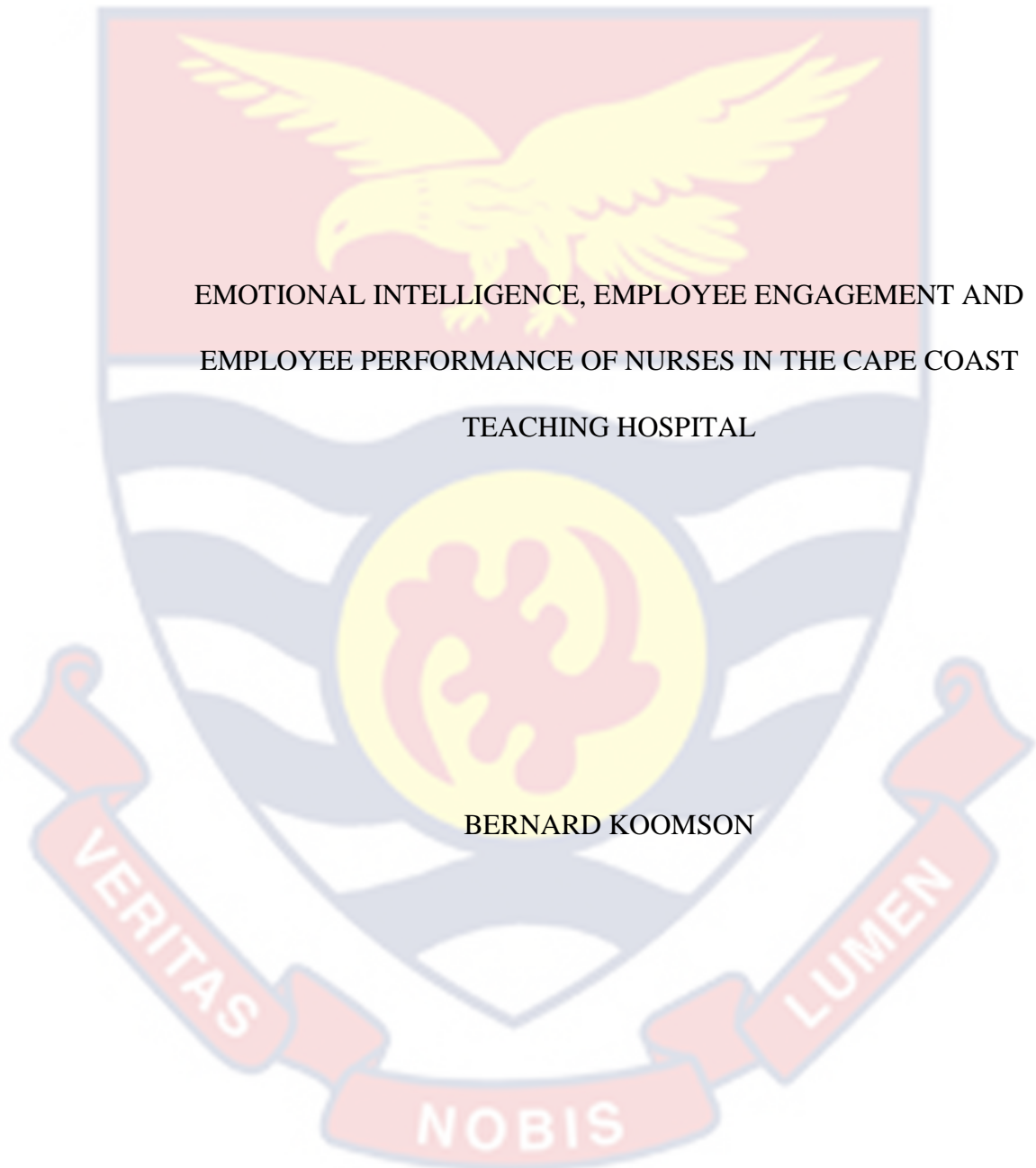


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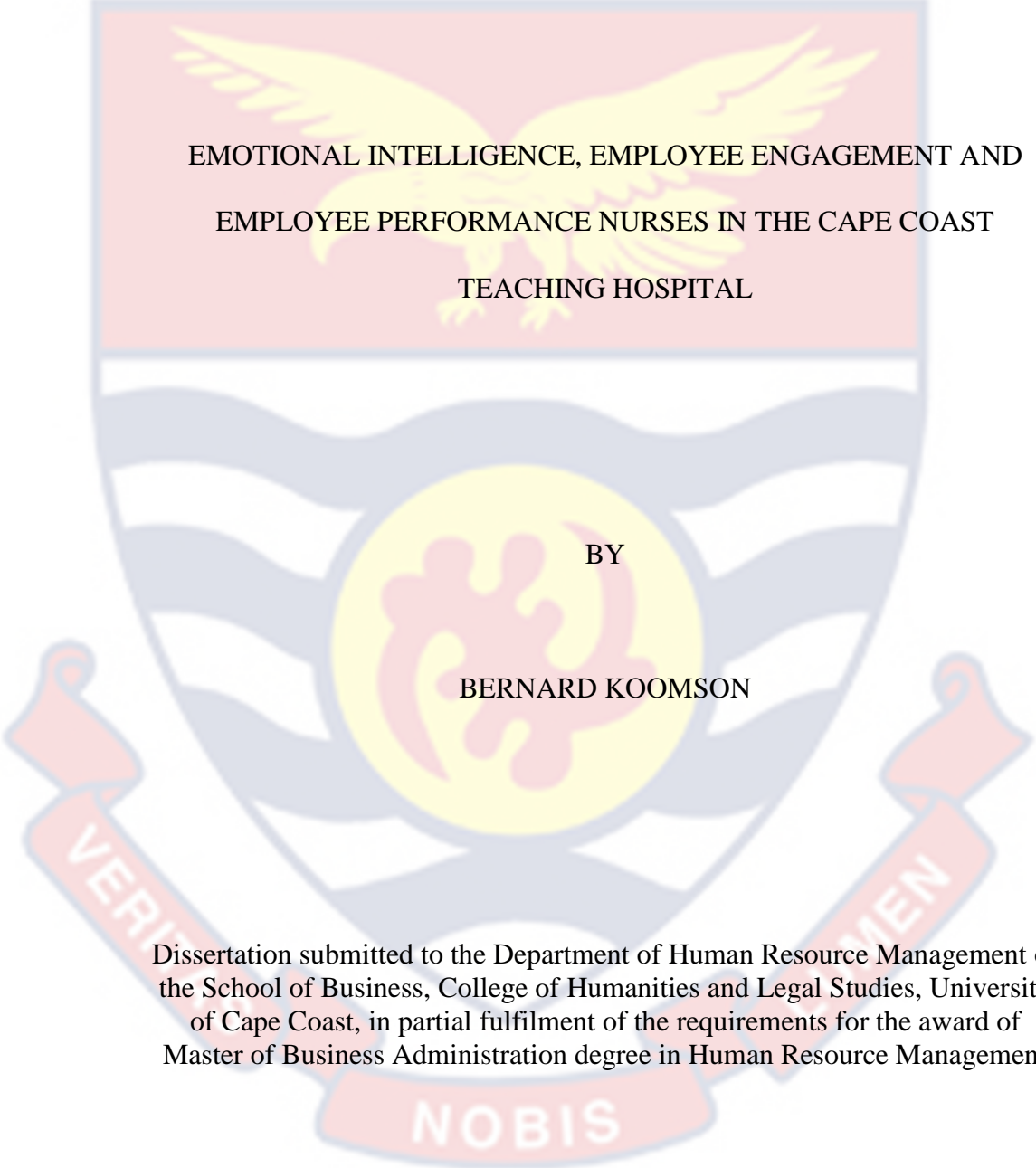


