

“The impact of emotional intelligence on job performance at private hospitals: The moderating role of organizational culture”

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THE IMPACT OF EMOTIONAL INTELLIGENCE ON JOB PERFORMANCE AT PRIVATE HOSPITALS: THE MODERATING ROLE OF ORGANIZATIONAL CULTURE

Abstract

Healthcare employees encounter work intimidation that influences their professional life. Emotional intelligence plays a significant role in employees' success and performance. The organizational culture reflects the employees' view of the company environment and relationships with others that are critical for attaining job performance. This study aims to investigate the impact of emotional intelligence on job performance in private hospitals and to test whether the organizational culture will moderate this relationship. To achieve this aim, the quantitative research approach is used. The sample consists of the big eight private hospitals in Amman. Using convenience sampling techniques, a structured questionnaire was used to collect data from hospital employees (nurses, physicians, and administrative workers). 700 questionnaires were distributed, and 554 were returned. 37 were incomplete, and 517 were used for further analysis. Descriptive data show that nurses enjoy higher emotional intelligence than physicians and administrative staff. The results of the main hypothesis ($\beta = 0.805$, $t = 0.22.3$, $p < 0.00$) indicate that emotional intelligence has a statistically significant effect on job performance. The testing of the four dimensions of emotional intelligence revealed a significant effect on job performance. The findings for self-emotional appraisal were $\beta = 0.157$, $t = 0.14.41$, $p < 0.00$; for others' emotional appraisal – $\beta = 0.238$, $t = 0.15.76$, $p < 0.00$; regulation of emotions – $\beta = 0.233$, $t = 0.16.19$, $p < 0.00$; and for the use of emotions – $\beta = 0.305$, $t = 0.17.30$, $p < 0.00$.

Keywords

self-emotional appraisal, others' emotional appraisal, regulation of emotions, use of emotions, Jordan

JEL Classification

M10, M14

INTRODUCTION

During the COVID-19 pandemic, massive pressure was exerted on healthcare employees, which caused work stress. After the pandemic, the global economy witnessed turmoil due to the slowdown of leading sectors, which increased competition in all sorts of businesses. With the increase in competitiveness, severe mental stress and emotional tiredness have harmed employee performance. Individual emotional intelligence abilities, as well as the development of a positive work environment, are beneficial in reducing the effects of stress on healthcare employees. Many companies recognize that emotional intelligence is as essential as academic skills. In addition, the ability of employees to complete their work according to quality and quantity is deemed essential to organizational development.

Alonazi (2020) argues, "job-specific expertise alone cannot enhance performance, but enhancing emotional intelligence can increase both



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professional success and social performance.” Organizations are gradually assessing the relevance of emotional intelligence and adding the concept in their competence schemes since emotional intelligence is viewed as a competency that can be developed and strengthened. Working in the healthcare industry is a complicated and time-consuming job requiring emotional and physical endurance. Healthcare workers in hospitals may encounter diverse challenges, including inadequately designed care systems, acute patient care concerns such as more prolonged working hours, mandatory overtime, and other challenges.

The minor mental strain has a significant impact on work performance. Work performance, service quality, and customer satisfaction are all main priorities in contemporary organizations, and individuals are expected to grow their abilities and perform effectively in high-pressure circumstances. In healthcare, emotional intelligence signifies the ability to solve problems by balancing technical and emotional aspects. It is important not only for improving the skills of health workers but also for providing high-quality treatment to patients since practitioners typically deal with people with emotional imbalances due to illnesses. As these professionals can cope with patients, they are assumed to have high emotional intelligence.

Jordan’s healthcare business is worth roughly USD 3.58 billion, or nearly 10% of GDP, making it one of the largest in the Middle East and North Africa (MENA) area (Jordan Investment Commission, 2017). Jordan is the gateway to the Middle East’s medical treatment and health resorts. Its health industry has various benefits, including medical tourism, medical resorts, and biomedical research and employs many highly skilled medical and nursing professionals. Gong et al. (2019) argued that research on the impact of emotional intelligence on job performance still needs to be developed.

