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Emotional Intelligence Increases Nurses' Work Performance: Evidence from Greece

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Abstract: Emotional intelligence may help nurses to cope with demanding work environments. Although it is well known that emotional intelligence is positively related to work performance literature on nurses is limited. The aim of our study was to examine the impact of emotional intelligence on work performance in a sample of nurses in Greece. We conducted a cross-sectional study in Greece. We collected data from a convenience sample of nurses during January 2024. We measured emotional intelligence with the Trait Emotional Intelligence Questionnaire-Short Form (TEIQue-SF), and work performance with the Individual Work Performance Questionnaire (IWPQ). We created multivariable linear regression models adjusted for sex, age, educational level, and work experience. We found that the four streams of emotional intelligence (i.e. well-being, self-control, emotionality, sociability) increases nurses' work performance. In particular, we found a positive relationship between well-being and task performance and contextual performance. Similarly, there was a positive relationship between self-control and task performance. Additionally, sociability increased task performance and contextual performance. Moreover, emotionality and sociability reduced counterproductive work behavior. Our multivariable models identified a positive impact of emotional intelligence on nurses' work performance. Nurses managers and healthcare organizations should adopt appropriate interventions to improve nurses' emotional intelligence.

Keywords: emotional intelligence; work performance; job performance; nurses; emotions

1. Introduction

Emotional intelligence is a multidimensional concept and, thus, a variety of definitions are proposed by scholars over the years [1,2]. In short, there are two emotional intelligence models, namely trait model and ability model. Trait emotional intelligence refers to personality traits that reflect individuals' subjective emotional dispositions and experiences, including their ability to perceive, evaluate, and manage emotions effectively [3]. According to the ability model, emotional intelligence is a specific set of abilities focused on recognizing and managing emotions [4]. Literature suggests the positive effect of emotional intelligence in nurses' psychosomatic health. In particular, higher emotional intelligence was associated with decreased risk for somatic complaints, and lower burnout among nurses [5–7]. Moreover, studies including nurses have indicated the positive impact of emotional intelligence on work-related variables such as work engagement and mobbing [8–11].

In general, work performance refers to actions that manage problems within the working environment or the individuals, such as self-control and problem-solving [12]. In particular, nurses' work performance can be separated into two distinct categories: contextual performance and task performance [13,14]. Contextual performance in nurses can be considered as their effectiveness in carrying out their tasks related to patient care. Additionally, task performance refers to nurses' tasks regarding their institutional, social or/and psychological environment. Recently, scholars suggest a

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third dimension of work performance, namely counterproductive performance [15]. Counterproductive performance refers to a work behavior that has a detrimental impact on the organization's well-being [16]. Literature suggests that several factors may affect nurses work performance, such as poor supervisor support, excessive stress, high levels of emotional labor, poor communication, lack of skills and training, and high levels of job strain [14,17–19]. On the other hand, scholars found positive relationships between psychological resilience, manager support, high levels of professional values, and collaborative leadership and work performance in nurses [20–23].

The positive relationship between emotional intelligence and job performance is well established in the literature. In particular, three recent meta-analyses found that emotional intelligence positively correlates with job performance [1,2,24]. These meta-analyses used different approaches to examine the impact of emotional intelligence on job performance. In general, they classified studies into three categories: (a) studies that used self-report or peer-report measures, (b) studies that used "mixed models" including trait models and ability models, and (c) studies that used ability-based models with objective test items. In short, meta-analyses found adjusted correlation coefficients between the streams of emotional intelligence and job performance between 0.24 and 0.30. Additionally, six studies until now have investigated the relationship between emotional intelligence and job performance in nurses [25–31]. Findings from studies in nurses are in accordance with the above meta-analyses indicating a positive relationship between emotional intelligence and job performance in nurses also.

Since poor work performance has an impact on the quality of service delivery and nurses' growth, health and well-being [23,32,33], it is essential to investigate the factors that may affects nurses' work performance. As mentioned above, six studies until now have investigated the relationship between emotional intelligence and work performance among nurses [25–31]. However, these studies conducted in four Asian countries, i.e. India, Jordan, Saudi Arabia and Iran. Since there is a dearth of similar studies in European countries we aimed to examine the impact of emotional intelligence on work performance in a sample of nurses in Greece.

2. Materials and Methods

2.1. Study Design

We conducted a cross-sectional study in Greece. We collected data from nurses during January 2024. We conducted an online survey approaching nurses through nurses groups on Facebook, Instagram, and LinkedIn. In particular, we developed an online version of our study questionnaire using Google forms. Then, we posted the study questionnaire on social media inviting nurses to participate in our study. Thus, we obtained a convenience sample. Our inclusion criteria included the following: (a) nurses who have been working in clinical settings, (b) clinical experience of at least two years, and (c) Greek-speaking nurses.

