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Exploring workplace implications of Emotional Intelligence (WLEIS) in hospitals: Job satisfaction and turnover Intentions

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Abstract

This paper investigates the impact of Emotional Intelligence (EI) at the workplace on Job Satisfaction (JS) and Turnover Intentions (TI) of nursing staff working in hospitals. Both nursing turnover and employees' satisfaction have been considered as issues of utmost importance in the provision of high quality services and superior performance at hospitals. The Wong and Law Emotional Intelligence Scale (WLEIS) was adopted to measure emotional intelligence, consisted of four dimensions: (1) self-emotional appraisal (SEA), (2) others' emotional appraisal (OEA), (3) use of emotion (UOE), and (4) regulation of emotion (ROE). This paper presents a field survey conducted in five private health care organizations which operate in the city of Larisa, Greece. The PLS approach based on 145 valid questionnaires, confirmed strong relationships among EI, JS and TI. More specifically, among the four EI dimensions, only SEA and UOE exert significant positive impacts on employees' satisfaction with personal development, while they also influence negatively turnover intentions. Interestingly, the other two EI components (OEA, ROE) failed to verify any relationship with JS and TI.

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1. Introduction

Emotional intelligence (EI), an emerging field in social and organizational psychology has been attracted also the interest of OB researchers, due to its crucial role at the workplace [1,2]. EI origins can be found at the concept of social intelligence, initially reflecting the ability of an individual to deal with his or her emotions. Scholars have extended this definition suggesting alternative conceptions, encompassing “motivation, non-ability dispositions and traits, and global personal and social functioning” [3].

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Under this rationale, several empirical studies have provided supporting evidence that EI is an important antecedent of work related outcomes such as turnover, intention to quit, job satisfaction, and job performance [2,4]. In particular, EI lies at the cadre of the health care industry, given that the effectiveness of health care system depends mainly on employees' satisfaction and their ability to provide high quality services [5]. Moreover, nursing shortages are proved to be related with adverse incidents and aspects of hospital inefficiency [6]. In Greece, except from a plethora of doctors, the health care sector suffers from too limited number of nursing staff. Therefore, it comes of high importance to explore turnover intention and its antecedents in the health care sector.

High turnover, especially in Health Care, turns out to be a global phenomenon [7]. Many studies have shown that the intention of quitting a job stems from factors such as leadership support, organization commitment, and job satisfaction [8,9]. In addition, many researchers [10,11,12,13,14] provided evidence of a negative relation between EI and turnover intention. Such managerial issues have been approached in numerous studies with the employment of computational methods [15-29].

Despite the fact that job satisfaction, emotional exhaustion and stress of nursing staff have been investigated thoroughly, there is limited research upon turnover issues and particularly turnover intention of nursing staff. This study aims to investigate the direct relationships between the four dimensions of emotional Intelligence (EI), and both job satisfaction (JS) and turnover intention (TI).

2. Research Background

2.1. Emotional Intelligence in Health Care

The crucial role of EI has been widely recognized for the case of nursing staff working in health-care [12,30]. Every member of a hospital's staff has to deal, in a daily basis, with events bound with emotions such as birth, illness, death. Thus, nursing staff has to manage stressful situations imposed by the work environment, and at the same time they are obliged to perform in the most effective way. High responsibility upon patients' treatment is of utmost importance, given that its absence may even cost their life. In addition, these stressful factors within a health care organization have an impact on staff's job satisfaction and invite turnover intentions [8,12]. This argument has been empirically supported by many researchers, especially in the last decade [2,5,6].

Concluding, there is evidence that EI plays a significant role upon turnover intention -that will possibly lead to actual quitting [31]- and, therefore, EI should be further examined as a predictor of such a behavior. The previous argument becomes of a greater importance under the consideration that health care departments try to prevent intentions of quitting because they lead to higher costs and poor quality of services provided to patients [6,32,33].

Although there is considerable debate and ambiguity about the definitions of EI, most researchers are suggesting complementary rather than opposing conceptions and four distinct aspects of EI has been emerged in its measurement [34]. Building on these areas, Wong and Law [14] have developed the four-dimensioned WLEIS instrument as follows:

(1) Appraisal and expression of emotion in the self (self emotional appraisal, SEA): This dimension assesses the individual's ability to understand and express its deep emotions.

(2) Appraisal and recognition of emotion in others (others' emotional appraisal, OEA): This aspect reflects the individual's ability to perceive and understand the emotions of individuals around them.

(3) Regulation of emotion in the self (regulation of emotion, ROE): This component evaluates the individual's ability to regulate his/her emotions, facilitating its rapid and successful revival after psychological distress.

(4) Use of emotion to facilitate performance (use of emotion, UOE): This dimension echoes the individual's ability to utilize and direct his/her emotions towards constructive activities and personal performance.

2.2. Emotional Intelligence and Job satisfaction

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