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DEPARTMENT OF ORGANISATION AND HUMAN RESOURCE MANAGEMENT

**EMOTIONAL LABOUR AND EMOTIONAL INTELLIGENCE AS PREDICTORS OF
JOB ATTITUDES: THE MODERATING ROLE OF PERCEIVED ORGANISATIONAL
SUPPORT**

BY

JOSHUA KING SAFO LARTEY

(10300547)

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DECLARATION

I, Joshua King Safo Larrey, hereby wholly affirm that this thesis was fully written by me under the supervision of Dr. Obi Berko Damoah and Prof. Kwesi Amponsah-Tawiah, both at the Department of Organisation and Human Resource Management, University of Ghana Business School. This document has never been produced either in part or in whole as a document to any institution for an award of a degree. However, all ideas and sources used for the study have been acknowledged.

SIGNATURE.....

DATE:/...../2018

JOSHUA KING SAFO LARTEY

(STUDENT)

SIGNATURE.....

DATE:/...../2018

DR. OBI BERKO DAMOAH

(PRINCIPAL SUPERVISOR)

DEDICATION

This thesis is fully dedicated to the Almighty God for His abundance grace and mercy throughout the period of writing this thesis.

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LIST OF ABBREVIATIONS

DA	DEEP ACTING
EI/EQ	EMOTIONAL INTELLIGENCE
EL	EMOTIONAL LABOUR
JD-R	JOB DEMAND-RESOURCE MODEL
JS	JOB SATISFACTION
NMCG	NURSING AND MIDWIFERY COUNCIL OF GHANA
OC	ORGANISATIONAL COMMITMENT
POS	PERCEIVED ORGANISATIONAL SUPPORT
SA	SURFACE ACTING
SET	SOCIAL EXCHANGE THEORY

ABSTRACT

This study introduces perceived organizational support (POS) as a moderating variable to provide some explanations to the possible relationship between emotional labour, emotional intelligence and job attitudes among nurses and midwives in Ghana. The study employed a sequential explanatory mixed-method approach (QUAN-qual), a cross-sectional design and proportionately sampled three hundred and forty-two (342) nurses and midwives from six public and quasi-public health facilities in the Greater Accra Region of Ghana. With use of standardized survey questionnaires and an interview guide, findings from the quantitative study (using SEM) revealed that while surface acting and emotional intelligence significantly predicted job attitudes, deep acting failed to show any significant association with job attitudes. It was further discovered that POS significantly moderated the relationship between deep acting and emotional intelligence on one hand and job attitudes on the other hand. However, POS did not moderate the relationship between surface acting and job attitudes. Findings from the qualitative study (using thematic analysis) provided insight to the relationship or no relationship between the study. In addition, religio-social resources encompassing religion/spirituality and social support were identified as additional job resources in helping health professionals to handle the emotional demands of their profession. The theoretical as well as the practical implications of the study findings were extensively discussed in relation human resource practice, academia and professional healthcare delivery.

CHAPTER ONE

INTRODUCTION

1.1 Background of the Study

The pivotal role of emotions at work is not anything new even though the phenomenon has not been an explicit one in the extant literature of organisational behaviour. (Ashforth & Humphery, 1993; Choi & Kim, 2015; Dartey-Baah & Mekpor, 2017). Thus, the interest in emotions-related issues has a long history, yet the field only began to emerge as an autonomous arena of systematic study during the latter part of 1900s (Dartey-Baah & Mekpor, 2017; Goleman, 2005; Goleman, 2007). Employees in their world of work encounter diverse work demands which have consequences on the emotions as well as their behaviours (Dartey-Baah & Mekpor, 2017). It is worth stating that emotional expressions of employees as a result of their work demands require them to mostly control their feelings in order to meet the requirements of the job (Zapf, 2002; Jung & Yoon, 2014). It also implies employees need to be much skillful in managing their own emotions as well as managing the emotions of others (Dartey-Baah & Mekpor, 2017). Topical issues under emotions at work in contemporary times hover around emotional labor (Hochschild, 1983, Mróz & Kaleta, 2016) and emotional intelligence (Dartey-Baah & Mekpor, 2017; Ghoreishi et al., 2014). Contemporary emotion-related theory (see Grandey, 2000; Grandey, 2003) and empirical work (see Diefendorff & Richard, 2003; Pugh, 2001) advocate that the display of appropriate emotions and emotional management are important for success in numerous jobs. The strategic role of emotions' management has made it an imperative dimension in employee work performance with a view to ensure regulation and management of employees'

behaviour and emotional expression to achieve service excellence, employees' satisfaction, and profitability (Mans, Schonenberg, Song, Aalst, & Bakker, 2008; Steinberg & Figart, 1999). The quality of service provided always gives organisations an urge ahead of the competing industries. For service industry practitioners, such as sales staff, nurses, midwives, teachers, flight attendants and police officers, emotional labour and emotional intelligence are integral parts of their work (Dursun, Bayram & Aytac, 2011).

1.1.1. Emotional Labour and Job Attitudes

The idea of emotional labour was initially coined by Hochschild (1983). As argued by Hochschild (1983), emotional labour as a concept refers to the management of emotional state to generate an open and apparent facial and bodily display to keep up with job requirements. Hochschild further argued that emotional labour is exchanged for a pay and hence, has 'exchange value'. Since the introduction of emotional labour, the concept has become a contemporary subject matter among researchers and practitioners within the fields of psychology and management (Ashforth & Tomiuk, 2000; Grandey, 2000; Grandey, Tam, & Brauburger, 2002; Zapf, 2002).

In the words of Grandey (2003) and Hennig-Thurau, Groth, Paul & Gremler (2006), the conceptualisations of emotional labour suggests that employees in an attempt to display emotions that are deemed appropriate at work occasionally must fake or hide their felt emotions (surface acting) or must attempt to experience the desired emotions (deep acting). This happens due to the fact that most jobs do have the anticipation that employees are to exhibit positive emotions. While deep acting typically comprises of employees trying to experience the positive sentiments so that anticipated positive emotions also follow, surface acting typically encompasses falsifying positive

emotions or even sometimes suppressing one's negative felt emotions so that positive emotions follow (Grandey, 2003; Hennig-Thurau, Groth, Paul, & Gremler, 2006).

On this basis, these two emotional labour approaches (deep acting and surface acting) have been described as "acting in good faith" and "acting in bad faith" respectively (Grandey, 2003; Hennig-Thurau, Groth, Paul, & Gremler, 2006; Hochschild, 2012). While the former involves attempting to experience the emotions, the latter encompasses going through the emotions (Grandey, 2003; Hennig-Thurau, Groth, Paul, & Gremler, 2006; Hochschild, 2012). On the contrary, other existing argument points that employees can engage in appropriate emotions without necessarily engaging in only deep acting (DA) and surface acting (SA) (Ashforth & Humphrey, 1993; Brotheridge, 2006). Nevertheless, SA and DA may be considered compensatory strategies that help individuals express emotions that do not come naturally (Hennig-Thurau, Groth, Paul, & Gremler, 2006; Hochschild, 2012).

It therefore implies that employees can control their emotions to reflect their work role demands through dual key approaches (surface acting and deep acting). In surface acting, employees always make customers see their mandated emotional expressions, even when employees feel differently (Grandey, 2000). For example, employees in an attempt to handle troublesome customers may counterfeit a smile even when in a bad mood. Deep acting involves taking charge of intrinsic thoughts and feelings in order to meet the expressive strains of work (Brotheridge, 2006b).

In one of her books "*The Managed Heart*", Hochschild (1983; 2012) elucidated that there are three main characteristics of jobs which will demand emotional laboring: (a) when the job

demands a face-to-face or phone contact with the public or clients, (b) when the job requires workers to generate an expressive state in an alternative person, and (c) when per the nature of the job, the employer has control over the expressive actions of workers.

According to Hochschild (2012) and Wharton & Erickson (1993), such employees are identified as boundary spanners and designated that these employees are most likely to come across emotional labor as a central part of their work duties. To these researchers, boundary spanners are those workers who by virtue of their positions and responsibilities provide a direct link between their organisations and people they interact with (external to the organisation). This implies that these interaction frontiers have the tendency of carrying on the organisational brand of delivery by engaging in emotional labour.

Some empirical studies have been found to link emotional labour to work attitudes including the extent to which employees are committed to their organisation (organizational commitment) and their level of satisfaction on the job (job satisfaction) (Brotheridge & Lee, 2003; Ghalandar, Ghorbani, Jogh, Imani & Nia, 2012; Hur, Han, Yoo & Moon, 2015). The existing studies are pointing to the fact that emotional labour has some significant associations with specific work attitudes. (Brotheridge & Lee, 2003; Hur, Han, Yoo & Moon, 2015). These associations have mostly been identified to be negative despite inconclusive result (Choi & Kim, 2015). Conversely, emotional regulation has been found to have both positive and negative impact on organisational commitment (Ghalandar, et. al., 2012). Hochschild (1983) has earlier opined that inauthentic surface acting over time results in a feeling detachment from one's true feelings and from others' feelings. In line with this, Grandey (2003) re-emphasised that when employees

engage in surface acting, this in effect has negative impact on employees' work attitudes including commitment to their organisations as well as satisfaction on their jobs. Conversely, when employees embrace deep acting in their works, they show genuine feelings which consequently make them have positive attitudes towards work (Grandey, 2003). Stated differently, employees' performance of emotional labour changes their attitudes towards work (Wong & Law, 2002)

1.1.2 Emotional Intelligence and Job Attitudes

On the other hand, emotional intelligence is pointed to be a key psychological capital/personal resource for employees in the service sector (Mensah & Amponsah-Tawiah, 2014) with no exemption to employees in the health sector specifically nurses and midwives (Brink, Van der Walt, & Van Rensburg, 2006; Brink, Van der Walt, & Van Rensburg, 2012; McQueen, 2004). The concept was firstly introduced into the scientific literature through the works of Salovey and Mayer (1990) even though it has a long history (Gayathri & Meenaksi, 2013). Salovey and Mayer (1990) conceptualised emotional intelligence as an "ability to monitor one's own and others' feelings and emotions, to discriminate among them and use one's thinking and action" (p.189). Emotional intelligence can also be labelled as a range of capabilities which mirror the extent to which individuals effectively deal with emotion both within themselves and others; it consists of one's perception, understanding and management of self-emotions and those of others (Bradberry & Greaves, 2009; Goleman, 2005; Mayer, Salovey & Caruso, 2008). Researchers on emotional intelligence have provided a clear evidence on how emotional intelligence differs from other kinds of intelligence such as intelligence quotient (IQ). To them, emotional intelligence entails a set of

skills which enable an individual in regulating own and others' emotions (Gayathri & Meenaksi, 2013).

Emotional intelligence from the viewpoint of Salovey and Mayer (1990) is seen as a cognitive ability which can be logically analysed. However, other researchers to the construct conceptualizes the phenomenon as a trait (Petrides, & Furnham, 2003) and mixed ability including personality as well as cognitive ability (Gayathri & Meenaksi, 2013). These perspectives have led to what is now acknowledged as “ability model”, trait model and the “mixed ability models” (Gayathri & Meenaksi, 2013).

