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I hereby declare that the project is based on my original work except for quotations and citations which have been duly acknowledged. I also declare that it has not been previously or concurrently submitted for any other degree at USM or any other institutions.

(Signature)

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DATE: 9TH JULY 2009

**EMOTIONAL INTELLIGENCE AND ITS RELATIONSHIP
WITH ORGANIZATIONAL COMMITMENT AMONG NURSES
IN PRIVATE HEALTHCARE IN THE NORTHERN REGION OF
MALAYSIA**

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UNIVERSITI SAINS MALAYSIA

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HEALTHCARE IN THE NORTHERN REGION OF MALAYSIA**

by

GANESH RAO

Research report in partial fulfilment of the requirements
for the degree of Master of Business Administration

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DEDICATION

This thesis is dedicated with gratitude and love to my darling wife, Prani Chindarat
and to my adorable daughter, Arisa.

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ABSTRAK

Industri kesihatan telah membangun dengan pesat kebelakangan ini. Malah, penambahan mendadak bilangan hospital swasta di Malaysia juga dilihat sebagai tanda keprihatinan rakyat terhadap kesihatan diri sendiri dan keluarga. Walau bagaimanapun, persaingan antara institusi swasta telah menimbulkan persoalan tentang tahap komitmen profesional kesihatan khususnya jururawat serta tahap pengurusan kepintaran emosi mereka dalam menangani segala masalah yang dihadapi dalam menjalankan tugas harian untuk menawarkan perkhidmatan kesihatan berkualiti. Oleh yang demikian, kajian ini bertujuan mengenalpasti tahap hubungan kepintaran emosi dengan komitmen organisasi di kalangan jururawat hospital swasta di utara Malaysia. Kajian ini juga menerokai peranan tenaga emosi sebagai pemoderat hubungan antara kepintaran emosi dengan komitmen organisasi.

Didapati bahawa daripada hipotesis yang dikaji, hanya dua hubungan signifikan dikesan iaitu antara dimensi-dimensi kepintaran emosi dengan komponen komitmen organisasi dan tenaga emosi dengan komitmen organisasi. Hipotesis yang tidak disokong adalah hubungan antara kepintaran emosi dengan komitmen organisasi dimoderat oleh tenaga emosi. Sampel kajian adalah daripada jururawat yang bekerja dengan hospital swasta di utara Malaysia. Borang soal selidik diedar kepada 400 jururawat dan 341 (85.3%) telah diterima untuk analisis. Analisis implikasi kajian ini serta cadangan untuk penyelidikan seterusnya juga dibincangkan.

ABSTRACT

The healthcare industry has undergone rapid development in recent times. This is apparent by the increasing number of private hospitals Malaysia. This increase of private healthcare institutions is also a sign that the citizens are taking a keen interest in maintaining or improving their own health and that of their family. However, the competition between private institutions have raised questions pertaining to the levels of organizational commitment among nurses and its link to emotional intelligence in dealing with day to day challenges providing quality healthcare. Therefore, this research report seeks to investigate the link between emotional intelligence and organizational commitment among nurses in private healthcare in Malaysia. This research also seeks to establish that emotional labour moderates this relationship.

It was found that the hypotheses showed positive and significant relationships were between the dimensions of emotional intelligence and organizational commitment while another was emotional labour with organisational commitment. The hypothesis that was not supported was the relationship between emotional intelligence and organizational commitment being moderated by emotional labour. The research respondents consist of nurses working at various private hospitals in northern region of Malaysia. The questionnaires were distributed to 400 nurses and 341 (85.3%) was received for analysis. The analysis of the implications and suggestion for future research is also discussed.

Chapter 1

INTRODUCTION

1.0 Introduction

This chapter touches on the background of the study, problem statement, research objectives, research questions and the significance of the study. Definitions of key terms are also highlighted.

1.1 Background of the Study

Historically nursing professionals represent the largest bulk of healthcare workers. Therefore a shortage of available nurses will jeopardize all aspects of healthcare delivery. The International Council of Nurses (ICN) in their 2008 annual report identified United States of America as having the highest turnover rate at 16.8%, followed by United Kingdom (16%) and Ireland (13.5%). According to Ledgister (2003), the shortage of nurses will be a global phenomenon especially in western countries within the next decade. Countries such as the United States of America, United Kingdom, Canada, Ireland, Germany, Sweden and Norway will face an acute shortage of nurses in which will continue for the next decade. Among reasons identified by ICN was the failure to retain nurses by administrators, unfavourable working conditions or working environment, the increasing demand for nurses and burnout among nurses.