1. LITERATURE REVIEW

Salovey and Mayer (1990, p. 189) were among the earliest to propose the “emotional intelligence” to represent the ability of people to deal with their emotions. They defined emotional intelligence as “the subset of social intelligence that involves the ability to monitor one’s own and other’s feelings and emotions, to discriminate among them, and to use this information to guide one’s thinking and actions.” Jordan et al. (2010) declared that Salovey and Mayer’s definition of emotional intelligence was approved by the American Psychological Association (APA) as the validated definition of emotional intelligence.

Wong and Law (2002) tried to clarify various features of emotional intelligence. They defined emotional intelligence as “the capability of individuals to recognize their own and other people’s emotions, discern different feelings, and label them appropriately; use emotional information to guide thinking and behavior; and manage and/or adjust emotions to adapt to environments or achieve one’s goal.”

Emotional intelligence is recognized in many research areas as a critical psychological factor af-

fecting individuals in the workplace, including healthcare workers in all sectors. According to Talman et al. (2020), “fundamental levels of emotional intelligence may deviate among practitioners of various professions, mainly among healthcare professionals.” This is relevant for those in positions requiring direct contact with patients, like physicians and nurses. Webb et al. (2013) affirmed, “each healthcare position requires a specific set of competencies for employees to function adequately, and emotional intelligence plays a substantial role among these.” J. Alwali and W. Alwali (2022) found that emotional intelligence is significantly and positively related to job performance among physicians in Iraq’s public hospitals. It implies that employees with greater emotional intelligence can perform their work more effectively compared with lower emotional intelligence. There are various methods and theories of emotional intelligence, and each theory attempts to construct emotional intelligence in connection to a specific school of thought (Badenhorst & Smith, 2007).

Three widely recognized emotional intelligence models are:

- 1) the ability model (Salovey & Mayer, 1990);
- 2) the trait model (Bar-On, 1997); and
- 3) the mixed model (Goleman, 1995).

The first model focuses on mental abilities to perceive and organize emotions and think about them. The ability model assumes that emotional intelligence is an ability that can be developed over time (MacCann et al., 2014; Salovey & Mayer, 1990). The Mayer and Salovey (1995) model focuses on using and manipulating emotion so that a person can solve his problems and adapt effectively to his surroundings. This model consists of four elements: emotional perception, psychological integration, emotional understanding, and emotional control.

The second model is trait-based emotional intelligence, described as “a focus of emotional intelligence that includes not only mental abilities associated with intelligence and emotion but also tendencies and other personality traits such as motivation, communication, social, and warmth (Mayer et al., 1999, p. 399). The trait model suggests that emotional intelligence is a constellation of behaviors and personality dispositions or traits (Davis & Humphrey, 2014).

The third type of model is the mixed model. It combines personality traits and emotions in their social context through social activity and interaction (Bar-On, 2010; MacCann et al., 2014). Bar-On (2010) developed the tools used to measure this type of emotional intelligence – EQ-I (The Emotional Quotient Inventory). Davies et al. (1998) criticized these three models due to the overlap in the measures of the emotional intelligence personality. Wong and Law (2002) contend that used instruments lack validation evidence.

There are two approaches to measuring emotional intelligence: self-report and ability metrics. Ability metrics examine the individuals’ ability to receive and use emotional information in a manner comparable to the cognitive capabilities approach (Di Fabio & Saklofske, 2014). Self-report measures of emotional satisfaction depend on individual beliefs of their ability to evaluate emotions and emotionally based circumstances (Di Fabio & Saklofske, 2014).

This study uses a self-reported instrument to measure emotional intelligence. It consists of several questions in which the individual evaluates himself and his skills related to cognitive capabilities and feelings as subjectively perceived. Self-reported emotional intelligence instruments appear more straightforward for a construct that addresses subjective emotional experiences than ability emotional intelligence tests (Siegling et al., 2015). Furthermore, self-reported emotional intelligence instruments have demonstrated superior explanatory power over cognitive intelligence and personality in predicting various criteria, such as job performance (O’Boyle et al., 2011). Salovey and Mayer (1990) identified emotional intelligence as having four unique dimensions:

- 1) Self-emotional appraisal (SEA);
- 2) Others’ emotional appraisal (OEA);
- 3) Regulation of emotions (ROE); and
- 4) Use of emotions (UOE).

