



Emotional Intelligence and Organisational Commitment of Nurses in Tamale Central Hospital, Ghana

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ABSTRACT

The study investigated the effect of Emotional Intelligence (EI) on the Commitment level of Nurses at Tamale Central Hospital in Ghana. The study involved all the 253 Nurses working at the Tamale Central Hospital. A total of 253 questionnaires were returned, but after screening for suitability, 248 responses were used for the study. Data was analysed using descriptive statistics and simple linear regression. Nurses' perception of emotions had a positive and significant relationship with Affective Commitment ($B=0.153$, $p=0.028$). Understanding emotions showed a stronger positive and significant relationship with Affective Commitment ($B=0.358$, $p=0.001$). Nurses' ability to regulate emotions also had a positive significant relationship with Affective Commitment ($B=0.195$, $p=0.009$). Nurses' perception of emotions positively significantly influenced Normative Commitment ($B=0.175$, $p=0.011$), indicating a sense of obligation towards the Organisation. Understanding emotions had a strong positive significant relationship with Normative Commitment ($B=0.438$, $p=0.000$). Nurses' perception of emotions showed a positive significant relationship with Continuance Commitment ($B=0.315$, $p=0.000$), which is commitment based on the costs associated with leaving the Organisation. Emotional use and facilitation of thinking had a strong positive significant relationship with Continuance Commitment ($B=0.484$, $p=0.000$). The study recommends for Nurses and healthcare facilities managers to prioritise Emotional Intelligence issues among their Nursing staff. This will enable them to create a supportive and emotionally intelligent work environment, which may lead to increased commitment, improved job satisfaction, and better overall healthcare services.

KEYWORDS: Emotional Intelligence, Nurses, Organisational Commitment, Perception of Emotions and Job Satisfaction

INTRODUCTION

The concept of Emotional Intelligence (EI) continues to attract a lot of research interest (Davidson & Begley, 2012; Bar-On, 2006; Goleman, 1995; Mayer & Salovey, 1993). This is due to the fact that researchers have now come to realise the important role Emotional Intelligence plays in the success of modern Organisations. As a result, many institutions such as education, health, industry and commerce are beginning to accept the fact that their growth and progress depend on how emotionally intelligent their employees are. According to Cherniss (2000), workplace is the environment where the traits relating to the Emotional Intelligence are reformed and improved. Zeidner, Mathews & Roberts (2004) posited that Emotional Intelligence influences broad range of work behaviour such as innovation, service quality, team work, talent development and customer service. Gardner (2003) also opined that Emotional Intelligence is a prerequisite for employees' commitment to their Organisations.

Organisational commitment has been proven by researchers to contain some positive outcome variables (Bradberry &

Greaves, 2009; Nikolaou & Tsaousis, 2002; Scarborough & Somers, 2006). These researchers argued that those with high Affective Commitment to the Organisation perform better than those with lower levels of commitment. According to Scarborough and Somers (2006), uncommitted employees not only have the lowest level of acceptance of Organisational values but also feel alienated from the Organisation.

Despite the rising research interest in the relationship between Emotional Intelligence and Organisational commitment, not much has been done in the Ghanaian context especially within the nursing profession. This study is therefore intended to explore the link between Emotional Intelligence and the commitment of Nurses in the Tamale Central Hospital.

EMOTIONAL INTELLIGENCE

Until recently, many researchers could not distinguish between Emotional Intelligence and social intelligence. It was Mayer and Salovey (1993) who made the distinction clear and Goleman (1995) popularised it. Salovey and Mayer



(1990) defined Emotional Intelligence as that aspect of social intelligence that enables individuals to monitor and understand their emotions and the emotions of others, discriminate among them, and to be able to deal with the emotions in self and that of others. Goleman (1995) later built on and extended the work of Mayer and Salovey (1993) and proposed that Emotional Intelligence is constituted by five major abilities that can be categorised into self-awareness, managing emotions, motivating self, social awareness and handling relationship.

This study is, however, based on Mayer and Salovey (1997) revised definition of Emotional Intelligence in which they defined Emotional Intelligence as “the ability to perceive accurately, appraise and express emotions; the ability to access or generate feelings when they facilitate thoughts; the ability to understand emotions and emotional knowledge; and the ability to regulate emotions to promote emotional and intellectual growth” (p. 10). To them, Emotional Intelligence comprises four distinct dimensions.