In Asia, the International Council of Nurses have estimated the turnover rates for nurses are highest in Japan at 12.4% followed by Thailand at 10% and lowest in Hong Kong (2%) and Singapore (1%). The Council has also projected an indefinite shortage of nurses in year 2009 onwards for countries like Singapore, Thailand, Hong Kong, Japan, Korea and Macau and has identified poor working environment,

burnout, increasing demand and low incentives as possible reasons causing the shortage.

This global phenomenon is also reflected in Malaysia raising considerable interest among healthcare administrators and the government. The shortage of trained nurses is not confined to the public healthcare alone and also plaguing private healthcare facilities also. The Malaysian government has recognized the need for training more nurses and has recently allocated a sum of RM 70 million under the Budget 2009 to this effect. In a recent statement, the Minister of Health, Malaysia, Dato' Liow Tiong Lai disclosed that in ensuring quality and safe care, adequate numbers of nurses need to be provided but unfortunately, at this moment there is a shortage of nurses in Malaysian healthcare facilities. According to the Minister, as of March 2008, only 85.9% of posts for staff nurses in Malaysia had been filled, leaving almost over 6,000 posts vacant. This phenomenon has prompted researchers globally to investigate the motivation and various other issues that are affecting the nursing profession in order to address the high turnover of nurses.

The nursing profession in general is viewed as a caring profession and nurses are expected to display a certain amount of discipline in managing their emotions and those in their care. Kooker, Shoultz and Codier (2007) described nurses as efficient in recognizing their own strengths and weakness, displaying empathy and recognizing client needs, nurturing relationships, using personal influence and acting as change agents. In his research, Vitello-Cicciu (2003) uncovered that turnover among healthcare workers is exacerbated by the emotionally demanding nature of the work itself.

Emotional intelligence as conceptualized by Salovey and Mayer (1990), included verbal and non verbal appraisal and expression of emotion, the regulation of

emotion in the self and others, and the utilisation of emotional content in problem solving. In short, emotional intelligence is described as involving abilities that may be categorised into five domains: (a) self-awareness, (b) managing emotions, (c) motivating oneself, (d) empathy, and (e) handling relationships (Salovey & Mayer, 1990). Researchers such as Moss (2005) have found that especially for professions like nursing, where emotions play a central role, emotional intelligence is related to the enhancement of any role the nurses in creating value for the patient/client thus creating a suitably positive work environment for patient/client safety while improving the quality of life of the nurses involved.

Emotional intelligence has previously been the topic of research in areas like leadership, performance, workforce issues, healthcare industry, and gender differences especially professions such as nursing (Cherniss, 2004). In 1990, Salovey and Mayer proposed the first framework of emotional intelligence. In 1997, Mayer and Salovey further refined their definition of emotional intelligence. They proposed that emotional intelligence refers to an individual's set of interrelated skills concerning 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; and the ability to regulate emotions to promote emotional and intellectual growth (Mayer & Salovey, 1997). Since then, the definition of emotional intelligence has been enriched by many other researchers as the volume of research in this area flourishes.

The importance of emotional intelligence in a service oriented industry such as healthcare cannot be denied (Wong & Law, 2002). More so when impaired emotional intelligence in a service centred profession such as nursing may prove to be detrimental to the individuals' health themselves. This is because unaddressed

emotions or the inability to manage one's emotions may affect their health and to those around them. Brackett, Mayer and Warner (2004) have found that those with impaired emotional intelligence are twice as much likely to experience anxiety, stress, anger and confusion in highly stressful situations. This in turn may negatively influence the individuals work outcomes and the overall organizational performance. It is noted that emotional intelligence plays an important role in the nursing work environment and ensuring quality performance of the nurses (Wong & Law, 2002). Choi, Bakken, Larsen, Du and Stone (2004) supports this claim by finding that a positive work environment aids the organizational commitment levels of staff and fosters professional nursing practice. Abraham (2000) established that emotionally intelligent employees are happier and more committed leading to improved individual and organizational performance.

Organization commitment has many definitions but basically it refers to the bond between the individual and the organization. The widely accepted definition is by Mowday, Steers and Porter (1979), who defined organizational commitment as the relative strength of an individual's identification with and involvement in a particular organization. This definition was further divided into separate components by Meyer and Allen (1990) proposing a three component model of organizational commitment which is represented by an individual's affective commitment, which is a desire to belong to the organization, continuation commitment, which is based on a belief that leaving the organization will be costly and finally normative commitment, which refers to an individual's sense of obligation to the organization.

