Salud, Ciencia y Tecnología - Serie de Conferencias. 2023; 2:565
doi: 10.56294/sctconf2023565

Categoría: Decisiones basadas en la evidencia

ORIGINAL

Sociodemographic Factors, Work Motivation, Emotional Intelligence, Quality of Work Life, and Their Association with Work Performance in Peruvian Health Workers

Factores Sociodemográficos, Motivación Laboral, Inteligencia Emocional, Calidad de Vida Laboral y su Asociación con el Desempeño Laboral en Trabajadores de la Salud del Perú

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Citar como: Alomia-Padilla B, Alvarez-Guzman C, Alvarez-Guzman A, Morales-García M, Sairitupa-Sanchez LZ, Morales-García Sb, Álvarez-Manrique V, Paredes-Saavedra M, Morales-García WC. Factores Sociodemográficos, Motivación Laboral, Inteligencia Emocional, Calidad de Vida Laboral y su Asociación con el Desempeño Laboral en Trabajadores de la Salud del Perú. Salud, Ciencia y Tecnología - Serie de Conferencias 2023; 2:565. https://doi.org/10.56294/sctconf2023565

Recibido: 23-05-2023 **Revisado:** 30-07-2023 **Aceptado:** 17-09-2023 **Publicado:** 18-09-2023

ABSTRACT

Introduction: This study addresses the influence of Emotional Intelligence (EI), work motivation, and quality of work life on the performance of health workers in Peru. Considering the relevance of these variables in clinical contexts, especially during stressful situations like the COVID-19 pandemic.
Objective: The aim was to determine how these sociodemographic and psychosocial factors are associated with work performance in this sector.
Methods: A descriptive cross-sectional design was adopted, using a random sample of health workers from a significant hospital, with a minimum calculated sample size of 110 professionals. The tools used included the Quality of Life Scale, the Emotional Intelligence Scale, the Work Motivation Scale, and the Individual Work Performance Questionnaire.
Results: The results showed higher participation of health workers between the ages of 28 and 37. A significant correlation was found between Emotional Intelligence (EI) and work performance ($r = 0,398$, $p < 0,01$), as well as between quality of work life and work performance ($r = 0,484$, $p < 0,01$). However, work motivation did not show a significant correlation with performance ($r = 0,099$, $p > 0,05$).

Additionally, the variables of being female and working in the care area were significantly related to better work performance.
Conclusion: The study concludes that work performance in the health sector is positively influenced by Emotional Intelligence and quality of work life. These findings highlight the importance of emotional support, cooperation, and communication in health environments, as well as recognition through non-monetary incentives. This comprehensive approach may be key to improving productivity and the quality of patient care in health facilities.

Keywords: Job; Satisfaction; Emotional; Intelligence; Quality of Life; Work; Motivation.

RESUMEN

Introducción: Este estudio aborda la influencia de la Inteligencia Emocional (IE), la motivación laboral y la calidad de vida laboral en el desempeño de los trabajadores de la salud en Perú. Considerando la relevancia de estas variables en contextos clínicos, especialmente durante situaciones estresantes como la pandemia de COVID-19.
Objetivo: Determinar cómo se asocian estos factores sociodemográficos y psicosociales con el desempeño laboral en este sector.
Métodos: Se adoptó un diseño descriptivo transversal, utilizando una muestra aleatoria de trabajadores sanitarios de un hospital significativo, con un tamaño muestral mínimo calculado de 110 profesionales. Los instrumentos utilizados fueron la Escala de Calidad de Vida, la Escala de Inteligencia Emocional, la Escala de Motivación Laboral y el Cuestionario de Rendimiento Laboral Individual.
Resultados: Los resultados mostraron una mayor participación del personal sanitario entre 28 y 37 años. Se encontró una correlación significativa entre la Inteligencia Emocional (IE) y el rendimiento laboral ($r = 0,398$, $p < 0,01$), así como entre la calidad de vida laboral y el rendimiento laboral ($r = 0,484$, $p < 0,01$). Sin embargo, la motivación laboral no mostró una correlación significativa con el rendimiento ($r = 0,099$, $p > 0,05$). Además, las variables ser mujer y trabajar en el área asistencial se relacionaron significativamente con un mejor rendimiento laboral.
Conclusiones: El estudio concluye que el rendimiento laboral en el sector sanitario está influido positivamente por la Inteligencia Emocional y la calidad de vida laboral. Estos resultados ponen de manifiesto la importancia del apoyo emocional, la cooperación y la comunicación en los entornos sanitarios, así como el reconocimiento a través de incentivos no monetarios. Este enfoque integral puede ser clave para mejorar la productividad y la calidad de la atención al paciente en los centros sanitarios.