According to Faguy (2012), healthcare personnel with high emotional intelligence perform more effectively, are more aware of others’ needs, and manage their emotions to achieve a shared goal. Therefore, many researchers widely view emotional intelligence as a leading measurement affecting job performance (Restubog et al., 2020). Gong et al. (2019) stated that if managers increase their employees’ emotional intelligence, they could successfully promote job performance and manage a company’s low efficiency. Alonazi (2020) asserted, “in the healthcare context, to understand the factors driving institutional success, it is imperative to assess accurately the levels of job performance.”

Researchers have defined job performance in many different ways, and this discrepancy in definitions is due to the different dimensions in which they deal with the subject of performance. Pujiono et al. (2020) asserted, “job performance can be measured based on the following criteria: quality, quantity, time allotment, position, attendance, and safety while carrying out professional duties.” It is a multidimensional concept that describes how one completes a task, focusing on efficiency, skills used, initiative, and utilization of resources. Not only actions determine one’s performance but also external factors such as resources, organizational culture, and economic, political, and social aspects.

Alonazi (2020) asserted, “to understand the factors driving institutional success in the healthcare environment, it is imperative to evaluate levels of job performance accurately.” Top et al. (2015) stated, “to provide insights into the quality of care and performance outcomes in hospitals, researchers should examine the employee levels of job performance.” Emotional intelligence is a fundamental predictor of job performance in social and psychological professions. For example, emotions play a vital role in nursing, demanding technical and psychological expertise in patient care (Landa & López-Zafra, 2010). According to Jordan et al. (2010), any work that requires higher emotional intelligence for success should show positive relationships between emotional intelligence and job performance. In their meta-analysis of emotional intelligence and job performance research, O’Boyle et al. (2011) found sufficient support for emotional intelligence as a valid predictor of job performance.

The moderating variable of organizational culture has long been recognized as a predictor of healthcare system effectiveness and improved results in different situations (Liu et al., 2022). According to Jacobs et al. (2013), an organizational culture predicts health system performance and improved patient outcomes across various health problems and healthcare settings. Pujiono et al. (2020) described organizational culture as “a system of meaning, value, and belief in an organization that works as a reference for action and separates one organization from another and becomes the major identity or attribute of the organization.” A strong culture is a helpful tool for guiding behavior because it helps employees perform better on the job (Pujiono et al., 2020).

Organizational culture may be informal or unwritten, but it has a crucial role in influencing workers’ ways of thought, attitudes, and perspectives. As a result, organizational culture is one of the critical elements that influence the design of the organizational structure, which can explain why some organizations change their organizational culture in response to changes and complexities in the business environment; otherwise, an organization will not perform to its required level (Spicer, 2020). In addition, organizational culture shapes leaders’ conduct by

encouraging workers to include them in crucial decisions and transferring authority to them, which promotes employee performance. As a result, organizational performance improves (Jacobs et al., 2013).

Ilham (2018) shows that organizational culture significantly affects employee performance and is related to positive employee performance, which means that organizational culture is an asset that can increase employee performance. H. Jorfi and M. Jorfi (2012) affirmed that organizational culture plays a significant role in emotional intelligence. They found that employees with high organizational culture tended to have higher emotional intelligence, and this action led to improved communication effectiveness.

2. AIM AND HYPOTHESES DEVELOPMENT

This study aims to investigate and provide a more comprehensive assessment of the role of emotional intelligence in affecting the job performance of workers in private hospitals, including nurses, physicians, and administrative staff. Furthermore, this study examines whether organizational culture moderates the relationship between emotional intelligence and job performance. Figure 1 shows the research model. Based on this aim and the literature review, the following hypotheses are proposed:

H01: Emotional intelligence has a statistically significant effect on job performance at $\alpha = 0.05$ level.

H1.1: Self-emotional appraisal has a statistically significant effect on job performance at $\alpha = 0.05$ level.

H1.2: Others’ emotional appraisal has a statistically significant effect on job performance at $\alpha = 0.05$ level.

H1.3: Regulation of emotions has a statistically significant effect on job performance at $\alpha = 0.05$ level.

H1.4: Use of emotions has a statistically significant effect on job performance at $\alpha = 0.05$ level.

