

Empirical Reflection on Emotional Intelligence and Employee Commitment in Private Hospitals in Port Harcourt, Nigeria

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Abstract: The study indicated the empirical reflection on employee's emotional intelligence and organizational commitment in private hospitals operating in Port Harcourt, Nigeria. The research design was a survey/cross-sectional. The sample frame was 195 workers in 19 registered private hospitals operating in Port Harcourt. The research instrument was tested for validity and reliability. The study developed and tested ten hypotheses. Emotional intelligence (E.I) was proxy by self awareness, self management and social awareness. Employee commitment was measured by affective commitment, normative commitment and continuance commitment. The result of the tested hypotheses with the aid of SPSS version 20 shows that there is a very strong relationship between employee's emotional intelligence and organizational commitment moderated by written rules and procedures (formalization). The researchers therefore, recommends that private hospitals operating in port Harcourt should intensify effort at developing their workers self awareness skill, social awareness skill, self management skill, through training and retraining of the workforce so that workers commitment to the organization would improve and the organization could position itself for competitive advantage.

Keywords: emotional intelligence, organizational commitment, self management, social awareness, social intelligence, normative commitment, continuance commitment.

1. INTRODUCTION

All conscious creatures have understanding, however, among them human being have great intelligence. Human beings are wanting or craving beings in a steady state of want. As they satisfy one need the next emerges on its own and demands satisfaction. Prone to a steady flow of positive and negative thinking and feelings, what differentiate man is that man is legally competent of positive change. Hence, it has become important to understand what we're feeling, what others are feeling, how to manage our own feelings and how to manage relationships with others. This is Emotional Intelligence, a connotation which explain the complicated competence to control our desires, identify with others and be tough in the time of difficulties. Emotional intelligence is a product of the amount of communication between the rational and emotional centers of the brain (Maduri et al, 2016). However, studies found that emotional and social talents essentially help to make better cognitive functioning.

Emotional intelligence is imperative for accomplishment in work and in life. The probability that emotional intelligence is a strong predictor job performance by itself is low (Goleman et al, 1999.). But, to a certain extent it provides the basis for competencies that exist. Emotional intelligence, or "EI," is the competence to recognize your own feelings and those of others, and the competence to inspire yourself and others, as well as to take care of your own emotions and those of others (Jones,2012) . Maybe it would be healthier to abridge the connotation. Emotional intelligence rises when people give

themselves to building sensible abilities in the framework of everyday state of affairs. Nothing can be better prevailing than developing compassion talents all through everyday contacts on the job.

What does this have to do with running an health care (hospital) business, Managing an hospital and dealing with bottom-line performance issues? Obviously, if hospitals managements were to take the time to listen with compassion at all that was said, it will amount to waste of effective man hour. To listen to all workers excuses always amount to waste of time. Hospitals that have excellent leadership usually have managers with the ability to have emotional intelligence. This means that the managers are able to comprehend and make easy emotion in the place of work. They know how to exhibit the right kind of emotions to their employees. They treat their employees fairly and without immature or irresponsible methods. Managers with emotional intelligence are competent to keep on cool under pressure and are empathetic, sympathetic and exceptional motivators. These managers have the competence to control their feelings. This means that they do not react unnecessarily to challenges and are cool in the face of problems. It is very essential that managers retains their best and keep their commitment to the organization.

Commitment is a conviction, which mirrors the potency of a person's connection to an organization. The concept of employees' commitment has been examined and confirmed to be a result of management practices in many studies (zaitaini,2011). mathie and zajac (1990) based on observation and experiment recommended that fair incentives, skill improvement, empowerment, appreciation and information sharing all have consequence on employee commitment. The health-care organizations that appear to do well are the ones in which a commitment to the organization' mission and resources are made by both the organization and its workers (Oparanma, 2015).

In Port Harcourt, health care services are to be provided by publicly and privately owned hospitals. The general mandate given to all the health care services providers (public & private) within the framework of the laws is to provide qualitative, affordable, specialized primary, secondary and tertiary health care services to the citizenry and to eventually decrease the difficulty of diseases within the communities, through provision of quick to act and expressed preventive, curative and rehabilitative services. Therefore, to achieve the aforementioned, the employees of the hospitals needs to be equal to the task. Hence, this study aimed to examine the correlation between two important human resources tool, emotional intelligence and employee commitment in the private hospitals in Port Harcourt.

