Emotional Intelligence and Employee Engagement: A Quantitative Study to Explore the Relationship between the Emotional Intelligence of Frontline Managers and Supervisors and the degree of Employee Engagement of their Direct Reports in a Tertiary Care Health Care Setting

Derrick Suehs
St. John Fisher College, djs03500@students.sjfc.edu

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Abstract
The health care industry is moving from a volume-based, fee-for-service financial reimbursement system to a value-based purchasing model. These changes have caused substantial challenges in the delivery of care. Hospital leaders must conduct business differently to lower cost, improve safety outcomes, and be more efficient and effective. Numerous studies show engaged employees improve operational performance. Past studies point to leaders with high emotional intelligence who are effective at engaging employees. The purpose of this study was to determine if there is a statistically significant correlation between frontline managers and supervisors’ emotional intelligence and the degree of engagement of their direct reports. The research questions were: (a) what is the level of employee engagement among those who participated in the study, (b) what is the level of emotional intelligence of the frontline managers and supervisors who participated in the study, and (c) using inferential statistics, is there a statistically significant correlation between emotional intelligence of frontline managers and supervisors and the employee engagement of their direct reports. The study used non-experimental, quantitative analytics to test the hypothesis. A bivariate correlation procedure called Pearson's Product-Moment Correlation was used to determine the potential relationship between the emotional intelligence of 24 frontline managers and supervisors and employee engagement of their direct reports, totaling 585 employees. Though a favorable, moderate correlation was found with a Pearson r of 0.39267 at a p value of 0.0577, the hypothesis was denied. The favorable correlated relationship found supports the growing scholarly work. Future studies may provide greater understanding and value of the relationship between emotional intelligence and employee engagement. Additional recommendations were made to improve organizational performance through leadership development, recruitment, culture engineering, and ongoing assessment of managerial effectiveness.

Document Type
Dissertation

Degree Name
Doctor of Education (EdD)

Department
Executive Leadership

First Supervisor
C. Michael Robinson

Second Supervisor
Julie White

This dissertation is available at Fisher Digital Publications: https://fisherpub.sjfc.edu/education_etd/239
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Emotional Intelligence and Employee Engagement: A Quantitative Study to Explore the Relationship between the Emotional Intelligence of Frontline Managers and Supervisors and the degree of Employee Engagement of their Direct Reports in a Tertiary Care Health Care Setting

By

Derrick Suehs

Submitted in partial fulfillment of the requirements for the degree Ed.D. in Executive Leadership

Supervised by
C. Michael Robinson, Ed.D
Committee Member
Julie White, Ph.D

Ralph C. Wilson, Jr. School of Education
St. John Fisher College

December 2015
Dedication

There are so many people who helped me through this learning journey. It would not have been possible to complete this dissertation without their support and active participation in advising, guiding, suggesting, and cheering me on.

First and foremost, I am grateful to my wife, Audrey, who has been by my side for over 40 years. Her support means a lot to me. Without her encouragement, this dream would not have happened. To my sons, Christian and Erich, they have inspired me from the day they were born to always do my best. They supported me and picked up the slack allowing me to focus on my course work and writings. To my grandkids, they light up my life with their smiles, laughter, and love. They made every Friday night special during my dissertation journey, and they still do.

I deeply value and appreciate the guidance provided by my committee chair, Dr. Michael Robinson, and committee member Dr. Julie White. Their scholarship, patience, feedback, coaching, and cheering me on were instrumental to my success. As my grandson would say, “you’re the best ever.”

My cohort teammates have my deepest admiration. The Shining Lights . . . Sandra (Chap) Chapman, Katharine Rumrill-Teece, and Larry Schmiegel . . . an awesome group of colleagues who took this journey with me. I am eternally grateful for their friendship, suggestions, laughter, and support.

I appreciate and value my friends and staff at work. Their support and encouragement made my doctoral work and my work work more doable. A special thank you to Dr. Paul Kronenberg who took a personal interest in my learning journey. Then
there is Bob Allen and Cheryl Abrams who read every word in my dissertation at least a thousand times. Their editing and recommendations helped my writing look better than it really is. I owe them a lot.

I am a very lucky person to have the support system I had during my research and dissertation journey. And, I am remain fortunate that I still have the support system, despite my stressful moments. To all who are in my life . . . thank you for being here for me.
Biographical Sketch

Derrick Suehs is the Chief Quality Officer at Crouse Hospital, Syracuse, New York. He has held that position since 2001. Prior to arriving at Crouse Hospital, he worked for three large hospitals in Texas where he was given the opportunity to help transform the organizations using organization development interventions.

Over the 30 plus years of work experience in health care, under Mr. Suehs’ leadership his organizations have been the recipients of various awards and accomplishments. Recognition includes the Houston Quality Award, Central New York Society for Human Resource Management’s Employer of Distinction Award and Best Practice in Labor Management, as well as the Avatar International Innovation Award, and the Optimas’ national award for General Excellence. He served on the Board of Overseers for the Texas Quality Award, and is a two-time recipient of the Texas Health Care Educator of the Year.

He holds a Bachelor of Science in Biology/Education Curriculum from Texas A&M University and a Master of Arts in Business with emphasis in Human Services from National University, San Diego, California. Mr. Suehs entered the St. John Fisher College doctoral program for executive leadership and pursued his research in emotional intelligence and employee engagement under the direction of Dr. Michael Robinson and Dr. Julie White.
Acknowledgement

I am grateful and acknowledge the emotional support and financial assistance of my employer, Crouse Hospital, specifically Dr. Paul Kronenberg and Kimberly Boynton. Without their support, I would not have been able to pursue my doctorate in executive leadership. In addition, I would like to extend my gratitude and appreciation to them for allowing me to use the Crouse Hospital as the focal point of my research study.
Abstract

The health care industry is moving from a volume-based, fee-for-service financial reimbursement system to a value-based purchasing model. These changes have caused substantial challenges in the delivery of care. Hospital leaders must conduct business differently to lower cost, improve safety outcomes, and be more efficient and effective.

Numerous studies show engaged employees improve operational performance. Past studies point to leaders with high emotional intelligence who are effective at engaging employees. The purpose of this study was to determine if there is a statistically significant correlation between frontline managers and supervisors’ emotional intelligence and the degree of engagement of their direct reports.

The research questions were: (a) what is the level of employee engagement among those who participated in the study, (b) what is the level of emotional intelligence of the frontline managers and supervisors who participated in the study, and (c) using inferential statistics, is there a statistically significant correlation between emotional intelligence of frontline managers and supervisors and the employee engagement of their direct reports.

The study used non-experimental, quantitative analytics to test the hypothesis. A bivariate correlation procedure called Pearson’s Product-Moment Correlation was used to determine the potential relationship between the emotional intelligence of 24 frontline managers and supervisors and employee engagement of their direct reports, totaling 585 employees. Though a favorable, moderate correlation was found with a Pearson $r$ of
0.39267 at a $p$ value of 0.0577, the hypothesis was denied. The favorable correlated relationship found supports the growing scholarly work.

Future studies may provide greater understanding and value of the relationship between emotional intelligence and employee engagement. Additional recommendations were made to improve organizational performance through leadership development, recruitment, culture engineering, and ongoing assessment of managerial effectiveness.
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Chapter 1: Introduction

Introduction

Hospitals and other health care organizations have a responsibility to the communities they serve to provide safe, reliable, quality patient care, despite an environment challenged by decreasing reimbursements, increasing costs, and regulatory requirements. These changes are complex and require a more collaborative relationship within and between hospitals, physicians, insurers, unions, and vendors (HealthLeaders Media, 2014). Health care services, including hospitals, physician practices, long-term care skilled facilities, rehabilitation centers, and outpatient services are facing rapid changes while moving from a volume-based, fee-for-service reimbursement system to a value-based purchasing model.

The Centers for Medicare and Medicaid Services (CMS) is experimenting with various programs to evolve the health care payment and delivery model. The most ambitious reform model is the accountable care organization (ACO) (Goldsmith, 2011). In the ACO model, CMS will reward providers economically if the providers reduce Medicare’s cost growth within their communities. The performance of ACOs to date indicates that this model may not be able to achieve the desired cost reduction goals under health care reform (Goldsmith, 2011).

Health care spending increased 40.97% between 2002 and 2013 and represented 9.8% of the 2013 federal budget (Boccia, Fraser, & Goff, 2013). In addition, health care’s share of the gross domestic product is estimated to grow from 17.9% in 2010 to 19.6% in 2021 (Keehan et al., 2012). As a result, health insurers and providers need to conduct
business with each other differently to slow the rising costs of health care (Goldsmith, 2011). In addition, as the cost of doing business increases, health care administrators must be concerned with the loss of reimbursement due to the Affordable Care Act (Keehan et al., 2012). The 2014 HealthLeaders Industry Survey, Forging Healthcare’s New Financial Foundation, points out that 91% of senior leaders responding to the survey cited reduced reimbursement as their organizations’ number one concern. As a result, health care administrators, physicians, labor leaders, employees, insurers, and vendors must improve their collaborative relationships to transform their organizations to meet the new health care paradigm.

**Problem Statement**

Communities depend on their local hospital(s) to be available whenever needed, whether it be a planned clinical intervention, such as a surgical procedure, or emergent intervention requiring immediate medical attention. No matter what the community or individual patient need may be, the hospital must be prepared and able to deliver it in a safe, reliable way.

Under the Center for Medicare and Medicaid Services (CMS) federal regulations, hospitals serving Medicare patients must meet the Conditions of Participation (CFR Public Health, 2015). These conditions require hospitals and other health care organizations to serve all who seek services regardless of ability to pay, and to do so in a way that respects the individual’s beliefs and needs. Though hospitals are committed to serving their communities, the challenge is to do so in a sustainable way that is clinically appropriate, cost effective, and without harm.
With the complexity of daily operations, the long-standing relationship between physicians and hospitals, and the challenges presented by health care reform, health care leaders must influence many different constituents to achieve operational performance at the lowest cost and highest quality (Feeley, 2013). The employee staff represents a significant constituency for health care leaders. Without them, it would be very challenging to make the needed changes to work or clinical processes. Bringing work groups together as teams to focus on work process improvements provide a distinct advantage to organizations dealing with rapid change (Appelbaum, 1997; Patnayakuni & Ruppel, 2010). Therefore, the research problem addressed is to what degree does the level of frontline managerial emotional intelligence relate to employee engagement?

**Theoretical Rationale**

Two theories were explored to understand the interaction between emotional intelligence (EI) of frontline managers and employee engagement within a health care setting. Emotional intelligence, as a construct, adds insight into the potential influence the various emotional intelligence competencies have on work performance and organizational performance (Boyatzis, 2009). The second construct, employee engagement, brings forth the influence of cognitive, emotional, and behavioral components into the work place (Truss, Delbridge, Alfes, Shantz, & Soane, 2014). Understanding both brings the importance of emotion into the workplace from a leadership perspective and employee staff contribution to organizational performance.

**Emotional intelligence.** A review of the various contexts within which emotional intelligence has emerged will help set the stage for understanding the theory. Initial research focused on the cognitive aspects of intelligence, but today psychologists and
business researchers have begun to understand that the non-cognitive aspects of intelligence are also important (Cherniss, 2000). This new form of intelligence has emerged over the past decade in discussions among business leaders, industrial psychologists, social scientists, and others (Cote & Miners, 2006).

A generally accepted definition for emotional intelligence is the aptitude to manage one’s own and other peoples’ feelings and emotions; to distinguish between different emotions and label them accurately; and to use the emotional information assessed to guide thinking and actions (Cherniss, 2000; Kannannatt, 2008; Shooshtarian, Ameli, & Aminilari, 2013). Polychroniou (2009) describes emotional intelligence as being a combination of interpersonal intelligence and intrapersonal intelligence. Goleman (2005) submits that EI consists of the social competencies of empathy, motivation, and social skills.

Ioannidou and Konstantikaki (2008) point out that EI not only involves the ability to recognize, determine, and manage the emotions of one’s self and others, but also includes managing the emotions of groups. Emotionally intelligent leaders use self-awareness and self-control to influence others by understanding how their behavior affects others (Goleman, 2005).

There are three major emotional intelligence theories (Webb, 2009), and they differ in how they delineate the critical factors that make up emotional intelligence; how they define EI; how EI works inter and intra personally; and the instruments they use to measure the concept (Codier, E., Kooker, B., & Shoultz, J., 2008). The first of the three major theories that have emerged from the research is the trait or personality model developed by Reuven Bar-On (1999). The theory focuses on the individual’s skill to
process emotional information and use it to interact within a social setting. Bar-On initially used the term emotional quotient to describe his model. He later abandoned the name and adopted emotional intelligence as the descriptor (Codier, E., Kooker, B., & Shoultz, J., 2008).

The trait model, developed within a clinical setting, was designed to measure personality qualities that enable a person to acclimatize emotionally (Cherniss, 2000). The model consists of five traits: intrapersonal, interpersonal, stress management, adaptability, and general mood. The model’s assessment tool is a reliable evaluation of a person’s ability to manage the pressures and demands of daily life (Webb, 2009).

Peter Salovey, David Caruso, and John Mayer developed the second theory in 1998. The theory is referred to as the Ability Model (Mayer, Salovey, & Caruso, 2004). It recognizes that individuals vary in their ability to assess emotion and appropriately navigate through social environments. Their EI theory views emotion as an important source of information that helps a leader understand the social aspects present in the workplace. Mayer et al. (2004) developed the Multifactor Emotional Intelligence Scale (MEIS). This tool, consisting of 141 questions, assesses an individual’s ability to perceive emotions, use emotions, understand emotions, and manage emotions. The MEIS is considered one of the more reliable assessment tools for measuring emotional intelligence (Olatoye, Akintunde, & Yakasai, 2010; Webb, 2009).

Finally, Daniel Goleman developed the third theory, a set of skills and characteristics that drive leadership performance (Codier, E., Kooker, B., & Shoultz, J., 2008). His theory is considered a mixed model in that it is the combination of trait and EI ability. The model was developed in an organizational setting and is used to understand
and measure the effectiveness of workplace relationships. The skill clusters in this model are divided into personal and social competencies (Goleman, 2005).

**Employee engagement.** Employee engagement has gained the interest of business organizations due to the current economic challenges they face, specifically doing more with fewer resources in an increasingly competitive environment (Albrecht, 2010). Organizations are also attracted to the dual goals employee engagement comprises. The importance from an organizational leadership perspective is that employee engagement offers strategies to enhance the contribution of the individual worker and the improvement of the organization’s overall performance (Truss et al., 2014). First proposed by William Kahn in 1990, employee engagement research has experienced increased attention from scholars and practitioners (Kataria, Rastogi, & Garg, 2013).

Employee engagement is focused on understanding the degree to which employees commit to something or someone within their workplace, how hard they work, and how long they stay because of that commitment (Alvi, Haider, Haneef, & Ahmed, 2014). De Clercq, Bouckenooghe, Raja, and Matsyborska (2014) posit that employee engagement is a set of positive emotions that brings congruence and focus on goal alignment, resulting in the reduction of organizational nonconformity. A critical factor that influences goal congruence is the alignment of the employee-supervisor relationship. Earlier research has determined that this relationship may affect job satisfaction, organizational commitment, and intent to stay by the employee (De Clercq, Bouckenooghe, Raja, & Matsyborska, 2014).
In addition to the influence of the employee-supervisor goal congruence, employee engagement is affected by the employee’s feelings, ideas, and views about his or her job. Employee engagement leads to enthusiasm, passion for the work, and a sense of pride (Alvi et al., 2014).

The employee engagement construct has been challenging to develop due to numerous potential operational variations, such as job engagement, personal commitment, organizational involvement, staff engagement, and work engagement (Truss et al., 2014). It is believed that sufficient evidence now exists to suggest that employee engagement is a unique psychological state (Albrecht, 2010; Markos & Sridevi, 2010; Truss et al., 2014).

The employee-manager relationship plays a significant role in organizational performance, both on the individual level and the department level (Harter, Schmidt, & Hayes, 2002). The manager’s role is significant in creating a workplace environment in which the employee determines the degree to which they are personally committed to the daily work and organizational goals (Markos & Sridevi, 2010). With this relationship, employees are more productive, innovative, and collaborative. As a result, employees who are actively engaged in their organizations are psychologically happy and emotionally attached to their job as well, as the organization, with great enthusiasm (Anandhi & Perumal, 2013).

Significant research has demonstrated that employee engagement leads to higher organizational performance. In fact, Rayton, Dodge, & D’Analeze (2012) highlight in their report, The Evidence, that the top 25% of employee engaged companies in the 2008 Kenexa research had twice the annual net income as compared to the bottom quartile
companies. Also, they report that a Gallup study conducted in 2006 demonstrated that the organizations with the highest engagement scores averaged greater productivity by 18% when compared to the lower scored companies.

How do leaders take advantage of employee engagement to improve organizational performance? To what degree does manager or supervisor emotional intelligence groom employee engagement? There has been limited research, especially in health care, that links leader emotional intelligence as a statistically significant correlate to employee engagement. This study explores the possible link between emotionally intelligent leaders and the degree of employee engagement among their direct reports. If such a relationship exists between employee engagement and improved operational performance and between emotional intelligence and increased employee engagement, it can be concluded that emotionally intelligent frontline leaders may influence organizational performance.

Statement of Purpose

Health care organizations faced with economic and quality outcome demands may find an advantage in serving their communities through the deliberate application of emotional intelligence in daily operations. Understanding the stimulus of emotional intelligence on employee engagement can provide potential strategies and interventions to health care leaders and human resource practitioners to mobilize the workforce in a constructive and energized way.

Employee engagement has been identified as a critical approach to enhancing organizational performance through leadership direction (Nasomboon, 2014). With the rapid changes currently underway throughout the health care industry, leaders are faced
with improving efficiency and effectiveness opportunities in their organizations (Keehan et al., 2012). As Humphreys, Brunsen, and Davis (2005) point out, employees may be the most important factor in improving organizational effectiveness. Moreover, employee commitment may be the only sustainable competitive advantage for health care organizations to address the challenges they face.

Recognizing the importance of employee engagement to improving organizational performance, the question for this research became: to what degree does the level of emotional intelligence influence employee engagement and, as a result, affect organizational effectiveness.

**Research Questions**

The purpose of the study is to affirm or deny the hypothesis that emotional intelligence is a statistically significant correlate to employee engagement for leaders in a private, not-for-profit tertiary care hospital located in Central New York.

The quantitative analytical study posed three research questions:

1. What is the level of employee engagement among those who participated in the study?
2. What is the level of emotional intelligence of the frontline managers and supervisors who participated in the study?
3. Using inferential statistics, is there a statistically significant correlation between emotional intelligence of frontline managers and supervisors and the employee engagement of their direct reports?

At a significance level of $p < 0.05$, the research hypothesis was: Within a tertiary care hospital setting there is a statistically significant correlation between the level of
emotional intelligence of frontline managers and supervisors and their direct reports’ degree of engagement within the workplace.

**Potential Significance of the Study**

The study investigates the importance of emotional intelligence as it related to health care leaders shepherding their organizations through significant and constant change. The potential significance of this study was to identify the possible contribution of frontline management’s emotional intelligence upon staff employee engagement.

Health care is experiencing massive change as a result of the Affordable Care Act (HealthLeaders Media, 2014). Leadership is challenged with managing the complexity, volume, and rapidity of the changes. Health care systems are under extraordinary pressure to perform by improving operational efficiencies and ensuring safe and high quality care while maintaining financial sustainability and high quality outcomes (Sorensen, Paull, Magann, & Davis, 2013).

The economic strain has opened the door for health care leaders to explore ways to improve productivity, reduce costs, and improve clinical and customer outcomes (Degeling & Carr, 2004; Rundall, Oberlin, Salmon, Thygesen, & Janus, 2012). Engaging employees may provide an option for organizational leaders to improve operational performance (Rayton, B., Dodge, T., & D'Analeze, G., 2012).

How can health care leaders best lead and manage their organizations through this turbulence? Rosete and Ciarrochi (2005) state that leaders who deal with strategic matters are more effective to move their organizations forward into a new future state. And, leaders who have an emotional connection with subordinates experience improved team effectiveness and congruence with goals and vision (Polychroniou, 2009).
Understanding the challenges facing the health care industry is one matter, while translating the challenges into doable and successful interventions at the local level is another. This requires effective communication, a high degree of coordination, active collaboration, and empathic leadership (Cummings, Hayduk, & Estabrooks, 2005). Emotionally intelligent leaders are more resilient in mitigating organizational changes and are more collaborative in their relationships. As a result, EI leaders are more successful in resolving operational issues than leaders who develop antagonistic relationships (Cherniss, 2000; Cummings et al., 2005).

Facing the challenges and managing the new relationships requires a more collaborative approach. Collaboration gives organizations easier access to capital and increased economies of scale (Freshman & Rubino, 2004). Also, emotionally intelligent relationships are more likely to produce better services (Freshman & Rubino, 2004) and are more of a predictor of workplace performance than is intelligence quotient (Polychroniou, 2009; Prati, Douglas, Ferris, Ammeter, & Buckley, 2003; Webb, 2009).

Emotional intelligence theories have become popular in business; and, are becoming more prevalent in health care management (Jensen, Wright, O’Brien, Pratt, Anastakis, & Horvath, 2008). With the amount of change underway in health care, understanding EI competencies will help leaders in this field to position their employees and organizations for greater success (Freshman & Rubino, 2004). With the social network makeup of an organization, EI, as a social interaction model has an impact in areas of communications and leadership development (Jensen et al., 2008).

Emotional intelligence research has identified competencies such as empathy, motivation, self-awareness, and control as important in building strong collaborations
(Goleman, Boyatzis, & McKee, 2002). These attributes help leaders cope in turbulent times and influence others to achieve goals. Studies have been conducted that show individuals with high emotional intelligence were more likely to handle frustration, control emotions, and get along with others (Cherniss, 2000).

With limited resources, low profit margins, restricted access to capital, and increased regulatory oversight, hospitals must redefine current practices to continue to serve their communities (P. Kronenberg, personal communication, Oct. 28, 2013). Defining current practices is more than a matter of changing work processes or clinical interventions; it involves collaborative problem solving involving the key players. Teamwork, effective debate, synergy on the issues, and collective wisdom are possible strategies needed when work environments are constantly challenged or are experiencing a strategic inflection point (Albrecht, 2010; Feeley, 2013; Marcouse, Anderson, Black, Machin, & Watson, 2014).