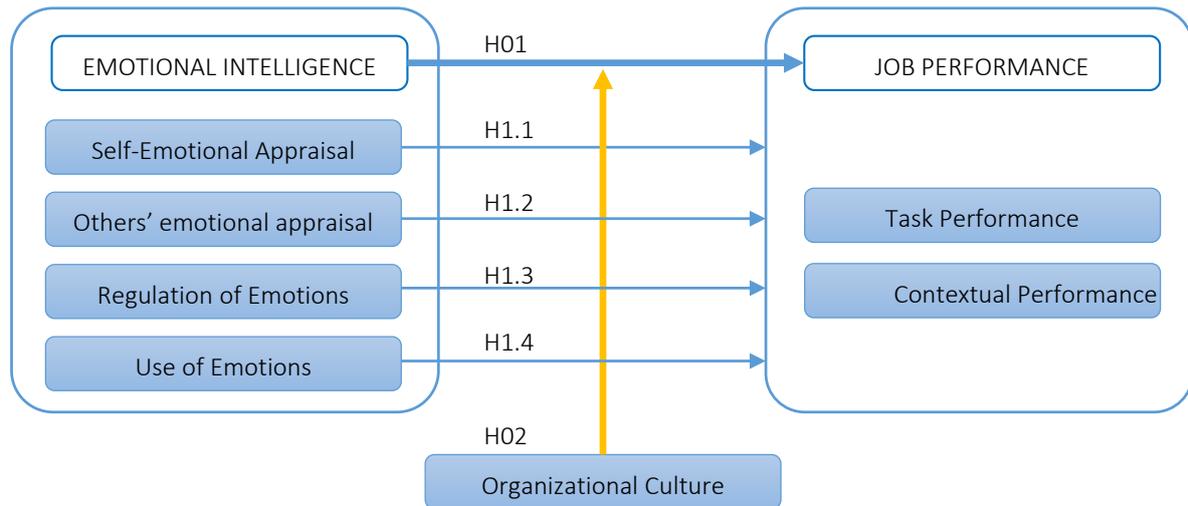


Figure 1. Research model

H02: Organizational culture moderates the relationship between emotional intelligence and job performance at $\alpha = 0.05$ level.

3. METHODS

Emotional intelligence is measured using Wong and Law's (2002) sixteen items. Recently, many studies have used this scale extensively, and its validity has been established in several diverse markets and countries (Aslan & Erkus, 2008; Acosta-Prado & Zarate-Torres, 2019; Di et al., 2020). Concerning job performance, Koopmans et al. (2013) proposed four dimensions: task performance, contextual performance, adaptive performance, and counterproductive behaviors; while Yang and Hwang (2014) proposed two dimensions: task performance and contextual performance. This study uses the two dimensions proposed by Yang and Hwang (2014). Finally, to measure organizational culture, the scale adopted from Arinanye (2015) contains six items. The scale ranged from 1 (strongly disagree) to 5 (strongly agree).

There are 71 private hospitals in Jordan, with 44 hospitals in Amman. Data were collected from Amman's eight biggest private hospitals as provided by the Private Hospitals Association (PHA) between November 2022 and January 2023. About 13,368 physicians, 14,779 nurses, and 1,688 administrative staff work in private hospitals (MOH, 2018).

A questionnaire survey was used to collect data from full-time healthcare professionals, recording their opinions on emotional intelligence, job performance, and organizational culture using a convenience sampling technique. A total of 700 questionnaires were distributed to healthcare professionals at the selected private hospitals. The overall number of retrieved questionnaires was 554, of which 37 were incomplete. Hence, 517 responses were included for analysis. The reliability test of variables and their dimensions show that overall emotional intelligence has $\alpha = 0.845$, self-emotional appraisal has $\alpha = 0.758$, others' emotional appraisal has $\alpha = 0.771$, regulation of emotions has $\alpha = 0.733$, use of emotions has $\alpha = 0.762$, job performance has $\alpha = 0.790$, and organizational culture has $\alpha = 0.774$. All variables and dimensions were above the accepted level of 0.70, as elucidated by Malhotra (2010).

4. RESULTS

4.1. Respondents' demographic profile

Table 1 presents the respondents' demographic profiles. Female respondents constitute the majority. This is because 51% of the respondents were nurses, and females occupy this profession more. About 39.3% are between 41-50 years, and 31.3% have 6-10 years of experience and are distributed in different working units of hospitals.