The following hypotheses were tested in this study.

H₀₁: the relationship between employee self awareness and affective commitment is not significant

H₀₂: the relationship between employee self awareness and continuance commitment is not significant

H₀₃: the relationship between employee self awareness and normative commitment is not significant

H₀₄:the relationship between employee self management ability and affective commitment is not significant.

H₀₅: the relationship between employee self management ability and continuance commitment is not significant

H₀₆: the relationship between employee self management ability and normative commitment is not significant

H₀₇: the relationship between employee social awareness skill and affective commitment is not significant

H₀₈ : the relationship between employee social awareness skill and continuance commitment is not significant

H₀₉: the relationship between employee social awareness skill and normative commitment is not significant

H₀₁₀: The interaction between Emotional Intelligence and organizational commitment is not moderated by formalization

2. METHOD

The study was a cross sectional survey as it sought to describe data and characteristics about the population or phenomenon being studied. This plan was chosen due to the very large possible respondents, making the outcome statistically considerable even when explaining many concepts. In addition, lofty consistency was effortless to achieve by presenting all subject matters with a normalized incentive which guarantees that researcher prejudice was very much reduced. The population for this study were all the staff of the Registered private hospitals (19) operating in Port Harcourt. The respondents to the researcher questions were 195 employees of the 19 registered private hospitals in Port

Harcourt randomly selected to participate in the study. Data were collected through the use of questionnaire administered by the researcher to the 195 respondents that have accepted to play a part in the study. The questionnaires items were validated by subjecting the items on the questionnaires to the scrutiny of two renowned professors in the field of organizational and psychological behavior. Participants respond to the questionnaire items on a five point Likert-type scale (0 = undecided, 4 = strongly agree). Cronbach’s alpha was used to establish the internal reliability (consistency) of the questionnaires used in this study. The internal consistency statistics for each of the identified dimensions and measures of the study were ;self awareness(.834); self management(.798); social awareness (.917); affective commitment (.793); Continuance commitment(.791); Normative Commitment (.809); formalization (.880).Pearson Product Moment Correlation (PPMC) were used to test the stated hypotheses. A significant level of 0.01 was chosen with 2-tailed test.

3. RESULTS

The study focused on the workers of the private health care hospitals operating in Port Harcourt. Demographic Characteristics of Respondents indicated sufficient males, 121, aggregating (62.%) than female 74, aggregating (38%) of sample frame. the respondents are in the line of medical doctors (30). 96 of the respondents are in the nursing category. This would include midwives . 69 of the respondents are medical assistants/support staff. The sample size, means and standard deviations for each of the dimensions of the major variables of the study are presented in Table 1. This is followed by the result of the tested hypotheses.

Table 1. Sample size; mean score and standard deviation for each of the dimensions

s/no	Dimensions	N	Mean	Standard deviation
1	Self awareness	195	2.807	0.692
2	Self management	195	2.837	0.549
3	Social awareness	195	2.659	0.624
4	Affective commitment	195	2.725	0.757
5	Continuance commitment	195	3.348	0.715
6	Normative commitment	195	3.503	0.827
7	formalization	195	2.800	0.678

Source: Desk top search, 2016.

Table 2. Correlation between the dimensions of EI and the measures of the criterion variable

s/no	Dimensions of EI	N	Affective commitment	Continuance commitment	Normative commitment
1.	Self awareness	195	.511**	.247**	.790**
2.	Self management	195	.692**	.132**	.724**
3.	Social awareness	195	.230**	.569**	.238**

** Correlation is significant @ 0.01 level (2-tailed).

Table 3. Partial correlation results between the moderating variable and the experimental variables.

