INFLUENCE OF EMOTIONAL INTELLIGENCE ON WORK PERFORMANCE AMONG NURSES IN HEALTH FACILITIES IN NAKURU COUNTY

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A RESEARCH REPORT SUBMITTED IN PARTIAL FULFILLMENT FOR THE REQUIREMENT FOR THE AWARD OF DEGREE OF MASTER'S OF HEALTH SYSTEMS MANAGEMENT OF KENYA METHODIST UNIVERSITY

KENYA METHODIST UNIVERSITY

OCTOBER, 2022

DECLARATION AND RECOMMENDATION

DECLARATION

This report is my original work and has not been presented in any other university

Signed…………………………………Date March, 2022

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REG. NUMBER: HSM-3-5799-2/2011

RECOMMENDATION

This research report has been submitted with our permission as the student's supervisors on behalf of the university.

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ACKNOWLEDGEMENT

DEDICATION

This research is dedicated to my wife Betsy ChebetOrina my children Priscilla MutandaOrina, Faith KemumaOrina, Yvonne MosiaraOrina, Nicole BonareriOrina, Minerva KwambokaOrina, EnockOrina junior, Steve Barrack Omogo and my Late children Keith OndariOrina and Charity KemuntoOrina for their inspiration.

ABSTRACT

The numerous occupational risks that nurses in particular routinely face have an unavoidable effect on their capacity to complete their assigned jobs. This is because of the extraordinarily difficult and demanding circumstances in which they work, which have a tendency to disturb their emotional balance and result in pervasive feelings of powerlessness and rage. Therefore, emotional intelligence could potentially be having a significant and potentially negative bearing on nurses' work performance. The outcomes of past research examining how emotional intelligence affects nurses' effectiveness at work, nevertheless, have been inconsistent. This research was keen on emphatically examining if emotional intelligence determined the nurses' performance working in sub-county public hospitals in Nakuru County, Kenya. The specific objectives were to ascertain how interpersonal skills, intrapersonal skills, adaptability and stress management impacted on the performance of nurses in sub-county public hospitals in Nakuru County. The logic model of medical health authored by Donabedian was adopted to guide the study. The study's participants were 345 nurses and 21 ward-in-charges from medical facilities in 11 sub-county public hospitals in Nakuru County. The public hospitals were clustered according to the 11 administrative sub counties of Nakuru County. In order to identify the study participants, with a total of 187 nurses, purposive sampling was employed to choose the nurses at sub-county public hospitals in Nakuru County. Data were gathered using closed-ended questionnaire with 5-point likert categories on Likert scales. Data was collected after approval from the Ethics Committee and the national council of technology. Pretesting of the questionnaires was done in the burns unity which is a department with the highest number of nurses. Consultation with the supervisors helped to ensure the validity of the research tool. Descriptive and inferential statistics were employed to evaluate quantitative data using the Statistical Package for Social Sciences (SPSS) version 25. The study established that interpersonal skills, intrapersonal skills, adaptability and stress management accounted for the total variance in the work performance of nurses in sub-county public hospitals in Nakuru County. It was concluded that only stress management significantly predicted the nurses' performance. Nurses who managed stress were 15.333 times more likely to perform better than nurses who were not able to managed stress. Intrapersonal, interpersonal and adaptability had little influence on the nurses' ability to do their jobs. However, where nurses had intrapersonal skills they were 2.159 times better than those without intrapersonal skills. Where nurses had interpersonal skills, they were 2.083 times more likely to perform their work than those who did not have interpersonal skills. The study recommended that the hospital management should support nurses in discharging their duties by creating an enabling environment that allows nurses to work under flexible conditions.

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LIST OF ABBREVIATIONS

EI   Emotional intelligence

IAAP   International Association of Administrative Professionals

NACE   National Association of Colleges and Employers

USA   United States of America

CHAPTER ONE

INTRODUCTION

1.1 Background of the Study

Emotional intelligence (EI) generally describes the ability or capacity to not only identify and assess but also to manage individuals' or groups' emotions. Goleman (2006) elaborately portrayed five basic segments of EI notably empathy, self-knowledge or awareness as well as self-regulation. It also encompasses the internal motivation and intrinsic skills required for social interaction. Given this conceptualization, a high degree of EI places individuals at an opportunity to comprehend themselves and get along with others by displaying affable, resilient and optimistic attitude towards self and others. The concept of emotional intelligence has emerged as a crucial component of work performance, according to Goleman (2006). Since it enables workers to detect and understand their emotions and behaviors in order to attain personal control, which is crucial for self-motivation, many experts now think that emotional intelligence may be the most significant predictor of organizational success. It is argued that emotional intelligence has a number of ramifications for how well employees perform in the health industry. As a result, there are explicit or implied emotional display standards that specify which emotions are permissible and should be displayed in front of patients, and which ones should be kept to oneself (Hochschild, 2018). Since emotional intelligence can predict work-related outcomes like job performance, nurses must frequently regulate their emotions and communicate the desired feelings (Bachman, 2000).

According to Parvez (2022), those with high levels of emotional intelligence have excellent social skills, a high level of self-awareness, and the ability to understand their moods and emotions, the ability to regulate their emotions, the ability to empathize with others, the ability to comfort others, and the ability to influence others. People with low emotional intelligence, on the other hand, lack self-awareness, are unable to understand their moods and feelings, struggle to control their emotions, are unable to empathize with others, are unable to console others, are unable to influence others, and have subpar social skills.

Interpersonal skills, stress management, overall mood, intrapersonal skills, and flexibility are the main EI components that potentially affect how well health workers function. This is due to the fact that the health industry was one of the most stressful job environments and that emotional intelligence was crucial (Swalhah, 2013). According to Kazmi (2018), the health sector is a naturally stressful place to work because of the long hours, moral quandaries, challenging patients, and conflicting demands. In such an environment it is generally difficult to evaluate the performance of health workers, particularly nurses (Al-Omar, 2013). However, the performance review covers every area of the nurse's accomplishments and work ethics. It primarily concentrates on the evaluation process and gives crucial input to enhance decision-making at all levels of businesses.

Previous studies have examined the effect of the interpersonal skills on workplace performance and found that they have a positive influence on work performance. Self-esteem, emotional self-awareness, aggressiveness, independence, and consciousness are examples of intrapersonal competencies. Knowing oneself, being able to articulate oneself, and being aware of one's strengths and flaws are the main aspects of intrapersonal intelligence (Wong & Law, 2019; Quoidbach&Hansenne, 2009).Interpersonal skills can be demonstrated in a variety of ways (Winarno, 2010). These include interpersonal relationships, self-motivation, leadership, self-promotion, negotiating, presenting, and public speaking abilities. Social skills, or the capacity to interact with others, and social awareness are examples of interpersonal skills (Purwoastuti*et al,* 2015).

The effect of adaptability on job performance has previously been investigated and found to be favourable in many instances (Nizam and Bao, 2015). Realistically examining one's feelings and thoughts in connection to the outside world and having the flexibility and problem-solving skills to adapt one's feelings, thoughts, and actions to novel circumstances are all aspects of adaptability. In this context, problem solving is connected to addressing contentions associated with personal and interpersonal difficulties.

Stress tolerance and impulsive control are components of stress management. Stress tolerance is the term for the capacity to manage emotions properly. This also involves the

ability to deal with unfavorable events and stressful circumstances that are unavoidable without being overburdened throughout the stress-coping process. Consequently compulsion control focuses on the ability to regulate emotions effectively and constructively (Kilfedder, 2013).

Several research based studies have explored the indices of emotional intelligence that lead to increased productivity. In these studies, emotional intelligence has been viewed as one of the main components of performance although consensus is still inconclusive about the potential impact of emotional intelligence. Additionally, behavioral studies have revealed conflicting findings about its effects on workplace dedication, retention, and work performance (Akuoko-Konadu, 2017; Baron, 2017). In these studies, it is evident that exposure to any form of crisis may compromise the nurses' productive ability. According to Anne (2014) quality of nursing depends on the capacity to exude high level of emotional intelligence particularly when handling patients. This has been evident in nurses who are providing care for patients with mental problems. In a study comprising of 180 nurses in the Netherlands based on the Bar-On Emotional Quotient Inventory, Linda (2014) noted that emotional intelligence helped to reduce burnout. It also encourages the pursuit of a thorough comprehension of professional identity in nursing (Kristin & Elisabeth, 2017).

According to Bulmer (2009) nurses provide care through close relationship with patients. Nursing and emotional intelligence are closely related since nurses are in charge of fostering the feelings that underpin these connections. Emotional management plays an important role in professional relationships as well as in patient-care decisions since it influences health workers' interpersonal relationship (Bulmer, 2009). Stickley (2014) has observed that without emotional intelligence, it is impossible to define the profession of nursing since nurses provide vital care in a special setting where they are required to make important choices while regularly dealing with stressful situations and moral issues (Amanda, 2013; Vernom, 2008; Parker, 2019; Baden, 2003).

Current studies have singled out EI as a critical factor on which human resource development, leadership and health care management must focus (Morehouse, 2017). As a

result, several academics from around the world have recently said that there is a large beneficial association between employee performance and motivation in the health industry. For example, Tampu and Cochina (2015) found that nurses' performance in Romania was related to both intrinsic and external motivational features in terms of emotional and material rewards. Similarly, Nizam and Bao (2015) looked into how motivation affected health professionals in China and discovered that emotional intelligence was a key factor in determining how well employees performed in their jobs. Rahim (2002) conducted research in the USA on the connections between supervisors' self-awareness, motivation, self-regulation, empathy, and social skills and their subordinates' conflict-handling tactics in the healthcare context. According to the research, self-awareness was positively connected with self-control, compassion, and interpersonal skills, all of which are essential for health workers to efficiently carry out their duties. Sharma (2016) carried out a descriptive cross-sectional study in India to ascertain the influence of nurses' emotional intelligence on the standard of care provided in hospitals. It was discovered that the standard of the services provided and staff nurses' emotional intelligence are positively correlated. Niakas (2012) asserted in a study conducted in Greece that emotional intelligence was crucial for the healthcare industry. In a Malaysian study, Mamun and Fazal (2018) discovered that emotional intelligence had a favorable, significant impact on the performance of healthcare professionals. Similar to this, a study conducted in Saudi Arabia by Kahtani (2013) found that emotional intelligence aided health professionals in improving their relationships at work, which improved collaboration.

In the region, Danguah and Wireko (2014) found that customer satisfaction and emotional intelligence had a good association that in turn had a favorable impact on the effectiveness of health workers. In a study in South Africa, Chipfuva, Nzonzo and Muchenje (2012) argued that interpersonal skills were important in helping nurses to provide quality health care services. Pansiri and Temtime (2008) in a study in Botswana found out that stress management played a significant role in enhancing employees' performance which highlighted the importance of emotional intelligence in the health sector. In a study conducted in Nigeria, Okoye and Ahmed (2017) looked into the impact of social support and

emotional intelligence as determinants of health quality in private healthcare facilities in the Onitsha city. The results of the study revealed a strong correlation between social support and emotional intelligence and the quality of medical care. In Tanzania, Orasa (2014) conducted a study to evaluate the impact of motivating factors that affected the performance of health facility employees in Mwanza, Tanzania, and discovered that employees' performance was driven by their pleasant interactions with patients.

In Kenya, Lewa (2017) studied the concept of nurses' burnout and found out that it was a common problem among nurses leading to frequent illness and a high turnover which seriously affects the nurses' performance. This is evident in Nakuru County where Njenga (2018) reported that a 55 year old nurse in the intensive care fell into a 100 feet pit with her 28 year old son due to burnout. Hence, emotional intelligence remains the single most important determinant of work performance of nurses in Kenya. However, inadequate studies have looked at the contribution of emotional intelligence in steering performance in the health sector. This is in spite the fact that nurses usually work on shifts. The quality of nursing care that patients receive is most likely directly impacted by what nurses do and how they do it (Mugo, 2017). Since previous studies have linked emotional intelligence to performance, there was a significant need to study emotional intelligence in the context of nurses' performance in order to learn how to raise the standard of care provided by healthcare systems.