Table 1. Respondents’ demographic profile

Variables	Frequency	%
Gender		
Male	219	42.4
Female	298	57.6
Age		
22- 30 years old	76	14.7
31-40 years old	132	25.5
41-50 years old	203	39.3
More than 51 years old	106	20.5
Profession		
Administrative staff	77	14.9
Physician	176	34.1
Nurse	264	51.0
Experience		
1-5 years	103	19.9
6-10 years	162	31.3
11-15 years	114	22.1
16-20 years	80	15.4
More than 21 years	58	11.2
Working unit		
Medical	93	17.9
Pediatric	74	14.4
ICU And CCU	98	18.9
Maternity	78	15.1
Surgical	94	18.1
ER	80	15.5

Descriptive data on emotional intelligence show nurses have a relatively high mean level (Female: 3.83; Male: 3.61; Overall: 3.72). While physicians enjoy a moderate level (Female: 3.52; Male: 3.43; Overall: 3.47) and for administrative staff, the mean result is: Female: 3.19; Male: 3.34; Overall: 3.26. Female nurses obtained the highest mean among all categories, and the mean for female physicians was higher than for male physicians. Concerning administrative staff, males received a higher mean than females. Nurses and physicians received a higher mean than administrative staff because nurses and physicians interact with patients more than administrative staff.

4.2. Hypotheses testing

The Kolmogorov-Smirnov test aims to confirm that the data were free from statistical problems and followed a normal distribution. Ensuring

that the data of the independent variables are free from the multicollinearity problem is a prerequisite for applying the multiple regression test since the existence of the problem of linear correlation (multicollinearity) between the independent variables leads to inaccurate results during the multiple regression analysis (Kim, 2019). The variance inflation factor (VIF) and tolerance test were conducted to check multicollinearity. Sekaran and Bougie (2016) emphasized, “a common cutoff value is a tolerance value of 0.10 and a VIF value of 10.” As per the results in Table 2, the VIF values for the independent variable ranged from 1.314-1.501, and the tolerance results ranged from 0.591-0.843. These results indicate no multicollinearity issue among the dimensions of the independent variable since all the VIF values are less than ten and all the tolerance values are above 0.10.

Table 2. VIF and tolerance values for independent variable dimensions

Independent variables	VIF	Tolerance
Self-emotional appraisal	1.501	0.591
Others’ emotional appraisal	1.215	0.789
Use of emotions	1.360	0.696
Regulation of emotions	1.314	0.843

After ensuring that the data are fit and ready to test the study hypotheses, the study performed a multiple regression analysis to test the first main hypothesis. Table 3 shows the value of the correlation coefficient between emotional intelligence and the dependent variable – job performance; the strength of the positive correlation was high, as noted by Sekaran and Bougie (2016). The value of $R = .805$, as well as the value of the coefficient of determination $R^2 = .647$, and, accordingly, emotional intelligence was able to explain 64.7% of the changes in job performance. The results ($\beta = 0.805$, $t = 0.22.3$, $p < 0.00$) indicate that the first main hypothesis is accepted.

As noted in Table 4, the value of the correlation coefficient between self-emotional appraisal

Table 3. Results of the first main hypothesis

Sub-Hypothesis	R	R ²	β	F	Sig.	t	Sig.	Results
H1 (EI)	.805	.647	.805	201.32	.000	22.39	.000	Accepted

Note: a. Dependent variable: Job performance.

Table 4. Results of sub-hypotheses testing

Sub-Hypothesis	R	R ²	β	F	Sig.	t	Sig.	Results
H1.1 (SEA)	.657	.432	.157	207.65	.000	14.410	.000	Accepted
H1.2 (OEA)	.690	.476	.238	248.42	.000	15.761	.000	Accepted
H1.3 (ROE)	.700	.490	.233	262.11	.000	16.190	.000	Accepted
H1.4 (UOE)	.723	.523	.305	299.46	.000	17.305	.000	Accepted

Note: a. Dependent variable: Job performance. SEA = self-emotional appraisal; OEA = others' emotional appraisal; ROE = regulation of emotions; UOE = use of emotions.

and job performance shows that the strength of the positive correlation was high, as noted by Sekaran and Bougie (2016). The value of $R = .657$, the value of the coefficient of determination $R^2 = .432$, and hence self-emotional appraisal was able to explain 43.2% of the changes in job performance. The results indicate ($\beta = 0.157$, $t = 0.1441$, $p < 0.00$) that the first sub-hypothesis is significant at $\alpha = 0.05$ level and accepted.