Forerunners of emotional intelligence provide diverse classifications and dimensions to the construct. For instance, while Mayer and Salovey (1990) emphasise on four facets to emotional intelligence including emotional perception, emotional assimilation, understanding and management, Bar-On (2002) places emphasis on emotional self-awareness, self-actualisation, reality resting, interpersonal relationship, stress tolerance, happiness, optimism and among others and Goleman (1998; 2005; 2014) points out to dimensions including emotional self-awareness, self-control, empathy, problem solving, conflict management, leadership and among others as the constituents of emotional intelligence (cited in Gayathri & Meenaksi, 2013).

Employees who are have the ability and trait of understanding and managing their emotions and those of others have the tendency of exhibiting positive work attitudes such as job commitment, satisfaction on the job, be more engaged to work, more willing to engage in voluntary work activities (Carmeli, 2003; Rankin, 2013; Trivellas, Gerogiannis & Svarna, 2013; Rahmati &

Mohebi, 2016). Similarly, these workers are less likely to engage in negative work activities including turnover intentions and counterproductive behaviours (Trivellas, Gerogiannis & Svarna, 2013). This is more instrumental in specific sectors like the health sector including nurses and midwives (Brink, et. al., 2006; Brink, et. al., 2012; Smith et. al. ,2009; Stayt, 2009) as emotional regulation and emotional management is core responsibility of nurses and midwives.

1.1.3 Health Professionals, Emotional Regulation and Emotional Management

One must acknowledge that traditional nursing and midwifery were organized in such a way that health professionals were encouraged to obscure their emotional attachment to patients in order to maintain a professional fence (Brink, et. al., 2006; Brink, et. al., 2012; McQueen, 2004; Menzies, 1960). This is a way helped these health professionals to protect themselves from the emotional involvement and concerns of patients in order to pay more attention on the physical care of patients. However, in contemporary times, there is a shift from the distance approach of handling patients to a more involved and committed approach (McQueen, 2004; Williams, 2000) and has therefore yielded a less formal relationship between nurses, midwives and patients. Health professionals do now place much emphasis on concepts such as open communication, partnerships, good rapport, mutual understanding, intimacy, just to mention a few (McQueen, 2000; McQueen, 2004; Theodosius, 2008). Professionals are encouraged to adopt a holistic approach to handling patients and thereby employing social, spiritual, physical and psychological

dimensions to their professional care in order to facilitate the needs of patients (McQueen, 2004; Theodosius, 2008) and also attain positive job attitudes (Luker, Austin, Caress & Hallett, 2000).

The significant and competitive nature of the health sector in most parts of the world has called for devising new approaches in attaining and sustaining competitive advantage by delivering high-quality service (Copperman, 2010; Shani, Uriely, Reichel & Ginsburg, 2014). This renders the importance of high-quality nurse and midwife professionals undisputed due to the fact that when this type of workforce is lacking or inadequate in health care organisations, these organisations fail to meet the demands of their customers (Tews, Stafford & Michel, 2014). It is worth stating that the nature of work in the health sector is not fully purely cognitive, intellectual, physical or sensory-motor but rather emotional regulation and emotional management are pivotal (Brink, 2012; McQueen, 2004; Zapf, 2002). That is to say, the work demands of health sector employees are not solely dedicated to physical, technical and intellectual demands but emotion management also play an instrumental role due to interactions with diverse patients/clients (Brink, 2012; Chu & Murrmann, 2006; Jung & Yoon, 2012). Health sector workers particularly, nurses and midwives who manage their emotions effectively enhance their organisation's performance as well as enhance positive employees work attitudes and behaviours (Grandey et al., 2005; Härtel et al., 2008). This relationship between workplace emotions and job attitudes and behaviours are even further enhanced by specific organisational factors such as perceived organisational support (Gyekye & Salminen, 2009; Kim, Hur, Moon & Jun, 2017).

1.2 Overview of the Health Sector and Health Professionals in Ghana

In Ghana, the health sector is structured under three main hierarchies: national, regional and district. Various clinics and hospitals in the various districts and regions are structured to attend to the health needs of the populace at various levels. These are strongly in relation to the minimum benefit package and accreditation status of each facility on the basis of the conditions provided under National Health Insurance law (Netherlands Enterprise Agency, 2015). The various health facilities at the district level within the country are incorporate community health delivery with the aid of the sub-district services. At the heart of the health is the prevention, promotion and curative services purposefully for health interventions. It is the mandate of the Ministry of Health to oversee the policy guarding the quality as well as equity of access to health services in the country specifically, in the public sector. The ministry is also responsible for managing the human resources of the sector. It is worth stating that the private sector in the health setting in recent times has expanded especially, in the urban centres. On the contrary, private health facilities are licensed and regulated by The Private Hospitals and Maternity Homes Board.

That is to say, the health sector in Ghana is in conversion from a principal government (public) health facilities towards a more varied and dispersed system. It is argued that the public health system is an extension from its socialist past, when government was the sole provider. It turns out to be progressively difficult to endure this system due to the limited available public funds. Subsequently, the appraisal and successive ramble of salaries of public sector workers in 2009, the government capitals for the public sector are excessively assigned to salaries (65-70%

of existing government expenditures). The monetary spaces for other recurring disbursements and capital investments are seriously constrained as a result. In order to relieve the pressure on the public health budget, the government encourages private sector initiatives to actively engage. Private health services balance the public sector. As the days of free health care in the public hospitals are over, the costs are becoming increasing less of a barrier. Private health facilities in the country are believed to have added value to the health facilities existing in the country in relation to quality and convenience. Thus, the private health facilities gaining more attention mainly due to the unique services they provide which are mostly not existence in the public facilities. The engagement of private health providers has grown to the extent that international organisations have permeated in the market.

Health professionals or practitioners in Ghana consist of myriad professionals including, but not limited to, nurses, midwives, medical doctors, pharmacists, psychologists, dentists, pharmacy technicians, physician assistants and other related health professionals. However, among these diversified health professionals, nurses and midwives account for the largest representation of these professionals across the globe (U.S. Department of Labor, 2006) and even in Ghana (Ghana Health Service, 2015). In Ghana, nurses and midwives are considered as a unified body of professionals registered under the Nursing and Midwifery Council of Ghana (NMCG, 2016).

According to available statistics, nurse-population ratio in Ghana stands at 1:1251 with Greater Accra region standing at 1:917 (Netherlands Enterprise Agency, 2015). Nursing as a profession in Ghana continue to be dominated by females (Kwansah et. al., 2012; Talley, 2006;

Tagoe, & Quarshie, 2016). A nation-wide conducted by Bofo, Hancock, & Gringart (2016) revealed that the distribution of female-male nurses in Ghana stands at 80:20. Currently, there exist 11 cadres of nursing and midwifery personnel accredited by the Nursing and Midwifery Council of Ghana (NMCG, 2016). The 11 cadres of nursing and midwifery in Ghana comprises of Registered General Nurses (RGNs), Registered Midwives, Public Health Nurses, Registered Community Nurses, Psychiatry Nurses and Nurse Assistants and among other cadres. The core of nursing responsibilities requires emotional regulation and management and therefore, emotional labour and emotional intelligence play a pivotal role on their job (Tagoe, & Quarshie, 2016; Trivellas, Gerogiannis, & Svarna, 2013). It is therefore prudent to understand how the emotional experiences of this profession relate with specific job attitudes.

1.3 Statement of the Problem

There is a growing concern among researchers and practitioners on the issues of emotional labour and emotional intelligence (Burch, Humphrey, Batchelor, 2013; Coetzee & Harry, 2014; Cote, 2017; Fellner, et. al., 2012; Hur, Han, Yoo, & Moon, 2015; Singh, 2013; Walter, Humphrey & Cole, 2012; Yanchus, Eby, Lance, & Drollinger, 2010). Even though there exists much evidence on the instrumental role of emotional labour and emotional intelligence in attaining organisational and personal goals (Côté & Miners, 2006; Fellner, et. al., 2012; Srivastava, 2013), little is known about the consequential effects of these variables on the work-related attitudes such as organisational commitment and job satisfaction (Brotheridge & Grandey, 2002; Grandey, 2000) specifically among service workers in the Ghanaian setting (Tagoe & Quarshie, 2016).

Extant literatures for the decade point to the direction that most research methodologies employed on emotional labour and emotional intelligence are heavily rooted in the quantitative philosophy (Coetzee & Harry, 2014; Fellner, et. al., 2012; Hur, Han, Yoo, & Moon, 2015; Yanchus, Eby, Lance, & Drollinger, 2010; Xu, Liu, & Guo, 2014); focus on other research approaches such as the qualitative and mixed methods are less. However, the impact of emotional labour as well as emotional intelligence on employees have been documented as predominant across such occupations as airline attendants and bill collectors (Hochschild, 1983; Evans & Moore, 2015; Herpertz, Nizlleski, Hock & Schutz, 2016), customer service representatives (Abraham, 1998; Dahling & Perez, 2010; Hwa & Amin, 2016; Ishii & Markman, 2016; Mroz & Kaleta, 2016; Prentice, Chen, & King, 2013), banks (Adil, Kamal & Atta, 2013; Chatterjee & Kulakli, 2015; Maneotis & Grandey, 2014) and hospital employees and nurses (Hur, Han, Yoo, & Moon, 2015; Morris & Feldman, 1997; Ozturk, Bahcecik, Ozcelik & Kemer, 2015; Cottingham, Erikson & Diefendorff, 2015; Zhong, Cao, Huo, Chen, & Lam, 2012), yet these extant literatures are concentrated in the European and Asian continents with less attention paid to the African region.

There is much evidence in support of the argument that researches on the impact of emotional labour and emotional intelligence on job attitudes in the African and Ghanaian service setting including the health sector is at the embryonic stage (see Agyemang, 2017; Coetzee & Harry, 2014; Dhurup, 2017; Msiska and Fawcett, 2014; Tagoe & Quarshie, 2016). The current study therefore attempts to understand how these variables are related in the Ghanaian health sector context. It is therefore no exaggeration saying that little research attention has been directed

towards understanding the emotional experiences as well as job effects of Ghanaian health sector workers; the association between the emotional experiences of service workers in Ghana and their job attitudes is not clearly established (Harris, Daniels & Briner, 2004; Tagoe & Quarshie, 2016). Borrowing an argument by Goleman (2011), issues of emotions at work and employees' work-related attitudes are complex areas of study and there are still new areas, approaches and settings yet to be unearthed.

Given the evidence of the impact of emotional labour and emotional intelligence on many job attitudes among other boundary spanners and interaction frontiers, it is invigorating to research into emotional labour and emotional intelligence and how these predict some specific employee job attitudes in the Ghanaian health sector setting. Since the emergence of the concepts of emotions at work (emotional labour and emotional intelligence), empirical studies have paid more attention to the direct relationship between the concept and the work attitudes (Matteson & Miller, 2012; Ishii & Markman, 2016; Sony & Mekoth, 2016; Aghasi, Kiamanesh & Ebrahim, 2011; Trivellas, Gerogiannis & Svarna, 2013), little is known about the moderating role of some specific individual employee variables as well as organisational factors between these variables (Duke, Goodman, Treadway & Breland, 2009; Kim, Hur, Moon & Jun, 2017).

The crux of the present study is to ferret out whether emotional labor (surface or deep acting) and emotional intelligence do have any significant influence in providing explanations to the job attitudes of employees in the Ghanaian health sector and also attempt to understand the experiences of health sector workers who encounter emotional circumstances as part of their work role.

