The relationship between emotional intelligence, social responsibility, and job performance in health service providers

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Abstract:

BACKGROUND: Responsibility of individuals in adapting to life events depends on the intertwined cooperation of intellectual and emotional capacities, and a person’s success in life depends on his emotional responses. Given that health-care providers are at the forefront of providing health services, they need to improve their job performance with better control of their emotions and better social relationships. The aim of this study was to determine the relationship between emotional intelligence, social responsibility, and job performance in health-care providers and caregivers.

MATERIALS AND METHODS: A cross-sectional correlational study was performed on 270 health workers working in the western cities of Isfahan province in the first quarter of 1998 by random classification sampling method. To collect information, two questionnaires of Bradbury emotional intelligence, responsibility, social responsibility, whose validity and reliability had been proven in previous studies, and job performance scores of the samples were used. The collected data were analyzed using descriptive tests and Pearson correlation.

RESULTS: The participants were 270 health workers and caregivers with a mean age of 34.54 ± 7.26. 87.5% of the samples were female and 21.5% were male. The mean score of social responsibility was 124.95 ± 10.41, the mean score of emotional intelligence was 125.58 ± 15.86, and the mean score of job performance was 86.91 ± 9.0.18. The results of Pearson correlation showed that all four components of social responsibility and total emotional intelligence have a significant correlation at the level of 0.01. Total emotional intelligence and each of its components did not show a significant correlation with job performance. Between social responsibility and job performance of health workers, only the moral component significantly predicts job performance (r = 0.133 and P = 0.026).

CONCLUSION: Although the results of the study showed that the job performance, social responsibility, and emotional intelligence of the study group were desirable, the score of some components of social responsibility and emotional intelligence is lower than their maximum score. In addition, according to the results of the study that showed the relationship between emotional intelligence and social responsibility and some of their components with job performance, improving the knowledge and skills of health-care providers and caregivers in the field of social responsibility and emotional intelligence and their components seems necessary.

Keywords: Behvarz, emotional intelligence, health caregiver, job performance, social responsibility

Introduction

Today, in spite of human scientific progress and its effects on lifestyle, many people still lack the necessary basic skills for social communication, and this has made them vulnerable to life’s problems. Psychologists in recent decades have concluded that this caused by inability of individuals to properly analyze problems,
lack of self-control and adequacy to deal with difficult situations and unpreparedness to solve problems in appropriate ways.[1]

Individual responsibility for coping and adapting to life events depends on the intertwining of intellectual and emotional capacities, and one’s success in life depends on being able to think about one’s own and others’ emotional experiences and being able to reciprocate rational arguments about oneself or others. The situation draws to give compromised emotional responses. Given that health workers and health-care providers are at the forefront of providing health services, they should improve their job performance by better controlling their feelings and emotions with a better social relationship.

The concepts of emotional intelligence and social-emotional intelligence have emerged as important factors for effective leadership in the health-care professions and need further exploration and discussion.[3] Therefore, emotional intelligence is one of the important components that should be addressed in training forces for better productivity in any organization, especially health-care organizations.[3,4]

Johnson mentions emotional intelligence as one of the important components of medical education for those who have a duty in relation to the health status of individuals.[5] Emotional intelligence is a type of intelligence that includes recognizing one’s feelings (empathy) and using it to make appropriate decisions in life and the ability to manage mood and mental state and control impulses (social skills). Therefore, establishing a proper relationship with the recipient of services has an effective role in attracting the cooperation of the person to receive timely service and continue care and self-care. On the other hand, social responsibility is one of the characteristics that seem to play an important role in good job performance. In this regard, health workers and caregivers must be accountable, both morally and legally. Social responsibility is a type of responsibility that is known by the amount of knowledge and understanding of each individual from his position to influence society. Organizations in which goals are defined based on change or control of individuals in society need forces that have more social responsibility.[6]

Considering the important role of emotional intelligence and social responsibility in improving job performance and social relations and the importance of the performance of health workers and health-care providers in promoting community health, it seems necessary to study personal characteristics and these important characteristics in health workers and health-care providers. Limited studies have been conducted in Iran on the relationship between emotional intelligence and its role in improving social relations and job performance of health workers and caregivers. Therefore, this study was conducted to investigate the relationship between emotional intelligence with social responsibility and job performance of health workers and health-care providers to determine the status of these characteristics and suggest emotional intelligence training to health workers and health-care providers and also select the appropriate people for this position. These two features are used when determining the relationship.

Materials and Methods

This study was a descriptive correlational study that was conducted in 1398 in Isfahan University of Medical Sciences. The target group in this study were health workers and health-care providers in the western cities of Isfahan province. The sample size was randomly selected from the target group. Each city was selected as one floor; from each floor, the sample size was randomly selected. To increase the similarity between the sample and the community and increase the sampling accuracy to estimate the parameters of the community and to include the characteristics of the community in the sample, in the stratified sampling method (group sampling), the community is divided into homogeneous groups and each group is composed of individuals, which have similar features. After dividing the population into homogeneous groups, the number of samples for each class was determined, and then, using the simple random sampling method, the required number of elements from each group was selected. A list of health workers and health-care providers was prepared in each city and was selected randomly according to the sample size of each city. The sample size was calculated based on the quantitative formula of correlation (alpha = 0.05, power = 90%, ρ = 0.2, N = 258), which was considered 270 people due to a 5% drop in the number of subjects.