Palabras clave: Trabajo; Satisfacción; Emocional; Inteligencia; Calidad de vida; Trabajo; Motivación.

INTRODUCTION

Emotional Intelligence (EI) is a vital aspect of the human capital in any organization. Depending on the role, whether it be a manager or employee, different levels of emotional engagement are required (Jorfi et al., 2011; Soriano-Vázquez et al., 2023). EI encompasses an individual's emotional and social skills to successfully handle problems or pressures in their environment (Mamani et al., 2022; Shahab et al., 2018). In clinical settings, emotion management is beneficial for both healthcare professionals and patients. For nurses, EI can enhance both the physical and emotional care of patients; maintaining calmness and empathy in distressing situations prevents clouded judgment and reduces errors (Nightingale et al., 2018; Ricalde-Castillo et al., 2023). In more intense contexts, like during the COVID-

19 pandemic, EI has been a coping resource used by healthcare leaders to manage the stress experienced by their teams, fostering cooperation, effective communication, empathy, and motivation (Rossettini et al., 2021; Soriano-Vázquez et al., 2023).

Furthermore, unlike other forms of intelligence such as social intelligence or IQ, EI has a broader scope in predicting work performance indicators (Asiamah & Danquah, 2019). Notably, EI enhances altruistic behavior, positive work attitudes, and job outcomes (Carmeli, 2003). Work performance can be defined as the outcome of achieving a job or role goal within an organization; if employees satisfactorily complete tasks assigned by their employer, it is considered high job performance. For healthcare employees, whether public or private, the outcomes of medical care-related tasks depend on how effectively they are executed (Asiamah, 2017). Studies report that nurses who express their emotions, understand others' emotions, and manage emotions in the workplace perform their jobs more successfully (Al-Hamdan et al., 2017). Similarly, among doctors, EI and job performance are linked, with job satisfaction as a mediator. Given that doctors make up a significant portion of healthcare professionals, their performance impacts patient care and attention (Alwali & Alwali, 2022).

Another crucial aspect related to the work environment is work motivation. Work motivation is defined as the degree of willingness with which an effort is made and sustained to achieve an organization's goals (Li et al., 2014). Specifically, reflective resolution and self-awareness, components of EI, improve nurses' work motivation and satisfaction, manifesting as a passion for their work, regardless of salary or status, as it's the goals that are pursued with energy and tenacity (Mangubat, 2017). In health institutions, human resource managers are responsible for motivating their employees to ensure effective and quality healthcare (Grujičić et al., 2016). The healthcare workforce should be seen as a basic asset of the health system with specific characteristics and needs, constantly dealing with the workplace, heavy workloads, and the quest for better incentives and salaries; hence, it is important to also attend to their quality of work life (Sleem & Zakaria, 2015).

Quality of work life aims to attract employees and retain them at their assigned workplace. It encompasses work-related factors (job satisfaction, type of work, stress, work commitment, etc.) and non-work-related factors (work-life relationship, overall life satisfaction, etc.) that can affect the employee's relationship with their job (Alfonso et al., 2016). If work conditions and opportunities are positively evaluated, the result is psychological well-being; but if the evaluation is negative, it leads to dissatisfaction. Therefore, a high quality of work life will improve job satisfaction, organizational performance, and work performance, while a low quality of work life signifies low motivation and lower work performance (Abd ellah Mejbel et al., 2013), (Jahani et al., 2017). Consequently, this research aimed to determine the association between demographic factors, emotional intelligence, work motivation, and quality of work with work performance in healthcare workers.