1.4 General Objectives of the Study

The present study used a mixed method approach to examine the extent to which emotional labour and emotional intelligence are related with employees' job attitudes.

1.4.1 Specific Objectives of the Study

Specifically, the present study sought to attain the following objectives.

- To assess the relationship between emotional labour (surface acting and deep acting), emotional intelligence and job satisfaction
- To assess the relationship between emotional labour, emotional intelligence and organisational commitment
- To examine whether the relationship between emotional labour, emotional intelligence and job satisfaction will be moderated by perceived organisational support.
- To examine whether the relationship between emotional labour, emotional intelligence and organisational commitment will be moderated by perceived organisational support
- To explore how health professionals in Ghana understand emotional labour and emotional intelligence.
- To explore any likely reason(s) as to the possible associations between emotional labour, emotional intelligence and job attitudes.

1.5 Research Questions

- How do emotional expressions (emotional labour and emotional intelligence) of health professionals affect their job satisfaction and organisational commitment (job attitudes)?
- What organizational resources help health professionals to manage the emotional demands of their jobs?
- How do health professionals explain emotional labour and emotional intelligence?
- What is the underlining reason(s) of possible relationship between emotional expressions and job attitudes?

1.6 Statement of Hypotheses

1. a. Surface acting will significantly predict job satisfaction and organisational commitment
- b. deep acting will significantly predict job satisfaction and organisational commitment
2. Emotional intelligence will significantly predict
 - a. job satisfaction
 - b. organisational commitment
3. Perceived organisational support will moderate the relationship between
 - a. emotional labour (surface acting and deep acting) and job satisfaction
 - b. emotional labour (surface acting and deep acting) and organisational commitment

4. a. The relationship between emotional intelligence and job satisfaction will be moderated by perceived organisational support.
- b. The relationship between emotional intelligence and organisational commitment will be moderated by perceived organisational support.

1.7 Significance of the Study

In all, the outcome of this research work will contribute immensely into three major areas which are research, policy and practice. The current study will help academia, health facilities and institutions, corporate bodies and government identify and understand the associations between specific emotions at workplace and job attitudes among employees. The significance of the study sits on the fact that health training institutions will recognize the essence of equipping their candidates on emotional regulation strategies and emotional intelligence since these have the potency of affecting their work-related attitudes later as employees. Other service sector organisations will also make use of the findings from this study to help them in assessing and training their workers on emotional management in order to have positive consequences on their attitudes towards work and also develop pragmatic steps to deal with issues which affect employees' work attitudes and work performance in general. In addition, the present study will help health facilities, corporate bodies, academic institutions and government to make changes in their structures, policies, processes and practices which affect the work attitudes of employees especially, in the health service sector. The study will also contribute to academia by contributing to filling the gaps existing in the African context in relations to emotional labour and emotional

intelligence studies. In the same vein, the future directions provided in this study will help future researchers fill the gaps left by this study.

1.8 Chapter Dispositions

The current research work is ordered into five main sections. In first chapter of the write-up, the background of the study, statement of the problem, objectives of the study, research questions and significance of the study were espoused. The second chapter commenced with definition of key concepts or terminologies and then delve into the theoretical underpinnings of the study as well as review of related studies, conceptual framework for the study and hypotheses which emanated from both the theoretical underpinnings and review of extant studies. In chapter three, the research pays attention to the methodological approach adopted for the study including research philosophy (paradigm), the research design, sampling techniques and procedures, data collection methods (for both quantitative and qualitative), data handling and ethical considerations are consciously discussed. In chapter four, the study details out the results, analysis and findings of the research while the final chapter focuses on the discussion of the findings, both theoretical and practical implications of the study, future research directions, recommendations and conclusion of the study.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction of the chapter

This chapter of thesis focuses on an all-embracing analysis of the theoretical frameworks and the extant studies on emotional labour, emotional intelligence, perceived organisational support and job attitudes (organisational commitment and job satisfaction). This section also highlights emotional labour, its dimensions and the theoretical evolvement of emotional labour as a concept. Similarly, the section points out the varied facets of emotional intelligence and also highlighting the concepts of job attitudes (job satisfaction and organisational commitment) and perceived organisational support. This is followed by review of extant studies emotional labour, emotional intelligence, perceived organisational support and job attitudes. Finally, the chapter, grounded on the theories used and review of related studies, generates hypotheses for the study, and concludes with the conceptual model for the study.

2.2 Key Terminologies and Related Concepts of the Study

This section develops a conceptual understanding of the key concepts – emotional labour, emotional intelligence, job attitudes and perceived organisation support. The definition of these key concepts is to set a clear path for an in-depth literature to be reviewed on these concepts.

2.2.1 Emotional Intelligence

The construct has been applied to a number of disciplines including clinical, education, organisation and other social settings. Emotional intelligence is viewed as the skill to perceive,

appreciate and manage the emotions of self and those of others (Bradberry, & Greaves, 2009; Dartey-Baah, 2017; Goleman, 2005; Mayer & Salovey, 2003). The above definition highlights three relevant factors that is, “perception, understanding and management of emotions” which warrant researchers to delve into how this construct has an impact on work-related attitudes and behaviours. Even though emotional intelligence has made diverse contributions in social and behavioural sciences, the nature of modern-day work fields suggests that emotional labour is also importantly a speedily emerging issue in most developing countries such as Ghana and needs research attention.

2.2.2 Emotional Labour

Depending on the circumstance of a service employee including nurses, teachers, bankers and among others, one is required to manage the emotional demands from customers. In an era where customers are highly regarded as “kings and queens” (Schiele, 2012) and rights of clients continue on a crescendo pattern to be protected and enhanced, it is vital for an interaction frontier or boundary spanner to produce emotional state that appeal to customers and sends ‘come back next time’ message to them. In the view of Hochschild (1983), an employee can only ensure the best of a service only if emotions are *‘managed or controlled’*.

However, difficult and incongruent (emotional dissonance) such emotional displays may be, employees who want to keep their jobs in such context become destined to display the industry or organisationally sanctioned emotions to customers. Since kotowing to such emotional displays requires energy, sometimes preparation, anticipation, smartness and alteration to spontaneous situational issues in order to publicly exhibit emotions that workers may not essentially personally

feel, it makes it a *laboring experience*. Hochschild (1983) stressed that frequency of interaction likely increases the level of labouring experience.

Even though frequency of interaction with clients is a critical factor, Brotheridge (2006), Gosserand & Dienfendorff (2005) and Rafaeli (1989) also argued that duration of interaction is important. To these researchers, the shorter the interaction, the less laboring experience an employee encounter. Hochschild indicated in her seminal ethnographic study that employees exposed to emotional labour experiences trade off such emotion management in exchange for a wage. She expressed two main ways or processes employees manage their emotions in exchange for such wages, namely; deep acting and surface acting, which are the focus of the present study

2.2.2.1 Surface Acting

The study conceptualization of surface acting emanates from definition given by Hochschild (1983; 2012). Hochschild (1983; 2012) conceptualises surface acting process as a “publicly observable display” created in most cases by employees attempt to change their outward expression. What this means is that employees challenged with such emotional demands do not change their actual (inner) feelings, but rather alter their feelings in order to put up a response that is in consonance with acceptable display rules of the industry or work setting.

2.2.2.2 Deep Acting

Hochschild (1983) contrasted the second process of managing emotional demands in a given context with that of surface acting. In her view, when employees endeavor to change the felt emotional response (inwardly) together with the outward display, deep acting as a process of

emotional labour has taken place (Hochschild, 1983; 2012). The literature indicates that workers who resort to deep acting as against kowtowing to display rules experience less conflict (emotional dissonance), and more likely to engage in emotional responses that are in line with feeling rules (Grandey, 2003; Wong & Law, 2002).

2.2.3 Job Attitudes

Industrial psychologists and other organisational theorists have the interest of developing concepts that best describe the way people think and relate to their works. In an attempt to develop concepts describing workers thought and behaviours toward work, labels such as, but not limited to, organisational commitment, job satisfaction, engagement and job involvement do emerge (Judge, Weiss, Kammeyer-Mueller, & Hulin, 2017). Researchers in the area of job attitudes have clearly distinguished between these number of concepts in describing job attitudes with the purpose of demonstrating discriminate validity of the constructs. However, one needs to acknowledge that there is a point of convergence among these because they all tend to provide explanations to the experiences of workers, their relations to their jobs and the subjective evaluations of work by employees (Judge, et. al., 2017). An attitude denotes “a psychological tendency that is expressed by evaluating a particular entity with some degree of favour or disfavour” (Eagly & Chaiken, 1993, p.1). Other studies have shown a clear distinction between attitudes and beliefs; whereas beliefs can be matched to external criteria that tend to have some objective status, attitudes are not matched to external criteria (Albarracín, Zanna, Johnson, & Tarcan, 2005) and are associated to specific source (Judge, et. al., 2017).

Per this study, job attitudes represent the evaluations of health professionals (nurses and midwives) about their job which reflect their feelings towards the job, the beliefs about the job as well as the attachment they have towards the job (Judge & Kammeyer-Mueller, 2012; Judge, et. al., 2017). Even though job attitudes as a construct is multifaceted including variables such as, but not limited to, job involvement, job satisfaction, organisational commitment, work engagement turnover intentions and motivation to work, the most consistent variables used a measure of job attitudes are job satisfaction and organisational commitment (Judge & Kammeyer-Mueller, 2012; Judge, et. al., 2017). The present study therefore employs these two variables as a measure of job attitudes among health professionals (nurses and midwives).

2.2.3.1. Organisational Commitment

Organisational commitment is similar to job satisfaction in that both involves an evaluation (positive or negative) of a specific object. However, unlike job satisfaction, commitment at work is seen as gratifying one's values which tend to translate into sustaining efforts towards work regardless of the negative consequences to oneself (Judge, et. al., 2017). In the same vein, commitment is generated with the passage of time via the process of cumulative identification and internalisation of work roles (O'Reilly & Chatman, 1986 cited in Judge, et. al., 2017). Organisational commitment, per the study, is defined as the extent to which employees feel attached to the organisation (Ruokolainen, 2011). This construct is conceptualised to comprise of three facets; normative, continuance and affective commitment (Allen & Meyer 1990; Garcia-Gabrera & Garcia-Soto, 2012; Meyer & Herscovitch, 2001). However, for the purpose of this

study, organisational commitment is conceived as affective commitment since it is the most widely used measure of organisational commitment (Bergman, 2006; Meyer, Stanley, Herscovitch, & Topolnytsky, 2002).

2.2.3.2. Job Satisfaction

This is conceived in different ways. To some forerunners, job satisfaction reflects the extent to which an individual is content with his or her job. Thus, whether or not they like the job or individual aspects or facets of jobs, such as nature of work or supervision. Other researchers conceptualises the phenomenon as an overall evaluative judgment one has about one's job (Weiss, 2002). However, the present study conceptualizes job satisfaction as an overall assessment of how favourable or unfavourable the job is, hence arrayed on a continuum ranging from positive to negative (Judge, et. al., 2017). Antecedents and predictors to job satisfaction include diverse factors, but not limited to, an individual's ability to complete required tasks, the level of communication in an organisation and the way management treats employees (Judge, et. al., 2017).

