landscape of Mankessim and the surrounding areas, striving to promote the well-being of the local population.

Population

Population is the entire aggregation of cases that meet a designed set of criteria (Graneheim & Lundman, 2004). According to Ngechu (2004), population is seen as a set of elements, events, people, or group of items under a research-based investigation. Leedy and Ormrod (2010) also postulated that

population can be seen as the target group about which the researcher is interested in acquiring information and drawing conclusions. For this research, the population comprised all nurses of the hospital. The choice of this target group is on the premise that they deal directly more with clients. According to the Human Resource Desk (2022) of the hospital, the nurses are totalled 239.

Sample Size and Sampling Procedure

According to Ofori and Dampson (2011), and Sekaran and Bougie (2016), a sample is the representative portion of the population selected for the study. Saunders et al. (2016) advanced that the rationale behind the use of sample surveys instead of census by scholars is that a complete coverage of the entire population is difficult when dealing with large population. This means that sample surveys help researchers to conduct studies in a most efficient manner when large population is involved. Using the criteria based on the Krejcie and Morgan (1970) sample determination table, a sample size of 138 nurses was selected from the 239 nurses to participate in the study.

Based on the purpose of this study, probability sampling design is deemed appropriate and was employed for the study. Furthermore, a simple random sampling technique was employed from the probability sampling techniques. This technique was deemed appropriate because it granted the researcher the opportunity to administer questions to respondents without being bias. First, the sampling frame which consisted the names and details of all nurses in the hospital was obtained from the hospital. Then, the Excel Rand function also used to randomly select the nurses who participated in the study. The function is able to sort at random any names and contacts of the 138 nurses who were then used as respondents in the study.

Data Collection Instrument

Collecting data for a study involves using certain research instruments and procedures for collecting the data. In this study, questionnaires were used in the collection of information from respondents on their respective knowledge on the constructs. A questionnaire is a written document in survey research that has a set of questions given to respondents or used by an interviewer to ask questions and record the answers (Neuman & Kreuger, 2003). A questionnaire could be answered by the person from whom information is sought or through an interpreter. According to Neelankavil (2007), questionnaires guarantee greater uniformity, consistency and objectivity in data collected. They also provide privacy and convenience for respondents during completion while guaranteeing greater anonymity (Neelankavil, 2007). Groves, Fowler, Couper, Lepkowski, Singer and Tourangeau (2011) posit that there are distinct advantages in using questionnaires rather than interview methodology. One of such advantage is that questionnaires are less expensive and easier to administer than personal interview.

The questionnaire included closed-ended items, in which the questions permit only certain responses such as 'yes' or 'no' or the Likert type to choose from answers provided in the questionnaire, as well as some open-ended questions. They were grouped into four sections, A to C. Section A focused on the personal demographics, Sections B and C gathered information on emotional intelligence, and nurses' performance. Section B comprised emotional intelligence, which was measured using a scale developed by Goleman (2001) that measures five components of the construct; self-awareness, emotion regulation, self-motivation, social awareness, social skills.

Cronbach's alpha was 0.894 as a composite scale. Section C measured nurses' performance developed and validated by Miao et al. (2017). Responses were on a seven-point scale (1 = strongly disagree, 2 = somewhat disagree, 3 = slightly disagree, 4 = neither agree nor disagree, 5 = slightly agree, 6 = somewhat agree, 7 = strongly agree) (Appendix A).

Data Collection Procedures

Primary data was used for this study. Primary data are original data sources that are collected fresh for the first time and therefore happen to be the original in nature. The primary data were collected using the survey method. This involved the distribution of questionnaires and collection of data from respondents. In other to achieve the objectives of the study, well designed questionnaires with close ended questions were preferred. The questionnaires were then distributed to the respondents by the researcher after agreeing with the respondents on appropriate time for the collection of the questionnaires. The researcher collected the data in February 2024.

Data Processing and Analysis

The study utilized Partial Least Squares Structural Equation Modeling (PLS-SEM) to test its hypotheses, as this approach is considered the most suitable for analyzing complex relationships among variables (Hair et al., 2021). PLS-SEM is particularly advantageous because it integrates both regression and factor analysis, enabling the simultaneous examination of multiple relationships (Baron & Kenny, 1986). This method minimizes the risk of Type 1 errors and eliminates the need to adjust alpha levels when conducting multiple regression analyses.

Additionally, SEM effectively accounts for measurement errors, providing a more accurate and reliable assessment of the proposed model (Hair et al., 2021). The model in this study focused on the relationship between emotional intelligence and employee performance, allowing for a comprehensive understanding of how emotional intelligence influences nurses' effectiveness in their roles. By adopting PLS-SEM, the study ensures robust statistical analysis, enhancing the validity and reliability of its findings.

Ethical Issues

Ethics, as defined by Awases (2006), is closely linked to morality and pertains to issues of right and wrong within groups, societies, or communities. Ethical considerations are fundamental in research, and it is essential for every researcher to be aware of and adhere to ethical principles to ensure the integrity of their study (Rubin & Babbie, 2016). To uphold ethical standards, the researcher took every possible measure to prevent violations of ethical principles throughout the study. According to Edginton et al. (2012), key ethical considerations in research include ensuring that respondents are fully informed about the study's objectives, methods, and potential benefits, obtaining voluntary consent, and respecting participants' right to withdraw at any stage of the data gathering exercise.In line with these ethical guidelines, participants were provided with clear explanations regarding the purpose of the study, assurances of confidentiality, and their right to withdraw without consequences. Additionally, a formal letter of introduction was obtained from the Department of Human Resources, validating the study's authenticity. This letter was presented to respondents who sought confirmation of the study's legitimacy, reinforcing trust and transparency in the research process.

Chapter Summary

This chapter has detailed the processes involved in collecting, organizing, analyzing, and presenting the primary data for the study to ensure clarity and easy comprehension. It has outlined the research design and the systematic scientific approach adopted to address the study's objectives. Additionally, the chapter has explained the methods used to identify and meet data requirements, ensuring that relevant information was gathered effectively. The statistical techniques employed in analyzing the data have also been discussed, highlighting their role in deriving meaningful insights. Furthermore, the chapter has elaborated on the structured approach taken in conducting the investigation, ensuring accuracy and reliability. Overall, it provides a comprehensive overview of the research methodology used to achieve valid and credible findings.