The study has helped determine how essential emotional intelligence competencies and employee engagement can be in addressing change, managing daily operations, and improving organizational effectiveness. This study added to the literature to support health care organizations’ efforts to manage day-to-day operations as they navigate through massive and rapid change. The results will help other organizations as they pursue organizational change and performance excellence.

The study provides insight into organizational strategies and leadership interventions to improve the effectiveness of recruitment and retention of high performing staff, pursue leadership development excellence, and enhance organizational learning and teamwork.
Definitions of Terms

For the purpose of this study, the following terms are defined:

Supervisor: A supervisor is a person who provides direct command and control over a group of non-management employees who report directly to that person. They are considered frontline management with eight or more hours of shift responsibility. They have the ability to hire, coach, counsel, discipline, direct work, and evaluate the performance of their direct reports. A supervisor is a member of the management team and reports to a manager.

Manager: A manager is a person who provides direct command and control over a group of non-management employees and/or supervisors who report directly to that person. They are considered frontline management with 24-hour, seven-day-a-week responsibility. They have the ability to hire, fire, coach, counsel, discipline, direct work, and evaluate the performance of their direct reports within their assigned cost center(s). In addition, they have budget responsibility that includes participating in budget planning and budget management. A manager is a member of the management team and reports to a director.

Chapter Summary

Responding to the changes in health care requires new partnerships among health care organizations (HealthLeaders Media, 2014). Health insurers and providers need to conduct business with each other differently to slow the rising costs of health care (Goldsmith, 2011). As a result, leaders in the various organizations that comprises the industry must transform their organizations for the new health care paradigm.
This chapter described the theoretical framework for emotional intelligence and employee engagement. It provided insight into the challenges facing health care leaders. Recognizing the significant changes occurring within the health care industry, leaders must find ways to bring staff and other partners together to solve clinical and economic opportunities.

Succeeding chapters review the empirical findings related to the theories relevant to the research problem, describe the research design and methodology, share the results and findings, discuss the limitations of the research, the implications of the findings for practice, policy, and provide recommendations for future research.
Chapter 2: Review of the Literature

Introduction and Purpose

The challenge for hospitals is to provide safe, reliable, quality patient care in an environment challenged by decreasing reimbursement while experiencing increasing costs and regulatory requirements. The changes are complex and require a more collaborative relationship between hospitals, physicians, insurers, unions, and vendors (HealthLeaders Media, 2014). Health care services, including hospitals, physician practices, long-term care skilled facilities, rehabilitation centers, and outpatient services are currently experiencing rapid changes while moving from a volume-based, fee-for-service reimbursement system to a value-based purchasing model.

Health insurers and providers need to conduct business with each other differently to slow the rising costs of health care (Goldsmith, 2011). In addition, as the cost of doing business increases, health care administrators must also be concerned with the loss of reimbursement due to the Affordable Care Act. According to the HealthLeaders Industry 2014 Survey, 91% of senior leaders responding to the survey cited reduced reimbursement as their organization’s number one concern. As a result, health care administrators, physicians, labor leaders, employees, insurers, and vendors must develop different relationships to transform their organizations to meet the new health care paradigm.

With health care undergoing immense change, the question becomes how best to lead and manage health care organizations through this turbulence. Transactional leaders
are focused on preserving the current state of the organization. Transformational leaders are visionary executives who communicate a vision and inspire commitment among followers and others key cohorts (Northouse, 2013). These leaders deal with strategic matters and are more effective in moving the organization toward a new future state (Rosete & Ciarrochi, 2005). In addition, transformational leaders connect emotionally with subordinates, leading to team efficacy and achievement of goals and vision (Polychroniou, 2009). According to Rosete and Ciarrochi (2005), there is a relationship between transformational leadership and emotional intelligence.

Understanding the challenges facing the health care industry is one matter. Translating these challenges into doable and successful interventions at the local level is another. Effective communication, a high degree of coordination, strong collaboration, and empathic leadership is essential (Cummings et al., 2005). Emotionally intelligent leaders are more resilient in mitigating the impact of these workforce changes (Cummings et al., 2005). Therefore, collaborative relationships are more successful than antagonistic relationships for both the individual and the organization.

With the rapidity and uncertainty of change within the health care industry, new partnerships among health care organizations are emerging across the country. Facing these challenges and managing these new relationships requires a more collaborative approach. Collaboration gives organizations easier access to capital, increased economies of scale, and expanded databases (Freshman & Rubino, 2004). In addition, the relationships based on emotional intelligence are more likely to produce better services (Freshman & Rubino, 2004). There is growing evidence supporting emotional intelligence as a better forecaster of workplace performance than is intelligence quotient.
This predictive ability includes team performance, cognitive performance, and leadership effectiveness (Polychroniou, 2009; Prati et al., 2003; Webb, 2009).

Emotional intelligence concepts have become popular in business and are becoming more popular in health care management (Jensen et al., 2008). Emotionally competent health care leaders position their employees and organizations for greater success (Freshman & Rubino, 2004). Emotional intelligence, as a social interaction model, affects organizational dynamics such as communications and leadership development (Jensen et al., 2008).

Empathy, motivation, self-awareness, and control are important emotional intelligence competencies when building strong collaborations (Goleman et al., 2002). These attributes help leaders cope in tumultuous times and influence others to achieve goals. Studies show individuals with high emotional intelligence are more likely to manage frustration effectively, control emotions, and get along with others (Cherniss, 2000). With limited resources, small profit margins, restricted access to capital dollars, and increased regulatory oversight, hospitals must redefine current leadership practices to continue to serve their communities (P. Kronenberg, personal communication, October 28, 2013).

With the complexity of daily operations, the long-standing relationship between physicians and hospitals, and the challenges presented by health care reform, health care leaders need to influence many different constituents to achieve operational performance at the lowest cost and highest quality (Feeley, 2013). Health care organizations unable to make the necessary changes will find it more difficult, if not impossible, to serve the health care needs of their communities. The purpose of the study is to affirm or deny the
hypothesis that emotional intelligence is a statistically significant correlate to employee engagement for frontline leaders in a private, not-for-profit tertiary care hospital located in Central New York.

**Reviews of Literature**

Emotional intelligence continues to capture the attention of researchers around the world, especially over the past two decades. The research on emotional intelligence conducted to date points to the contribution of social relations on the success and efficacy of organizational leaders and teams (Ford, 2010; Meisler & Vigoda-Gadot, 2014; Polychroniou, 2009).

**Definition of emotional intelligence.** Researchers recognize that to define something as intelligence it must meet the following criteria: conceptualize into a set of abilities, correlate between the abilities, and develop the abilities over time (Mayer et al., 2004). Researchers have recognized that there are many types of intelligence. However, the study of emotional intelligence has had the greatest influence on intellect being more broadly postulated (Humphreys, Brunsen, & Davis, 2005). In 1920, Thorndike proposed the concept of social intelligence. In 1983, Gardner introduced what he referred to as personal intelligence. In 1990, Salovey and Mayer published two articles on the concept of emotional intelligence, and in 1995 Daniel Goleman popularized the construct of emotional intelligence (Humphreys et al., 2005).

Emotional intelligence concepts are popular in business and are becoming more popular in health care management (Jensen et al., 2008). With the amount of change underway in health care, understanding EI competencies will help health care leaders position their employees and organization for greater success (Freshman & Rubino,
2004). With the social network makeup of an organization, EI, as a social interaction model, has impact in areas of communications and leadership development (Jensen et al., 2008).

Emotional intelligence is defined as the ability to manage one’s own and others’ feelings and emotions in such a way to guide their own thinking and actions (Shooshtarian et al., 2013). High emotionally intelligent leaders have and use self-awareness and self-control to impact others by understanding how their behavior affects others.

Emotional intelligence has five distinct personality attributes. They are social skills, empathy, self-awareness, self-management, and motivation. EI involves the ability to recognize, determine, and manage the emotions of one’s self, of others, and of groups (Ioannidou & Konstantikaki, 2008).

Over the last 25 years, three major theoretical frameworks emerged from the research. Mayer and Salovey introduced the ability model; Reuven Bar-On developed the Emotional-Social Intelligence trait model; and Daniel Goleman advanced a mixed model of trait and ability known as a competency model (Fernandez-Berrocal & Extremera, 2006).

Mayer and Salovey’s model consists of four abilities: perception, assimilation, understanding, and regulation of emotions (Mayer et al., 2004). Perception consists of the aptitude to recognize emotions of self and others. Assimilation is the ability to generate, feel, and use emotion in decisions and communication. Understanding emotion is the capacity to comprehend and appreciate emotion; in other words, understanding the feelings of self and others as they relate to the moment and across time. Finally, Mayer
and Salovey described regulation of emotion as a leader’s ability to monitor and control one’s emotions when interacting with others.

Bar-On’s model is considered to have a broader definition of emotional intelligence (Fernandez-Berrocal & Extremera, 2006). It includes emotional and social competencies that lead to adequately understanding and expressing one’s self. The competencies are categorized into five main dynamics: intrapersonal skills (being aware and understanding of self’s emotions); interpersonal skills (being aware and understanding of others’ emotions); adaptability (being open and willing to change feelings); stress management (being able to cope with stress); and general mood (being able to feel and express positive feelings) according to Bar-On, Tranel, Denburg, and Bechara (2003).

Goleman (2005) describes emotional intelligence as having five essential elements: self-awareness, managing one’s emotions or self-regulation, building and maintaining relationships, empathy, and motivation. Goleman indicates the difference between emotional intelligence and emotional competency is that emotional intelligence is the capacity to learn emotional competency (Krone, 1999).

The quest for performance effectiveness requires organizational leaders to understand the talent and capability of the employees who impact the effectiveness of the workplace (Boyatzis, 2009). Emotional intelligence encourages and nurtures positive work attitudes and promotes altruistic behaviors and work outcomes (Carmeli, 2003). High emotionally intelligent leaders are empathetic, sensitive, and responsive to the needs and feelings of staff. Employers need to understand the emotional state of staff
during organizational change (Singh, 2008). This sense of connection with staff provides an avenue for commitment and improved job performance.

When addressing the changing relationships brought on by health care reform, it is crucial to the organization and those in leadership roles to create social networks, build trust, and create a practice of collaboration (Freshman and Rubino, 2004). In addition, employees not in leadership and managerial roles who possess high emotional intelligence were also found to have higher job satisfaction and job performance (Shooshtarian et al., 2013).

Webb (2009) concludes that there is emerging evidence showing high EI being more of a predictor of performance than intelligence quotient. However, it is also noted that emotional intelligence is not a strong predictor of job performance, but rather a substratum for the EI competencies (Cherniss, 2000).

Motivation is a precursor of behavior that encompasses emotional intelligence. Motivation competency addresses self-motivation, which is displayed through the need to achieve, the need to affiliate, and the need to control (Christie, Jordan, Troth, & Lawerence, 2007).

Emotionally intelligent leaders understand their emotions, which requires confidence and self-awareness (Freshman & Rubino, 2004). EI leaders also understand how one’s behavior impacts others. In other words, leaders with high competence in emotional intelligence are honest about their strengths and weaknesses. Self-regulation is the ability to change and control one’s impulses and emotions. It is about showing patience, avoiding favoritism, being objective, and not being reactive. A leader with high
emotional intelligence will demonstrate the ability to manage anger, control stress, and remain calm in frustrating situations (Freshman & Rubino, 2004).

**The current state of health care.** The health care industry is undergoing some of the most significant changes in which the traditional function of the hospital is being altered (Butcher, 2014). Significant pressures are changing the day-to-day delivery of health care. The Accountable Care Act (ACA) has introduced reimbursement strategies and quality initiatives designed to improve efficiencies, quality, operational effectiveness, and reduce costs. Hospital leaders are rethinking how best to deliver health care (Cutler, 2010).

Hospitals are moving from a volume-based, fee-for-service reimbursement system to a value-based purchasing model. This means hospitals must reduce variation in clinical and operational services to improve outcomes and financial performance (S. Kronenberg, personal communication, January 29, 2015). Health care reform will not only impact the way work is done but also the way in which leaders will interact with each other and their staffs to re-engineer the work (Codier, E., Kooker, B., & Shoultz, J., 2008).

The Centers for Medicare and Medicaid Services (CMS) is experimenting with some programs to evolve the health care payment and delivery model. The most ambitious reform model is the accountable care organization (ACO) structure (Goldsmith, 2011). In the ACO model, CMS will reward providers economically if the providers reduce Medicare’s cost growth within their communities. The performance of the ACOs to date indicates that this model may not be able to achieve the desired cost reduction goals under health care reform (Goldsmith, 2011).
Organizational performance. Organizations, specifically health care organizations for the purpose of this paper, are challenged to meet their missions due to substantial changes occurring, be it globalization, advances in technology, regulatory changes, or operational complexities (Carmeli, 2003; Freshman & Rubino, 2004; Jensen et al., 2008; Kahtani, 2013; Langhorn, 2004). Research has established a link between the relationship of emotional intelligence and organizational performance (Cote & Miner, 2006). Researchers continue to explore this relationship and better understand the nuances of emotional intelligence and job performance. Emotionally intelligent leaders act on the opportunity to improve organizational performance by managing the change necessary to improve the status quo. These leaders get involved, build the needed relationships, and inspire others to perform (Kouzes & Posner, 2012).

Leadership competency is a core differentiator of performance (Boyatzis & Ratti, 2009). However, there is much to understand about which competencies contribute to effective leadership. According to the authors, six competency clusters differentiate outstanding performers from average performers. The clusters are cognitive intelligence, emotional intelligence, self-management, social intelligence, social awareness, and relationship management.

Boyatzis and Ratti (2009) set out to identify competencies that distinguish effective managers and leaders from less effective leaders. Their interest was to expand the understanding of leadership competencies in various cultures and assist global organizations with a competency-based model having application across geographical and national boundaries.
Two studies using concurrent validation were conducted. The first one involved an Italian pharmaceutical company’s third largest division. A total of 51 managers and executives were interviewed. Based on the interviews, the executives and middle managers were classified as outstanding, above average, or average. Six executives were categorized as outstanding performers and six were categorized as above-average performers. Also, 11 executives were selected randomly from the group who received no nominations from their boss or peers. This group was categorized as comprising average performers. The same process was used to determine outstanding and average middle manager performers. Fourteen middle-level managers were identified as outstanding, and 14 were classified as above average performers. There were no middle-level managers identified as average.

Behavioral event interviews were conducted, during which interviewers asked each participant to describe at least two or three effective events and two or three ineffective events in which the interviewee served as manager. The competencies were coded as either present or not present in each behavioral event. The research assistants coded each behavioral event interview for efficiency orientation, attention to detail, initiative, flexibility, self-confidence, and planning. They also coded for social intelligence competencies comprising empathy, persuasiveness, developing others, group management, networking, negotiating, oral communications, and social objectivity. For the cognitive skills, the assistants coded for concepts, systems thinking, and pattern recognition. Inter-rater reliability among the coders was calculated. They ranged from 0.70 to 0.96, with a mean of 0.89.
The study differentiated the competencies exhibited by high performing executives and middle managers more often than above average and average executives and middle managers. Significance was verified using $t$-Tests on frequency and chi-square on those showing competency. The competencies identified as significant for executives were efficiency orientation, self-confidence, networking, systems thinking, and pattern recognition. The competencies identified as near significant for executives were initiative, oral communications, and persuasiveness. The competencies identified as significant for middle managers were efficiency orientation and use of concepts. The competencies identified as being significant for middle managers are planning, empathy, and group management.

The second study involved 133 executives and managers from five Italian cooperatives located in Northern Italy. The same nomination process was used in this study as was utilized in the first study. As a result, 22 executives and managers were classified as outstanding performers and 76 of them were classified as average performers.

The team used a 360 multi-rater feedback assessment tool developed and validated in 1990 by Boyatzis to assess 20 competencies. The participants completed the confidential self-assessment questionnaire while their immediate supervisor and peers completed the external assessment questionnaire for the participant. During the data analysis, the participants’ self-assessment data were excluded from the findings.

The second study identified the following emotional intelligence competencies as significant: efficiency orientation, planning, attention to detail, and flexibility. The social intelligence competencies identified were empathy, group management, negotiating,
developing others, social objectivity, oral communications, and persuasiveness. The cognitive intelligence competencies identified as important were systems thinking, the use of concepts, pattern recognition, quantitative analysis, and written communications.

Results for emotional intelligence competencies found to be significant for leaders within the cooperatives were efficiency orientation \( (r = 0.282, p < 0.01) \), planning \( (r = 0.255, p < 0.05) \), and flexibility \( (r = 0.216, p < 0.05) \). Results for social intelligence showing significance included empathy \( (r = 0.318, p < 0.01) \), group management \( (r = 0.284, p < 0.01) \), negotiating \( (r = 0.220, p < 0.05) \), developing others \( (r = 0.282, p < 0.01) \), social objectivity \( (r = 0.265, p < 0.01) \), and oral communications \( (r = 0.292, p < 0.01) \). Results for cognitive intelligence of significance included use of concepts \( (r = 0.300, p < 0.01) \), systems thinking \( (r = 0.258, p < 0.05) \), quantitative analysis \( (r = 0.322, p < 0.01) \) and written communications \( (r = 0.346, p < 0.001) \).

Although limited by its geography, culture and sample size, this study provides insight into how organizational leadership may identify effective executives and managers when considering role responsibilities and the work environment. The findings indicate that one approach does not fit all organizations. Colloquial leaders from the cooperatives had a different makeup of emotional intelligence competencies needed to be successful as compared to the larger organization’s leaders.

Carmeli (2003) investigated the possible influence that emotionally intelligent leaders have on encouraging and nurturing positive work attitudes, promoting altruistic behaviors, and improving work outcomes. To study the interactions of the research hypothesis, Carmeli (2003) used hierarchical regression to determine the effect of emotional intelligence on each of the dependent variables. Using 98 responses received
through a direct mail questionnaire sent to more than 260 senior managers, Carmeli (2003) conducted a series of separate hierarchical regression analyses. Following a two-step process, the control variables of organizational size, tenure in the organization, and gross income, as well as the dependent variables of job performance and withdrawal intentions, were entered into the analytic model. Both variables were then mean-centered, making them product terms.

He concluded that leaders with emotional intelligence did influence such organizational climate outcomes. The results showed there was a statistical significance with a \( p < 0.01 \) for job performance, specifically as it relates to work attitude, work behavior, and work outcomes.

Koman and Wolff (2008) postulated emotional intelligence of the team leader had a positive influence on the team’s emotional intelligence. Two hypotheses were established. The first hypothesis posited that team leader emotional intelligence positively related to the presence of emotionally competent group norms. The second hypothesis posited that a positive relationship existed between emotional competent group norms.

The method used was a cross-sectional examination of emotional intelligence and group emotional intelligence norms present in teams and team leaders within a military organization. A total of 70 team leaders and 349 out of 600 team members participated voluntarily.

The emotional competency inventory (ECI-2) was administered to assess team leader emotional intelligence. The ECI-2 is a 360-feedback assessment tool. This tool has an overall average internal consistency coefficient of 0.78 and self-ratings have an overall
average internal consistency coefficient of 0.63. The ECI-2 has been used in numerous venues and updated several times since its inception. Team leaders completed a self-assessment while their direct reports completed an assessment of their team leader’s behaviors.

The Group Emotional Intelligence measure was used to assess the team’s level of emotional intelligence. Team members self-rated their team’s behavior for each of the nine emotional competent group norms measured by the instrument.

Team effectiveness used subjective and objective performance measures developed by upper-level officers who had experience with team leadership within a command over time. Participants were instructed to evaluate each of the teams. The following performance criteria were assessed: efficiency in getting things done, overall quality of work, ability to be self-directed, performance against other similar teams, and the ability to continue collaborating. The responses to each question were totaled to determine each team’s effectiveness.

Koman and Wolff (2008) conducted a Pearson correlation analysis between team leader emotional intelligence and the development of emotional competent group norms. Team leader emotional intelligence competency included accurate self-assessment, emotional self-awareness, self-confidence, achievement orientation, adaptability, emotional self-control, resourcefulness, positivity, transparency, compassion, organizational awareness, service orientation, change catalyst, conflict management, developing others, influence, inspiring leadership, and collaboration. Group emotional competency includes interpersonal understanding, confronting members who break norms, caring behavior, team self-evaluation, creating resources for working with
emotions, creating a positive environment, proactive problem solving, organizational understanding, and building external relations. Of 162 correlations, all but 36 were found to have a positive relationship between the team leader emotional intelligence competencies and the group norms with $p < 0.05$ or $p < 0.001$. Conflict management was the only team leader emotional intelligence competency that showed no relationship with any emotional competent group norm (Koman & Wolf, 2008).

The research findings support the importance of team leader behaviors with the development of team norms. Also, emotionally competent group norms are related to performance. The findings support and reinforce the contributory value emotions bring to team performance. It would be beneficial for team leaders to understand how best to use their emotions in a constructive, helpful way to develop strong team performance.

Though the research provided valuable insight into military team behaviors and performance, the research findings may not be as applicable to other types of work teams outside the military. Teamwork is a critical necessity and is reinforced and practiced within the military culture. Additional studies need to be conducted in private industries. Also, future research should consider the influence of culture on organizational climate.

Langhorn (2004) hypothesized a positive relationship between managerial emotional intelligence and business profitability. His study determined the manager’s emotional intelligence contribute approximately 9% to profit growth. He studied 109 male and 52 female general managers of restaurants located in the United Kingdom. Using the Bar-on (1999) EQi with other performance data collected, he concluded that restaurants managed by general managers with higher emotional intelligence were more profitable than restaurants managed by general managers with low emotional
intelligence. The emotional intelligence competencies that showed the greatest influence on predicting profitability were social responsibility ($p=0.042$, $\beta= -0.274$, t-value= 2.052) and empathy ($p=0.003$, $\beta= -0.415$, t-value= -3.061).

