

# Role of emotional intelligence in job performance of healthcare providers working in public sector hospitals of Pakistan

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## ABSTRACT



**Objective.** To determine the association between emotional intelligence (EI) and job performance (JP) of health care providers (HCPs). **Methods.** Healthcare professionals from various hospitals were chosen for a cross-sectional study. The survey was conducted using a three-part questionnaire including the demographic profile, Wong and Law Emotional Intelligence (EI) Scale, and an individual work performance (JP) questionnaire. The relationship of predictor variables on JP was sought by applying Chi-square test and multiple regression analysis. **Results.** About 43.3% of the 50.8% of participants who scored well on the EI scale also scored high on the JP scales. The remaining 7.5% had an unsatisfactory JP. From the 22.8% of respondents who also scored low on EI scales, about 20% scored low on the JP scale. Significant relationship between EI and JP was found at a p-level of 0.05 (2 tailed). Emotional intelligence ( $B=0.57$ ,  $p<0.05$ ) positively predicted job performance whereas difficulties faced while performing job ( $B=-0.81$ ,  $p<0.005$ ), beds under supervision ( $B=0.09$ ,  $p<0.05$ ), dual practice ( $B=-0.04$ ,  $p<0.05$ ) and weekly off days ( $B=0.04$ ,  $p<0.05$ ) have no significant effect on job performance. **Conclusions.** Subjects with high EI on the WLEIS were good at their jobs and scored well on the IWPQ scale, implying that as an individual's EI rises, so will his or her JP.

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## Introduction

Organizations all over the world have realized the importance of an employee's physical and mental health in order to achieve success on both an individual and organizational level [1]. Workplaces such as healthcare where human interaction is at the heart of the organization, demand an "emotionally intelligent" employee [2]. Emotional intelligence is defined as an individual's ability to relate to others, understand them, and be flexible enough to successfully cope with environmental demands [3]. Workers who are emotionally intelligent are better performers and successful employees [4]. They have positive work attitudes, good leadership, problem-solving, time, and conflict-management skills; they are willing to go the extra mile to achieve the organization's goals; they can effectively interact with their coworkers and use social support networks; they can easily overcome stress; and they are dedicated [5-8]. Organizations have recently paid

a lot of attention to increasing employee efficiency in terms of job performance, which is heavily influenced by EI [1]. Researchers have discovered significant and noteworthy effects on employee job performance due to emotional intelligence, as well as the ability to predict the average of 14% change in JP, in a meta-analysis of the relationship between emotional intelligence and job performance [9].

Job performance is defined by what people do at work and their visible behaviors' [10]. It is classified as 'task performance' and 'contextual performance,' both of which are necessary for an organization's effectiveness. Task performance refers to an individual's proficiency in performing activities or technical tasks that contribute to the organization's 'technical core' [11]. And contextual performance refers to activities that support the organizational psychosocial fabric in which the technical core must function in order to achieve organizational goals but do not directly contribute to the technical core [12].

Healthcare performance improvement is and has been a hot topic around the world, and the public health stakeholders around the globe have spent a great deal for it [13]. Since healthcare settings are strenuous and draining, individuals working in such challenging work environments must prioritize their mental and physical health, which is why increasing employee job performance is a top priority for businesses [14]. This can be mediated through emotional intelligence, which allows emotions to be used in medicine [14,15]. Employees with high levels of emotional intelligence perform better in jobs that require substantial emotional labor, according to a meta-analysis of various studies [16]. EI has an impact on patient outcomes, professionalism, satisfaction from both ends (healthcare provider and patient), as well as the HCP's health and happiness [15]. HCPs must have medical knowledge and expertise, but the importance of having developed EI cannot be overlooked [5]. As a result, EI has recently received a lot of attention in the medical field and is now regarded as a non-cognitive function. While the rest of the healthcare industry is focused on cognition and intellect, disruptive behavior by healthcare professionals should not be allowed to become ingrained in the system [17]. The community's expectations and demands for the quality of healthcare services provided to them are constantly changing, and medical education and healthcare system must adapt as well. Empathy, compassion, effective communication skills, sound decision-making ability, and healthy relationships with coworkers, patients, and patients' attendants are just a few of the many skills that modern healthcare workers must have.

Studying the role of emotional intelligence in the job performance of HCPs working in public hospitals is a pressing need for the time, yet this concept had not yet been thoroughly researched and investigated, particularly in the health sector of an emerging nation such as Pakistan. The goal of this study was to examine a possible link between emotional intelligence (EI) and job performance (JP) among health care providers in public hospitals within this cultural context.