EMOTIONAL INTELLIGENCE, EMPLOYEE ENGAGEMENT AND  
EMPLOYEE PERFORMANCE OF NURSES IN THE CAPE COAST  
TEACHING HOSPITAL

BERNARD KOOMSON

2023

UNIVERSITY OF CAPE COAST



EMOTIONAL INTELLIGENCE, EMPLOYEE ENGAGEMENT AND  
EMPLOYEE PERFORMANCE NURSES IN THE CAPE COAST  
TEACHING HOSPITAL

BY

BERNARD KOOMSON

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

JANUARY 2023

## 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: .....

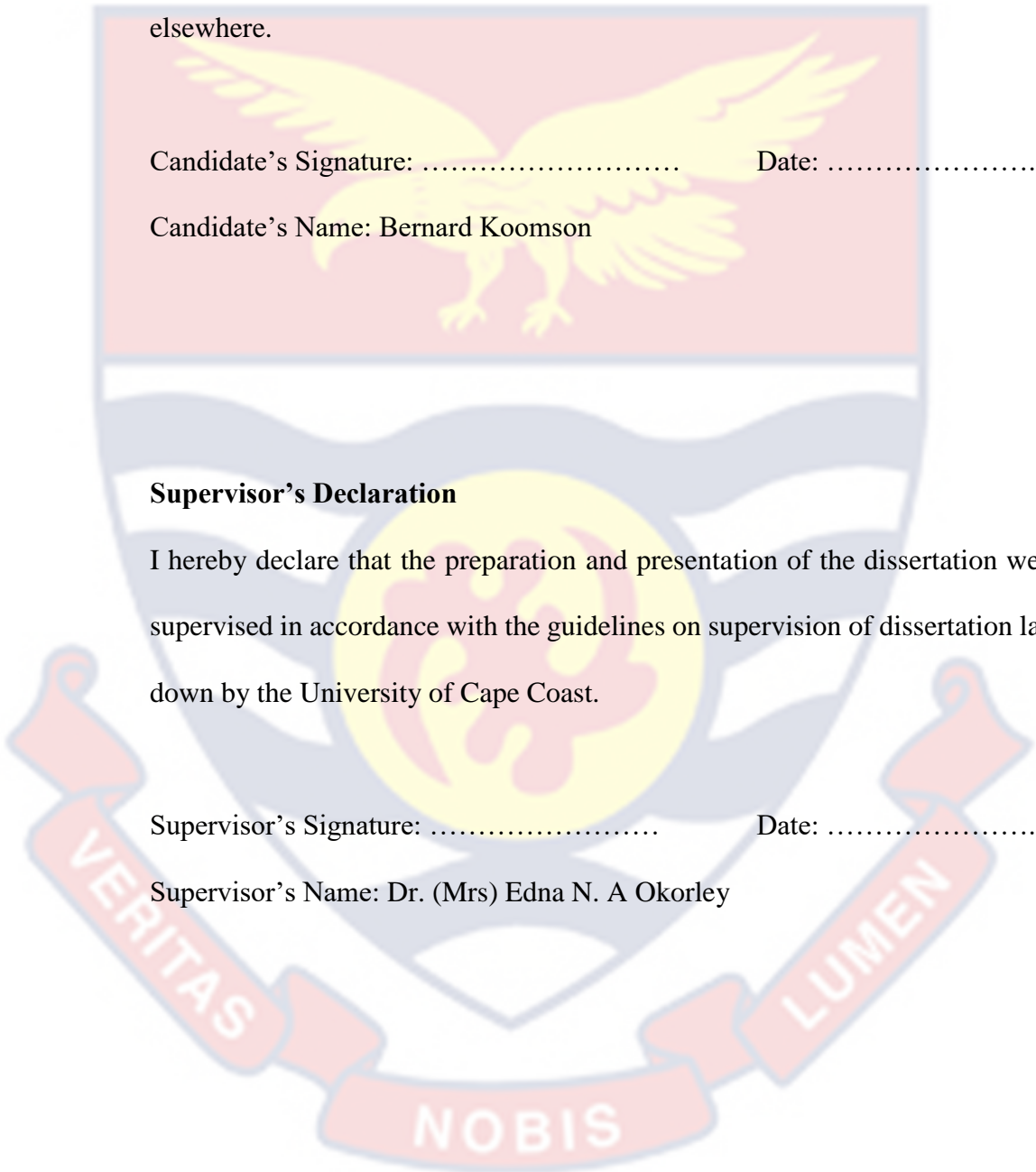
Candidate's Name: Bernard Koomson

### Supervisor's Declaration

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

Supervisor's Signature: ..... Date: .....

Supervisor's Name: Dr. (Mrs) Edna N. A Okorley



## ABSTRACT

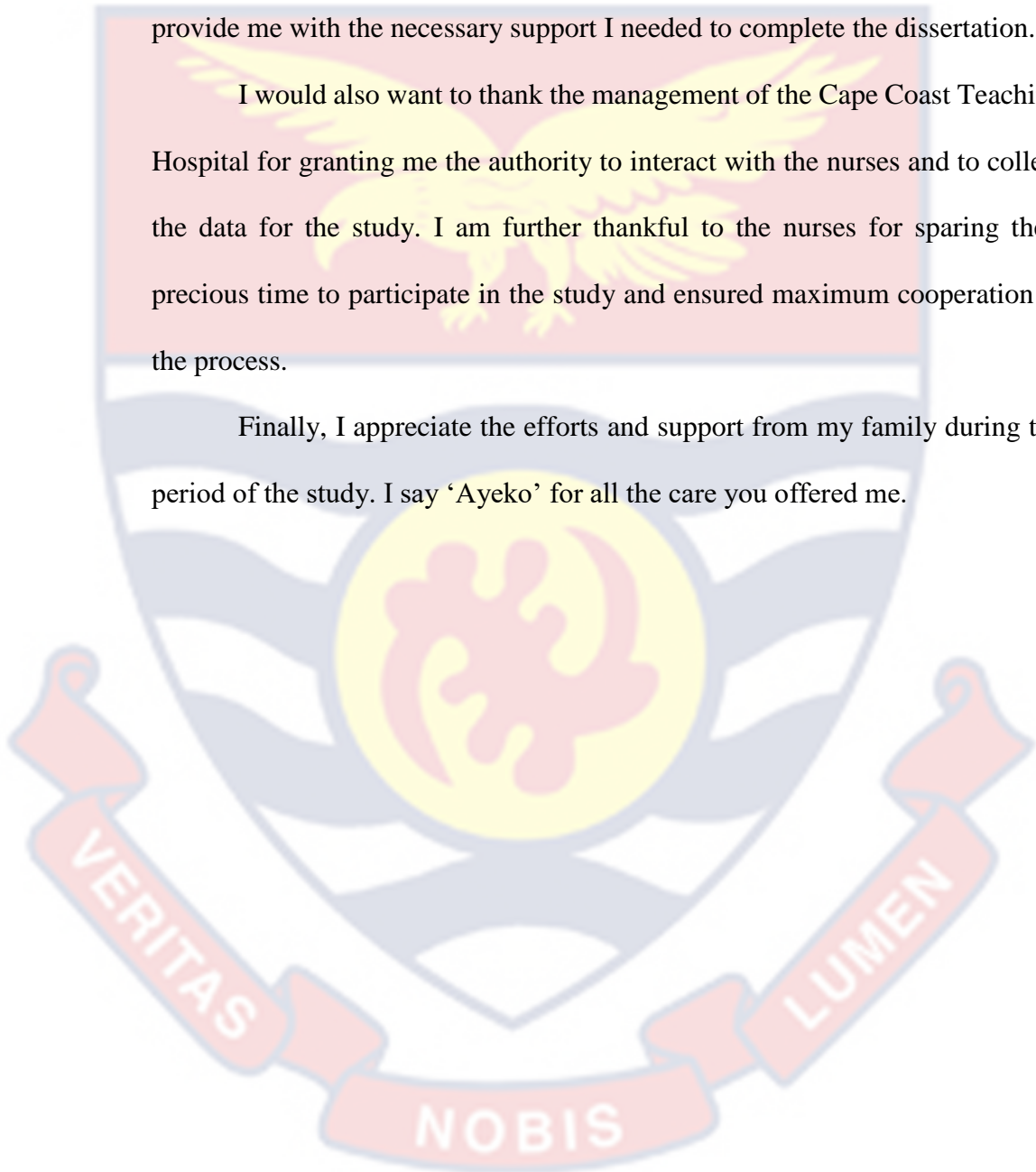
The study examined the role of work engagement in the relationship between emotional intelligence and nurses' performance in the Cape Coast Teaching Hospital, Ghana. The objectives were, to: examine the influence of emotional intelligence on nurses' job performance; analyse the influence of emotional intelligence on work engagement; analyse the influence of work engagement on nurses' performance; and assess the mediating role of work engagement in the relationship between emotional intelligence and nurses' performance. The study adopted the quantitative approach and correlational research design. A structured questionnaire was used to gather data from a sample of 240 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 emotional intelligence has a significant positive influence on nurses' performance and employee engagement. The study also found that employee engagement has a significant positive influence on nurses' performance at the hospital. The findings further showed that nurses engagement mediates the relationship between emotional intelligence and performance. The study recommended that management of the Cape Coast Teaching Hospital and other healthcare stakeholder such as the Ministry of Health and the Ghana Health Service should emphasise developing emotional intelligence traits among nurses to run public hospitals. This can be done through seminars, conferences, curriculum, meetings, and training workshops towards improving emotional intelligence traits.

## ACKNOWLEDGEMENTS

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I would also want to thank the management of the Cape Coast Teaching Hospital for granting me the authority to interact with the nurses and to collect the data for the study. I am further thankful to the nurses for sparing their precious time to participate in the study and ensured maximum cooperation in the process.

Finally, I appreciate the efforts and support from my family during the period of the study. I say 'Ayeko' for all the care you offered me.



**DEDICATION**

To my family



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## CHAPTER ONE

### INTRODUCTION

Nurses are the most valuable assets upon whom the delivery of quality health care any hospital or health system depends. Nurses' performance thus, plays very important role in building and sustaining the reputation of health institutions in recent times because it can uplift the institution's image (Brewster et al., 2017; Zreen, Farooq & Yasmin, 2018). Most particularly, the accomplishments or issues experienced by the health institutions are contingent on the performance of the health workers, particularly, the nurses who form the front line of health administration (Mwema & Gachunga, 2014). This study investigates the role played by employee engagement in mediating the relationship between emotional intelligence and employee performance in a hospital in Ghana.

#### **Background to the Study**

Performance has been an important aspect of development for both employees and the organisation (Hoque, Awang and Salam, 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). Similarly, Andersen (2010) argued that performance focuses on efficiency and effectiveness of employees in handling their job-related activities or tasks and transformation of inputs to outputs in order to achieve definite results.

Additionally, Diamantidis and Chatzoglou (2019) claim that employee performance is a set of employee's behaviours that can be observed, assessed and measured at both the individual and organisational level to determine how

well a company excels in the competitive environment. Hu et al. (2018) note that performing employees possess the attitudes of engaging in proactive behaviours such as supporting positive outcomes, promoting company's image and independently improving the efficiency of their workplace.

Similarly, nurses are considered as first line healthcare workers who must be emotionally smart, critical thinker, innovative, and self-directed to be able to create right judgments to perform clinical duties and solve problem (Azizi-Fini, Hajibagheri & Adib-Hajbagheri, 2015; Kajal et al., 2011). Since nurses are expected to protect and encourage the well-being of patients and to improve their quality of living, they should know their own feelings and thoughts before the patients, so this requires that nurses should acquire emotional intelligence skills which equip them for providing skilled nursing practice and help them in their healthcare delivery environment. Nurses are required to manage numerous health situations, adapt to the different medical conditions from patients, work independently toward objectives, and manage conflicts during community health practice (Ramadan, Abdel-Sattar, Abozeid & El Sayed, 2020).

In addition, some aspects of work delivery may be considered highly stressful such as engaging the patients, taking pressures from the medical doctors of Physicians and practicing nursing procedures in health care settings (Ashley et al., 2021; Kable et al., 2019). These situations require high levels of emotional management (Jahan, Nerali, Parsa & Kabir, 2022; Victoroff & Boyatzis, 2013). Emotional intelligence essentially is the ability to recognize and control over one's emotions and those of others, to understand why someone is feeling what they are, to express emotion in a productive way, to

use the knowledge of our and others' emotions as a motivation tool and a guide to constructing realistic relationships (Ramadan et al., 2020).