1.2 Statement of the Problem

Since behavior in medical contexts is frequently more formal, nurses are typically reluctant to express their feelings in clear terms. Yet they work in extremely stressful situations and struggle to process powerful feelings of frustrations and hopelessness experienced in the course of their work. In addition, nurses often mask their trauma as a defense against overwhelming negative feeling which impairs the quality of care nurses offer to patients (Missouridou, 2017). Despite the adoption of quality improvement efforts in Kenyan healthcare institutions, both the public and private sectors' quality advances have not yet reached their full potential. In fiscal year 2017–2018, county public healthcare systems had a

median technical efficiency of 84% (with an IQR of 79%–90%). 27 of the 47 Kenyan counties have a falling technical efficiency score during the four fiscal years of data. The falling technical efficiency has been linked to the human factor (Moses, Korir, Musiega, et al. 2020). In the year 2020, Nakuru County had an adjusted technical efficiency at 82% and an annual percentage change in adjusted technical efficiency of −1.30% (Moses, et al. 2020). This is a concern which should not be ignored. Shanab and Shanab (2021) explained that that the important role played by EI on work performance. However, emotional intelligence and its influence on work performance are seldom addressed in hospital settings. Thus, within the hospitals in Kenya, Emotional intelligence is a poorly understood factor in nurses' ability to execute their jobs. Although previous research has demonstrated that nurses' emotional intelligence could contribute to the quality of service delivery, the study was designed to establish the influence of the dimensions of emotional intelligence on work performance among nurses in sub-county public hospitals in Nakuru County.

1.3 Objectives of the Study

1.3.1 General Objective of the study

The general objective of the study was to examine the influence of emotional intelligence on work performance among nurses in sub county public hospitals in Nakuru County.

1.3.2 Specific objectives

i. To investigate the influence of interpersonal skills on work performance among nurses in sub county public hospitals in Nakuru County.

ii. To determine the influence of intrapersonal skills on work performance among nurses in sub county public hospitals in Nakuru County.

iii. To examine the influence of adaptability on work performance among nurses in sub county public hospitals in Nakuru County.

iv. To describe the influence of stress management on the work performance of nurses in sub county public hospitals in Nakuru County.

1.4 Research Questions

i.   What is the influence of interpersonal skills on work performance among nurses in sub county public hospitals in Nakuru County?

ii. Do intrapersonal skills influence work performance of nurses in sub county public hospitals in Nakuru County?

iii. What is the influence of adaptability on work performance among nurses in sub county public hospitals in Nakuru County?

iv. How does stress management affect work performance of nurses in sub county public hospitals inNakuru County?

1.5 Hypothesis of the study

H_{01}:   There is no statistically significant relationship between interpersonal skills and work performance among nurses in sub county public hospitals in Nakuru County.

H_{02}:   There is no statistically significant relationship between intrapersonal skills and work performance of nurses in sub county public hospitals in Nakuru County.

H_{03}:   There is no statistically significant relationship between adaptability and work performance among nurses in sub county public hospitals in Nakuru County.

H_{04}:   There is no statistically significant relationship between stress management and work performance of nurses in sub county public hospitals in Nakuru County

1.6 Justifications/Rationale

The ultimate and enduring explanation for undertaking this noble investigation ways guided by the perceived belief that nurses alongside other health professionals ought to possess sufficient and adequate levels of EI to be placed at an opportune position to undertake their roles effectively (Mbuthia, 2019). It is however, noteworthy that in the previous scientific investigations the concerns of health professionals have not been exclusively carried focusing on hospital settings. It is out of this consideration that a need for a thorough

investigation was warranted to decipher the pragmatic role of EI in enhancing the occupational competence of the nurses. It was perceived that this can have immense benefits especially in forming the basis for developing programs aimed at enhancing the capacity of the nurses at their workplace. This would certainly contribute towards the enhancement of quality of care and increase patients' satisfaction. In addition, the study is important because the results will be used as a resource by academic academics who are interested in undertaking more research on emotional intelligence and performance. The findings will help hospitals to formulate generally innovative emotional management programs for the nurses. This study can be a valuable add up to the body of literature on how EI affects work performance among nurses. Finally, the study is important to the government because it could help the government to provide health services to enhance the health of the populations.

1.7 Scope of the Study

The survey was conducted among the nurses in public sub county hospitals in Nakuru County. The study looked specifically at nurses' emotional intelligence and job effectiveness. The nurses were selected owing to their strategic position to provide the information sought by the study. The study was confined to the assessment of the influence of interpersonal skills, intrapersonal skills, adaptability, and stress management on the work performance of nurses. The study lasted for a period of six months.

1.8 Limitations of the Study

Even though the study was carried out in accordance with the recommended procedures, the researcher ran into a number of obstacles while out in the field. The investigation was conducted in Nakuru County's public hospitals. Therefore, it is important to use caution when extrapolating the research's findings to private hospitals. The study was limited to nurses working in the hospital's critical care units, so other nurses would not benefit from the conclusions. Due to logistical constraints, the study's assessment of the impact of emotional intelligence was restricted to the use of self-report. The study was also limited to the use of subjective assessment of work performance. This needed further scrutiny to

uncover any anomalies and facilitate generalizations of the findings. The Likert type questions used to create the variables were worded so that the vast majority of nurses might respond in any way.

Some respondents were hesitant to divulge information without restriction. This was due to the sensitivity and confidentiality of information regarding work performance. To address this, the researcher reassured the respondents that the information they provided will be handled confidentially, and that the data they provided would not be used against them.

Obtaining clearance to conduct the study posed a challenge. However, the researcher liaised with the hospital administration to facilitate data collection. The limitation was the busy schedule of the nurses made the researcher wait for long before receiving the filled in questionnaires. The researcher made prior arrangements to mitigate against any difficulties on administering the questionnaires.

1.9. Delimitations of the study

The study excluded doctors and other medical professionals and focused exclusively on the nurses. The focus was on public sub county hospitals and hospitals of other levels were not included in the study. The researcher understood that there were other dimensions of emotional intelligence but confined only to interpersonal skills, intrapersonal skills, adaptability, and stress management.

1.10 Significance of the study

The aim of the research was to determine how emotional intelligence affected nurses' ability to execute their jobs. Therefore, it is hoped that the results will add to our understanding of how emotional intelligence affects nurses' ability to perform at their best at work. The study would serve as a foundation for further research to test both its findings and the numerous theories that might result from them. This will strengthen and add to the corpus of information addressing the relationship between emotional intelligence and work performance in medical situations. The study's results will also offer stakeholders, decision-makers, and the government empirical proof of the significance of emotional intelligence in

nursing. It will be improved to fill in other EI-related gaps in the nursing literature. The study will also enhance patient safety, which is another benefit. This study will help in providing a stable, efficient and progressive environment and will help prevent the nurse from burning out. Nurses that possess greater emotional intelligence are better able to adjust to and comprehend the demands of their patients. They can also enhance their social skills and more effectively manage stress related to work, which will have a long-term positive impact on their occupational health (Kirsten, 2019).

1.11 Assumptions of the study

The study makes the supposition that the sample was typical of all nurses and that the nurses who were interviewed were truthful in their responses.

1.12 Operational Definition of terms

1.12.1 Critical care

This refers to the medical treatment for patients with grave injuries or illnesses. Usually, an intensive care unit hosts it

1.12.2 Critical care

This refers to a section of the hospital dedicated to providing specialist treatment for extremely ill patients, such as advanced life support and extensive monitoring.

1.12.3 Emotional Intelligence

This was in reference to an individual's own abilities, talents, and competences that allow them to succeed or manage in socially challenging circumstances (Baron, 2017). In this study EI was used to refer to the personal characteristics of the nurses including but not limited to skills of relating to self and others.

1.12.4 Intrapersonal

It is the capacity to become cognizant of and conceptualize one's own one's strengths and weaknesses such that the individual is able to express one's state of mind appropriately. In this study, self-esteem, emotional awareness, aggressiveness, and consciousness make up interpersonal skills.

1.12.5 Interpersonal

This was conceptualized as the tenacity to grasp self and other's feelings and pertinent concerns which facilitated amiable relationships that promoted health outcomes. In this study it focused on the ability to display empathy and social responsibility

1.12.6 Nurse

This refers to a person trained to care for the sick or injured people, especially in a hospital. A nurse's main responsibility is to take care of patients by attending to their physical requirements, preventing illness, and treating ailments.

1.12.7 Private Hospital

This refers to a hospital that is privately owned, encompassing both for-profit and nonprofit facilities. Patients provide the money themselves ("self-pay"),

1.12.8 Public Hospital

This is a reference to a hospital that is owned by and funded by the government. This type of hospital provides free or inexpensive medical care, with hospital funding covering the associated costs.

1.12.9 Stress Management

This pertains to emotional management and control, which determines the nurses' capacity to controlling their emotions in a way that prevents them from acting impulsively and tolerate impulsive behavior.

1.12.8 Adaptability

This refers to the ability to adapt and be comfortable with personal and interpersonal changes in one's immediate environment and was used to refer to the nurses' ability to become flexible, test reality and solve problems.

1.12.10 Ward

This refers to a room in a hospital which has beds for many people, often people who need similar treatment.

1.12.11 Work performance

This referred to the way the nurses achieve their work goals while attending to patients by diligently capturing medical details, monitoring patient health collaborating in care management, and record signs, operating medical equipment, administering medications, performing medical analysis while educating patients on how to manage illnesses.

2.1 Introduction

Review of previous research on the study variables is presented in this chapter. It also presents the empirical review and theoretical review. The empirical review was organized based on the main variables of this study. The topics covered included Influence of Intrapersonal skills on work performance, influence of interpersonal skills on work performance, influence of stress management on work performance, and influence of adaptability on work performance. The chapter also contains the theoretical framework and conceptual framework.

2.2 Empirical Review

This section presents the empirical review of the study, and this is guided by the themes in the study objectives

2.2.1 Work Performance

There are numerous ways to describe performance, but Campbell et al. (1993) provided the clearest description by defining it as "the goal relevant activities of an employee." In other words, this is whether employee conduct reflects the organization's objectives and their ability to produce the intended outcomes. One of the categories of performance, job performance, or whether the work done by the employees is effective or whether they can demonstrate good talent, represents how well a person is exploiting influence opportunities (Chen and Schaubroeck, 2002).

Sultana *et al.* (2012) define performance as the accomplishment of particular activities in relation to preset or identified requirements of correctness, completeness, cost, and speed. A stage on the path to achieving corporate goals and objectives is high performance. Employee performance is absolutely crucial to the overall health of an organization and the employees who make up that organization. For an organization to reach its goals promote the goods and services it specializes in, and ultimately gain a competitive advantage, it needs highly performing personnel.

As mentioned earlier, a variety of performance measures, including cost-effectiveness, quality, punctuality, accuracy, quantity, and more, can be used to evaluate an employee's work performance (Novitasari, 2020). The behavior that leads to the accomplishment of a goal is the employee work performance (WP). According to the research, it might not have a direct, noticeable impact on how much WP an employee produces. This thesis is focused on job performance, which is seen as the result of an employee's efforts. Because an organization's success depends on its employees' creativity, ingenuity, and commitment, it is essential that employees perform well (Ramlall, 2008). It is widely acknowledged that a person's effectiveness as an employee depends on a variety of human qualities, including their personality, skills, knowledge, experience, and abilities (Vroom, 1964).

2.2.2 Emotional Intelligence

Salovey and Mayer (1997) created a four branch emotional intelligence model with four elements, including knowledge and understanding of one's own and other emotional responses, management of one's own and other emotions, and a way to measure these four branch models. This model serves as the foundation for understanding emotional intelligence. Emotional intelligence, according to Golemann (2018), is the capacity to recognize, access, and regulate one's own emotions as well as those of others and a group. Numerous situations have investigated the emotional intelligence of nurses. Empathy, problem-solving, and emotional awareness are the three aspects of emotional intelligence that nurses cite as being particularly important (Codier& Matsuura, 2010).

Fabio and Palazzeschi (2012) investigated the link between organizational justice and personality characteristics and emotional intelligence. The emotional intelligent dimensions investigated comprised intrapersonal interpersonal adaptability and stress management. The 8% variation in the procedural justice component was explained entirely by personality factors. According to the study, the organizational justice dimensions were best at explaining results than the emotional intelligence aspects. Organizational justice has been demonstrated to be influenced by clinical nurses' higher EI, particularly when it comes to the interpersonal and informational components of relationships.

A Dutch research of nurses' emotional intelligence found that mental health nurses had better emotional intelligence mean scores than the general population (Dusseldorp, 2011). Nursing professionals who scored well on emotional intelligence exhibited higher moral behavior (Deshpande& Joseph, 2009). According to GörgensEkermans and Brand (2012), nurses with higher emotional intelligence experience less burnout and stress, while those who take part in emotional intelligence training report reduced situational anxiety (Nooryan&Zoladl, 2012). The ability to generalize findings from these studies may be constrained by a number of limitations in the studies of nurse emotional intelligence.

An examination of the link between emotional intelligence and work performance by AlDosirya and Anderson (2016) in Kuwait revealed a favorable correlation between emotional intelligence and worker productivity. Employees with optimistic moods and mindsets are more likely to make and respond to difficult decisions in a positive and informed manner, as opposed to those whose judgments are impacted by negative emotions, according to a study by Jennings and Palmer (2017) conducted in Australia.

