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THE ROLE OF EMOTIONAL INTELLIGENCE IN HOSPITAL ADMINISTRATION: A CASE STUDY FROM PAKISTAN

Case Study

Keywords

Emotional intelligence,
Relationship management,
Health care industry

Abstract

Probably, the healthcare industry has relatively greater occupational hazards, as individuals are faced with injuries, traumas, and life-death situations. Emotional intelligence (EI) is expected to make a significant difference between successful and un-successful health care employees. Therefore, this study was aimed to investigate the supposition that whether EI has any significant contribution to the performance of employees in the health care industry or not? For this purpose, a random sample of 265 individuals was selected from hospitals situated in Rawalpindi and Islamabad. EI inventory was used to assess individual's emotional intelligence, while a performance questionnaire was used to measure performance of the individuals. Results after the regression analysis indicated that all five subscales of emotional intelligence i.e. interpersonal, intrapersonal, adaptability, stress management and general moods had significant contributions in predicting the performance of healthcare employees. It was therefore recommended that the healthcare organizations should undergo activity-based trainings more frequently in order to enhance the existing EI of their employees.

INTRODUCTION

The hospital administration is most of the times challenged by some of the behavioral or cognitive issues related to the staff's failure in estimating the ultimate influence of their actions on others, misinterpretation of words and meaning behind the meanings and the barriers created by the organizational culture. Similarly, financial, and clinical hurdles are the common threats to hospital administration while dealing with patients. However, the interpersonal problems are regarded as rather a more expensive problem for the healthcare leadership (Pfifferling, 2008; Freshman & Rubino, 2002; Cummings, 2010).

Emotional intelligence is the cure proposed for the given challenges. It helps the administrators to comprehend, motivate and manage teams. It also helps in diagnosing and neutralizing highly sophisticated problems. Emotional intelligence (EI) skills are based in personal aptitude of the individual that result into advanced social skills hence aiding the individual's capacity in relationship management and interpersonal skills. Similar, EI is considered as a reliable instrument for filling the gaps, social associations, and maintenance of relationships when they are under severe threats (Fernandez, 2007). The hospitals and other health care units are required to fully understand the allocation of limited resources especially in public sectors of developing countries. Similar the internal needs of the individuals pose another great threat in terms of quests for opportunities and recognition. The capacity to rejuvenate threatened relationships is also one of the key issues faced by the health care leadership (Lombardo and Eichinger, 1989).

As far as the effect of EI in teams is concerned, the EI certainly declines team performances by distorting the focus from main problem at hand. Since, EI has a direct effect on human and organizational development, Leadership and management also falls in the same domain. It helps in deployment and management of human resources, work innovations, customer relationship management and transaction of organizational cultures, all for facilitation of co-existence (Kantas 2008). In developing countries, the public organizations are attributed with bad quality, general carelessness in attitude towards problems and change resistance that may be internal or external. These reasons have a very negative impact on the whole organization, which circulates in a vicious cycle and hence deteriorating the public interests.

In studying EI, the importance of interpersonal skills cannot be undermined- as it involves the ability to deal with others. In developed countries, the role of virtual integrative networks has proven to be of significant scope. As, an individual hospital administrator cannot manage the contemporary challenges sole-headedly. He/she must interact with his/her counterparts and competitors in hope of proposing long lasting solutions and institutional survival instincts in the prevailing highly dynamic market place.

In health sector, the health care leadership is characterized by high levels of emotional intelligence therefore a health care leader must identify his prime personal value because it directly manipulates his actions and the motives behind the actions- the cognition.

There is one very important aspect about the studies on emotional intelligence that is- the competencies related with EI are considered as skills which can be acquired, nourished, and improved rather than personality traits which are considered genetic or inborn and that cannot be changed or acquired. The extensive studies conducted on emotional intelligence supports the notion that emotional and psychological skills positively affect organizational productivity. For instance, Rosenthal (1977) concluded that individuals who could better diagnose the emotions of others were relatively more successful in social settings and at work. Likewise, Bachman's (1988) research on leadership regarded emotional expression, sociability and congeniality to be main factors of success. Similar another study concluded that employees who can successfully manage stress, are more likely to contribute in net profits and net sales.

The importance of emotional intelligence has already been well established as it is expected to play a significant role in employee's performance and relations of the employee. So far, limited studies have been carried out in the health care industry. This study is aimed to investigate the extent of association and the role of emotional intelligence in employee's performance in the health care industry to come up with various suggestions for decision makers.

LITERATURE REVIEW

Emotions influence individuals and groups as they depict the way people think, and the motives involved in decision making by selection of appropriate options, responding to the change and succeeding in all transactions of life (Caruso and Salovey, 1999). Appelbaum (1998) put forward the claim that the role of emotional intelligence is as significant as intellectual thoughts in decision making and taking actions.