According to Vahidi, Namdar Areshtanab and Arshadi Bostanabad (2016), emotional intelligence allows nurses to pay attention to how to accomplish their respective work goals, meet their expectations, and achieve benchmarks. Also, nurses who possess emotional traits are able to establish a rapport with patients, manage their own emotions, and empathize with patients, which are essential to the provision of quality care (Chew, Zain & Hassan, 2015). This is because building trustful relationship with the client is the first and most important skill in efficacious health care. These skills include the ability to feel or imagine another persons' emotional responsiveness, understand and regulate own emotions; acknowledge others' emotions, and the capability to manage emotions of self and others (Umar, Mehta & Singh, 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 others' feelings and emotions, to discriminate among them and to use this information to guide one's thinking and actions".

Within the framework of the Goleman's (2001) emotional intelligence model, the pioneering scholar captured the construct to include a person's level of self-awareness, self-regulation, motivation, empathy, and social skills. The model seems to suggest that persons with these traits understand their emotions; able to control emotions and impulses; are usually motivated; understand the viewpoints of those around them; and usually easy to talk to. Given the delicate nature of the nursing duties and the attitudes of their clients or patients (Al-hasan & Arriff, 2019), emotional intelligence of nurses around the aforesaid

traits would help enhance their performance (Beauvais et al., 2011). In this sense, when health sector managers coach their nurses in developing their interpersonal skills, other skills and also coach them to perform effectively on the job with other nurses in the work place (Cox–Kelley, Justice, Waller & Johnson, 2013), it could lead to their performance.

Increasingly, research also reveals that organisations that involve high levels of engaged employees, tend to outperform (Cheryl & Redfern, 2010; Makhanu, Mukanzi & Nyikuli, 2018). According to Schaufeli (2013), employee engagement is a psychological state wherein employees render all of themselves to their work roles with increased job-related demands that lead to increased performance. Employee engagement is characterised as persistent attributes regardless of any particular object, event, individual, and behaviour (Michael et al., 2011). Schaufeli, Salanova, Gonzalez-Roma and Bakker (2002) state that it is a positive, fulfilling, work-related state of mind characterised by vigour, dedication, and absorption regardless of a particular object, event, individual, or behaviour.

Mehta and Mehta (2013) and Soliman and Wahba (2019) posited that engaged employees are more likely to stay with the organisation longer, increase their performance by 20 per cent beyond their colleagues' performance and always act to defend the business. In addition, such employees may invest fully in their work, increase their own self-efficacy which in turn evokes their support for the organisation (Kim, Kolb & Kim, 2013; Rana, Pant & Chopra, 2019). Oh, Cho and Lim (2018), who described work engagement as involvement, commitment, passion, enthusiasm, absorption, focused effort,

zeal, dedication, and energy, demonstrated that, engaged employees maintain themselves in their work role “without sacrificing one for the other”.

Similarly, work engagement among individual employees 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 increased job performance (Christian, Garza & Slaughter, 2011; Chughtai & Buckley, 2008; Soliman & Wahba, 2019). The study was situated at the Cape Coast Teaching Hospital in Cape Coast Metropolis of the Central Region, Ghana. As 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, serve as a training for graduate and postgraduate medical programs and to undertake research into emerging health problems. Due to the rising needs of the citizens and other stakeholder for better services front line health services (Boadu et al., 2021), it is worthwhile investigating how the performance of the nurses can be encouraged so as to reap the expected outcomes. Since nurses' performance helps hospitals to provide exceptional services, there is the need to identify factors which may improve it in health organisations.

### **Statement of the Problem**

The call for good healthcare delivery has increased demand for health workers who could demonstrate consistent innovative ideas, loyalty and sacrifice, honour the codes and principles of the health profession (Wei et al., 2021; Worline, Dutton & Sisodia, 2017). For instance, evidence suggests that nurses in the developing countries including Ghana are not as committed to



work as expected of them due to claims of unfavourable work conditions (Lartey, Osafo, Andoh-Arthur & Asante, 2020; Spence et al. 2017). Due to the prevalence of their poor sense of emotional intelligence, the health workers often feel reluctant to offer or channel their full capacity to service delivery (Tuzun et al., 2017; Brummel & Parker, 2015). As a result of these, hospitals are being disadvantaged of the extra-role behaviours like effective nursing practices from the nurses (Eva et al., 2019; Worline et al., 2017).

Meanwhile, effective nursing performance is related to emotional intelligence because emotions are essential to creating and maintaining a caring environment. Emotional intelligence promotes nurse's ability to establish a rapport with patients, manage their own emotions, and empathize with patients is essential to providing quality care (Chew, Zain & Hassan, 2015). Dou, Han, Li, Liu and Gan (2022) in their study also found 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.

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 relationship between emotional intelligence and clinical performance. While some studies revealed positive nexus between the constructs (Chew et al., 2015; Cox–Kelley et al., 2013), other studies have found no connection between these variables (Holman et al., 2016; Şenyuva, Kaya Işık & Bodur, 2014). Furthermore, studies have shown that emotional intelligence and job performance of nurses and are affected by other contextual factors which should be explored together in a single model.

The present study used nurses work engagement as mediating variable to test the indirect link between emotional intelligence and job performance of the nurses in the study setting (Alotaibi, Amin & Winterton, 2020; Ravichandran, Arasu & Kumar, 2011). Chen et al. (2015) confirmed that emotional intelligence contributes to a positive work psychology and leads to a positive impact on work performance. In the hospital sector, Yan et al. (2018) suggest that nurses with high emotional intelligence would improve the occupational well-being, which in turn may cause the nurses to perform better. Similarly, Sarikaya and Yegen (2017) showed that emotional intelligence coefficients align with staff nurse competencies and the integration of both influences how nurses interact with others and their environment to increase performance.

On the backdrop of the foregoing, this study contributes to the development of the nascent literature on emotional intelligence-nurses performance link by examining the role of nurses' work engagement in the relationship between emotional intelligence and nurses' performance in the Cape Coast Teaching Hospital, Ghana.

### **Purpose of the Study**

The purpose of the study was to examine the role of work engagement in the relationship between emotional intelligence (EI) and nurses' performance in the Cape Coast Teaching Hospital, Ghana.

### **Objectives of the Study**

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

- i. examine the influence of emotional intelligence on nurses' job performance.

- ii. analyse the influence of emotional intelligence on work engagement.
- iii. analyse the influence of work engagement on nurses' job performance.
- iv. assess the mediating role of work engagement in the relationship between emotional intelligence and nurses' job performance.

### **Research Hypotheses**

The study addresses the following hypotheses.

H1: There is a significant positive relationship between emotional intelligence and nurses' job performance.

H2: There is a significant positive relationship between emotional intelligence and nurses' work engagement.

H3: There is a significant positive relationship between work engagement and nurses' job performance.

H4: Work engagement mediates the relationship between emotional intelligence and nurses' job performance.

### **Significance of the Study**

Developing nursing student's EI skills will prepare them to compact the emotional demands of nursing practice especially in providing physical and emotional support mainly to the patients and their families. This also, would prepare them to act as transformational nurse leaders who are able to perceive and manage self-emotions or managing others' emotions and utilizing emotions and cooperating in an inter professional environment that is continually changing to enhance their service delivery in the health centres. Given the generally higher levels of stress found in healthcare, nurses may benefit from the outcome of the study as to how to effectively manage their emotions to properly handle their job roles.

The study also contributes to theory and practice in the health sector of Ghana and beyond. The sheds light on the importance of the constructs, EI, work engagement and nurses' performance to the models of emotional intelligence. Through the study, the management of the Cape Coast Teaching hospital will be able to uncover how to leverage the traits of emotional intelligence of nurses to foster high performance in the facilities.

Again, the Ministry of Health and Ghana Health Service will identify measures to deploy in order to attract and or nurture hospital managers who are emotionally intelligent driven to execute nursing roles of hospitals and other health institutions. The study will also be useful to literature by serving as a reference point for future scholars in the field. Given that the study the interrelationships of the constructs is novel, it will attract scholars' interest on verifying and testing hypotheses to validate the findings.

### **Delimitation**

The study was conducted at the Cape Coast Teaching hospital, Ghana. The unit of analysis was the nurses in the teaching hospital due to their immense role they play in health care delivery. Because nurses are the first-hand employees to deal with clients in the hospitals, their behaviours to service are crucial by examining their job performance to help make informed decisions is paramount. Again, the study was delimited to emotional intelligence, work engagement, and job performance constructs.