METHOD

Design and Study Population

A descriptive cross-sectional design was adopted to examine the sociodemographic characteristics of healthcare workers. A database from a hospital in a major city was used to define the study universe. Simple random sampling was employed to select participants who met the inclusion criteria: a) workers with more than three months in their current position, b) staff in various areas, including clinical and non-clinical roles. Strict confidentiality of the collected data was maintained. This study was approved by the Research Ethics Committee of a Peruvian university, adhering to the guidelines of the Helsinki Declaration.

A detailed statistical analysis was conducted to address the research questions. The sample size was determined using G Power 3.1.9.7 software, considering multiple explanatory variables, an effect size (0,10), a statistical power of 0,90, and a significance level of 0,05 for multiple regression analysis. This calculation indicated a minimum sample of 110 healthcare professionals. In total, 257 randomly selected

professionals participated. All participants completed and signed an online informed consent form, and the collected data presented no outliers. Two researchers were responsible for contacting the selected participants via telephone calls and social media.

Instruments

Quality of Life: This instrument, validated in Peru, shows high internal consistency, evidenced by a Cronbach's Alpha coefficient of 0,870. It consists of ten items covering aspects such as physical and psychological well-being, self-care, functional independence, occupational performance, interpersonal interaction, socio-emotional support, community and services support, personal fulfillment, spiritual satisfaction, and overall quality of life. Participants rated each item on a semantic differential scale from 1 to 10, where 1 represents a negative assessment and 10 a positive one (Robles et al., 2010).

Emotional Intelligence: The Emotional Intelligence Scale, originally named "Trait Meta Mood Scale," was used. The TMMS-24 version by Salovey and Mayer, adapted into Spanish by Mamani et al. (2022), consists of 24 items in 3 dimensions on a 5-point scale, from 1 (strongly disagree) to 5 (strongly agree), to indicate their level of agreement with each item. It obtained a reliability coefficient through Cronbach's Alpha of 0,89, 0,88, and 0,87 in the dimensions of emotional perception, understanding, and regulation, respectively.

Work Motivation: The "Motivation at Work Scale" (MAWS) was used to assess motivation in the workplace. It comprises 12 items and covers four dimensions of motivation: intrinsic, identified regulation, introjected regulation, and external regulation. Regarding its reliability, it presents suitable Cronbach's Alpha coefficients: Intrinsic Motivation (0,89), Identified Regulation (0,83), Introjected Regulation (0,75), and External Regulation (0,69). The scale ranged from 1 to 7, where 1 represents "not at all," 2 "very little," 3 "a little," 4 "moderately," 5 "strongly," 6 "very strongly," and 7 "exactly" (Gagné et al., 2010).

Work Performance: This was measured using the Spanish version of the "Individual Work Performance Questionnaire" (IWPQ) (Gabini & Salessi, 2016). This self-reported tool is designed to measure the level of work performance and consists of three dimensions: task performance, with a reliability (Cronbach's Alpha) of 0,76; contextual performance, also with a Cronbach's Alpha of 0,76; and counterproductive behaviors, with a reliability of 0,72. The questionnaire consists of 13 items and employs a Likert scale ranging from 1 (never) to 5 (always).