In health care industry where health care administrators are faced with life and death situations, all sort of data collected including that influenced by emotions may be considered quite critical (Benner et al., 1996). Effective decision making is another reason for which EI has been attributed a key variable in estimating the performance of nurses (Moyer and Wittmann-Price, 2008).

The relationship between emotional intelligence and nursing performance was investigated by Codier et al. (2008) on nursing staff in the United States. The

results concluded a significant association between emotional intelligence and nursing performance.

A thorough study of the literature supports the notion that emotional intelligence provides a valuable perspective for the healthcare industry. The importance of EI in health industry is also established by Van Roo et.al (2004) by arguing that since EI is highly required for a general success in life, it is also an important ingredient for healthcare efficiency, where patients interact with medical practitioners and both are affected by the behavior posed by each group.

Health practitioners including hospital administrators, nurses, consultants, and other stakeholders are nowadays expected to assume many roles while imparting quality services. Cost effectiveness can be achieved through the active use of sophisticated technology and diverse skills. However, some of the basic human skills including social and interpersonal skills are considered more important to the health care leaders. On the other hand, the performance of these professionals is halted by the pressure asserted by the insurance companies & legislative bodies for cost efficiency (Freshwater & Sickley, 2004).

The highest focus on the attainment of outcomes has resulted into the deteriorating quality of services in health industry. The ability, to coup with these problems require the adequate existence of emotional intelligence skills (Freshwater & Sickley, 2004). A balance would be created by incorporating EI in health care professions through enhancing a client-oriented approach (Meyer, Fletcher, & Parker, 2004).

Emotional intelligence is expected to play a significant role in the future success of healthcare professionals. Cadman and Brewer (2001) proposed various competencies for high emotional intelligence needed for today's health industry. These set of competencies include one's ability to motivate others, to work in cross-functional teams and to understand and regulate own emotions (Cadman &Brewer, 2001). The same notion is supported by Strickland (2000), by concluding that the emotional intelligence competencies are highly important for the success in healthcare professions. Additionally, Strickland (2000) identified various emotional intelligence competencies in a quest to differentiate successful health care leaders from average staff members. These include emotional and self-control, self-management, team work, empathy, and self-awareness. The key indicators of successful healthcare leaders were high patient satisfaction, profitability, high peer's morale, co-operation, and high motivation of co-workers (Strickland, 2000). Self-awareness among all other competencies is considered as a significant factor in nursing profession. A self-aware practitioner is able to identify own emotions and the emotions of others and the effects of these emotions on others and self in various occasions of professional life. Similar, it provides an outline in developing accommodative

behavior on job, motivation of others assessment of other's feelings. Daniel Goleman (2000) also attribute self-awareness to the healthcare success by supporting the notion that an individual with high self-awareness industry can relatively better identify and regulate the emotions of others in relation to the organizational system.

Empathy is one another important factor proposed by Strickland (2000) through which health care leaders guide, establish trust, influence, and inspire others. Building trust is the key ingredient for high performance while working in teams as it represents the nature of relationship between team members.

Investigating the leadership traits, McCallin and Bamford (2007) concluded that health care leaders with high emotional intelligence are relatively more able to develop a leadership style that best suits the needs of the staff members than their counterparts. Similarly, in another study emotional intelligence was found to have a significant positive correlation with patient satisfaction, cross departmental relationships, and adaptation of human resources in turbulent times (Snow, 2001).

A perfect assessment of patient's emotions has a direct positive association with accurate diagnosis and history taking of the respective patient. If the health care practitioners are able to accurately assess the emotions of patients, their lifestyle and their treatment patterns, it may be easily understood about why certain interventions have a lasting effect as compared to others (Rao, 2006). Wagner et.al (2002) investigated the interrelationship between health practitioner's emotional intelligence and patient's satisfaction on thirty healthcare practitioners and 232 patients, using Bar-On EQ-I for emotional intelligence. The results showed that the subscale happiness had a direct positive relationship with patient satisfaction. Hence implying that happier a health care practitioner in personal life is, more is the probability of high patient's satisfaction. So, personal happiness is an integral component for increasing patient's satisfaction towards healthcare services. A similar study conducted by Akerjordet and Severinsson (2007), EI (Emotional Intelligence) had positive association with higher adaptability, pleasant relationship, and positive attitudes of the nursing staff.

Emotional intelligence was expected to minimize workplace burnouts in a study of 180 nurses through the use of Bar-On EQ-I. Additionally, emotional intelligence showed a positive relationship with commitment, overall job performance, responsibility and motivation on the sampled respondents (Gerits, Derksen, Antoine, & Verbrugge, 2004).