Since most study methods have been descriptive and correlational, causal links between variables cannot be shown (LoBiondo-Wood & Haber, 2019). At Mawar Renal Medical Center, Ramlan (2016) did a cross-sectional study on the factors that affect career women's job performance. To gather data, a questionnaire survey was given to 100 staff nurses at the Mawar Renal Medical Center. The three variables—job happiness, working conditions, and employment discrimination—are positively significant in relation to job performance, according to data from Pearson correlation and regression. At Mawar Renal Medical Centre, the environment at work has the greatest impact on how well employees accomplish their jobs. The findings would assist the hospital management in creating an appropriate policy, especially for their female nurses, to improve job performance. However, there is still limitation in research studies focusing on emotional intelligence of health workers.

Despite the gaps in the research base on the emotional intelligence of nurses, recent studies do suggest that this skill is a critical one that merits more study, especially in the context of patient and nurse outcomes. The best judges of a nurse's job performance are still outcome

measures. Focusing on the care delivered to patients such as diagnostics or treatments outcome are good indicators of work performance. However, the crucial aspects of job performance are task performance, organizational citizenship behavior, counterproductive work behaviors, and contextual performance. According to Borman and Motowidlo (2016), work performance refers to the actions taken directly and indirectly, favorably or unfavorably, by employees to advance the objectives of the business. An effort has been made to look into how emotional intelligence affects how well healthcare workers function on the job. According to Ciarrochi (2018), a person's ability to understand and manage their emotions might decide whether or not they are a successful employee in their line of work.. The next section presents an empirical review of the empirical studies on the influence of emotional intelligence and work performance.

2.2.3 Influence of Intrapersonal skills on work performance

Widjadja and Saragih (2018) investigated how intrapersonal abilities affected the productivity of Husada Hospital Nursing Academy graduates in Jakarta. The data analysis technique employed was the multiple linear regression technique. The study's conclusions demonstrated that the research factors, such as intrapersonal competencies, interpersonal competencies, and hard skills, have an effect on nurses' capacity to do their duties partially and concurrently. According to NACE (National Association of Colleges and Employers) survey findings from 2005, labor users often require 82% proficiency in soft skills and 18% proficiency in hard skills (Purwoastuti*et al.,* 2015). According to the International Association of Administrative Professionals (IAAP 2007), "67% of human resource managers would hire an applicant with high soft skills who was lacking in technical competence." Some of the above-mentioned studies supported the idea that hard skills and soft abilities should coexist. When it comes to assessments of nurses' performance in terms of enhancing hospital services, the question is whether the importance of soft skills is also extremely significant.

The relationship between intrapersonal abilities and employee performance was examined by Wong and Law in 2019. The 149 supervisor-team member dyads in the study sample

were drawn from the 60 mid- and top-level managers participating in a part-time management diploma program. The study found a substantial association between intrapersonal abilities and job performance. However, the result may not apply in the present study because of differences in focus and sector being investigated.

Saol (2012) focused on the effect of self-concept to establish whether nurses with a positive self-concept were likely to facilitate patient recovery. This study used self-administered questionnaire to gather information related to the subject. The study findings were that the greater percentage of patients suffered in one way or the other from nurses' poor self-concept. The study recommended that nurses ought to strengthen their intrapersonal skills in order to be effective. Although the study investigated the effects of self-concept as an intrapersonal skill for nurses, it did not encompass the whole concept of emotional intelligence which includes the interpersonal, stress management adaptability and mood which this study seeks to address.

Singh (2013) looked into how leaders' intrapersonal qualities affected the job happiness of their workforce. The findings of this study unequivocally demonstrate that in order for employees to be content at work, leaders must be self-assured in their leadership roles, communicate in a straightforward manner, exercise self-control, be adaptable and flexible, be positive about the future, and encourage the growth of a collegial workplace. Noticeably, the results support the premise that workers think leaders' intrapersonal traits have a positive effect on workers' views of job satisfaction. The findings indicate that having access to one's own feelings and having the capacity to distinguish between them, and the capacity to rely on them to affect behavior in one's organizations are essential components of a leader's self-knowledge.

In their definition of intrapersonal skills, Purwoastuti et al. (2015) listed self-control, self-improvement, worthiness, trust, proactivity, conscience, time / source management, and trait and preference awareness as components of self-governance. In general, he exhibited intrapersonal qualities including strong self-esteem (self-confidence), the capacity for self-evaluation (self-assessment), and self-awareness.Self-confidence will boost performance,

particularly when combined with strong social skills (interpersonal skills), according to a study by Ratnasari et al. (2014). Using the measures of self-leadership and self-efficacy, Kristina et al. (2011) highlighted the impact of intrapersonal skills on the performance of marketing workers. This study assessed a range of indications of intrapersonal talents, including managing time, managing stress, change management, personality transformations, creative thinking, goal orientation, and accelerated learning techniques based on the theories of Prijosaksono and Sembel (2010).

In their study, Sato, Nakamuro, and Owan (2019) looked into how interpersonal abilities affected job success. In the Ratnasari et al. (2014) study, it was discovered that self-confidence will enhance performance, particularly when accompanied with strong social skills (interpersonal skills). Using the measures of self-leadership and self-efficacy, Kristina et al. (2011) highlighted the impact of intrapersonal skills on the performance of marketing workers. This study assessed a range of indications of intrapersonal talents, including managing time, managing stress, change management, personality transformations, creative thinking, goal orientation, and accelerated learning techniques based on the theories of Prijosaksono and Sembel (2010).

A study by Srinivasan and Samuel (2016) examined the emotional intelligence of staff nurses working in hospitals in Tamil Nadu's Villupuram District. With the aim of examining the essential variables such as self-awareness, social awareness, self-management, and relationship management, as they are viewed and experienced by the staff nurses working in these hospitals, this descriptive research study was conducted in ten hospitals. The researcher chose all 152 staff nurses who worked in the aforementioned ten hospitals in the Villupuram district between August 2014 and June 2015. Therefore, the census approach was used. The study's principal conclusions about the crucial elements of emotional intelligence showed that the majority of respondents thought they had low levels of self-awareness and self-management, social awareness, and relationship management. It is challenging to generalize from this study's conflicting findings across all hospitals, including.

Abubeker (2019) looked into how study subjects perceived their own interpersonal interactions and how that affected how they perceived other people. The study discovered that students believe intrapersonal communication to be one of the most significant forms of communication that can have both a good and negative impact on interpersonal communication. Isolation and misunderstanding by others are among the alleged detrimental effects of intrapersonal communication. People with the Activeness personality assign more weight to intrapersonal abilities on emotional intelligence. However, the study did not look at how this aspect affects employee performance, and this gap sets to fill this gap.

In another study, Zhixue (2019) examined the concept of personal commitment among other components of intrapersonal relationships by obtaining data from nurses based on self-report. The study was mainly descriptive and the researcher employed stratified random sampling. The results indicated that the level of commitment by nurses directly affected the quality of health services offered and job satisfaction. Although this study examined personal commitment as an aspect of emotional intelligence of nurses, it specifically looked at quality of service and job satisfaction but did not focus on work performance.

McQueen (2014) considered the impact of personal values on work performance of nurses. The methodology employed was an analysis of empirical review from relevant journals. The findings were that personal values played a crucial part in establishing work ethics which is an aspect of intrapersonal skills. However, the study did not focus on the link between emotional intelligence of nurses and their work performance. This only addressed one aspect of emotional intelligence but not interpersonal skills, moods, adaptability and stress management which this study will address.

2.3.4 Influence of Interpersonal Skills on work performance

According to Robbins and Judge (2009), who were quoted by Nana (2018), every person has strengths and limitations in particular skill sets that determine whether they do better than or worse than others when performing a given task or activity. However, the mental skill and the physical skill are said to make up the majority of a person's total skill, according to

Robbins and Judge. The ability to think, reason, and solve problems mentally is referred to as the mental skill. People in most societies place intelligence in the highest regard for a good reason.

In the Padang City Regional Company Offices (PDAM), LukyKurniawati and Cerya (2021) investigated the impact of interpersonal communication and job motivation on employee performance. The findings demonstrated that interpersonal communication had a favorable impact on work motivation, with a 39% positive effect and a sig level of 0.000 to 0.05. This indicates that when interpersonal communication improves, employee incentive to work harder will as well. Interpersonal communication has a strong beneficial impact on employee performance, with a 51.9% effect at a sig level of 0.00 to 0.05. This implies that improved interpersonal communication will also result in improved employee performance.

In search for superiority in their practice, Henderson (2013) examined nurses' degree of satisfaction in the emotional rewards of their work with clients by comparing and contrasting how they are devalued by their colleagues like doctors in the entire healthcare system. However, the study did not look at the whole concept of emotional intelligence with a focus on mood, adaptability and stress management components of emotional intelligence and their effects on nurses' work in hospital (Henderson, 2013).

Syahrudin (2018) investigated how the staff at the regional secretariat for the Kapuas Hulu Regency interacted with one another. The survey method was used as the quantitative research approach in this study. All 137 personnel (with civil servant rank) who worked in the regional secretariat of the Kapuas Hulu Regency comprised the study's population. Interpersonal skills have a favorable direct impact on employee performance, according to the study. In other words, enhancing interpersonal skills among employees at the Regional Secretariat of the Kapuas Hulu Hotel can improve employee performance. However, compared to the current study, which was conducted in Kenya and the health sector, the previous study's location and sector of operation were different.

Nana (2018) looked into how motivation at work and interpersonal communication affect employee performance marketing. A quantitative approach method combined with a path analysis method is used in this study. This study employs survey methodology, with a questionnaire serving as the main tool for data gathering. 33 respondents participated in the survey, which was performed at the JabarBantenShariah Bank branch in Bandung. The test results demonstrate that interpersonal communication and work motivation, either partially or concurrently, have a considerable favorable impact on employee performance. The findings indicate that motivation and interpersonal communication factors can account for 80.0% of an employee's performance. This demonstrates how raising employees' aptitude for interpersonal communication increased their performance.

Geyer (2016) examined the relationship of nurses' intrapersonal skills characteristics with work performance. The study described intrapersonal characteristics and work experience as perceived by nurses to examine their relationship among these variables. A sample of 218 nurses from four private hospitals and four public hospitals were used in an across-sectional design study. Self-report measures were used to get the data. Explanatory and confirmatory factor analyses were used for the data analysis. Considering that nurses scored highly in professional values, they believed that their performance was of a high caliber. Evidently, the only intrapersonal traits chosen by nurses in the study that had a statistically significant positive association of practical significance with work performance as evaluated by nurses were their professional values.. However, the study concentrated on interpersonal values while the present study focused reviewing researcher will concentrate on a person in focus with his/her feelings positive feelings about self and life.Therefore, the studyexamined therelationship between general mood and work performance of nurses.

Khadijatu, Toryila, and Saanyol (2018) evaluated how employee performance was impacted by interpersonal interactions of the Gboko Local Government Area of Benue State, Nigeria. A total of 138 employees from the Gboko Local Government Area were selected for the study using a cross-sectional survey methodology. The independent t-test and Pearson's correlation method were used in the statistical study. The results showed a substantial correlation between workplace performance and interpersonal relationships among

employees of the Gboko Local Government Area. It was discovered that for coworkers to perform at their highest level, there needed to be a specific link between them. It was discovered that relationships at work were notably more strongly connected with job satisfaction. However the study was not carried out in the health sector.

2.3.5 Influence of Stress management on work performance

Past research has looked at how stress management affects work performance. However, the studies have not considered this in the context of emotional intelligence. For instance, Maurizioet (2006) looked on the relationship between the amount of stress and hopelessness in 120 nurses working in mental, general medicine/work Performance, and critical care surgical wards. According to the findings, unmanaged stress was a predictor of nurses' sense of pessimism. Maurizioet (2011) focused on hopelessness but the present study focused on stress management as an aspect of emotional intelligence.

AbuAlRub (2014) conducted a second study on the impact of occupational stress on hospital nurses' performance at work. A systematic questionnaire was utilized to collect the data, which was then analyzed using hierarchical regression, descriptive statistics, and Pearson product moment correlations. The findings showed that job stress and job performance were correlated in a curvilinear (U-shaped) manner; nurses who reported intermediate levels of job stress underperformed their duties in comparison to those who indicated high or low levels of job stress.It would be important to determine the outcome of this study and compare the results with the present study.

Kilfedder (2013) investigated burnout and its implication on wellbeing and job performances by randomly sampling 510 psychiatric nurses from whom data was obtained using a questionnaire focusing on aspects of stress related work. The respondents who were nurses revealed the existence of generally low levels of exhaustion as well as depersonalization and work related achievement or accomplishment. Regression analysis revealed that the chosen explanatory factors explained 41.9% of emotional tiredness, 16.4% of depersonalization, and 25.6% of personal accomplishment. The study suggested

interventions to deal with stress on a personal basis. This study concentrated on the effect of stress but not stress in relation to nurses' work performance. However, Christodolon-Fella (2018) revealed that workplace stress has been linked to members receiving subpar treatment, having bad health, having a lower quality of life, and having their safety affected..

