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Emotional structure and commitment: implications for health care management

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ABSTRACT

This theory enables to explain that the emotional structure of direct healthcare workers is related to their assurance to the organization. This is an exploratory study, in which larger sample sizes transversely multiple healthcare settings ought to be observed before ultimate inferences must be drawn. Future studies must likely commence other variables such as satisfaction, effort, and even performance appraisals to define causal relationships. A significant relationship is established between emotional intelligence, emotional coping capability, and organizational commitment. In addition, emotional intellect provided as a moderating variable linking coping capability and assurance such that those direct care workers who revealed higher emotional coping capabilities were more dedicated when emotional intelligence was high moderately than low. It emerges that personality constructs such as emotional intelligence and coping ability could possibly be used as extrapolative instruments to conclude who might be most victorious in operating in the highly emotionally charged environment of healthcare. This is an important study that inspected the constructs of emotional intellect and coping ability and organizational commitment by means of a direct healthcare worker sample. It provides support for the assumption that interpersonal emotional dynamics are significant in emotionally charged environments. This knowledge could support healthcare managers in addressing the shortage and abrasion rates associated with many direct healthcare fields.

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Introduction

Researchers and practicing managers alike have long sought a greater understanding of the various factors that enhance employee commitment to the organization. This is appropriate as human capital may be the most critical strategic component and the most direct route to enhance firm effectiveness. In addition, employee commitment could possibly be the only sustainable competitive advantage for many organizations. This is chiefly correct in the health care industry. The current nursing shortage has created numerous retention efforts in the attempt to keep health care workers from leaving the profession. It is commonly understood that patient care and satisfaction are directly correlated with the contribution of direct care workers and that excessive turnover is "a serious challenge to the efficiency and effectiveness of any health-care delivery system". Numerous antecedents to turnover have been examined and employee satisfaction and commitment often emerge as the best predictors. Recent studies have also indicated that turnover among health care workers is exacerbated by the emotionally demanding nature of the work itself. Much of the organizational commitment research, however, focuses primarily on the cognitive aspects of employee outcomes. Unfortunately, the emotional dimension has been a neglected variable in a great deal of organizational behavior research. Jordan et al. suggest that emotional variables may help explain the discrepant outcomes of various prior studies. Moreover, "organizational commitment can be seen as an emotional response to a positive appraisal of the work environment". Clearly, the emotional make up of health care workers should be examined in relation to their commitment to the organization.

Organizational Commitment:

There is a plethora of literature relating to the concept of organizational commitment. Although a variety of definitions have been offered, the common theme is the notion that commitment is the bond formed between the employee and the organization. Some authors have viewed that organizational commitment, as an assembled and constructed, is too broad for effective organizational analyses. In response, Meyer and Allen proposed a distinction between the dimensions of affective commitment, continuance commitment, and normative commitment. "This reflects a difference between preferences to stay with the current organization occurring out of logic of attachment, compared to one entrenched in a sense of economic inevitability or of moral obligation". For more than two decades, though, many studies examining the conception of organizational commitment have used the definition and measures synthesized by Mowday. They conceptualized and defined organizational commitment as ". . . the relative and comparative strength of an individual's identification with and involvement in a particular organization". This attitudinal commitment relates favorably to Meyer and Allen's dimension of affective commitment and was used in the current study. Affective commitment was intentionally selected as the organizational commitment measure as it is assumed that those with high levels of emotional intelligence (EI) use that capability to maintain their affective commitment.

Emotional Intelligence:

Although multiple intelligence theorists offer many types of intellect, arguably, the concept of EI has had the greatest influence on intellect being more broadly conceptualized. While