A study was conducted by Codier,Kooker and Shoultz, (2008) on two groups of nurses- one group included nurses with leadership positions while the other did not included any leadership positions. The results concluded that Emotional intelligence has a positive co-relation with leadership positions. Yet another study found that tenure of professional work

experience is directly related to the emotional intelligence of nurses (Humpel & Caputi, 2001).

Emotional intelligence is one another important factor that is considered for the prospective success of healthcare students. There are numerous professional programs aimed to promote and develop student's emotional and analytical skills (Wolf, 2006).

In a study conducted by Carrothers, Gregory and Gallagher (2000), applicant interview scores, GPA, and college admission test were investigated in relation to emotional intelligence on 147 medical college applicants. It was found that GPA and admission test were not significantly correlated with EQ however, applicant interview score was significantly associated with emotional intelligence hence implying that emotional intelligence indicate various measures for social and interpersonal skills of the applicants (Carrothers, Gregory & Gallagher, 2000).

Similarly, Stratton et.al, (2008) studied the relationship between emotional intelligence and attention to feelings, empathetic concern, communication skills and perspective taking. Only student communication skills had a significant relation with emotional intelligence score.

CONCEPTUAL FRAMEWORK

This study is based on the earlier contributions of Mayer and Salovey which proposed four branched models of emotional intelligence (EQ). This model integrates thinking with feelings and describes four different qualities- Recognizing emotions, using emotions, comprehending emotions and regulating emotions. The model also argues that individuals having adequate levels of intrapersonal and interpersonal skills are expected to regulate their emotions more effectively, handle others' emotions, manage environmental threats and enhance leadership qualities. While the social-emotional model asserts that with increased emotional intelligence individual's competencies may also increase leading towards effective dealing with demands and challenges and imbibe positive attitudes and behaviors.

Mayer and Salovey (1999) further claim that Spatial and verbal intelligence are related with the cognitive ability to analyze bits of information, based on this notion, emotional intelligence is considered to be rather more stable trait in an individual's personality. Similarly, an individual's current level of emotional intelligence can be enhanced through exposures and socializations. People can learn about their emotions and various underlying approaches to address them (Chang, 2007, 2008).

Chang (2007) carried out a study on college undergraduate students after a detailed training program, 79 students included the treatment group while 74 were in the control group. Three different instruments were validated on both groups. The

results indicated a significant improvement in student's EQ levels for treatment group than the control group. Furthermore, it was concluded that the relationship between nursing and EQ levels must be assessed as a priority in order to devise efficient measures for developing healthcare leadership.

The study aimed to investigate the emotional intelligence levels of hospital administration in relation to their respective performance. Emotional intelligence is measured on EQ inventory while performance of hospital administration is measured on questions regarding Productivity, Flexibility, Positive thinking, Project management & Professionalism.

RESEARCH DESIGN
AND
METHODOLOGY

Two set of tools are used for data collection in this study, the first tool (Emotional Quotient Inventory (EQ-i)) is used to measure the emotional intelligence level of respondents while the second tool is used to assess individual's performance in the organization. Responses were recorded on a five point Likert scale. The Emotional quotient inventory (EQ-i) comprises five composite scales with various subscales. The composite scales include interpersonal, intrapersonal, adaptability, stress management and general mood.

The second part of the questionnaire was designed to assess employee's performance on eight dimensions as proposed by Campbell et al.'s (1993). These dimensions include:

- Job specific task proficiency
- Non-job specific task proficiency.
- Written and oral communication proficiency
- Demonstrate efforts
- Personal discipline
- Regulating Peer and team performance
- Leadership
- Management

The instrument was validated by experts in the field while reliability was assured through pilot testing. The cronbach's alpha for the instrument was found to be 0.88 which represent a strong reliability for the instrument.

The total population consists of 110 hospitals in Rawalpindi and Islamabad. Whereas a random sample of 265 individuals was selected from various public and private hospitals from Rawalpindi and Islamabad. The respondents include nurses, technicians, administrators, and doctors.

An explanatory research design has been used in this study because of the fact that independent variable cannot be manipulated. It was the researcher's expectations that the sample selected would truly represent the required data in order to come up with establishing the relationship between emotional intelligence and employee's performance in the

health care industry. Self- administration of questionnaire was considered more useful in order to avoid any probable biasness.

RESULTS

The sample data contains 66% were male while 34% were female. The average age of the respondents was 36.45 years. While most respondents belonged to 30-40 years age group. The data showed that the performance of employees in private hospitals was relatively better than the public hospitals. Similarly, female employees scored better on emotional intelligence in both private and public hospitals in comparison to their male counterparts. Adaptability and general mode on subscales of EQ had the highest values among all categories for both males and females.