Mechando (2018) analyzed the association between organizational stress and emotional intelligence. The computed results postulated that nurses with a higher emotional intelligence had a lower level of job stress. However, the study was not directed towards emotional intelligence and work performance of nurses. While this study will evaluate the relationship between emotional intelligence and its impact on nurses' work performance, Mechando (2018)'s study only looked at how organizational stress and emotional intelligence were related.

In urban Tanzanian HIV care and treatment clinics, Siril (2019) studied the professional satisfaction, motivation, and stress management of the healthcare staff. The research was cross-sectional in nature. Health care employees at 16 sites were given a questionnaire measuring motivation and stress. The relationship between reported motivation, stress, and satisfaction among healthcare professionals was investigated using hierarchical linear models. The findings indicate that the majority (73%) of healthcare professionals reported little to no work-related stress. This study implied that stress management among health workers was likely to improve performance. However, it was different from the present study.

In Kenya, Kurgat (2019) attempted to study the possible link between work stress and performance. This study considered as its target population 305 health workers who were selected based on stratified sampling in a general hospital. A systematic questionnaire was used in this study to collect data, with an emphasis on the study variables of job stress, job performance, and organizational commitment. According to the study, there is a potentially harmful direct relationship between occupational stress and performance. Although, the study was informative, it did not consider stress tolerance and impulse control and their impact on work performance of nurses.

2.3.6 Influence of Adaptability on work performance

Sakthivel, Kamalanabhanb and Selvarania (2011) interrogated how adaptability undermined employee contentment. The career opportunity, recognition, work tasks, satisfaction, and balance constructs were used in this study. 210 people who worked in healthcare facilities answered the questionnaire. The findings showed that there was high correlation between the assigned tasks and the level of satisfaction with regard to the associated mediator variable. However, the study failed to focus on flexibility as a perceived dimension of adaptability as proposed in the present study.

Nizam and Bao (2015) did a second peer study in China to examine the effects of motivation on nurses' performance in the healthcare industry. A total of 100 nurses were chosen at random and given questionnaires. Work performance and motivational elements were significantly correlated, according to regression and correlation analyses. Emotional intelligence was one of the motivational elements that was found to positively affect performances. Nabi (2017) also conducted a comparable study at 5 hospitals in Bangladesh. Data from 130 respondents were gathered via an interview and a questionnaire. The results of the descriptive analysis showed that employee motivation improves effectiveness and competence in order to achieve organizational goals. The majority of recently reviewed research from China and the Middle East, however, did not specifically address the importance of flexibility in the context of the health sector, as the present study did. However, the majority of Asian literature concentrates on defining the crucial elements of emotional intelligence that are connected to performance, as well as the relationship between motivation and nurses' performance. However, there aren't many or any recent studies that describe the kinds of performances that emotional intelligence influences, notably flexibility, which the current study looked into. However, there is little research on a situation that is analogous in the health industry.

Obiageli and Uzochukwu (2015) examined adaptable adaptability was associated with the way nurses performed in selected health facilities in Lagos state, Nigeria. However, there are not many or any recent studies that describe the kinds of performances that emotional

intelligence influences, notably flexibility, which the current study looked into. However, there is little research on a situation that is analogous in the health industry. The study recommended that health facilities ought to give priority to creating flexible working conditions in which incentives are provided to improve the performance of nurses. Also Ojo (2012) investigated adaptability practices in the health sector. The research employed a questionnaire as its instrument and had 600 participants. The information was analyzed using Spearman's correlation analysis. The results of the empirical investigation demonstrate the necessity of educating nurses about the different adaptation techniques.

A study on the adoption of adaptation strategies by Kenyan health facilities was conducted by Muinde (2015). The research used a census-based approach and the results indicated that health facilities adopted practices relating to flexibility in terms of time and place with moderate benefits. However, the study appeared to suggest that adaptability practices relating to the place had been moderately adopted by health workers.

Muli and Muchiri (2014) studied the support services for nurses in health facilities in Nairobi County. A total of 360 nurses were selected as a sample, and a cross-sectional survey research approach was employed to collect quantitative and qualitative data. The study concluded that all nurses needed to be enrolled in the programs for work support services that were offered. However, the study did not factor in the envisaged forms of adaptability which the current study examined. In their study on balance of work and general life on employee job performance in Kenya, Moreover, Muleke, Obilo and Wagoki (2013) found a significant correlation between adaptability and employee performance. The study seemed to conclude that when there was an opportunity to adapt well it was reflected in the way the organization tended to influence the output of the organization which eventually led to enhanced performance in relation to personal commitments and responsibilities towards organizational assigned roles and duties. Although this study is significant, it did not examine the proposed components of adaptability as proposed in this study particularly flexibility.

2.3 Theoretical Framework

This investigation was contextually directed by the logic model authored by Donabedian (1980). In the model, Donabedian (1980) elaborately conceptualizes the existence of three particular approaches that can be generally adopted to guarantee the provision and delivery of health services. These specific approaches can be conceptualized as being the structure, process and of course the outcome. Scholastic arguments contend that these dimensions can be analyzed to clearly determine not only the presence but also absence of health quality of care given and of course subsequently the performance of health providers which in the present context the nurses (Donabedian, 1980). In this regard it can be considered that the available structural attributes of the medical health care settings need to be carefully considered in ascertaining whether they in deed they do or don't influence the processes undertaken to deliver care. Considering similar dimensions it can be argued that any unforeseen or drastic changes in the process of care delivery, including intermittent variations in its quality will ultimately influence the extent to which the providers (nurses) do actually perform. It is on the basis of these contentions that the proposed model conceivably guided the study fundamentally because its concepts notably structure, process and outcome cohere with the study variables and aptly explains their linkages. In particular, this model was apparently useful in demonstrating the linkage of nurses' level of EI and their work performance.

2.4 Conceptual Framework

This is a framework on the influence of emotional intelligence on the work performance of nurses in health facilities in Nakuru County.

Independent Variables   **Dependent Variable**

| Interpersonal skills |
| Intrapersonal skills |
| Adaptability |
| Stress management |

| Work Performance |

Dependent Variable
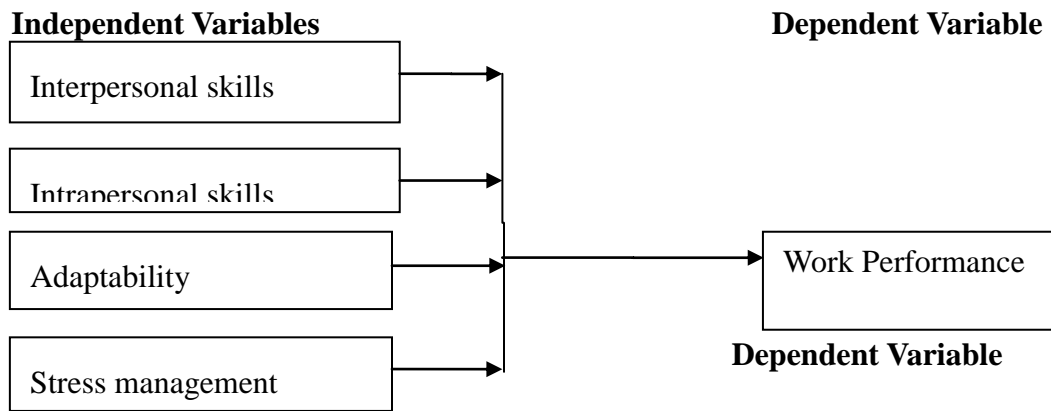
Figure 2.1: Relationship between Emotional Intelligence and Work performance

The independent variable was emotional intelligence which includes interpersonal relationships, intrapersonal relationships, adaptability and stress management. The dependent variable was work performance among nurses which focused on the patient outcomes, process outcomes and structure outcomes.

2.4.1 Operationalization Framework

Parameters   **Independent Variables**

```
┌─────────────────────┐       ┌──────────────┐
│ Empathy             │       │ Interpersonal│
│ Social responsibility│ ───→ │ skills       │ ───┐
└─────────────────────┘       └──────────────┘    │
                                                    │        **Dependent**
┌─────────────────────┐       ┌──────────────┐    │
│ Self-regard         │       │ Intrapersonal│    │   ┌──────────────────────┐
│ Self-awareness      │ ───→  │ skills       │ ──→│   │ **Work Performance**   │
│ Assertiveness       │       └──────────────┘    │──→│  • Outcome Measures    │
└─────────────────────┘                           │   │  • Process measures    │
                                                    │   │  • Structure measures  │
┌─────────────────────┐       ┌──────────────┐    │   └──────────────────────┘
│ Flexibility         │       │ Adaptability │ ──→│
│ Problem solving     │ ───→  │              │    │
└─────────────────────┘       └──────────────┘    │
                                                    │
┌─────────────────────┐       ┌──────────────┐    │
│ Stress tolerance    │       │ Stress       │ ──→┘
│ Impulse control     │ ───→  │ management   │
└─────────────────────┘       └──────────────┘
```
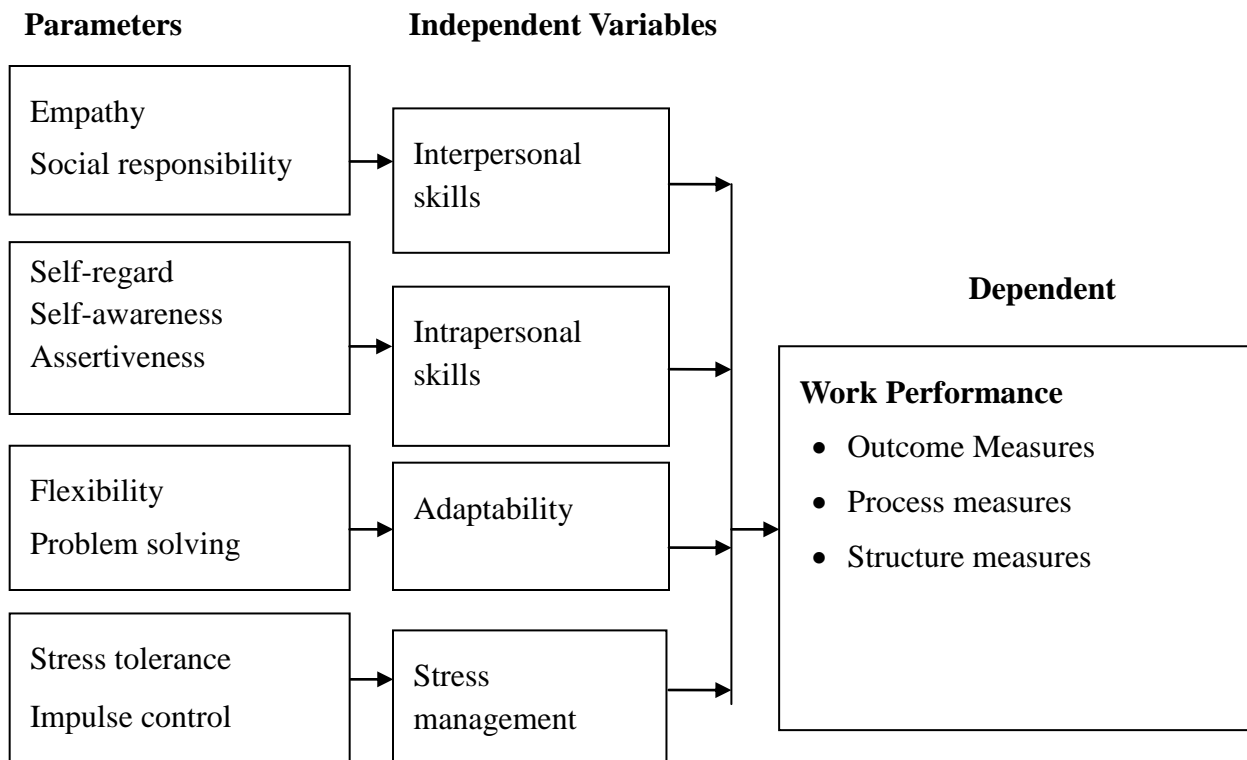
Figure 2.2: Operationalization of Variables

In this study the independent variables were interpersonal relationships, intrapersonal relationships, adaptability and stress management. The parameters for interpersonal relationships were indicated by empathy, social responsibility; intrapersonal skills were indicated by self-regard, self-awareness and assertiveness; adaptability was indicated by flexibility and problem solving while stress management was indicated by stress tolerance and impulse control. The dependent variable was work performance. From the operationalization framework, the indicators of work performance were outcome measures, process measures and structure measures.