Statistical Analysis

Multiple statistical analyses were employed to assess the interactions among various psychosocial and work-related variables. Initially, a descriptive analysis of the sociodemographic characteristics of the participants was conducted, using frequencies and percentages to describe variables such as age, gender, working hours, work area, and educational level. Subsequently, the normality of the study variables, including work performance, emotional intelligence, quality of life, and work motivation, was assessed using means, standard deviations, skewness and kurtosis coefficients, and the Kolmogorov-Smirnov test. Furthermore, a correlation analysis was performed to examine the relationships between these key variables. Finally, a multiple linear regression model was adjusted to determine how various factors, such as gender, work area, emotional intelligence, and quality of life, influence work performance, using standardized and unstandardized coefficients and assessing the performance variability explained by the model. Data were analyzed using R software version 4.1.1.

RESULTS

In Table 1, the sociodemographic characteristics of the study participants are presented. There is a higher participation of healthcare workers aged between 28 and 37 years (45,5 %), and a lower presence of professionals over 58 years old (6,2 %). Regarding gender, there is a higher prevalence of women (61,9 %) compared to men (38,1 %). Likewise, the majority of healthcare professionals work more than 150

hours per month (52,9 %). There is also a greater participation of professionals working in non-clinical areas (62,3 %). Lastly, there is a majority of professionals with a complete university degree (38,1 %) and even postgraduate degrees (26,5 %).

Table 1. Sociodemographic Characteristics of Study Participants

Variables	n	%
Age		
Under 27 years	39	15,2
Between 28 and 37 years	117	45,5
Between 38 and 47 years	59	23,0
Between 48 and 57 years	26	10,1
Over 58 years	16	6,2
Gender		
Female	159	61,9
Male	98	38,1
Working Hours		
Up to 97 hours per month	15	5,8
Average of 150 hours per month	106	41,2
More than 150 hours per month	136	52,9
Work Area		
Non-clinical	160	62,3
Clinical	97	37,7
Education Level		
Basic	7	2,7
Incomplete technical or university	28	10,9
Complete technical	56	21,8
Complete university	98	38,1
Postgraduate	68	26,5

In Table 2, the descriptive statistics of the study variables are shown, where the mean and standard deviation were adequate for all variables. Similarly, the skewness and kurtosis coefficients were appropriate at the univariate level (< 1,5), and the normality test showed that work performance and quality of life have a non-normal distribution ($p < 0,001$), while emotional intelligence and work motivation have a normal distribution ($p > 0,05$).

Table 2. Descriptives for Work Performance, Emotional Intelligence, Quality of Life, and Work Motivation

Variables	M	SD	S	K	K-S	p
1. Work Performance	78,16	7,91	-0,46	-0,10	0,067	< 0,001
2. Emotional Intelligence	89,86	12,82	0,01	-0,43	0,044	> 0,05
3. Quality of Life	85,75	10,76	-0,91	0,79	0,093	< 0,001
4. Work Motivation	57,60	9,74	-0,55	1,84	0,044	> 0,05

Note: M = mean, SD = standard deviation, S= skewness coefficient, K = kurtosis coefficient, K-S = Kolmogorov-Smirnov normality test, p = probability value.

In Table 3, the correlation analyses between the study variables are observed. The results showed that work performance significantly correlates with emotional intelligence ($r = 0,398$, $p < 0,01$) and quality of life ($r = 0,484$, $p < 0,01$). Emotional intelligence correlates with quality of life ($r = 0,491$, $p < 0,01$) and

work motivation (r = 0,127, p < 0,05), and quality of life correlates with work motivation (r = 0,194, p < 0,01). No correlation was found between work performance and work motivation (r = 0,099, p > 0,05).

Table 3. Correlation Analysis between Work Performance, Emotional Intelligence, Quality of Life, and Work Motivation

Variables	1	2	3	4
1. Work Performance	-			
2. Emotional Intelligence	0,398**	-		
3. Quality of Life	0,484**	0,491**	-	.
4. Work Motivation	0,099	0,127*	0,194**	-

Note: **Correlations are significant at the 0.01 level, *Correlations are significant at the 0,05 level.