CHAPTER FOUR

RESULTS AND DISCUSSION

Introduction

The general objective of the study was to examine influence of emotional intelligence (EI) on nurses' performance at the Mercy Women's Catholic Hospital, Mankessim, Ghana. Therefore, this chapter discussed the study's findings in relation to the research objectives. The chapter specifically discussed the respondents' demographic characteristics. The chapter further presented the results of the research objectives using the partial least squares structural equation modelling (PLS-SEM) approach. The results were presented in tables and figures and discussed thereof.

Demographic Characteristics of Respondents

The demographic characteristics of the nurses in the hospital were discussed in this section. The section specifically focused on respondents', gender, age, academic qualification, and number of years worked at the hospital. Table 1 was used to summarise the background characteristics of the respondents.

Concerning the gender of the respondents, the majority, 79 (57.2%), of the respondents were females, while 59 (42.8%) were males. This result implies that there are more females working in the hospital than males. The result concerning the gender distribution confirms the general perception that females are the most people who prefer the nursing profession in Ghana. In terms of the age group of the respondents, Table 1 revealed that the majority 60 (43.5%) are between the ages of 31 to 40 years, while 48 (34.8%) of them were between the ages of 21 to 30 years, 26 (18.8%) were between the ages of 41 to 50 years and

4 (2.9%) were above 50 years. This means that all the respondents are within their active working periods. This implies that the majority of the nurses are highly energetic and actively working. Thus, the availability of more emotional intelligence programs would help them to easily build their work experience levels and invariably become key assets of the hospital.

Table 1: Demographic characteristics of respondents

Category	Frequency	Percent %
Gender		
Male	59	42.8
Female	79	57.2
Total	138	100.0
Age Group		
21-30	48	34.8
31-40	60	43.5
41-50	26	18.8
Over 50	4	2.9
Total	138	100.0
Educational Qualification		
Diploma	27	15.8
Undergraduate	73	47.7
Postgraduate	38	37.4
Total	138	100.0
Years of work with the hospital		
Below 1 year	19	9.2
1 – 5	22	16.3
6 – 10	45	31.3
11 - 15 years	52	43.2
Total	138	100.0

Source: Field Survey (2024)

On the issue of academic qualifications, the majority, 73 (52.9%) of the respondents had undergraduate qualification. Also, 38 (27.5%) of the

respondents had postgraduate degree, whiles 27 (19.6%) had diploma. The respondents were asked to indicate the number of years they had been working with the hospital. From Table 1, the majority of 52 (37.7%) of the respondents have worked for the hospital for 15 years. This was followed by 45 (32.6%) of the respondents who indicated that they have worked for the hospital between 6 to 10 years. Furthermore, 22 (15.9%) of them indicated that they have been working in the hospital for between 1 to 5 years, while 19 (13.8%) of respondents said that they are working there getting close to a year.

Descriptive of the Variables

As part of the preliminary assessment of the constructs, descriptive were run to examine the general overview of the variables used in the study. The items of each of the subconstructs of emotional intelligence were computed and together means and standard deviations were generated to do the assessment. The emotional intelligence comprised five sub dimensions including, self-awareness, emotional regulation, self-motivation, social awareness and social skills, all rated on 7-point Likert Scale. Table 2 was used to present summaries of the variables of emotional intelligence.

Table 2: Descriptive statistics of emotional intelligence

Statements	Mean	Std. Dev
Self-awareness		
I understand the relationship between my feelings and what I think, do and speak.	6.681	0.099
I recognize how my feelings affect my performance	6.179	1.058
I am aware of my goals and values	6.395	1.053
I am aware of my strengths and weaknesses.	6.323	1.246
I am open to continuous learning, self-development, new perspectives &honest feedback	6.244	1.128
Mean of means	6.365	1.536
Emotional regulation		
I usually feel depressed for one reason or the other.	4.784	1.596
I feel happy and satisfied about my life.	5.942	1.095
I can predict clearly whether my emotion is happy or sad	5.726	1.055
I am someone who is original and don't copy others	6.417	.977
I am quite a cheerful and lively person.	5.978	.974
Mean of means	5.769	.674
Self-motivation		
I am result-oriented with a high drive to meet objectives and goals	6.151	1.055
I continuously learn in order to improve my performance.	6.280	1.227
Before beginning something new, I usually feel that I will succeed.	5.496	1.181
I pursue goals beyond what's required or expected of me.	5.777	1.167
I am determined in achieving goals despite obstacles and setbacks.	6.237	1.126
Mean of means	5.988	.897
Social awareness		
I understand the way others think, feel and behave.	5.625	1.217
People think that I am optimistic and self-confident person.	5.561	1.485
Others think that I lack confidence in interacting with others.	4.935	1.838
I show sensitivity and understand others' point of view.	5.726	1.159
I recognize and reward people's strengths, accomplishments and developments.	5.913	1.017
Mean of means	5.152	.765
Social skills		
I promote open communication and ready to accept both bad and good news.	6.251	.896
I am extremely polite &respectful to others irrespective of the unfavourable circumstances.	6.366	1.070
I handle difficult people and tense situations with diplomacy and tact.	5.899	1.205
I look forward to relationships that are mutually useful	5.942	1.273
I make and maintain personal friendships among work associates	5.892	1.381
Mean of means	6.070	.971
Valid N (listwise)		

Source: Field Survey (2024)

The Table 2 provides some insights into various aspects of nurses' emotional intelligence. For self-awareness, the highest mean score (M = 6.681) was observed in understanding the feelings and actions of the nurses indicating strong self-awareness. The overall mean of means of 6.365 and a standard deviation (*SD*=1.536), suggests the nurses' self-awareness were high. In emotional regulation, the mean scores ranged from 4.784 for feeling depressed to 6.417 for originality, with an overall mean of means of M=5.769 and an *SD* of 0.674, showing high emotional regulation. Self-motivation scores were relatively high, with the highest mean (M=6.280) in continuous learning and an overall mean of means of 5.988 and an *SD* of 0.897, indicating a high drive for achievement.