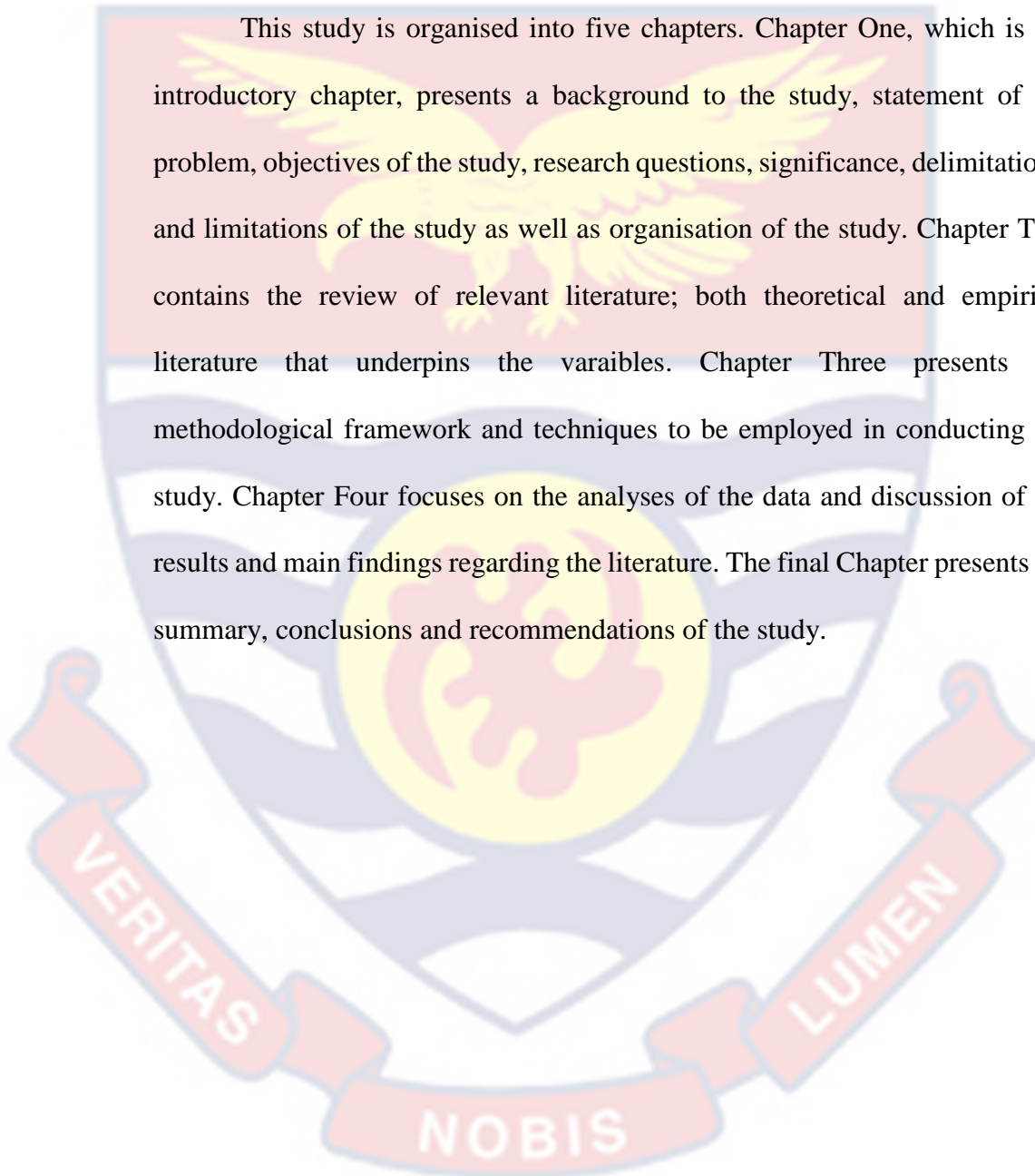
### **Limitation**

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 generalization. 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 organised into five chapters. Chapter One, which is the introductory chapter, presents a background to the study, statement of the problem, objectives of the study, research questions, significance, delimitations, and limitations of the study as well as organisation of the study. Chapter Two contains the review of relevant literature; both theoretical and empirical literature that underpins the variables. Chapter Three presents 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 presents the summary, conclusions and recommendations of the study.



## CHAPTER TWO

### LITERATURE REVIEW

#### Introduction

The purpose of this chapter is to review related literature on the constructs of the study and advance arguments and inconsistencies that may have sufficed in prior studies. The chapter first presented review of related literature on emotional intelligence, work engagement and followed by job performance among nurses of the hospital. The rest of the chapter was organised in three areas, theoretical review, conceptual review and empirical review.

#### Theoretical Review

This section reviewed the the Goleman, Bar-On and Mayer and Salovey Models of emotional intelligence to underpin the bases of the study. Although there are several theories that could be deployed to explain the variables of the study and their interrelationships, the aforementioned models were used.

#### 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 (1998) began to include motivation as necessary for any successful leader.

It has been hypothesised 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 organisational 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.

These abilities were divided into five categories by Goleman (1998b): self-awareness, self-management, motivation, social awareness, and relationship management. Emotional self-awareness, accurate self-assessment,

and self-confidence are examples of self-awareness competencies. Self-control, trustworthiness, conscientiousness, and adaptability are examples of self-management skills. Achievement drive and initiative are examples of motivation.

Empathy, service orientation, and organisational 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. Teachers 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 economics education teachers' Emotional Intelligence and Self-efficacy.

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.

### **The Bar-On Model**

Bar-On's (2006) theory 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-actualisation 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 utilise 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 utilisation. The ability to evaluate and communicate one’s own and others’ emotions using verbal and nonverbal clues is emotion appraisal or expression.

This branch emphasises 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 takes into account one’s activities and behaviours.

Mayer and Salovey changed their definition of emotional intelligence in 1997 to emphasise 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, organised 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/analysing 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 focuses on the concepts that form the variables of the study. In this section are reviews on emotional intelligence, work engagement and job performance among nurses of the hospital and their related

sub dimensions. The review will clear doubts and offer understanding to the arguments made by prior researchers.

### **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 conceptualised from two approaches: a trait (trait emotional self-efficacy) and an ability (cognitive emotional ability; Mayer et al., 2008; Salovey & 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 conceptualised 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 & Mayer, 1990).

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 & 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 (Mayer et al., 2000). EI, therefore, is the ability of an individual to recognise emotions, interpret them, apply them to situations and solve problems (Mayer et al., 2000; Salovey & 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 & 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. The current study similarly measures EI using multidimensional constructs based on Goleman (2001) referring emotional intelligence to include a person's level of self-awareness, self-regulation, motivation, empathy and social skills.

**Self-Awareness** – People with high emotional intelligence are usually very self-aware. They understand their emotions, and because of this, they do not let their feelings rule them. They are confident – because they trust their intuition and don't let their emotions get out of control. They are also willing to take an honest look at themselves. They know their strengths and weaknesses, and they work on these areas so they can perform better. Many people believe that this self-awareness is the most important part of emotional intelligence.

**Self-Regulation** – This is the ability to control emotions and impulses. People who self-regulate typically do not allow themselves to become too angry or jealous, and they do not make impulsive and careless decisions. They think before they act. Characteristics of self-regulation are thoughtfulness, comfort with change, integrity, and the ability to say no.

**Motivation** – People with a high degree of emotional intelligence are usually motivated. They are willing to defer immediate results for long-term success. They are highly productive, love a challenge and are very effective in whatever they do.

**Empathy** –Empathy is the ability to identify with and understand the wants, needs, and viewpoints of those around you. People with empathy are good at recognizing the feelings of others, even when those feelings may not be obvious. As a result, empathetic people are usually excellent at managing relationships, listening, and relating to others. They avoid stereotyping and judging too quickly, and they live their lives in a very open and honest way.

**Social Skills** – It is usually easy to talk to and like people with good social skills, another sign of high emotional intelligence. Those with strong social skills are typically team players. Rather than focus on their own success first, they help others develop and shine. They can manage disputes, are excellent communicators, and are masters at building and maintaining relationships. The ability to manage people and relationships is very important in all leaders, so developing and using your emotional intelligence can be a good way to show others the leader inside of you.

## Employee Engagement

Employee work engagement is conceptualised as a positive, fulfilling and work-related state of mind (Cai, Cai, Sun & Ma, 2018). Recently, the study of employee work engagement has gained significant attention, particularly with researches showing its relevance for organizational outcomes (Jorge Correia de Sousa & van Dierendonck, 2014). For example, researches have revealed that work engagement is positively associated with organizational commitment (de Sousa & Van Dierendonck, 2014), job satisfaction (Lu et al., 2016), and job performance (Bakker & Bal, 2010). Work engagement is defined as a positive and work-related state of fulfillment which is characterised by behaviours of vigour, dedication and absorption (SheeMun et al., 2013; Schaufeli & Bakker, 2010).

Work Engagement is based on the idea of participation in any kind of occupation where people exert effort to complete tasks. Even though the amounts of effort spent doing work can vary in different occupations (e.g., factory work and teaching), the exertion of energy at work is nonetheless a valid concept (Bedarkar & Pandita, 2014). Work engagement has been defined by other scholars as the participation and involvement in the organisational activities and putting effort to do work within the organisation (Chughtai & Buckley, 2008; Makhanu, Mukanzi & Nyikuli, 2018). In so doing, the employee is able to exert extra time, effort and initiative in order to contribute to the organisational success. According to Makhanu et al. (2018), work engagement is defined as “the bodily involvement in tasks, objectives, or organisational activities by intentionally and voluntarily utilising one’s energy and effort to execute and complete those tasks, objectives, or activities.”



Al-Abidi (2012) also regards engagement as directing the individual to his or her physical energies towards performing his or her tasks. Airila, Hakanen, Punakallio, Lusa and Luukkonen (2012) are of the opinion that engagement is the energy of the individual working to carry out his work effectually. Schaufeli and Bakker (2010) defines it as the employee sought to work to make the appropriate effort to work more efficiently and greater productivity. Knight (2011) described engagement as the employee's functional state associated with the amount of physical energy, he/she performs in performing tasks. Rosli (2015), on the other hand, expressed engagement with the term enthusiasm, which is meant to focus efforts towards work, to show high levels of energy at work, and to insist on carrying out tasks and challenges.

Previous researches reveal that organisations that involve high levels of engaged employees, tend to outperform their competitors (Bedarkar & Pandita, 2014; Mehta & Mehta, 2013). Accordingly, Robertson-Smith and Markwick (2012) posited that engaged employees are more likely to stay with the organisation longer, increase their performance by 20 per cent beyond their colleagues' performance and always act to defend the business. In addition, such employees invest fully in their work, increase their own self-efficacy which in turn evokes their support for the organisation (Makhanu, Mukanzi & Nyikuli, 2018). Similarly, Christian et al. (2011) asserted that higher levels of engagement in an individual employee increases 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 increased job performance.

According to Fluegge-Woolf (2014), employee engagement, represents a commonality among the physical, energies which individuals bring to their work role. Consistently, Schaufeli (2013) has also opined that employee's engagement can enhance job performance, where the most engaged worker will tend to attract more favourable ratings of performance from both the superiors and their coworkers. Other explanations have also been advanced to explain the association between engagement and job performance (Datche & Elegwa, 2015; Shuck, Rocco & Albornoz, 2011). For instance, employee's engagement tends to elicit positive emotions which can enhance creativity, flexibility and optimism. As a consequence, these individuals become more inclined to embrace opportunities for growth and development (Cropanzano & Wright, 2001). Datche and Elegwa (2015) also maintain that employee's engagement underpins the relationship between positive experiences at work and job performance more effectively than other outcomes such as job satisfaction, or job involvement.