**Emotional impact.** Organizational leaders need to understand the emotional impact staff experience during organizational change. Leaders with a strong competency of empathy are more sensitive and responsive to the needs and feelings of staff (Singh, 2008). This sense of connection with the staff provides an avenue for commitment and improved job performance.

Emotionally intelligent leaders motivate and transform team members. They have an ability to assess acutely and identify others’ emotions. Doing so, they develop a close and supportive relationship with team members (Prati et al., 2003). This adds to the cohesiveness and identity of the team, which in turn increases the moral responsibility each member has for the other, leading to the collective commitment to achieving team goals.

The emotionally intelligent leader can predict the emotional reaction of followers accurately. Responding to the followers’ emotions, this leader is able to establish charismatic authority (Prati et al., 2003). In doing so, the emotionally intelligent leader creates a strong connection with the followers in such a way that the followers are inspired and motivated.

It is important to not only recognize the impact emotionally intelligent leaders have on building employee relationships that lead to higher team performance, but also to consider the contribution of the emotional intelligence of non-management staff to team performance and outcomes. Shooshtarian, Ameli, and Aminilari (2013) conducted a
cross-sectional study of employees working within a set of Iranian corporations to determine the relationship between the employees’ emotional intelligence and their job satisfaction and performance. Questionnaires were sent to 350 employees of Fars Province Industries located in southwest Iran with 289 participants responding.

Several different surveys were used, including the Modified Schutte Emotional Intelligence Scale (MSEIS) to assess emotional intelligence, the Grikson Instrument to measure job satisfaction, and the Alen and Meyer Questionnaire to collect data relating to the employees’ commitment. Also, the researchers used a questionnaire they designed to solicit job performance data. Each tool was tested for reliability using Cronbach’s coefficient alpha.

Shooshtarian et al. (2013) were able to show that a significant relationship existed between emotional intelligence and job satisfaction \((r = 0.184, p < 0.001)\). Of particular interest are participants with higher emotional intelligence exhibited skills to identify and control emotions. This lends to their ability to recognize stressful situations and effectively bring about appropriate ways to minimize them. Furthermore, the data revealed that emotional intelligence positively related to job performance \((r = 0.122, p < 0.001)\), chiefly with self-motivation, self-awareness, self-regulation, and intra-group cooperation. Another related positive finding by Shooshtarian et al. (2013) was between emotional intelligence and job performance \((r = 0.122, p < 0.01)\). With more self-confidence, self-motivation, and self-awareness, employees with higher emotional intelligence reduce conflict. Being self-motivated, emotionally intelligent employees work well in intra-group settings leading to improved performance.
Using the Pearson correlation, it was determined at the $p \geq 0.01$ level (two-tailed) that there is a significant relationship between emotional intelligence and job satisfaction. Shooshtarian et al. (2013) showed that non-management employees who possess high emotional intelligence have higher job satisfaction and job performance. The combination of both the leader and the non-management staff with high emotional intelligence results in better team outcomes (Prati et al., 2003).

Shooshtarian et al. (2013) did not find a relationship between emotional intelligence and organizational commitment. They conjectured that was the case because emotionally intelligent people are able to be selective about their job opportunities.

While the work of Shooshtarian et al. (2013) supports the earlier findings of Wong and Law, Goleman, and Salovey and Mayer, drawing broad application beyond the scope of this study should be done with caution. With the study limited to a single organization and within a set regional culture, results may be different in different work settings and different cultures. Additional future studies are needed to determine if emotional intelligence has positive relationships with job performance and job satisfaction within diverse groups and work settings. However, the results add to the knowledge of emotional intelligence by reaffirming the work of others. These findings may help human resource professionals and other organizational leaders improve employment interventions such as recruitment, selection, and onboarding. Lastly, organizational leaders should provide educational opportunities to employees on emotional intelligence competencies to improve team relationships and performance.

Humphreys, Weyant, and Sprague (2003) examined the relationship between non-management employee behavior and their leaders’ behavior, employee commitment,
and the emotional and practical intelligence of each. The research team surveyed approximately 500 employees of a small regional medical center located in the Southwestern United States. The number of eligible surveys totaled 213, consisting of 23 department heads and 190 of their direct reports.

The instruments used measured organizational commitment (Organizational Commitment Questionnaire); transformational leadership, transactional leadership and laissez-faire leadership behaviors (Multifactor Leadership Questionnaire - short form); emotional intelligence (Carson, Carson, & Birkenmeir Emotional Intelligence Survey), and practical intelligence (Constructive Thinking Inventory). Each of the instruments used had an alpha coefficient of greater than 0.70; therefore, the instruments were considered reliable.

The results were atypical of what most of the literature reports. The data showed a negative correlation, $r = -0.401, p < 0.05$. However, the study found a positive relationship between a follower’s emotional intelligence, $r = 0.183, p < 0.01$, and practical intelligence, $r = 0.184, p < 0.01$, with organizational commitment. The researchers also hypothesized that individual follower organizational commitment would show a significant positive relationship with transformational and contingent reward leader behavior ratings, $r = 0.283, p < 0.01; r = 0.342, p < 0.01$, respectively. The results confirmed that highly committed employees assessed their leaders as transformational with a rating of 13.98 ($t = 3.146, p < .002$).

With the findings from Humphreys et al. (2003), the important role employee commitment plays within the work setting is clearer. This insight may help organizational leaders with developing strategies to build commitment to their organization.
Furthermore, emotional intelligence competency training may serve as an effective intervention.

The study added valuable insight to the field of leader/follower relationship scholarship. However, generalizing the findings to a broader scope of interpretation must be done with some restraint. One of the significant limitations of this study was the sample size because it was limited to one medium-sized regional medical center and involved a few number of staff. Also, the department heads were all Caucasian. For future studies, it would be advantageous to increase the sample size and ethnic diversity of the group.

Polychroniou (2009) researched the relationship between the emotional intelligence components of empathy and motivation, social skills, and transformational leadership with a focus on supervisor-worker relations within a team setting in Greek organizations. His results support the hypothesis that the supervisors’ emotional intelligence, specifically empathy, motivation, and social skills, increase team effectiveness.

The study inquired about the employees’ perceptions regarding their immediate supervisors’ emotional intelligence, as well as to their transformational leadership style. The data collection process used a questionnaire administered in a series of confidential face-to-face structured interviews increasing data reliability while maintaining sensitivity concerning subordinates’ needs to remain anonymous.

Participants were 267 managers employed in various business units such as logistics, human resources, research and development, accounting, sales, and marketing. The organizations represented a cross section of Greek industries comprising service
(28.2%), merchandising (18.6%), financial (14.7%), and manufacturing (13.4%). The group was well educated with 49.3% having completed graduate studies and 21.3% having completed postgraduate studies.

The EQ Index developed by Rahim measured the emotional intelligence components of social skills, empathy, and motivation. The EQ Index went through a series of analyses to ensure reliability and validity. In addition, Polychroniou (2009) used the widely accepted Multifactor Leadership Questionnaire (MLQ) to assess transformational leadership, specifically charisma, intellectual stimulation, and individualized consideration.

Data analysis was conducted with a two-phase approach, the first being a factor analysis for both the EQ Index and the MLQ. In both analyses, the Cronbach’s alpha was 0.78 or higher, therefore, confirming reliability. The second analytic phase used the Pearson Product Moment Correlation analysis to determine if the variables measured a relationship and, if so, how strong it was. Transformational leadership was the dependent variable and the emotional intelligence components of social skills, motivation, and empathy were the independent variables.

All three variables of social skills, motivation, and empathy were considered to have a significant correlation with transformational leadership. Also, a multiple regression analysis was conducted to determine predictability. Though all three independent variables were positively concomitant with transformational leadership, social skills were found to be the strongest predictor of transformational leadership ($\beta=0.46$, $p<0.01$; $\Delta R^2=0.64$, $p<0.01$). Motivation was identified as a good predictor of leadership effectiveness ($\beta=0.41$, $p<0.01$; $\Delta R^2=0.12$, $p<0.01$).
Polychroniou (2009) demonstrated that the components of emotional intelligence measured in his study have a strong relationship with transformational leadership. These findings add to the researchers and practitioners’ understanding of the role of emotional intelligence in a workplace setting. Through social skills, empathy and motivation, supervisors, managers and senior leaders within an organization may inspire, empower and improve team effectiveness. Developing prescribed management practices, such as participative management, team building, and group problem solving, may lead to a more engaged workforce.

Future research opportunities acknowledged in this study include investigating the impact other components of emotional intelligence may have on team effectiveness. Also, future research should explore how other work-related activities such as delegation, group learning, and organizational culture are associated with emotional intelligence and, subsequently, with team effectiveness.

Rosete and Ciarrochi (2005) studied the connection emotional intelligence had with organizational performance outcomes and leadership effectiveness. They were particularly interested in examining this relationship at the senior executive level. They devised and tested three hypotheses. H1 posited that an ability-based model of emotional intelligence had a positive association with effective leadership through a performance management system. H2 theorized that an ability-based measure of emotional intelligence was discrete from the Big Five personality factors. H3 postulated that an ability-based measure of emotional intelligence was related to cognitive ability but distinct from it.
The study involved 41 senior executives from a large Australian public service organization who volunteered to participate. The group makeup was 57.14% male. The average age was 42.24 years with a standard deviation of 8.31. Seventy-five percent of the participants had been with the organization more than ten years. All participants received a battery of tests to measure emotional intelligence (MSCEIT), personality (16PF), and cognitive ability (WASI). In addition, each participant’s immediate manager determined leadership effectiveness by completing a performance management review on the participant. Furthermore, the participants, along with three of their subordinates, were asked to complete an online multi-rater instrument (Perspectives on Executive Leadership Capabilities). The instruments used in the study each had a reliability coefficient affirming dependability.

The Pearson correlation coefficient showed that a relationship did exist between the total emotional intelligence score and the performance ratings ($r = 0.384, p < 0.05$). Therefore, the results support the hypothesis that an ability-based model of emotional intelligence is positively associated with leadership effectiveness.

H2 explored the connection between emotional intelligence and personality. There were no correlations identified between the total emotional intelligence score and personality; therefore, H2 was supported.

When determining if H3 was viable or not, Rosete and Ciarrochi calculated the Pearson correlation coefficients to ascertain if a relationship existed between emotional intelligence and cognitive intelligence, with emotional intelligence being distinctive. The findings showed that the total emotional intelligence score and verbal cognitive,
performance cognitive, and full cognitive intelligence scale were significant ($r (40) = 0.336, p < 0.05$, $r (40) = 0.402, p < 0.05$ and $r (40) = 0.430, p < 0.01$, respectively).

The results suggest that emotionally intelligent executives are more likely to be successful achieving business outcomes and more effective as leaders, as described by their direct reports. Also, the findings suggest that emotional intelligence, and specifically the capacity to perceive emotions, was able to predict leadership effectiveness.

Rosete and Ciarrochi’s study had some limitations. Larger, broader scale research needs to take place to expand the understanding of the relationship between emotional intelligence and leadership effectiveness. In addition, these studies need to occur across different industries.

Emotionally intelligent leaders create supporting and inspiring relationships with employees, resulting in higher levels of employee performance (Carmeli, 2003; Humphreys et al., 2003; Polychroniou, 2009). A leader’s ability to perceive, understand, and manage the emotional state of workers provides a source of social and emotional competencies that leads to greater success in the workplace (Cherniss, 2000). Considering the rapid pace of change and the greater demands placed on leaders and workers alike, the need to develop and use emotional intelligence competencies will become increasingly important. In doing so, organizations will experience greater productivity, enhanced teamwork, and psychological well-being (Adeoye & Torubelli, 2011).

In today’s health care environment and other industries as well, it is imperative that organizations lead and manage their human capital effectively. Some scholars have
suggested that employee commitment may be the real sustainable competitive advantage (Woolridge, 2000). Employee performance has been related positively to organizational commitment (Humphreys et al., 2005).

**Employee attendance/withdrawal intent.** Attendance is the staff’s ability and motivation to be present in the organization (Zaccaro & Collins, 1988). In other words, attendance is when staff are willing and able to work. Organizations depend on the attendance of employees to get the work done. The lack of attendance creates concerns for management (Levin & Kleiner, 1992). Sporadic and unreliable attendance can have tremendous financial implications for organizations (Albion, Fogarty, Machin, & Patrick, 2008; Levin & Kleiner, 1992).

The costs associated with lack of attendance effect various operational aspects such as poor work quality, lost workdays, team stress, over utilization of benefits, and daily staffing challenges (Albion et al., 2008; Chênevert, Jourdain, Cole, & Banville, 2013). Further examination will help explain the factors that motivate employees to be active and present.

Khalili (2011) conducted a study to determine if employees with higher emotional intelligence have a stronger commitment to their organizations. The study focused on a medium-size engineering consulting company located in Iran.

Khalili (2011) used the construct of organizational commitment developed by Meyer and Allen (1990) to study the potential relationship. The study consisted of affective commitment, continuance commitment, and normative commitment. Affective commitment reflects the employee’s emotional connection to the organization. Continuance commitment involves an employee's analysis of the costs associated with
leaving the organization as compared to an employee’s desire to stay with the organization. Normative commitment is an employee’s sense of responsibility to the work group or organization. As a result, the employee feels that it would be wrong to leave (Meyer & Allen, 1990).

Khalili (2011) used emotional intelligence as a second construct in his study. The research focused specifically on the emotional intelligence competencies of self-awareness, self-management, social awareness, and relationship management. The emotional intelligence competencies, individually and as a whole, were the independent variables and organizational commitment was the dependent variable in the study.

The 142 employees of LAR Consulting Engineers received a survey questionnaire to collect data regarding the variables. The survey contained three sections. Section A collected information regarding demographics of the respondents. Section B focused on the competencies of emotional intelligence. Section C solicited data on the respondents’ organizational commitment. The Cronbach’s alpha method was used to determine the reliability of the questionnaire. All items were found to be within the acceptable range; therefore, the questionnaire was deemed reliable.

The data were analyzed using the Pearson correlation method. The emotional intelligence construct and the organizational commitment construct were found to be significantly related, \( p < 0.05 \). Though the study was limited in scope to one organization, it does indicate that emotional intelligence may contribute to higher levels of organizational commitment among employees.

Somers (1995) conducted another study that examined the influence of affective commitment. Somers sought to understand the relationship, if any, between affective,
continuous, and normative commitment with the intent to remain within the organization. Secondly, he wanted to determine if affective, continuous, and normative commitment are related negatively to turnover. Thirdly, he wanted to determine if affective, continuous, and normative commitment are related negatively to absenteeism. Finally, Somers wanted to identify whether affective, continuous, and normative commitment predicted employee retention and absenteeism.

The study was connected with 422 staff nurses employed by a large hospital located in the Northeastern United States. The sample group was 67% White, 92% female and the average age was 32 years. Somers measured affective, continuous, and normative commitment using Allen and Meyer’s eight-item scale (alpha= 0.81, 0.74 and 0.71, respectively). For withdrawal intent, Bluedorn’s assessment scale was used (α = 0.88). Turnover data for approximately 12 months were retrieved from human resource records. The turnover rate for this sample was 17%. Absenteeism data for 12 months were also collected from human resource records. There was no distinction made between voluntary or involuntary absence. Two measures of absenteeism were used: total and annexed absences. Total absences is the number of absences taken during a 12-month period. Annexed absences were absences used during weekend and holiday periods. Both measures of absence were based on frequency.

Logistics regression models with hierarchical procedures were used to explain the possible relationship between the three types of commitment and intent to remain and absenteeism. To diminish the potential of the independent variables being too highly correlated or untrustworthy, all analyses were conducted with centered predictor
variables. Logistic regression and non-centered predictors were used to determine if a relationship between commitment and turnover existed.

Somers (1995) identified affective commitment to be the most consistent predictor for intent to remain, turnover, and absenteeism. Additionally, affective commitment was the only predictor of turnover and annexed absenteeism. Furthermore, affective commitment in combination with normative commitment was related positively to intent to remain.

There continues to be a need to understand the variables that affect organizational commitment. Though Somers’ work adds to the knowledge base, its limited scope suggests that future studies need to identify the various work conditions under which commitment is a pervasive predictor of work outcomes. In addition, it is important to realize that Somers was not able to distinguish between voluntary and involuntary absences.

Employees with high affective commitment ratings are more emotionally devoted to and satisfied with their organizations (Gholami, Shams, & Amoozadeh, 2013). According to Albion, Fogarty, Machin, and Patrick (2008), there is evidence that advances the link between job satisfaction, attitude, and commitment to employee attendance.

Albion et al. (2008) were interested in determining the predictors of absenteeism and turnover intentions of staff. They surveyed 1,683 employees of Queensland Regional Health Service District, a large health care system in Australia consisting of one large hospital, three small hospitals, three nursing homes, and community health and allied health services.
The confidential Queensland Public Agency Staff Survey (QPASS) was administered to staff during working hours. They were informed that management would only receive results in aggregate. As a result, 1,097 employees responded, resulting in a 65% response rate.

The survey solicited insight into six aspects of personal experiences at work; however, only two were measured for this study: organizational climate and psychological outcomes. Organizational climate variables included workplace morale, supportive leadership, participative decision-making, role clarity, professional interaction, appraisal and recognition, professional growth, goal congruence, workplace distress, and excessive work demands. Psychological outcomes encompassed quality of work life, individual morale, and individual distress. In addition, the survey asked the respondents to rate their overall job satisfaction and their level of intent to leave the organization.

Using the organization’s work group averages, a correlation analysis was conducted to determine whether a significant relationship existed between job satisfaction and the employee’s intent to leave the organization and absenteeism. Employees who self-rated their level of individual morale as strong were more likely to be present for work (p < 0.05). This was the only significant correlation found within the personal work experience aspect of job satisfaction related to the withdrawal measure of absenteeism.

The frequency of absenteeism is associated with organizational commitment (Albion et al., 2008). It is reasonable to say that employees’ attendance at work is a reflection of their commitment to the organization (Gilmore, Ferris, Dulebohn, & Harrell-Cook, 1996).
The work of Albion et al. (2008) provided insight into several key drivers of personal work experiences within the framework of organizational climate and psychological outcomes. The study found that commitment through individual morale might influence employee attendance.

The study has two major limitations, one being it was limited to a single, but relatively large health care system, and secondly, the study was unable to access individual level absence data. With the recognition of the limits, one should be somewhat cautious in applying the results to broader claims. However, the study does provide possible understanding of what drives employee attendance.

Another aspect of attendance to consider is the perception of politics within the organization. Gilmore, Ferris, Dulebohn, and Harrell-Cook (1996) pointed out that the perceptions of politics are associated with job satisfaction and stress, as well as with employee absence from work. Research by Meisler and Vigoda-Gadot (2014) confirms that the emotional intelligence of the leader minimizes the negative perceptions of politics within the work setting; as well as reduces conflict and self-serving behaviors among the team members such as inappropriate absences.

Gilmore et al. (1996) investigated the extent to which organizational politics affects employee attendance as measured by employee tenure working for the immediate supervisor. The study engaged a voluntary hospital of 300 certified inpatient beds located in the Midwestern United States. The participants included 95 staff nurses and 28 immediate supervisors representing all three working shifts and all 14 departments where nurses worked. In addition, the study design limited the number of subordinates for each supervisor to four.
Data were collected using four different surveys individually disseminated. The questionnaires measured the (a) perceptions of politics, (b) employee attendance assessed by the nurses’ supervisor, (c) the length of time working for their immediate supervisor, and (d) the relationship with their supervisor.

The variables of employee attendance and tenure working with their supervisor showed a statistically significant correlation, \( r = 0.36, \ p < 0.001 \). Using a moderated regression analysis, it was determined that employee tenure with his or her supervisor and the perception of politics contributed to the difference explained in employee attendance, \( F = 4.43, \ p < 0.05 \).

Gilmore et al. (1996) determined that perception of politics alone had no significant relationship to employee attendance. However, determining that perception of politics affected employees with low tenure with their immediate supervisor more so than those with longer working tenure provides insight into explaining the higher absence rates within this group. One can surmise that employees with a limited understanding of their work environment are more likely to be absent. This relationship did not exist among employees with longer working tenures with their supervisor.

Although this research supported the hypothesis regarding the relationship between politics and absence, there are limits to the study. First, the researchers used the supervisor’s rating of the employee’s attendance rather than the actual work absence records; therefore, there is potential bias due to the supervisor’s rating. Using the actual absenteeism numbers would remove any possible bias. The second limitation is that causality cannot be determined. Future studies should use potentially objective data and be longitudinal to causality.
The implications of this study are for organizational leaders to pay particular attention to staff who are relatively new to their work environment. Proper onboarding, coaching, and counseling can help new staff gain relevant information about work expectations and norms.

Poon (2004) added to the understanding regarding the role of perceived politics and withdrawal behaviors within the work setting. Poon studied 103 Malaysians in a single organization who had business in manufacturing and service divisions. Employees received their employee attitude survey from the head of the functional area in which they worked. They were reassured that their responses would be kept anonymous, and only summaries of the data would be provided to the organization.

The study measured the perception of organizational politics, perceived control, job stress. Various analytics were conducted to ensure there were no significant problems or violations of normality, high variability, or linearity, and there was no indication of the independent variables being highly correlated with each other. In addition, the variance-marker-variance analysis confirmed that the predictor-criterion correlations remained statistically significant. Therefore, this study’s findings cannot reasonably be accounted for by common method variance.

Correlation analyses were conducted on each variable. All measures had an alpha reliability above 0.70. Poon’s results show a correlation between perception of organizational politics and intent to quit ($r = 0.21$, $p < 0.05$) and job stress and intent to quit ($r = 0.25$, $p < 0.05$).

The findings of this study provide a further understanding of the role emotionally intelligent leaders have in cultivating a climate conducive to employee attendance.
Recognizing that emotionally intelligent leaders are more likely to create an environment of empowerment, Poon points out the importance of managing the perception of politics in such a way those employees feel engaged and informed. One recommendation that emerges from this study is to involve staff in participative governance. In doing so, the intent to quit is minimalized and job-related stress reduced.

**Job satisfaction.** Job satisfaction is defined as a positive emotional state resulting from the consideration of one’s job experience. In other words, job satisfaction is the consequence of an employee’s discernment of how well their job affords those things that are regarded as significant (Nair, Gopal, & Babu, 2012). The emotionally intelligent leader cultivates an organizational climate that stimulates job satisfaction (Albion et al., 2008; Al Hajj & Dagher, 2010; Prati et al., 2003).