2.2.4 Perceived Organisational Support (POS)

Extant literatures on organisational behavior have defined perceived organisational support as the degree to which workers see their organisations to show concern about their wellbeing and values their contribution (Aselage & Eisenberger, 2003; Eisenberger, Armeli, Rexwinkle, Lynch, & Rhoades, 2001). Employees thus, perceive their organisations to be supportive when their organisations tend to reward them beyond their contractual agreements. Theorists to perceived

organisational support also argue that employees draw conclusions from the meaningful organisational and social values, beliefs, practices, norms and structures that are functional at the workplaces (Gyekye, & Salminen, 2009). Furthermore, it has been discovered that employees tend to develop perceptions of organisation's support in order to meet their socioemotional needs and this translates into determining the organisation's preparedness to validate and recognise the extra efforts put in by employees on behalf of the organisation (Gyekye, & Salminen, 2009). That is to say, the antecedents, consequences and correlates of perceptions to support do not happen in a vacuum; they are heavily influenced by the social and organisational conditions under which employees conduct their duties. However, one needs to acknowledge that these perceptions of support held by employees and the reciprocal treatment to the organisations vary from one individual to the other (Eisenberger et. al., 2001).

2.3 Theoretical Underpinnings

To analytically assess the conceptual framework of the present study, some specific theories related to the area of study are thoroughly examined and their explanations in connection to the variables under study are also examined. The major theories adopted for the study included the Job-Demand Resource Theory by Karasek (1979) and the Social exchange theory by Blau (1964).

2.3.1 Job Demands-Resources Theory (JD-R)

The previous few years have witnessed most extant studies adopted the Job-demand resource theory (Bakker & Demerouti, 2007; Demerouti & Bakker, 2011; Demerouti, Bakker, Nachreiner, & Schaufeli, 2001). The theory developed by Karasek in 1979 has been used in explaining diverse work-related variables including, but not limited to, work burnout (Bakker, Demerouti, & Euwema, 2005; Bakker, Van Emmerik, & Van Riet, 2008; Demerouti et al., 2001), job engagement (Bakker, Hakanen, Demerouti, & Xanthopoulou, 2007; Hakanen, Bakker, & Schaufeli, 2006) and even provide explanations to the consequences of such work experiences as work performance (Bakker et al., 2008; Bakker, Demerouti & Verbeke, 2004) and employee absenteeism (Bakker, Demerouti, De Boer, & Schaufeli, 2003a; Clausen, Nielsen, Gomes Carneiro, & Borg, 2012; Schaufeli, Bakker, & Van Rhenen, 2009). The theory has as well expanded its horizon and been used in diverse research approaches such as meta analyses and been adopted in diverse and new propositions (Crawford, LePine, & Rich, 2010; Halbesleben, 2010; Nahrgang, Morgeson, & Hofmann, 2011). The theory therefore stands the ground to provide better understanding and explanations to most work-related specifically, organisational behaviour phenomena. The Job-Demands Resources theory is heavily based on some assumptions or building blocks.

The theory assumes that working environments can be displayed based on two main categories (job demands and job resources). The JD-R theory assumes that every job is accompanied with certain physical or psychological demands as well as the resources which tend to reduce the physical and psychological demands associated to work (Bakker, 2011; Bakker &

Demerouti, 2007). On one hand, job demands refer to the requirement of a job which taps into the physical, social, emotional and organisational skills of an individual and therefore accompanied by both physical and emotional consequences (Demerouti et al., 2001). Jobs which are associated with much pressure and emotionally-charged situations with customers are instances of job demands. On the other hand, job resources refer to the characteristics of the job including the physical, social, organisational or psychological aspects that (1) are central in attaining work goals (2) buffer job demands and the associated psychological, physiological cost; (3) inspire individual growth, learning and development (Bakker, 2011; Bakker & Demerouti, 2007).

Another assumption of the Job-Demands Resources theory is the fact that job demand and resources give birth to twofold mutually exclusive processes (positive outcomes such as satisfaction to work and negative consequences such as health impairment, emotional exhaustion). That is to say, while job demands such as time pressure, workload, role conflict and role ambiguity are connected with negative work outcomes such as job burnout and turnover intentions (Bakker, Demerouti, & Schaufeli, 2003b; Hakanen et al., 2006; Ju, Lan, Li, Feng, You, 2015), job resources are mostly associated with positive work outcomes including work engagement, work enjoyment, organisational commitment (Bakker et al., 2007; Bakker, Van Veldhoven, & Xanthopoulou, 2010; Rankin, 2013). The underlining explanation to these opposite consequences of these two categories of the theory is the fact that job demands consume an individual's energetic resources while the job resources rather satisfy the psychological needs of the individual (Bakker, 2011; Deci & Ryan, 2000; Nahrgang et al., 2011).

The theory again assumes a moderating effect of job resources on the relationship between job demands and work-related attitudes (Bakker & Demerouti, 2014). The theory stipulates two main possible interactions between job demands and job resources on one hand and work attitudes on the other hand. In one interaction, job resources tend to buffer the negative consequences of job demand. That is to say, employees who have a lot of resources at their disposal are more able to cope with the demanding nature of their job (Bakker et al., 2005; Xanthopoulou et al., 2007b; Bakker & Demerouti, 2014). The second interaction term is where job resources tend to strengthen the relationship between job demands and positive work attitudes such as organisational commitment, work engagement and job satisfaction (Bakker & Demerouti, 2014). Thus, in situations where employees are encountered with challenging and demanding jobs, they fall on the resources available on the job such as organisational support, job autonomy as well as opportunities for development to be more committed and dedicated to their works and organisation at large (Bakker & Demerouti, 2014).

It is worth stating that the theory also acknowledges the inclusion of personal resources in the JD-R model. These personal resources refer to the psychological resources such as resilience and psychological capital. These are personal competences and give employees an ability to regulate the emotions and therefore, have consequences on their work environment successfully (Hobfoll, Johnson, Ennis, & Jackson, 2003). It is established that when employees have more of personal resources, they exhibit more positive work attitudes such as job satisfaction, organisational commitment, motivation, job engagement (Judge, Van Vianen, & De Pater, 2004; Bakker & Demerouti, 2014).

Drawing information from the JD-R model, the work environment of health professionals (nurses and midwives) are associated with emotional experiences which require these professionals to be emotionally intelligent and/or emotionally labour. These emotional experiences of this profession tend to have consequential effect on the job attitudes (job satisfaction and organisational commitment) of the professionals. While emotional intelligence is established to elicit positive attitudes in employees (Judge et. al., 2004; Bakker & Demerouti, 2014), the existence of organisational resources such as organisational support tends to strengthen the relationship between these variables (Bakker et. al., 2007; Bakker et. al., 2010; Ju, Lan, Li, Feng, You, 2015). On the contrary, the literature on the relationship between emotional labour (deep acting and surface acting) and job attitudes is inconclusive. Most existing studies are however pointing that surface acting elicits negative job attitudes (Yang & Chang, 2008; Cossette & Hess, 2015) while deep acting gives birth to positive job attitudes (Yang & Chang, 2008; Cossette & Hess, 2015), others are showing no relationship between the dimensions of emotional labour and some specific job attitudes (Yang et. al., 2008). For employees to handle these emotional demands of the profession, they fall on some resources including support they receive from the organisation, social support, religion and personal resources (Bakker & Demerouti, 2014). The extent and the availability of these resources determine the extent of the relationship between their emotional experiences (emotional labour and emotional intelligence) and job attitudes. For instance, when employees perceive their organisations to be more supportive, the relationship between surface acting and job attitudes is expected to be weakened while the relationship between emotional intelligence and job attitudes is expected to be strengthened.

2.3.2 Social Exchange Theory (SET)

Another theory of much relevance to this study is the Social Exchange Theory (SET) as proposed by Blau (1964; 2017). This theory is considered as one of the most influential theories in organisational behavior literature (Redmond, 2015). Even though the theory emerged from social psychology, anthropology and sociology, it has permeated into other fields including, but not limited to, social power (Molm, Peterson, & Takahasi, 1999; Redmond, 2015), psychological contracts (Aselage & Eisenberger, 2003; Redmond, 2015; Rousseau & Schalk, 2000) and leadership (Blau, 2017; Kurtessis, et. al., 2015; Liden, Sparrowe, & Wagne, 1997; Suk Bong, ThiBich Hanh, & Byung, 2015). The theory argues that social exchange comprises a series of relations that produce obligations (Cropanzano, & Mitchell, 2005; Redmond, 2015). According to proponents of the theory, interactions are perceived as symbiotic and reliant on the actions of another person (Cropanzano, & Mitchell, 2005). These interdependent interactions have the tendency of generating high-quality relationships.

One of the central viewpoints of the social exchange theory (SET) is that relationships develop into trusting, trustworthy and shared commitments. This is born because parties involved abide by certain rules of exchange which form a “normative definition of the situation that forms among or is adopted by the participants in the exchange relation” (Emerson, 1976; p. 351, cited in Cropanzano, & Mitchell, 2005). The application of SET is based on the principle the researcher relies on (Cropanzano, & Mitchell, 2005). However, most researchers in management focus on the principle of reciprocity even though other exchange rules such as the negotiated rules are outlined in the SET.

Reciprocity as a rule of exchange includes three distinct types:

1. Reciprocity as a transactional pattern of symbiotic interactions.
2. Reciprocity as a traditional belief
3. Reciprocity as an ethical norm

Reciprocity as symbiotic interaction implies that an exchange demands a bidirectional contract; someone has to give something in return of something from another. The underlining issue is that interdependence is considered the crux of social exchange. That is to say, an action by one party leads to a response by another party. One needs to acknowledge that the reciprocal exchange need not to be explicit but rather depends on the actions of one party which give birth to the response of the other party (Cropanzano, & Mitchell, 2005).

Reciprocity as a traditional belief argues that there are cultural expectations that individuals get what they deserve (Cropanzano, & Mitchell, 2005). In other words, this principle assumes the world in which we live in is just world and always people get exactly what they should have based on how they treat others.

Reciprocity as a norm argues that reciprocity is a cultural mandate and therefore individuals who do not comply with these cultural mandates are punished while those who comply are rewarded (Cropanzano, & Mitchell, 2005). On one hand, while norms are standards which tend to describe how people are expected or should behave, folk beliefs on the other hand, are perceptions (Cropanzano, & Mitchell, 2005). Even though some researchers argue that norm of reciprocity is a common principle and therefore is shared by all (Tsui, & Wang, 2002; Wang, Tsui, Zhang, &

Ma, 2003), other researchers share a different opinion on this argument on the basis that individuals and cultures do not necessarily value reciprocity to the same extent (Rousseau, & Schalk, 2000; Shore, & Coyle-Shapiro, 2003).

The theory is applicable to health sector workers because the nature of work in the health sector demands that employees exhibit certain prescribed emotions as well as manage their emotions (McQueen, 2004). Although work in the health sector requires emotional regulation and management, these workers will be more willing to display the expected emotions and manage their emotions if they perceive their organisations to provide the necessary support (Coyle-Shapiro & Conway, 2004; Gyekye & Salminen, 2009; Redmond, 2015). The perception of organisational support by these employees increases their desire to show more positive emotions at work, be willing to understand and manage clients and their emotions (Bakker & Demerouti, 2007; Van Droogenbroeck, Spruyt, & Vanroelen, 2014), be more attached to the organisation and be more satisfied to their work (Gyekye & Salminen, 2009).

