The impact of emotional intelligence on managers’ performance: Evidence from hospitals located in Tehran

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ABSTRACT

Context: Most of the studies show that emotional intelligence (EI) is an important factor for effective leadership and team performance in organizations. Aims: This research paper aims to provide an exploratory analysis of EI in the hospitals managers located in Tehran, and examine its relation to their performance. Settings and Design: The present research was an analytical and cross-sectional study. Setting of the study was hospitals located in Tehran, Iran. Subjects and Methods: We conducted a cross-sectional study from a matched sample of 120 managers and 360 subordinates in hospitals located in Tehran. Cyberia shrink EI measure was used for assessing the EI of the participants. Moreover, a management performance Questionnaire is specifically developed for the present study. The total of 480 questionnaires analyzed throughout Kolmogorov–Smirnov, Mann–Whitney, and Kruskal–Wallis tests in SPSS. Results: The findings suggested a poor EI among hospital managers. As for EI subscales, social skills and self-motivation were in the highest and lowest levels respectively. Moreover, the results indicated that EI increases with experience. The results also showed there is no significant relationship between the components of EI and the performance of hospital managers. Conclusions: Present research indicated that higher levels of EI did not necessarily lead to better performance in hospital managers.

Key words: Emotional intelligence, hospital managers, performance

INTRODUCTION

Emotional intelligence (EI) is the ability to identify, appraise, and handle one’s emotions. Goleman and Sutherland define EI as the ability to motivate and endure oneself despite frustration; to control impulses and postpone satisfaction; to manage feelings and keep trouble from overwhelming the ability to think; to emphasize and to hope. As such Bar On defines EI as being interested in understanding, in relation with people and coping with the immediate surroundings in order to be more victorious in dealing with surrounding requires. Weisinger sees EI as the intelligent use of feelings or making one’s emotions work to one’s advantage by using them to help guide behavior and thinking in beneficial ways. In this study, EI were defined as set of skills that contribute to the proper assessment and emotion’s expression, the impressive regulation of emotion, and the utilization of feelings to plan, persuade, and achieve in life.

Many studies have been conducted about EI that addressed both its concept and its measurement. Some researchers believe in an ability model of EI, while others claim that EI consists of both cognitive ability and personality aspects.
The ability model perceives EI as a form of pure intelligence, that is, EI is a cognitive ability. Salovey and Mayer’s model measure EI with using the Mayer-Salovey-Caruso EI test; a performance measure which requires the participant to complete tasks associated with EI. In contrast, the mix models of EI emphasize how cognitive and personality factors influence general well-being or focus on how cognitive and personality factors determine workplace success. Bar-On’s model is measured by using the emotion quotient inventory and Goleman's model is measured by using the emotional competency inventory, the EI appraisal, and the Work Profile Questionnaire.

Put it in perspective, research has shown that EI is an important factor in the workplace. Researchers argue that EI is a critically important competency for effective leadership and team performance in organizations. Some theorists claim that EI of managers can affect work output, although evidence for this is not sufficient more. EI has been reported to be positively associated with job satisfaction. EI employees will be more capable of controlling their perception of the environment they work. Leaders who are high on EI will be capable to exploit and use their positive emotions to envision major progress in the performance of their organizations. Moreover, job performance is the aggregated value to the organization of the behavioral episodes performed by individuals over time that have positive or negative consequences for the organization. Managers high on EI can foster their employees’ creativity through interaction with them and via the creation of a work climate supportive of creativity. In addition, managers high on EI can create positive interactions between employees that leads to better cooperation, coordination and organizational behavior. Furthermore managers high on EI help their employees in creating a good working climate and also reliable relationship with the customers.

Given the discussion above, EI plays a significant role in the manager-employee relationship and their performance. Though, the effects of EI on managers' performance have not been assessed more in healthcare context. Considering the differences of the hospital environment in compare with other organizations, this study provides an evidence, with assessing the effect of EI on managers’ performance in hospitals environment for decision makers in health sector.