#### *Study hypotheses*

In the current study, we assessed the degree to which emotional intelligence is associated with the job performance of health care providers. In addition, we assessed whether several work-related covariates were relevant to this relationship.

## **Materials and Methods**

The study was approved by the Research Ethics Committee of Liaquat University of Medical and Health Sciences Jamshoro, as well as the medical superintendents of the participating hospitals. The concerned authors gave

their permission to use the survey tools, WLEIS and IWPPQ, via e-mail.

#### *Study design, duration and setting*

A cross-sectional study was conducted with a sample size of 360 doctors in the Basic Pay Scale - 17 or higher, with at least two years of experience working in medical and surgical wards, including intensive care units (ICU) and casualty departments, at Liaquat University Hospitals in Hyderabad and Jamshoro, Sir Cowasjee Institute of Psychiatry, and Shah Bhattai Hospital in Hyderabad. The research was carried out over a three-month period, from March 13th to June 12th, 2018.

#### *Sampling technique and sample size*

Using the prevalence-based formula for computation of sample size and accommodating the incomplete survey forms, a 360-person sample size was required. The required sample size of 360 was obtained using a simple non-probability sampling technique after approaching 392 respondents. The response rate was computed as 91.83%

#### *Data collection method and tools*

The paper-based survey questionnaire, along with the participants' written informed consents, was administered in person rather than electronically because it was a more convenient way to collect data for the study. Respondents gave informed written consent and were assured of anonymity by numerically coding all questionnaires. All questionnaires were kept in the safe custody of the researchers only, ensuring that all information was kept confidential.

The first section of the questionnaire asked about the healthcare system's socio-demographic characteristics. The second section included a Wong and Law emotional intelligence scale (WLEIS) for measuring emotional intelligence (see Appendix A) [18]. This 16-item self-report measure assesses EI and includes four "dimensions": self-emotion appraisal, others' emotion appraisal, emotion use, and emotion regulation. Participants indicated their level of agreement with individual survey items on a five-point Likert-type scale (1 = strongly disagree to 5 = strongly agree) for each dimension. The questionnaire was standardized, and it had a content validity of 0.79. The cultural patterns and norms of society are said to influence EI measures.

WLEIS was chosen for this study because it is well-suited to South Asian culture, having been developed in Hong Kong and tested on Asian subjects [19]. Several studies have also shown that this scale is consistent across ethnic groups and cultures [20]. Another reason for using this scale is that it does not conflict with Mayer & Salovey's (1997) definition, which is compatible with the ability-based EI model used in this study [19]. This measure encompasses all aspects of EI and is a good predictor of job

performance, especially in situations where employees are required or expected to display specific emotions [21].

The third part of the questionnaire involved using the self-reported Individual work performance questionnaire (IWPQ) to assess HCPs' perceptions of their job performance (see Appendix B) [22,16]. A five-item task performance scale and an eight-item contextual performance component comprised the IWPQ. Each item is scored on a five-point Likert scale ranging from 1 to 5 (rarely = 1 to Always = 5).

#### *Inclusion and exclusion criteria*

All queried physicians and surgeons (of both genders) were included who work on a regular basis in wards, outpatient departments (or both), ICUs, and casualty departments and met the following eligibility criteria: Working as an HCP in Basic Pay Scale-17 or above with at least two years of experience. All those who refused to participate in the study were excluded. Around 8.1% of the people who were approached for the study, refused to participate.

#### *Statistical analysis*

Version 23 of the Statistical Package for Social Science (SPSS) software was used to conduct statistical analyses. For continuous variables like age, descriptive results were compiled by computing means and standard deviations. The frequencies were calculated for categorical variables such as gender, EI scale, and job performance, among others. Based on the EI scale (high, medium, and low EI) and the JP scale, the subjects were divided into three and two groups (high and low JP). The Chi-square test was used to compare categorical data and look for an association between EI and job performance. A p-value of 0.05 (2-tailed) was used as the level of significance. Multiple regression analysis was performed to assess the impact of several factors on job performance.

## Results

Those who responded to the survey questionnaire had an average age of  $35.02 \pm 7.42$ . Out of 360 participants, most were women (61.1%,  $n = 220$ ), with men accounting for only 38.9% ( $n = 140$ ). Job titles of the respondents were distributed as follows: 66.9 % ( $n=241$ ) were medical officers, 9.2% ( $n=33$ ) were posted as registrar, 10.8% ( $n=39$ ) were posted as senior medical residents, 8.05% ( $n=39$ ) and 2.5% ( $n=9$ ) were assistant professors and associate professor respectively, and 2.2 % ( $n=8$ ) mentioned professor as their job title. In total, 58.3% of participants said their highest degree was a postgraduate degree, and 74.4% said their monthly income ranged from 50,000 to 100,000 PKR. 54.7% of the participants were married, while 50% lived in a joint family system. 61.1% of the participants stated that they were unfamiliar with the

concept of EI. And 98.1% of the participants said they had never received any emotional intelligence training.