2.4 Review of Related Studies

2.4.1 Emotional Labour

Emotional labour as a concept was firstly coined by Arlie Russell Hochschild. After the introduction of the concept, it has gained much research attention and a number of researchers have contributed to its growth (Ashforth & Humphrey, 1993; Grandey, 2000; Hennig-Thurau, Groth, Paul & Gremler, 2006). According to Hochschild (1983), emotional labour denotes the

management of emotions to create a publicly observable facial and bodily display. She further points out that emotional labour is sold for a wage and therefore has an exchange value. There are three criteria of jobs that require (emotional labour) and these include jobs that require face-to-face or voice-to-voice contact with customers and the public in general, jobs that require the worker to produce an emotional state in the client or customer and jobs that allow the employer to exert some level of control over the emotional activities of employees, through training and supervision (Hochschild, 1983).

To Ashforth and Humphrey (1993), emotional labour is the act of displaying the appropriate emotions. That is to say, unlike the definition by Hochschild (1983), Ashforth & Humphrey's definition plays more emphasis on the actual behavior rather than assumed emotions underlying the behavior. On the other hand, Grandey (2000) also provides another conceptualization of emotional labour by suggesting that it denotes the process of modifying both emotional state and expressions for organisational goals. This definition emerged in an attempt to resolve the contradictions emerging from extant studies to attempt to refine the construct.

Emotional labour has been identified to involve two main strategies (Hochschild, 1983; Choi & Kim, 2015); surface acting (SA) and deep acting (DA). While surface acting requires employees to regulate their emotions that are actually not felt, by changing their outward emotions including their facial expressions, voice tone or gestures, deep acting demands employees to make use of their training as well as past experiences to elicit appropriate emotions needed for the job (Hochschild, 1983; Choi & Kim, 2015). That is to say, unlike surface acting which requires changing emotions from the outside, deep acting demands changing one's emotions from the

inside. Similarly, since surface acting strategy attempts to make only outwards emotions correspond to the normative emotions as demanded by organisation regardless of the internal emotions of employees, it can be named “faking in bad faith” which can cause emotional dissonance (Rafaeli & Sutton, 1987; Sutton, 2007). However, deep acting strategy requires an individual to change the internal emotions to reflect the organisational goal and therefore can be named “faking in good faith” (Rafaeli & Sutton, 1987; Sutton, 2007).

Extant literatures have demonstrated that surface acting may lead to negative work outcomes such as emotional exhaustion, depersonalization and dissatisfaction whereas deep acting is associated to positive outcomes such as sense of fulfilment, sincerity and satisfaction (Brotheridge & Grandey, 2002; Brotheridge & Lee, 2002; Diefendorff & Gosserand, 2003; Grandey, 2003; Grandey, Cordeiro & Crouter, 2005).

Even though deep acting and surface acting are agreed to be the two major strategies of emotional labour, other researchers perceive the construct as multidimensional and therefore, may consist of other strategies other than just deep acting and surface acting. For instance, Ashforth & Humphrey (1993) opined that emotional labour also involve a third strategy termed “genuine emotions” other than just deep acting and surface acting. In the same vein, Morris and Feldman (1996) also put across that emotional labour encompasses four distinct dimensions; regularity of suitable display, attentiveness to required display rules, variety of emotions required to be displayed and emotional dissonance generated as a result of having to express desired organisational emotions that are not genuinely felt. On the contrary, Brotheridge & Lee (2003) came up with six facets of emotional labour by merging the conceptualisations by Hochschild

(1983) and Morris & Feldman (1996). These facets, according to them, include frequency, intensity, frequency, surface acting, deep acting, variety of emotional display and the duration of interaction.

2.4.2 Emotional Intelligence

Emotional intelligence as a concept is credited to the works of Salovey and Mayer (1990). However, a number of researchers have contributed to different definitions of the concept which are to be seen as complementary (Bradberry & Greaves, 2009; Dartey-Baah & Mekpor, 2017; Mayer, Salovey & Caruso, 2008; Salovey & Mayer, 1990). While Goleman (1998a, p. 317) perceives emotional intelligence as “the capacity for recognizing our own feelings and those of others, for motivating ourselves and for managing emotions well in ourselves and in our relationship”, Bar-On (2002) conceptualizes the construct to entail emotional awareness, independence, interpersonal relationships, social responsibility, empathy, problem solving, stress tolerance, happiness, optimism and impulse control (cited in Dartey-Baah & Mekpor, 2017). The concept can also be seen as a set of abilities that encapsulates how effectively one deals with emotion both within oneself and others; it consists of one’s ability to interpret and manage self-emotions and those of others (Bradberry & Greaves, 2009; Mayer, Salovey & Caruso, 2008; Salovey & Mayer, 1990).

Different empirical studies have provided diverse conceptualization and classifications of emotional intelligence. For instance, while Petrides & Furnham (2003) view emotional intelligence

as a trait, Mayer et. al., (2008) conceptualizes the phenomenon as an underlying ability. To the traits theorists, emotional intelligence is based on one's biological predispositions while the competency theorists suggest emotional intelligence can be developed through learning, training, therapy and programming (Stys & Brown, 2004; Gayathri & Meenakshi, 2013).

Researchers have identified several facets of emotional intelligence. Yet, there is no specified and agreed number of these emotional intelligence facets (Dartey-Baah & Mekpor, 2017). For instance, while Goleman (1998a) identified five (5) main facets of emotional intelligence including self-awareness, self-regulation, social skills, empathy and motivation, Goleman and Rhee (2000) also identified four facets including self-awareness, self-management, social awareness and relationship management (cited in Dartey-Baah & Mekpor, 2017). In the same vein, self-awareness and self-management have been conceptualized as personal competence while social awareness and relationship management are conceptualized as social competence (Bradberry & Greaves, 2009; Dartey-Baah & Mekpor, 2017). While self-awareness entails an individual's ability to accurately perceive his or her own emotions as well as understand the tendencies across situations, self-management denotes an individual's ability to leverage on his or her emotional awareness to stay flexible and direct positive behaviour (Bradberry & Greaves, 2009; Dartey-Baah & Mekpor, 2017). On the contrary while social awareness reflects an individual's ability to precisely recognise the emotions of others and what is going on with them, relationship management involves the ability of an individual to use own emotions and those of others in order to engage in successful interactions (Bradberry & Greaves, 2009).

2.4.3 Perceived Organisational Support (POS)

Most researchers on organisational behaviour have paid much attention to the concept of perceived organisational support (Arshadi & Hayavi, 2013). Myriad of factors have been identified as predictors and effects of perceived organisational support as well as the mediating and moderating role of the variable to other variables (Rhoades & Eisenberger, 2002; Riggle, Edmondson, & Hansen, 2009). POS can be seen as employees' "global beliefs about the extent to which the organisation cares about their wellbeing and values their contributions" (Eisenberger, Huntington, Hutchison & Sowa, 1986, p. 501). The definition suggests that perceived organisational support is a favourable condition that tends to influence employees' perception about themselves in an organisational context. The concept of perceived organisational support also indicates working conditions, supervisory support and wide varieties of rewards (Rhoades & Eisenberger, 2002), recognition gained from top management (Wayne, Shore, Bommer & Tetrick, 2002), opportunities provided to employees to advance their competencies (Wayne, Shore & Liden, 1997) as well as level of autonomy given to employees on their job roles (Eisenberger, Rhodes & Cameron, 1999). This therefore lays emphasis on the diverse nature of perceived organisational support, recognizing the economic and social reciprocity between employees and their organisations.

Consistent with Eisenberger's postulation, extant literatures point to the direct that employees who report high on perceived organisational support are also high on organisational commitment, more fulfilled on their jobs (Rhoades & Eisenberger, 2002; Gyekye & Salminen, 2009) and perform better on their job (Armeli, Eisenberger, Fasolo, & Lynch, 1998; Gyekye &

Salminen, 2009). In the same vein, such employees are less likely to engage in negative work attitudes such as turnover intentions and counterproductive work behaviours (Allen, Shore, & Griffeth, 2003; Eisenberger et al., 1986). Even though much attention has been drawn on perceived organisational support, little is known about the indirect (moderating and mediating) effects of the construct on some specific organisational and employee factors (Arshadi & Hayavi, 2013).

2.4.4 Job Attitudes

Job attitudes can be conceptualized as evaluations of an individual's job which reflect the individual's feelings towards the job, the beliefs about the job as well as the attachment the individual has towards the job (Judge & Kammeyer-Mueller, 2012). The definition suggests that job attitudes involves both the mental and affective aspects of an individual's evaluations. However, these mental and emotional components are not necessarily in exact correspondence with one another (Schleicher et. al., 2004; Judge & Kammeyer-Mueller, 2012).

It is worth mentioning of the fact that job attitudes are complicated in their structure, their composition and even in their temporal nature. That is to say, employees do not have a single job attitude; the composition of employees' attitudes about their jobs may differ along many dimensions including their targets (such as their salary versus their supervision), their nature (such as evaluative assessment versus behavioural propensities). Similarly, the attitudes employees have towards their jobs may also differ structurally with probably overall job attitude as the most general factor, with job satisfaction, organisational commitment and others (still relatively general job attitudes) following and finally, followed by precise dimensions of organisational commitment

and specific facets of job satisfaction which are more specific attitudes (Judge & Kammeyer-Mueller, 2012).

One cannot ignore the fact that one of the issues central to job attitudes is the level of specificity at which attitudes are measured. The point of convergence is however reached that if one wants to examine wide range of issues such as total working conditions or job performance, then diverse attitudes such as total job satisfaction and overall organisational commitment should be assessed. On the other hand, if the individual is more interested in specific issues such as the influence of attitudes on employee helping behaviours, then more specific attitudes including an individual's satisfaction with pay or coworkers should be investigated (Judge & Kammeyer-Mueller, 2012). That is to say, the component(s), nature and/or structure of attitudes to be considered in a study will much be dependent on the specific issue(s) under consideration.

2.4.4.1 Organisational Commitment

Organisational commitment as a phenomenon has been a challenge for researchers to agree on a single definition due to its comprehensive nature. For instance, while Solinger, van Olffen & Roc (2008) defines the concept as a psychological bond with an organisation, Ruokolainen (2011) perceives the concept as “the degree to which employee internalizes or adopts the characteristics or perspectives of the organisation” (pg. 15). However, the running theme across these definitions is a cognitive and emotional attachment to an organisation.

Cohen (2003) drops the hint that organisational commitment has been widely studied since 1950's and this is probably because organisational commitment is connected with a number of work-related issues such as job satisfaction, turnover intentions as well as prosocial behaviours. In

spite of the myriad studies conducted on this phenomenon, there is still no consensus on what the phenomenon is, how it develops and how it affects behaviours (Meyer & Herscovitch, 2001).