Moreover, social awareness had more variability, with a mean of means of 5.152 and an *SD* of 0.765, with the highest score (5.913) for recognising and rewarding others' strengths. Lastly, social skills were strong, with an overall mean of means of 6.070 and an SD of 0.971, the highest score (6.366) being for politeness and respect. These results highlight that nurses generally exhibit high self-awareness, self-motivation, social skills, emotional regulation and social awareness. Table 3 presented descriptive on nurses' performance in the hospital.

Table 3: Nurses' performance

Statements	Mean	Std. Dev.
I strive for higher quality work than required	6.2374	1.09401
I uphold high professional standards	6.4317	.97839
I have the ability to perform my core job tasks	6.4245	1.09662
I have a good sense of judgment when performing my core job tasks	6.1871	1.08058
I am very accurate when performing my core job tasks	6.1583	1.05129
I have job knowledge with reference to my core job tasks	6.3022	1.13989
I am very creative when performing my core tasks	6.0576	1.01987
My job is well within the scope of my abilities	6.3165	1.24549
I do not encounter any problems in adjusting to work in this organization	5.5468	1.39473
I feel I am overqualified for the job I will be doing	4.2158	1.63637
I have all the technical knowledge I need to deal with my new job, all I need now is practical experience.	5.7770	1.18593
I feel confident that my skill and abilities equal or exceed those of my future colleagues	5.3957	1.67080
Mean of means	5.9209	.81941
Valid N (listwise)		

Source: Field Survey (2024)

The descriptive statistics for nurses' performance reveal key insights. As captured in Table 3, nurses reported striving for higher quality work than required with a mean score of 6.2374 and a standard deviation (SD) of 1.09401, and upholding high professional standards with a mean of 6.4317 and an SD of 0.97839. The ability to perform core job tasks scored a mean of 6.4245 (SD 1.09662), indicating strong job competence. Judgment during core tasks had a mean of 6.1871 (SD 1.08058), and accuracy in task performance had a mean of 6.1583 (SD 1.05129), showing consistency in performance quality. Job

knowledge related to core tasks scored a mean of 6.3022 (SD 1.13989), and creativity in task performance had a mean of 6.0576 (SD 1.01987). Nurses felt their jobs were within their abilities with a mean score of 6.3165 (SD 1.24549). However, adjusting to work in the organisation had a lower mean of 5.5468 (SD 1.39473), and feeling overqualified for the job had the lowest mean of 4.2158 (SD 1.63637). The need for practical experience beyond technical knowledge scored a mean of 5.7770 (SD 1.18593), while confidence in skills compared to future colleagues had a mean of 5.3957 (SD 1.67080). The overall mean of means was 5.9209 with an SD of 0.81941, suggesting generally high performance.

The next Table 4, shows the correlation matrix among the variables. From the correlation matrix in Table 4, all the variables were positively and significantly correlated. These results suggest that all variables are positively interrelated, with self-motivation and social skills showing particularly strong associations with overall performance ($r = .738$ and $r = .695$, respectively). Self-awareness and emotional regulation also contribute positively but to a slightly lesser extent ($r = .410$ and $r = .324$, respectively). Social awareness, while still significant, has a more moderate relationship with performance ($r = .370$). This indicates that enhancing these variables could potentially improve nurses' performance, with self-motivation and social skills being the most influential factors.

Table 4: Correlation Matrix

Variables		1	2	3	4	5	6
1. Self-awareness	Pearson Correlation	1	.222**	.497**	.241**	.469**	.410**
	Sig. (2-tailed)		.009	.000	.004	.000	.000
2. Emotional regulation	Pearson Correlation	.222**	1	.508**	.441**	.443**	.324**
	Sig. (2-tailed)	.009		.000	.000	.000	.000
3. Self-motivation	Pearson Correlation	.497**	.508**	1	.448**	.751**	.738**
	Sig. (2-tailed)	.000	.000		.000	.000	.000
4. social awareness	Pearson Correlation	.241**	.441**	.448**	1	.497**	.370**
	Sig. (2-tailed)	.004	.000	.000		.000	.000
5. social skills	Pearson Correlation	.469**	.443**	.751**	.497**	1	.695**
	Sig. (2-tailed)	.000	.000	.000	.000		.000
6. Performance	Pearson Correlation	.410**	.324**	.738**	.370**	.695**	1
	Sig. (2-tailed)	.000	.000	.000	.000	.000	

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

Source: Field Survey (2024)

After the descriptive statistics, the evaluation of the PLS-SEM models was followed. This was achieved by first and foremost assessment of the measurement model of the PLS-SEM. After the measurement model assessment, the study presented and discussed the results of each research objective.

Measurement model assessment

The study analysed the research objectives using the Partial Least Square-Structural Equation Modelling (PLS-SEM) analytical approach. The assessment was done based on the following key underlying assumptions: item loadings, construct reliability and validity (internal consistency), convergent validity (average variance extracted) and discriminant validity. According to Henseler et al. (2016), these assumptions are tested to provide a clear meaning of the structural model results including the validity and reliability of the study. The results of the quality test criteria were reported in the Tables that ensue.

Item loading, internal consistency and validity and common method bias (CMB)

In terms of assessing the item loadings as the first mode of assessment, the indicators' loadings of each construct were evaluated. Based on the rule of thumb, items with loadings ≥ 0.70 is a quality measure of its construct (Henseler et al., 2009). In view of this, items of each construct with loadings <0.7 were removed from the model. Results in Table 5 revealed that all item loadings <0.7 were removed to indicate the quality measures of a given construct. Except, on occasions that removing items below 0.7 affected the reliability (Hair et al., 2019). Thus, some items up to 0.50 were retained in the model to achieve overall internal consistency threshold.