Subjects and Methods

The present research was an analytical and cross-sectional study which were done in hospitals affiliated to three medical universities in Tehran (Tehran University of Medical Sciences, Iran University of Medical Sciences and Shahid Behshhti University of Medical Sciences). For selecting the samples in this study, only managers who had a minimum of three subordinates were included. Finally 120 top, middle, and lower level managers of the hospitals were selected. Moreover, 360 individuals participated in this study to appraise performance of the managers; in that each three individuals evaluated the performance of their direct manager. Overall, 480 questionnaires were completed by the participants and data were analyzed by Kolmogorov–Smirnov, Mann–Whitney, and Kruskal–Wallis tests in Statistical Package for Social Sciences (SPSS Inc., Chicago, IL, USA), version 16. This study was approved by an Ethics Committee of Iran University of Medical Sciences. Participants in this study were informed that participating in this study is not compulsory; and if they don’t like to answer some questions they are free not to answer them and their personal information will be treated as confidential and will not be disclosed.

In this study, we followed Goleman’s model and examines five aspects of EI: Self-awareness (the capacity to conceive and understand personal mood and emotions, and their influence on postpone judgment and to think before acting), self-motivation (a passion to work for internal reasons that go beyond money and status), social awareness (the capacity to conceive the emotional constituents of other people), and social skills (the ability to manage relationships and build networks, and to find common ground and build rapport). For this, Cyberia shrink EI questionnaire was used for assessing the EI of the participants. This questionnaire measures five subscales, namely self-awareness (seven items), self-regulation (four items), self-motivation (four items), empathy or social awareness (five items), and social skills (five items). Moreover a management performance (MP) Questionnaire was specifically developed for the present study, which measures four major subscales: Planning (8 items), organization (12 items), leadership (18 items), and control (12 items).

Reliability and validity tests were conducted on Farsi version of the EI questionnaire and MP questionnaire with multivariate measure. To assess the acceptance of the questionnaires, 10 people involved at least 10 years in the field of academic managerial practice were invited to participate in order to revising parts of the questionnaires. Finally, all participants indicated high agreement to the appropriateness of the questionnaires. The questionnaires finalized after modifying some questions accordingly. Furthermore Cronbach’s alpha measured for the tools. The results showed that Cronbach’s alpha of Farsi version of EI questionnaire for all dimensions was as 0.89, and for MP questionnaire was as 0.88, which demonstrates strong reliability for instruments in our study.

Results

Data showed 92 (76.6%) of samples were male and 28 (23.4%) were female. Participants’ age ranged from 23 to 57 (the majority of the managers belonged to the 40–50 years group) and the average age was 43.45 (standard deviation [SD] =7.51). 45% of the managers had been >10 years of experience (mean = 14.24, SD = 7.14). The results show performance of male managers in public hospitals (mean 36 ± 13) was better that those in private hospitals (mean 35 ± 23). On the other hand, the performance of female managers in private hospitals
Managers’ emotional intelligence subscales scores showed that social skills have the highest rank and self-motivation has the lowest rank. In general, the EI score of hospital managers in this study was 56% [Table 1]. Moreover, there is no significant difference between the EI of men and women.

Based on the result of this research, hospital managers in higher levels have a higher level of EI. Tough in some subscales of EI such as social awareness and social skills, middle managers have the highest score [Table 2]. The results of this study also showed, there is no significant relationship between education and the level of EI. However, this relationship is significant in social awareness. Moreover, the EI of the managers increased with experience, but this did not apply to all subscales of EI; as such in social awareness.

Based on the results, a correlation was observed between the EI of hospital managers and their performance, although this correlation was not significant in any subscale of EI [Table 3].

**DISCUSSION**

This study tried to assess the level EI of managers in hospitals located in Tehran and examine the relationship between the EI of hospital managers and the level of their performances. The result of this research shows there is a relation between EI of managers and their performances. However, this relationship is not statistically significant.