Meisler and Vigoda-Gadot (2014) added to the understanding of this relationship. They researched the effect of emotional intelligence, organizational politics, and work outcomes in the context of work attitudes and behaviors. They conducted a study in a private sector financial institution located in Israel. The study set out to determine if there was a negative relationship between emotional intelligence and perceived politics and to determine if perceived politics would reconcile the relationship between emotional intelligence and job satisfaction, turnover intentions, and negligent behavior.

Data was collected using validated survey tools designed to measure emotional intelligence, the perception of organizational politics, job satisfaction, turnover intentions, negligent behavior, and job perseverance. The researchers used the Wong and Law Emotional Intelligence Scale (WLEIS) because it is based on the emotional intelligence ability model offered by Salovey and Mayer. Measuring the perception of
organizational politics, these scholars chose the most current tools designed by Kacmar and Carlson. The Schriesheim and Tsui six-item scale was selected to collect data on employee job satisfaction. Also, to understand turnover intentions, the researchers used the four-item scale based on Farrell and Rusbult. To gather information regarding negligent employee behavior, the researchers used their four-item assessment. Using Cronbach’s alpha method, the self-authored survey was deemed reliable with a coefficient alpha of 0.71.

Job perseverance was determined by contacting the financial institution 51 months after the original data collection. Meisler and Vigoda-Gadot did so to enhance the confidence of the withdrawal behavior variables (i.e., turnover intentions and delinquent behaviors). They received archival statistics regarding the research participants’ actual turnover to include the date the participant left the organization.

The questionnaire was distributed to 432 employees with 368 usable questionnaires returned, resulting in an 85.2% return rate. The participants represented a cross-section of the organization, including human resources, marketing, call centers, and finance. They also represented all hierarchical levels of the organization from non-managerial employees to low, middle and upper-level management.

Using mediation analysis, the results showed a favorable statistical significance between emotional intelligence and perception of politics ($r = -0.24, p \leq 0.001$), job satisfaction ($r = 0.24, p \leq 0.001$), and negative relationships between turnover intentions and negligent behavior ($r = -0.14, p \leq 0.001$; $r = -0.23, p \leq 0.001$ respectively). The findings showed that emotional intelligence has a negative relation to the perceptions of organizational politics while it favorably influences employees’ work attitudes and
behaviors. These findings support earlier scholars’ conclusions regarding the effect of emotional intelligence on job satisfaction (Carmeli, 2003; Goleman et al., 2002; Al Hajj & Dagher, 2010; Meisler & Vigoda-Gadot, 2010).

Vigoda-Gadot and Meisler (2010, 2014) have shown that emotional intelligence has a positive impact on job satisfaction and worker attitudes. Their study focused on the private sector, leading one to conclude that emotional intelligence provides a construct for a positive workplace affecting work outcomes. Nonetheless, the study has limitations in that it involved a single institution and the participants evaluated through self-report their level of emotional intelligence; the study should be examined with some caution.

Al Hajj and Dagher (2010) studied the role of emotional intelligence as a determinant of job satisfaction among employees of various service organizations located in Lebanon. Their study concentrated on hypotheses aimed at determining if emotional intelligence is related positively to three targeted aspects of job satisfaction: supervision, co-workers, and nature of work. The service organizations included banking (36%), educational services (19.2%), hospitality (14.8%), and trade (10.9%). The sample size was 150 people, consisting of 59.1% female, with most of the respondents not being married. Participants were reassured that their responses would be anonymous. Each participant received a three-part questionnaire. The first section of the questionnaire measured emotional intelligence using the validated and regularly used Wong Law Emotional Intelligence Scale (WLEIS). This WLEIS collects data based on the Mayer and Salovey’s four-dimensional model of emotional intelligence: self-emotion appraisal, others emotion appraisal, use of emotion, and regulation of emotions. The second section measured job satisfaction using the validated Spector Job Satisfaction Survey (JSS). The
third section gathered information on the demographics of the participants (age, gender, marital status, etc.).

Using the Pearson correlation analysis, Al Hajj and Dagher (2010) determined that emotional intelligence showed a significant positive correlation with job satisfaction-supervision ($r = 0.269, p \leq 0.01$), job satisfaction- co-workers ($r = 0.380, p \leq 0.01$), and job satisfaction- nature of work ($r = 0.310, p \leq 0.01$). In addition, to determine a greater strength for the relationships of each of the job satisfaction aspects to emotional intelligence, an ANOVA F-Test comparison and regression analysis were conducted. The combination of the F-value, the correlation analysis, and the coefficient of determination for each aspect found empirically that emotional intelligence is constructively related to employee job satisfaction.

Al Hajj and Dagher (2010) found strong evidence to support the role of emotional intelligence and job satisfaction. Also, a greater understanding of the influence of supervision and co-workers to job satisfaction was gained. Both had a positive correlation, but the co-worker relationship had a greater influence on the employees’ perceived satisfaction at work. These findings may help organizational leaders improve the hiring process as well as create efforts to build a team and other human resource interventions to enhance co-worker and supervisor relationships.

The study provided strong empirical support for the researchers’ hypotheses. One must recognize the study’s limitations before applying the findings to broader applications to other industries and cultures. The first limitation to consider is that the respondents were mostly unmarried. It is not possible to determine if this unique demographic finding influenced the results. Also, the second limitation concerned the
small sample size. It would be helpful to increase the number of people participating in the study to provide confident generalizations of the conclusions. The third limitation of the study concerns the use of self-reported surveys for emotional intelligence and job satisfaction. Though self-reporting can be insightful, there are other means to gain additional information to provide a more in-depth understanding of the measured outcomes. It may be helpful in future studies to increase the size of the sample, ensure diversity of the participants, and conduct interviews along with the written questionnaires completed by the employees and supervisors.

Nair, Gopal, and Babu (2012) also explored the possible relationship between emotional intelligence and job satisfaction. Their study targeted a single retail chain comprising seven retail stores in Mumbai, India. All employees participated in the survey, totaling 60 with 75% of the participants being non-management sales representatives.

The study design was causal in nature in which emotional intelligence was the independent variable, and job satisfaction was the dependent variable. The questionnaire consisted of 26 items addressing job satisfaction and emotional intelligence. The Cronbach’s alpha test was conducted for survey reliability resulting in a 0.92 for emotional intelligence and a 0.971 for job satisfaction.

A simple linear regression analysis was conducted to determine the prediction of the independent variables of emotional intelligence with the dependent variable of job satisfaction. In addition, a Pearson correlation was conducted to determine significance. As a result, the study highlighted a strong positive relationship between emotional intelligence and job satisfaction ($r = 0.886, p< 0.01$). Calculating the coefficient of
determination concluded that 78.5% of the variance in job satisfaction can be explained by emotional intelligence.

Along with other researchers, the findings of Nair et al. (2012) aid organizational leaders and human resource professionals in creating HR deployment interventions to support on organization’s mission and strategic objectives. These interventions include recruitment and selection methodologies, professional development, retention efforts, and performance management strategies such as coaching and counseling.

Gholami, Shams, and Amoozadeh, (2013) examined the relationship between job satisfaction and commitment, between emotional intelligence and organizational commitment, and between emotional intelligence and job satisfaction; 200 people were selected randomly from banking and financial institutions.

The three hypotheses were: (a) there is a meaningful relationship between job satisfaction and organizational commitment, (b) there is a meaningful relationship between emotional intelligence and organizational commitment, and (c) there is a meaningful relationship between emotional intelligence and job satisfaction. Using SPSS, a correlation analysis was calculated to determine if the three hypotheses showed a positive relationship. The results indicate that there is a meaningful relationship between organizational commitment and job satisfaction and emotional intelligence. These results are consistent with other research studies (Al Hajj & Dagher, 2010; Meisler & Vigoda-Gadot, 2014; Nair et al., 2012). However, Gholami et al. (2013) rejected the hypothesis that a relationship existed between emotional intelligence and job satisfaction.

This study had limitations that must be considered when extrapolating the findings outside the context of the study. The sample size was small and restricted to
banking and finance institutions within a single city. Factors unique to either the participating organizations or the city culture itself may have influenced the results. It would be worthwhile to replicate the study using a larger sample size as well as conduct in different industries and geographic locations.

As organizations find ways to meet the present challenges to stay in business, understanding the factors that influence employee satisfaction remains central to maintaining a competitive advantage (Goh & Low, 2013). As a result, job satisfaction continues to garner attention by researchers. Research by Fasihizadeh, Oreyzi, and Nouri (2012) aimed to determine the relationship between emotional intelligence and job satisfaction. Their research explored which variable had the most influence on job satisfaction. For this study, job satisfaction is defined as the effect a person develops from their job experience. It is an evaluative judgment that can be positive or negative. Positive affect is an outward display of active energy of enjoyment toward the job that has been correlated with job satisfaction.

The 230 participants in this study were selected using a simple random sampling technique. Each received a questionnaire for each of the following measures: job satisfaction, positive affect, and emotional intelligence. The specific tools were Judge and Bono’s Job Satisfaction Questionnaire; Fax’s and Spector’s Job-Related Positive Affect Questionnaire; and the Emotional Intelligence Scale of Humanity and Hygienic Capabilities (Fasihizadeh, Oreyzi, & Nouri, 2012).

Two analytic methodologies were used: (a) a step-wise regression and (b) the Glass and Stanley formula. Both positive affect and emotional intelligence were found to
be predictors of job satisfaction, with positive affect being the stronger predictor of the two.

This study supports other studies linking emotional intelligence to job satisfaction. Knowing this linkage, emotionally intelligent leaders can facilitate and nurture a work environment conducive to positive affect. Human resource professionals should establish policies and practices that support constructive, positive work environments such as reward and recognition systems, leadership development to skill managers, and onboarding processes.

Benson, Zigarmi, and Nimon (2012) studied the possible relationship between a manager’s emotional intellect and his or her direct reports’ perception of the manager’s use of directive and supportive leader behaviors and the direct reports’ perceptions of satisfaction with their manager. The study involved 109 managers and 525 of their direct reports from a large public utility company located in Northeastern United States. The managers completed the Mayer-Salovey-Caruso Emotional Intelligence Test (MSCEIT). The direct reports completed the Leader Action Profile assessment (LAP). The theoretical constructs for this study included full range leadership modeling consisting of situational leadership, transformational and transactional leadership.

The study measured the manager’s emotional intelligence using the MSCEIT. MSCEIT is a self-test that measure emotional intelligence abilities. The reported alpha coefficients for the for subscales were perceiving emotion, 0.91; facilitating thought, 0.79; understanding emotions, 0.80; and managing emotions, 0.83.

The Leader Action Profile assessment was used to measure the perceptions of direct reports of their managers’ use of directive and supportive behaviors, as well as
their satisfaction with their bosses. Alpha coefficients were determined and found the subscals reliable as all were above 0.70.

After adjusting for lack of independence, the data were analyzed using unconditional baseline models to determine the variance between-manager differences. Conditional models were used to determine how much of the between-manager variance in each of the 16 leadership measures could be explained.

Results included the identification of leader supportive behaviors (listening, sharing information about the organization, asking for input, and providing rationale) correlated with leader emotional intelligence. Only one directive behavior (clarifying roles) was correlated with emotional intelligence. In addition, total emotional intelligence score and using and managing emotions correlated with leadership behaviors. The results of this study imply that managers with higher emotional intelligence are more likely to engage in relationship or supportive behaviors than managers who have lower emotional intelligence scores.

**Human resource practices.** There is limited literature addressing the link between human resource development strategies and interventions addressing the potential application of emotional intelligence to organizational productivity. To stay competitive and leverage human talent and capital, it is necessary to understand and explore the relationship (Brooks & Nafukho, 2006). The health care industry is facing significant challenges resulting in rethinking how leadership should manage and lead to ensure organizational success (Kellis, Rumberger, & Bartels, 2010). To maximize human resource practices within the organization, it is necessary to appreciate the context in which the relationships between leadership and the collective dynamics of the business
environment, organizational context, and operational effectiveness happens (Humphreys, Brunsen, & Davis, 2005).

Humphreys et al. (2005) conducted an exploratory study to assess the relationship between emotional intelligence, emotional coping ability, and organizational commitment. The team’s aim was to determine if staff commitment to the organization was strengthened in relationship to the degree of their personal emotional intellect. In addition, the study examined the influence of emotional coping ability to organizational commitment. The importance of this study is two-fold. First, it recognizes that staff organizational commitment is a critical strategic component that directly enhances operational effectiveness (Roepke, Agarwal, & Ferratt, 2000). Second, it may provide direction to help human resource professionals strategize on how best to address recruitment, retention, and human resource development efforts (Humphreys et al., 2005).

The participants were employees of a small, regional medical center consisting of nurses, respiratory therapists, radiology technicians, and others. Of the 213 eligible employees surveyed, 105 direct care workers responded to the three self-reported survey instruments used to measure emotional intelligence, organizational commitment, and emotional coping ability. The survey process was confidential to ensure anonymity.

Using the Pearson correlation, it was determined that there was a favorable relationship at the 0.01 significance level between emotional intelligence and emotional coping ability. In addition, it was determined that emotional coping ability and affective commitment were related positively at the 0.05 significance level.
The findings support that there is a strong correlation between emotional intelligence, emotional coping ability, and affective organizational commitment. In addition, the findings show that emotional intelligence serves as a predictive variable between organizational commitment and emotional coping abilities. The results revealed that employees who showed higher emotional coping abilities were more committed to the organization when their emotional intellect was higher rather than low.

This study, though limited in scope to one organization, provides insight to human resource professionals and organizational leaders when addressing attrition and retention opportunities. Creating a work environment in which employees are committed may lead to improved organizational efficacy and, as a result, provide a competitive advantage (Humphreys et al., 2005).

The workplace is a social setting filled with emotion. Emotions can facilitate effective teamwork or prove to be destructive and hinder productivity (Barthwal & Som, 2012). Organizational leaders need to understand how best to manage the emotions of themselves and to lead others who engage their affective commitment to the organization (Gholami et al., 2013; Goleman et al., 2002; Somers, 1995).

Barthwal and Som (2012) studied 300 plus low level to senior level executives employed by Oil and Natural Gas Corporation in Dehradun, Uttarakhand, India to define the significance of the relationship between emotional intelligence and organizational commitment, work motivation, self-efficacy, and organizational effectiveness. The study group was comprised of 60% male and 40% female. Approximately 83% of the group were under the age of 45 years. Fifty percent of the participants were low-level members of management, 33% of the participants were mid-
level, and 17% were at the senior executive level. Data collected using quota sampling was obtained to ensure adequate representation of the various age groups and managerial hierarchies.

Using a correlational research design, Barthwal and Som (2012) utilized five separate instruments to ascertain if their research purpose had merit. The tools were: (a) the Emotional Intelligence Questionnaire developed by Singh in 2004, (b) the Organizational Commitment Scale developed by Dhar, Mishram and Srivastav in 2000, (c) Occupational Self-Efficacy Scale developed by Sanjyut Pethem Chaudhary, and Dhart in 1999, (d) Work Motivation Questionnaire developed by Aggarwal in 1998, and (e) Organizational Effectiveness test developed by Sinhau in 1992.

The Pearson correlation test was conducted to determine if there were positive relationships between emotional intelligence and the various variables in the study. In general, the findings found positive relationships between emotional intelligence competencies and the various variables. Emotional intelligent self-awareness competency was related positively to organizational commitment (0.263, 0.000), work motivation (0.178, 0.002), and self-efficacy (0.231, 0.000) at the highly significant level at 0.01.

Emotional intelligence self-regulation competency was related positively to organizational commitment (0.228, 0.000) and self-efficacy (0.204, 0.000) at the highly significant level of 0.01. However, this competency had a positive relationship at the 0.05 level with work motivation (0.142, 0.014).

Emotional intelligence motivation competency was related positively to organizational commitment (0.192, 0.001), work motivation (0.205, 0.000), and self-efficacy (0.157, 0.007) at the highly significant level at 0.01. Lastly, the emotional
intelligence social awareness competency was related positively to organizational commitment (0.183, 0.002), work motivation (0.290, 0.000), self-efficacy (0.266, 0.000), and organizational effectiveness (0.156, 0.007) at the highly significant level at 0.01. It is interesting to note that the only emotional intelligence competency that had a positive relationship with organizational effectiveness was social awareness. The other three competencies did not demonstrate an associated relationship.

It would be helpful to conduct additional research to study the contributing factors of social awareness and organizational effectiveness. As a greater insight into this phenomenon emerges leaders, human resource practitioners, and researchers will be able to identify effective interventions to ensure organization operational success and sustainability.

This study has significant implications for leaders. Though the scope of the study is limited to one organizational system, it included all levels of management, providing a hierarchical view that may help create more effective leadership development training. Also, recognizing effective job performance requires cognitive elements, this study points out the additional value of emotional intelligence. Including emotional intelligence competency training in leadership development and other human resource development initiatives may help leaders and staff build a stronger sense of team and collaboration.

Barthwal and Som (2012) point out managing the social relations environment within an organization can lead to stronger loyalty and commitment from employees, resulting in increased productivity, lower employee costs, and stronger profit performance. Abraham (2000) points out that in highly specialized work environments, the need to coordinate job activities is crucial. The coordination requires the social skills
component of emotional intelligence. Abraham (2000) goes on to claim that these competencies are now mandatory for organizational success.

According to Abraham (2000), job control is the self-governance the employee has to make decisions and the independence to determine how best to complete the task-at-hand. Work environments in which the employees have less control over self-governance often lead to a variety of workplace problems. However, the opposite is true when employees have more control over their work.

Abraham (2000) stated that employees working in autocratic work environments are hesitant to share their personal feelings in fear that supervisors would censor or terminate their employment. Based on the conceptual framework of job demands/job control model and emotional intelligence, Abraham (2000) identified three hypotheses to determine if emotional intelligence and job control have an impact on job satisfaction and organizational commitment.

The first hypothesis investigated the degree in which job control and self-efficacy moderated the relationship between emotional discord and job satisfaction as well as between emotional discord and organizational commitment. The second hypothesis looked at the degree job control influences the relationship between job satisfaction and emotional intelligence. The third hypothesis studied how job control will influence the relationship between emotional intelligence and organizational commitment.

Two separate studies were conducted. The first study involved 121 customer service representatives in the entertainment, food service, telecommunications, and clothing retail industries. The respondents composition was 58% women, the mean age of the group was a combined average of 50.3 years (SD= 12.6), and was with the
organization on the average of 6.3 years (SD= 6.8). The researcher with two coordinators met with the participants in groups over a two-week period.

Five validated questionnaires were distributed to the participants. All measurement tools had a Cronbach alpha of .64 or higher. The three-item Job Autonomy subscale was used to measure job control. The Emotional Labor Scale was used to measure emotional dissonance. Self-efficacy was measured by the 17-item Self-Efficacy assessment, and the five-item Job Diagnostic Survey measured job satisfaction. The research team used the 9-item Organizational Commitment Questionnaire to measure organizational commitment.

Hypothesis 1 was tested using moderated hierarchical regressions of job satisfaction and organizational commitment on emotional discord and the anticipated moderators of self-efficacy and job control. Results support Hypothesis 1 for job satisfaction with a $p$ value of <.05, but not for organizational commitment. Combined self-efficacy and job control explained 3% of the variance in job satisfaction, $t (110) = 2.11, p < 0.05$.

With the second study, the researchers worked with 79 professionals from the health care, insurance, and telecommunication industries. These industries were chosen because they are undergoing significant change including continuously re-sizing, reorganizing, and constantly re-engineering workflow processes. Of the 79 participants, 55.7% were women. The mean age for the group was 29.11 years (SD = 6.85), and the average organizational tenure was 9.7 years (SD = 7.1).

Abraham (2000) utilized the same measurement tools from the first study for job control, organizational commitment, and job satisfaction. Emotional intelligence was
measured using the 33-item Emotional Intelligence Scale developed by Schutte, N. S., Malouff, J. M., Hall, L. E., Haggerty, D. J., Cooper, J. T., Golden, C. J., & Dornheim, L. (1998). This tool measured the expression of emotion, the regulation of emotion, and the utilization of emotion in solving problems. Data collection followed the same process as the first study.

H2 and H3 were tested using hierarchical regressions for job satisfaction and organizational commitment on emotional intelligence and job control. Results found that emotional intelligence and job control collectively predicted a significant 16% variance in job satisfaction, F(5,66) = 5.15, p < .01, and 32% for organizational commitment, F(5,66) = 5.58, p < .001).

The significance of this study illustrates the strong predictor of emotional intelligence on both job satisfaction and organizational commitment. More satisfied and committed employees are more productive and withstand the stresses and volatility of the workplace. Human resource professionals should actively recruit and retain workers with strong emotional intellect.

Simply hiring for emotional intelligence is not sufficient to produce an environment that results in high productivity. The workplace must also offer participation and control in decision-making. This combination allows emotionally intelligent workers to thrive at work (Abraham, 2000).

Engaging in decision making and improving work performance involves more than asking staff what they think (Abraham, 2000). Recognizing that decision making and problem solving can be influenced by emotion (Prati et al., 2003), it suggests that emotional intelligence may play a crucial role in team processes such as goal setting,
planning, task coordination, and other transitional activities (Clarke, 2010). To understand the impact, Clarke (2010) explored the relationship between emotional intelligence and team actions such as strategy formulation, team coordination, conflict management, motivation, and confidence building.

Clarke (2010) randomly assigned 68 MBA students into 13 teams of four to six people. The students’ average age was 30.7 years (SD 6.1) with 75% of the students being male. The group was culturally diverse with 36% being British, 26% Chinese/Taiwanese, 18% Indian, 7% Japanese, and 12% Arabic. The team spent approximately 0.5 to 2 hours each week together for 14 continuous weeks. They were assigned a team project to develop a change management strategy to improve organizational performance.