2.5   Summary

The literature review shows that emotional intelligence has an influence on work performance. Such studies include Fabio and Palazzeschi (2012), (Dusseldorp, 2011), AlDosirya and Anderson (2016), and Borman and Motowidlo (2016) all und that emotional intelligence has an influence on employee performance. The study by Singh (2013) support the premise that workers perceive that, leaders' intrapersonal competencies positively impact workers' feelings of job satisfaction. Results from Sato et al. (2019) indicate that training

program experience was significantly related to post-training evaluation and promotion probability, indicating that developing interpersonal skills through involvement in off-the-job training programs may improve worker performance after training and result in a promotion in the future. Most respondents, according to Srinivasan and Samuel's (2016) research, have poor levels of self-awareness and self-management, social awareness, and relationship management.

The literature review shows that stress management has an influence on work performance. For instance, studies such as Kilfedder (2013), Mechando (2018), Siril (2019) and Kurgat (2019) revealed that stress management practices embraced by the organization contributed favourably toward employee work performance. From the literature review it also emerges that adaptability has a positive influence on job performance. For example studies such as Sakthivel, Kamalanabhanb and Selvarania (2011), Nizam and Bao (2015), Nabi (2017), Obiageli and Uzochukwu (2015), and Muinde (2015) established adaptability had a positive influence on work performance.

2.6   Research gaps

Studies such as AlDosirya and Anderson (2016), Deshpande and Joseph (2009), Nooryan&Zoladl, 2012) and show were carried out in different geographical locations from the current study. Some of the studies reviewed were not carried out in hospitals. Such studies include Wong and Law (2019), Widjadja and Saragih (2018), Sato, Nakamuro and Owan (2019) and Syahrudin (2018). For instance, a study by Sato, *et al.* (2019) was carried out inmanufacturing companies and not hospitals.LukyKurniawati and Cerya (2021)'s study was carried out in Padang City Regional Company Offices (PDAM). The studies reveal that there is limited research on the influence of emotional intelligence on work performance in Kenya.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

The study's research methodology is presented in this chapter. It comprises the research design, target populations, sampling, preparation of data collections instruments, instrumentation, data collection procedures and methods of data analysis

3.2 Research design

The descriptive research design was used in the study to enable the researcher to fulfill set objectives. This is where the relationship between two or more variables is studied without manipulating them. The purpose of this study's design was to examine the potential for linkages between two or more variables. Kothari (2004) suggested the survey design for widespread consideration when the researcher wants to describe, document, analyze, and report conditions as they are or were. Additionally, it enabled the researcher to produce numerical data that could be altered to determine how the study factors related to one another. With this design, the research tended to invariably assess the perceived linkages between EI of nurses and their work performance in public health facilities in Nakuru County.

3.3 Study Site

Nakuru County, which has a land area of 7495.1 square kilometers, is situated in the southernmost region of the Rift Valley. With Kiambu to the southern direction, Kajiado to the northern direction, Bomet to the northern direction, Laikipia to the eastern direction, Nyandarua to the eastern direction, and Kericho to the western direction, Narok to the south-western direction, Nakuru County is bordered by seven counties. There are 11 sub-counties and 2,046,395 people live there. It includes all of Kenya's major tribes. The location of the study was chosen because of the weight of the phenomenon in the area. There have been concerns on the performance of nurses in public hospitals in Nakuru County (Njenga, 2018; Mugo, 2017). The study area has 11 sub counties in Kenya.

3.4. Study Population

The study population of this study was nurses, and nurse in charges of Sub County Public hospitals in Nakuru County. There are 11 Sub county public hospitals in the County public health facilities. These were selected because of the massive workload and diverse patients served. The selected hospitals had 365 nurses in charges. Table 3.1 displays the target population's distribution.

Table 3.1: Distribution of the Target Population

Sub County Hospital	Population
Nakuru East	40
Nakuru town West	20
Njoro	29
Molo	48
Kuresoi South	30
Naivasha	34
Rongai	40
Subukia	37
Gilgil	48
Bahati	20
Kuresoi North	19
Total	**365**

The target population of 365 nurses in charge was accessed from the following departments: Intensive care unit, High Dependence unit, Accident and Emergence unit, New Born Unit, Renal Unit, Burns unit, General Operating Theatre, ENT Theatre/Eye unit, and Maternity Theatre.

3.5 Inclusive and Exclusive Criteria

3.5.1 Inclusive Criteria

Qualified nurses with a valid practice license working in the critical care units. The nurses were working in the current hospitals and were ready to participate in the study willingly were included in the study.

3.5.2 Exclusive criteria

Qualified nurses not working in the critical care units were excluded from the study. The study also excluded any nurses who were not working at the time of the study and those who were not willing to participate in the study.

3.6 Sampling procedure and Sample Size

Sampling is important in a study of this nature because it sets the criteria for isolating members of the population that meets the stipulated conditions for taking part in the study. It is well done, the study often yields data that can make generalization quite possible (Kombo& Tromp, 2006). The sample was clustered into 11 clusters, representing the 11 sub counties, to ensure that all sub counties were represented in the study. Since the number of nurses is known and homogenous, purposive sampling was used. In addition, the Fisher's et al (2018) method of determining the number of respondents was used:

$$n = \frac{Z^2 pq}{d^2}$$

Where:

n = the desired sample (over 10,000)

p = the percentage of people who exhibit the criteria being assessed.

Z= the standard normal deviation at 1.96 (95%)

q = proportion of target population having the statistics being measured

q = (1-p)

=1.05

Hence q=0.5

D= The level of statistical significance set as 0.5

$$\text{Hence} \quad n = \frac{(1.96^2)(0.05)(0.05)}{(0.05)^2}$$

$$= 0.9604$$

$$\frac{}{0.0025}$$

$$=384.16$$

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Since n is less than 10,000, the formula used was:

S = n(n+1)

$$nf = \frac{n}{(1+n)/N}$$

Where nf = desired sample size

n = sample population when the population is less than 10,000

N = estimate of population size

$$nf = \frac{384}{(1+(n/N)}$$

$$nf = \frac{384}{1+(384/365}$$

=187 respondents

Purposive sampling was then applied to select 187 nurses in the critical care units which included the intensive care unit, the high dependence unit, the accident and emergence unit, the new born unit (Mama Margret Kenyatta newborn unit), renal unit, burns unit, the operating theatres, ENT and eye and the maternity theatre. All nurses in these critical care units constituted the sample size because of their exposure to traumatizing experiences. The distribution of the sample size in the 11 clusters is presented in Table 3.2.

Table 3.2: Sample Distribution per Sub County (Cluster)

Sub County Hospital	Population	Percentage Proportion	Sample (% of Population x 187)
Nakuru East	40	11.0%	20
Nakuru town West	20	5.5%	10
Njoro	29	7.9%	15
Molo	48	13.2%	25
Kuresoi South	30	8.2%	15
Naivasha	34	9.3%	17
Rongai	40	11.0%	20
Subukia	37	10.1%	19
Gilgil	48	13.2%	25
Bahati	20	5.5%	10
Kuresoi North	19	5.2%	10
Total	**365**		**187**

The distribution of the sample size according to the selected departments is presented in Table 3.3.

Table 3.3: Distribution of the sample respondents in the selected Departments

Department	Nurses per cluster	Number of Sub Counties	Total Sample
Intensive care unit	2	11	22
High Dependence unit	1	11	11
Accident and Emergence unit	1	11	11
New Born Unit	2	11	22
Renal Unit	1	11	11
Burns unit	2	11	22
General Operating Theatre	2	11	22
ENT Theatre/Eye unit	2	11	22
Maternity Theatre	4	11	44
Total	**10**		**187**

3.7 Instrumentation

The questionnaire for nurses with closed ended questions was adopted to gather data. The questionnaire was employed because it made it easy to obtain sufficient data quickly from a large target population. Similarly, it is cost effective and effective when collecting data on the respondents' values and moods. A questionnaire, according to White (2005), is a tool comprising open or closed questions of statements to which a responder responded. Considering emotional intelligence's elements, the indicators of work performance included outcome measures, process outcomes and structural outcomes. The researcher constructed closed ended Likert scale questionnaires. Due to the critical nature of the patients attended to by the nurses, the participants were given adequate time to fill the questionnaires and later collected.

3.8 Pretesting

Pretesting is the use of a small sample of participants from the population to administer data collection instruments before to the full size of the survey. Pretesting was done at the annex hospital in Nakuru town with 18 nurses (10% of the sample size). The nurses selected for

piloting at the annex hospital had similar demographic and occupational characteristics with those who were involved in the main study. This helped to ascertain whether the results of the pilot study would correspond with the objectives of the study. The internal consistency method of testing reliability was computed using the Cronbach's alpha coefficient. Cronbach's alpha of 0.78was obtained and considered acceptable.

3.9 Validity of the instrument

The extent to which a tool measures what it is intended to measure is known as validity (Kothari, 2004). Validity was ensured by developing the data collection tool on the basis of the study objectives and through an in-depth review of relevant literature. Further to this, the researcher consulted experts in health system management and the supervisors to check and assess the tool to make sure it measures what it was meant to measure. The experts helped in conducting face validity, content validity and construct validity. The content of the questionnaire was checked to find out if the data collected helps achieve the set study objectives. The recommendations received were fully incorporated before data collection commenced.

3.10 Data collection Procedure

Data was collected from the respondents after receiving permission from the relevant institutions. After obtaining approval from the School of Health Services through the department of health systems and the Directorate of Postgraduate studies, an introduction was obtained and then forwarded to the National Council for Science, Technology and Innovation (NACOSTI) to process a research permit. The research permits were sought from the county commissioner, Nakuru County and the county Directors of Health involved in Nakuru County before going to the Medical Superintendents in the selected hospitals for data collection.

3.11 Data Analysis

The research objectives underpinned the focus of analysis. The indicators for each independent and dependent variable were compared using Pearson's Chi square bivariate

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analysis. To gauge the strength of the link, an adjusted odds ratio with a 95% level of confidence was utilized. The p-value cutoff for statistical significance was established at 0.05. In order to correlate the independent variables and the dependent variable separately as well as collectively, multivariate analysis employing logistics regression was taken into consideration. When the dependent variable is a categorical variable, logistic regression is utilized. The five-point Likert scale items were converted to binary variables before being used in a multivariate logistic regression analysis. The dependent variable, which was nurses' work performance, served as a guide. It was believed that EI may cause performance to deteriorate, therefore the 3-Not sure, 2-Disagree, and 1-Strongly disagree responses were recorded into (0) indicating not performing, while 5-Strongly agree, 4-Agree responses were recorded into (1) implying that the nurses were performing their work. The recoding procedures were the same for each independent variable. The logistic model was expressed as:

$$f(z) = 1/(1 + e^{-Z})$$

Where Z is a linear combination of the covariates expressed as:

Z= β_0 + $\beta_1 X_1$ + $\beta_2 X_2$ + $\beta_3 X_3$ + $\beta_4 X_4$

X_1, X_2, X_3, X_4, X_i= Independent Variables

β_0 = is the intercept

β_1, β_2, β_3, β_4, and β_i were theestimates of the increase in the log odds of the dependent variable (nurses work performance) per unit increase in the independent variables. It was determined that the independent variable had no effect on the dependent variable if the odds ratio was equal to 1. The independent variable was associated with a higher risk of the dependent variable if the odds ratios were greater than one, and the independent variable was associated with a lower risk of the dependent variable if the odds ratios were less than one, or the independent variable reduces the risk of nurses' performance The variables affecting the nurses'work performance are represented in the following equation:

$$f(z) = 1/(1 + e^{-Z})$$

Z= β_0 + $\beta_1 X_1$ + $\beta_2 X_2$ + $\beta_3 X_3$ + $\beta_4 X_4$ ………………………….

X_1 = Intrapersonal skills

X_2= Interpersonal skills

X_3= Adaptability

X_4= Stress Management

Finally, the analyzed data is presented in form of tables, pie charts and bar graphs.

3.12 Ethical Consideration

The appropriate ethical considerations were taken during the study. The consent from the hospital superintendent and the respondents were sought and permission to collect data was obtained from the nurses who meet the inclusion criteria through the hospital management. The researcher invariably guaranteed the participants that the information provided would be used absolutely for research alone and not for any other goals. Hence, data gathered was treated with utmost confidentiality. The researcher protected the welfare of the participants and attempted to conform to the principle of informed consent where voluntary participation was encouraged. The names of the respondents were not reflected on the questionnaire. Similar to this, suitable precautions were taken during the study to prevent the respondents' bodily or mental injury.

CHAPTER FOUR

RESULTSANDDISCUSSION

4.1 Introduction

This chapter presents the findings of the study on the influence of emotional intelligence on work performance among nurses in public health facilities in Nakuru County. The results are presented according to the study objectives.

4.2 Response Rate and Reliability Results

A total of 180 responses or 96.3% were received. A response rate of 96.3% was deemed acceptable. This is within the acceptable range of a 50% response rate for social science research (Mugenda&Mugenda, 2012).