Most researches has shown that EI is positively associated with interview outcomes,[13] management analytical,[14] issues,[15] team working,[16] conceptual tasks[17] and (behavioral, job and employees) performance.[18–20] Studies have also depicted that emotional perception facilitates performance. Day and Carroll[21] showed that emotional perception was correlated with performance on a cognitive decision-making task. Newcombe and Ashkanasy[22] also showed evocation of positive expressed emotion through facial display has a significant and strong impact on follower and affect, the quality of the perceived leader-member relationship, which in turn with the result of present study. Langhorn[23] determined key areas of profit performance were correlated with the EI pattern of the general manager. Lyons and Schneider[24] examined the relationship of ability-based EI facets with performance under stress. They found that certain dimensions of EI were related to more challenge and enhanced performance. Hayashi and Ewert[25] reported a positive relationship between EI and successful leadership. Furthermore, Eicher[26] describe EI as a suitable basis in developing the staff’s executive programs. Offermann et al.[27] determined although both cognitive ability and emotional competence (intelligence) predict performance, cognitive ability accounts for more variance on individual tasks, whereas emotional competence accounts for more variance in team performance and attitudes. As such our study shows, performance of managers is multi-dimensional variable which can be affected by other factors like organizational factors, level of employees’ motivation than EI. Moreover the results of this study shows, there are no significant differences between EI of men and women. Although in those subscales associated with the social behavior (social awareness and social skills) women had higher scores than men. Generally, women are more aware of emotions, show more empathy, and have higher interpersonal communication skills.[28]

As were discussed, in many of the previous studies, EI has been reported to be positively associated with performance. However, the results of the present research indicated that there is no significant relationship between the components of EI the performance of hospital managers. In other words,
higher levels of EI did not lead to better performance in the hospital managers.

CONCLUSIONS

The current study shows managers in hospitals located in Tehran, had weak performance from their subordinates’ perspectives, and EI scores of managers were not in good condition. Moreover this research shows, unlike other related studies, there is no significant relationship between performance and EI of hospital managers. The effects of factors on the hospital managers’ performances should be assessed in more holistic point of view than considering EI as a determined factor on it.

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Conflicts of interest

There are no conflicts of interest.