The students completed a self-reported emotional intelligence questionnaire before starting their team project. At the end of the 14-week project, the students assessed their teammates on the degree in which their colleagues displayed team process behaviors. The measurement tools used to assess the various research variables included (a) the MSCEIT developed by Mayer (2002) to measure emotional intelligence, (b) the Individualism-Collectivism assessment developed by Wagner and Moch (1986) to measure collectivist orientation, (c) a team process assessment based on the work of Marks, M. A., Mathieu, J. E., & Zaccaro, S. J. (2001), and (d) the students’ grade point average to measure general mental ability.

The data was analyzed by conducting bivariate correlations to discover the relationships between the study’s variables. The next step in the analysis involved
regressing each of the team process behaviors with emotional intelligence and collectivist orientation and the interactions between the two.

The results support the findings of other researchers by confirming a positive relationship between emotional intelligence and team performance. However, the relationship is not as straightforward as some researchers imply (Clarke, 2010; Prati et al., 2003). The perceiving emotion competency of emotional intelligence had a significant relationship to team transition processes such as mission analysis, goal identification and strategy development ($\beta = 0.79$, $p < 0.05$, $\Delta R^2 = 0.03$). In addition, the using emotions to facilitate thinking competency and the managing emotions competency of emotional intelligence were both found to have a significant relationship to interpersonal team process such as conflict management, motivation, confidence building, and affect management ($\beta = 0.30$, $p < 0.05$, $\Delta R^2 = 0.06$ and $\beta = 0.44$, $p < 0.05$, $\Delta R^2 = 0.02$, respectfully). There were no relationships found between perceiving emotion, using emotion, and managing emotions competencies of emotional intelligence with team action processes such as monitoring progress toward goals, systems monitoring, team monitoring and coordination.

The results suggest that organizations evaluate their approach to team building and team effectiveness strategies. The findings support that managers and staff with higher emotional intelligence are more effective with setting and coordinating tasks as well as deciding how best to achieve the tasks (Clarke, 2010). Understanding the implication of emotion management may lead human resource development specialists to implement strategies directed at emotion management related to team transition and interpersonal team processes.
Though the research findings contributed additional knowledge to how emotional intelligence may encourage team behaviors and effectiveness, it is necessary to point out the limits of the study. The research was not conducted in a workplace setting, but one that was simulated through a class project. The group dynamics may be influenced differently when a team is addressing a real work situation with significant employment consequences at risk. Also, the sample size was small.

The findings point out the need for additional research to be focused on developing more operative assessment tools capable of identifying how emotional intelligence influences teamwork. There is also a need to understand concisely how emotional intelligence relates to team processes in a variety of workplace context. Lastly, studying the effect of emotional intelligence on teamwork over time would add clarity to the causality of the relationship.

Emotionally intelligent leaders use self and others’ emotions to inform their reasoning capabilities; and, as a result, use that information cognitively to manage and lead (Kerr, Garvin, Heaton, & Boyle, 2006). These leaders effectively manage relationships and influence operative team behaviors. Also, these leaders, through personal efficacy, are able to attract and inspire others. Effective leadership involves building strong relationships and empowering the team to achieve its goals (Kinsley, 2006).

How does organization ensure effective leadership throughout the organization? McEnrue, Groves, and Shen (2007) conducted an empirical study to test three theoretical concepts concerning leader development. They examined the characteristics of training efforts aimed at improving the emotional intelligence competencies of leaders. The
Theoretical concepts investigated were an openness to the learning experience, self-efficacy, and receptivity of feedback.

The study involved 135 participants attending business administrations classes at a university located in the southwest United States. Though the participants were students, they were also full-time employees with an average work history of 8.17 years (SD = 3.88). A total of 82% of the participants indicated that they had at least one year experience as a manager. The ethnic makeup of the group was African American (5.2%), Anglo American (17.8%), Asian American (31.1%), Hispanic/Latin American (36.3%) and other (9.6%). The group comprised of 62.1% female and an average age of 26.83 years (SD = 6.84).

A control group of 60 participants and a treatment group of 75 participants were setup. To assess emotional intelligence, both groups completed the Emotional Intelligence Self-Description Inventory (EISDI) developed by Groves et al. (n.d.) at the beginning and end of the 11-week period. The alpha reliability was 0.88. The control group completed a series of learning activities designed for upper-level management course. The treatment group participated in a series of personalized training sessions to improve their emotional intelligence.

The treatment group completed John and Srivastava’s Big Five Personality assessment (1999) to measure openness to experience. Cronbach’s alpha reliability was 0.88. Assessing self-efficacy and receptivity to feedback, the researchers created their valuation tools for each factor. The Cronbach’s alpha reliability was 0.75 and 0.62, respectfully. Recognizing that 0.60 was the lower acceptable limit for exploratory
research (Hair, Anderson, Tatham, & William, 1998), the researchers elected to use their assessment tool for receptivity to feedback.

Tests for treatment and control group equivalency, t-test and chi-square analyses were conducted. The tests revealed no substantial differences between the treatment group and control group. After analyzing pre- and post- course assessment results using t-tests, the treatment group experienced a significant improvement in their emotional intelligence score for all dimensions measured. The mean differences were favorable and ranged from -0.21 ($t(74) = -1.79, p < 0.05$) to -0.62 ($t(74) = 3.41, p < 0.01$). The control group did not experience any significant improvement in their emotional intelligence scores.

Further review of the data showed that receptivity to feedback was the only personal characteristic measured that showed a significant degree of predictability for emotional intelligence improvements. In addition, the collective presence of self-efficacy, receptivity to feedback, and openness to experience were significant predictors for emotional intelligence gains.

The findings of McEnrue et al. (2007) provide valuable insight for leadership development specialists. Personalized training experiences seem to be more effective than learning experiences designed for the masses. Identifying feedback tools to help participants understand and act upon the feedback will provide improved training outcomes.

It is possible that other factors may have influenced the treatment group’s outcomes. Variability of instructor effectiveness and the effectiveness of the experiential learning activities may have contributed to the results. Another possible influence that
may have influenced the treatment group’s results is the assessment tool for measuring receptivity of feedback. Though the alpha reliability for exploratory research was above 0.60, it was below the standard excepted reliability of 0.70 (Hair et al., 1998).

Human resource development professionals are charged to support organizational business goals and improve performance outcomes by developing and enhancing the human expertise and talent using organizational development interventions and personal training programs (Brooks & Nafukho, 2006). Learned emotional intelligence competencies resulting in leadership behavior changes can improve organizational performance and business success (McEnrue et al., 2007). Kerr, Garvin, Heaton, & Boyle, (2006), through their research, shows that workers who rate their immediate supervisor as skilled at recognizing emotions are seen as being more effective supervisors than supervisors less skilled in emotion recognition.

Kerr et al. (2006) investigated the possible relationship between leader emotional intelligence and the direct reports’ rating of leadership effectiveness. Leaders increase team camaraderie and optimism by producing emotional experiences resulting in improved performance (Humphrey, 2002). Emotional intelligence is seen as a key factor leading to leadership effectiveness (Ashkanasy and Tse, 2000).

Using 38 supervisors and 1,197 non-management employees from a large manufacturing company, Kerr et al. (2006) facilitated two validated surveys. The management team received the MSCEIT to measure emotional intelligence while the non-management staff completed an assessment aimed at measuring managerial effectiveness.
After data analysis using the Pearson correlation, the results show a positive correlation between the leaders’ emotional intelligence and leaders’ ratings ($r = 0.39, p<0.001$). Specifically, a positive relationship existed between the emotional intelligence scores on the MSCEIT and supervisor ratings for perceiving emotions ($r = 0.43, p < 0.01$) and using emotions ($r = 0.52, p < 0.001$). Somewhat unexpectedly, there was no relationship found between the MSCEIT scores of understanding and managing emotions.

This investigation adds confirmation to the relationship between leader emotional intellect and the rating of leader effectiveness. In other words, employee perceptions of leader effectiveness are strongly related to the emotional intelligence of the leader.

Understanding the relationship between leader emotional intelligence and employee perception of leader effectiveness, human resource professionals may find it an effective strategy to redesign the recruitment and selection process to incorporate emotional intelligence competency as a part of leadership hiring expectations. In addition, the results reinforce the need to rethink leadership development and training.

Obviously, a future need is for additional research to be conducted in more workplace settings. Currently, there is a scarcity in the literature outside the use of student sample populations for this focus of emotional intelligence research.

**Chapter Summary**

The chapter provided a summary of various research studies aimed at understanding the influence of emotional intelligence in the workplace. The literature review concentrated on the influences of emotional intelligence toward organizational
and individual performance, employee attendance/intent to withdraw, and job satisfaction.

From the summaries of the studies reviewed in the paper, key collective findings show that emotionally intelligent leaders and followers are more satisfied with their jobs (Nair et al., 2012). Individuals who possess high emotional intelligence competencies experience enduring constructive temperament and feelings that engender satisfaction as compared to those who yield these feelings as anger, depression and frustration (Carmeli, 2003).

Emotionally intelligent leaders persuade and inspire employees through storytelling, rituals and the use of symbols. These techniques nurture affective commitment among team members. Affective commitment enhances employee motivation as well as being a predictor of work performance and attendance (Khalili, 2011; Allen & Meyer, 1996). According to Humphreys et al. (2005), organizational commitment correlates positively with employee performance, tenure, and attendance.

Emotional intelligence, within both the leader and follower, has been shown to contribute to the success of an organization.
Chapter 3: Research Design Methodology

Introduction

Recognizing that hospitals exist to serve their communities by providing safe and reliable patient care, it has become more challenging to do so. Today’s health care industry is experiencing significant decreases in reimbursement while cost continues to increase in technology, supplies, and human resources. Also, the industry is facing numerous major changes in regulatory requirements (HealthLeaders Media, 2014). These changes are complex and require a more cooperative spirit between hospital leaders, work staff, physicians, insurers, unions, and vendors.

Hospitals are moving from a volume-based, fee-for-service reimbursement system to a value-based purchasing model. This means hospitals must reduce variation in clinical and operational services to improve outcomes and financial performance (S. Kronenberg, personal communication, January 29, 2015). Health care reform will impact the way the work is done and the way leaders will interact with each other and their staffs to re-engineer the work (Codier, E., Kooker, B., & Shoultz, J., 2008).

Organizations experiencing significant disorder require an emphasis on collaboration and alignment of people and work processes. Doing so results in improved economic performance and increased job satisfaction according to the level of alignment between the organizational system factors (Trist, 1981). Trist, during his work at the Tavistock Institute, recognized the bi-directional relationship between the worker and the work. As a result, he described work as being socio-technical. This view of
organizational work stresses the need to take into account both work requirements and human dynamics as interrelated factors when designing work processes (Ropohl, 1999).

With the complexity of daily operations and the challenges presented by health care reform, leaders in this field need to influence various constituents to achieve operational performance at the lowest cost and highest quality (Feeley, 2013). Leadership competencies are necessary to facilitate the needed changes and influence operational outcomes and financial performance (Freshman & Rubino, 2004). Health care leaders unable to make the necessary organizational changes will find it more difficult to serve the medical needs of their communities.

Over the past 15 years, emotional intelligence has become an acceptable theory for organizations to employ and improve daily work processes (O’Boyle, Humphrey, Pollack, Hawver, & Story, 2011; Webb, 2009). Extensive research has shown employee engagement influences organizational effectiveness and high levels of employee engagement yield improved organizational performance and stakeholder value (Swarnalatha & Prasanna, 2013).

Organizations faced with economic and quality outcome demands may find an advantage in serving their communities through the deliberate application of emotional intelligence in daily operations (Ashkanasy & Daus, 2002). Understanding the stimulus of emotional intelligence on employee engagement in a health care setting has recently gained interest by renowned organizations such as the Mayo Clinic, Kaiser-Permanente, and the Cleveland Clinic. The question is to what degree does the level of emotional intelligence influence the degree of employee engagement and, as a result, affect organizational effectiveness.
The purpose of the study was to affirm or deny the hypothesis that emotional intelligence is a statistically significant correlate to employee engagement for frontline leaders in a private, not-for-profit tertiary care hospital located in Central New York. At a significance level of $p < 0.05$, the research hypothesis is as follows: Within a tertiary care hospital setting, there is a statistically significant correlation between the level of emotional intelligence of frontline managers and supervisors and their direct reports’ degree of engagement within the workplace.

A non-experimental quantitative analytic approach was used as the methodology to test the hypothesis and determine correlation. This approach provided an organized empirical examination of observable occurrences through statistical computations. Non-experimental quantitative research is the best when the research involves observations, opinions, and correlations in which the variables cannot be manipulated in the study (Creswell, 2014). Furthermore, a quantitative approach helps reduce a large data set in a more meaningful way (Mertens & Wilson, 2012).

Since the study explored the relationship between the variables of emotional intelligence and employee engagement, the Pearson Product Moment Correlation was used to determine correlation significance. The Pearson’s correlation provides the strongest mathematical calculations when testing the strength of the relationships between two paired variables (Huck, 2012). The computation involves a parametric approach when studying the linear relationship between two variables. Correlation research helps recognize and understand the differences of existing patterns and relationships between two variables (Huck, 2012).
Through quantitative analytics, the study will mathematically demonstrate the strength of the relationships between emotional intelligence and employee engagement. If the relationship is statistically sound, one can conclude that emotional intelligence is a correlate with organizational performance.

Research Context

The non-experimental quantitative study examined the relationship between the emotional intelligence of frontline management and staff employee engagement at a hospital located in Syracuse, New York. The hospital is a private, not-for-profit hospital licensed for 506 acute-care beds and 57 bassinets. The hospital employs 2,770 people with various backgrounds, education, and occupations. The hospital serves more than 23,000 inpatients, 66,000 emergency services patients and more than 250,000 outpatients a year from 15 surrounding counties in Central and Northern New York.

The hospital has been on a focused culture transformation strategy since 2004. In collaboration with the chief executive officer, the researcher, as the chief quality officer, served as the lead change agent for the hospital. Thirty-five members of management and non-management employees serve on the hospital’s Simply the Best joint oversight team to assist with implementing the various organizational development interventions identified during the management learning retreats held each year. For the past ten years, more than 15 management retreats have been conducted.

The oversight team meets every other Friday to discuss and identify current cultural opportunities, such as the effectiveness of key organizational interventions. Examples include the application of empathy throughout the organization, servant leadership, and relationship-based care competencies. The team serves as a constant
thermometer for the organization’s climate and efforts in living its mission, visions, and values.

The oversight team used the Malcolm Baldrige National Quality Award criteria and the Nursing Excellence Magnet criteria to design the learning retreats. The retreats served two purposes: collective learning as a management team and the identification of strategic, operational, and culture opportunities for improvement. All retreats were designed and delivered using internal resources. No external consultants or off-the-shelf purchased programs were used, and all strategies and interventions were created through the collective wisdom of those in attendance.

In addition to the retreats, a mandatory leadership development program and a multi-dimensional performance management system were put in place. The performance management system included annual reviews based on a set of core management competencies, operational outcomes for patient satisfaction, employee satisfaction, physician satisfaction, operational metrics, and budget management. In addition, a homegrown 360-assessment tool was developed based on critical management competencies determined by the management team. There are 35 competencies clustered into seven key areas: customer service, quality, productivity, finance, innovation, people growth, and organizational climate. The 360-assessment is conducted on an annual basis and required by all members of management. Confidential feedback reports are provided to each member and their immediate supervisor. The report provides feedback from the views of the direct reports, peers, and immediate supervisors. The confidential reports are used to develop individual plans for personal and professional growth.
The leadership development program addresses management and leadership development needs of the organization. All members of management are required to complete required leadership development course work (usually a minimum of two classroom learning experiences) to be eligible for an annual pay increase. This was done to re-enforce professional growth and self-development as key expectations for all managers.

The learning experiences are focused on culture engineering. They include cognitive and skill development in areas such as management and leadership theory and application, customer service strategies, complaint and compliment management, emotional intelligence, finance, planning, empathy, change management, and more. An employee that may be a staff member, educator, manager, director, or a senior manager may teach a learning experience. These experiences are embedded into operational behaviors and measured through the hospital’s employee satisfaction-engagement survey and the 360-assessment tool.

Since 2004, more than 400 interventions have been implemented to enhance management performance and culture success. Interventions addressed such organizational needs as customer service, leadership development, quality improvement, financial performance, strategic planning, human resources needs, and information technology. Specifically targeted interventions included the redesign of the hospital’s onboarding process (hiring, orientation, and first-year retention). Other interventions included service recovery, performance management, pet therapy, healing environment, community relations, and a real-time recognition system.
Metrics were identified for the interventions put in place and tracked for results. Overall, the organization experienced significant improvement in leadership practice as measured by the employee satisfaction surveys and the 360-feedback system over time. In addition, other outcome measures were tracked to ensure the effectiveness of the cultural transformation. These outcomes included employee satisfaction, absenteeism, patient satisfaction, physician satisfaction, internal customer satisfaction, quality outcomes, and financial performance.

The hospital continues purposefully to engineer its culture as it addresses health care reform and the challenges it brings. With the researcher’s lead, the hospital’s experiences are being shared with physicians either who are employed by the hospital or who have collaborated with the hospital for strategic purposes. In addition, the hospital shares its experiences with other organizations throughout the United States. The results over the past ten years have earned the hospital regional and national recognition for workforce management, patient experience innovation, and business management strategies.

**Research Participants**

The population of the study included all 2,770 employees of the hospital. Table 3.1 provides a descriptive profile of the study’s population (J. Bergemann, personal communication, October 27, 2014).

Table 3.1

*Hospital Demographics*

<table>
<thead>
<tr>
<th></th>
<th>Full time</th>
<th>Part time</th>
<th>Per diem</th>
<th>Female</th>
<th>Male</th>
<th>Non-management</th>
<th>Management</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1,927</td>
<td>467</td>
<td>376</td>
<td>2,190</td>
<td>580</td>
<td>2,596</td>
<td>174</td>
</tr>
</tbody>
</table>
The 2,770 employees were invited to participate on a voluntary basis in the hospital’s annual employee engagement survey conducted in November and December 2014. The survey was confidential and completed at the convenience of the staff member. A third-party administrator, Avatar Solutions, conducted the online survey via the Internet. The data is maintained in Avatar Solution’s national database warehouse. For the purpose of the study, the data was archival. The hospital granted the researcher permission to access the aggregate data (see Appendix A). Anonymity was maintained for the purpose of the study per the vendor’s control mechanisms found in their software. Access to the aggregate data required a data set of five or more respondents for the various work groups.

In addition to the employee engagement survey, approximately 130 of the 174 management members were classified as manager or supervisor. Of the 130 targeted leaders, 107 were invited to participate in an additional survey designed to measure emotional intelligence competencies (Appendix B). Each person who volunteered to participate received and was explained the elements of the informed consent document and indicated informed consent before participating in the Wong Law Emotional Intelligence Scale (WLEIS) (Appendix C and D). The eligible management participants were able to opt out of participating in the study at no risk, and if they chose to participate, could choose to opt out at any time during the study with no risk.

The WLEIS was selected as the tool to assess leader emotional intelligence. The tool was developed to assess the relationship between emotional intelligence and both
leaders and followers and job outcomes (Wong & Law, 2002). Appendix D is a sample of the WLEIS.

For the study, management included frontline supervisors and managers who were either clinical or non-clinical. Participation in the study was voluntary. Table 3.2 shows the distribution of the frontline management team.

Table 3.2

Management Distribution

<table>
<thead>
<tr>
<th></th>
<th>Manager (M)</th>
<th>Supervisor (S)</th>
<th>Clinical</th>
<th>Non-clinical</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>35</td>
<td>56</td>
<td>21 (M), 29 (S)</td>
<td>14 (M), 27 (S)</td>
</tr>
<tr>
<td>Male</td>
<td>16</td>
<td>23</td>
<td>5 (M), 6 (S)</td>
<td>11 (M), 17 (S)</td>
</tr>
<tr>
<td>Total</td>
<td>51</td>
<td>79</td>
<td>26 (M), 35 (S)</td>
<td>25 (M), 44 (S)</td>
</tr>
</tbody>
</table>

Excluded (*Less than 5 direct reports or report within the researcher’s chain of command*)

<p>| | | | | |</p>
<table>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>7</td>
<td>16</td>
<td>Total= 23</td>
<td></td>
</tr>
</tbody>
</table>

Results are confidential and not accessible to any member of management or non-management, including members of the Board of Directors and the union. Access to the data was restricted to the researcher and a hospital employed quality improvement senior analyst. The analyst signed a confidentiality statement confirming her responsibility to protect the data’s integrity and confidentiality (see Appendix F). The data will only be stored on the computer laptops of the researcher and the analytic assistant. All data was removed from work-based computers once the analytics were complete. All measures as required by the hospital’s Institution Review Board (IRB) were strictly followed to protect all supervisors and managers who volunteered to take part in the study. In
addition, the data and results are being maintained under lock and key at the researcher’s home for three years.

Recognizing that the researcher is a member of the senior management team, various precautions were taken to reduce risk and bias. All managers and supervisors eligible to participate in the study were made aware of the nature of the research and the process used to protect their confidentiality. Participants were informed that the study was unrelated to any strategic or tactical goal of the organization. Any manager or supervisor who chose to participate was required to indicate informed consent prior to participation. The consent included the purpose of the study, a description of the measures taken to ensure confidentiality, a statement that the results would not contain identifiers, and confirmation that the hospital leadership would not have access nor be able to ask for the data or individual findings. At no time did the researcher have access to or knowledge of any individual participant’s identification. Participation has remained anonymous to the researcher.

Participants excluded from the study included the researcher’s direct reports and all other managers within the direct chain of command of the researcher. Also, members of management with fewer five direct reports or fewer less than five respondents for the employee engagement survey were excluded.

**Instruments Used in Data Collection**

A survey provides a quantifiable description of trends and patterns by studying a sample of the targeted population (Creswell, 2014). Two survey instruments were used to capture the needed data to examine the relationships between emotional intelligence of
frontline management and the degree of employee engagement of non-management staff who report directly to the participating leaders.

**Employee engagement assessment tool.** The employee engagement assessment tool, known as the Sweet Sixteen, is the proprietary property of Avatar Solutions that consists of 16 questions clustered into four dimensions: (a) organizational effectiveness, (b) recognition and career development, (c) supervisory and management, and (d) coworker performance cooperation. The survey uses a five-point Likert scale.