The regression analyses are presented in Table 4, where being female (β = -2,182, p < 0,05), working in a clinical area (β = 2,084, p < 0,05), emotional intelligence (β = 0,136, p < 0,001), and quality of life (β = 0,270, p < 0,001) are significantly related to work performance. Also, the variability of work performance is explained by the model by 27,1 %. This model was significant (F = 24,824, p < 0,001).

Table 4. Multivariable Regression Analysis for Work Performance

Model	β	SE	B	t	p
(Constant)	42,948	4,205	-	10,213	< 0,001
Gender	-2,182	0,892	-0,134	-2,447	< 0,05
Work Area	2,084	0,891	0,128	2,339	< 0,05
Emotional Intelligence	0,136	0,038	0,220	3,613	< 0,001
Quality of Life	0,270	0,044	0,367	6,096	< 0,001

Note: Model (Adjusted R2 = 27,1; F = 24,824, p < 0,001), β = unstandardized beta coefficient, SE = standard error, B = standardized beta coefficient, t = test statistic, p = probability value.

DISCUSSION

The aim of our study was to determine the association between demographic factors, emotional intelligence (EI), work motivation, and work quality with work performance in healthcare workers. One of the initial findings was that work performance significantly correlates with emotional intelligence and quality of life. This aligns with other research findings where EI significantly predicts the work performance of healthcare employees. Specifically, among healthcare workers (technicians, nurses, doctors, and administrators) in public and private hospitals, interpersonal qualities were noted as major contributors to work performance (Khan et al., 2017). In this relationship, affective or emotional commitment also seems to play a significant role, as observed among pharmaceutical employees who perceived that their colleagues and supervisors understood their emotions and supported them, resulting in increased productivity (Khalid et al., 2018). Similar findings were reported in other healthcare workers when confounding variables such as gender, education, job tenure, and training were controlled: performance improved as EI increased (Asiamah, 2017). Another study reported a moderate influence of leaders' EI on the performance of public health employees, which could be due to governmental factors such as poor hospital infrastructure, policy non-compliance, inadequate funding, etc. (Oyewunmi et al., 2015). It's important to note that EI continues to positively predict job performance, even if healthcare workers have not received any training on it, perhaps because every human is born with some degree of EI that improves over time (Khan et al., 2017; Zaman et al., 2021). However, when staff is trained in EI, they significantly improve the quality of care, psychological empowerment, and overall well-being (Karimi et al., 2015).

https://doi.org/10.56294/sctconf2023565

Similar to our study, a significant positive association was found between quality of life and work performance in workers from health centers and hospitals (Rastegari et al., 2010; Bakhshi et al., 2019). This suggests that as work-life quality increases, so does performance (Suyantiningsih et al., 2018; Nursalam et al., 2018). Similar results were also reported in a university hospital during the COVID-19 pandemic, where job satisfaction partially mediated between quality of life and work performance (Eliyana & Permana, 2020). In some cases, a relationship between these variables could not be substantiated, but it was noted that "some demographic and organizational factors were related to quality of life and work performance" (Kalhor et al., 2018). However, significant differences were also observed between nursing managers and staff nurses in the same hospital. While the former exhibited good levels of work-life quality and performance, the latter reflected poor levels in the same variables. Job functions and salaries of both groups could explain these differences (Al-Dossary, 2022). Another finding was that emotional intelligence correlates with work-life quality and work motivation. This is in line with other research in hospital nurses, indicating that higher EI is associated with greater work-life quality (Tajigharajeh et al., 2021; Rahnama et al., 2021). Nurses showed significant positive changes in work-life quality following EI sessions (Esmaeili et al., 2015). Similarly, significant relationships between EI and motivation were reported in nursing staff (Gabra et al., 2019). Moreover, following the implementation of an EI competency development program for frontline nursing managers, motivation scores increased (Omidi et al., 2017). Thus, motivation improves when EI is strengthened.