Considering a low effect size (f^2=0.05) of emotional intelligence on work performance, the number of independent variables (four predictors and four confounders), a confidence level of 95%, and a margin of error of 5%, sample size was estimated at 262 nurses.

2.2. Measures

We measured the following demographic and job characteristics: sex (females or males), age (continuous variable), educational level (MSc/PhD diploma or not), and work experience (continuous variable).

We measured emotional intelligence with the Trait Emotional Intelligence Questionnaire-Short Form (TEIQue-SF) [34]. The TEIQue-SF contains 30 items and answers are on a 7-point Likert scale from 1 (completely disagree) to 7 (completely agree). The TEIQue-SF includes four factors, i.e. well-being, self-control, emotionality, sociability. Score on each factor ranges from 1 (low levels of emotional intelligence) to 7 (high levels of emotional intelligence). We used the valid Greek TEIQue-SF [35]. In our study, Cronbach's alpha for the TEIQue-SF, well-being, self-control, emotionality, and sociability was 0.851, 0.816, 0.742, 0.888, and 0.767, respectively.

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We measured nurses' work performance with the Individual Work Performance Questionnaire (IWPQ) [36]. The IWPQ includes 18 items with a recall period of three months, and contains three factors, i.e. task performance, contextual performance, and counterproductive work behavior. Answers are on a 5-point Likert scale from 0 (seldom for task and contextual performance, never for counterproductive work behavior) to 4 (always for task and contextual performance, often for counterproductive work behavior). Score on each factor ranges from 0 to 4. Higher scores indicate higher task performance, contextual performance, and counterproductive work behavior. We used the valid Greek IWPQ [37]. In our study, Cronbach's alpha for the IWPQ, task performance, contextual performance, and counterproductive work behavior was 0.862, 0.741, 0.885, and 0.775, respectively.

2.3. Ethical Issues

The Ethics Committee of the Faculty of Nursing, National and Kapodistrian University of Athens approved our study protocol (approval number; 464, approval date; October 2023). We conducted our study in an anonymous and voluntary basis following the Declaration of Helsinki [38]. We obtained informed consent from nurses participating in our study.

2.3. Statistical Analysis

We use numbers and percentages to present categorical variables. Moreover, we use mean, standard deviation (SD), median, and range to present continuous variables. We used the Kolmogorov-Smirnov test and Q-Q plots to examine the distribution of continuous variables. We found that scores on task performance, contextual performance, and counterproductive work behavior followed normal distribution. Thus, we used univariate and multivariable linear regression analysis to examine the impact of emotional intelligence on work performance. We considered demographic and job characteristics (i.e., sex, age, educational level, and work experience) as potential confounders in the relationship between emotional intelligence and work performance. We finally constructed multivariable linear models by eliminating confounding caused by demographic and job characteristics. We present unadjusted and adjusted coefficients beta, 95% confidence intervals (CI), p-values, and R^2. We considered p-values < 0.05 as statistically significant. We used the IBM SPSS Statistics for Windows, Version 21.0. Armonk, NY: IBM Corp.) for statistical analysis.

3. Results

3.1. Participant Characteristics

Study population included 318 nurses. Table 1 presents demographic and job characteristics of nurses. Mean age of nurses was 41.2 years (SD; 11.2) with a median value of 41 years, and a range from 24 to 65 years. Among our nurses, 56.9% were females and 23.3% possessed a MSc/PhD diploma. Mean years of work experience was 14.9 (SD; 10.2, median; 11, range; 2 to 40).

Table 1. Demographic and job characteristics of nurses (N=318).

Characteristics	N	%
Sex		
Males	137	43.1
Females	181	56.9
Age (years)[a]	41.2	11.2
Educational level		
University degree	244	76.7
MSc/PhD diploma	74	23.3
Work experience (years)[a]	14.9	10.2

[a] mean, standard deviation.

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3.2. Study Scales

Table 2 shows descriptive statistics for our study scales. Mean scores on the TEIQue-SF and sub-factors indicated moderate to high levels of emotional intelligence in our sample. Regarding emotional intelligence, we found higher emotionality levels, and then well-being, self-control and sociability levels.

Our nurses showed moderate levels of task performance and contextual performance, and low levels of counterproductive work behavior.

Table 2. Descriptive statistics for the study scales (N=318).