To ensure validity and reliability, Avatar Solutions analyzed data comprised of 406 different organizations and 774,794 individual responses from 2009 and 2011. After completing the Cronbach’s alpha coefficient measurement, all dimensions except for organizational effectiveness showed strong internal consistency. Organizational effectiveness alpha coefficient of 0.623 is just below the general cut-off score of 0.70. However, some researchers use 0.60 as a cut-off score (George & Mallery, 2003; Huck, 2012; Wikipedia, 2014). The coefficient alpha for the other three dimensions ranged from 0.701 to 0.804 ("Reliability and validity study: Sweet sixteen," 2013).

**Emotional intelligence scale.** The Wong Law Emotional Intelligence Scale (WLEIS) was the survey instrument used to assess managerial emotional intelligence. The scale was specifically designed to provide a valid and reliable psychometrically measure to assess the effects of emotional intelligence on job outcomes (Wong & Law, 2002).

The WLEIS was selected because it was positively constructed based on the Mayer, Caruso, Salovey Emotional Intelligence Test, which is regarded as one of the best assessment tools for measuring emotional intelligence (Olatoye et al., 2010). In addition,
the survey was a publicly available survey and could be used without incurring additional costs to conduct the research. The WLEIS is available to researchers through the American Psychological Association and can be used for educational and non-commercial research without seeking written permission. However, the permission requires a controlled distribution process to those participants involved in the research or actively enrolled in an educational activity (Wong & Law, 2002).

The scale used a seven-point Likert scale ranging from fully represents me to not so true of me to measure self-emotion appraisal, others’ emotion appraisal, use of emotion, and regulation of emotion. Wong and Law (2002) used three independent study groups to develop the emotional intelligence measure. Through a series of correlation analyses, confirmatory factor analyses, and hierarchical regression analyses, each item was tested for convergent, discriminant, and incremental validity. Results for the four dimensions showed reasonable reliability with coefficient alphas of 0.89 for the self-emotion appraisal, 0.88 for the use of emotions, 0.76 for the regulation of emotions, and 0.85 for the others’ emotion appraisal.

**Data Analysis**

Data collected from the two assessment tools were analyzed using a bivariate correlation procedure called Pearson’s Product-Moment Correlation. The Pearson’s $r$ is a linear correlation measuring the dependence between two variables, in this study emotional intelligence and employee engagement (Huck, 2012). The hypothesis was tested using the Pearson’s Correlation to either affirm or deny that a relationship or dependence existed between emotional intelligence and employee engagement. The hypothesis’ data was displayed using tables and graphically using a scatter diagram.
The various dimensions measured by the two survey tools were be displayed using a table format illustrating the Pearson’s $r$ for each. The table displayed not only the degree of relationship as an overall theoretical framework, but also identified which dimensions had a positive or negative correlation.

This approach provided a solid mathematical approach to generate the statistics that best demonstrated the strength and direction of the relationship between emotional intelligence and employee engagement (Huck, 2012).

Summary

Understanding the potential importance of emotional intelligence and its influence on employee engagement may be a critical human resource strategy for health care leaders as they face the challenges of health care reform and lead their organizations through significant and constant change. The significance of the study identified the possible contribution of frontline management’s emotional intelligence on staff employee engagement.

Since the focus of the study was to determine if there was a statistically significant correlation between emotional intelligence and employee engagement existed, a quantitative approach was best suited for this type of analysis (Creswell, 2014; Huck, 2012). The rationalization for the selection of the quantitative research design was provided, as well as a description of the methodology to be used during the study. In addition, the research participants, the two survey instruments, and the data collection methodology and analysis were explained. Key protocols relating to confidentiality, anonymity, and exclusion criteria were also described.
Chapter 4: Results

Introduction

The chapter presents the results of the non-experimental quantitative study examining the relationship between the degrees of emotional intelligence of frontline management in a tertiary health care center to the level of employee engagement of their immediate direct reports. The analysis of data included archival data from the participating hospital’s most recent 2014 employee engagement survey and survey data collected from managers and supervisors using the Wong Law Emotional Intelligence Scale (WLEIS) during spring 2015.

The research question section describes the specific research questions and hypothesis, the demographics of the participants, the data collection process, and the response rates. The data analysis and findings section reviews the research variables, the analytic approach taken, and the findings. Finally, the results will be summarized in the third section.

Research Questions

The research problem, research questions, and hypothesis have been presented in the previous chapters and provided here as the context in which the data analysis and findings were structured to answer the research problem: *To what degree does the level of frontline managerial emotional intelligence relate to employee engagement?* Using the theories of emotional intelligence and employee engagement as the theoretical framework for the study, a quantitative research approach was designed to answer the following three research questions:
1. What is the level of employee engagement among those who participated in the study?

2. What is the level of emotional intelligence of the frontline managers and supervisors who participated in the study?

3. Using inferential statistics, is there a statistically significant correlation between emotional intelligence of frontline managers and supervisors and the employee engagement of their direct reports?

The study is to affirm or deny the hypothesis that emotional intelligence is a statistically significant correlate to employee engagement for leaders in a private, not-for-profit tertiary care hospital located in Central New York. At a significance level of $p < 0.05$, the research hypothesis is as follows: Within a tertiary care hospital setting, there is a statistically significant correlation between the level of emotional intelligence of frontline managers and supervisors and their direct reports’ degree of engagement within the workplace.

For the purpose of the study frontline managers and supervisors are people who provide direct command and control over a group of non-management and/or management employees who report directly to that person. They are considered frontline management with eight or more hours of shift responsibility. They have the ability to hire, coach, counsel, discipline, direct work, and evaluate the performance of their direct reports. Supervisors and managers are members of the management team.

The analysis of the data from both the archival Avatar Sweet Sixteen database and the WLEIS self-reporting assessment data provided the results and evidence necessary to answer the research questions and either affirm or deny the above stated hypothesis.
**Demographics and response rates.** The same employer, a tertiary health care hospital located in Central New York, employed all participants in the study. The employee engagement survey was conducted by a third party vendor in late 2014 and was sent electronically to 2,770 employees with 1,395 participating, resulting in a 50.4% response rate. However, for the purpose of this study, only employees whose immediate manager or supervisor were classified as eligible for the study were included in the analysis for testing the hypothesis. This resulted in the data of 585 employees’ being included in the analytics.

Tables 4.1 through 4.11 describe the demographics of the participants in the study. The tables illustrate the cross section of employees throughout the hospital, providing collective insight from various professions and experiences. Also, breaking out the demographics may identify future research needs. There may be a benefit to scholars to understand more fully the potential differences between frontline leaders and the degree of employee engagement of their direct reports as described by these demographics. The tables provide a dissection of the participants by job classification, clinical status, work status, work shift length, work shift, the length of service within the organization, the length of service within the position, age range, gender education, and union membership.

Table 4.1 provides a detailed overview of the eight job classification of the 585 participants who participated in the Avatar Sweet Sixteen employee engagement survey. The table provides the total number of participants for each job classification and the percentage the job classification represents as part of the whole group of participants. Registered nurses represent the largest job classification.
### Table 4.1

**Demographic Dimension: Job Classification**

<table>
<thead>
<tr>
<th>Demographics</th>
<th>Totals</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administrator, Director, Manager, and Supervisor</td>
<td>32</td>
<td>5.70</td>
</tr>
<tr>
<td>Registered Nurse</td>
<td>255</td>
<td>45.45</td>
</tr>
<tr>
<td>Clerical/Administrative</td>
<td>68</td>
<td>12.12</td>
</tr>
<tr>
<td>Skilled Maintenance</td>
<td>2</td>
<td>0.35</td>
</tr>
<tr>
<td>Technical Employee</td>
<td>82</td>
<td>14.61</td>
</tr>
<tr>
<td>Patient Care Specialist</td>
<td>76</td>
<td>13.54</td>
</tr>
<tr>
<td>Non-Patient Care Specialist</td>
<td>11</td>
<td>1.96</td>
</tr>
<tr>
<td>Service Employee</td>
<td>35</td>
<td>6.77</td>
</tr>
</tbody>
</table>

Crouse Hospital Engagement Survey - Subgroup 561 100

Table 4.2 provides an overview of the participants by clinical status. Clinical staff represent the largest status of participants in the employee engagement survey.

### Table 4.2

**Demographic Dimension: Clinical Status**

<table>
<thead>
<tr>
<th>Demographics</th>
<th>Totals</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide Direct Clinical Care (e.g., Nurse, Technician, Therapist)</td>
<td>404</td>
<td>71.88</td>
</tr>
<tr>
<td>Provide Indirect Clinical Care (e.g., Nurse Manager, Pharmacist, Lab Tech)</td>
<td>52</td>
<td>9.25</td>
</tr>
<tr>
<td>Do not Provide Either Direct or Indirect Clinical Care</td>
<td>106</td>
<td>18.86</td>
</tr>
</tbody>
</table>

Crouse Hospital Engagement Survey - Subgroup 562 100
Table 4.3 provides a detailed overview of the 577 participants who responded to the work status classification demographic survey item on the Avatar Sweet Sixteen employee engagement survey. Full-time staff represented approximately three-fourths of those who participated in the study.

Table 4.3  
*Demographic Dimension: Work Status*

<table>
<thead>
<tr>
<th>Demographics</th>
<th>Totals</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full-time</td>
<td>451</td>
<td>78.16</td>
</tr>
<tr>
<td>Part-time</td>
<td>86</td>
<td>14.90</td>
</tr>
<tr>
<td>Per Diem</td>
<td>37</td>
<td>6.41</td>
</tr>
<tr>
<td>Weekender</td>
<td>3</td>
<td>0.52</td>
</tr>
</tbody>
</table>

| Crouse Hospital Engagement Survey - Subgroups | 577 | 100 |

Table 4.4 provides a detailed overview of the 569 participants who responded to the work shift length classification demographic survey item on the Avatar Sweet Sixteen employee engagement survey. The eight-hour shift length represented a little over half of the participants, with the 12-hour shift representing a little more than a third.

Table 4.4  
*Demographic Dimension: Work Shift Length*

<table>
<thead>
<tr>
<th>Demographics</th>
<th>Totals</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 8 hours</td>
<td>17</td>
<td>2.98</td>
</tr>
<tr>
<td>8 hours</td>
<td>307</td>
<td>53.95</td>
</tr>
<tr>
<td>10 hours</td>
<td>35</td>
<td>6.15</td>
</tr>
<tr>
<td>12 hours</td>
<td>210</td>
<td>36.90</td>
</tr>
</tbody>
</table>

| Crouse Hospital Engagement Survey - Subgroups | 569 | 100 |
Table 4.5 provides a detailed overview of the 576 participants who responded to the work shift classification demographic survey item on the Avatar Sweet Sixteen employee engagement survey.

Table 4.5

Demographic Dimension: Work Shift

<table>
<thead>
<tr>
<th>Demographics</th>
<th>Totals</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Day</td>
<td>300</td>
<td>52.08</td>
</tr>
<tr>
<td>Evening</td>
<td>55</td>
<td>9.49</td>
</tr>
<tr>
<td>Night</td>
<td>96</td>
<td>16.66</td>
</tr>
<tr>
<td>Weekend</td>
<td>4</td>
<td>0.69</td>
</tr>
<tr>
<td>Mixed</td>
<td>121</td>
<td>21.01</td>
</tr>
</tbody>
</table>

Crouse Hospital Engagement Survey - Subgroup 576 100

Table 4.6 provides a detailed overview of the 569 participants who responded to the length of service within the organization classification demographic survey item on the Avatar Sweet Sixteen employee engagement survey.

Table 4.6

Demographic Dimension: Length of Service within the Organization

<table>
<thead>
<tr>
<th>Demographics</th>
<th>Totals</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fewer than 12 months</td>
<td>72</td>
<td>12.65</td>
</tr>
<tr>
<td>1 year to less than 5 years</td>
<td>162</td>
<td>28.46</td>
</tr>
<tr>
<td>5 years to less than 10 years</td>
<td>140</td>
<td>24.60</td>
</tr>
<tr>
<td>10 years to less than 20 years</td>
<td>85</td>
<td>14.93</td>
</tr>
<tr>
<td>20 or more years</td>
<td>110</td>
<td>19.33</td>
</tr>
</tbody>
</table>

Crouse Hospital Engagement Survey – Subgroup 569 100
Table 4.7 provides a detailed overview of the 570 participants who responded to the length of service within the position classification demographic survey item on the Avatar Sweet Sixteen employee engagement survey. Participants with a length of service within their current position for less than five years represents 53.69% of the identified participants. Staff who have been in the position for more than 20 years represented the smallest group represented.

Table 4.7

_Demographic Dimension: Length of Service within the Position_

<table>
<thead>
<tr>
<th>Demographics</th>
<th>Totals</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fewer than 12 months</td>
<td>115</td>
<td>20.18</td>
</tr>
<tr>
<td>1 year to less than 5 years</td>
<td>191</td>
<td>33.51</td>
</tr>
<tr>
<td>5 years to less than 10 years</td>
<td>108</td>
<td>18.94</td>
</tr>
<tr>
<td>10 years to less than 20 years</td>
<td>87</td>
<td>15.26</td>
</tr>
<tr>
<td>20 or more years</td>
<td>69</td>
<td>12.11</td>
</tr>
</tbody>
</table>

Crouse Hospital Engagement Survey – Subgroup 570 100

Table 4.8 provides a detailed overview of the 559 participants who responded to the length of service within the position classification demographic survey item on the Avatar Sweet Sixteen employee engagement survey. The participant age range groups are reflective of the organization’s over all age profile. Participants over the age of 55 represent the smallest number of participants in the study at 18.07%.
Table 4.8

Demographic Dimension: By Age Range

<table>
<thead>
<tr>
<th>Demographics</th>
<th>Totals</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-34</td>
<td>202</td>
<td>36.13</td>
</tr>
<tr>
<td>35-44</td>
<td>118</td>
<td>21.11</td>
</tr>
<tr>
<td>45-54</td>
<td>138</td>
<td>24.69</td>
</tr>
<tr>
<td>55 or older</td>
<td>101</td>
<td>18.07</td>
</tr>
<tr>
<td>Crouse Hospital Engagement Survey - Subgroup</td>
<td>559</td>
<td>100</td>
</tr>
</tbody>
</table>

Table 4.9 provides a detailed overview of the 571 participants who responded to the participants by education classification demographic survey item on the Avatar Sweet Sixteen employee engagement survey.

Table 4.9

Demographic Dimension: By Education

<table>
<thead>
<tr>
<th>Demographics</th>
<th>Totals</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Some high school</td>
<td>1</td>
<td>0.17</td>
</tr>
<tr>
<td>HS graduate/GED</td>
<td>43</td>
<td>7.53</td>
</tr>
<tr>
<td>Some college or 2 year Degree</td>
<td>306</td>
<td>53.59</td>
</tr>
<tr>
<td>4 year Degree</td>
<td>141</td>
<td>24.69</td>
</tr>
<tr>
<td>More than 4 year Degree</td>
<td>80</td>
<td>14.01</td>
</tr>
<tr>
<td>Crouse Hospital Engagement Survey - Subgroup</td>
<td>571</td>
<td>100</td>
</tr>
</tbody>
</table>

Table 4.10 provides a detailed overview of the 574 participants who responded to the Union membership classification demographic survey item on the Avatar Sweet Sixteen employee engagement survey. Most participants who responded were Union members.
Table 4.10

*Demographic Dimension: Union Membership*

<table>
<thead>
<tr>
<th>Demographics</th>
<th>Totals</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>466</td>
<td>81.19</td>
</tr>
<tr>
<td>No</td>
<td>108</td>
<td>18.81</td>
</tr>
</tbody>
</table>

Crouse Hospital Engagement Survey - Subgroup 574 100

Table 4.11 provides a detailed overview of the 560 participants who responded to the gender classification demographic survey item on the Avatar Sweet Sixteen employee engagement survey. The percentage of male and female participants closely match the percentage of the hospital gender profile.

Table 4.11

*Demographic Dimension: By Gender*

<table>
<thead>
<tr>
<th>Demographics</th>
<th>Totals</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>92</td>
<td>16.43</td>
</tr>
<tr>
<td>Female</td>
<td>468</td>
<td>83.57</td>
</tr>
</tbody>
</table>

Crouse Hospital Engagement Survey – Subgroup 560 100

The demographics provided insight into the typical profile of a participant who participated in the Avatar Sweet Sixteen employee engagement assessment. A general description of the participant in the study would more likely be female, a union member, with at least two years of college experience or a two-year degree. Also, this person was more likely to be between the ages of 25 and 45, employed by the participating hospital for five to 10 years. The participant was more likely to be employed full-time, work the day shift and be in her current position for less than five years. When considering the
demographics, there are numerous opportunities to research the relationship between the emotional intelligence of immediate supervisors and employee engagement for each of the different demographic profiles.

Participation in the Wong Law Emotional Intelligence Scale was restricted to members of frontline management with five or more direct reports. In addition, participation was limited to management members outside the researcher’s scope of divisional responsibility. A total of 107 supervisors and managers were invited to participate in the WLEIS; 50 individuals or 46.7% participated in the assessment.

Table 4.12 provides the demographics for the frontline managers and supervisors who participated in the WLEIS. Given to the small sample size of managers and supervisors participating in this study and that the researcher is a member of the senior leadership team within the participating organization, anonymity was critical. Therefore, the only descriptive demographic information used in this study was gender and whether or not the person was from a clinical or non-clinical department.

Table 4.12

*Frontline Managers and Supervisors: Demographics Who Participated in WLEIS Survey*

<table>
<thead>
<tr>
<th>Area</th>
<th>Clinical/Non-Clinical</th>
<th>Manager/Supervisor</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Area</td>
<td>Female</td>
<td></td>
<td>29</td>
</tr>
<tr>
<td>Clinical Area</td>
<td>Male</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>Non-Clinical Area</td>
<td>Female</td>
<td></td>
<td>11</td>
</tr>
<tr>
<td>Non-Clinical Area</td>
<td>Male</td>
<td></td>
<td>8</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td></td>
<td><strong>50</strong></td>
</tr>
</tbody>
</table>
Table 4.13 provides the demographic breakdown of the 24 managers and supervisors whose employee engagement and emotional intelligence data sets met the needed criteria for the analytics. To be eligible, managers and supervisors had to have five or more direct reports who participated in the Avatar Sweet Sixteen employee engagement assessment and not be within the researcher’s divisional responsibilities. This group represented both clinical and non-clinical settings, as well as the gender distribution as experienced throughout the organization.

Table 4.13

Frontline Managers and Supervisors: Demographics of Participants in the WLEIS and Met Eligibility with Employee Engagement

<table>
<thead>
<tr>
<th>Area</th>
<th>Clinical/Non-Clinical</th>
<th>Manager/Supervisor</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Area</td>
<td></td>
<td>Female</td>
<td>17</td>
</tr>
<tr>
<td>Clinical Area</td>
<td></td>
<td>Male</td>
<td>2</td>
</tr>
<tr>
<td>Non-Clinical Area</td>
<td></td>
<td>Female</td>
<td>4</td>
</tr>
<tr>
<td>Non-Clinical Area</td>
<td></td>
<td>Male</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
<td>24</td>
</tr>
</tbody>
</table>

The response rate was slightly less than 50% for each phase of the data collection process. The final sample size was 23% of the original 107 managers and supervisors invited to be part of the study. With each phase of the data collection process, roughly half of the participants were not able to continue in the study due to the design of the Avatar Sweet Sixteen vendor reporting system. The researcher was limited in the
manipulating the archival data. The design of the vendor’s infrastructure for the data collection system and the vendor’s need to have a standard data collection for other organizations within their national database limited the ability to capture additional participant survey results.

Table 4.14 shows the response rate for each step in the study in which members of frontline management participated. Though the response rate is less than desired, the sample size remained at an appropriate level for the data analytics (L. Johnson, Senior Quality Analyst, personal communication, August 12, 2015; S. Townsend, Research Support Specialist, personal communication, June 1, 2015).

Table 4.14

*Response Rate for Managerial Participation by Step for WLEIS and Employee Engagement*

<table>
<thead>
<tr>
<th>Phase</th>
<th>Description</th>
<th>Eligible</th>
<th>Response rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phase One</td>
<td>Frontline managers and supervisors with five or more direct reports and outside researchers divisional responsibilities invited to take the WLEIS survey</td>
<td>107</td>
<td>NA</td>
</tr>
<tr>
<td>Step Two</td>
<td>Frontline managers and supervisors who volunteered to participate in the study and take the WLEIS survey</td>
<td>50</td>
<td>46.7%</td>
</tr>
<tr>
<td>Step Three</td>
<td>Frontline managers and supervisors whose WLEIS survey results are linked to employee engagement</td>
<td>24</td>
<td>48.0%</td>
</tr>
</tbody>
</table>

*Data collection.* Two survey instruments were used in the research. The first survey, Avatar Sweet Sixteen, was electronically administrated through a third party
vendor to all employees of the hospital in November 2014. Participation was voluntary and confidential. The employees were management and non-management and represented all job status and classifications that existed within the hospital’s employee management system. All employee engagement surveys were managed online using the vendor’s survey management and reporting system.

The second survey, the Wong Law Emotional Intelligence Scale, was conducted through the oversight of the researcher and directly by a research assistant. This was done to ensure IRB compliance and to protect the anonymity of the managers and supervisors who volunteered to participate. Each person received a confidential code after the research assistant received his or her consent form. The individual then had access to the WLEIS survey via Qualtrics. Like the employee engagement survey, all surveys were conducted online during June 2015.

For the analysis, it was necessary for the research assistant to reformat the employee engagement archival data files to enable the individual employee data points to download into the SAS statistical software, link each employee data set to the qualifying management WLEIS survey, and to protect the anonymity of the participants. This was necessary to test the relationships between the variables in the study.

**Testing for normality.** It is important to assess the assumption of normality for the collected data sets before conducting the analytics needed to test the research hypothesis. Testing this assumption determined the appropriate correlation analysis to use to confirm or deny the research hypothesis (Huck, 2012).

With a bivariate study, each variate needs to reflect normal distribution (Weisstein, 2002). If not, the analytic approach must assume the data is not normally
distributed and, therefore, utilize statistical tools that do not assume any assumptions about the distribution of the data (Huck, 2012).