The first dimension is **perception of emotions**. This involves an individual’s ability to recognise the emotions in self and others. Those with this ability can easily recognise the emotional feelings of those around them. This is key to establishing good working relationship with others. Mayer, DiPaolo and Salovey (1990) identified that people with these kind of skills are able to recognise emotions expressed in faces, designs and colours. They further found it to be associated with empathy as individuals higher in these skills also obtained higher scores on a scale of self-reported empathy.

Emotional use and facilitation of thinking: This involves understanding how emotions can be used to facilitate certain events and guide decisions making. Emotions play important roles in our daily activities as they help us adjust to the environment by signalling important changes. This enables individuals with such ability to stay above troubles. It also facilitates prudent use of resources.

Understanding emotions: This refers to the ability of the individual to do proper evaluation in order to understand emotions and natural feelings. People with this ability are usually able to use emotional acknowledge and deal with or control emotional well-being of other people. Such people are able to recognise the difference of intensity of emotions and how that can affect relationships.

Regulations of emotions: This refers to how emotions can be handled in order to enhance intellectual growth. This is the most important component of Emotional Intelligence since the ability to regulate emotions is what is needed in order to bring the best out of every situation. Emotional regulations help one to be able to deal with both pleasant and unpleasant situations. It is basically about how to manage one’s feeling and the feelings of others in order to achieve the desired outcome (Mayer, Salovey & Caruso, 2004).

ORGANISATIONAL COMMITMENT

Commitment to Organisation is one of the most researched areas in Organisational behaviour. This has resulted in different interpretations of the concept (Jaros, 2007). Prior to Mathieu and Zajac (1990) study of Organisational commitment, previous researchers were making two distinction of the concept namely; attitudinal commitment and calculative commitment (Becker, 1960; Mowday, Steers & Porter, 1979). With the passage of time, researchers came to the realisation that, commitment can be categorised into more than two dimensions. The multidimensional nature of Organisational commitment was popularised by a study conducted by Allen and Meyer (1990). Allen and Meyer (1990) after extensive studies identified three dimensions of Organisational commitment which are: Affective Commitment, Normative Commitment and Continuance Commitment to an Organisation. They then defined commitment as “a psychological state that binds the individual to the Organisation” (Allen & Meyer, 1990).

Affective Commitment: According to Allen and Meyer (1990), this type of commitment refers to the situation where an employee is committed to the Organisation simply because he/she shares in the vision and mission of the Organisation. This type of commitment is the strongest of the three types of commitment identified by Allen and Meyer (1990) since an employee who is committed to the values and beliefs of an Organisation is likely to lend an unwavering support to most of the courses of actions that may be pursued by the Organisation. Affective Commitment stems from an absolute love for the Organisation. This form of commitment tends to be very constructive as employees who are affectively committed to the Organisations normally exhibit Organisational citizenship behaviour. It is the type of commitment that every Organisation must crave to instil in its employees.

Normative Commitment: This is where an employee is committed to the Organisation due to the sense of obligation to do so (Allen & Meyer, 1990). This therefore means that an employee that does not share in the values and beliefs of an Organisation can still be committed to the Organisation based on other considerations. This usually happens when an Organisation invests in its employees and in return, the employees decide to increase their commitment to the Organisation. Reciprocity is the key in this type of commitment because employees must first think that the Organisation has behaved positively towards them and in return they too decide to be loyal to the Organisation. This commitment is largely based on the strong ties the employees have with the Organisation. This means that in order to achieve this kind of commitment, Organisations must invest in building strong relationship with their staff.

Continuance Commitment: This is where employees commit to Organisations because of the costs associated with leaving the Organisation. When employees invest in Organisation

and spend time and energy in that Organisation, they will be reluctant to leave that Organisation as a result of the fear of losing the time, energy and resources that they have invested in the Organisation. Gurses and Demiray (2009) argued that this type of commitment is associated with employees who have limited options. Employees who are not likely to find jobs easily after exiting an Organisation fall within this category. Also retirement, health, family issues are usually the main consideration and not job satisfaction per se. According to Allen and Meyer (1990), this form of commitment is the weakest of the three types of commitment since employees who are continually committed to an Organisation are less likely to do more for the Organisation apart from merely taking instructions and acting on them.