Emotional intelligence was measured using the standard Bradbury and Graves Emotional Intelligence Questionnaire, which was validated by Ganji et al. (2006) in Iran.[7] To measure social responsibility, the standard Carroll Responsibility Questionnaire[8], which was validated by Soltanzadeh et al. (2014), was used.[9]

To check the job performance of health workers and health-care providers, performance checklists of health workers and health-care providers were used. These checklists are completed once a year by the welfare manager and trainers and their average scores are considered as annual performance scores.

Questionnaires were delivered to the samples in a person. During the distribution of the questionnaires, the
necessary explanations were provided about the purpose of the study and the samples were assured that their information remained confidential and was completed and collected. In order to collect the performance scores of the samples, they were coordinated with the welfare manager of each city and their performance scores for the year 1997 were received anonymously and only with the code that was entered on the questionnaires. In the present study, descriptive statistics were used to express the frequency, mean, and standard deviation and Pearson correlation was used to examine the correlation of variables. Data were entered into SPSS 21 software. This study was conducted with the permission of the Vice-Chancellor for Research of Isfahan University of Medical Sciences, the Vice-Chancellor for Health, and selected networks, while the consent of all individuals to participate in the study was obtained.

**Results**

All of the 270 questionnaires were returned (100% response rate). All questionnaires were completed and analyzed. The mean age of the samples was 34.54 ± 7.26 years. Out of 270 people, 212 were women (78.5%) and 58 were men (21.5%). The mean and standard deviation of work experience of the research samples was 13.5 ± 8.20 years, and 240 people (88.9%) were married.

The mean and standard deviation of emotional intelligence component score in research samples showed that the self-awareness score was at least 8 and maximum 36 and its mean was 27.92 ± 19.4, self-management score was at least 21 and maximum 103 and its mean was 37.04 ± 11.7, social awareness score was at least 11 and maximum 30 and its average was 23.23 ± 3.41, and relationship management was at least 10 and maximum 48 and its average was 5.67 36.37. The total score of emotional intelligence was 125.58.

The score of total social responsibility and each of its components shows that the legal score is at least 9 and at most 34 and its average is 25.66 ± 2.92, economic score is at least 13 and at most 32 and its average is 21.50 ± 3.35, moral score is minimum 16 and maximum 38 and its average is 29.55 ± 3.24, and humanitarian is at least 13 and at most 32 and its average is 21.50 ± 3.35, and humanitarian component has the highest score. This indicates that the study group pays more attention to the spiritual aspect of their job than the material aspect. These results are in line with the results of the Hassanian et al. (2017) who reported that nurses were at high level of total social responsibility.[10]

The results of the present study showed that the average score of the legal, economic, moral, and humanitarian of health service providers is at appropriate level. Of these, the economic component has the lowest score and the humanitarian component has the highest score. This indicates that the study group pays more attention to the spiritual aspect of their job than the material aspect. These results are in line with the results of the Hassanian et al. (2017) who reported that nurses were at high level of total social responsibility.[10]

Job performance score based on a job performance checklist – The minimum score is 50 and the maximum is 100 and the average is 86.91%. The mean score of job performance shows that the health workers and health-care providers in the study performed well. Based on the results, job performance has a significant relationship with emotional intelligence and its studied components including social awareness (r = 0.102 and P = 0.092), self-awareness (r = 0.006 and P = 0.929), and self-management (r = 0.015 and P = 0.801), which does not show relationship management (r = 0.032 and P = 0.600) [Table 1].

According to the results presented in Table 2, only the moral component, as one of the components of social responsibility, could show a significant relationship with job performance (r = 0.133 and P = 0.026) and other components do not show a significant relationship with job performance.

| Variables | Job performance |
|-----------|-----------------|
| P         | r               |
| Self-awareness | 0.929 | 0.006 |
| Self-management | 0.801 | 0.015 |
| Social awareness | 0.092 | 0.102 |
| Relationship management | 0.600 | 0.032 |
| Total score of emotional intelligence | 0.933 | 0.005 |

| Variables | Job performance |
|-----------|-----------------|
| P         | r               |
| Legal component | 0.171 | 0.083 |
| Economic component | 0.671 | -0.026 |
| Moral component | 0.026 | 0.133 |
| Humanitarian component | 0.691 | 0.024 |
| Total score of social responsibility | 0.208 | 0.077 |
Table 3: Emotional intelligence with social responsibility Pearson’s coefficient of correlation