The three-component model of commitment by Allen and Meyer (1990) is one of the most widely used theories in explaining organisational commitment. The model conceptualizes organisational commitment to possess three distinct facets: continuance, normative and affective commitment. On one hand, affective commitment refers to the emotional attachment employees have towards an organisation as well as the identification with the organisation and the involvement in the organisation. Hence, affective commitment is based on personal desire. Conversely, there is inconclusive perspectives on what exact mechanisms are involved in creating this but it suggests that any variable which has the tendency to increase an individual's involvement to an entity, the individual's recognition of the value of the entity as well as the association with that entity will probably also increase the individual's affective commitment (Meyer & Herscovitch, 2001).

Continuance commitment on the other hand refers to the commitment an individual develops towards an organisation as a result of the cost the individual will bear if the person leaves the particular organisation. That is to say, if the individual perceives too much to be borne as a result of leaving the particular organisation, he or she rather develops continuance commitment. This is mostly the case when employees have invested much of their time and resources to acquire something that can be only useful in that organisation or there are no alternative employment opportunities compared to the present one (Allen & Meyer 1990; Garcia-Gabrera & Garcia-Soto, 2012; Meyer & Herscovitch 2001).

Normative commitment is more concerned with an individual's feelings of obligation to stay with the organisation which is postulated to be influenced by both organisational socialization which occurs after the individual enters the organisation and socialization through family and society which occurs before the individual enters the organisation (Allen & Meyer, 1990; Markovits, Boer & van Dick, 2013).

Among the three forms or facets of organisational commitment, affective commitment has been the most researched and mostly used as measure of organisational commitment (Bergman, 2006; Meyer, Stanley, Herscovitch, & Topolnytsky 2002) while normative commitment has been the least to be studied (Bergman, 2006).

2.4.4.2 Job Satisfaction

Just as organisational commitment has no single definition, there is also no consensus among researchers on the specific definition of job satisfaction. While Hoppock (1935) defines the concept as any blend of emotional, biological and environmental situations that cause a person honestly to say I am satisfied with my job, Vroom (1964) also defines the same concept as the emotional alignments on the part of individuals toward work roles which they are presently occupying. However, one of the mostly cited definitions of job satisfaction is the definition given by Spector (1997) who perceives the concept as how people feel about their jobs and the various aspects; it entails the extent to which an individual like or dislikes he or she job, implying a state of satisfaction or dissatisfaction on the job. To others, job satisfaction is denoted as an attitude and feeling individuals have about their jobs; a positive or favourable attitudes towards one's job

indicate job satisfaction while a negative and unfavourable attitudes in relation to the job indicate job dissatisfaction (Armstrong, 2006; Armstrong, 2014).

In organisations, job satisfaction is influenced by a myriad of factors including, but not limited to, the nature of work, advancement opportunities, salary, work groups, working conditions and management (Rue & Byars, 2003; Aziri, 2011). It must be acknowledged that there is no consensus regarding whether job satisfaction and job dissatisfaction are two opposite constructs. From Herzberg's Two Factor Theory, employees are affected by factors which cause their satisfaction on the job (motivators) which are totally different from factors which dissatisfaction on employees' jobs (hygiene factors). Factors which may cause job satisfaction may include achievement, recognition, growth, advancement, work itself and among others whereas factors which may cause dissatisfaction include job security, work conditions, interpersonal relations, salary and among others (Aziri, 2011; Herzberg, 1976).

Measuring job satisfaction among employees has also been of concern to most researchers. Among the commonly used instruments in measuring job satisfaction among employees include the Minnesota satisfaction questionnaire and the Job description index (Aziri, 2011). The Minnesota satisfaction questionnaire is designed to be implemented by either an individual or a group, regardless of sex differences. The instrument considers various aspects on one's job including co-workers, achievement, activity, advancement, authority, working conditions, variety, supervision-technical, supervision-human relations, responsibility, company policies, compensation, moral values, creativity, independence, security, recognition, social status and social service.

On the other hand, the Job description index a more easy and simple instrument. The instrument allows for the acquisition of information on all major aspects of work including the nature of the work, opportunities for promotion, attitudes towards supervisors, compensation and benefits and relations with co-workers as well as considering sex differences (Aziri, 2011).

2.4.5 Emotional Labour and Job Attitudes

Extant studies have established myriad of job attitudes associated with emotional labour including, but not limited to, job satisfaction, organisational commitment and job burnout. While some studies are pointing to a direct relationship between emotional labour and some specific work attitudes, others are pointing to an indirect relationship between the said variables. Conversely, some existing studies are pointing to a positive association between emotional labour and specific job attitudes whereas others are revealing a negative relationship as well as no substantial relationship between the variables.

In the light of direct (positive and/or negative) association between emotional labour and specific job attitudes, Bogdan, Mariean, Avram and Stan (2010) conducted a survey which sought to examine the association that existed between job satisfaction, emotional labour (deep acting and surface acting) and job burnout (depersonalization, emotional exhaustion and reduced personal accomplishment). In their study, one hundred and twenty-one (121) employees responded to questionnaires administered on the study variables. The study revealed the fact that there was a strong positive relationship between emotional labour (both deep acting and surface acting) and all dimensions of job burnout. However, job satisfaction was found to be significant predictor of

all forms of job burnout but the relationship between them was negative. The findings of the study pointed to the relevance and the need to pay attention to specific working environment which have some consequential effects on the negative experiences of employees' job.

Similarly, Yang and Chang (2008) are reported to have investigated into how nursing staff influence job satisfaction and organisational commitment when they engage in emotional labour. In other words, their study was conducted to find out the relationship that existed between emotional labour, organisational commitment and job satisfaction among nurses. The study adopted a cross-sectional design and a quantitative approach with the use of questionnaires and distributed 500 questionnaires among nurses in Taiwan out of which 295 were returned. The analysis of the data collected revealed no significant association between surface acting (a dimension of emotional labour) and job satisfaction but a significant negative relationship with organisational commitment. On the contrary, deep acting (another dimension of emotional labour) revealed a significant positive relationship with job satisfaction but no significant association with organisational commitment. The study further revealed that frequency and duration of interaction were negated related with job satisfaction whereas the variety emotions required did not show a significant association with job satisfaction. Finally, the study disclosed a positive correlation between job satisfaction and organisational commitment. This particular study is pointing to the fact that some dimensions of emotional labour have significant relationship with job satisfaction but are not related with organisational commitment.

Similarly, in the study conducted by Cheung and Cheung (2013), the researchers examined the influence of emotional dissonance on organizational citizenship behaviour as well as the mediating role of burnout among teachers. The study made use of two hundred and sixty-four (264) teachers who completed standardized instruments on emotional dissonance, organisational citizenship behaviour and burnout. Findings from the study revealed while emotional dissonance related positively with all dimensions of job burnout (emotional exhaustion, lack of personal accomplishment and depersonalization), there was a negative relationship between emotional dissonance and organisational citizenship behaviour. The study further revealed that burnout fully mediated the relationship between emotional dissonance and organisational citizenship behaviour.

It is also worth stating that Cossette and Hess (2015) dropped the hint that three main emotion labouring strategies (naturally felt emotions, reappraisal and emotion suppression) are identified among customer representatives. They therefore conducted two studies aimed at identifying the emotion regulation strategies adopted by customer service employees and finding the linkage between the emotion regulation styles and organisational outcomes (satisfaction, affective commitment and intention to quit) and the motivation to engage in emotional labour. The study adopted a pure quantitative approach in both studies and discovered that 4 out of the 6 identified emotion regulation styles were common to both studies. Further, employees who suppress their emotions reported lower levels of job satisfaction and affective commitment compared to their counterparts who used all of the three strategies or made use of naturally expressed emotions or reappraisal of emotions. Similarly, employees who adopted more of suppressing their emotions or a non-regulating style showed reduced levels of motivation to

regulate their emotions. These findings suggest that the use of specific emotion regulation strategies play an instrumental role in determining an individual's job attitude or outcome.

Among nurses and police officers, Bakker and Heuven (2006) conducted a study on emotional dissonance, job burnout and role performance. The study was interested in examining whether emotional demands at work have any association with burnout and whether emotional dissonance has any relation with in-role performance (washing patients, arresting suspects) among the sample used for the study. The study sampled 108 nurses and 101 police officers to examine the relationship between the variables studied. Findings from the study indicated that nurses and police officers experienced emotional dissonance due to the emotional demands of their profession which in turn also leads to emotional exhaustion and cynicism. The study also revealed a significant relationship between emotional exhaustion and in-role performance. However, demographic characteristics such as sex, educational background, age, marital status and religion did not play any significant influence on the study variables.

Although extant studies have established some relationship between emotional labour and some specific job attitudes, some other studies are revealing the instrumental role of some personal or individual factors which tend to buffer or reduce the strength of this relationship. Some of these individual factors identified include emotional intelligence, gender and personality.

For instance, in a survey among hospitality workers in Florida, USA, Prentice (2013) examined the relationship between emotional labour and burnout as well as the moderating role of emotional intelligence. The analysis of data disclosed that both deep acting and surface

acting (strategies of emotional labour) had a significant and positive association with work burnout. On the contrary, the relationship between the strategies of emotional labour and job burnout was reduced as a result of the moderating role of emotional intelligence.

In the same vein, the impact of emotional labour on work-related stress was examined among workers in the service sector in India. In this study, Modekurti-Mahato, Kumar and Raju (2014) tried to corroborate the consequential effect of emotional labour on work-related issues in the context of Indian as evidenced in related studies in the western context. The study conducted discovered a positive and moderate relationship between emotional labour and job-related stress. However, the relationship was reported to be strengthened among female married sample compared to their male counterparts.

On the basis of the afore extant studies, it is postulated that:

H1 a. surface acting will significantly predict job attitudes (job satisfaction and organisational commitment)

H1 b. deep acting will significantly predict job attitudes (job satisfaction and organisational commitment)

2.4.6 Emotional Labour and Organisational Support

Attention has also been drawn to the role of some organisational factors which tend to moderate the relationship between emotional labour and employee job attitudes. One of the such identified organisational factors is perceived organisational support.

Among 256 flight attendants in South Korea, Hur, Moon and Jun (2013) examined how perceived organisational support have an influence on emotional labour and the further association among emotional labour and the flight attendants' work outcomes such as job commitment, job burnout and turnover intentions. With the use of structural equation modelling, the results of the data analysed revealed a positive association between perceived organisational support and deep acting as well as the moderating effect of perceived organisational support of the relationship between deep acting, surface acting and emotional exhaustion. The study further revealed a positive association between surface acting and emotional exhaustion whereas the relationship between deep acting and emotional exhaustion was observed to be negative. In addition, emotional exhaustion was observed to negatively influence organisational commitment while organisational commitment also witnessed a negative impact on turnover intentions.

In another related study, Hur, Han, Yoo and Moon (2015) sought to investigate the influence of emotional labour (deep acting and surface acting) on job-related outcomes including job satisfaction and job performance. Using sample of 309 South Korean sales employees, structural equation modeling analysis revealed a significant negative association between surface acting and job satisfaction whereas the relationship between deep acting and job satisfaction was

noticed to be significantly positive. In addition to this finding, the analysis of data also disclosed that the relationship between emotional labor strategies and job performance was mediated by job satisfaction showing the indirect relationship between emotional labour strategies and some job-related outcomes. Furthermore, the study discovered that perceived organisational support (POS) moderated the relationship that existed between surface acting and job satisfaction as well as the association that was observed between deep acting and job performance.