Organization commitment is often linked to performance where highly committed employees are considered high achievers and highly productive (Porter, Steers, Mowday, & Boulin, 1974). Therefore, in the context of healthcare

organizations, the commitment of nurses may influence the organization performance and productivity.

1.2 Problem Statement

Healthcare is one of the fastest developing industries in Malaysia and is faced with many challenges as improving quality of life for the average citizen remains a top agenda for the government in reaching developed nation status and achieving its Vision 2020. However, even though the country's healthcare facilities are equipped with the latest infrastructure and equipment, the personnel need to run it are sorely lacking. Among other reasons is Malaysian nurses are being lured to work in neighbouring countries with promises of better remuneration because not only are the nurses multilingual, they are also highly trained. This has raised questions on how to increase the commitment levels of nurses. In a recent statement, the Minister of Health, Malaysia, Dato' Liow Tiong Lai disclosed that in ensuring quality and safe care, adequate numbers of nurses need to be provided but unfortunately, at this moment there is a shortage of nurses in Malaysian healthcare facilities. According to the Minister, as of March 2008, only 85.9% of posts for staff nurses in Malaysia had been filled, leaving almost over 6,000 posts vacant. The shortage has resulted in some of the newer hospitals not being able to operate at full capacity and have stretched the current nursing workforce.

This shortage is even more apparent in the private sector of healthcare, where nurses are often required to work longer hours and has to attend to more patients. According to the Malaysian Nursing Board, the number of registered nurses in Malaysia as of end of 2008 is 68,349 and almost 35% or 23,923 are in private healthcare service including private nursing colleges. The Ministry of Health also noted that the number of

private hospitals is 209 at the end of year 2008, nearly double from 135 registered in year 2001.

In Penang state itself there are eight private healthcare facilities providing similar services. Such intense rivalry increases the service standard expected by each hospital and requires complete commitment by the nursing employees. However, one of the most challenging human resource difficulties faced by these private hospitals is managing the high turnover of nursing staff and the subsequent shortage of staff. The total number of nurses employed by these private hospitals in Penang alone is close to two thousand staff. The attrition rate reported by one of the hospital is at 8%. Loyalty and commitment of the nurses to a particular organization has been and continues to be difficult task to manage.

The concept of emotional intelligence is therefore very relevant to this service dependent profession and may shed the light on how to keep nurses engaged in practice and thus improve the performance of the organisation itself. In addition, it may improve nurses' commitment and patient recovery (Kooker et al., 2007). Recent researchers have explored the relationship and influence of emotional constructs and organizational commitment and its outcomes including the nursing profession as it is considered an emotionally charged profession (Abraham, 2000; Carmeli & Josman, 2006; Day & Carroll, 2003; Guleryuz, Guney, Aydin & Asan, 2008; Humphreys, Brunsen & Davis, 2005; Landa, Lopez-Zafra, Martos & Aquilar-Luzon, 2007; Law, Wong & Song, 2004; Wong & Law, 2002; Yang & Chang, 2008). Mathieu and Zajac (1990) also found that greater organizational commitment can aid higher productivity.

This study seeks to examine the relationship between nurses' emotional intelligence with organization commitment specifically in the private healthcare industry in Malaysia. Emotional intelligence is an important aspect of nursing practice that requires the effective ability to recognize emotions and handle responses of the patients and their loved ones including having effective interaction with other healthcare service providers. Therefore the effective management of an individual's emotional make-up may also influence their organizational commitment.

The issue of nursing shortage is a global phenomenon and not restricted to Malaysia alone and has prompted numerous efforts in improving the training, performance and organisational commitment of healthcare workers (Vitello-Cicciu, 2003). It has been established by Casal (1996) that patient care and satisfaction are directly correlated with the contribution of healthcare providers like nurses. The shortage of such key personnel poses a serious challenge to the efficiency and effectiveness of any healthcare delivery system (Fang, 2001). Nursing staff are often described as employees in turbulent environments who are struggling to maintain high quality patient care with fewer resources (Laschinger, Finegan, & Shamian, 2001). Hospitals are the main pillar of an effective healthcare system while nurses provide a crucial primary care giver functions within a hospital.

In short, the quality of nursing service provided by healthcare facilities such as hospitals is very much dependent on the nurses in their employ. The emotional intelligence of nurses in turn is an important aspect in aiding the recovery of their patients and managing their own emotions. However, the global shortage of nurses is proving to be a crisis for healthcare service providers to maintain adequate staffing in their facilities and emotional intelligence is postulated to be linked to influencing the nurses organizational commitment.