		Emotional intelligence	Organizational commitment	Formalization
1.	Emotional intelligence.	1.000	.291	.569
2.	Organizational commitment.	.291	1.000	.532
3.	Formalization.	.569	.532	1.000

Source; Research Desk, 2016

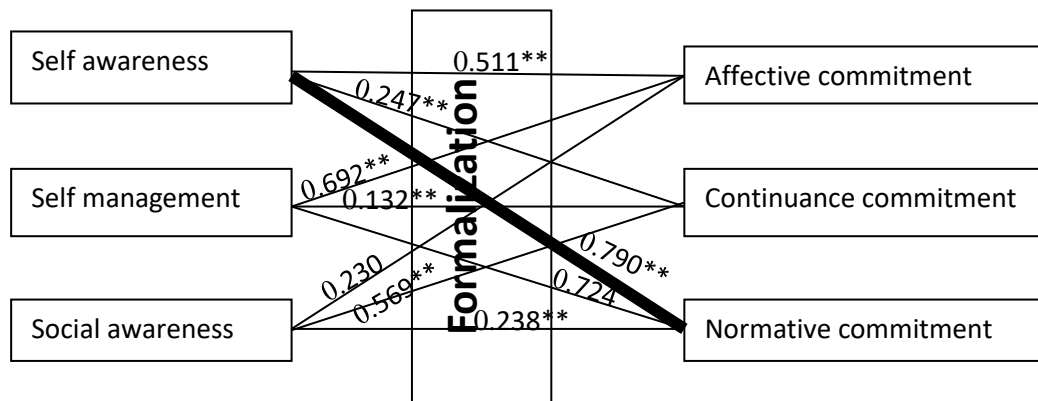


Fig. 1. Heuristic Model showing the strength of the relationship between the dimensions and measures of the study major variables

Source: desk top search, 2016.

4. CONCLUDING DISCUSSION

Table 1 above indicates the mean scores and standard deviations of the respondents to the various indicators of the dimensions of EI and the measures of EC. This study reveals that respondents generally moderately agreed that they have control over their emotion and that they can easily recognize emotion as they experienced them. They further agreed that judging someone emotion keeps someone away from what he or she is feeling. This is in line with the view of Coleman, (2002) who emphasized the ability to understand ones emotion as well as others as the key important issue in emotional intelligence. The respondents agreed that they discriminate among positive and negative effects of emotion and use emotional information to guide their own thinking and others. This is the bedrock of affective commitment as explained in salovey, (1999). The respondents further agreed that emotional intelligence enables them to recognize their own feelings and those of others for motivating self as well as in their relationships with others and that ample self awareness is necessary for effective self-management. On the issue of social awareness, the respondents moderately agreed that emotional intelligent people display cooperation, commitment and creativity which are important for organizational effectiveness. But, they disagree that understanding and regulating of one’s emotion are factors that affect workers attitude to their colleagues, bosses, job and their organization. The respondents agreed that the committed employee is less often absent and is likely to leave the organization voluntarily than the less committed employees. The equally agreed that employees who freely choose to behave in certain way and who find their decision difficult to change become committed to the chosen behavior and thus develop attitude consistent with their choice. Furthermore, participants accepted that the worker commitment to the hospital is because they are compelled to do so in line with the work ethics. To support this, the study participants powerfully accept that employees’ commitment to the hospitals is as a consequences of the health care hospitals steadfastness and participatory management.

Table 2 shows the outcome of the Pearson correlation results that were used to test the hypotheses. Hypothesis 1 and a relationship coefficient of .511** signified an affirmative associations between self awareness and affective commitment. By explanation, this shows a moderately strong affirmative association existing, linking employee self awareness and his/her affective commitment to the hospitals. Since the association is statistically significant,(P<0.01), the resolution is to drop the null Hypothesis and uphold the alternating which conclude that there is a significant interaction linking self awareness and affective commitment of the workers in the health care services in Port Harcourt.

Hypothesis 2 display a Pearson correlation results r of .247**. By explanation, this indicate a low positive association linking self awareness and continuance commitment. The interaction is statistically significant @ 0.01 level (2-tailed). The resolution is to uphold the alternate hypothesis that translates that there is a significant association linking employee’s self awareness and his/her continuance commitment to the hospitals in Port Harcourt.

Hypothesis 3 display a correlation result r of .790**. By explanations, this is a very strong affirmative interaction linking self awareness and normative commitment. The interaction is statistically significant at the 0.01 level (2-tailed). The justification is to throw away the null hypothesis and uphold the alternative which opine that there is a significant interaction linking employee's self awareness and employee's normative commitment to the health care services organizations.

Hypothesis 4 display a correlation result of .692**. By interpretation, this is strong affirmative interaction linking employees self management ability and his/her affective commitment. The result is statistically significant @ 0.01level (2-tailed). The decision is to reject the null Hypothesis and accept the alternate which infer that there is a important interaction linking employee's self management effort and affective commitment to the organization.