The Anderson-Darling Test, when applied to a set of data to determine if the observations adequately model normal distribution, is considered one of the most powerful statistical tools for detecting most departures from normality (Lani, n.d; Razali & Wah, 2011). The Anderson-Darling test is based on examining the squared distance between the observed and the theoretical cumulative distribution (Marsaglia & Marsaglia, 2004). While some normality tests are more sensitive near the center of the distribution than the tails, the Anderson-Darling test gives more weight to the tails. The Anderson-Darling test is considered to be suitable for any dataset with any skewness (Donadio & Mascialino, 2003).

Table 4.15 displays the results of the normality test for emotional intelligence and employee engagement using the Anderson-Darling test. With the $p$ value greater than 0.05, the Anderson-Darling analysis did not reject the null hypothesis of normality; therefore, the results of the variate emotional intelligence and employee engagement assessments are considered normal.

Table 4.15

*Normality Tests for Overall Emotional Intelligence (WLEIS) and Employee Engagement Means*

<table>
<thead>
<tr>
<th>Data Set</th>
<th>Test</th>
<th>Statistic</th>
<th>$P$ Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emotional Intelligence</td>
<td>Anderson-Darling</td>
<td>0.615039</td>
<td>0.0977</td>
</tr>
<tr>
<td>Employee Engagement</td>
<td>Anderson-Darling</td>
<td>0.598824</td>
<td>0.1079</td>
</tr>
</tbody>
</table>
Having determined the data sets of both study variables exhibited a normal distribution, the data analytics approach in selecting the appropriate inferential statistical test was determined. In the next section, the analysis and findings are discussed.

Data Analysis and Findings

Quantitative data were analyzed to determine if there was a statistically significant correlation between the level of emotional intelligence of frontline managers and supervisors and their direct reports’ degree of engagement within the workplace. For reference, the emotional assessment tool is included as Appendix D and the employee engagement tool is included as Appendix E. With both variable data sets being interval and having a normal distribution, using the Pearson Product Moment Correlation was determined to be the best correlation analysis to use with this study (Townsend, personal communication, 2015).

The Pearson Product-Moment Correlation is a widely used statistic to examine the relationship between variables. It is a bivariate analysis that measures the strength of the relationship between two associated linear related variables. It does not measure cause and effect (Huck, 2012). A positive correlation indicates that as one variable goes up or down, so does the other variable. A reverse or negative correlation happens when one variable goes up or down, and the other variables act the opposite (Holosko & Thyer, 2011).

The three research questions for this quantitative study and the applicable results are presented here.
Research question 1: What is the level of employee engagement among those who participated in the study? Table 4.16 provides a summary of the simple statistics for the 585 employees who participated in the study. The employees were grouped based on their immediate manager or supervisor for the analysis. A group’s makeup consists of non-management employees who directly report to the same manager or supervisor.

The range for employee engagement was from a low of 9.3% of employees actively engaged to a 58.1% of employees actively engaged with a median of 23.2%. With a standard deviation of 12.42435, the employee engagement mean range is a wide spread of 48.8 points from low mean to high mean.

Table 4.16

<table>
<thead>
<tr>
<th>Variable</th>
<th># groups</th>
<th># staff</th>
<th>Mean</th>
<th>Std Dev</th>
<th>Median</th>
<th>Min</th>
<th>Max</th>
</tr>
</thead>
<tbody>
<tr>
<td>Actively Engaged</td>
<td>24</td>
<td>585</td>
<td>27.32500</td>
<td>12.42435</td>
<td>23.20000</td>
<td>9.30000</td>
<td>58.10000</td>
</tr>
</tbody>
</table>

The participating groups’ mean score of 27.325% was slightly above the hospital’s mean score of 26.6% for employee engagement, yet slightly under the Avatar national mean of 30.1%. With the Anderson-Darling normality test reflecting normal distribution for this group, the results are within expected range for engagement.

Research question 2: What is the level of emotional intelligence of the frontline managers and supervisors who participated in the study? The sample size of 24 was the number of participating frontline managers and supervisors having five or more direct reports who participated in the annual employee engagement survey. Table
4.17 contains not only the sample size, but also the mean, standard deviation, median, minimum, and the maximum rate for the variable frontline management emotional intelligence. The collective group had a range of 1.9375 for overall mean with emotional intelligence, a somewhat tight distribution with a skewness toward the upper half of the rating range.

Table 4.17

Simple Statistics for Eligible Frontline Managers and Supervisors Emotional Intelligence Scores

<table>
<thead>
<tr>
<th>Variable</th>
<th>N</th>
<th>Mean</th>
<th>Std Dev</th>
<th>Median</th>
<th>Minimum</th>
<th>Maximum</th>
<th>Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>EI Mean</td>
<td>24</td>
<td>5.8750</td>
<td>0.52937</td>
<td>5.96875</td>
<td>4.8125</td>
<td>6.7500</td>
<td>1.9375</td>
</tr>
</tbody>
</table>

In the study, frontline managers rated themselves on each of the four competencies of emotional intelligence as defined by the Wong Law Emotional Intelligence Scale. These competencies are self-emotion appraisal, others’ emotion appraisals, use of emotions, and regulation of emotions.

The group self-ratings are presented in Table 4.17. The figure shows the overall mean for the eligible frontline managers and supervisors group to be 5.875, with a range score from 4.8125 to 6.75 out of a possible 7.00.

Figure 4.1 illustrates the emotional intelligence score group means. The boxplot shows the range and mean for each of the competencies as well as for overall mean. The lowest scoring competency is “regulation of emotion” with a mean of 5.604167, and the highest scoring competency is “use of emotion” with a mean of 6.0625. These scores are
slightly higher when compared to other studies that utilized the Wong Law Emotional Intelligence Scale (Bennett, 2011; Wong & Law, 2002).

<table>
<thead>
<tr>
<th>Overall Statistic</th>
<th>24</th>
<th>24</th>
<th>24</th>
<th>24</th>
<th>24</th>
</tr>
</thead>
<tbody>
<tr>
<td>N</td>
<td>24</td>
<td>24</td>
<td>24</td>
<td>24</td>
<td>24</td>
</tr>
<tr>
<td>Mean</td>
<td>5.933553</td>
<td>5.64375</td>
<td>6.0625</td>
<td>5.604167</td>
<td>6.075</td>
</tr>
<tr>
<td>Min</td>
<td>4.5</td>
<td>4.5</td>
<td>5</td>
<td>4</td>
<td>4.0125</td>
</tr>
<tr>
<td>Max</td>
<td>7</td>
<td>7</td>
<td>7</td>
<td>6.75</td>
<td>6.75</td>
</tr>
</tbody>
</table>

**Figure 4.1.** Emotional intelligence score group means: study group.

A one-way analysis of variance (ANOVA) was conducted to determine if the means of the 24 participants in the study were statistically similar to the other 26 frontline managers and supervisors who took the WLEIS, but who were determined not eligible for the final analysis. This test provided additional reassurance for the researcher in determining the normality of the final participating management group.

The one-way ANOVA compared the overall mean EI score between the two groups and determined if the overall means were significantly different from each other (Huck, 2012). With a $p$ value of 0.3918, the two groups are statistically similar. The boxplot graph found in Figure 4.2 shows the results of the ANOVA.
Research question 3: Using inferential statistics, is there a statistically significant correlation between emotional intelligence of frontline managers and supervisors and the employee engagement of their direct reports? The Pearson Product Moment Correlation coefficient was calculated to determine if the emotional intelligence of frontline health care managers and supervisors is a statistically significant correlate to employee engagement. The Pearson $r$ is 0.39267 with a $p$ value of 0.0577. Though the results indicate a moderate positive correlation, the $p$ value slightly exceeded the significance level of 0.05, so it is not as strong as needed to provide affirmation of the hypothesis (Kornbrot, 2005; Lund & Lund, n.d.).
Figure 4.3 provides a visual of the positive correlation between emotional intelligence and employee engagement using a scatter diagram.

Figure 4.3 illustrates the favorable relationship between the level of the frontline manager or supervisor’s emotional intelligence and the degree of employee engagement experienced by their direct reports. As the emotional intelligence score increased, so did the degree of employee engagement experienced by their direct reports. The results showed a positive correlation between the level of emotional intelligence of frontline managers and supervisors and their direct reports’ degrees of engagement within the workplace. However, despite the favorable correlation, the hypothesis is denied as a result of a $p$ value of 0.0577 being slightly higher than the pre-determined significance level of 0.05.

**Summary of Results**
The study investigated the importance of emotional intelligence as it related to health care leaders guiding their organizations through extensive and continuous change. The significance of this study was to identify the potential contribution of frontline management’s emotional intelligence on staff employee engagement within a tertiary care hospital setting.

A quantitative approach using the Pearson Product Moment correlation was conducted to test if the hypothesis would be affirmed or denied. Before testing for correlation, the data subsets were determined to model normal distribution. Also, the one way ANOVA showed the frontline managers and supervisors who participated in the research and those who completed the WLEIS but were not part of the final research analytics were statistically similar.

With a normal distribution of the associated variables, the Pearson $r$ was calculated using the statistical software SAS. With a $p$ value slightly exceeding the significance level of 0.05, the results showed a positive, but moderate, correlation between the level of emotional intelligence of frontline managers and supervisors and the degree of employee engagement reported by their direct reports.

In the next chapter, based on the analysis and findings provided in this chapter, implications of the findings, limits of the study, conclusions, and specific recommendations for future studies are presented.
Chapter 5: Discussion

Introduction

The emotional intelligence of frontline management and its potential relationship with employee engagement may become the competitive advantage to health care organizations as they navigate through significant changes driven by health care reform. Recognizing the need to improve efficiency and effectiveness within the health care setting (Cutler, 2010; Humphreys, Brunsen, & Davis, 2005), the study explored the potential relationship between the level of emotional intelligence of frontline managers and supervisors to the degree of employee engagement experienced by their direct reports.

The discussion is framed by the theories of emotional intelligence and employee engagement. The results of the study will be discussed and interpreted regarding leadership, organizational performance, employee performance and teamwork. In addition, the significance of the study to the scholarly body of knowledge will be discussed. The study’s limitations will be examined as they relate to the design of the research, sample size, work setting, health care industry, and the quality of the data. Any problems or weaknesses that may have affected study results will be outlined.

Recommendations for industry and organizational application including leadership practices, organizational practices, and human resources strategies will be included. In addition, the study will offer recommendations regarding future research and scholarly opportunities will be discussed. Finally, conclusions will be drawn based on the analytics and results. Additional connections will be made to the literature and theoretical
framework. A synopsis of the literature review, methodology, results, and conclusion will be provided.

**Implications of Findings**

The results of this study show a positive correlation between emotionally intelligent frontline management and the degree of employee engagement among their direct reports. This is noteworthy because it demonstrates the importance of frontline managerial emotional intelligence on the level of employee engagement leading to enhanced organizational performance. Despite the vast quantity of research on the relationship between emotional intelligence and employee engagement, there have been few studies conducted to define this potential relationship within the health care industry. During the literature review, only 33 peer-reviewed articles were identified as addressing the triad of health care, emotional intelligence, and employee engagement.

With the health care industry facing significant challenges, the need to change and survive is critical if health care organizations are to be present and available to serve their communities (HealthLeaders Media, 2014). The study unveiled a potential strategy to address these challenges, suggesting that, within the workplace, the benefits of improved staff productivity, customer satisfaction, and organizational loyalty will be more likely achieved by frontline management with higher emotional intelligence than those possessing lesser emotional intelligence.

In addition, the study supports the research of others that has found that emotionally intelligent frontline leaders are more able to inspire their direct reports through effective communication about the vision of an organization and its strategic focus (Harter et al., 2002; Truss et al., 2014). Doing so creates a workplace environment
where staff are willing to work harder for the organization due to their relationship with their immediate supervisor and are committed to their organization (Alvi, Haider, Haneef, & Ahmed, 2014; Harter et al., 2002). This engagement results in improved organizational performance (Markos & Sridevi, 2010; Nasomboon, 2014).

Leadership. Goldsmith (2011) points out the need for health care organizations to conduct business differently to reduce the rising costs of care. To do so requires strong collaborative relationships with many different constituents within and between hospitals, physicians, insurers, unions, and vendors (Feely, 2014; HealthLeaders Media, 2014). For health care organizations, specifically hospitals, effectively leading through significant change rests with frontline staff, which represents their major constituencies.

Staff do the majority of the tactical work and, in addition, are critical when implementing strategic direction. They serve on the frontline for the hospital so its mission can be achieved. Exploring this frontline factor, the study seeks to understand the importance of the relationship between the emotional intelligence of frontline managers and supervisors and the degree of engagement their direct reports experience in the workplace. This insight provides understanding on how best to align staff with organizational goals, performance expectations, and improve the quality of care and services. The study’s findings of a favorable correlation between emotional intelligence and employee engagement support the works of scholars such as Adeoye and Torubelli (2004); Ashkanasy and Daus (2002); Benson, Zigarmi, and Nimon (2012); Carmeli (2003); Clercq, Bouckenoughe, and Matsyborska (2014); Gholami and Amoozadeh (2013); Kataria et al., (2013), Khalili (2011), Langhorn (2004), and Rayton et al., 2012).
Depending on the level of the leader’s emotional intelligence, the employee’s engagement will either be actively engaged, partially engaged, or actively disengaged. Alvi, Haider, Haneef, and Ahmed (2014) indicate engaged employees are willing to work harder, are more committed to the organization, more productive, and show enthusiasm and passion toward their work. Emotionally intelligent managers and supervisors know how to inspire and engage staff. Their ability to recognize and use emotion to create a positive, collaborative work climate leads to higher staff engagement (Carmeli, 2003; Feshman & Rubino, 2004; Markos & Sridevi, 2010; Vigoda-Gadot, & Meisler, 2010).

Numerous studies point to the importance of transformational leadership as critical to change management (Humphrey, Weyant, & Sprague, 2003; Kouzes & Posner, 2012). It is clear that leaders with higher emotional intelligence show transformational leadership abilities; and therefore, manage change more effectively (Carmeli, 2003; Rosete & Ciarrochi, 2005). Humphrey, Weyant, and Sprague (2003) found that transformational leaders increase employee engagement. This is due to the employees’ relationship with their immediate supervisor. As the study demonstrated, highly emotionally intelligent frontline managers and supervisors had higher levels of employee engagement. It is reasonable to say that transformational leaders, through the use of their emotional intelligence, engage their direct reports in ways that produce better workplace outcomes during significant change (Carmeli, 2003; Humphreys, Weyant, & Sprague, 2003; Rosete & Ciarrochi, 2005; Singh, 2008).

The study’s findings support other studies that show frontline managers and supervisors with higher emotional intelligence lead change and engage staff through their abilities to transform organizations. It would behoove health care leaders, particularly
senior leaders, to explore ways to incorporate emotional intelligence into the competency set of their frontline leaders. Doing so may provide a more effective way to improve leadership capabilities resulting in staff feeling emotionally connected and motivated to contribute more to the effort than simply coming in to do their job.

Organizational performance. How do leaders capture the effect of employee engagement in such a way to improve organizational performance? To what degree does the emotional intelligence of a manager or supervisor influence employee engagement? Through the lens of emotional intelligence and its relationship to employee engagement, this study sought to answer these questions by providing insight into what leaders can do differently to reduce costs, improve productivity, and improve clinical and patient experience outcomes during rapid change.

With reimbursements on the decline, hospitals and other health care organizations can no longer afford staffing levels as they have had in the past. Work and clinical processes must be re-examined and re-engineered for better efficiency and effectiveness. Hospital leadership needs employees to help identify ways to remove waste, reduce duplication, and other non-value added steps in the processes, reducing costs and increase productivity. These changes are best achieved when the leaders and staff are committed to the organization’s success (De Clercq, Bouckenoooge, Raja, & Matsyborska, 2014; Northouse, 2013; Polychroniou, 2009; Roepke, Agarwal, & Ferratt, 2000).

There is strong evidence that shows improving employee engagement correlates with improving organizational performance (MacLeod & Clarke, 2009; Truss et al., 2014). With the study showing a positive correlated relationship ($r = 0.39267, p = 0.0577$) between the emotional intelligence of frontline managers and supervisors and the
degree of employee engagement by their direct reports, it is rational to conclude that as the competency of emotional intelligence among management increases so will employee engagement, and therefore, organizational performance. The research to date suggests the key to getting the most from staff is to have them actively engaged in assisting the organization’s efforts to achieve high performance. As MacLeod and Clarke (2009) point out, organizations with high employee engagement are 18% more productive and 12% more profitable.

The study connects the relationship between frontline managers’ and supervisors’ emotional intelligence and employee engagement. Figure 5.1 illustrates the relationship these two variables have on organizational performance.

Figure 5.1. Leader emotional intelligence drives employee engagement.

This relationship implies that high organizational performance, driven by the degree of employee engagement, may be linked to the level of emotional intelligence of the organization’s frontline management. There are other factors as well leading to high-performing organizations, but more recent research is pointing to the critical importance of employee engagement and emotional intelligence. Recognizing this relationship, organizations need to invest in reinventing their current human resource practices to focus on nurturing engagement of staff. The human factor, out of all the factors that
influence organizational performance, provides the competitive edge (Endres & Mancheno-Smoak, 2008; Goleman, 2005; MacLeod & Clarke, 2009).

**Employee performance.** The health care industry continues to face significant challenges that necessitate a stronger leader-subordinate relationship (Freshman & Rubino, 2004). Emotionally intelligent leaders inspire their direct reports. In addition, they focus on making work meaningful for their staff, encouraging open communications, and letting their direct reports know that their work matters. These leadership behaviors contribute to employee engagement. This study supports such claims. Managers and supervisors who have higher emotional intelligence than that of their colleagues’ experience a higher percent of actively engaged employees.

When work is viewed as being socio-technical (Trist, 1981), the ability to align the gifts and talents of the staff with the needed work maximizes staff contribution to organizational performance. The premise of Trist’s work and others is that staff are more productive when they are recognized as an active and important part of the work. In other words, they are involved in the design of their work and have input into decisions and work norms. Managers and supervisors with high emotional intelligence are better equipped and are more sensitive to the needs of their staff. They welcome participation. In fact, they actively encourage staff participation with work process improvements and redesigns.

Emotional intelligence is an essential skill for leaders to ensure staff accomplish their job in their best possible way. With the complexity of health care, frontline management needs to cultivate an environment where teams are valued. The work is too much and too complex for an individual to work independently of others. They look for
the leader to facilitate these interactions. This requires strong communication and relationships between the staff and their immediate supervisors. As Nasomboon (2014) indicates, staff are willing to work harder for their immediate supervisor when there is a solid relationship between them. This results in improved organizational performance and job satisfaction (Jordan & Troth, 2010).

Understanding the relationship between emotional intelligence of frontline management and employee engagement can reveal why staff are more likely to be more engaged in their work. Emotionally intelligent leaders nurture positive work attitudes (Carmeli, 2003). This results in an emotional connection by staff to each other, as well as to the leader and the organization. Hospital leaders who recognize this important and critical association could improve performance.

**Customer satisfaction.** What happens, from the customer’s perspective, and for this study more specifically from the patient’s perspective, when frontline management models high emotional intelligence and staff are actively engaged with the patient and family experience? Previous research implies highly satisfied patients with a strong sense of loyalty exist when staff are aligned and engaged with the hospital’s mission of service.

Engaged staff are connected emotionally to the mission, visions, and values of the organization. They buy into the purpose of the organization and, as a result, work harder for the benefit of the organization (MacLeod & Clarke, 2009). Also, there is a strong congruency with the organization’s goals by staff who are actively engaged with the organization (Carmeli, 2003; Boyatzis, 2009). This congruency leads to a better product or service. In fact, as MacLeod and Clarke (2009) point out, engaged employees are more likely to have a better understanding of how to meet customer needs as compared to non-
engaged employees. Engaged employees are more adept at understanding and valuing the needs of their customers (Swarnalatha & Prasanna, 2013). Showing a positive correlation between frontline managerial emotional intelligence and employee engagement of their direct reports, this study implies customer service excellence can be improved by increasing employee engagement through the development of the emotional intelligence competency among management at all levels within the organization.

Health care leaders who transform their organizations into a service-driven orientation recognize patients are not people we do things to but are people who own their health and have a right to direct their care. Patients want to be cared for by competent, skilled health care professionals. However, more importantly, a patient wants a health care professional to listen to them, treat them like a human being, to communicate to their family, and to treat them with respect (Wong & Koloroutis, 2015). Health care leaders, including physicians, must build a culture that puts the patient experience first. Wong argues that by doing so “everything else gets better.”

Patient-centered or customer-centered cultures require a human connection. In other words, health care organizations with a culture that actively seeks, manages and values the relationships between patients and their families with staff are more likely to experience improved outcomes in patient safety, patient (customer) satisfaction, employee engagement, and the bottom line (Alloza, 2008; MacLeod & Clarke, 2009; Wong & Koloroutis, 2015).

Frontline managers and supervisors are present, in the middle of the daily operations. In other words, they are in the thick of things. Moreover, as a result, they are in an important position to influence employees. Using transformational leadership
attributes, supported with emotional intelligence, they positively influence daily operations. These leaders, as described earlier in this chapter, nurture a more positive work environment leading to improved employee satisfaction and employee engagement. These outcomes affect patient or customer outcomes such as quality, safety, experience, and loyalty.

**Limitations**

Understanding the limits of a study is important when determining the application of its results to broader circumstances. In other words, understanding the boundaries of the study allow other researchers or organizational practitioners to generalize within the intended scope of the study (Joyner, Rouse, & Glatthorn, 2013). An additional value for understanding a study’s limitations is to guide researchers in making recommendations for future study.

The researcher as a senior leader at the organization examined may have indirectly and unintentionally influenced the number of participants, and therefore, limited the response rates. Replicating the study with additional organizations of a similar profile could produce different outcomes.

The sample size of the study was a limitation experienced early on during the data collection phase of the study. Due to the inability of being able to sort freely the archival database, the study was unable to obtain the number of eligible management participants as originally designed.