1.3 Research Objectives

The purpose of the present study is to understand the relationship between emotional intelligence and organizational commitment of nurses. The objectives of the present study are as follows:

- 1) To investigate the relationship between nurses emotional intelligence and organizational commitment.
- 2) To investigate the relationship between nurses emotional labour and organizational commitment.
- 3) To investigate whether the emotional intelligence-organizational commitment relationship is moderated by emotional labour.

1.4 Research Questions

Therefore, to achieve the above objectives, the study is conducted with the aim of addressing the following questions:

- 1) What is the relationship between nurses emotional intelligence and organizational commitment including the three components of organizational commitment namely affective, continuation and normative commitment?
- 2) What is the relationship between nurses emotional labour and organizational commitment including the three components of organizational commitment namely affective, continuation and normative commitment?
- 3) Is the emotional intelligence-organizational commitment relationship is moderated by emotional labour? If it is, in what way does it moderate this relationship?

1.5 Definition of Key Terms

Emotional Intelligence: Emotional intelligence refers to the set of interrelated skills concerning 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; and the ability to regulate emotions to promote emotional and intellectual growth (Mayer & Salovey, 1997).

Emotional Labour: Refers to the extent to which an employee is required to present an appropriate emotion in order to perform the job in an efficient and effective manner (Wong & Law, 2002). It can further divided into a six factor model proposed by Brotheridge and Lee (2003). They have postulated the emotional labour can be measured in six dimensions, namely frequency, intensity, variety, duration, surface acting and deep acting. Surface acting refers to the pushing down one's authentic expression of self in favour of an emotional mask whereas deep acting refers to pumping up by trying to acquire one's true feeling in to alignment (Grandey, 2000). The other four dimensions refer to emotional labour as a behavioural response to the variations in the frequency, variety, intensity and duration of service interactions (Morris & Feldman, 1996).

Organisational Commitment: Mowday et al. (1979), defines organizational commitment as the relative strength of an individual's identification with and involvement in a particular organization. Meyer and Allen (1990) further proposed a three component model of organizational commitment which is represented by an individual's affective commitment, continuation commitment and normative commitment.

1.6 Significance of the Study

This study aims to discover the role of emotional intelligence in influencing nurses organizational commitment. If the relationship is proven, then training in emotional intelligence is justified and perhaps may play a role in retaining the right individual for this profession. In addition, there is paucity of studies of this nature and in this population where emotional intelligence plays an integral role influencing client/patient outcomes. Nurses provide complex and compassionate care by being with the patients during most of their hospital stay and are the most appropriate persons to understand and feel for the patients. Thus, nurses are in the best position to understand their patients' feelings and perceptions of their illnesses, their reactions towards their illnesses and their concerns about the care given.

Studies in the area of emotional intelligence in Malaysia have only just begun to take shape with mostly in the area of leadership. This research serves to analyze its relationship with the organizational construct such as organizational commitment. Given the local population is made up of a diverse backgrounds and cultures; the findings of the study would be beneficial to private healthcare institutions and facilities.

This current study differs from others as it focuses on the nursing profession in particular. The constructs involved in the theoretical framework differs from other previous research as the antecedents of organizational commitment are used and emotional labour is proposed as the moderator of the emotional intelligence-organizational commitment relationship. The culture of respondents which are of Asian background is also a contrast as previous studies were conducted in Western countries. In addition the findings provide a possible measurement in aiding the recruitment of nurses and identifying areas for improvement of the nurses.

The results and findings of this research is hoped to assist private institutions to attract and retain their employees, in addition to filling the gaps in the literature as well as to contribute to the body of existing knowledge.

1.7 Organization of Chapters

This research is confined to private healthcare hospitals in the northern region of Malaysia, to the states of Penang and Kedah respectively because of their high density of private healthcare facilities. This research consists of the following five chapters:

Chapter one presents an overview of the present study. The research issues are highlighted in the problem statement section. Research objectives and research questions have been identified to guide the direction of this study. The significance of the study explains the rationale of conducting this study.

Chapter two consists of literature reviews on various journals and published materials related to this topic. The dependent variable, moderating variable, and independent variables are presented in a theoretical framework.

Chapter three discusses the research methodology which covers research design, the nature of the study, the population and sample, data collection method, measurements and the statistical analysis that is used for this study.

Chapter four outlines the results of the research, profile of the respondents, the goodness of measures, descriptive statistics, regression analysis, hypothesis testing and the summary of the results.

Chapter five consists of the discussion and conclusions of the research and touches on the study's implications, limitations and areas for future research.