Table 5: Factor Loading, Constructs' Reliability, Validity and CMB

Constructs	Loading	CA	rho_A	CR	AVE	VIF
Emotional regulation		0.893	0.924	0.924	0.754	
EER1	0.897					4.086
EER2	0.891					4.266
EER3	0.898					2.315
EER4	0.782					4.630
Self-awareness		0.926	0.942	0.947	0.818	
ESA1	0.917					1.983
ESA2	0.942					3.152
ESA3	0.878					2.099
ESA4	0.880					3.764
Self-motivation		0.806	0.827	0.857	0.547	
ESM1	0.732					2.024
ESM2	0.703					3.769
ESM3	0.659					1.912
ESM4	0.800					3.166
ESM5	0.796					2.778
Social awareness		0.749	0.800	0.835	0.568	
ESN1	0.610					4.104
ESN2	0.588					4.988
ESN3	0.870					4.006
ESN4	0.892					2.653
Social skills		0.728	0.928	0.758	0.552	
ESS1	0.676					3.775
ESS2	0.650					3.580
ESS3	0.721					4.271
ESS4	0.557					2.279
ESS5	0.741					1.090
Nurses' performance		0.927	0.943	0.942	0.704	
PER3	0.566					
PER4	0.914					3.053
PER5	0.892					4.008
PER6	0.907					4.019
PER7	0.843					
PER8	0.876					2.850
PER9	0.825					2.869

Note: CA – Cronbach's alpha; CR – Composite reliability; CV – Convergent validity, AVE – Average Variance Extracted
Source: Field survey (2024)

Again, Table 5 reported on the assessment of internal consistency and convergent validity of the constructs. These were done by using the CA, rho_A

and CR for evaluating internal consistency or in other words the constructs' reliability, whiles convergent validity was assessed using the AVE. According to Hair et al. (2019), although the values of CR are the best measures of internal consistency, relying on either the CA or the rho_A values is also a good fit for the PLS-SEM model. As per the relevant thresholds of meeting a 0.70 cut-off point, all the values were well above 0.70. This means that the constructs indeed measured what they purported to measure.

Moreover, the convergent validity (CV) of the study based on the Average Variance Extracted (AVE) score (Hair et al., 2016) was presented in Table 5. The constructs' convergent validity measures the extent to which the constructs share mutual relationships in a study. The rule of thumb is that all the AVE scores should have a minimum threshold ≥ 0.50 for each construct (Hair et al., 2016). It could be deduced that the study met this criterion as all the constructs had AVE scores > 0.50. This was because the Average Variance Extractors (AVE) values were reasonably higher than the minimum 50 percent threshold (AVE≥0.50) (Henseler et al., 2016). Finally, the results show that the responses were not contaminated with common method bias issues. This is because the values of the VIFs of each item were below the 5.0 threshold (Knocks, 2015).

Discriminant Validity

Table 6 further presented the quality of the model by testing for discriminant validity as suggested by Hair et al. (2019). According to Hair et al. (2016), discriminant validity (DV) assesses the structural model for collinearity issues. The DV is primarily tested using the Fornell and Larcker (1981) criterion and the Heterotrait-Monotrait (HTMT) ratio. It is noted that, the HTMT ratio is

regarded as a better and quality measure of discriminant validity (DV) as compared to Fornell and Larcker's (1981) criterion (Hair et al., 2019) thus recommended for testing DV by Sarstedt, Ringle, Smith, Reams and Hair (2014). As such, the study assessed the DV using the HTMT score.

Table 6: Discriminant Validity: Heterotrait-Monotrait Ratio (HTMT)

Constructs	1	2	3	4	5	6
1. Emotional regulation						
2. Nurses' performance	0.172					
3. Self-awareness	0.193	0.597				
4. Self-motivation	0.141	0.755	0.687			
5. Social awareness	0.169	0.777	0.792	0.150		
6. Social skills	0.778	0.306	0.466	0.416	0.371	

Source: Field survey (2024)

The HTMT ratio shows superior performance by having the ability to detect a lack of discriminant validity in common research scenarios. The rule of thumb is that; to achieve DV, HTMT values (correlation values among the latent variables) should be < 0.85. From Table 6, all the values for each of the constructs were below HTMT$_{.85}$. This is a clear indication that each construct is truly distinct from the others. After these basic assessments, the study followed up with the analysis of the research objectives in the next section.

Structural Model Assessment

After the measurement model was assessed to ensure that it meets the PLS-SEM criterion, the study presented the results of the five research objectives and the corresponding hypotheses. This was done by assessing the direction and strength using the path coefficient (β) and level of significance with t-statistics obtained through 5000 bootstraps as recommended by Hair et al. (2019). The result of the objectives was presented in Table 7. The structural

model is evaluated from the criteria laid in correlation (R), coefficient of determination (R^2), effect size (f^2) and predictive relevance (Q^2). The criteria are that; "f^2 of 0.02, 0.15 and 0.35 is seen as small, medium and large respectively; R^2 of 0.25, 0.5 and 0.75 are considered weak, moderate, and substantial respectively; Q^2 of 0.02, 0.15 and 0.35 is considered small, medium and large respectively".

Table 7: Results of Structural Model and Hypotheses Testing

Path	R	T stat	P values	Remarks	Hypotheses	R^2	f^2	Q^2
Performance						0.550		0.375
Self-awareness -> Nurses' performance	0.271	2.590	0.010	Significant	H1: supported		0.052	
Emotional regulation -> Nurses' performance	0.167	2.425	0.015	Significant	H2: supported		0.026	
Self-motivation -> Nurses' performance	0.360	2.880	0.004	Significant	H3: supported		0.037	
Social awareness -> Nurses' performance	0.284	2.658	0.008	Significant	H4: supported		0.030	
Social skills -> Nurses' performance	0.214	0.937	0.349	Not significant	H5: not supported		0.023	

Source: Field Survey (2022)

The results depicted in Table 7 were used to explain the relationships among the constructs and tested the four hypotheses that emanated from the objectives of the study. The results revealed that four hypotheses were supported while one was not supported. Thus, the study documented that self-awareness (R = 0.271; t = 2.590; p = 0.010, f^2 = 0.052), emotional regulation (R = 0.167; t = 2.425; p = 0.015, f^2 = 0.026), self-motivation (R = 0.360; t = 2.880; p =0.004, f^2 = 0.037) and social awareness (R = 0.284; t = 2.658; p = 0.008, f^2 = 0.030) variously have significant positive relationship with nurses' performance. However, social skills as a component of the emotional intelligence had no significant relationship with nurses' performance in the hospital (R = 0.214; t = 0.937; p = 0.349).