REFERENCES

1. Murphy KR. A Critique of Emotional Intelligence: What are the Problems and how Can They be Fixed?. Mahwah NJ: Psychology Press (Lawrence Erlbaum Associates Publishers); 2006.
2. Goleman D, Sutherland S. Emotional intelligence: Why it can matter more than IQ. Nature 1996;379:34.
3. Bar On R. EQ-i Bar On Emotional Quotient Inventory: A Measure of Emotional Intelligence: User’s Manual. Toronto: Multi-health systems; 2002.
4. Weisinger H. Emotional Intelligence at Work. San Francisco, CA: John Wiley and Sons; 2006.
5. Salovey P, Mayer JD. Emotional intelligence. Imagin Cogn Pers 1990;9:185-211.
6. Davies M, Stankov L, Roberts RD. Emotional intelligence: In search of an elusive construct. J Pers Soc Psychol 1998;75:989-1015.
7. Ciarrochi JV, Chan AY, Caputi P. A critical evaluation of the emotional intelligence construct. Pers Individ Dif 2000;28:539-61.
8. Mossholder KW, Bedeian AG, Armenakis AA. Group process-work outcome relationships: A note on the moderating impact of self-esteem. Acadam Manage J 1982;25:575-85.
9. Rosete D, Ciarrochi J. Emotional intelligence and its relationship to workplace performance outcomes of leadership effectiveness. Leadersh Organ Dev J 2005;26:388-99.
10. George JM. Emotions and leadership: The role of emotional intelligence. Hum Relat 2000;53:1027-55.
11. Goleman D, Boyatzis R, McKee A. Primal leadership: The hidden driver of great performance. Harv Bus Rev 2001;79:42-53.
12. Law KS, Wong CS, Song LJ. The construct and criterion validity of emotional intelligence and its potential utility for management studies. J Appl Psychol 2004;89:483-96.
13. Sy T, Côté S. Emotional intelligence: A key ability to succeed in the matrix organization. J Manage Dev 2004;23:437-55.
14. Wong CS, Law KS. The effects of leader and follower emotional intelligence on performance and attitude: An exploratory study. Leadersh Q 2002;13:243-74.
15. Bachman J, Stein S, Campbell K, Sitarencics G. Emotional intelligence in the collection of debt. Int J Sel Assess 2000;8:176-82.
16. Melita PL, Ceasar D, Ferris GR, Anthony PA, Ronald BM. Emotional intelligence, leadership effectiveness, and team outcomes. Int J Organ Anal 2003;11:21-40.
17. Day AL, Carroll SA. Using an ability-based measure of emotional intelligence to predict individual performance, group performance, and group citizenship behaviours. Pers Individ Dif 2004;36:1443-58.
18. Zeidner M, Matthews G, Roberts RD. Emotional intelligence in the workplace: A critical review. Appl Psychol 2004;53:371-99.
19. Motowildo SJ, Borman WC, Schmit MJ. A theory of individual differences in task and contextual performance. Hum Perf 1997;10:71-83.
20. Fredrickson BL. Positive emotions and upward spirals in organizations. Positive Organizational Scholarship: San Francisco, CA: Berrett-Koehler Publishers, 2003. p. 163-75.
21. Zhou J, George JM. Awakening employee creativity: The role of leader emotional intelligence. Leadersh Q 2003;14:545-68.
22. Barsade SG. The ripple effect: Emotional contagion and its influence on group behavior. Adm Sci Q 2002;47:644-75.
23. Sy T, Côté S, Saavedra R. The contagious leader: Impact of the leader’s mood on the mood of group members, group affective tone, and group processes. J Appl Psychol 2005;90:295-305.
24. O’Boyle EH, Ronald HH, Jeffrey MP, Thomas HH, Paul AS. The relation between emotional intelligence and job performance: A meta-analysis. J Organ Behav 2011;32:788-818.
25. Fox S, Spector PE. Relations of emotional intelligence, practical intelligence, general intelligence, and trait affectivity with interview outcomes: It’s not all just ‘G’. J Organ Behav 2000;21:203-20.
26. Slaski M, Cartwright S. Health, performance and emotional intelligence: An exploratory study of retail managers. Stress Health 2002;18:63-8.
27. Schute NS, Schuettelpelz E, Malouff JM. Emotional intelligence and task performance. Imagin Cogn Pers 2001;20:347-54.
28. Jordan PJ, Ashkanasy NM, Charmine EJ, Gregory SH, Workgroup Emotional Intelligence. Scale development and relationship to team process effectiveness and goal focus. Hum Resour Manage Rev 2002;12:195-214.
29. Carmeli A. The relationship between emotional intelligence and work attitudes, behavior and outcomes: An examination among senior managers. J Manage Psychol 2003;18:788-813.
30. Shamsuddin N, Rahman RA. The relationship between emotional intelligence and job performance of call centre agents. Procedia Soc Behav Sci 2014;129:75-81.
31. Behbahani AA. A comparative study of the relation between emotional intelligence and employee’s performance. Procedia Soc Behav Sci 2011;30:386-9.
32. Newcombe MJ, Ashkanasy NM. The role of affect and affective congruence in perceptions of leaders: An experimental study. Leadersh Q 2002;13:601-14.
33. Langhorn S. How emotional intelligence can improve management performance. Int J Contemp Hosp Manag 2004;16:220-30.
34. Lyons JB, Schneider TR. The influence of emotional intelligence on performance. Pers Individ Dif 2005;38:693-703.
35. Hayashi A, Ewert A. Outdoor leaders’ emotional intelligence and leadership effectiveness. Leadership Q 2003;14:545-68.
36. Eicher D. Essential executive skills for the future: Emotional intelligence. Futurics 2003;27:104-35.
37. Offermann LR, Bailey JR, Vasilopoulos NL, Seal C, Sass M. The relative contribution of emotional competence and cognitive ability to individual and team performance. Hum Perf 2004;17:219-43.