EMPIRICAL REVIEW

Emotional Intelligence is gaining recognition within the nursing profession due to its proven benefits for both Patients and Nurses (McQueen, 2004). Patients perceive genuine care when Nurses display positive physical behaviour, attentiveness, and dedicate time to meet their needs, as highlighted by Smith (1992). Henderson (2001) argues that emotional involvement by Nurses is crucial for delivering quality care, as emotionally intelligent Nurses can anticipate and address patients' needs effectively. However, according to Evans and Allen (2002), this aspect has been lacking in the nursing profession, emphasising the need for improvement.

Savery (2009) observes that Nurses derive significant satisfaction from caring for others. On the other hand, Al-Aameri (2011) contends that contented Nurses exhibit greater commitment to their jobs and Organisations, resulting in higher productivity. In contrast, dissatisfied Nurses tend to experience absenteeism, grievances, and a higher turnover rate. Recognising the vital role Nurses play in healthcare provision, attracting and retaining them is essential.

Tallman and Bruning (2005) stress that nurse commitment is crucial for achieving this goal. Committed Nurses, who find fulfilment in their work and feel emotionally attached to their Organisation, are more likely to exhibit Organisational citizenship behaviour and are less inclined to leave their workplace.

In a study by Aghabozorghi, Mehni, Alipour, and Azizi (2014), it is concluded that implementing strategies to enhance Nurses' job involvement and Organisational commitment is essential for attracting and retaining competent Nurses in the healthcare environment. Considering the positive relationship between Emotional Intelligence and Organisational commitment highlighted by Ghomri (2009), Rezayian, and Khoshtegar (2008), and Lordanoglou (2008), the attention given to Emotional Intelligence in healthcare delivery is imperative to sustain the commitment of healthcare professionals, particularly Nurses.

STUDY METHODOLOGY

This study employed a descriptive design to investigate

the relationship between Emotional Intelligence and Organisational commitment among Nurses within the Tamale Central Hospital. Data was collected using self-administered questionnaires, including measures of Emotional Intelligence and Organisational commitment. The Emotional Intelligence questionnaire, based on Mayer, Salavey, and Caruso's work (2004), comprised 16 items categorised into four subscales. The Organisational commitment scale, adopted from Allen and Meyer (1990), consisted of 15 items divided into three components.

Emotional Intelligence Questionnaire scale questionnaire consisted of 16 items, categorised into four subscales: perception of emotions, emotional use and facilitation of thinking, understanding emotions, and regulation of emotions. Participants used a six-point Likert scale to rate their responses, ranging from 1 (Never) to 6 (Don't know). Organisational Commitment Scale questionnaire comprised 15 items, measuring three components of Organisational Commitment: Affective Commitment, Normative Commitment, and Continuance Commitment. Participants used a seven-point Likert scale to indicate their responses, ranging from 1 (Strongly Disagree) to 7 (Strongly Agree).

The questionnaires, accompanied by a letter explaining the study's purpose, were distributed to all the 253 Nurses working at the Tamale Central Hospital. A total of 253 questionnaires were returned, but after screening for suitability, 248 responses were used for the study. Participation was voluntary, and confidentiality was ensured. The collected data was analysed using the Statistical Package for Social Science (SPSS). Descriptive analyses were conducted to determine the characteristics of the sample, including age, experience, and education levels. Furthermore, regression tables were utilised to explore the significance of relationships between Emotional Intelligence and Organisational Commitment among the Nurses.

RESULTS AND DISCUSSION

As indicated in Table 1, majority of the respondents (67.7%) were females whilst males constituted only 32.3% of the respondents. This therefore means that the nursing profession at Tamale Central Hospital is dominated by females. This confirms the DPH Annual Report (2012) that the nursing profession in Ghana is female dominated. It is also believed that because the Tamale Central Hospital is located in an urban area it is very much attractive to females who cannot withstand harsh conditions in the rural areas.

Most of those sampled for the study were between the ages of 25 and 34 years (51.6%). Interestingly, those between the ages of 35-44 years, 45-54 years and 54 years and above constituted 12.9% each of those sampled for the study. This means that in terms of age, the Nurses within Tamale Central Hospital are almost evenly split between young and old ones with the younger Nurses slightly more than the older Nurses. This finding is in consonance with the view espoused by Dovlo (2005) that most Ghanaian Nurses are

young due to the massive brain drain during the late 1990s and early 2000s which saw many Ghanaian Nurses migrating to wealthier nations in search for greener pasture.