With regards to the coefficient of determination (R^2), the study upheld that 55 percent (see also Figure 2) of changes in nurses' performance were accounted for by the joint contribution of the dimensions of emotional intelligence. Based on the criteria of Hair et al. (2019), this change was substantial in explaining the variation in employee performance. This means that, with emotional intelligence among the nurses in the hospital, their performances are pegged at 55 percent whereas the remaining 45 percent is due to other variables not catered for in the present study. Furthermore, the Q^2 in Table 4 depicts the predictive relevance within the exogenous-endogenous constructs relationship. From the table, nurses' performance made large or substantial (Q^2 = 0.375) predictive relevance in the PLS model. Much like the predictive relevance, the f^2 examines the magnitude of the influence between the established paths. According to Table 7, the exogenous constructs have made various impacts on the R and R^2 values of nurse's performance.

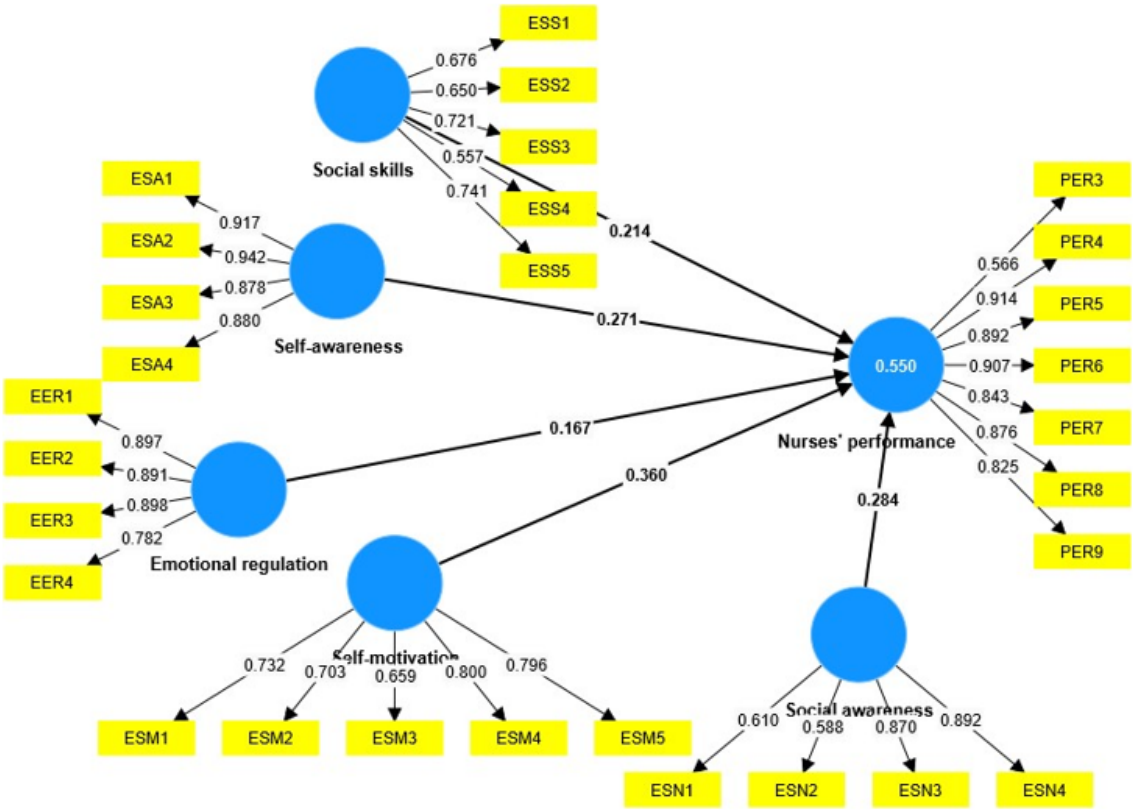

Figure 2: Full PLS-SEM path model
Source: Field Survey (2024)

Hypothesis 1: Self-awareness and nurses' performance

The first hypothesis connected the link between self-awareness of nurses and their performance at the Mercy Women's Catholic Hospital – Mankessim. The findings revealed that self-awareness made a statistically significant influence on nurses' performance (R = 0.271; t = 2.590; p = 0.010). The positive path coefficient (0.271) between self-awareness and nurses' performance indicates that higher self-awareness leads to better performance among nurses. As noted, self-awareness, a core component of emotional intelligence, bothers recognizing and understanding one's own emotions, strengths, and limitations and how these could affect interactions with others (Jacobson, 2021). Having this self-knowledge about oneself, especially, nurses is crucial for effective

decision-making and interpersonal relations in the hospitals and patient management at large. Nurses with high self-awareness are better equipped to manage their emotions, which can reduce stress and prevent burnout, leading to improved job performance and patient care (Lane & Smith, 2021).

In line with the emotional intelligence model developed by Mayer et al. (2008) self-awareness is described to be a foundational element of emotional intelligence, which influences other components such as self-regulation, motivation, empathy, and social skills. According to their model, individuals with high self-awareness can accurately assess their feelings, leading to better emotional management and decision-making capabilities. The findings further corroborated with recent research claims (Oba-Adenuga et al., 2022; Weichel et al., 2021; Nyklíček, 2020). For instance, a study by Weichel et al. (2021) found that self-awareness in healthcare professionals is associated with lower levels of occupational stress and higher job satisfaction. These factors directly contribute to enhanced performance, as nurses who can manage stress effectively are more likely to remain engaged and motivated in their work. Thus, self-awareness nurses are better prepared to cope with the demands of their job, maintain positive interactions with colleagues and patients, and adapt to changing environments (Yu et al., 2020). This adaptability is crucial in healthcare settings, where situations can be unpredictable and emotionally charged.

Hypothesis 2: Emotional regulation and nurses' performance

This section discussed the research results of hypothesis 2 which sought of make the link between emotional regulation and nurses' performance. The results suggested that emotional regulation correlated with performance (R = 0.167; t = 2.425; p = 0.015). The statistical significance of this relationship (T-statistic = 2.425, P-value = 0.015) indicates that it is not due to random chance and highlights the important role that emotional regulation plays in enhancing nurses' performance. By implication, when nurses possess emotional regulation skills, they are able to manage and modulate their responses to various situations. This is essential because professionals like nurses play role of counselors to some extent by ensuring patients assume a good relief despite their conditions in the hospitals (Appiah et al., 2023).