**Table I.** Job related variables and corresponding p values of EI and JP among the studied population

S.no:	Job related variables	Frequency (n=360)	% age	EI P<0.05	JP P<0.05
1.	Respondents' work hour per day				
	6-8 hrs.	163	45.3%	p=0.198	p=0.681
	8-12 hrs.	159	44.2%		
	>12hrs.	38	10.6%		
2.	Years of healthcare experience				
	2-4 year	170	47.2%	p=0.130	p=0.252
	5-7 year	89	24.7%		
	8-10 year	29	8.1%		
	>10 year	72	20%		
3.	Weekly off days available to them				
	Yes	249	69.2%	p=0.710	p=0.516
	No	111	30.8%		
4.	Dual practice				
	Yes	115	31.9%	p=0.000	p=0.192
	No	245	68.1%		
5.	Number of beds under supervision				
	<20 beds	158	49.7%	p=0.006	p=0.232
	20-30 beds	96	30.2%		
	31-40 beds	46	14.5%		
	41-50 beds	11	3.5%		
	>50 beds	7	2.2%		

As shown in Table II, 27.8% of respondents disagreed with the statement that they have any difficulty performing their duties. Poor administration, political interference, doctor harassment, lack of washroom facilities in wards, security, and an unsanitary environment were reported by seven participants as major issues and difficulties they faced while on duty.

**Table II.** Difficulties faced by respondents while performing their duties

Difficulties faced by respondents while performing their duties	Frequency (n=360)	Percent (%)
<b>YES</b>	260	72.2%
<b>NO</b>	100	27.8%
<b>Total</b>	360	100.0%
<b>Overworked</b>	91	25.3%
<b>Under supported</b>	76	21.1%
<b>Insufficiently equipped</b>	86	23.9%
<b>Any other</b>	7	1.9%
<b>Total</b>	260	72.2%

The chi-square test was used to determine the relationship between the two variables, with the level of significance set at 0.05 (2-tailed). Table III shows the Pearson correlation test results ( $p=0.000$ ) indicating a strong positive relationship between emotional intelligence and job performance of healthcare providers.

Table IV shows the impact of emotional intelligence, difficulties faced by the participants while performing their job duties, the number of beds that are under supervision, dual practice and weekly off days available on the job performance of healthcare providers. The  $R^2$  value of 0.59 revealed that the predictors explained 59% variance in the outcome variable with  $F(5, 230) = 24.676$ ,  $p < 0.05$ . These findings revealed that emotional intelligence ( $B=0.57$ ,  $p < 0.05$ ), positively predicted job performance whereas difficulties faced while performing job ( $B=-0.81$ ,  $p < 0.005$ ), number of beds under supervision ( $B=0.09$ ,  $p < 0.05$ ), healthcare providers involve in dual practice ( $B=-0.04$ ,  $p < 0.05$ ) and who are provided weekly off days

( $B=0.04$ ,  $p < 0.05$ ) had no significant association with job performance.

**Table III.** Association of emotional intelligence and job performance.

Level of Emotional Intelligence	Job Performance		
	Unsatisfactory (13-38)	Satisfactory (39-65)	Total
<b>Low (16-37)</b>	72 (20.0%)	10 (2.8%)	82 (22.8%)
<b>Moderate (38-58)</b>	43 (11.9%)	52 (14.4%)	95 (26.4%)
<b>High (59-80)</b>	27 (7.5%)	156 (43.3%)	183 (50.8%)
<b>Total</b>	142 (39.4%)	218 (60.6%)	360 (100.0%)

**Table IV.** Regression coefficients of variables affecting job performance

Variables	<i>B</i>	SE	<i>t</i>	<i>p</i>	95%CI
<b>Constant</b>	0.158	0.174	0.911	0.364	[-0.184,0.500]
<b>Emotional intelligence.</b>	0.348	0.033	10.422	0.000	[0.282,0.413]
<b>Difficulties faced on job</b>	-0.045	0.031	-1.459	0.146	[-0.107, 0.016]
<b>Number of beds under supervision.</b>	0.047	0.032	1.464	0.144	[-0.016,0.111]
<b>Dual practice</b>	-0.053	0.067	-0.792	0.429	[-0.185, 0.079]
<b>Weekly off days</b>	0.042	0.057	0.740	0.460	[-0.070,0.155]