Scale	Mean	Standard deviation	Median	Range
Emotional intelligence	5.56	0.47	5.57	2.37
Well-being	5.44	0.96	5.67	5.00
Self-control	5.48	0.65	5.33	2.67
Emotionality	5.99	0.68	6.00	2.75
Sociability	4.85	0.95	5.00	4.83
Work performance				
Task performance	2.51	0.67	2.60	3.40
Contextual performance	2.42	0.76	2.50	3.50
Counterproductive work behavior	1.34	0.70	1.40	3.40

3.3. Impact of Emotional Intelligence on Work Performance

Our multivariable analysis identified a positive impact of emotional intelligence on nurses' work performance (Table 3). In particular, we found a positive relationship between well-being and task performance (adjusted beta = 0.210, 95% CI = 0.140 to 0.281, p-value < 0.001), and contextual performance (adjusted beta = 0.135, 95% CI = 0.050 to 0.221, p-value = 0.002). Similarly, there was a positive relationship between self-control and task performance (adjusted beta = 0.136, 95% CI = 0.030 to 0.241, p-value = 0.012), and contextual performance (adjusted beta = 0.295, 95% CI = 0.167 to 0.423, p-value < 0.001). Additionally, sociability increased task performance (adjusted beta = 0.223, 95% CI = 0.151 to 0.295, p-value < 0.001), and contextual performance (adjusted beta = 0.198, 95% CI = 0.111 to 0.286, p-value < 0.001). Moreover, we found a negative relationship between emotionality (adjusted beta = -0.198, 95% CI = -0.319 to -0.076, p-value = 0.002) and sociability (adjusted beta = -0.133, 95% CI = -0.221 to -0.044, p-value = 0.003) with counterproductive work behavior.

Table 3. Linear regression models with nurses' work performance as the dependent variable (N=318).

	Task performance						Contextual performance						Counterproductive work behavior					
	Univariate models			Multivariable model[a,b]			Univariate models			Multivariable model[a,c]			Univariate models			Multivariable model[a,d]		
	Unadjusted coefficient beta	95% CI for beta	P-value	Adjusted coefficient beta	95% CI for beta	P-value	Unadjusted coefficient beta	95% CI for beta	P-value	Adjusted coefficient beta	95% CI for beta	P-value	Unadjusted coefficient beta	95% CI for beta	P-value	Adjusted coefficient beta	95% CI for beta	P-value
Well-being	0.323	0.254 to 0.392	<0.001	0.210	0.140 to 0.281	<0.001	0.268	0.186 to 0.350	<0.001	0.135	0.050 to 0.221	0.002	-0.147	-0.226 to -0.067	<0.001	-0.056	-0.142 to 0.031	0.206
Self-control	0.328	0.220 to 0.437	<0.001	0.136	0.030 to 0.241	0.012	0.445	0.325 to 0.564	<0.001	0.295	0.167 to 0.423	<0.001	-0.150	-0.269 to -0.031	0.013	0.011	-0.119 to 0.140	0.873
Emotionality	0.207	0.100 to 0.314	<0.001	-0.013	-0.112 to 0.086	0.790	0.241	0.121 to 0.362	<0.001	-0.012	-0.132 to 0.109	0.851	-0.241	-0.353 to -0.130	<0.001	-0.198	-0.319 to -0.076	0.002
Sociability	0.356	0.288 to 0.424	<0.001	0.223	0.151 to 0.295	<0.001	0.331	0.250 to 0.411	<0.001	0.198	0.111 to 0.286	<0.001	-0.186	-0.265 το -0.106	<0.001	-0.133	-0.221 to -0.044	0.003

[a] Multivariable models are adjusted for sex, age, educational level and work experience. [b] R^2 for the multivariable model = 36.8%, p-value for ANOVA < 0.001. [c] R^2 for the multivariable model = 26.6%, p-value for ANOVA < 0.001. [d] R^2 for the multivariable model = 13.3%, p-value for ANOVA < 0.001. CI: confidence interval.

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4. Discussion

To the best of our knowledge, this study is the first to investigate the impact of emotional intelligence on work performance among nurses in Europe. After adjusting for several confounders we found that emotional intelligence improves nurses' work performance. In particular, emotional intelligence increased task performance and contextual performance, and decreased counterproductive work behavior. Moreover, our results suggested moderate levels of task performance and contextual performance, low levels of counterproductive work behavior, and moderate to high levels of emotional intelligence.