Table 4.1: Response Rate

Department	Target	Actual	% Response
Intensive care unit	22	21	95.5%
High Dependence unit	11	10	90.9%
Accident and Emergence unit	11	11	100%
New Born Unit	22	22	100%
Renal Unit	11	11	100%
Burns unit	22	22	100%
General Operating Theatre	22	22	100%
ENT Theatre/Eye unit	22	22	100%
Maternity Theatre	44	39	88.6%
TOTAL	**187**	**180**	**96.3%**

4.2 Reliability Results

The internal consistency of the study instrument was examined using the Cronbach's Alpha reliability test. According to Table 4.2, which is suitably documented and clearly shown, a coefficient of between 0.7 and 1.0 was deemed acceptable for dependability of the results..

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Table 4.2: Reliability Results

Variable	Cronbach's Alpha	Number of questions
Intrapersonal skills (Xi)	.718	9
Interpersonal skills (Xii)	.683	6
Adaptability (Xiii)	.774	5
Stress Management (Xiv)	.710	6
Work performance (Y)	.712	5
Overall Reliability	**.784**	**31**

4.3 Socio Demographic Characteristics of the Respondents

This section presents the results on the participants' attributes. The intention of this category was to provide responses that accurately reflected the respondents' points of view. This was also crucial to giving a clearer grasp of the respondents' backgrounds with particular emphasis on participants' gender, their age as well as education level attained, marital status and work experience. All these attributes are documented and aptly adequately displayed in Table 4.3.

Table 4.3: Socio Demographic Characteristics of Respondents

	Frequency (n)	Percentage (%)
Gender		
Male	63	35
Female	117	65
Age		
Minimum	22	Mean Age=37 years
Maximum	55	
Level of Education		
Diploma	140	78
Bachelor	24	13
Master's	12	7
PhD	4	2

Marital status		
Single	22	12
Married	90	50
Divorced	32	18
Separated	22	12
Windowed	14	8
Years working as a nurse		
Minimum	3	Mean=13 years
Maximum	30	

The synthesized results indicate that majority of respondents were female 117 (65%), followed by male represented by 63 (35%). The mean age of the respondents was 37 years, with minimum being 22 years and maximum being 55 years. This demonstrates that while the majority of respondents were evenly divided throughout the relevant age groups, the bulk of them were middle-aged people between the ages of 30 and 40. The results show that majority of the respondents 165(50%) were married, followed by divorced (18%), single (12%), separated (12%) and widowed were 8%. Findings indicate that 140 (78%) participants were in possession of diploma while those with bachelors' level of education were 24(13%). It is also evident that 12 (7) % had obtained masters level of education while 4 (2%) had obtained PhD level of education. The mean period of having worked as a nurse was 13 years of age, with minimum years of experience being 3 years and maximum being 30 years. The analysis of demographic characteristics was necessary as this helped ensure that the findings were not biased on the basis of demographics. The findings show that all the characteristics were fairly represented in the study.

4.4 Nurses Intrapersonal Skills

The first objective was to ascertain how intrapersonal skills affected nurses' work performance in Nakuru County public health institutions. Five-point Likert scale to binary

variable questions with a Likert-based format were recorded. In order to indicate whether the nurses had intrapersonal skills or not, the replies of Not sure (3), –Disagree (2), and Strongly disagree (1) were recorded as (0), but the responses of 5 - Strongly agree and 4 - Agree were entered as (1), suggesting that the nurses possessed intrapersonal abilities. The descriptive statistics are completely aptly captured in Table 4.4.

Table 4.4: Descriptive Statistics on Intrapersonal skills (n=180)

		Agree		**Disagree**	
	Statement	**N**	**%**	**n**	**%**
i.	I indeed understand and appreciate myself	147	82	33	18
ii.	I always know the way I feel towards my patients	138	77	42	23
iii.	My attitude does not interfere with my work in a negative way	138	77	42	23
iv.	I am aware of my strengths and weaknesses	132	73	48	27
v.	I use my personal strengths to the benefit of my patients	147	82	33	18
vi.	I appreciate my ability to continuously improve myself	141	78	39	22
vii.	I always express my work expectations clearly and firmly	129	72	51	28
viii.	I am comfortable expressing my positive and negative feelings to my patients in a skillful way	138	77	42	23
ix.	I always make decisions without waiting for other workers to decide for me.	132	73	48	27

The results indicate that majority of the nurses are aware of their intrapersonal skills with all the questions in this section scoring more that 70%, however the 30% remaining could still have a significant effect on nurses performance. The nurses understand and appreciate themselves 147(82%) , they are aware of how they feel towards the patients 138 (77%) , they also mentioned that their attitude does not interfere with their work in a negative way 138 (77%), they were aware of their strengths and weaknesses132 (73%) , they use their

personal strengths to the benefit of the patients 147 (82%), they acknowledged to continuously improve themselves 141 (78%), and that they often express their work expectations clearly and firmly 129 (72%), they were also comfortable expressing their positive and negative feelings to patients in a skillful way 138 (77%) , and they also said they make decisions without waiting for other workers to decide for them 132 (73%). These results are in agreement with those in a study by Wong and Law (2019) who established that intrapersonal skills had a significant correlation to job performance while Saol (2012) noted that positive self-concept of nurses was likely to facilitate patient recovery. Similarly, Zhixue (2019) concurred that personal commitment by nurses directly affected the quality of health services offered and job satisfaction.

4.5 Nurses Interpersonal Skills

The second objective was to look at how interpersonal abilities affected nurses' performance at work in Nakuru County public health institutions. Five-point Likert scale to binary variable questions using a Likert-based format were recorded. It was considered that nurses might either possess interpersonal skills or not, therefore the Not sure (3), –Disagree (2), and Strongly disagree (1) responses were recorded into (0) indicating nurses not having interpersonal skills, while else Strongly agree (5), Agree (4) responses were recorded into (1) implying the nurses had interpersonal skills. Descriptive results on the respondents' perceptions are aptly documented and adequately displayed in Table 4.5.

Table 4.5: Descriptive Statistics on Interpersonal skills (n=180)

	Agree		Disagree	
Statement	n	%	n	%
i. I often reassure patients of improved health outcomes	129	78	51	28
ii. I am comfortable talking about my personal experiences with my patients.	135	75	45	25

iii.	I always establish and maintain mutually satisfying relationships with my patients	141	78	39	22
iv.	I have the ability to sensitively give positive and negative feedback to my patients	135	75	45	25
v.	I am motivated to ask patients to always maintain a healthy lifestyle.	144	80	36	20
vi.	I always try to help my patients to change unhealthy behavior through a therapeutic relationship	120	67	60	33

The results indicate that the respondents are aware of their interpersonal skills with all responses scoring more than 70%, however the 30% remaining could still have a significant effect on performance of nurses. The respondents said that they often reassured their patients of improved health outcomes 129 (78%), that they were comfortable talking about my personal experiences with patients 135 (75%), that they always established and maintained mutually satisfying relationships with their patients 141 (78%), that they are sensitive when giving positive and negative feedback to patients 135 (75%), that they are motivated to ask patients to maintain a healthy lifestyle 144 (80%) through a therapeutic relationship 120 (67%). These results concur with those in a study by Syahrudin (2018) who found that interpersonal skills have a favorable direct impact on employee performance and this was through acts such as sharing personal experiences with my patients. Other studies supporting this study included Hairston (2018) and Henderson (2013) who established that interpersonal skills positively influenced employees' job performance.

4.6 Nurses Adaptability Skills

The third objective was to determine the influence of adaptability on work performance among nurses in public health facilities in Nakuru County. Five-point Likert scale to binary variable questions using a Likert-based format were recorded. It was assumed that nurses could have adaptability skills or no adaptability skills, therefore the 3-Not sure, 2-Disagree and 1-Strongly disagree responses were recorded into (0) indicating not no adaptability

skills, while 5-Strongly agree and 4-Agree responses were recorded into (1) implying nurses had adaptability skills. The descriptive statistics are aptly documented and adequately displayed in Table 4.6.

TabTable 4.6: Descriptive Statistics on Adaptability skills (n=180)

	Statement	Agree		Disagree	
		n	**%**	**n**	**%**
I	I often validate my feelings and thoughts as I interact with my patients	147	82	33	18
Ii	I always look at the way I interact with my patients and deal with issues that emerge objectively	129	72	51	28
Iii	I am always keen to recognize negative thoughts from within me and deal with them objectively.	117	65	63	35
Iv	I always change my strategy to solving patient's issues if the implemented one does not work.	135	75	45	25
V	I always communicate when I realize that the patients' issues are beyond my competence by referring them to where they can access better care.	138	77	42	23

Results indicate that majority of the respondents often validate their feelings and thoughts as they interact with patients 147 (82%), majority deal objectively with issues that emerge when dealing with patients 129 (72%), majority are keen to recognize their negative thoughts and deal with them objectively117 (65%), while changing strategy to solve patient's issues if the implemented ones fail to work135 (75%). Majority refer patients where cases are beyond what they can manage 138 (77%). These results have been supported by previous studies which showed that adaptability enabled nurses to adjust well to hospital life. For example, Muleke, Obilo and Wagoki (2013) found a significant correlation between adaptability and employee performance implying that there was need to adapt to enhance performance. Obiageli, et al. (2015) found that adaptability was associated

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with work output among nurses making adaptability an important variable that brings about employee performance. This means that hospitals need to enlighten nurses about the various adaptability practices in terms of time and place.

4.7 Nurses Stress Management Skills

The effectiveness of stress management on nurses' performance in Nakuru County public health institutions was the fourth objective. Questions with binary variables were recorded using a five-point Likert scale and a Likert-based style. By assuming that nurses may either have skills in stress management or not, it appeared logical to take these considerations into account, therefore the Not sure (3), –Disagree (2), and Strongly disagree (1) responses were recorded into (0) indicating not no stress management skills, while 5-Strongly agree and 4-Agree responses were recorded into (1) implying nurses had stress management skills. The descriptive statistics are aptly documented and adequately displayed in Table 4.7.

Table 4.7: Descriptive Statistics on Stress Management skills (n=180)

		Agree		Disagree	
	Statement	N	%	n	%
i	I make sure that my anger does not get out of hand when dealing with patients.	159	88	21	12
ii	I identify my feelings and express them appropriately in the presence of my patients	144	80	36	20
iii	I have the capacity to deal with stressful situations at my place of work	147	82	33	18
iv	I always create time to relax during weekly offs	144	80	36	20
v	I always wait for my turn to speak or to engage with my patients	132	73	48	27
vi	I always listen to my patients until they finish talking before I respond.	126	70	54	30

The results show that the respondents agreed that they always controlled their feelings and made sure that their anger did not get out of hand when dealing with patients 159(88%) and that they always identified their feelings and expressed them appropriately in the presence of their patients 144(80%). This is in line with the findings of Dar and Khan (2011), who discovered that the impact of stress could be divided into workload and employment execution In dealing with extortion, control cases, work uncertainties, unclear occupations, terrifying workplace occurrences, harassing tasks, work-home integration, and financial unsteadiness among objective population, poor attention, psychological barriers, and bad fundamental leadership.

Moreover, majority of the respondents concurred that they had the capacity to deal with stressful situations in their place of work 147(82%) and they create time to relax during weekly offs 144 (80%), the results show that they manage to allow patients to speak132 (73%) and they actively engage in listening to their patients,126 (70%). From the responses obtained, it is evident that that work stress significantly influenced the nurses' job performance and changing nature of work may positively affect their job performance. The findings are in agreement with those by Kilfedder (2013) who established that burnout and its implication on wellbeing and job performances were common among nurses requiring intervention measures to address stress at the individual level. The findings support Christodolon-(2018) Fella's study, which found a link between work-related stress and members' subpar care, poor health, decreased quality of life, and degraded safety.

4.8 Work Performance of Nurses

The dependent variable in this particular research was nurses' work performance. The researcher sought to establish the respondents' views regarding work performance of nurses in public health facilities in Nakuru County. Five-point Likert scale to binary variable questions using a Likert-based format were recorded. The dependent variable, which was nurses' work performance, served as a guide. It was assumed that EI may lead one to performing or not performing, therefore the Not sure (3), –Disagree (2), and Strongly disagree (1) responses were recorded into (0) indicating not performing work, while 5-

Strongly agree and 4-Agree responses were recorded into (1) vehemently implying nurses were performing work. The descriptive statistics are aptly documented and adequately displayed in Table 4.8.