For the second sub-hypothesis, the value of the correlation coefficient between others' emotional appraisal on job performance shows a high positive correlation ($R = .690$; $R^2 = .476$). Accordingly, the dimension of the others' emotional appraisal explained 47.6% of the changes in job performance. The overall result was $\beta = 0.238$, $t = 0.1576$, $p < 0.00$. Accordingly, the study confirms the second sub-hypothesis.

The result of the third sub-hypothesis for the regulation of emotion showed a high positive correlation ($R = .700$; $R^2 = .490$). Accordingly, regulation of the emotions was able to explain 49.0% of the changes in job performance. The results revealed that $\beta = 0.233$, $t = 0.1619$, $p < 0.00$; therefore, the third sub-hypothesis is accepted.

The fourth sub-hypothesis revealed a high positive correlation ($R = .723$; $R^2 = .523$). Use of emotions explained 52.3% of the changes in job performance. Therefore, the study accepts the fourth sub-hypothesis ($\beta = 0.305$, $t = 0.1730$, $p < 0.00$).

4.3. Moderating variable

To test the second hypothesis, the hierarchical multiple regression was used to assess whether organizational culture has any moderating in-

fluence on the relationship between emotional intelligence and job performance in private hospitals in Amman. The first model represents the influence of emotional intelligence with its dimensions (use of emotions, self-emotional appraisal, others' emotional appraisal, and regulation of emotions) on job performance. As presented in Table 5, the first model that entered the emotional intelligence dimensions was significant ($F = 0.125.8$, $p < 0.00$). The second model that entered the emotional intelligence dimension and organizational culture as a moderator variable was significant ($F = 0.289.1$, $p < 0.00$).

The overall model in step one ($R^2 = 0.6510$) for emotional intelligence dimensions shows a significant difference from the second model in step two that include organizational culture ($R^2 = 0.843$), and this means that organizational culture has a significant influence on the relationship between emotional intelligence dimension and job performance, supporting H02. Finally, Table 6 reveals the influence of organizational culture on the relationship between emotional intelligence and job performance. All emotional intelligence dimensions have a significant impact on job performance. Self-emotional appraisal was the only insignificant emotional intelligence dimension after entering organizational culture as moderating variable.

Table 5. Multiple hierarchical regression analysis

Model	R	R ²	F	Sig.
1	.807 ^a	.651	125.871	.000
2	.918 ^b	.843	289.108	.000

Note: a. Predictors: (Constant), use of emotions, self-emotional appraisal, others' emotional appraisal, and regulation of emotions; b. Predictors: (Constant), use of emotions, self-emotional appraisal, others' emotional appraisal, and regulation of emotions, organizational culture.

Table 6. Influence of organizational culture on the relationship between emotional intelligence dimensions and job performance

Model		Unstandardized coefficients		Standardized coefficients	T	Sig.
		B	Std. error	Beta		
1	UOE	.253	.048	.305	5.302	.000
	SEA	.135	.047	.157	2.843	.005
	OEA	.194	.046	.238	4.205	.000
	ROE	.194	.047	.233	4.135	.000
2	UOE	.098	.033	.118	2.955	.003
	SEA	.033	.032	.039	1.028	.305
	OEA	.108	.031	.133	3.450	.001
	ROE	.064	.032	.077	1.991	.048
	OC	.550	.030	.657	18.152	.000

Note: a. Dependent Variable: Job performance. SEA = self-emotional appraisal; OEA = others' emotional appraisal; ROE = regulation of emotions; UOE = use of emotions; OC = organizational culture.

5. DISCUSSION

This study used Wong and Law's (2002) model to test whether emotional intelligence impacts job performance in private hospitals in Amman, with organizational culture as a moderating variable. The result shows that the first main hypothesis was supported ($\beta = 0.805$, $t = 0.22.3$, $p < 0.00$) and proves that emotional intelligence significantly impacts job performance.

Furthermore, four dimensions of emotional intelligence significantly impact job performance. The result of the first sub-hypothesis ($\beta = 0.157$, $t = 0.14.41$, $p < 0.00$) proved that self-emotional appraisal has a statistically significant effect on job performance. Connecting self-emotional appraisal to job performance, accurate evaluation, and reflection of one's feelings have been proven crucial for creating interpersonal relationships and interacting with people to achieve tasks with high-performance levels. Self-emotional appraisal was found to have a strong association with job performance in this study, implying that most individuals can recognize their feelings and use them to complete the work done. Regarding job performance, the ability to identify one's feelings may affect one's level of competence in handling job-related duties.