### **Employee Performance**

Generally, performance is an important aspect of development for both employees and the organization 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 economic perspectives that performance focus on efficiency and effectiveness of the firm in handling their cost and outcomes, while process perspective performance emphasises 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 employee's behaviours that can be observed, assess and measure success at the individual level.

According to Ahmed, Rasheed and Jehanzeb (2012), employee performance is a set of behaviour which a person shows in relation to his 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 person in doing his job (Ahmed et al., 2012). Almomani (2018) defined job performance as the degree to which an employee assists the organisation in achieving its organisational 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 organisation's organisational 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 organisation. 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 regard 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). Task performance refers to behaviors that contribute directly to organization's technical core while contextual performance refers to behaviorus 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.

## Emotional Intelligence and Nurses' Job 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). Empirical evidence shows that emotional abilities predict 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 individuals' job performance. Furthermore, job performance is encouraging the communication inside organization 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. Hence, the following hypothesis was postulated:

H1: *There is a significant positive relationship between emotional intelligence and nurses' job performance.*

### **Emotional Intelligence and Work Engagement**

According to Barreiro and Treglown (2020), individuals with emotional management, self-motivation and emotional regulation 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 an nurses' emotions (emotional management and regulation) 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 emotional regulation 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), organisational 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 organisational citizenship behaviour towards individuals (Levitats & Vigoda-Gadot, 2020). Based on these past research works, the present study argue that EI will influence nurses work engagement and thus, hypothesises as follows:

*H2: There is a significant positive relationship between emotional intelligence and nurses' work engagement.*

### **Work Engagement and Job Performance**

Employee engagement has been conceptualised in different ways, for example, according to Men (2015), it is the positive attitude held by the employees toward the organization and its values. The level of employee performance is highly determined by the level of commitment an employee demonstrates towards their organization and its values (Selvarasu & Sastry,

2014). An engaged employee is aware of business context and works with colleagues to improve performance within the job for the benefit of the organization (Ologbo & Sofian, 2013). According to Men (2015), engagement is characterized by energy, absorption, involvement, efficacy, vigor, dedication, enthusiasm and a positive state which are described as catalysts for employee performance.

Alfes, Shantz, Truss and Soane (2013) postulate that engaged employees have a positive attitude and have work-related state of mind to be psychologically present at work, which minimizes their possibility to do work related mistakes and errors. Gichohi (2014) explains that there is a positive relationship between employee engagement and employee performance through increased commitment. This is because, engaged employees experience positive emotions which broadens their thinking, leading them to become more attentive and absorbed in their work (Shantz, Alfes, Truss & Soane, 2013).

In addition, Obiageli, Uzochukwu Leo and Agu (2016) sought to investigate the extent of employee engagement and its effect on job performance. They found that lower cadre employees in civil service of Anambra state in Nigeria, were seriously disengaged and as such, they had their job performance greatly decreased. This was consistent with the findings of Shimazu, Schaufeli, Miyanaka and Iwata (2010) who reported that civil service workers in Japan also show low work engagement. In a cross-sectional survey that sought to explore the effects of employee engagement on organizational performance in the horticultural sector in Kenya (Otieno, Waiganjo & Njeru, 2015), it was found that the two variables (i.e. employee engagement and organizational performance) were positively and significantly related.



Furthermore, engaged employees tend to have enduring forms of physical and psychological health which then facilitates their effort towards job performance. Again, engaged employees are likely to uncover and accumulate resources such as information and support from colleagues (Schaufeli & Salanova, 2011). Bakker, Schaufeli, Leiter and Taris (2008) also posited that physically engaged employees tend to inspire colleagues which then improves their performance on the jobs. Rich et al. (2010) advanced that employee engagement which is conceptualized as an investment in an individual's complete self, provides a more comprehensive explanation of performance on the job. Further, the findings revealed that employee's physical engagement mediates the relationship between core self-efficacy and the dimensions of job performance; organisation citizen behaviour, task performance and role performance.

Similarly, another exploratory research was conducted to investigate the relationship between job characteristics of job clarity, job autonomy, job significance and job performance and employee engagement (Mugo, Wario & Odhiambo, 2016). The findings obtained revealed that job performance as a job characteristic was significantly related to employee's engagement. On the overall, job characteristics were found to explain 92.5 per cent in employee's overall engagement within the state corporations in Kenya.

Kirk-Brown and Dijk (2011) investigated the relationship between work engagement and work performance in 604 employees in Australia. Of these, 92 had chronic illnesses. They also looked at the mediating role of psychological safety. Hierarchical regression was used to analyse questionnaire data. UWES-17 was used to measure work engagement; a 16-item scale

including organisational citizenship behavior individual and organisation was used to measure performance and a 7-item scale to measure psychological safety. Work engagement had a positive relationship with performance for both groups but the relationship was partially mediated by psychological safety only for the employees with chronic illness. All measures were self-report.

With the above submissions, this study hypothesise that;

*H3: There is a significant positive relationship between work engagement and nurses' job performance*

### **Work Engagement as Potential Mediator in Emotional Intelligence and Nurses' Job Performance Link**

Work engagement is a theoretical construct proposed by Maslach and Leiter (1997) and later developed by Schaufeli et al. (2002); it is consistent with the ideas of the positive psychology movement. Work engagement is generally defined as a positive, fulfilling, work-related state of mind characterised by vigour, dedication and absorption (Schaufeli et al., 2002). In this context, vigour is defined as energy and resilience, that is, a willingness to invest effort in one's job and to persist at work-related tasks. Dedication is characterised by strong involvement in one's job and job-related enthusiasm, pride and inspiration. Finally, absorption involves being happily engrossed in one's work, to the extent that time passes quickly and one has difficulty detaching oneself from one's work. Engagement is the opposite of burnout, it is a persistent and pervasive affective–motivational state of work-related well-being that is not focused on any particular object, event, individual or behaviour (Schaufeli et al., 2002)

Several researchers have reported negative relationships between engagement and burnout variables (Bakker & Leiter, 2010), as well as differences in the work-related antecedents and outcomes, including job performance, of both theoretical constructs (Yalabik et al., 2013; Crawford, LePine & Rich, 2010). In summary, there is a robust association between EI and job performance but so far, the potential role of engagement in this association has not been explored. This study argue that EI may contribute to the extra-role component of job performance by increasing engagement. Miao et al. (2017) proposed that EI may modify perceptions of and reactions to a wide variety of organisational events (e.g., high EI might result in more use of active strategies for coping with antagonistic work colleagues or positive reinterpretations of organisational stressors).

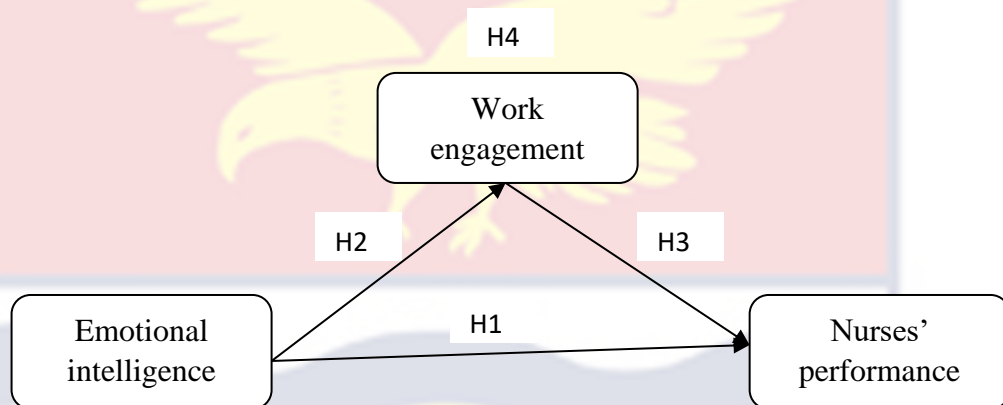
As nurses know how to regulate their own reactions in health facilities and to act in ways that foster better interpersonal relationships with colleagues and supervisor, it might motivate them to exert more effort and feel more energy and pride at work. At the same time, as nurses feel more positive states at work, they might appraise their job experiences as more pleasurable, indicating higher job performance (Wan, Li, Zhou & Shang, 2018). Since these plausible assertions have not been tested, the present study postulates that;

*H4: Work engagement mediates the relationship between emotional intelligence and nurses' job performance.*

### **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) emphasised 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*

Source: Author's Construct (2022)