Our research also found a correlation between work-life quality and work motivation, a finding consistent with previous studies in nurses where motivation positively correlated with work-life quality (Sleem & Zakaria, 2015; Abolhasani & Pargar, 2020) and in tuberculosis program supervisors, mediated between work-life quality and the intention to leave. High levels of motivation and job tenure could explain their low intentions to leave their employment (Ogbuabor & Okoronkwo, 2019). Additionally, material rewards and salary increases have been considered the most effective methods of reward for healthcare workers. However, more experienced staff placed greater importance on cooperation and communication among colleagues and with management (Aslan & Morsunbul, 2018). On the other hand, we did not find a correlation between work performance and work motivation as previous research has indicated (Hee et al., 2016; Amarat et al., 2022). Collaboration and organizational practice might better explain this relationship, as they increase individual performance (Adetola et al., 2022). In our study, being female and working in the clinical area were significantly related to work performance. This is consistent with other findings where gender and work performance are associated. In the case of nurses, single nurses had higher scores than married ones (Al-Hamdan et al., 2017; Bakhshi et al., 2019). Perhaps because with more experience and educational level, expectations are higher (Negussie & Oliksa, 2020). Although female staff preferred training and promotion as signs of success over monetary rewards (Aslan & Morsunbul, 2018). Other studies also point to a difference between healthcare workers in public and private hospitals. And the work performance of both sexes would be relatively better in private hospitals than in public ones (Al-Hamdan et al., 2017, Khan et al., 2017).

Implications

The findings of this study carry significant implications for professional practice in the healthcare sector. The positive correlation between emotional intelligence (EI) and work performance underscores the importance of integrating EI training programs into the curricula of healthcare staff training. These programs should focus not only on technical skills but also on the development of emotional and social competencies, crucial for managing stressful situations and enhancing patient interactions. Additionally, since work-life quality positively influences performance, healthcare institutions should implement strategies to improve working conditions, including workload management, promoting a healthy work environment, and supporting work-life balance.

https://doi.org/10.56294/sctconf2023565

Furthermore, these results highlight the need for policies supporting the professional and personal development of healthcare workers. This includes policies promoting work-life balance and access to continuous training opportunities in key areas such as EI and stress management. It's also vital that health policies recognize and address factors contributing to work-life quality, such as physical workplace conditions, organizational culture, and recognition for good work. This will not only improve work performance but also staff satisfaction and retention.

Additionally, the results of this study contribute to existing literature, supporting the theory that both EI and work-life quality are important predictors of work performance. This suggests a need to revise current theories on human resource management and organizational development to include these psychosocial aspects as fundamental elements. Moreover, further theoretical exploration is proposed on how work motivation interacts with these factors, especially in high-pressure environments like the healthcare sector.

Limitations

A significant limitation of this study is its cross-sectional design. Although this approach provides a valuable snapshot of the relationships between variables at a specific time, it does not establish causality. Future research could benefit from a longitudinal design that observes how these relationships evolve over time, thus offering deeper insight into causality. The measurement of variables such as emotional intelligence, motivation, and work-life quality, based on self-reports, also has limitations. Although the instruments used are validated and reliable, self-reports are subject to biases, like social desirability bias. Participants may have responded in ways that made them appear more favorable, potentially affecting the accuracy of the collected data. Additional assessment methods, like peer or supervisor evaluations, could be used in future studies to provide a more objective and balanced view of these variables. Finally, the study did not consider all potential variables that could influence work performance. Factors like job stress, organizational support, and working conditions might also play a crucial role in the work performance of healthcare workers. Future research should incorporate these additional variables for a more holistic understanding of factors affecting work performance in the healthcare sector.

CONCLUSION

The findings from this study on healthcare workers have demonstrated that work performance is positively related to emotional intelligence and quality of life, while there was a negative relationship with work motivation. Similarly, female staff and workers in clinical areas had a significant relationship with work performance. Therefore, the care of healthcare personnel through training and emotional support, cooperative and communicative work, and recognition of their labor with not only monetary incentives should be seen as a priority in health establishments looking to increase productivity and better attend to their patients.

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