Chapter 2

LITERATURE REVIEW

2.0 Introduction

This chapter presents a review of the evolution of the emotional intelligence theory and the related research in this area. The various concepts and constructs of emotional intelligence is explained in detail as with their measurement instruments. This review entails a brief description of all the available and relevant research while describing the selection of the variables in this study.

2.1 Review of the Literature

In the last two decades, there has been increasing research in the area of emotional intelligence (EI), and it has emerged as one of the most visible and high-profile constructs in individual differences research (Matthews, Zeidner & Roberts, 2007). There are currently many journal articles that address key issues especially its application in real world settings. However, despite numerous research completed in emotional intelligence, it is postulated that it is still in infancy and with many fundamental issues like its measurement and definition in question.

2.1.1 Emotional Intelligence

Previous research has indicated that a person's success in career and personal life cannot be attributed to Intelligence Quotient (IQ) alone as success is also attributed to other personal factors. Emotional intelligence's evolution can be traced to Thorndike (1920)'s definition of what he then described as social intelligence, which refers to the ability to understand and manage men and women, boys and girls – to

act wisely in human relations. This definition encompasses cognitive and behavioural components; specifically the ability to understand and manage people as an intellectual capacity and this capacity is different from the abstract-verbal and concrete-mechanical aspects of intelligence (Derksen, Kramer & Katzko, 2002).

Since then a great deal of attention has been on social intelligence but there has been no consensus in its definition. Many researchers have provided different definitions as the concept of social intelligence is difficult to define. Definitions have ranged from social perception (Walker & Foley, 1973) to a multi-dimensional construct (Mayer & Salovey, 1993). The problems with the definition and measurement of social intelligence led to the evolution of the term emotional intelligence.

Emotional intelligence has had its roots in Gardner (1983) development of his Multiple Intelligence Theory which combines cognitive with emotional aspects of emotional intelligence. The Multiple Intelligence Theory consists of nine independent types of intelligence, one of which is “personal intelligence”. Personal intelligence can be further divided into intrapersonal intelligence; the knowledge of one’s internal processes and feelings and interpersonal intelligence; the ability to determine other people’s reactions needs, emotions and intentions. The other human intelligences proposed by Gardner (1983) are visual-linguistic, logic-mathematics, visual-space, kinaesthetic, music, interpersonal, naturalist and existential. This theory also states that this intelligence involves a person’s ability to solve problems or compose music, write poetry and choreograph dances while disagreeing that the Intelligence Quotient (IQ) is the exclusive measure of intelligence. Subsequently the emotional intelligence construct was first proposed by Salovey & Mayer (1990) and is also known as the Ability/Intelligence Model which focuses on abilities related to

identifying and understanding emotions in self and others and emotional problem solving.

According to Salovey and Mayer (1990) emotional intelligence is defined as a type of social intelligence which involves the ability to monitor one's own and other's emotions, to discriminate among them, and to use the information to guide one's thinking and actions. Here they identified six components of emotional intelligence: emotional self awareness, assertiveness, empathy, interpersonal relationships, stress tolerance and impulse control.

These six components are also used by Bar-on (1997) concept of emotional intelligence and he defines it as an array of noncognitive capabilities, competencies and skills that influence one's ability to succeed in coping with environmental demands and pressures'. This model is also known as the Personality Trait Model. According to Bar-on (1997), emotional intelligence is an important factor in determining one's ability to succeed in life and has a direct influence on a person well-being. Bar-on was the first to develop a psychometrically researched test for emotional intelligence known as the Emotional Quotient Inventory (EQ-i). Bar-On (2000) introduced his Theory of Emotional Intelligence Bar-On which divides emotional intelligence into 5 main components as follows:

a) Intrapersonal Skills

This refers to the ability to understand own emotions and the ability to express one's emotions, feelings, needs or wants.

b) Interpersonal Skills

This relates to ability to understand and appreciate others people's feelings, communicate well and have a close relationship with others.

c) Adaptability

This refers to the flexibility of an individual in adapting to the surrounding environment while always being realistic and effective in handling change. Someone with this skill is capable in finding solutions to problems positively and able to handle the pressures of life.

d) Stress Management

This component refers to the ability to cope with stress calmly and without undue haste while being able to carry out tasks and responsibilities effectively.

e) General Mood

The general mood component relates to having an optimistic attitude, being happy and satisfied with their individual outlook.