On the academic qualification of the Nurses, 120 respondents representing 48.4% of the Nurses hold first degree. 72 of them representing 29% hold diploma whilst 48 of them representing 19.4% have masters’ degrees. Only 8 of the respondents representing 3.2% hold certificates. This is in line with the findings of Asamani, Amertil and Chebere (2015) that Hospitals in urban areas in Ghana are able to attract highly qualified Nurses due to their location and opportunities for advancement. It is therefore evident that Hospitals in urban Ghana don’t suffer much from the usual lack of Nurses to handle critical cases as pertains in rural Ghana.

It is interesting to note that most of the Nurses (88) representing 35.5% in the Hospital have more than ten years working experience. This is followed by those with 4-6 years (64) working experience representing 25.8%; closely followed by those with 7-9 years (56) working experience representing 22.6%. Only 24 (9.7%) and 16 (6.5%) have 3 years or less and 1 year or less working experience respectively. These findings tend to support DPH Annual Report (2012) that Nurses in urban areas of Ghana are highly qualified and also have many years of working experience since Nurses at their young age only seek greater experience in rural areas after which they move to the urban areas in search of opportunities. This explains the high attrition rates of Nurses in rural Ghana.

Table 1. Demographic Variables of Respondents

| | | Frequency | Percentage (%) |
|--------------------|-----------------------|-----------|----------------|
| Gender | Male | 80 | 32.3 |
| | Female | 168 | 67.7 |
| Age | Below 25 | 24 | 9.7 |
| | 25 – 34 | 126 | 51.6 |
| | 35 – 44 | 32 | 12.9 |
| | 45 – 54 | 32 | 12.9 |
| | 55 and above | 32 | 12.9 |
| Level of Education | Certificate | 8 | 3.2 |
| | Diploma | 72 | 29 |
| | Fist Degree | 120 | 48.4 |
| | Postgraduates/Masters | 48 | 19.4 |
| Length of service | Less than one year | 16 | 6.5 |
| | 1- 3 years | 24 | 9.7 |
| | 4 – 6 years | 64 | 25.8 |
| | 7 – 9 years | 56 | 22.6 |
| | Over ten years | 88 | 35.5 |
| Marital Status | Single | 72 | 29 |
| | Married | 128 | 51.6 |
| | Divorced/Separated | 32 | 12.9 |
| | Widowed | 16 | 6.5 |

Field Survey, 2023

Based on Table 2, “Regulations of Emotions” had the highest mean score (4.54), suggesting a relatively high level of regulation of emotions among the participants. “Emotional Use and Facilitation of Thinking” followed closely with a mean score of 4.43, indicating a high level of emotional use and facilitation of thinking. The other two variables, “Perception of Emotions” and “Understanding of Emotions,” have slightly lower mean scores of 4.10 and 4.29, respectively, but they are still above the midpoint of the scale, indicating a positive average level of perception and understanding of emotions.

The standard deviations for all variables are relatively moderate, ranging from 0.66 to 0.81, suggesting that the data points are somewhat dispersed around the mean scores, but not excessively so. This means that Nurses within the Hospital are able to regulate their emotions effectively in the discharge of their duties. This may be due to the fact that most of the Nurses have considerable working experience and as a result have come to understand what it takes to be effective performers which essentially is one’s ability to regulate the emotions in self.

Table 2. Mean scores of perceptions, Emotional use, Understanding and Regulations

| Variable | Mean | Stand. Deviation | Minimum | Maximum |
|--|------|------------------|---------|---------|
| Perception of Emotions | 4.10 | 0.81 | 2.00 | 5.25 |
| Emotional use and Facilitation of thinking | 4.43 | 0.67 | 2.25 | 5.50 |
| Understanding of Emotions | 4.29 | 0.68 | 2.25 | 5.00 |
| Regulations of Emotions | 4.54 | 0.66 | 2.50 | 5.50 |

Field Survey, 2023

Data from Table 3 revealed that, “Affective Commitment” has the highest mean score (5.56), indicating a relatively high level of affective commitment among the participants. “Normative Commitment” comes next with a slightly lower mean score (5.37), suggesting a relatively high level of normative commitment. Finally, “Continuance Commitment” has the lowest mean score (5.06), indicating a slightly lower level of continuance commitment compared to the other commitment types. The standard deviations are relatively moderate for all variables, ranging from 0.57 to 0.72, implying that the data points are somewhat close to the mean scores, with a moderate level of variability. Affective Commitment reflects a strong sense of identification and personal attachment to the Organisation’s objectives and missions, as noted in previous research (Al-Aameri, 2011; Allen & Meyer, 1990; Jaros, 2008). This level of commitment is essential for the success of the Organisation.