Hypothesis 5 displays a Pearson correlation result of .132**.By explanation, this shows a low positive relationship between employee's self management and continuance commitment. The coefficient is statistically noteworthy @ 0.01 level (2-tailed). The resolution is to reject the null Hypothesis and accept the alternate which infer that there is an important association linking employees self management ability and his/her continuance commitment to the organization.

Hypothesis 6 revealed a correlation coefficient of .724**. By explanation, there is strong affirmative interaction linking employee's self management ability and normative commitment. The coefficient is statistically important at .01level (2-tailed). The resolution is to drop the null hypothesis and uphold the alternative. That is there is a significant interaction linking employee's self management ability and his/her normative commitment to the organization.

Hypothesis 7 reveals a correlation result of .230**. By explanation this is a low positive interaction linking employee's social awareness skill and affective commitment. The coefficient is statistically important @ 0.01level (2-tailed). The resolution is to drop the null Hypothesis and uphold the alternative which transmit that there is a significant interaction linking employee's social awareness skill and affective commitment to the organization.

Hypothesis 8 displays a Pearson correlation result of .569**. By explanation, this shows a strong affirmative interaction linking employee's social awareness skill and continuance commitment to the organization. The coefficient is statistically significant @ 0.01 level (2-tailed). The resolution is to rebuff the null Hypothesis and accept the alternate which transmit that there is a significant interaction linking employee's social awareness skill and his/her continuance commitment to the organization.

Hypothesis 9 revealed a correlation coefficient of .238**. By interpretation, there is a low affirmative interaction between employee's social awareness skill and his/ her normative commitment to the organization. The coefficient is statistically significant at .01level (2-tailed). The resolution is to rebuff the null hypothesis and uphold the alternative. That is there is a significant interaction linking employee's social awareness ability and his/her normative commitment to the organization.

Table 3 shows the result of the partial correlation analysis carried out to test hypothesis 10, as well as to determine the moderating effect of formalization on the relationship between Emotional intelligence and Employee's Commitment to the Organization. The zero-order correlation between Emotional Intelligence and Employee's Commitment indicated a moderate positive relationship (.291) and it is statistically significant. The finding shows that the partial correlation controlling for formalization, nevertheless, is considerable (0.569). one explanation of this finding is that the observed affirmative interaction linking Emotional Intelligence and Employees Commitment is due to fundamental interaction linking each of those concepts and that Formalization moderates the relationship between Emotional Intelligence and Employees Commitment to the organization .Comparing the r s, we notice that, the correlation coefficient of Emotional intelligence and organizational commitment (.291) is lower than the correlation coefficient of the role of Formalization (.569). This shows that Formalization have moderating effect on the interaction linking Emotional Intelligence and Employees Commitment, hence we rebuff the null hypothesis and accept the alternate which infer that Formalization moderate the interaction linking Emotional intelligence and Employees Commitment to the Organization. The implication of this finding is that there is a lot of written rules and documentation that guides the day to day daily activities of the workers in the health care services hospital in Port Harcourt.

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The zero order correlation has similarly engendered us to accomplish the purpose of the study. With a coefficient result of .291, we wind up that there is a moderately affirmative interaction linking Emotional intelligence and Employees Commitment to the health care services organizations in Port Harcourt.

In this study, we have found out that Staff EI in the private health care hospitals will give rise to worker's efficiency. Fig.1. shows the strength of the relationship between the various dimensions of EI and that of EC. The model established that, there is a stronger Correlation between workers self awareness and their normative commitment to the organization. This is an issue for further investigation. The conclusion in this direction is that health care services organizations (hospitals) guided by written down rules and regulation are to perform better than those that are not been guided by written down rule and documentations. The significant interaction of these variables is resulting from the fact that majority of the respondents are educated and aware of themselves and this have a significant effect on the way employees act and achieve in organizations. This supports the findings of Abraham (2000), who revealed that educated people who are able to accurately assess their own behaviours in their various work settings can contribute immensely to the success of their organizational productivity and add value to its existence. According to Oparanma (2015), working in health-care organizations can be an exciting challenge for all caregivers. Establishing rapport by acquiring a positive work philosophy and focusing on the strengths of one's colleagues sets a tone for the sharing of power sources. The sharing of power sources or power balancing is critical to the development of collegial relationships".

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