The second sub-hypothesis result ($\beta = 0.238$, $t = 0.15.76$, $p < 0.00$) proves that others' emotional appraisal has a statistically significant impact on job performance. A valuable job skill is

understanding what peers are feeling and what emotions they are experiencing, in the workplace, mainly in hospitals, where cooperation and communication between peers are essential to achieving any assignment. Realizing what peers are feeling without them saying it openly allows employees to pick their words and actions intelligently so that they do not interfere with the smooth completion of the task and supports a pleasant working environment with minimum conflicts.

The results of the third sub-hypothesis ($\beta = 0.233$, $t = 0.16.19$, $p < 0.00$) proved that regulation of emotions affects job performance. Regulation of emotions permits an individual to adjust emotions to avoid undesirable repercussions in the workplace. As a result, these employees can rise above bad emotional experiences, and their performance suffers much less in the end. Jordanian employees in private hospitals can control their emotions in a way that they have less influence if they are pessimistic or increased outcomes if favorable.

Finally, the results of the fourth sub-hypothesis ($\beta = 0.305$, $t = 0.17.30$, $p < 0.00$) proved that using one's emotions to improve performance will almost unquestionably have a positive effect. Persons with greater levels of emotional intelligence are deemed more successful at solving issues creatively, performing cognitive tasks, and engaging with others at work than individuals with lower emotional intelligence levels.

The findings of the present study are consistent with Wong and Law (2002), Chaudhry et al. (2013), Riaz et al. (2018), Aqqad et al. (2019), Gong et al. (2019), and Alonazi (2020). Concerning the moderating variable – organizational culture – the multiple hierarchical regression results ($R^2 = 0.6510$; $R^2 = 0.843$) prove the moderating role of organizational culture in the relationship between emotional intelligence and job performance. This result aligns with Saha and Kumar (2018) and Rohim and Budhiasa (2019).

CONCLUSION

This study aimed to investigate and provide a more comprehensive assessment of the role of emotional intelligence in affecting the job performance of workers in private hospitals, including nurses, physicians, and administrative staff. Furthermore, the study examined whether organizational culture moderates the relationship between emotional intelligence and job performance. Emotional intelligence is a critical and unique psychological component that affects employees' attitudes toward themselves, other staff, and their job performance. The revealed results show that emotional intelligence significantly impacts job performance. In addition, the findings on each dimension of emotional intelligence indicated that all four emotional intelligence dimensions (self-emotional appraisal, others' emotional appraisal, regulation of emotions, and use of emotions) have a significant impact on job performance.

Concerning the moderating variable, organizational culture was found to have a significant moderating role in the relationship between emotional intelligence and job performance. The results indicate that emotional intelligence can improve employees' job performance in hospitals. Improving emotional intelligence levels and giving more attention to organizational culture could have a positive effect on lessening job stress for employees and boosting the organizational culture of hospitals. It is highly recommended that hospital management adopt policies acknowledging employees' emotional intelligence because of their positive impact on achieving goals. Also, it is worth reconsidering the list of criteria for selection, appointment, and promotion, provided that these criteria include a level of emotional intelligence as one of the selection and appointment requirements and also considered one of the distinctive competencies and job requirements for administrative positions. Finally, this study applied the emotional intelligence self-report technique; it is highly recommended replicating this study using the Mayer-Salovey-Caruso Emotional Intelligence Test (MSCEIT) and adding more variables to the model, such as organizational citizenship behavior to increase the predictive power of the model.

AUTHOR CONTRIBUTIONS

Conceptualization: Hamza Khraim.
 Data curation: Hamza Khraim.
 Formal analysis: Hamza Khraim.
 Investigation: Hamza Khraim.
 Methodology: Hamza Khraim.
 Project administration: Hamza Khraim.
 Resources: Hamza Khraim.
 Software: Hamza Khraim.
 Validation: Hamza Khraim.
 Visualization: Hamza Khraim.
 Writing – original draft: Hamza Khraim.
 Writing – review & editing: Hamza Khraim.

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