As established in the research findings of (Rathnayake et al., 2021), effective emotional regulation helps nurses maintain their composure, think clearly, and make better decisions, which can significantly improve patient care and overall performance. Nurses who can regulate their emotions are better able to cope with the demands of their job, leading to higher levels of job performance and job satisfaction (Hwang & Park, 2022). This study further supports the findings established by Goh and Kim (2021), who found that emotional regulation significantly reduces burnout and improves job performance in healthcare professionals. By effectively managing their emotions, nurses can prevent the negative effects of stress and maintain a high level of functioning in their roles. This capability is crucial in high-pressure environments, where maintaining calm and focus is essential for delivering quality care.

Hypothesis 3: Self-motivation and nurses' performance

Hypothesis 3 tested the influence of emotional self-motivation on nurses' performance at the Mercy Women's Catholic Hospital in Mankessim. The analysis of the results revealed that self-motivation had a statistically significant relationship with nurses' performance (R = 0.360; t = 2.880; p =0.004). The positive path coefficient (0.360) between self-motivation and nurses' performance suggests a strong positive relationship. The statistical significance of this relationship (T-statistic = 2.880, P-value = 0.004) confirms that this relationship is not due to chance.

By description, self-motivation involves the drive to achieve and the commitment to personal and professional goals (Mardiansyah et al., 2023). Self-motivated individuals tend to have a high degree of initiative and perseverance, which are critical traits for nurses working in demanding healthcare environments (Mahdi & Faraj, 2022). This intrinsic motivation fosters resilience, leading to improved job performance and patient care outcomes. Recent studies support the present research findings. For instance, a study by Banafi (2023) found that self-motivation significantly correlates with enhanced job performance and well-being among healthcare professionals. Self-motivated nurses are more likely to set high standards for themselves, remain committed to their roles, and continuously seek to improve their skills and knowledge, which directly enhances their performance.

Hypothesis 4: Social awareness and nurses' performance

In this section, the study presented discussing findings on the fourth hypothesis. Using the PLS-SEM, the analysis revealed that social awareness leads to significant positive relationship with nurses' performance (R = 0.284; t = 2.658; p = 0.008). This was evidenced in the values of the R, t-stat and the p value. The positive path coefficient (0.284) between social awareness and nurses' performance suggests a significant positive relationship.

Social awareness, a crucial element of emotional intelligence, involves the ability to understand and empathize with the emotions and perspectives of others (Pourteimour et al., 2021). This capability is particularly vital in nursing, where professionals must frequently engage with patients, families, and colleagues in emotionally charged situations. Nurses with high social awareness can effectively communicate and build strong interpersonal relationships, which are essential for high-quality patient care and team collaboration (Anselmann & Mulder, 2020).

Mayer and Salovey (1997) included social awareness as a key component of their emotional intelligence model, highlighting its role in facilitating effective social interactions and relationships. Socially aware individuals can accurately perceive and respond to the emotions of others, leading to better teamwork, patient satisfaction, and overall job performance (Salovey & Mayer, 1990). Previous research also supports this theoretical perspective. A study by Anselmann and Mulder (2020) found that social awareness significantly improves communication skills and patient satisfaction in healthcare settings. Nurses who are socially aware are better able to empathize with patients' needs and concerns, leading to more personalized and

compassionate care. This improved patient interaction directly correlates with enhanced performance and patient outcomes.

Hypothesis 5: Social skills and nurses' performance

The hypothesis 5 analyzed the link between social skills and nurse's performance among the nurses in the hospital. The findings suggest that social skills do not significantly affect the scores of job performance among the nurses in the hospital ($R = 0.214$; $t = 0.937$; $p = 0.349$). Although previous research supports the importance of social skills in nursing, the present study failed to establish a significant link between the variables. For instance, Berman et al.'s (2016) study highlights that nurses with high social skills are better at team coordination and patient interactions, which can indirectly influence performance by improving the overall work environment.

Thus, the lack of a direct significant relationship in this study may suggest that other factors, such as emotional regulation or self-motivation, play a more immediate role in performance outcomes (Kluemper et al., 2013). The implications of these findings for healthcare organizations suggest a need to re-evaluate how social skills are integrated into training and development programs. While social skills are undoubtedly important, their impact on performance may be more nuanced and context-dependent. Therefore, healthcare organizations should consider comprehensive training programs that integrate social skills with other components of emotional intelligence, such as self-awareness and emotional regulation.

Chapter Summary

This chapter presented the results and discussion of the study's research objectives, analyzing the findings using the Partial Least Squares Structural Equation Modeling (PLS-SEM) technique. The study examined the relationship between various dimensions of emotional intelligence and nurses' performance within the selected hospital setting. The results revealed that all dimensions of emotional intelligence, except social skills, had a significant positive impact on nurses' performance, highlighting the importance of self-awareness, self-regulation, motivation, and empathy in enhancing workplace effectiveness. These findings provide valuable insights into how emotional intelligence influences nursing practice and overall healthcare delivery. The discussion also explored the implications of these results in relation to existing literature, emphasizing the need for targeted interventions to improve emotional intelligence among nurses. The next chapter will focus on summarizing the study's key findings, drawing conclusions, and providing recommendations based on the results.

CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

Introduction

This chapter presents the key findings of the research objectives of the study, conclusions drawn from the findings and recommendations for policy considerations. The chapter also provided suggestions for further research. The objective of the study was to examine the relationship between emotional intelligence and nurses' performance at the Mercy Women's Catholic Hospital, Mankessim, Ghana. With this purpose, specific objectives were designed to be achieved. These were to:

1. examine the influence of self-awareness on nurses' job performance.
2. analyse the influence of emotional regulation on nurses' job performance.
3. examine the influence of self-motivation on nurses' job performance.
4. examine the influence of social Awareness on nurses' job performance
5. analyse the influence of social skills on nurses' job performance.

The study relied on the quantitative approach and correlational design. A structured questionnaire was developed from extensive reviews of previous studies to gather data from 138 nurses of the hospital. The data was then processed using the IBM SPSS programme (version 26 and Smart-PLS (version 4) software. Inferential statistics (through partial least squares structural equation modelling) was used to address the objectives of the study.