In our study, we found moderate levels of task and contextual performance and low levels of counterproductive work behavior among nurses. Three studies [39–41] used the Individual Work Performance Questionnaire to assess levels of work performance among nurses and, thus, we can make direct comparisons with our findings. In particular, Al-Dossary et al. in Saudi Arabia [39] and Jasiński et al. in Poland [41] found similar levels of task performance and contextual performance with our nurses but higher levels of counterproductive work behavior. Moreover, levels of task performance, contextual performance and counterproductive work behavior among nurses in Turkey [40] were quite higher than nurses in our study.

Additionally, our nurses showed moderate to high levels of emotional intelligence. Several studies in Greece, USA and South Africa [42–45] used also the Trait Emotional Intelligence Questionnaire-Short Form to measure emotional intelligence in nurses. These studies support our findings since mean TEIQue-SF score in our study was 5.56 while in the other studies ranged from 4.89 to 5.42.

The main finding of our study was the positive relationship between emotional intelligence and work performance in nurses. After adjustment for several confounders, we found that emotional intelligence affects the three dimensions of work performance. In particular, our multivariable regression models identified that higher emotionally nurses show higher levels of task performance and contextual performance, and lower levels of counterproductive work behavior. Emotional intelligence contributes to improved job performance among nurses by decreasing occupational stress. High emotional intelligence enables individuals to exhibit better emotional behaviors in the work environment and experience less stress, leading to increased productivity and enhanced performance [46–48]. Emotional intelligence is founded on the capacity to perceive, regulate, and comprehend emotions, all of which are crucial for achieving high job performance [24]. Individuals with healthy emotion regulation skills can choose more effective approaches to job demands, which allows them to conserve resources and maintain high levels of job performance [24,49]. Employees with high emotional intelligence tend to be more optimistic and possess the ability to manage and change stressful situations in their work environment without being influenced by external factors [50]. Therefore, these employees also actively respond to occupational stress. Several emotional intelligence components and outcomes are applicable to the workplace, including both ability-based and trait-based aspects, which lead to greater adaptability and ultimately better job performance [2]. Emotional intelligence is the capacity to utilize emotions to enhance reasoning. Consequently, emotionally intelligent employees should be able to gain more knowledge about tasks from emotion-related situations [2]. The ability to recognize emotions in oneself and others is vital for effective social interaction, as is the ability to regulate one's own emotions [1]. The ability to recognize emotions in others may help individuals determine when to perform emotional labor, just as the ability to recognize one's own emotions may help employees recognize when they need to adjust their emotional expressions [1].

Several studies in India, Saudi Arabia, Iran and Jordan [25–31] confirmed the positive relationship between emotional intelligence and work performance in nurses. All studies except one that has been conducted by Vahidi et el. [31] used multivariable regression models to eliminate confounders as we did in our study. Two studies [26,29] used the Individual Work Performance Questionnaire to measure nurses' work performance similarly to our study. Other valid scales such as and the Six-Dimension Scale of Nursing Performance were used to assess work performance.

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Moreover, all studies used different valid tools to measure nurses' emotional intelligence than our tool, i.e. the Trait Emotional Intelligence Questionnaire-Short Form. In particular, scholars used the Genos Emotional Intelligence Assessment, the Wong & Law Emotional Intelligence scale, the Schutte Emotional Intelligence Scale, and the Bar-On Questionnaire.

Our study had several limitations. First, we obtained a convenience sample of nurses through social media. Thus, we cannot generalize our findings. Further studies with random and representative samples should be conducted. Second, we used valid scales to measure emotional intelligence and work performance but information bias is probable in our study due to self-reported design of these scales. Third, the cross-sectional design of our study prevents us from establish a causal relationship between emotional intelligence and work performance. Fourth, our sample included nurses from a European country with specific clinical work environment. Thus, further studies should be conducted in other European countries to extract more valid results. Finally, we eliminated confounding caused by several demographic and job variables. However, several other variables can act as confounders in the relationship between emotional intelligence and work performance. Thus, scholars should eliminate more confounders in future research to obtain more valid results

5. Conclusions

Our results suggest the positive impact of emotional intelligence on work performance among nurses. Thus, emotional intelligence may be especially important in the healthcare services since nurses interact very often with individuals. Considering the limited literature on this field in the population of nurses and the limitations of our study, further research should be conducted to infer more valid conclusions. Special attention should be given by scholars in Europe, Northern America and Australia, since there are no studies on the relationship between emotional intelligence and work performance. Moreover, nurses managers, healthcare policymakers and healthcare organizations should develop and adopt appropriate interventions to improve emotional intelligence skills in nurses.

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Informed Consent Statement: Informed consent was obtained from all subjects involved in the study.

Data Availability Statement: The data presented in this study are available on request from the corresponding author.

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