Other related limitations include those that are influenced by the individual participants. For example, a participant’s self-assessment may contain personal biases resulting in overinflating the results. Also, certain participants may have a tendency to
volunteer for such assessments. Those who are curious to learn about themselves or their prejudices may have a skewed view of themselves. Cherniss (2002) and Goleman (2005) express concern regarding the truthfulness of self-assessments. These personal biases, known as social desirability biases, are frequently found in social science research (Furnham, 1986).

Social desirability bias is a tendency for research participants to be influenced by desired social or individual norms such as feelings of self-worth and intellectual abilities or achievements. The bias interferes with the interpretation of common tendencies as well as individual differences. It is a bias that may cause a survey respondent to answer in a way that makes him or her look more positive to the researcher (Fisher & Katz, 2000). As a result, it is necessary to recognize that participant limits exist within the data results. However, as supplementary research is added to the field of study by the work of other scholars, such biases will be minimized.

Another limitation of the study introducing partisanship to the results is the organizational climate or morale within the participating hospital during the data collection period of the research study. The mood of the participants and colleagues, priorities of the organization, and the collective stress levels of staff may influence the results. There may be other factors not measured in the study that contributed to employee engagement.

Two validated survey tools were used for the study: one for emotional intelligence and the other for employee engagement. Though both data collection tools are statistically validated tools as described in Chapter 3, they are limited to what they
measure. Using other assessment tools may help confirm the results with a higher degree of confidence.

Lastly, the data collected by the third party vendor, Avatar Solutions, was a prescribed process that was predetermined by the vendor. The researcher had no control or influence on how the data was originally collected in 2014. The data-collection warehouse design limited the researcher’s ability to drill down on each level of management.

Despite the identified limitations of the study, the research design, the validity and reliability of the assessment tools, the sample size of the participants, and the rigor of the statistical analysis provides confidence in the results of the study. Therefore, the research contributes to the literature on emotional intelligence and extends the body of knowledge on the relationship between frontline managers and supervisors and the employee engagement of their direct reports. Management who focus on building and retaining emotional intelligence competencies can address the workplace challenges more effectively in today’s rapidly changing health care environment.

**Recommendations**

A value this study brings to the health care industry is an expansion of the body of knowledge regarding the relationship between the emotional intelligence of frontline management and the degree of employee engagement by their direct reports. Knowing the potential contribution of this relationship to health care is extremely helpful. However, knowing falls short of the benefits this study and others like it provide to the practitioners in the health care industry. This section addresses the possible actions industry leaders can take to strengthen the performance of their organizations and the
potential new research scholars may pursue to enhance and identify the relationship between managerial emotional intelligence and staff engagement.

**Recommendations for practice and policy.** The study’s findings have real world application that health care leaders can adopt as strategic initiatives aimed at improving organizational performance; as well enhancing the organization’s mission to the community it serves. This study suggests that health care organizations would benefit by strengthening the emotional intelligence competencies of its management members. According to Bennett (2011), emotional intelligence in managers is a significant factor that leads to employee commitment. Therefore, education and training can serve as an important approach to tooling management with the needed emotional intelligence competencies.

A possible approach would be to develop management-leadership education and training programs targeted at creating and sustaining an engaged and customer-oriented workforce by increasing the emotional intelligence competencies of management teams (Boyatzis, 2008). These education and training interventions would target the competencies that make up emotional intelligence, such as empathy, intrapersonal (understanding self’s emotions) and interpersonal skills (understanding other’s emotions), adaptability (willing to change feelings), stress management (cope with stress), and general mood (being able to feel and express positive feelings).

Another recommendation is to develop organizational policies and practices to guide frontline managers and supervisors as they interact with staff. These interactions should reflect the mission, visions, and values of the organization, provide the basis for using emotionally intelligent competencies, and develop stronger relationships with their
direct reports. Doing so reinforces the appropriate leadership philosophy and style as frontline management leads staff to accomplish organizational goals and strategic objectives. These policies and practices should be clear to all management as they need to model the way by walking the talk.

With appropriate policies and practices in place, organizational leadership should look for ways to align the organization’s hiring and onboarding process for all members of management. Targeting managerial candidates possessing high emotional intelligence for possible employment can have a positive impact on organizational performance (Nikolaou & Tsaousis, 2002). As with this study, frontline managers and supervisors with higher emotional intelligence scores tend to create greater employee engagement.

Developing specific recruitment tools, interviewing questions, and assessment criteria of applicants will help set the stage for more effective hiring decisions. With a focused hiring and onboarding practices that include the evaluation and development of emotional intelligence, health care leaders can deliberately build a workplace that cultivates employee engagement through the emotional intelligence of its managerial team.

Along with implementing specific hiring and onboarding strategies to ensure a highly emotionally intelligent management team, it would benefit the organization to put in place an ongoing assessment to measure both leadership effectiveness and employee engagement. Measuring leadership effectiveness can be done on an annual basis with a 360-degree learning assessment. This assessment can target leader emotional intelligence competencies as experienced by management’s direct reports, peers, and immediate supervisor. In addition, employee engagement can also be assessed on an annual basis
using a validated employee engagement tool. These assessments would provide critical information to help the organization’s leaders adjust strategy or plan new interventions aimed at strengthening the relationships between management and frontline staff.

Lastly, it is recommended that organizational leaders explore customer service strategies to maximize the advantage of the emotional intelligence of its managers to engage its staff. Customer service excellence is not achieved simply by focusing on meeting customer expectations, needs, and wants. Customer service excellence is the result of aligning employees’ commitments to serving customers in ways that exceed expectations, needs, and wants. This study and others suggest managers and supervisors with high emotional intelligence create a work place focused on organizational goals and performance that lead to customer service excellence. Slatten and Mehmetoglu (2011) point out the importance of managers creating a work force engaged in customer service excellence. This study showed a positive relationship between the emotional intelligence of frontline managers and supervisors and the degree of employee engagement.

**Recommendations for research.** Additional research is needed to understand more fully the relationship between emotional intelligence of frontline managers and supervisors and the level of employee engagement and its importance to operational effectiveness and performance. One recommendation would be to increase the number of participants and expand the study to include all levels of management. By increasing the number of participants, future studies could explore the impact of this relationship on cultural differences, skill or experience levels, age and other demographic differences. Doing so would give researchers, industry practitioners, and health care leaders
additional insight into how best to utilize leaders to obtain better organizational performance.

Expanding the research to other organizations at multiple locations and across different geographic areas would provide greater insight into the potential strength of the relationship between managerial emotional intelligence and employee engagement. This would aid researchers, consultants, and practitioners with providing health care organizations with leadership and organizational interventions that are more effective at enhancing overall performance based on local geographic differences.

Future studies could include expanding the number of health care sites and various health care settings. Understanding if this relationship exists in different settings could help leaders of independent hospitals, health care systems, and clinically integrated networks design effective strategies that build on the benefit of the relationship between emotional intelligence of management and employee engagement.

Also, future research may provide additional or new evidence linking the relationship between managerial emotional intelligence and employee engagement to clinical and operational quality process outcomes, as well as operational performance, expense and revenue impact, and customer service benefits. Doing so could lead to new and innovative ways to develop managers and supervisors, redesign work processes, maximize the socio-technical aspect of work to improve organizational performance, and sustainability of the organization.

**Conclusion**

The importance of hospitals effectively managing significant change to be viable, sustainable providers for their communities may be linked to the levels of emotional
intelligence of leadership and the degrees to which employees are actively and emotionally engaged in the strategic and daily operations of the organization. Therefore, this study analyzed the emotional intelligence of frontline managers and supervisors and the degree of their direct reports’ engagement.

Hospitals and other health care organizations have a responsibility to provide safe, reliable, quality patient care to the communities they serve despite a chaotic environment in which every aspect of health care is facing unprecedented changes. These significant forces include rapid changes involving decreasing reimbursement, shifting from a traditional volume-based reimbursement to a new model constructed on value, evolving medical delivery models, and developing the technology required by government regulations. These changes are complex and require a more collaborative partnership within and between hospitals, physicians, insurers, unions, and vendors (HealthLeaders Media, 2014).

Despite the many changes being experienced within the health care industry, health care leaders must actively lead and transform their organizations to be present and available to the communities they serve. The important question becomes, “How best to lead”? What skills or competencies are more likely to facilitate the organization’s transformation in ways that lower cost, improve quality, and increase organizational performance? These challenges require health care leaders to mobilize the various constituents they interact with to transform their organizations. Recognizing leaders have more than one group of constituents is key, and the largest and closest group to the work is the employee group. Change and success for the organization will not happen unless a
leader is able to mobilize a group into action. Without engaged employees, it would be very challenging for the organization’s leadership to make the necessary changes.

During complex times, leaders must influence their direct reports to perform their job functions in ways that improve the organization’s performance. Therefore, the study sought to explore the possible relationship between emotionally intelligent frontline managers and supervisors and the degree of employee engagement among their direct reports. The quantitative analytic study posed three research questions:

1. What is the level of employee engagement among those who participated in the study?

2. What is the level of emotional intelligence of the frontline managers and supervisors who participated in the study?

3. Using inferential statistics, is there a statistically significant correlation between emotional intelligence of frontline managers and supervisors and the employee engagement of their direct reports?

With emotional intelligence and employee engagement as the lens, the study examines how leaders might influence staff in such a way that they want to do their best, especially during times of rapid change. Understanding emotional intelligence, as a construct, provides insight into the potential impact emotional intelligence competencies may have on work and organizational performance. Employee engagement, as the second construct, delivers insight into how the emotional connection of the workforce affects workplace outcomes and performance. Understanding both brings the importance of emotion into the workplace from a leadership perspective and employee staff contribution to organizational performance.
Recognizing the context of the research setting, a detailed literature review was conducted to understand the stimulus emotional intelligence has on workplace performance. This review explored relevant literature focused on the current state of the health care industry, organizational performance, emotional impact on workers, employee absence/intent to withdraw, job satisfaction, and human resource practices.

Numerous research supports emotional intelligence as a stronger predictor of workplace performance than cognitive intelligence. Also, the literature points out emotionally intelligent leaders are more resilient in mitigating workforce change. They tend to be transformational leaders with the ability to motivate and inspire the staff.

The Wong Law Emotional Intelligence Scale and the Avatar Sweet Sixteen Employee Engagement Survey were used to test the research question: To what degree does the level of emotional intelligence of frontline management influence employee engagement of their direct reports? The Avatar Sweet Sixteen assessment provided the archival data for the 585 qualifying employees at the targeted tertiary care hospital for calculating the degree of employee engagement. The Wong Law Emotional Intelligence Scale (WLEIS) was distributed electronically to 50 managers and supervisors with five or more direct reports who volunteered to participate in the study. Of those who responded, only 24 were eligible to be included in the analysis.

Testing for normality was performed to determine the appropriate correlation coefficient analysis to use to confirm or deny the research hypothesis. The Anderson-Darling Test determined both the employee engagement and emotional intelligence data sets were normally distributed. As a result, the Pearson Product Moment correlation was selected to determine the statistical significance of the coefficient between frontline
leadership’s emotional intelligence and the degree of employee engagement of their direct reports.

Though a positive relationship was found with a Pearson $r$ of 0.39267 at a $p$ value of 0.0577, the finding is considered marginally significant per general practice of social scientists (George & Mallery, 2003). The favorable relationship between emotional intelligence and employee engagement found the study supports the growing body of scholarly work. The findings present opportunities for further research to explore how emotional intelligence of frontline managers and supervisors in a health care setting can assist with transforming their organizations during numerous, ongoing changes while improving organizational performance.

Recognizing that a favorable relationship exists between the emotional intelligence of frontline management and the level of employee engagement by their direct reports, it is important for health care leaders to operationalize this knowledge to benefit their organizations. There are five recommendations based on the study’s findings to help health care leaders transform their organizations.

1. Employee engagement studies highlight the value of staff being connected emotionally to the organization, their work, and their immediate supervisor. Developing management and leadership education and training programs focused on emotional intelligence competencies will strengthen management abilities to create and sustain an engaged, customer-oriented workforce.

2. Policies establishing guidelines for management interactions with staff may provide direction and expectations to aid managers and supervisors with facilitating a stronger, more positive work environment. Such policies would
include mission, visions, and values serving as the framework for leader/worker relationships. In addition, defining the organization’s leadership philosophy would support the mission and values of the organization. Doing so should provide greater clarity on the behaviors and competencies leaders are to model as they work with staff.

3. Targeting managerial candidates with high emotional intelligence during the hiring process provides an effective approach to ensure the cultural and managerial capabilities of the organization stay intact or are enhanced over time.

4. Ongoing assessments of leadership effectiveness, such as 360 feedback systems, provide a way to ensure application of the recommendations and that the desired results are achieved. Based on the assessments, an organization’s leadership can make the necessary adjustments and continue to engineer the workplace for increased employee engagement, especially for new management and leadership development interventions.

5. Develop customer service strategies designed specifically to empower staff. Emotionally intelligent leaders inspire and empower staff to serve and achieve organizational goals. Customer service strategies that include an intentional emphasis on employee engagement will create a positive work environment, resulting in engaged, motivated, and hardworking staff.

It is hoped the findings of the study will cause further dialogue and research among scholars, practitioners, and health care leaders. Too often in the health care industry, the discussion emphasizes financial strategies or reimbursement methodologies for changing health care outcomes. It is time to change the conversation and explore new,
evidence-based ways that will transform health care to a level of performance yet to be experienced.

Emotionally intelligent managers and supervisors create workplaces where employees are empowered, engaged, and valued. Unfortunately, less than one-third of US workers are engaged at their workplace (Flade, Harter, & Asplund, 2014). With approximately two-thirds of employees being disengaged, imagine the benefit if all health care organizations increased employee engagement. The results would enhance the lives of millions of employees from a performance and social justice perspective, certainly a benefit to the organization. Line-employees would feel less stressed and experience a stronger feeling of fairness, equity, respect, and enablement.

In today’s competitive and ever-changing business world, including the health care industry, the emotional intellect of organizational leaders may be the key differentiator in sustaining mission-focused success (Barthwal & Som, 2012).
References


Appendix A

Permission

I, as President and Chief Executive Officer, grant doctoral candidate Derrick Suehs permission to use the 2014-2015 Crouse Hospital employee satisfaction-engagement survey data results for the purpose of conducting research for the Ed.D. Program in Executive Leadership at St. John Fisher College. The candidate has permission to use the engagement date for the purpose of the study from March 13, 2015 to October 30, 2015.

______________________________
Kimberly Boynton
President and Chief Executive Officer
Crouse Hospital
Appendix B
Participant Invitation Letter

Date
Name
Crouse Hospital
736 Irving Avenue
Syracuse, New York 13210

Dear Supervisor or Manager name:

My name is Derrick Suehs and I am the Chief Quality Officer at Crouse Hospital. I am also a doctoral candidate at St. John Fisher College. I am writing to ask your assistance in my dissertation research exploring the relationship between emotional intelligence of managers and supervisors and work unit engagement. This research is being conducted as part of the Ed. D. in Executive Leadership program at St. John Fisher College Ralph C. Wilson Jr. School of Education.

Recently, I spoke with Kimberly Boynton, president and Chief Executive Officer of Crouse Hospital regarding this research initiative. She supports the initiative and understands that she or any member of management or any person affiliated with Crouse (i.e., the Board of Directors) will not have any access to the data for any reason.

Access to the data is restricted to all Crouse employees, management and non-management, with the exception of me, as the researcher, and Lynnette Johnson as the technical analytic assistant. To ensure greater confidentiality, I will only have access to unidentifiable data. Ms. Johnson will assign you a code that allows you to access the Wong and Law Emotional Intelligence Scale on Qualtrics. Please note that this software is independent of any Crouse owned or licensed software nor interfaced with such.
It is important for you to know that Ms. Boynton will receive a summary of the aggregated data from an organizational, global view. It will not reflect specific areas or persons.

As a member of management, you will be asked to participate in an upcoming quantitative research project that is strictly voluntary. Unlike the Management Practice Evaluation conducted a couple of years ago, this research project is separate from work. It will not be a part of any work-related situations. In addition, it will never be an influencer of performance management actions, be they promotions, job assignments, or disciplinary actions. In fact, the data collection will be kept separate from any Crouse Hospital data storage capability. Your individual privacy will be strictly maintained. Neither your name or survey ratings will be referenced outside of the scope of this dissertation project. There will be no reference to you by name or position in the dissertation.

If you are willing to voluntarily participate, please respond to my contact information provided below. At that time, you will receive an Informed Consent to sign. The signed Informed Consent document is to be sent to Lynnette Johnson at the address noted on the form.

If you have any questions or require further information to determine your participation, feel free to contact me either by email or phone. Thank you for considering participation in this research project.

Regards,

Derrick Suehs
djs03500@sjfc.edu
315-470-5776
Appendix C
Informed Consent- Survey

Dear Online Participant:

I am conducting a study to affirm or deny the hypothesis that emotional intelligence is a statistically significant correlate to employee engagement. In this study, you will be asked to rate the extent in which you experience or engage in the 16 activities listed on the Wong Law Emotional Intelligence survey. You participation should take less than 10 minutes.

There are no significant risks to you from your participation in this survey. As shared in the invitation letter, your identification will remain anonymous to the primary researcher, Derrick Suehs, Chief Quality Officer. Lynette Johnson, Quality Improvement Senior Analyst, will maintain the confidentiality of your code identifier.

As a research participant, you have the right to:

- have the purpose of the study, and the expected risks and benefits, fully explained to you before you choose to participate;
- withdraw from participation at any time without penalty;
- refuse to answer a particular question without penalty;
- be informed of appropriate alternative procedures or courses of treatment, if any, that might be advantageous to you; and
- be informed of the results of the study.
Please feel free to contact Derrick Suehs at 315-470-5776 or email at djs03500@sjfc.edu if you have any questions about the study. You may also contact Lynette Johnson at 315-470-7224 or email at lynettejohnson@crouse.org for additional information or to discuss any concerns of confidentiality.

I understand the study prescribed above and have been given a copy of the study description as outlined above. I am 18 years of age or older and I agree to participate in the study.
Appendix D

Permission to use Wong and Law Emotional Intelligence Assessment Scale

Scale: 1 to 7 with 1 being strongly disagree and 7 being strongly agree.

Self-emotion appraisal (ISEA)

1. I have a good sense of why I have certain feelings most of the time.
2. I have good understanding of my own emotions.
3. I really understand what I feel.
4. I always know whether or not I am happy.

Others’ emotion appraisal (OEA)

5. I always know my friends’ emotions from their behavior.
6. I am a good observer of others’ emotions.
7. I am sensitive to the feelings and emotions of others.
8. I have a good understanding of the emotions of people around me.

Use of emotions (UOE)

9. I always set goals for myself and then try my best to achieve them.
10. I always tell myself I am a competent person.
11. I am a self-motivated person.
12. I would always encourage myself to try my best.

Regulation of emotions (ROE)

13. I am able to control my temper and handle difficulties rationally.
14. I am quite capable of controlling my own emotions.
15. I can always calm down quickly when I am very angry.
16. I have good control of my own emotions.
Appendix E

Permission to Use and Sample of Avatar Sweet Sixteen Employee Engagement Survey

<table>
<thead>
<tr>
<th>1. Outcome Variable</th>
</tr>
</thead>
<tbody>
<tr>
<td>16. Overall, I am satisfied with my job.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2. Organizational Effectiveness</th>
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</thead>
<tbody>
<tr>
<td>2. I know what is expected of me in my job.</td>
</tr>
<tr>
<td>3. The necessary materials and equipment are available when I need to perform my job.</td>
</tr>
<tr>
<td>9. I have [not] seriously considered resigning in the last six months.</td>
</tr>
<tr>
<td>12. This organization makes it possible for employees to directly contribute to its success.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3. Recognition/Career Advancement</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. This organization provides me the opportunity to improve my professional knowledge and job skills.</td>
</tr>
<tr>
<td>4. My job gives me an opportunity to do the things I do best.</td>
</tr>
<tr>
<td>6. Employees here receive recognition for a job well done.</td>
</tr>
<tr>
<td>8. My supervisor encourages my career growth.</td>
</tr>
</tbody>
</table>

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<tr>
<th>4. Supervisory/Management</th>
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<tbody>
<tr>
<td>5. My supervisor lets employees know when they have done a good job.</td>
</tr>
<tr>
<td>7. Senior management of this organization is concerned about the employees.</td>
</tr>
<tr>
<td>11. I have an opportunity to participate in decisions made by my supervisor that affect my work environment.</td>
</tr>
<tr>
<td>15. My supervisor regularly gives me feedback on my work performance.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>5. Coworker Performance/Cooperation</th>
</tr>
</thead>
<tbody>
<tr>
<td>13. Employees of this organization show an attitude of genuinely caring about the patients.</td>
</tr>
<tr>
<td>14. My coworkers are friendly and helpful.</td>
</tr>
</tbody>
</table>
October 16, 2015

To Whom it May Concern:

Derrick Suehs, Chief Quality Officer at Crouse Hospital is hereby granted permission to use Avatar Solutions’ Engagement Survey items and Crouse Hospital survey data in his dissertation. Any questions can be directed to:

Jennifer Weichert
Project Manager
Avatar Solutions
jenniferw@avatarsolutions.com
312-863-6156

Sincerely,

Lynn Ehmantraut
Senior Vice President
Avatar Solutions
Appendix F
Confidentiality Agreement for Research Analytics

I, a senior quality analyst at Crouse Hospital, have been requested by doctoral candidate Derrick Suehs to assist with technical analytic support for his dissertation research project. His project explores the relationship between frontline leadership emotional intelligence and work unit engagement. This research is being conducted as part of Mr. Suehs’ Ed. D. in Executive Leadership through St. John Fisher College’s Ralph C. Wilson Jr. School of Education.

The analytics will include the use of the archival data from the 2014-2015 Crouse Hospital employee satisfaction-engagement survey data results and the Wong Law Emotional Intelligence Scale results. The data will be handled and analyzed based on the approved guidelines from both IRBs of St. John Fisher College, Rochester, and Crouse Hospital, Syracuse.

I, as research assistant, commit to strictly observing the confidentiality requirements as specified in the IRB approvals by St. John Fisher College, Rochester and Crouse Hospital, Syracuse.

________________________________________
Lynnette Johnson
Senior Analyst, Quality Improvement
Crouse Hospital