Summary of Key Findings

The study's first objective was to examine the impact of emotional self-awareness on nurses' performance within the hospital. The findings revealed a

significant positive relationship between emotional self-awareness and nurses' job performance. This suggests that nurses who possess a high level of self-awareness are better equipped to recognize their emotions, understand how these emotions affect their behavior, and make informed decisions in their professional roles. Self-awareness allows nurses to assess their strengths and weaknesses, enabling them to take proactive steps toward self-improvement. The implication is that an increase in self-awareness traits among nurses could lead to improved performance, as they become more conscious of their emotional triggers and how to manage them effectively in clinical settings.

The second research objective explored how emotional regulation influences nurses' performance in the hospital. The findings demonstrated a significant positive relationship, indicating that nurses who effectively regulate their emotions perform better in their duties. Emotional regulation helps nurses manage stress, maintain professionalism under pressure, and interact with patients, colleagues, and supervisors in a composed manner. This ability to interpret and control emotions enhances their resilience in high-pressure environments, leading to better job satisfaction and patient outcomes. The study suggests that hospital management should provide training programs to enhance emotional regulation skills among nurses, ensuring a more stable and efficient workforce

The third objective examined the effect of self-motivation on nurses' performance. The results indicated that self-motivated nurses exhibit higher levels of engagement, commitment, and efficiency in their work. Nurses who are intrinsically driven tend to approach their tasks with enthusiasm, seek professional growth opportunities, and remain dedicated to delivering quality

patient care. This finding highlights the importance of fostering a work environment that supports and enhances nurses' self-motivation. The study suggests that hospital management should implement strategies such as recognition programs, career advancement opportunities, and a supportive work culture

The fourth research objective assessed the impact of social awareness on nurses' performance. The findings showed a significant positive influence, implying that nurses with higher social awareness levels tend to perform better in their roles. Social awareness involves the ability to understand and respond appropriately to the emotions and needs of others, making it a crucial skill in nursing practice. Nurses who are socially aware can build strong relationships with patients, empathize with their concerns, and provide compassionate care. Additionally, social awareness enhances teamwork and collaboration among healthcare professionals, fostering a more cohesive work environment. The study suggests that hospitals should incorporate emotional intelligence training into their professional development programs to strengthen nurses' social awareness skills

Finally, the study examined the influence of social skills on nurses' performance. Unlike the other dimensions of emotional intelligence, the results indicated no significant relationship between social skills and job performance. This finding suggests that while social skills are important in communication and teamwork, they may not be the primary determinant of nurses' effectiveness in their roles. It is possible that factors such as clinical expertise, workload, and institutional policies have a more direct impact on performance than social skills alone. The study recommends further research to explore the specific contexts

in which social skills may influence nursing performance and to determine whether targeted interventions can enhance their effectiveness in healthcare settings.

Conclusions

The purpose of the study was to investigate the influence of emotional intelligence on nurses' performance at the Mercy Women's Catholic Hospital, Mankessim - Ghana. Based on the findings, some conclusions were drawn. These conclusions have provided significant insights to management of the hospital and policy makers as well as the nurses in the health sector in the Ghanaian economy and beyond. Within the contemporary healthcare environment, especially as public sector hospitals, there have been pressures from citizens for health facilities to ensure efficiency, and quality nursing holistically. This enjoins these healthcare institutions and hospital managers not to ignore the importance of emotional intelligence traits required for stimulating the nurses' performance.

First, the study concludes that emotional intelligence traits exhibited by nurses in the hospital is crucial for promoting their performance. Thus, the nurses who possess an adequate amount of self-awareness, emotional balance, social relationships, and self-motivation tend to be enthused about the job and excel. Furthermore, conclusion was drawn on the second objective that emotional intelligence is a key predictor of employee engagement in the health sector. It is imperative that nurses should take interest in developing emotional intelligence traits. The study concludes that employee emotional intelligence is a significant factor in attracting nurses' performance. The result has largely been supported by previous empirical studies which indicated that hospital managers

should emphasise on providing avenues for nurses to develop their emotional intelligence which would increase performance.

The findings of this study highlight the critical role of emotional intelligence in shaping nurses' performance. Emotional self-awareness, emotional regulation, self-motivation, and social awareness were all found to have a significant positive influence on nurses' ability to deliver quality healthcare. However, social skills did not show a direct impact, suggesting that other factors may play a more prominent role in determining nurses' overall job performance. These insights provide valuable guidance for hospital management and policymakers to develop targeted interventions aimed at enhancing emotional intelligence among nurses, ultimately leading to improved healthcare delivery and patient outcomes

Recommendations

Based on the research findings and conclusions, the following recommendations are proposed to enhance nurses' performance at Mercy Women's Catholic Hospital, Mankessim, and other healthcare institutions: The study revealed that emotional self-awareness significantly improves nurses' performance. Therefore, hospital management should implement specialized training programs to help nurses develop self-awareness skills. Regular workshops and self-reflection exercises should be organized to help nurses recognize their emotional triggers and understand how their emotions influence their interactions with patients and colleagues.

Since emotional regulation was found to be a key factor influencing nurses' performance, hospital administrators should prioritize emotional intelligence training that focuses on stress management, resilience-building, and

emotional control strategies. Nurses should be equipped with practical techniques to remain composed in high-pressure situations, thereby improving their ability to provide quality patient care.

Given the significant impact of self-motivation on nurses' performance, hospital management should create an enabling environment that supports intrinsic motivation. This includes recognizing and rewarding nurses for their hard work, providing career development opportunities, and fostering a culture of appreciation. Additionally, structured mentorship programs could be introduced to encourage nurses' personal and professional growth.

Since social awareness was found to enhance nurses' performance, healthcare institutions should incorporate emotional intelligence training focused on empathy and interpersonal skills. Nurses should be encouraged to actively listen to patients, understand their concerns, and respond with compassion. Teamwork and collaboration should also be emphasized to create a supportive and cooperative work environment.