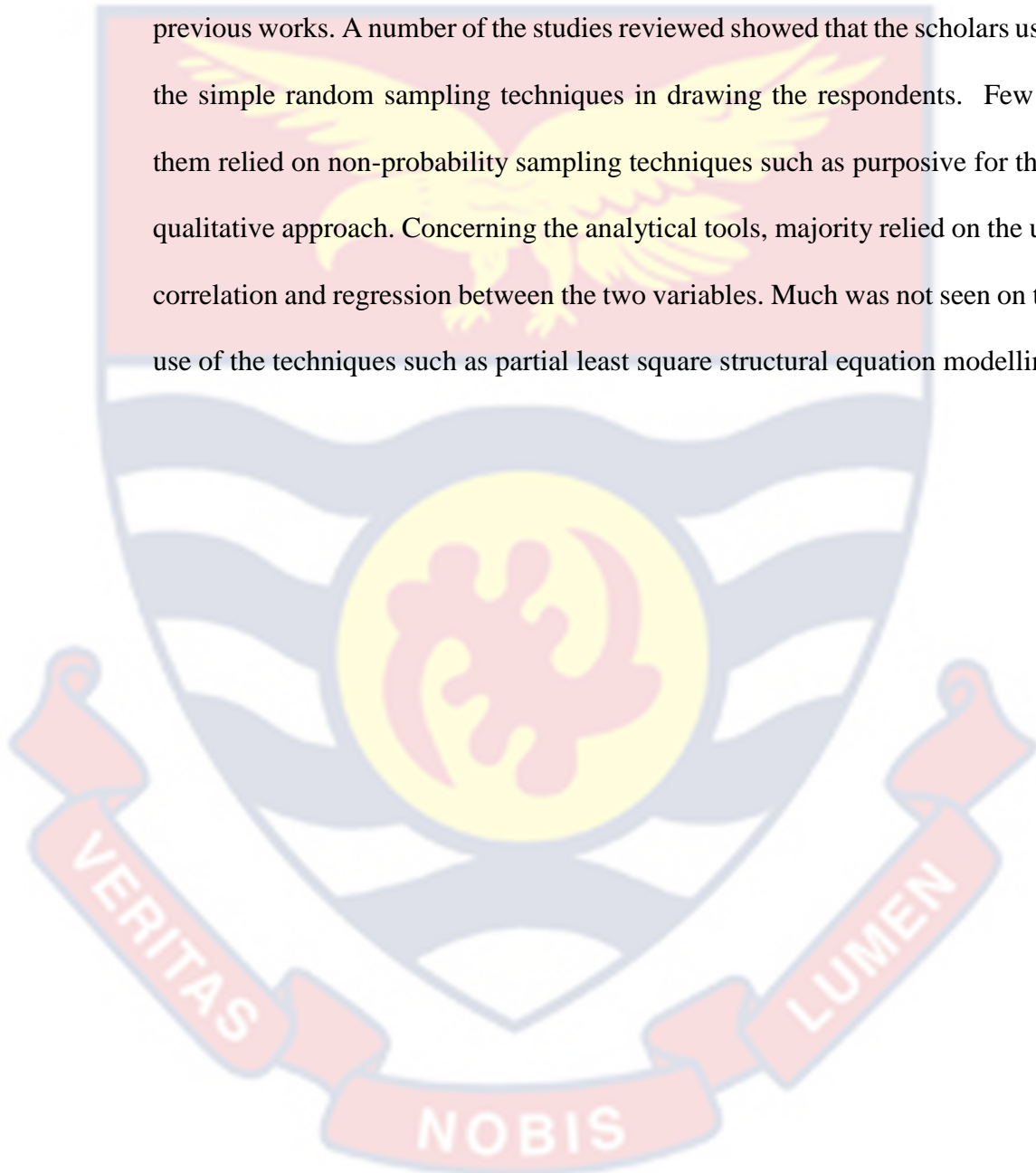
The conceptual framework illustrates the interrelationships of emotional intelligence, work engagement and nurses' performance in the Cape Coast Teaching hospital, Ghana. As depicted in the figure, emotional intelligence serves as the independent variable, performance as dependent variable, and whiles work engagement is the mediating variable. According to the framework, it is expected that work engagement will mediate or otherwise the relationship between emotional intelligence and 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 stemmed 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 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 presents the methodology used to carry out this study. It therefore identifies how the research was undertaken and the rationale behind each of the methods that was used. The elaborated elements under this section include; research approach, research design, study area, population, sample and sampling techniques, instrument, data collection procedure, reliability, validity, data analysis and ethical issues.

#### 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 and work engagement are 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**

This study was carried out at Cape Coast Teaching Hospital (CCTH) in Cape Coast Metropolis of the Central Region of Ghana. The Cape Coast Teaching Hospital is one of the agencies under the Ministry of Health. With a current bed capacity of 400, the hospital is mandated to provide tertiary clinical

services, serve as a training for graduate and postgraduate medical programs and to undertake research into emerging health problems.

It also serves as the referral facility for the health facilities in the Central, Western, and Western North regions of Ghana. It was established in August, 1998 as the Central Regional Hospital and later upgraded to a Teaching Hospital status in March, 2014, following the establishment of the School of Medical Science at the University of Cape Coast, Ghana. Cape Coast Teaching Hospital is also accredited postgraduate training by the Ghana College of Physicians and Surgeons. The hospital is the main training centre for students of the School of Medical Sciences of the University of Cape Coast.

It also collaborates with other schools and colleges including School of Nursing and Midwifery as well as School of Health and Allied Sciences. These schools train students at both undergraduate and postgraduate levels. The hospital is geographically located at the northern part of Cape Coast and bounded on the North by Abura Township, on the South by Pedu Estate and 4th Ridge, Nkanfoa on the East, and Abura/Pedu Estate on the West.

### **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 Teaching Hospital. The choice of this target group is on the premise that's they deal directly more with clients.



According to the Human Resource Desk (2022) of the hospital, the nurses are totalled 1067.

### **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 285 nurses was selected from the 1067 nurses to participate in the study.

Based on the purpose of this study, probability sampling design was deemed appropriate and was employed for the study. Furthermore, a sample 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 was used to randomly select the nurses who participated in the study. The function was able to sort at random any names and contacts of the 285 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, a questionnaire was 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 D. Section A focused on the personal demographics, Sections B and D gathered information on emotional intelligence, work engagement 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 work engagement developed and validated by Schaufeli and Salanova (2007). Section D reported on nurses' performance comprising items of 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 and for the first time and therefore happen to be the original in nature. The primary data was collected using the survey method. This involved the distribution of questionnaires and collection of data from respondents. In order to achieve the objectives of the study, well designed questionnaires with close ended questions were used.

The questionnaires were distributed to the respondents by the researcher. The researcher agreed with the respondents on appropriate time for the collection of the questionnaires. The time agreed upon was strictly adhered to and this led to the successful completion of data collection. The collection of data was between September and October, 2022. Out of the 285 questionnaires that were distributed to solicit data from respondents, 240 of them were successfully filled and returned. This represented an 84 percent of response rate.

### **Reliability and Validity**

Administration of surveys should consider the aims of the study, the population under study, and the resources available to enhance the validity and reliability of the study (Mutepfa & Tapera, 2018). Reliability, according to Bless and Higson-Smith (2000), is concerned with consistency of the

instrument, and an instrument is said to have high reliability if it can be trusted to give an accurate and consistent measurement of an unchanging value. A Cronbach's Alpha (CA) of 0.70 and above are regarded appropriate for checking reliability of a scale adapted (Pallant, 2016). In this study, reliability and validity of the scholars who developed the scales were good given that all the constructs loaded above 0.700. Thus, the CA score were; emotional intelligence (0.894), work engagement (0.777), and employee performance (0.722).

### **Data Processing and Analysis**

The partial least squares structural equation modelling (PLS-SEM) was used to address the hypotheses of the study. PLS-SEM approach deemed the most appropriate technique to be adopted for the study's data analysis (Hair et al., 2021), because SEM allows relationships between variables to be tested simultaneously by combining both regression and factor analysis (Baron and Kenny 1986). By this method, SEM removes the problems associated with Type 1 errors and the need for adjusting the alpha levels when running several multiple regressions. SEM also allows measurement error to be controlled for (Hair et al., 2021) and therefore may provide a more realistic measure of the model under investigation. The model was made of emotional intelligence, work engagement, and employee performance.

### **Ethical Issues**

According to Awases (2006), ethics is mostly associated with morality and deals with issues of right and wrong among groups, society or communities. It is therefore important that everyone who is engaged in research should be aware of the ethics concern (Rubin & Babbie, 2016). The researcher employed

every effort as far as possible to avoid violation of ethical principles. Edginton et al. (2012) have identified the basic ethical consideration for research as; respondents being fully informed about the aims, methods and benefits of the research, granting voluntary consent and maintaining the right of withdrawal.

In line with this claim, the rationale for the study, assurance of confidentiality and the right of withdrawal was explained to the participants. Also, a letter of introduction elucidating the intent and authenticity of the study was sought from the Department of Human Resources. This letter was introduced to the respondents who want to establish the authenticity of the study.

### **Chapter Summary**

This chapter has provided information on how the primary data for the study was collected, organised, analysed and presented for easy comprehension. This chapter also presented information on the design of the study and scientific approach it took in terms of approach to data needs, statistical techniques and systematic enquiry into the investigation under consideration.

## CHAPTER FOUR

### RESULTS AND DISCUSSION

#### Introduction

The general objective of the study was to examine the role of work engagement in the relationship between emotional intelligence (EI) and nurses' performance in the Cape Coast Teaching Hospital, 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 teaching hospital. Table 1 was used to summarise the background characteristics of the respondents. Concerning the gender of the respondents, the majority, 161(67.1%), of the respondents were females, while 79(32.9%) 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 162(67.5%) are between the ages of 31 to 40 years, while 48(20%) of them were between the ages of 21 to 30 years, 26(10.8%) were between the ages

of 41 to 50 years and 4(1.7%) 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 %
<b>Gender</b>		
Male	79	32.9
Female	161	67.1
<b>Age Group</b>		
21-30	48	20
31-40	162	67.5
41-50	26	10.8
Over 50	4	1.7
<b>Educational Qualification</b>		
Diploma	38	15.8
Undergraduate	112	47.7
Postgraduate	90	37.5
<b>Years of work with the hospital</b>		
Below 1 year	22	9.2
1 – 5	39	16.3
6 – 10	75	31.3
11 - 15 years	104	43.3
Total	240	100.0

Source: Field survey (2022)

On the issue of academic qualifications, the majority 112(47.7%) of the respondents had an undergraduate qualification. Also, 90(37.5%) of the respondents had a postgraduate degree, while 38(15.8%) had a diploma. The

respondents were asked to indicate the number of years they had been working with the hospital. From Table 1, the majority of 104(43.3%) of the respondents have worked for the hospital for 15 years. This was followed by 75(31.3%) of the respondents who indicated that they have worked for a hospital between 6 to 10 years. Furthermore, 39(16.3%) of them indicated that they have been working in the hospital for between 1 to 5 years, while 22(9.2%) of respondents said that they are working there getting close to a year. After the demographic characteristics, the evaluation of the PLS-SEM models was followed. This was achieved by first and foremost assess 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  $\geq 0.70$  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 2 revealed that all item loadings  $<0.7$  were removed to indicate the quality measures of a given construct.