Another model of emotional intelligence is known as the Mixed or Performance Model by Daniel Goleman. Goleman (1995) expanded the emotional intelligence concept by stating his theory that emotional intelligence is an important factor in deciding all aspects of our life especially in work environments. He also goes on to define emotional intelligence as an ability to control urges or emotional instincts, identify deep and private emotions and the ability to effectively manage relationships. According to him, individuals have two minds; the rational mind and the emotional mind. In 1998, Goleman proposed five domains of emotional intelligence as follows;

a. Self awareness

Self awareness refers to identifying an emotion at the time the emotion is present. This domain serves as the basis for emotional intelligence.

b. Self regulation

Self regulation refers to managing feelings or emotions so as to express it in the right way.

c. Motivation

Motivation refers to management of instincts so as to always be thinking positively and optimistic while considering negative emotions as motivation to begin thinking, planning and problem solving.

d. Empathy

Empathy is a skill of not just understanding another person's difficulty, but also feeling what the other person is experiencing.

e. Social skills

Social skills refer to the formation and development of close relationship, influencing others and helping others to find happiness or peace.

However, Goleman did not establish a psychometrically sound measurement for the five domains he has identified.

Subsequently, Mayer and Salovey (1997) refined their earlier Ability/Intelligence Model's definition of emotional intelligence to be represented by four major dimensions. According to them, emotional intelligence refers to the set of interrelated skills concerning 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; and the ability to regulate emotions to promote emotional and intellectual growth.

This refined definition by Mayer and Salovey (1997) focuses strictly on abilities alone and therefore satisfies the conceptual criterion of intelligence. Carroll (1993) has stated that to meet the conceptual criterion of an intelligence, a construct

must reflect abilities rather than tendencies to act in certain ways. This criterion is based on an important distinction between abilities and personality traits.

Emotional intelligence is conceptualized as composed of four distinct dimensions (Mayer & Salovey, 1997; Salovey & Mayer, 1990):

- a) **Appraisal and expression of emotion in the self (self emotional appraisal [SEA]).** This refers to the individual's ability to understand their deep emotions and be able to express these emotions naturally. Those who have this ability are able to perceive their own emotions and acknowledge them.
- b) **Appraisal and recognition of emotion in others (others emotional appraisal [OEA]).**

This refers to the ability to perceive and understand the emotions of those around them. Individuals are sensitive to the feelings and emotions of others while being to understand the thought of others at that time.

- c) **Use of emotion to facilitate performance (use of emotion [UOE]).**

This refers to the ability of individuals to make use of their emotions by directing them towards constructive activities and personal performance.

- d) **Regulation of emotion in the self (regulation of emotion [ROE]).**

This refers to an individual's own ability to regulate emotions, which will enable a more rapid recovery from psychological distress.

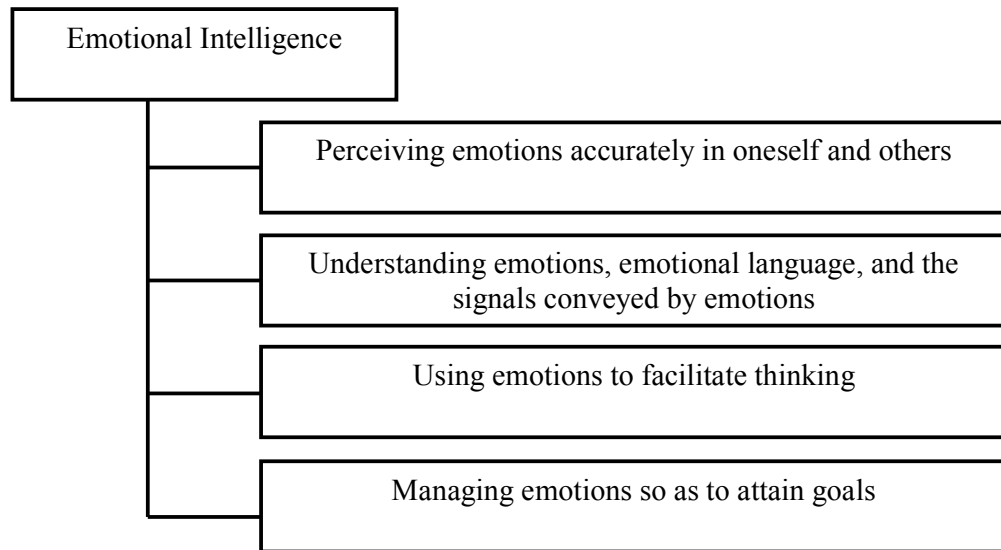


Figure 2.1 The Four Branch Model of Emotional Intelligence (Mayer & Salovey, 1997)

This definition and dimensions proposed by Mayer and Salovey have been widely accepted and have been used in many studies researching emotional intelligence. However, over time, the earlier proponents of emotional intelligence claimed many aspects that now are proven to be not substantiated (Zeidner, Roberts, & Matthews, 2008). For example, Goleman (1995) has strongly proposed that emotional intelligence maybe as important as Intelligence Quotient (IQ) in determining life success but this has been disproved by the mounting research done in this area.