In order to investigate the level of contribution in the dependent variable by the independent variables, a regression model has been used. Employee's performance acted as the dependent variable while the subscales of EI were considered as the independent variables. A linear relationship between the variables was observed as:

$Y = \beta_0 + \beta_1 X_1 + \beta_2 X_2 + \beta_3 X_3 + \beta_4 X_4 + \beta_5 X_5 + e$
(1)
Where,
Y = Employee's performance, $\mathbf{B}_0$ = Constant Term,
X_1 = Interpersonal
X_2 = Intrapersonal
X_3 = Adaptability
X_4 = Stress Management
X_5 = General Mood
e= Error Term

Table 1 indicates the mean scores of various components for emotional intelligence with their relevant standard deviations. The respondents recorded relatively a better score on interpersonal, adaptability and general mood. This implies that the respondents were able to comprehend versatile view points and differences, capitalize the hardships that they face and listen to others actively hence facilitating others while involved in general communication. Similarly, the respondents were also able to identify the effects of their mood on others.

A regression analysis was conducted through using SPSS (16.0). The coefficient of determination (Adjusted R-square) as shown in table 02 indicates that 69.2% of contribution in the dependent variable was due to the effect of independent variables; while the 30.8% was due to some other factors. This necessitates the incorporation of such other variables in future research studies.

Since the significance value (0.0351) is less than the benchmark value (0.05). The F-significance value is (5.57). It shows the fitness of model. Therefore, we can safely say that the model is statistically significant in estimating how the independent variables may possibly affect the dependent variable. Table 03 shows the extracts of results for regression analysis in predicting the effects of five independent variables on one dependent variable. Based on the values given in the table, the regression equation would be as:
Y=1.227+0.734X_1 + 0.439X 2+0.317X 3+ 0.572X4+ 0.521 X5   (2)

As per the regression model, where all independent variables (i.e. interpersonal, intrapersonal, adaptability, stress management and general mood) are included in the equation, employee's performance will start from 1.227 at a constant zero. The model shows that a marginal increase in the independent variables i.e. interpersonal, adaptability, intrapersonal, stress management and general mood each at a time while others remaining constant, employees' performance will be changed to 0.734, 0.439, 0.317, 0.172 and 0.154 times respectively. It is observed that interpersonal qualities had the highest contribution in determining employee's performance while the employees' general mood had the least contribution in employee's performance.

DISCUSSION

The study at hand was focused on examining the emotional intelligence of hospital staff in relation to their performance. A statistically significant relationship between the dependent and independent variables has been observed. Previous researches have resulted into a positive co-relation between team work, management, conceptual, analytical tasks and emotional intelligence (Fox, (2000), Slaski, (2002), Schutte, (2001), Jordan et.al, (2002). Similarly, profit performance of firms was also correlated with the emotional intelligence of their employees (Langhorn, 2004). Ability based facets of EQ were found more related with challenge oriented performance of employees (Lyons, 2005). The significance of emotional intelligence in successful leadership was validated through a positive relationship by Hayashi and Ewert (2006). Offermann et al. (2004) noted that although emotional and cognitive intelligence both indicate an individual's performance, only the cognitive intelligence accounts for more differentiation in individual tasks whereas the emotional intelligence shows differentiation on attitudes and performance of teams. In a similar study, Gorgi H. et.al (2015) investigated EI in relation to Manager's performance. The results were insignificant and it was inferred that some other factors may also act as the possible determinants of employee's performance in hospitals. James (2014) found that self-awareness, self-management and relationships management being the subscales of EI were significantly contributing to the employee's performance.

CONCLUSION

It is concluded from the study that the interpersonal traits have a relatively greater impact on employee's performance in healthcare industry. Since the health care employees are faced with traumatic situations, therefore, empathy can play a significant role in such situations. A good sense of humor and an empathizing behavior in such situations can differentiate high performing employees from others. Based on the results of this study, it is highly recommended that hospitals should indulge their employees in trainings via simulations and other techniques. Furthermore, organizations must also encourage their employees to participate in community development programs to strengthen their linkages with community in terms of understanding their basic psyche and enhancing existing relationships with community.

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ANNEXES

Table 1: Mean and Standard Deviation of Variables

Variables	Mean	Standard Deviation
Interpersonal	4.028	0.701
Intrapersonal	3.013	1.174
Adaptability	4.274	0.720
Stress Management	2.801	0.901
General Mood	3.600	0.264

Table 2: Model Summary

R	R Square	Adjusted R Square	Standard Error of the Estimate
0.817	0.706	0.692	0.3541

Table 3: Regression Analysis Results

Model	Un-standardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
(Constant)	1.227	1.348		1.615	0.348
Interpersonal	0.734	0.245	0.188	4.425	0.0191
Adaptability	0.439	0.383	0.126	3.732	0.0285
Intrapersonal	0.317	0.173	0.056	3.732	0.0313
Stress management	0.172	0.092	0.132	3.893	0.0391
General mood.	0.154	0.241	0.083	3.842	0.0410