**Table 2: Factor Loading, Constructs' Reliability, Validity and CMB**

Constructs	Loading	CA	rho_A	CR	AVE	VIF
Emotional intelligence		0.959	0.963	0.963	0.544	
EER3	0.657					4.086
EER4	0.694					4.266
EER5	0.725					2.315
ESA1	0.675					4.630
ESA2	0.703					1.983
ESA3	0.594					3.152
ESA4	0.608					2.099
ESA5	0.591					3.764
ESM1	0.794					2.024
ESM2	0.858					3.769
ESM3	0.834					1.912
ESM4	0.854					3.166
ESM5	0.812					2.778
ESN1	0.857					4.104
ESN2	0.820					4.988
ESN3	0.860					4.006
ESN4	0.796					2.653
ESN5	0.816					3.775

Table 2:Cont.

ESS1	0.672				3.580
ESS2	0.627				4.271
ESS3	0.641				2.279
ESS4	0.594				1.090
Emotional regulation		0.955	0.957	0.971	0.917
EER3	0.952				3.053
EER4	0.964				4.008
EER5	0.956				4.019
Engagement		0.917	0.927	0.934	0.641
EGT10	0.890				2.850
EGT11	0.846				2.869
EGT12	0.883				1.841
EGT13	0.882				2.452
EGT15	0.670				1.318
EGT7	0.691				3.575
EGT8	0.639				2.035
EGT9	0.854				3.540
Self-awareness		0.945	0.949	0.958	0.820
ESA1	0.895				4.815
ESA2	0.916				3.782
ESA3	0.887				4.866
ESA4	0.909				3.949
ESA5	0.922				4.659
Self-motivation		0.948	0.949	0.961	0.830
ESM1	0.921				3.624
ESM2	0.951				3.761
ESM3	0.938				3.575
ESM4	0.931				2.468
ESM5	0.809				3.714

Table 2:Cont.

Social awareness		0.946	0.946		0.821
ESN1	0.895				4.717
ESN2	0.903				4.228
ESN3	0.933				3.878
ESN4	0.907				3.531
ESN5	0.894				1.884
Social skills		0.920	0.921	0.944	0.807
ESS1	0.864				3.045
ESS2	0.918				5.259
ESS3	0.916				1.896
ESS4	0.894				3.135
Performance		0.929	0.942	0.943	0.678
PER1	0.737				2.857
PER3	0.556				2.086
PER4	0.912				3.266
PER5	0.888				4.315
PER6	0.904				1.630
PER7	0.842				3.983
PER8	0.868				4.152

Note: CA – Cronbach's alpha; CR – Composite reliability; CV – Convergent validity, AVE – Average Variance Extracted

Source: Field survey (2022)

Again, Table 2 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, while 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 2. 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  $\geq 0.50$  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 ( $AVE \geq 0.50$ ) (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 3 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 3: Discriminant Validity: Heterotrait-Monotrait Ratio (HTMT)**

Constructs	1	2	3	4	5	6	7	8
1. Emotional intelligence								
2. Emotional regulation	0.75							
3. Engagement	0.76	0.35						
4. Performance	0.66	0.77	0.62					
5. Self-awareness	0.73	0.29	0.69	0.55				
6. Self-motivation	0.74	0.76	0.56	0.66	0.53			
7. Social awareness	0.75	0.61	0.60	0.53	0.56	0.85		
8. Social skills	0.77	0.47	0.44	0.59	0.37	0.56	0.69	

Source: Field survey (2022)

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 3, all the values for each of the constructs were below HTMT<sup>0.85</sup>. 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 research objectives 1, 2, 3, and 4 and the corresponding hypotheses. This was done by assessing the direction and strength using the path coefficient ( $\beta$ ) 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 4. 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 4: Results of Structural Model and Hypotheses Testing**

Path	R	T stat	P values	Hypotheses	R <sup>2</sup>	f <sup>2</sup>	Q <sup>2</sup>
Performance					0.879		0.828
Engagement					0.520		0.511
Emotional intelligence					1.000		1.000
<i>Lower order construct</i>							
Emotional regulation -> Emotional intelligence	0.158	17.240	0.000	Significant		0.412	
Self-awareness -> Emotional intelligence	0.269	18.014	0.000	Significant		0.624	
Self-motivation -> Emotional intelligence	0.319	25.348	0.000	Significant		0.605	
Social awareness -> Emotional intelligence	0.309	27.128	0.000	Significant		0.533	
Social skills -> Emotional intelligence	0.172	11.984	0.000	Significant		0.610	
<i>Direct effect</i>							
Emotional intelligence -> Performance	0.055	23.633	0.000	H1: Supported		0.418	
Emotional intelligence -> Engagement	0.721	16.332	0.000	H2: Supported		0.842	
Engagement -> Performance	0.174	3.202	0.001	H3: Supported		0.120	
<i>Indirect (mediation)</i>							
Emotional intelligence -> Engagement -> Performance	0.126	3.083	0.002	H4: Supported			

Source: Field Survey (2022)

The results depicted in Table 4 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 all four hypotheses were supported. Thus, emotional intelligence has a significant positive relationship with employee performance ( $R = 0.055$ ;  $t = 23.633$ ;  $p < 0.001$ ) and employee engagement ( $R = 0.721$ ;  $t = 16.332$ ;  $p < 0.001$ ). The results further established that employee engagement has a significant positive relationship with employee performance ( $R = 0.174$ ;  $t = 3.202$ ;  $p = 0.001$ ).

In the indirect column, which also illustrates the mediation path, it is revealed that employee engagement partially mediates the relationship between emotional intelligence and employee performance. As established by Nitzi et al. (2016), three types of mediation, i.e., full, partial and no mediation can be identified by using the significance criteria of both the direct and indirect paths. For full mediation, the direct path must be non-significant while the indirect path is significant. For partial mediation, both the direct and indirect paths should be significant, while no mediation is where both the direct and indirect paths are not significant. Thus, by observing the results from direct and indirect columns, it can be seen that both direct and indirect paths were significant, hence a partial mediation ( $R = 0.126$ ;  $t = 3.083$ ;  $p = 0.002$ ).

With regards to the coefficient of determination ( $R^2$ ), the study upheld that 87.9 percent (see also Figure 2) of changes in employee performance were accounted for by the joint contribution of emotional intelligence and employee engagement. Based on the criteria of Hair et al. (2019), this change was substantial



in explaining the variation in employee performance. Also, 52 percent (see also Figure 2) of variation in employee engagement was explained by emotional intelligence.

Furthermore, the  $Q^2$  in Table 4 depicts the predictive relevance within the exogenous-endogenous constructs relationship. From the table, employee performance and engagement made large ( $Q^2 = 0.828$ ) and ( $Q^2 = 0.511$ ) predictive relevance in the model respectively. Much like the predictive relevance, the  $f^2$  examines the magnitude of the influence between the established paths. According to Table 4, the exogenous constructs have made various impacts on the  $R$  and  $R^2$  values of nurses performance.

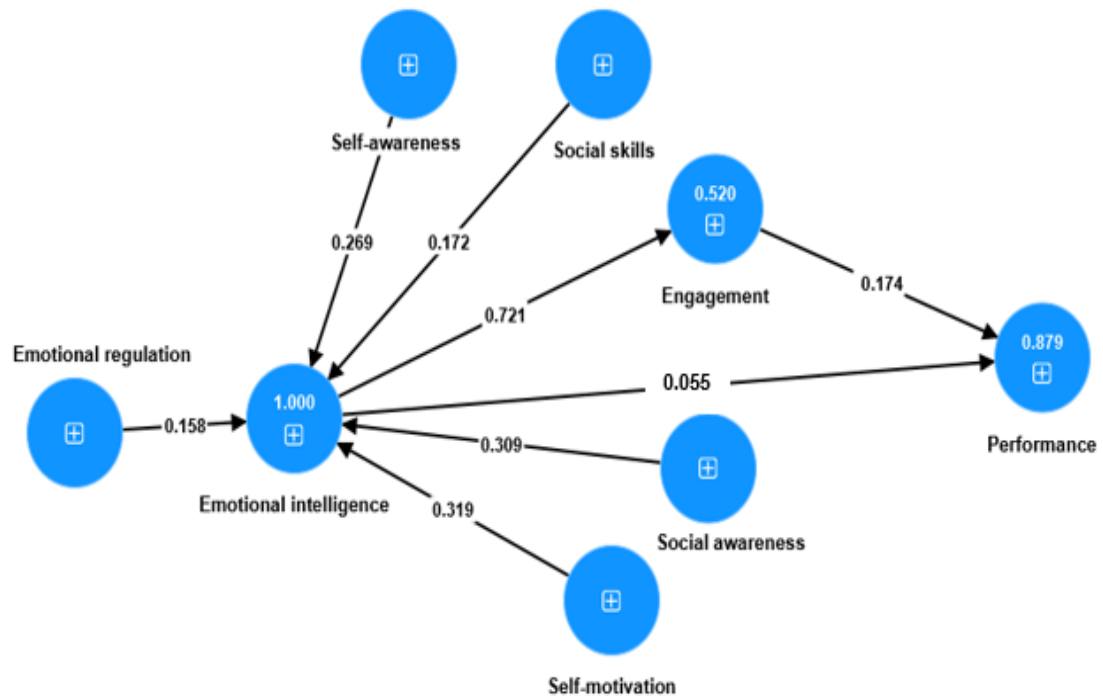


Figure 2: Full PLS-SEM path model

Source: Field Survey (2022)

## Emotional Intelligence and Nurses' Performance

The first objective of the study sought to examine the influence of emotional intelligence on the performance of nurses at the Cape Coast Teaching Hospital, Ghana. Consistent with the study's H1 connecting the variables of the objective, the analysis established that emotional intelligence has a significant positive influence on employee performance ( $R = 0.055$ ;  $t = 23.633$ ;  $p < 0.001$ ). This means that a unit increase in the traits of emotional intelligence will lead to an increase in nurses' employee performance by 0.055 points.

Based on the result, the study asserts that management and various supervisors at the hospital should emphasise developing the emotional intelligence traits of the nurses whenever they intend to improve upon their performance of the nurses. The implication is that nurses who are emotionally intelligent and that can manage their reactions or mood towards patients and other public can perform their roles effectively. In addition, 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. Because emotionally intelligent nurses understand their good and bad feelings, they can coordinate these feelings so that they do not interfere with the nurses' role.