In the same vein, Mishra (2014) investigated the relationship between perceived organisational support and the diverse strategies of emotional labour. In that study, the researcher adopted a survey approach to understudy the variables among medical sales employees and later among workers in the hospitality industry. The study disclosed a significant positive relationship between deep acting and POS and a significant negative relationship between POS and surface acting. The study further revealed that organisational identification mediated the relationship between POS and deep acting. On the contrary, mediation role of organisational identification on the relationship between surface acting and POS was not significant.

Among health workers in a Canadian health care organisation, Arnold and Dupré, (2012) investigated the emotional labour as mechanism for explaining the association that exists between POS and employee physical health. Analysis of data from 72 sampled respondents in a survey discovered a positive influence of POS on employee physical health. It was further observed that negative emotion fully mediated the relationship observed between POS and physical health whereas positive emotion witnessed a partial mediation between the relationship.

In a study conducted by Kinman, Wray, and Strange (2011), the researchers investigated the influence of workplace social support on emotional labour, burnout and job satisfaction. In this study, six hundred and twenty-eight (628) teachers in United Kingdom were sampled in secondary schools. Results from the data collected indicated that emotional labour related significantly with all variables studied. It was further disclosed that workplace social support moderated the influence of emotional labour on emotional exhaustion, personal accomplishment and job satisfaction. It was also revealed that teachers who had more experience (higher tenure of work) in the teaching profession reported higher emotional labour than the other counterparts.

2.4.7 Perceived Organisational Support and Job Attitudes

Extant studies have established the link between perceived organisational support and some specific job attitudes including organisational commitment, job satisfaction and among others. Even though the literature examining the relationship between perceived organisational support and job attitudes is limited, there is a clear evidence that perceived organisational support gives birth to positive job attitudes.

Among production workers in Sri Lanka, Wickramasinghe and Wickramasinghe (2012) aimed at investigating the interacting effect of perceived organisational support in the correlation between participation in decision making (PDM) and organisational commitment in addition to the relationship job satisfaction and PDM. In the study, the researchers sampled 616 shop-floor workers who were engaged in full-time work. Collected data analysed demonstrated the significant

and moderating effect of perceived organisational support on the relationship between PDM and affective commitment as well as the relationship between PDM and job satisfaction.

In light of the argument above, Arnold and Dupré, (2012) also conducted another study to reveal the relationship between perceived organisational support and workers' physical health at a Canadian health care organisation. The study adopted a quantitative approach by using a survey to sample 72 respondents for their study. The study revealed that POS was significantly and positively related to employee physical health while negative emotions were noticed to have mediated the relationship between POS and physical health whereas positive emotions were observed to have partially mediated the relationship between the said variables.

When Gyekye and Salminen (2009) conducted their study using Ghanaian industrial workers, they examined the perception of organisational support among this sector workers. Their study also sought to find the association between perceived organisational support and specific job attitude (job satisfaction) with the aid of some demographic characteristics such as age, marital status, education, tenure of work and gender. With the use of 320 Ghanaian industrial workers, the study revealed that older employees, married workers, higher educated, longer tenured employees and more satisfied employees perceived their organisations to be more supportive than their counterparts. The study also revealed that females reported higher perception of organisational support than their male counterparts.

In conjunction with sections 2.4.6 and 2.4.7, it is hypothesized that:

H2 a. Perceived organisational support will moderate the relationship between surface acting and job attitudes

H2 b. Perceived organisational support will moderate the relationship between deep acting and job attitudes.

2.4.8 Emotional Intelligence and Job Attitudes

Existing literature on the nexus between emotional intelligence and job attitudes have been diverse; while some studies examined emotional intelligence as a composite variable and its association with specific job attitudes, other studies have examined the relationship as a multidimensional approach. It cannot be overemphasized that researches on emotional intelligence and job attitudes have been directed towards the service sector including teachers, frontline employees, customer service representatives, nurses and among others, but mostly outside the shores of Africa and Ghana to be specific. Most studies also conducted to examine the relationship between emotional intelligence and job attitudes have mostly adopted a quantitative approach at the neglect of a qualitative approach.

In 2012, emotional intelligence and its association with job satisfaction and organisational commitment among high-school English teachers was investigated. The study conducted by Nahid, Naderi and Anari, (2012) also examined the role of gender and age in the relationship between emotional intelligence and job attitudes (job satisfaction and organisational commitment). This study adopted a quantitative approach, by employing a proportional stratified sampling

technique and an ex-post facto research design. Data analysis of the study disclosed a significant positive relationship between emotional intelligence, job satisfaction and organisational commitment. Similarly, the study also revealed that there was a significant difference in emotional intelligence by gender with females scoring higher on emotional intelligence than males. Conversely, the differences in organisational commitment and job satisfaction by gender and age were not significant while emotional intelligence differences by age was also not significant.

Studies on emotional intelligence and job attitudes among teachers was also conducted Colomeischi and Colomeischi (2014). The study was conducted with the purpose of establishing the relationship between emotional intelligence, attitudes towards work and self-efficacy among teachers. Using a quantitative research approach by employing a survey method and a cross-sectional design, 575 subject teachers were sampled from both rural and urban areas. The results of the study revealed that emotional intelligence significantly related and positively with self-efficacy on one hand and significantly and positively with job attitudes (job satisfaction) indicating the significant role of emotional intelligence in determining the job attitudes of workers especially, teachers.

In addition, Mohamad and Jais (2016) opined that educational systems are hit by series of reforms which tend to have consequences on teacher work attitudes. However, the underlining predictive factor(s) of teacher work attitudes is clearly not established. On the basis of this, they conducted a study to address this research problem by investigating the role of emotional intelligence on teachers' job attitudes. The study analysed the relationship between four

dimensions of emotional intelligence (self-regulations, self-awareness, self-motivation and social skill) and job attitudes. Data was collected among 212 teachers in 6 secondary schools in Kedah. With the use of questionnaires, data analysed revealed a significant correlation between emotional intelligence and job satisfaction.

Among frontline workers, Raman, Sambasivan and Kumar (2016) conducted a study which investigated the impact of emotional intelligence, personality, affectivity, emotional exhaustion and emotional labour on counterproductive work behaviours (CWB) in the government sector. The study sampled 625 employees working in 25 ministries in Malaysia who were administered questionnaires. Out of the 625 employees who were administered with the questionnaires, 519 returned their questionnaires which were used for data analysis. Data analysis using Structural Equation Modelling revealed personality type of employees significantly predicted their emotional intelligence, emotional labour, emotional exhaustion and affectivity. Similarly, the result of the study discovered the significant association between emotional intelligence, affectivity, emotional labour, emotional exhaustion and CWB with emotional intelligence and affectivity predicting emotional labour, emotional exhaustion and CWB.

Cekmecelioglu, Günsel and Ulutas (2012) also investigated the relationship between emotional intelligence and job satisfaction. The study adopted the multidimensional approach to examining the two constructs (ie emotional intelligence and job satisfaction). That is to say, the study examined the relationship between the dimensions of emotional intelligence (self-awareness, self-regulation, social skills, empathy and motivation) and dimensions of job satisfaction (internal and external satisfaction). Data was collected among 147 call centres workers in Istanbul which

served as the sample for data analysis. Findings from the study indicated significant positive relationships between the dimensions of emotional intelligence and internal satisfaction suggesting that employees who are more emotionally intelligent have a higher tendency to be more internally satisfied on their jobs.

Ghoreishi, et. al. (2014) argued that job satisfaction and emotional intelligence are two very significant variables in the literature of organisational behaviour due to their direct impact on organisational efficiency. On the basis of this, the researchers conducted a study in order to determine levels of job satisfaction and emotional intelligence of health professionals in Kashan hospitals. With the use of cross-sectional design, a stratified random sampling was employed to select 121 employees for the study. The study also adopted the Bar-on emotional intelligence scale and a job satisfaction questionnaire. The data was analyzed using statistical methods such as odds ratio, Chi-square and Fisher's exact test. From the analysed data, it was disclosed that majority of employees (76%) had moderate emotional intelligence while 88.2% of them had moderate job satisfaction. The study further revealed that there were no significant relations between emotional intelligence and variables such as sex, education and marital and job status but significantly related with age. It was again disclosed that there was no significant relation between job satisfaction and demographic variables. Moreover, no significant relation was found between the emotional intelligence and job satisfaction suggesting emotional intelligence does not always relate with specific job attitudes.

Kearney et. al. (2017) conducted a comparative study between front-line and back-office employees in relations to their work-related behaviours and their effect on customer-related performance. Their study also examined the moderating effect of emotional intelligence on these variables. The study made use of 105 front-line sales employees and 77 back-office employees who responded to a questionnaire. The study employed partial least squares to estimate the measurement and structural models. Data analysed showed that salespeople's customer orientation had a direct influence on organisational performance and this relationship was moderated by salespeople's emotional intelligence. In the same vein, the emotional intelligence of salespersons had a direct relationship with the customer-directed citizenship behaviour of back-office employees. Furthermore, the emotional intelligence of back-office staff moderated the link between the emotional intelligence of salespersons and back-office staff citizenship behaviour. Back-office staff citizenship behaviour, in turn, affects customer-related organisational performance.

Another study on the subject of emotional intelligence was conducted to assess the direct and indirect impact of emotional intelligence on job stress and work attitudes (job satisfaction and organisational commitment). Based on this ground, Aghdasi, Kiamaneshb and Ebrahim (2011) adopted the quantitative approach and surveyed 234 employees in an Iranian organisation using a stratified sampling technique. Analysis of the data collected using Path Analysis demonstrated that emotional intelligence does not significantly have an impact on job stress, job satisfaction as well as organisational commitment. Conversely, job stress played a significant role in determining employees' job satisfaction as well as organisational commitment; while the effect of job stress on

job satisfaction was direct and negative, the effect on organisational commitment was indirect and negative. The study further revealed the direct and positive relationship between job satisfaction and organisational commitment as well as the mediating role of job satisfaction on the relationship between job stress and organisational commitment.

Trivellasa, Gerogiannisb and Svarna (2013) also explored the influence of emotional intelligence (EI) on employee turnover intentions (TI) and job satisfaction (JS) among nurses. The study was also interested in linking these variables to quality of health care delivery and performance in hospitals (Trivellasa et. al., 2013). With the use of The Wong and Law Emotional Intelligence Scale (WLEIS) which assesses four dimensions of emotional intelligence, the study employed a survey approach and sampled 145 health professionals in five private hospitals in Greece. Analysis of data collected revealed strong relationships between two dimensions of EI (self-emotional appraisal and use of emotions) JS and TI. However, other two dimensions of EI (others' emotional appraisal and regulation of emotions) did not relate significantly with JS and TI.

The afore empirical literatures on emotional intelligence and job attitudes gave birth to the postulations that:

H3 a. Emotional intelligence will significantly relate with job satisfaction.

H3 b. Emotional intelligence will significantly relate with organisational commitment.

2.4.9 Perceived Organisational Support as a Moderator in the Relationship between Emotional Intelligence and Job Attitudes

Even though there exists a repository of empirical studies on the relationship between emotional intelligence, perceived organisational support and job attitudes (Johnson et al., 2012; Ju, Lan, Li, Feng, You, 2015; Skaalvik & Skaalvik, 2007; Yang, Ge, Hu, Chi, & Wang, 2009), most of these studies have failed to include all these variables in a single study (Akhtar, Ghufuran, Husnain & Shahld, 2017; Ju et. al., 2015). Few of the existing studies on these variables are reviewed in the below paragraphs.