To further enhance engagement and job satisfaction, hospital management should grant nurses greater autonomy in performing their duties with minimal supervision. Providing constructive feedback, recognizing outstanding performance, and offering flexible work arrangements such as sick leaves and professional development opportunities would help instill a sense of belonging and commitment among nurses.

The study recommends that key stakeholders, including the Ministry of Health, Ghana Health Service, and the Ministry of Education, integrate emotional intelligence training into nursing curricula. This would equip future nurses with the necessary skills to manage their emotions and navigate complex

healthcare environments effectively, ultimately optimizing their performance in the field. By implementing these recommendations, healthcare institutions can foster a workforce of emotionally intelligent nurses who are well-equipped to provide quality care, enhance patient satisfaction, and contribute to overall hospital efficiency.

Suggestions for Further Research

This study was conducted to examine the influence of emotional intelligence on the performance of nurses at Mercy Women's Catholic Hospital, Mankessim. While the findings provide valuable insights into the relationship between emotional intelligence and nursing performance, the study's focus on a single healthcare institution presents a limitation in terms of generalizability. Given that healthcare institutions differ in terms of organizational culture, resource availability, and patient demographics, applying the findings of this study to the entire healthcare sector in Ghana may not fully capture the diverse experiences of nurses across different institutions.

To address this limitation, the study recommends that future research should expand the geographical scope by including multiple healthcare institutions across various regions of Ghana. A broader study encompassing public, private, and mission hospitals would provide a more comprehensive understanding of how emotional intelligence influences nurses' performance in diverse healthcare settings. Additionally, future studies could explore how factors such as hospital size, patient load, and institutional policies moderate the relationship between emotional intelligence and performance.

Furthermore, future research could adopt a comparative approach, examining differences between urban and rural healthcare facilities to determine

whether location and working conditions affect the impact of emotional intelligence on nursing performance. A longitudinal study could also be conducted to assess how nurses' emotional intelligence evolves over time and its long-term effects on job performance. By broadening the scope of research and incorporating diverse healthcare institutions, future studies will contribute to a more holistic understanding of emotional intelligence in nursing, ultimately informing policies and strategies aimed at enhancing healthcare delivery nationwide.

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APPENDIX A: QUESTIONNAIRE

UNIVERSITY OF CAPE COAST

COLLEGE OF HUMAN AND LEGAL STUDIES

DEPARTMENT OF HUMAN RESOURCE MANAGEMENT

QUESTIONNAIRE ON EMOTIONAL INTELLIGENCE

Dear Sir/Madam,

This research instrument is designed to assess Emotional Intelligence, and Employee Performance: Lessons from nurses at the Mercy Women's Catholic Hospital - Mankessim, Ghana. Any information given would be treated with utmost confidentiality. Please select the appropriate options for the questions by checking their corresponding boxes.

SECTION A: BACKGROUND OF RESPONDENTS

1. Sex of respondent

   [ ] Male [ ] Female

2. Age (years) of respondent

   [ ] 21 – 30 [ ] 31 – 40 [ ] 41 – 50 [ ] Above 50

3. Education Level

   [ ] Diploma [ ] First Degree [ ] Postgraduate Degree

4. Number of years working with the hospital:

   [ ] Less than 1 year [ ] 1 – 5 years []6–10years

   [ ] 11 – 15 years [ ] 16 – 20 years [ ] Above 21 years

SECTION B: EMOTIONAL INTELLIGENCE

Please indicate the extent to which you agree with the following statements on a 7-point scale, where 1 = strongly disagree, 2 = somewhat disagree, 3 = slightly

disagree, 4 = neither agree nor disagree, 5 = slightly agree, 6 = somewhat agree, 7 = strongly agree. Please tick (√) your answer.

S/N	Statement	1	2	3	4	5	6	7
Self-awareness								
1	I understand the relationship between my feelings and what I think, do and speak.							
2	I recognize how my feelings affect my performance							
3	I am aware of my goals and values							
4	I am aware of my strengths and weaknesses.							
5	I am open to continuous learning, self-development, new perspectives & honest feedback							
Emotion Regulation								
6	I usually feel depressed for one reason or the other.							
7	I feel happy and satisfied about my life.							
8	I can predict clearly whether my emotion is happy or sad							
9	I am someone who is original and don't copy others							
10	I am quite a cheerful and lively person.							
Self-Motivation								

11	I am result-oriented with a high drive to meet objectives and goals							
12	I continuously learn in order to improve my performance.							
13	Before beginning something new, I usually feel that I will succeed.							
14	I pursue goals beyond what's required or expected of me.							
15	I am determined in achieving goals despite obstacles and setbacks.							
Social Awareness								
16	I understand the way others think, feel and behave.							
17	People think that I am optimistic and self-confident person.							
18	Others think that I lack confidence in interacting with others.							
19	I show sensitivity and understand others' point of view.							
20	I recognize and reward people's strengths, accomplishments and developments.							
Social Skills								
21	I promote open communication and ready to accept both bad and good news.							

22	I am extremely polite & respectful to others irrespective of the unfavourable circumstances.							
23	I handle difficult people and tense situations with diplomacy and tact.							
24	I look forward to relationships that are mutually useful							
25	I make and maintain personal friendships among work associates							

SECTION C: EMPLOYEE PERFORMANCE

Please indicate the extent to which you agree with the following statements on a 7-point scale, where 1 = strongly disagree, 2 = somewhat disagree, 3 = slightly disagree, 4 = neither agree nor disagree, 5 = slightly agree, 6 = somewhat agree, 7 = strongly agree. Please tick (√) your answer.

S/N	**Statement**	1	2	3	4	5	6	7
1	I strive for higher quality work than required							
2	I uphold high professional standards							
3	I have the ability to perform my core job tasks							
4	I have a good sense of judgment when performing my core job tasks							
5	I am very accurate when performing my core job tasks							
6	I have job knowledge with reference to my core job tasks							

7	I am very creative when performing my core tasks							
8	My job is well within the scope of my abilities							
9	I do not encounter any problems in adjusting to work in this organization							
10	I feel I am overqualified for the job I will be doing							
11	I have all the technical knowledge I need to deal with my new job, all I need now is practical experience.							
12	I feel confident that my skill and abilities equal or exceed those of my future colleagues							

THANK YOU.