It is noteworthy that, Nurses constitute the largest group of professionals in the healthcare system (Dovlo, 2005). Therefore, if Nurses are affectively committed to the various health institutions in which they work, the overall health delivery system is likely to be more successful. Moreover, due to the scarcity of medical doctors resulting from brain drain in Ghana (Dovlo, 2005), most departments in the Tamale Central Hospital are managed by Nurses. This position Nurses as one of the key drivers of health care delivery within the Metropolis.

Table 3. Means and standard deviation scores Affective, Normative and Continuance

| Variable | Mean | Stand. Deviation | Minimum | Maximum |
|------------------------|------|------------------|---------|---------|
| Affective Commitment | 5.56 | 0.57 | 4.00 | 6.67 |
| Normative Commitment | 5.37 | 0.72 | 4.00 | 6.50 |
| Continuance Commitment | 5.06 | 0.65 | 3.75 | 6.25 |

Field Survey, 2023

The Relationship between Emotional Intelligence and Nurses’ Organisational commitment

Multiple Regression was used to analyse the outcome variable being predicted by the four emotional variables (Perception of Emotions, Emotional Use and Facilitation of Thinking, Understanding Emotions, and Regulations of Emotions). Perception of Emotions, Understanding Emotions and Regulations of Emotions recorded (beta coefficient of 0.153, t-value of 2.22 and p-value of 0.028, beta coefficient of 0.358, t-value of 3.52, and p-value of 0.001, beta coefficient is -0.195, t-value of 2.64 and p-value of 0.009) respectively was computed at 0.05, indicating a relationship that is statistically significant at a 95% confidence level. These findings are in line with the works of other researchers (Agbabozorgi et al.2014; Guleryaz et al., 2008). Since Affective Commitment is the strongest and most desirable form of Organisational Commitment, it stands to reason that highly emotionally intelligent people are likely to be affectively committed to an institution they intend to spend the whole of their life working for.

As stated by Hongoro and Normand (2006) and World Health Organisation (2006) most Nurses in developing countries like Ghana tend to decline postings to the rural communities. This may be due to the underdevelopment nature of these communities where basic infrastructures like potable water, electricity and well-endowed schools are in short supply. As a result, it is not surprising for Nurses who find themselves in urban areas like Tamale Central Hospital to exhibit stable emotional feelings which ultimately lead to Affective Commitment as established in this study.

On the contrary, Emotional use and Facilitation of Thinking recorded a beta coefficient of 0.157, t-value of 1.63, and p-value of 0.101, determined at 0.05, indicating a relationship that is not statistically significant at a 95% confidence level.

Table 4. Regression Table of the Relationship between Emotional Intelligence and affective Organisational commitment of Nurses

| Variable | Beta | T | Significance (p) |
|--|-------|------|-------------------|
| Perception of Emotions | 0.153 | 2.22 | 0.028 |
| Emotional Use and Facilitation of thinking | 0.157 | 1.63 | 0.101 |
| Understanding Emotions | 0.358 | 3.52 | 0.001 |
| Regulations of Emotions | 0.195 | 2.64 | 0.009 |

Field Survey, 2023

R²=0.148

P≤ 0.05



On the relationship between Emotional Intelligence and Nurses’ Normative Commitment to their Organisation, as shown in Table 5 indicates that, the positive Beta value suggests a positive relationship between Understanding Emotions and the dependent variable. The high T-value of 4.320 indicates a strong relationship, and the extremely low p-value of 0.000 suggests that this relationship is highly statistically significant. These findings confirm the earlier findings of other researchers (Adeyemo, 2007; Carmeli, 2003; Humphreys, Brunsen & Davis, 2005). It can therefore be inferred from this finding that highly emotional intelligent employees tend to also have high level of job satisfaction which results in higher commitment and low employee turnover rate. Emotional use and facilitation of thinking (beta = 0.013, p = 0.893) and Regulations of Emotions (beta = -0.085, p = 0.248) were not significantly related to Normative Commitment and hence were found to be in contradiction with earlier research findings.