Note: CI= confidence interval

## Discussions

For decades, medical issues have been in the spotlight, including lack of funds, infrastructure, comprehensive health policies, intersectoral approaches, manpower, and consumer complaints about healthcare system. These issues are now spreading at an even faster rate, with changes in health seekers' attitudes toward the quality of healthcare services provided to them having a direct impact on community well-being and health, while also harming HCPs in a variety of ways, the most serious of which is their job performance. Because people spend so much of their lives at work, Job Performance is the most important dependent variable for researchers in various fields [9,23]. Service-based organizations, in particular, are focusing on a paradigm shift to be successful by equipping their employees with emotional intelligence, which is defined as "an individual's ability to recognize, manage, understand, and control emotion of his or her own and others" [18].

Unless the focus is shifted to finding interventions that are realistic, immediate, sustainable, and affordable for a country's healthcare system, the healthcare industry's problems and consumer complaints will continue to grow. Training and equipping healthcare professionals with emotional intelligence is one such intervention. As an all-embracing concept, EI has a wide range of applications, but in the workplace, it is most closely associated with job outcomes, particularly JP, which assists a person in grasping and controlling people's behavior [19,24]. About 75% of the variance in an employee's job performance is due to the EI, along with some other factors, and only about 25% is due to intellectual or cognitive ability [25].

The results of this study reveal that the difficulties faced while performing job negatively predicted job performance of healthcare providers which are not consistent with the findings of a past research stating that working conditions and workplace facilities have a huge impact on Job

performance [26]. However, the results regarding the effects of dual practice of healthcare providers on their jobs are consistent with results of another study suggesting that the physician dual practice has little or no effect on the job performance [27].

According to this study, an employee's level of EI has a significant impact on his or her job performance, which was also supported by other studies that found a positive relationship between the two variables (emotional intelligence and job performance) [13,28]. Some studies, on the other hand, have found no or a shaky link between these two variables [29]. The concept of emotional intelligence is still in its infancy in many developing countries around the globe. Because of resistance to change that is deep rooted in the decades-old health systems, the policymakers, authorities, governments, and even the medical fraternity themselves may find it difficult to acquire such skills. Few people within the field of healthcare are aware of the overall relationship between EI and job performance, and a large percentage of study participants stated that they had never received any emotional intelligence training, pointing to the potential for EI training among medical personnel. The ability to be emotionally intelligent serves as an additional badge for anyone entering the healthcare profession, and it should be included in the job requirements of healthcare professionals, particularly doctors, alongside their academic achievements and clinical expertise, as these can all be overshadowed and fail to produce the desired results in the long run.

#### *Implications for policy and practice*

- Emotional intelligence should be incorporated into the curriculum from the very beginning of education to inculcate these skills in children at a young age. The Ministry of Higher Education should consider including this concept in the curriculum of medical education in particular, so that future doctors will have the skills they need to deal with the challenges that the healthcare system presents.
- University authorities, while selecting the individuals for the admissions in the medical universities and colleges should consider testing individuals on the basis of their emotional intelligence abilities along with the intellectual capabilities.
- Our healthcare system's HR department should think about recruiting the more emotionally intelligent members of the workforce.
- Public-sector hospitals can work to improve the EI of existing staff members who have low EI in order to improve their individual and organizational capacity, efficiency, and ultimately productivity by developing effective training programs, for example.

## Highlights

- ✓ This study made use of Wong and Law Emotional Intelligence Scale and Individual Work Performance questionnaire for measuring emotional intelligence and job performance of healthcare providers.
- ✓ There is a strong positive association between emotional intelligence and job performance of healthcare providers.
- ✓ Multiple regression analysis revealed that Emotional intelligence positively predicted job performance, whereas various situational factors such as "difficulties faced while performing job," "beds under supervision," "dual practice," and "weekly off days" had no significant effect on job performance.

## Conclusions

According to the findings of this study which focused on physicians in hospital settings, to be a star performer in an organization, one benefits from emotional intelligence. To summarize, those with high EI on WLEIS were better at their jobs. As a result, in order to improve the performance of public sector employees, awareness of the concept of EI and its application should be considered in the health system. The study's findings and recommendations can serve as a foundation for strengthening a developing country's healthcare system.

## Conflict of interest disclosure

There are no known conflicts of interest in the publication of this article. The manuscript was read and approved by all authors.

## Compliance with ethical standards

Any aspect of the work covered in this manuscript has been conducted with the ethical approval of all relevant bodies and that such approvals are acknowledged within the manuscript.

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