| Variables                          | Humanitarian | Moral | Legal | Economic |
|-----------------------------------|--------------|-------|-------|----------|
|                                   | r   | P    | r      | P         | r      | P  | r      | P     | r      | P    |
| Self-awareness                    | 0.217 | 0.00 | 0.217 | 0.00 | 0.180** | 0.003 | 0.111 | 0.068 |
| Self-management                   | 0.055 | 0.366 | -0.069 | 0.275 | 0.14 | 0.022 | 0.132* | 0.022 |
| Social awareness                  | 0.106 | 0.083 | 0.205** | 0.001 | 0.075 | 0.217 | 0.026 | 0.672 |
| Relationship management           | 0.183** | 0.003 | 0.223** | 0.00 | 0.052 | 0.397 | 0.176** | 0.003 |
| Total score of emotional intelligence | 0.170 | 0.005 | 0.212 | 0.00 | 0.145 | 0.017 | 0.158 | 0.009 |

*P≤0.05  **P≤0.01

Based on the results of the study, the score of emotional intelligence and related components in health workers and health-care providers in the west of Isfahan province was 125.58. This amount is obtained from the sum of the average of four components of self-awareness 27.92, self-management 37.04, social awareness 23.23, and relationship management 36.37, which is in the range of 5 with good value. These findings indicate that the target group of the study in the field of self-awareness and social awareness components has a better average (close to the maximum number) than the components of self-management and relationship management. As the findings show, the average job performance score of health workers and health-care providers in the west of Isfahan province is 86.91, which is in the top five in the excellent category.

The results of Pearson correlation analysis show that the relationship between emotional intelligence components and social responsibility components is meaningful. These findings are consistent with the results of Samouei et al. (2013). In a study of 168 employees of Isfahan University of Medical Sciences, they examined the relationship between emotional intelligence and organizational culture attitudes and showed that there is a direct and significant relationship between emotional intelligence and organizational culture, one of the dimensions of which is social responsibility. Bakhshi (2016) and Kazemi et al. (2015) examined the relationship between emotional intelligence and organizational commitment (social responsibility is one of its dimensions) in nurses, teachers and educational managers and the results of these studies also showed that there is a significant relationship between emotional intelligence and organizational commitment.

Another study was conducted by Ghiabi et al. on students of the University of Tehran (2011), and showed that emotional intelligence has a significant relationship with the quality of social relationships and some personality traits such as social responsibility, which is consistent with this study.

According to the results, the total emotional intelligence and each of its components do not show a significant correlation with job performance. Although social awareness has affected job performance to a greater extent but this effect has not been significant. The results of the present study are consistent with the results of Ghaderabadi et al.’s study on the staff of Shariati Hospital in Tehran (2018) and showed that emotional intelligence significantly predicts job performance in employees.

Furthermore, the results of this study are not in line with the study of Sholja Ghalaei et al. (2014) and Mami et al. (2017), which showed that there is a positive correlation between all components of emotional intelligence and job performance of Mashhad Medical School staff and Kermanshah Military Hospital staff. This discrepancy in the results may be due to differences in the type of job of the samples tested and the measurement tools and how to measure the job performance of the studies.

According to the results of the present study, only the ethical component at the level of 0.05 was able to show a significant correlation with job performance. Other components of social responsibility were not significantly associated with job performance. The results of this study are consistent with the study of Shibani et al., which was conducted on the employees of Sarcheshmeh Copper Complex in 2015 and had a significant relationship between some components of social responsibility and job performance.

According to the results, total emotional intelligence shows a significant correlation with age, that is, the emotional intelligence score is increased with age. The results of this study are consistent with the study of HatamGouya et al. (2012), which showed that there is a negative correlation between emotional intelligence and age of Kurdistan Hospital staff. This mismatch can be due to difference between individuals and tools studied in these two studies. The result is consistent with the study of Georgi et al. (2015) showed that with increasing experience in managers, emotional intelligence increases.

Conclusion

Although the results of the study showed that the job performance of the study group was desirable and their social responsibility and emotional intelligence
were acceptable, the score of some components of social responsibility and emotional intelligence is lower than their maximum, including components of self-management and emotional intelligence management and economic social responsibility.

According to the results of the study that showed the relationship between emotional intelligence and social responsibility and some of their components with meaningful job performance, improving the knowledge and skills of health-care providers and caregivers in the field of social responsibility and emotional intelligence and their components seems necessary. Furthermore, considering these two characteristics when accepting health workers and health-care providers can help people choose the right job.

Limitations, weaknesses, and strengths of the research
The lack of research studies that measured the impact of emotional intelligence and social responsibility on health-care providers at the same time was one of the limitations of the present study, which has made it difficult to compare the results obtained in this study with other studies. Or the way variables are measured by questionnaires has limited our ability to fully analyze the results. Due to the fact that the research is limited to a specific community, or to examples of a region, there is a problem that it is not possible to generalize data specific to a limited and specific community to other communities.

Further studies are suggested by examining the relationship between emotional intelligence; social responsibility and job performance should be done in different groups of health profession, and the tools and methods of measuring job performance should be considered.

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Conflicts of interest
There are no conflicts of interest.

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