Table 4.8: Descriptive Statistics on Work Performance of Nurses

	Statement	Agree		Disagree	
		n	%	n	%
i.	I always minimize risks of injury infections to myself, other health workers and patients.	153	85	27	15
ii.	I relate well with my colleagues, my managers and my patients	132	73	48	27
iii.	I keep up to date records for all my patients to facilitate continuity of care without interruption	135	75	45	25
iv.	I am always willing to work in shifts to help my patients access services conveniently	129	72	51	28
v.	I always work in ensuring the discharge process is short	132	73	48	27

Results indicate that majority 153(85%) work towards minimizing risks of injury infections to themselves, other health workers and patients. Majority135 (75%) also keep up to date patients' records to facilitate continuity of care without interruption. Majority 129(72%) are also willing to work in shifts to help patients access services conveniently, and ensuring the discharge process is short, 132 (73%). The findings are corroborated by Dusseldorp (2011), who asserted that poor work performance in nursing is regarded as a risk factor for patient safety. Nursing job performance reflects the quality of care offered and, subsequently, patient outcomes.Other researchers such as Salovey and Mayer (1997) and Ciarrochi (2018) also mentioned that relating well with customers and being up to date with records were indications of work performance.

4.9 Bivariate Analysis

To determine whether there was a relationship between each independent variable and the dependent variable the Chi Square tests were performed. Table 4.9 shows how the Chi-Square statistic was used to assess the categorical variables' independence tests..

Table 4.9: Chi-Square Measure of Association

Variable	Sample Size (n)	χ^2	Df	*p*-value

Intrapersonal skills	180	0.218	1	0.641
Interpersonal skills	180	0.314	1	0.532
Adaptability	180	1.978	1	0.160
Stress management	180	10.827	1	0.001

The study established that theassociation between intrapersonal skills and nurses work performance was statistically insignificant, ($\chi^2 = 0.218; p = 0.641$), p>0.05. The results show a weak association between the two variables. The results were not in agreement with those by Wong and Law (2019) who found that intrapersonal skills had a significant correlation to job performance.

The results reveal that there was an association between interpersonal skills and nurses work performance was statistically insignificant, at ($\chi^2 = 0.218; p = 0.532$), p>0.05. The results show a weak association between the two variables. The findings are in agreement with those by LukyKurniawati and Cerya (2021) who established that interpersonal communication had a positive effect on work performance.

The study established that theassociation between adaptability and nurses work performance was statistically insignificant, ($\chi^2 = 1.978; p = 0.160$), p>0.05. The findings indicate a weak association between the two variables. The results are contrary to those in a study by Obiageli and Uzochukwu (2015) who found that adaptability was an important factor that brings about employee performance.

The study established that there was a statistically significant association between stress management and nurses work performance at ($\chi^2 = 10.827; p = 0.001$), p<0.05. Stress may emanate from several sources from work environment, family, other workers and patients. Therefore, being able to handle stress is critical in determining how a nurse performs their work. Handling stress include being able to manage their anger when dealing with patients, expressing themselves appropriately in the presence of patients, handling any stressful situations at work, creating time to relax during weekly offs, listening to patients and giving them a chance to finish talking before the nurses respond. Mechando (2018) concurs that

nurses with low levels of stress experienced lower level of job stress and increased work performance. All employees, whether at upper management levels, middle levels, or lower levels, endure stress, according to Sikuku (2017), with managers suffering the most as a result of time constraints, deadlines, and responsibility without autonomy. In the case of nurses, Meneze (2005) concurs that increasing levels of job stress have become a challenge for health professionals, and the highest level of job stress is associated with low profitability, increased absences that result in medication misuse, or pressure-related illnesses like hypertension and cardiovascular problems.

To handle stress one should have intrapersonal skills, interpersonal skills and be able to adapt to their work environment. Therefore, the researcher concluded that work performance depended on intrapersonal skills but the influence was not significant. The results are supported by previous studies that noted that the intrapersonal skills were generally significant in determining work performance. Hence, intrapersonal skills were considered as an important determinant of work performance. Steer (2019) concurs that there is need to develop programs that equip nurses with intrapersonal skills. According to Quek and Williams' 2007 research, nurses' attitudes regarding their jobs and interpersonal abilities are positively correlated. This is in line with Herderson and Fisher's (2008) research on Australian vocational education, which found a favorable correlation between a number of interpersonal behavior traits and worker performance.

Raymund (2014) established that interpersonal skills were clearly evident in institutional performance. This is corroborated by Poehlmann (2015), who underlined the abundance of narrative and anecdotal data demonstrating the significance of interpersonal skills for job success. This shows that developing interpersonal skills through involvement in off-the-job training programs may enhance employees' performance after training and result in higher-quality treatment in the future Hairston (2018) suggested that without effective interpersonal skills it is difficult for health workers to provide quality health care services. This is due to the fact that it is generally acknowledged that a person's interpersonal skills will directly affect their capacity to communicate and get along with others, develop important

relationships, and perform effectively as a health care provider Davis (2013) reported that inability to adapt affected performance of employees. Hyman and Summers(2014) established that employee assistance programs provide an outlet that helps them adjust to the work situation and cope with the challenges of daily life particularly with regard to work life priorities, job stress and employees assistance program.

4.10 Multivariate Analysis

The study used regression analysis to further explore the nature of the connection between EI and work performance among nurses. Regression, according to Kothari (2004), was useful in identifying the statistical link between two or more variables. In order to establish the link between the independent factors and the dependent variable, the study made an effort to construct a regression model. In order to investigate how EI affects nurses' work performance, logistic regression was used. To determine if the study model was accurately stated as portended in advancing the highlighted issues throughout the complete empirical review, the Hosmer and Lemeshow Goodness-of-Fit Test (GOF) was utilized. According to the findings, the logistic regression model was statistically significant, $\chi2$ (2) = 2.324, p >0.05 where p=0.523. If the GOF result's p-value is higher than 0.05, the model is considered to have passed the test. Conversely, if the p-value is lower than 0.05, you fail to accept the study's model, forwarding the issues made during the full empirical evaluation. The model explained 16.8% (R^2) of the variations of nurses' work performance. The odds ratio's findings and their respective degrees of significance were clearly established and adequately displayed in Table 4.10.

Table 4.10: Association between Emotion Intelligence and Nurses' Work Performance

Variable	B	S.E	Odds Ratio	p-value
Intrapersonal skills				
Nurses have no Intrapersonal skills (ref)			1.000	
Nurses have Intrapersonal skills	0.678	0.535	2.159	0.132
Interpersonal skills				
Nurses have no Interpersonal skills (ref)			1.000	
Nurses have Interpersonal skills	0.538	0.505	2.083	0.290

Adaptability skills

Nurses have no adaptability skills (ref)			1.000	
Nurses have adaptability skills	0.567	2.365	0.458	0.880
Stress Management			1.000	
Nurses have no Stress Management skills(ref)				
Nurses have Stress Management skills	2.730	0.286	15.333	0.002

Results with a p-value of less than 0.05 were interpreted to be significant. Therefore, only stress management met this requirement. From these results stress management (p=0.002), added significantly to the model/prediction. Stress management significantly influenced nurses' performance. Nurses who managed stress were 15.333 times more likely to perform better than nurses who were not able to managed stress. Intrapersonal, interpersonal and adaptability did not have a significant influence on the nurses' work performance, however, where nurses had intrapersonal skills they were 2.159 times more likely to perform their work than those who did not have intrapersonal skills. Where nurses had interpersonal skills, they were 2.083 times more likely to perform their work than those who did not have interpersonal skills. Mechando (2018) concur with the finding that nurses with low levels of stress experienced lower level of job stress and increased work performance. Sikuku (2017) agrees that all employees, whether at higher management levels, middle or lower levels experience stress with the managers being the most affected due to time pressure, deadlines and responsibility without autonomy.

CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

The purpose of the study was to establish the influence of EI on work performance among nurses in public health facilities in Nakuru County. The objectives of the study were to explore the influence of intrapersonal skills, interpersonal skills, adaptability and stress management on the work performance of nurses. This chapter presents a summary of the findings, conclusion, recommendations and suggestions for further study.

5.2 Summary of the Findings

The first objective sought to investigate the influence of intrapersonal skills on work performance among nurses in sub county public hospitals in Nakuru County. The results indicate that majority of the nurses were aware of their intrapersonal skills. The findings show that the nurses had adequate intrapersonal skills. They nurses understand and appreciate themselves, they were aware of how they feel towards the patients. The results show that nurses had a positive attitude and this made them work well. Being aware of their own strengths and weaknesses made them perform better, as they use their personal strengths to the benefit of the patients. Most of the nurses indicated that they valued continuous improvement themselves and that they often express their work expectations clearly and firmly. Majority of the nurses were comfortable expressing their positive and negative feelings to patients in a skillful way, and they were able to make decisions without waiting for other workers to decide for them. The study established that theassociation between intrapersonal skills and nurses work performance was statistically insignificant, (χ^2 = 0.218;p = 0.641), p>0.05.

The study sought to determine the influence of interpersonal skills on work performance among nurses in sub county public hospitals in Nakuru County. The study established that all the statements representing interpersonal skills required had a response of more than 70%. The respondents said that they often reassured their patients of improved health outcomes that they were comfortable talking about their personal experiences with patients.

The results show that nurses always established and maintained mutually satisfying relationships with their patients. It was also established that most of the nurses were sensitive when giving positive and negative feedback to patients. The results also show that most of the nurses are motivated to ask patients to maintain a healthy lifestyle through a therapeutic relationship. It was established that the association between interpersonal skills and nurses work performance was statistically insignificant, at ($\chi^2 = 0.218; p = 0.532$), p>0.05.

The third objective was to examine the influence of adaptability on work performance among nurses in sub county public hospitals in Nakuru County. The results show that all the responses with respect to adaptability were favourable to influence nurses work performance. The results show that majority of the nurses often adapted to environmental changes. Majority of the respondents indicated that they often validate their feelings and thoughts as they interact with patients. Majority of the nurses deal objectively with issues that emerge when dealing with patients. The study found that majority are keen to recognize their negative thoughts and deal with them objectively while changing strategy to solve patient's issues if the implemented ones fail to work. The results also show that majority refer patients where cases are beyond what they can manage. The results show that the respondents agreed that they always controlled their feelings and made sure that their anger did not get out of hand when dealing with patients and that they always identified their feelings and expressed them appropriately in the presence of their patients. The study established that theassociation between adaptability and nurses work performance was statistically insignificant, ($\chi^2 = 10.827; p = 0.160$), p>0.05.

The study sought to describe the influence of stress management on the work performance of nurses in sub county public hospitals in Nakuru County. The findings show that majority of the nurses concurred that they had the capacity to deal with stressful situations in their place of work and they create time to relax during weekly offs. Majority of the nurses allow patients to speak and actively engage in listening to their patients. The results show that majority work towards minimizing risks of injury infections to themselves, other health workers and patients. It was also established that majority of the nurses also keep up to date

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patients' records to facilitate continuity of care without interruption. Majority of the nurses are also willing to work in shifts to help patients access services conveniently, and ensuring the discharge process is short. The study established that there was a significant association between stress management and nurses work performance, with a p-value<0.05. Stress management significantly influenced the nurses' performance, indeed, nurses who managed stress were 15.333 times more likely to perform better than nurses who were not able to managed stress.

5.3 Conclusions

The purpose of this research was to look into how EI affected nurses' performance at work in sub county public hospitals in Nakuru County. Based on the study findings, several pertinent conclusions were crafted as discussed in the subsequent section:

The study concludes that there was a statistically insignificant association between intrapersonal skills and nurses work performancein sub county public hospitals in Nakuru County. This was most likely due to the fact that the nurses' level of self-understanding and self-appreciation was not adequate enough to impact their work performance. Their attitude though favourable was no adequate enough to steer their performance.

The study concludes that there is a statistically insignificant positive association between interpersonal skills and nurses work performance in sub county public hospitals in Nakuru County. This was most likely due to the fact that some of the nurses were insensitive when giving positive and negative feedback to patients. Some nurses were comfortable talking about their personal experiences with patients.

The study concluded that there was a statistically insignificant theassociation between adaptability and nurses work performancein sub county public hospitals in Nakuru County. This was most likely due to the fact that some nurses were not dealing objectively with issues that emerge when dealing with patients. Some nurses were not always able to control their feelings and made sure that their anger did not get out of hand when dealing with patients

The study concluded that there was a statistically significant theassociation between stress management and nurses work performancein sub county public hospitals in Nakuru County. Stress may emanate from several sources from work environment, family, other workers and patients. Therefore, being able to handle stress is critical in determining how a nurse performs their work. Handling stress include being able to manage anger when dealing with patients, expressing oneself appropriately in the presence of patients, handling stressful situations at work, creating time to relax during weekly offs, listening to patients and giving them a chance to finish talking before the nurse respond. Therefore, to handle stress one should have intrapersonal skills, interpersonal skills and be able to adapt to their work environment.