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EI is a relatively new construct, researchers have been examining the relationship between emotion and intellect for some time. Salovey and Mayer are often credited with first defining EI. They suggested “emotional intelligence reflections not a single trait or capability but, rather, a composite of distinctive emotional reasoning abilities: perceiving, understanding, and regulating emotions”. In essence, Salovey and Mayer viewed EI as “the ability to supervise one’s own and others’ feelings and emotions, to distinguish among them and to use this information to guide one’s thinking and actions”. Although Salovey and Mayer developed the concept, Goleman is often acknowledged for popularizing the construct of EI. “He simply defines EI as the capacity for recognizing one’s own emotions and those of others” and suggests that EI is made up of five general competencies – self-awareness, self-regulation, motivation, empathy, and social skill. Thus, “an emotionally intelligent personality is able to recognize and use his or her own and others’ emotional states to solve problems and regulate behavior”. EI advocates have offered the concept as a means to reduce turnover, create more effective teams, enhance person-organization fit, and stimulate creativity, as empirical data supporting these assertions have been somewhat limited. There are those who simply do not accept that EI is a useful construct that can be differentiated from other forms of intelligence. There is, however, a degree of evidence to support the view that EI may be a superior predictor of performance and general life success than is the traditional intelligence quotient and a reasonable case can be made for investigating the construct in organizational research. Much of the academic debate surrounding EI, however, has focused on EI and leadership. The EI literature clearly assumes that emotionally intelligent leaders are more effective but empirical support has been mixed. The focus on leadership, at the exclusion of frontline workers, however, is unfortunate and researchers are beginning to probe this void. In a broader exploratory study, Humphreys et al. found that the EI of leaders did not significantly influence follower commitment. EI did, however, correlate with individual commitment to the organization. In addition, in a recent conceptual article, Jordan et al. proposed a model showing employee EI as a moderating variable between emotional and behavioral reactions and the perception of job insecurity. One of the behavioral responses they focused on was employee coping.

Emotional Coping Ability:

One of the few things personality psychologists agree on is that human beings construct a personal theory of reality based on life experiences as a means of coping with life. This notion serves as the basis for Epstein’s theory of constructive thinking. Epstein suggests that people incorrectly assume their behavior is driven by reason. In contrast, he believes that much of human behavior is directed automatically by an experiential structure, determined in part by emotional variables. Epstein describes the logic behind constructive thinking as follows: If emotions and, to a large degree, behavior, are determined automatically by the functioning of the experiential conceptual system . . . , then the efficiency with which the experiential system operates should play an important role in determining a person’s success in everyday living. This elevates an interesting question. Is it possible that one could acquire an assess of the overall effectiveness of the empirical system in a manner corresponding to the use of intelligence tests to measure the effectiveness of the rational system? If so, what is it that would have to be calculated and measured? The answer is that one would have to sample a person’s typical automatic thinking. Although constructive thinking ability encompasses both constructive and destructive

patterns, the constructive components of behavioral and emotional coping have received the most attention. Since the current study focuses on the emotional structure of direct care workers, emotional coping ability is the measure of interest. Individuals who exhibit good emotional coping ability have the capacity to cope with distressing events in a way that does not produce undue stress. These people do not take things personally and are not overly sensitive to disapproval or rejection. They avoid thinking in a manner that would produce negative emotions. Good emotional do not overreact to problems in the present, nor do they concern themselves with those past or future misfortunes. Simply, they experience less stress in living than others. Previous studies have produced significant relationships between emotional coping ability and social and workplace success and even mental health. Moreover, Atwater has demonstrated that emotional coping ability may be a useful predictor of performance and coping ability has been shown to act as a moderating variable.

Conclusion:

These findings appear to add support to the growing body of literature indicating the constructs of EI and emotional coping ability should be examined more closely with organizational commitment and various other organizational variables. In this study, those direct care workers who exhibited higher scores on the EI and emotional coping scales were clearly more committed to the organization. Future projects would likely benefit from the inclusion of both satisfaction and effort variables in the attempt to further delineate causal relationships. In addition, performance appraisal information should be added. Although we assume organizational commitment to be a positive, our goal should be to retain high performers. Further, Casal has suggested, “Hospitals should hire worker types most likely to satisfy patients”. It would seem that future studies should examine both EI and emotional coping ability as possible predictive concepts to determine those who might be most successful in operating in such highly emotionally charged environments. This may be correct in asserting the role one’s emotional structure can play in explaining organizational behavior. Moreover, their speculation that emotional intellect might serve as a moderating variable appears to have some validity. Caution, however, as to the current findings. This was an exploratory study primarily designed to ascertain whether a more rigorous investigation might be warranted. Clearly a larger sample size in multiple health care settings is needed before truly definitive inferences should be drawn.

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