Zeidner et al. (2008) have also surmised that despite nearly two decades of research there is little consensus on how emotional intelligence should be defined and conceptualized. According to Ciarrochi et al. (2000), the definitions of emotional intelligence are often varied for different researchers, but nevertheless tend to be complementary rather than contradictory. However, a literature search concluded that the majority of studies have based their emotional intelligence model on the concept

proposed by Mayer and Salovey (1997), which divides emotional intelligence into four different ability-based dimensions. This definition was further refined by Mayer, Salovey and Caruso (2000) but the definition does not vary much from the earlier proposed four branch model.

Emotional intelligence and its impact on the nursing profession have been researched before. Researchers like McQueen (2003) have found that a meta-analysis of current literature support that the demands of the nursing profession rely greatly on emotional intelligence in order to meet the needs of direct patient care and cooperating with other member of healthcare delivery. Recent research also found that certain emotional intelligence dimensions have a positive effect on organizational commitment (Day & Carroll, 2004; Guleryuz et al., 2008).

2.1.2 Measuring Emotional Intelligence

Researchers have come with various measures of the emotional intelligence constructs over the years. Basically they can be divided into two distinct models, one measuring emotional intelligence as an ability (e.g. Mayer & Salovey, 1997) and another mixed model, measuring emotional intelligence on ability and personality factors (Bar-On, 1997). As defined earlier, emotional intelligence is a set of abilities that a person uses to understand, regulate and make use of his or her emotions. As a particular type of competence, emotional intelligence is different from personality traits that reflect tendencies to think, feel and behave in certain ways. Mayer and Salovey developed the Multifactor Emotional Intelligence Scale to measure emotional intelligence and further refined it in the updated version MSCEIT version 2 (Mayer et al, 2000). This measure has a 141-item; ability-based measure of

emotional intelligence with four subscales to assess each dimension of emotional intelligence.

Research has been conducted to investigate the influence and relationship of emotional intelligence with organizational outcomes. Wong and Law (2002) state that there remains absence of strong empirical evidence in the literature about the relationship between emotional intelligence of both leaders and followers and their job outcomes. One main reason identified was the lack of psychological sound yet practical short measure of emotional intelligence that can be used in leadership and management studies. Thereafter they developed a short measure (16 items) known as the Wong and Law Emotional Intelligence Scale (WLEIS) to this effect and it has been used as a valid measure of emotional intelligence by current researchers (refer to Appendix A). The short and practical WLEIS is an appropriate scale to be used to survey respondents that their nature of work does not permit long duration of completion.

2.1.3 Organizational Commitment

There are a few definitions available for organizational commitment but the common notion with all of the definitions is that commitment is the bond that is formed between the employee and the organization (Lee, Ashford, Walsh & Mowday, 1992). Most studies however, have adopted the definition by Mowday et al. (1979), who defined organizational commitment as the relative strength of an individual's identification with and involvement in a particular organization. However, it has been argued that organizational commitment is too broad for effective analyses and to interpret (Benkhoff, 1997). For over twenty years researches have used this definition by Mowday et al. (1979) until Meyer and Allen proposed a three

component model of organizational commitment. The attitudinal commitment component of organizational commitment by Mowday et al. (1979) is similar to the Meyer and Allen (1991) definition of affective commitment. Attitudinal commitment is defined as both a state of positive obligation developed as a result of past actions which comprises of employee and employers deeds (Brown, 1996).

Meyer and Allen (1991) proposed a more distinct construct that differentiates the dimensions of organizational commitment as affective commitment, continuance commitment and normative commitment. The three components of attitudinal commitment form a conceptualization of organizational commitment and share the view that commitment is a psychological state that characterizes the employee's relationship with the organization and has implications for the decision to continue or discontinue membership in the organization (Meyer & Allen, 1991). The three component model proposed by them are; Affective Commitment (AC) is a desire to belong to the organization, Continuance Commitment (CC) is based on a belief that leaving the organization will be costly and Normative Commitment (NC) is a sense of obligation to the organization.

Meyer and Allen (1990) also developed a psychometrically sound and reliable measure of the components of commitment which corresponds to the measurement of organizational commitment. Notably the questionnaire measurement was successfully tested for generalizability in Malaysia by Ali Yusob and Gill (1999). The three components also reflects a difference between a preference to stay with the present organization arising out of a sense of attachment, compared to one rooted in a sense of economic necessity or of moral obligation (Gallie, Felstead, & Green, 2001).