5.4 Study Recommendations

Several recommendations are offered for policymakers, practice, and theory based on the study's findings.

i.   Health facilities, through support by the county government should provide self-help management programs for nurses such as counselling and stress management programs as these are important in promoting work performance. Stress emanated from intrapersonal, interpersonal and work environment, and therefore being able to balance all these areas will enable a nurse achieve optimum output from work. Since no program can be successfully implemented without the support of adequate human, material, and financial resources, resources should be allocated to the program to improve proper execution.

ii.   Health facility management should promote self-awareness trainings to enable the nurses discover their strengths and weaknesses, be able to express their work expectations clearly and firmly, and be able to make decisions without waiting for other workers to decide for them. This is likely to improve nurses work performance.

iii. Health facility management should embrace trainings on how nurses should handle patients, so as to promote interpersonal skills. These will be required so that the

nurses can keep reassuring their patients of positive health outcome and to promote
healthy lifestyles to improve on patients' outcome.

5.5 Areas for Further Research

The study sought to investigate the influence of emotional intelligence on work performance
among nurses in public health facilities in Nakuru County. To increase the generalizability of
the results, additional research on the same subject in private healthcare institutions is
advised. To determine the differences in adjustment between male and female nurses, a
comparison study should be conducted. Further study on the impact of emotional
intelligence on job performance among Kenyan doctors and other health care professionals
is also recommended. There is also need for a further study to establish the perception of the
hospital management on the emotional intelligence of nurses and its impact on the quality of
health services provided at the hospital. A further research on effect of stress on work
performance is highly recommended, covering a broader scope to understand where health
workers' stress emanates from and how they would like this challenge addressed.

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APPENDICES

Appendix I: Questionnaire for Nurses

Dear Respondent,

My name is EnockOrinaOndari, a student at KEMU undertaking a master's degree in health systems management. I am conducting research on **INFLUENCE OF EMOTIONAL INTELLIGENCE ON WORK PERFORMANCE AMONG NURSES AT THE PUBLIC HEALTH FACILITIES IN NAKURU COUNTY.** You have been selected as a participant in this research. The information given is for academic use only, and will be handled with confidentiality. Please fill in the questionnaire according to instructions given. Carefully, read and provide honest answers to questions in the spaces provided by ticking (√) where applicable. Do not write your name on the questionnaire.

Section A: Background Information

1. Gender of Respondent: Male [   ]   Female [   ]

2. Age in years……………………….

3. Education Level: Diploma [ ] Bachelor [ ] Master's [ ] PhD [ ] Other (Specify)…….

4. Marital status: Single [   ]   Married [   ] Separated [   ] Divorced [   ] Widowed [   ]

5. How long have you worked as a nurse?..

Section B: Intrapersonal skills

1- To what extent do you agree with the following statements about Interpersonal skills among nurses at level five hospital: Key: 5-Strongly Agree (**SA**), 4-Agree(**A**), 3-Not Sure (**NS**), 2 Disagree(**D**), 1-Strongly Disagree(**SD**).

	Description	SA	A	NS	D	SD
i.	I indeed understand and appreciate myself					
ii.	I always know the way I feel towards my patients					
iii.	My attitude does not interfere with my work in a negative way					
iv.	I am aware of my strengths and weaknesses					
v.	I use my personal strengths to the benefit of my patients					
vi.	I appreciate my ability to continuously improve myself					
vii.	I always express my work expectations clearly and firmly					
viii.	I am comfortable expressing my positive and negative feelings to my patients in a skillful way					
ix.	I always make decisions without waiting for other workers to decide for me.					

SECTION C: Interpersonal skills

2- To what extent do you agree with the following statements about Interpersonal skills among nurses at level five hospital: Key: 5-Strongly Agree (**SA**), 4-Agree(**A**), 3-Not Sure (**NS**), 2 Disagree(**D**), 1-Strongly Disagree(**SD**).

No	Description	SA	A	NS	D	SD
i.	I often reassure patients of improved health outcomes					
ii.	I am comfortable talking about my personal experiences with my patients.					
iii.	I always establish and maintain mutually satisfying relationships with my patients					
iv.	I have the ability to sensitively give positive and negative feedback to my patients					
v.	I am motivated to ask patients to always maintain a healthy lifestyle.					
vi.	I always try to help my patients to change unhealthy behavior through a therapeutic relationship					

SECTION D: Adaptability

7. To what extent do you agree with the following statements about Interpersonal skills among nurses at level five hospital: Key: 5-Strongly Agree (**SA**), 4-Agree(**A**), 3-Not Sure (**NS**), 2 Disagree(**D**), 1-Strongly Disagree(**SD**).

No	Description	SA	A	NS	D	SD
i	I often validate my feelings and thoughts as I interact with my patients					
ii	I always look at the way I interact with my patients and deal with issues that emerge objectively					
iii	I am always keen to recognize negative thoughts from within me and deal with them objectively.					
iv	I always change my strategy to solving patient's issues if the implemented one does not work.					
v	I always communicate when I realize that the patients' issues are beyond my competence by referring them to where they can access better care.					

SECTION E: Stress Management

9. To what extent do you agree with the following statements about Interpersonal skills among nurses at level five hospital: Key: 5-Strongly Agree (**SA**), 4-Agree(**A**), 3-Not Sure (**NS**), 2 Disagree(**D**), 1-Strongly Disagree(**SD**).

No	Description	SA	A	NS	D	SD

		SA	A	NS	D	SD
i	I make sure that my anger does not get out of hand when dealing with patients.					
ii	I identify my feelings and express them appropriately in the presence of my patients					
iii	I have the capacity to deal with stressful situations at my place of work					
iv	I always create time to relax during weekly offs					
v	I always wait for my turn to speak or to engage with my patients					
vi	I always listen to my patients until they finish talking before I respond.					

SECTION F: Work performance of Nurses

9. To what extent do you agree with the following statements about Interpersonal skills among nurses at level five hospital: Key: 5-Strongly Agree (**SA**), 4-Agree(**A**), 3-Not Sure (**NS**), 2 Disagree(**D**), 1-Strongly Disagree(**SD**).

No	Description	SA	A	NS	D	SD
i	I always minimize risks of injury infections to myself, other health workers and patients.					
ii	I relate well with my colleagues, my managers and my patients					
iii.	I keep up to date records for all my patients to facilitate continuity of care without interruption					
ix.	I am always willing to work in shifts to help my patients access services conveniently					
x.	I always work in ensuring the discharge process is short					

THANK YOU

Appendix II: Research Permit

Ref No: 753241

Date of Issue: 29/April/2021

RESEARCH LICENSE

This is to Certify that Mr.. ENOCK Orina ONDARI of Kenya Methodist University, has been licensed to conduct research in Nakuru on the topic: INFLUENCE OF EMOTIONAL INTELLIGENCE ON WORK PERFORMANCE AMONG NURSES AT LEVEL FIVE HOSPITAL IN NAKURU COUNTY for the period ending : 29/April/2022.

License No: NACOSTI/P/21/10096

753241

Applicant Identification Number

Director General
NATIONAL COMMISSION FOR
SCIENCE, TECHNOLOGY &
INNOVATION

Verification QR Code

NOTE: This is a computer generated License. To verify the authenticity of this document,
Scan the QR Code using QR scanner application.

Appendix III: Research permit from Nakuru County department of health services

REPUBLIC OF KENYA
NAKURU COUNTY GOVERNMENT
DEPARTMENT OF HEALTH SERVICES

Email:rvpghnakuru@yahoo.com
Mobile: +254721750460

NAKURU PROVINCIAL GENERAL HOSPITAL
P.O. BOX 71-20100
NAKURU

When replying please quote:

REF: R&EC/PGH/NKU/VOL1/2021   19th May 2021

RE: PREAUTHORIZATION GUIDELINES

I **ENOCK ORINA ONDARI** from Kenya Methodist University agree to adhere to the laid down procedures of the institution as I undertake my study here.

QUESTIONEER (AREA OF STUDY)

"INFLUENCE OF EMOTIONAL INTELLIGENCE ON WORK PERFORMANCE AMONG NURSES AT LEVEL 5 HOSPITAL IN NAKURU WEST SUB - COUNTY"

Upon finishing the study, I will submit a hard and soft copy of my findings to the institution.

Signed.. Date....25/5/2021....

ID. NO/Passport ...11356068....

Institution...Kenya methodist University...

Contacts ...0722 672 613....

Chairperson...DR. AISHA MAINA...Sign.................Date...27.05.2021...

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DEPARTMENT OF HEALTH SERVICES

NAKURU COUNTY

COUNTY DIRECTOR PUBLIC HEALTH

NAKURU COUNTY

P.O. BOX 2600-20100

NAKURU

10TH MAY, 2021

Ref No. NCG/CDMS/GEN.VOL.1/342

TO

ALL SUB COUNTY

HOSPITAL MEDICAL SUPERINTENDS

NAKURU COUNTY

RE: RESEARCH AUTHORIZATION. -ENOCK ORINA ONDARI

This letter serves as authorization from the Department of Health services Nakuru for the above named student to conduct research in all the Sub county Hospitals in Nakuru County. His research title is Influence of emotional intelligence on the work performance among nurses in public health facilities in Nakuru County. The initial authorization was for Nakuru level five hospital but following guidance from his Supervisors the title changed from Nurses in Nakuru Level five Hospital to Nurses at the public health facilities in Nakuru County

Kindly accord him the necessary support.

Thank you.

ELIZABETH KIPTOO

AG.COUNTY DIRECTOR OF PUBLIC HEALTH NAKURU.

CC. ENOCK ORINA ONDARI
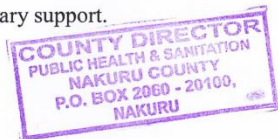
Appendix IV: Authorization from the County Commissioner, Nakuru County

OFFICE OF THE PRESIDENT
Ministry of Interior and Coordination of
National Government

Email: ccnakurucounty@yahoo.com
ccnakurucounty@gmail.com

COUNTY COMMISSIONER
NAKURU COUNTY
P.O. BOX 81
NAKURU

When replying please quote:

Ref No. CC. SR. EDU 12/1/2/VOL.VI/5

28th April, 2021

Deputy County Commissioner
NAKURU WEST

RE: RESEARCH AUTHORIZATION – ENOCK ORINA ONDARI

The above named from Kenya Methodist University has been authorized to carry
out research on influence of emotional intelligence on work performance
among nurses at Level Five Hospital in Nakuru West Sub County, Nakuru County
for a period ending 26th April, 2022.

Please accord him all the necessary support to facilitate the success of his
research

MWANGI NYAGA
FOR: COUNTY COMMISSIONER
NAKURU COUNTY

APPENDIX V: Authorization from county director of education, Nakuru County

MINISTRY OF EDUCATION
STATE DEPARTMENT OF EARLY LEARNING OF BASIC EDUCATION

Telegrams: "EDUCATION",
Telephone: 051-2216917
When replying please quote
Email:cdenakurucounty@gmail.com

Ref. CDE/NKU/GEN/4/1/21 VOL.II/102

COUNTY DIRECTOR OF EDUCATION
NAKURU COUNTY
P. O. BOX 259,
NAKURU.

29th April, 2021

TO WHOM IT MAY CONCERN

RE: RESEARCH AUTHORIZATION – ENOCK ORINA ONDARI
PERMIT NO. NACOSTI/P/21/10096

Reference is made to letter NACOSTI/ P/21/10096 dated 29th April 2021.

Authority is hereby granted to the above named to carry out research in Nakuru County, Kenya on the topic: *"INFLUENCE OF EMOTIONAL INTELLIGENCE ON WORK PERFORMANCE AMONG NURSES AT LEVEL FIVE HOSPITAL IN NAKURU* "for the period ending *29/04/2022.*

Kindly accord him the necessary assistance.

For COUNTY DIRECTOR OF EDUCATION
NAKURU COUNTY

Ruth Kamau
For: COUNTY DIRECTOR OF EDUCATION
NAKURU

Copy to:

- Kenya Methodist University

DEPARTMENT OF HEALTH SERVICES

NAKURU COUNTY

COUNTY DIRECTOR PUBLIC HEALTH
NAKURU COUNTY
P.O BOX 2600-20100
NAKURU
3rd May, 2021

Ref No. NCG/CDMS/GEN.VOL.1/341

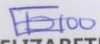THE MEDICAL SUPERITENDENT
NAKURU LEVEL 5 HOSPITAL
NAKURU

RE: RESEARCH AUTHORISATION – ENOCK ORINA ONDARI

This letter serves as an authorization from the Department of Health Services Nakuru for the above named student to conduct research in Nakuru West Sub County. His research title is *"Influence of emotional intelligence on work performance among nurses at Level 5 Hospital in Nakuru West Sub County".*

Kindly accord him the necessary support.

Thank you.

COUNTY DIRECTOR
PUBLIC HEALTH & SANITATION
NAKURU COUNTY
P.O. Box 2060-20100,
NAKURU

ELIZABETH KIPTOO
AG. COUNTY DIRECTOR PUBLIC HEALTH
NAKURU

C.C: Enock Orina Ondari

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