Since Normative Commitment stems from employees’ sense of obligation to commit to the course of the Organisation as a reciprocal gesture (Allen & Meyer, 1990; Jaros, 2007), a mixed result like this should be expected. Nurses within the Metropolis would normally have different emotional reactions to certain programmes that are instituted by management. For instance, if some of these programmes will call for the need to invest in them, they are likely to reciprocate that kind gesture by being Normatively Committed.

Table 5. Relationship between Emotional Intelligence and normative Organisational commitment of Nurses

| Variable | Beta | T | Significance (p) |
|--|--------|--------|-------------------|
| Perception of Emotions | -0.175 | -2.552 | 0.011 |
| Emotional Use and Facilitation of thinking | 0.013 | 0.134 | 0.893 |
| Understanding Emotions | 0.438 | 4.320 | 0.000 |
| Regulations of Emotions | -0.085 | -1.157 | 0.248 |

Field Survey, 2023 **R²=0.153** **P ≤ 0.05**

The regression table presented below indicates that 24.4% of the variation in Continuance Commitment can be explained by Emotional Intelligence. Specifically, perception of emotions (beta = -0.315, p = 0.000) and emotional use and facilitation of thinking (beta = 0.484, p = 0.000) were found to have a significant relationship with Continuance Commitment, aligning with previous research findings by Gholami et al. (2013), Lordanoglou (2008), McQueen (2004), and Ghomri (2009). On the other hand, understanding emotions (beta= 0.062, p = 0.515) and regulations of emotions (beta = 0.05, p = 0.415) did not show a significant relationship with Continuance Commitment.

The significant influence of only perceptions of emotions and emotional use and facilitation of thinking on Continuance Commitment suggests that Nurses may demonstrate this type of commitment when they perceive the potential costs of not committing to the Organisation and critically consider their options. This finding also indicates that the previous trend of Nurses leaving the profession during the 1990s due to brain drain is now showing signs of improvement, as some Nurses are recognising the potential costs of leaving their current workplaces.

In conclusion, Emotional Intelligence plays a role in shaping Continuance Commitment among Nurses, with perceptions of emotions and emotional use and facilitation of thinking being particularly influential. This finding implies that Nurses carefully weigh the potential costs of leaving their current jobs before making decisions about their commitment to the Organisation.

Table 6. Relationship between Emotional Intelligence and Nurses’ Continuance Organisational Commitment

| Variable | Beta | T | Significance (p) |
|--|--------|--------|-------------------|
| Perception of Emotions | -0.315 | -4.853 | 0.000 |
| Emotional Use and Facilitation of thinking | 0.484 | 5.343 | 0.000 |
| Understanding Emotions | 0.062 | 0.652 | 0.515 |
| Regulations of Emotions | 0.057 | 0.817 | 0.415 |

Field Survey, 2023 **R²=0.244** **P ≤ 0.05**

CONCLUSION

The study aimed to investigate the relationship between Emotional Intelligence and Nurses’ commitment to their Organisation, specifically looking at Affective Commitment, Normative Commitment, and Continuance Commitment. Overall, the study indicates that Emotional Intelligence significantly influences various aspects of commitment among Nurses. Higher Emotional Intelligence, including perceiving, understanding, and regulating emotions, is associated with greater Affective, Normative, and Continuance Commitment to the Organisation.



The findings emphasise the importance of Emotional Intelligence training and development for Nurses to enhance their commitment to the healthcare Organisation. By fostering Emotional Intelligence skills, nurse managers and healthcare leaders can create a more engaged and dedicated nursing workforce, leading to improved patient care and overall Organisational outcomes.

LIMITATIONS

By using a descriptive design and applying appropriate statistical analyses, the study provided valuable insights into the Emotional Intelligence levels and commitment of Nurses. However, the use of simple random sampling may limit the generalisability of the findings to the broader nurse population since it was conducted only within the Tamale Central Hospital. Self-report questionnaires could introduce response bias or social desirability bias. Additionally, the use of a quantitative approach may not capture all aspects of the relationship between Emotional Intelligence and commitment. Future research with larger and more diverse samples, as well as longitudinal designs, would contribute to a deeper understanding of this relationship and its implications for nursing practice and Organisational management.

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