Consistent with previous studies, nurses 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 another study, Boyel et al. (2011) discovered that emotional intelligence creates innovational inventiveness

in people and thus, helps in changing individuals' job performance. Hence, the study concludes that emotional intelligence is a predictor of the job performance of nurses in teaching hospitals in Ghana.

### **Emotional Intelligence and Employee Engagement**

The study's research objective two focused on examining the link between emotional intelligence with employee engagement at the teaching hospital. The analysis of the results and in line with the stated hypothesis, the findings revealed that emotional intelligence has a significant positive relationship with employee engagement ( $R = 0.721$ ;  $t = 16.332$ ;  $p < 0.001$ ). This finding is not surprising because emotional intelligence is more concerned about being able to handle one's feelings and emotions towards others and therefore, the consciousness of these will foster employee engagement. Nurses by virtue of their ability to interpret their emotions and apply self-management in dealing with others are vital skills and resources that facilitate work engagement experiences (Barreiro & Treglown, 2020).

When nurses exercise emotional regulation in the face of emotional experience at work, it serves as energising fuel for positive work behaviour like enhanced performance. Previous scholars (Aqqad et al., 2019; Klarner et al., 2011; Sharma et al., 2013; Elfenbein et al., 2007) have collaboratively upheld that emotional intelligence has also been useful in achieving work engagement in emotional experiences at work such as conflict management, organisational change, business negotiations and to achieve a positive emotional climate. Again, George et al. (2021) found that emotional intelligence regulates oneself and that of

others in the face of challenging times and experiences, and this increases social work tasks such as engagement. Finally, drawing on Goleman's model, the study argues that nurses' emotions (emotional management and regulation) can enhance positive work engagement experiences among nurses in health facilities.

### **Employee engagement and Nurses performance**

The study's research objective three focused on examining the effect of the influence of employee engagement on employee performance. From the result, it is established that employee engagement has a significant positive influence on nurses' performance ( $R = 0.174$ ;  $t = 3.202$ ;  $p = 0.001$ ). This is because the t-stat of the model was 3.202 which is greater than 1.96. Hence, the study revealed that employee engagement significantly influenced the employee performance of nurses in the Cape Coast Teaching Hospital. From the R, the study found a positive relationship between the exogenous and endogenous variables with a score of 0.174.

The implications are that engaged nurses see their nursing job as personal and they must do everything possible to contribute to healthcare delivery. Concisely, engaged nurses have a sense of personal identification with the health facilities, share knowledge among their colleagues and project the image of the hospital by offering due diligence in dealing with patients. In addition, engaged nurses tend to endure, accumulate resources such as information and support colleagues to better their effort toward job performance.

Corroborating with prior studies (Mugo et al., 2016; Otieno et al., 2015; Kirk-Brown & Dijk, 2011), the scholars discovered that engaging nurses in their work and the hospital's missions and vision development enhance their performance. Specifically, Mugo et al. (2016) studied employee engagement and performance nexus in Kenyan state corporations and found that a significant positive association was established between the constructs. Furthermore, in the study of Kirk-Brown and Dijk (2011) on the link between work engagement and employee performance among health workers in Australia established that employee engagement was significantly correlated with performance. In Irish, Chughtai and Buckley (2011) found that engaging research scientists in their research centre propel the employees to learn the values of the organisation to improve performance.

### **Mediating Role of Employee Engagement in the Relationship Between Emotional intelligence and Employee performance**

The fourth hypothesis assessed the mediation role of employee engagement in the link between emotional intelligence and the performance of nurses in the Cape Coast Teaching Hospital. Based on the results in the structural model in Table 4, the study established that employee engagement partially mediates the link between emotional intelligence and employee performance of nurses in the Cape Coast Teaching Hospital ( $R = 0.126$ ;  $t = 3.083$ ;  $p = 0.002$ ).

The revelation obtained from the results of the study is that although emotional intelligence can influence the nurses performance of nurses in the hospital, such influence can be improved when the nurses perceive the adequate

presence of employee engagement. Prior researchers have reported emotional intelligence contributes to the extra-role component of job performance by increasing engagement. Miao et al. (2017) proposed that emotional intelligence modifies perceptions of and reactions to a wide variety of events (e.g., high EI might result in more use of active strategies for coping with antagonistic work colleagues or positive reinterpretations of organisational stressors).

As nurses know how to regulate their reactions in health facilities and to act in ways that foster better interpersonal relationships with colleagues and supervisors, it would motivate them to exert more effort and feel more engaged and pride at work. At the same time, as nurses feel more positive states at work, they might appraise their job experiences as more pleasurable, indicating higher job performance (Wan, Li, Zhou & Shang, 2018)

Empirically, previous studies suggested that emotional intelligence and other factors can be strong contributors to employee extra behaviour including nurses' performance (Akram, Lei, Haider & Hussain, 2018). Emotional intelligence helps organisation members go the extra mile beyond their defined responsibilities and enrich their beliefs about their core competencies and capabilities to complete the assigned task in innovative and creative ways.

### **Chapter Summary**

The chapter presented the results and discussion of the study's research objectives. The PLS-SEM technique was used for objectives. The study found emotional intelligence and employee engagement to significantly and positively affect the performance of nurses. Again, employee engagement mediated the nexus

of emotional intelligence and nurses' performance. The next chapter focused on the summary, conclusions and recommendations of the study.



## 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 roles of employee engagement in the relationship between emotional intelligence and nurses' performance at the Cape Coast Teaching Hospital, Ghana. With this purpose, specific objectives were designed to be achieved. These were to: examine the influence of emotional intelligence on nurses' performance; examine the influence of emotional intelligence on employee engagement; analyse the influence of employee engagement in nurses' performance; and assess the mediating role of employee engagement on the relationship between emotional intelligence and nurses' 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 240 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

In relation to research objective one, the findings indicated that emotional intelligence has a significant positive influence on nurses' performance in the teaching hospital. The result implied that, a unit increase in emotional intelligence traits could lead to an increase in the nurses' performance.

The second objective addressed the influence of emotional intelligence on employee engagement. The results revealed that emotional intelligence plays a significant role in influencing the employee engagement in the hospital. The implication is that by virtue of the nurses' ability to interpret their emotions and apply self-management in dealing with others, the better for work engagement experiences.

The third research objective focused on examining the influence of employee engagement on nurses' performance. The study found that employee engagement had a significant positive influence on performance of the nurses at the teaching hospital. It was suggested that management of the hospital should lay emphasis on improving the nurses' engagement in the bid to increase the nurses' performance.

The fourth research objective investigated the mediating role of employee engagement in the nexus between emotional intelligence and nurses' performance. The findings demonstrated that employee engagement partially mediates the nexus between emotional intelligence and nurses' performance.

## Conclusions

The purpose of the study was to investigate the influence of emotional intelligence on nurses' performance at the Cape Coast Teaching Hospital through the intervening role of employee engagement. 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 hospitals managers not to ignore the importance of emotional intelligence traits required for stimulating the nurses' performance. Specifically, the conclusions were made as follows:

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.

Thirdly, the study concludes that employee engagement 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' engagement which would increase performance. Finally, the study established that, nurses' performance through emotional intelligence can be improved when the nurses feel a sense of job engagement in the facilities.

### **Recommendations**

On the strength of the research findings and conclusions made, the following recommendations are made: Firstly, the study recommends that the management of Cape Coast Teaching Hospital and other healthcare institutions should emphasise developing and sustaining emotional intelligence traits among the nurses. Special training workshops and emotional intelligence awareness campaigns within the hospital would help the nurses to gain knowledge on how to manage their emotions and that of others to enhance performance in the facilities.

The study also recommends that key stakeholders such as Ministry of Health and Ghana Health Service in collaboration with the Ministry of Education should lay emphasis on teaching of emotional intelligence as part of the curriculum. This would help introduce the nurses to how to control their emotions and the emotions of others to optimize performance.

The study also recommends that top management of the teaching hospital should give opportunities to the nurses to exercise their expertise on the job with less supervision. The nurses should be treated with all dignity and respect so as to instil engagement in them to perform their job. Also, by sending feedback about nurses' work to them, recognising the nurses, providing sick leaves and placing the nurses on challenging tasks, will make them immersed in their work to outperform.

### Suggestions for Further Research

The study was conducted to ascertain the influence of emotional intelligence on the performance of nurses at the Cape Coast Hospital. Clearly, the study focused on one health institution in. As a result, generalising the study's findings to cover the entire health sector across the country could be misleading. The study, therefore, suggested that further research can extend the study area to capture other health institutions in order to aid generalisation of findings.



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**APPENDIX : 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, work engagement and employee performance: Lessons from Nurses in the Cape Coast Teaching Hospital. 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 – 10 years     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 = least form of agreement and 7= highest form of agreement. Please tick (√) your answer.

S/N	Statement	1	2	3	4	5	6	7
<b>Self-awareness</b>								
1	I understand the relationship between my feelings and what I think, do and speak.							
2	I recognise 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							
<b>Emotion Regulation</b>								
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.								
<b>Self-Motivation</b>									
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.								
<b>Social Awareness</b>									
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 recognise 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: WORK ENGAGEMENT

Please indicate the extent to which you agree with the following statements on a 7-point scale, where **1 = least form of agreement and 7= highest form of agreement**. Please tick (✓) your answer.

S/N	Statement	1	2	3	4	5	6	7
1	At my work, I feel full of energy							
2	At my job, I feel strong and vigorous							
3	I can continue working for very long periods at a time							
4	At my work, I always persevere, even when things do not go well							

5	At my job, I am very resilient, mentally							
6	When I get up in the morning, I feel like going to work							
7	I find the work that I do full of meaning and purpose							
8	I am enthusiastic about my job							
9	My job inspires me							
10	I am proud of the work that I do							
11	To me, my job is challenging							
12	Time moves very fast when I am working							
13	I get carried away when I am working							
14	When I am working, I forget everything else around me							
15	I feel happy when I am working intensely							
16	I am immersed in my work							

**SECTION D: EMPLOYEE PERFORMANCE**

Please indicate the extent to which you agree with the following statements on a 7-point scale, where **1 = least form of agreement and 7= highest form of agreement**. 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 organisation							
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.