Employees who perceive the organization is creating a positive environment will tend to reciprocate with high affective commitment (Cohen, 1999). Lack of

organizational commitment has detrimental effects such as increase in turnover rate and turnover intention; higher absenteeism and tardiness; and poor performance which are all affecting organizational efficiency and effectiveness negatively (Lum, Kervin, Clark, Reid & Sirola, 1998; Cohen & Hudachek, 1998). Lack of organizational commitment in nurses in particular, creates conflict with personal needs, family needs, lack of learning, lack of appreciation and fairness, inadequate monetary benefits, overload and stress, poor relations with co-workers and lack of job security in addition to the undesirable employee behaviours previously highlighted (McNeese-Smith, 2001).

There is a paucity of literature exploring the link of emotional dimension on organizational commitment, with most literature focusing on cognitive aspects of employee outcomes (Knoop, 1995; Lee & Maurer, 1999). However, there are researches investigating the relationship between emotional intelligence and organisational commitment (Abraham, 2000; Carmeli & Josman, 2006; Day & Carroll, 2004; Guleryuz et al., 2008; Humphreys et al., 2005; Landa et al., 2007; Law, Wong & Song, 2004; Wong & Law, 2002; Yang & Chang, 2008). The relationship is found to show higher organizational commitment in employees with higher emotional intelligence. According to Jordan, Ashkanasy, and Hartel (2002), emotional variables may explain the discrepant outcomes of various prior studies of this nature. Apart from that, Testa (2001) states that organizational commitment can be seen as an emotional response to a positive appraisal of the work environment.

2.1.4 Emotional Labour

Emotional labour can be described as the act of expressing socially desirable emotions during service transactions (Ashforth & Humphrey, 1993). The first definition of Emotional Labour was postulated by Hochschild (1983), which is that emotions in the workplace are often viewed as a commodity provided by the employees in exchange for individual rewards. According to Hochschild, there are three types of labour in a job, namely mental labour, physical labour and emotional labour. She describes emotional labour as the induction or suppression of feeling to sustain the outer appearance that results in others feeling cared for in a safe place. Mental labour refers to the cognitive skills and knowledge as well as the expertise of employees. Physical labour refers to the physical efforts of employees to achieve organizational goals.

Wong and Law (2002) defines emotional labour as to the extent to which an employee is required to present an appropriate emotion in order to perform the job in an efficient and effective manner. Emotional intelligence is considered an interrelated ability that is inherent in an individual while emotional labour is emotion-related job requirements imposed by organizations which actually represents a particular type of job demand. There are many jobs that need extensive interaction with customers or co-workers (team oriented jobs) and there are also jobs which need minimal customer contact (e.g. line workers). Therefore emotional labour is a measure as to the demands of the job itself. However, Grandey (2000) has proposed a distinctly alternative definition for emotional labour that is described as the process of regulating both feelings and expressions for the organizational goals. Generally it is accepted that Hochschild (1983) definition is more relevant in terms

of emotional intelligence as it fits well with the definition of emotional intelligence and its four different dimensions proposed by Mayer and Salovey (1997).

Emotional labour is considered to play an important part in many healthcare professions especially in nursing (Mann, 2005). Nursing staff are therefore viewed as required to express a higher degree of emotional labour compared to other professional and technical staff with similar jobs (Staden, 1998; Yang & Chang, 2008). Its relevance with the nursing profession is important and has been researched globally. Emotional labour has also been linked to the well being and performance of employees like nurses and hospital healthcare providers (Smith, 1992; Wharton, 1993). McQueen (2003) reports that emotional labour is essential in establishing therapeutic nurse-patient relationships in a meta-analysis conducted on nursing and its relationship with emotional labour. Wong and Law (2002) in their study reported that emotional labour strongly moderates the emotional intelligence-commitment relationship.

The measurement of emotional labour remains an undeveloped topic except the six factor model presented by Brotheridge and Lee (2003). They have postulated the emotional labour can be measured in six dimensions, namely frequency, intensity, variety, duration, surface acting and deep acting. Surface acting refers to the pushing down of one's authentic expression of self in favour of an emotional mask whereas deep acting refers to pumping up by trying to acquire one's true feeling in to alignment (Grandey, 2000). The other four dimensions refer to emotional labour as a behavioural response to the variations in the frequency, variety, intensity and duration of service interactions (Morris & Feldman, 1996).