In a study conducted by Akhtar et. al. (2017), they examined the moderating effect of perceived organisational support in the relationship that exists between emotional intelligence and job performance. The study employed a quantitative methodology by using 316 employees in the banking sector. With the use of regression analysis, the study revealed a significant relationship between emotional intelligence and job performance as well as a moderating effect of perceived organizational support (POS) in the relationship between emotional intelligence and job performance implying that POS strengthens the relationship between emotional intelligence and job performance.

A similar study was earlier conducted by Panatik, Meng, Rahman and Rajab (2015) who sought to analyse the relationship between POS, emotional intelligence and workplace deviant behaviours among teachers. With the use of a cross-sectional design and a sample size of 359, the

study analysed the data collected using multiple regression. Findings from the study demonstrated that both emotional intelligence and POS negatively related with workplace deviant behaviours.

In 2014, Sahu and Khan conducted an empirical study on the moderating effect of POS in the relationship between emotional intelligence and organisational commitment among teachers. Data collected was analysed with the aid of multiple which revealed that while emotional intelligence related significantly with organisational commitment, POS acted as a significant moderator in the relationship between emotional intelligence and organisational commitment.

In the same vein, Brackett, Rivers and Salovey (2011) disclosed emotional intelligence related significantly with workplace support and workplace affect while workplace support also related significantly with job satisfaction and job burnout. It is deduced that workplace support tends to further weaken the relationship between employee emotional intelligence and the experience of emotional exhaustion at work.

The above extant literatures demonstrate the moderating role of POS in the relationship between emotional intelligence and myriad job attitudes including organisational commitment and job satisfaction. On the basis of this, it is hypothesised that:

H4a: POS will moderate the relationship between emotional intelligence and job satisfaction.

H4b: POS will moderate the relationship between emotional intelligence and organisational commitment.

2.4.10 The African and Ghanaian Context to the Study of Emotional Labour and Emotional Intelligence

Emotional labour as well as emotional intelligence are relatively emerging research issues in the African and Ghanaian. This has affected the research approach(es) employed in understanding the variables. Most of the approaches adopted to study these variables have been explorative in nature.

2.4.10.1 Emotional Labour in Africa and Ghana

Existing literatures on emotional labour in Ghanaian and African context have examined the variable using different approaches such as phenomenological and exploratory approach (predominantly) as well as adopting a quantitative approach. Extant studies on emotional labour in Africa have also considered a few different sectors and samples including students, health workers, media and sports. As at the time of writing this thesis, to the best of my knowledge, emotional labour is yet to be studied among other sectors and samples such as the teachers, customer service, airline attendants and among others in the Sub-Saharan region.

Msiska and Fawcett (2014) sought to examine clinical learning experiences among nursing students at the undergraduate level in Malawi. The study was tailored towards understanding nursing students' perceptions of their clinical learning experience. With the aid of a purposive sample, a hermeneutic phenomenology, conversational interviews and 30 participants, the study revealed that nursing clinical learning experience is much immersed with issues of emotions and nursing students do engage in the management of emotions (emotional labour). Emotional labour

was revealed in students' narrative due to their caring encounters, witnessing death of patients and the caring-learning relationships they harness from clinical nurses as well as lecturers during their clinical learning exposure.

Davel (2014), in a thesis, argues that postgraduate research work is fully of emotion-related issues most of which are in relation with negative emotion which in turn hinder the successful and speedy completion of postgraduate work. The emotional display is most evident in supervisory relationship because students may not be willing to express emotions. On this basis, the study was conducted to investigate the meaning and the existence of emotional labour in the course of postgraduate supervisory relationship. The study adopted a qualitative research method with the aid of an in-depth focus group interviews using students. The study revealed that emotional labour is central in supervisor-student relationship but however, dependent on the nature of the relationship.

Dhurup (2017) sought to examine emotional labour and specific job attitudes such as job satisfaction among coaches in South Africa due to the fact that coaches play an instrumental role in the lives of athletes. The study sampled 268 amateurs coaches through a cross-sectional design. Data analyses using correlation and regression demonstrated that among the three emotional labour domains (deep acting, surface acting and naturally felt emotions), only deep acting had a significant positive association with coaches' job satisfaction.

Similarly, a study conducted by Liebenberg (2011) examined the influence of workplace social support on the relationship between emotional labour and employee wellbeing among call

centre workers. The study employed a quantitative methodology and used one hundred and eighty-four (184) call centre workers in the banking sector. Findings from the study indicated that workplace social support had a significant relationship with psychological wellbeing and turnover intentions. It was also disclosed that both emotional and instrumental workplace support were found to moderate (strengthen) the relationship between emotional labour and turnover intentions.

2.4.11.1 Emotional Intelligence in Africa and Ghana

Extant literatures on emotional intelligence and work attitudes in the African and Ghanaian context is very limited. However, some studies have examined the construct in relation to some specific job attitudes such as job satisfaction while others have examined emotional intelligence in relation to other variables such as leadership. It suggests that researches involving emotional intelligence and specific job attitudes as well as other variables are at embryonic stage. Some of the few available empirical studies are reviewed in the below paragraphs.

Tagoe & Quarshie (2016) examined the association between emotional intelligence and job satisfaction among nurses in Accra, Ghana. In their study, a cross-sectional design was adopted. The researchers conveniently sampled 120 nurses from three main public hospitals found in Accra. In the process of data collection, Schutte Self-Report Emotional Intelligence Inventory and the Job Satisfaction Survey were used to measure the two constructs under investigation. Data analysis revealed that there exists a positive relationship between emotional intelligence and job satisfaction among the health professionals used in the study. However, the results revealed no significant differences in the levels of emotional intelligence and job satisfaction by gender.

Dartey-Baah and Mekpor (2017) examined employees' perceptions of emotional intelligence on the basis of the leadership styles exhibited by their leaders. The study adopted a cross-sectional design with 234 selected employees in the banking sector. The study demonstrated that there exists a significant positive relationship between transformational leadership and emotional intelligence. On the other hand, transactional leadership showed a significant negative relationship with emotional intelligence indicating that transformational leaders are more emotionally intelligent than transactional leaders.

Emotional intelligence has also been examined by looking at how it impacts on career adaptability due to the fact that both emotional intelligence and career adaptability are key factors for successful adjustment in diverse lives. Coetzee and Harry (2014) therefore investigated the relationship between emotional intelligence and career adaptability using a cross-sectional survey among 409 early career black call centre agents in Africa. The study used canonical analysis as well as structural equation modelling which confirmed the predictive validity of emotional intelligence in relation to career adaptability. The data analysed revealed that the ability to manage one's own emotions is the most predictor of emotional intelligence as well as the four domains of career adaptability (career concern, career control, career curiosity and career confidence). The findings suggest that there is the need to develop emotional intelligence in order to be more adjustable in relation to career.

The methodological gaps in the African and Ghanaian context create much room to be filled with which the present study attempts to bridge. The present merges two methodological

approaches (quantitative and qualitative) in a single study in order to deeply understand emotional labour and emotional intelligence in this context and their consequences on job-related attitudes.

2.5 Summary of the Statement of Hypotheses

1. a. Surface acting will significantly predict job satisfaction and organisational commitment
 - b. deep acting will significantly predict job satisfaction and organisational commitment
2. Emotional intelligence will significantly predict
 - a. job satisfaction
 - b. organisational commitment
3. Perceived organisational support will moderate the relationship between
 - a. emotional labour (surface acting and deep acting) and job satisfaction
 - b. emotional labour (surface acting and deep acting) and organisational commitment
4. a. The relationship between emotional intelligence and job satisfaction will be moderated by perceived organisational support.
 - b. The relationship between emotional intelligence and organisational commitment will be moderated by perceived organisational support.

On the basis of the theoretical framework, review of related studies and formulated research hypotheses for the present study, a conceptual model is developed to demonstrate the relationship between the study variables on shown in the figure below

Conceptual Model

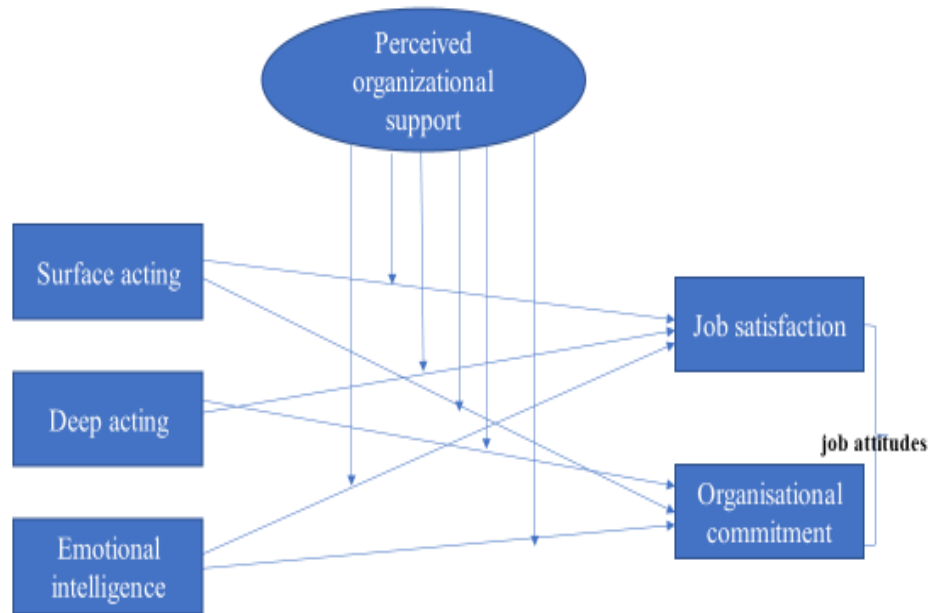


Figure 1: hypothesised relationship among the study variables

2.6 Conceptual Model Explained

The conceptual model as presented above establishes possible relationships between the study variables. It presents six direct relationships between the study variables as well as six moderating relationships. In the direct relationships, the conceptual model establishes associations between emotional expressions (surface acting, deep acting and emotional intelligence) and job attitudes (job satisfaction and organisational commitment). It is anticipated that the relationship between surface acting and job attitudes will be negative while deep acting will have positive association with job attitudes. Consistently, it is predicted that emotional intelligence will significantly and positively relate with job attitudes. On the moderating effect of perceived organisational in the relationship between emotional labour (surface acting and deep acting), emotional intelligence and job attitudes, the model establishes that perceived organisational support will significantly moderate the relationship between surface acting and job attitudes as well as deep acting and job attitudes. Similarly, it is postulated that the relationship between emotional intelligence and job attitudes will be moderated by perceived organisational support. However, the researcher acknowledges that the direction of the moderating effect (positive or negative) by perceived organizational support is dependent on the level of the perceived organisational support (high or low).

CHAPTER THREE

METHODOLOGY

3.1 Introduction of the Chapter

The focus of this section is to explain the methodological approaches, processes and procedures that was adopted for the study. Under this chapter, the main issues described include the philosophical approach (research paradigm), the research design, the study area, the population and sample for the study, the sampling technique, procedure for data collection, measures and instruments that were used, inclusion and exclusion criteria as well as highlighting the data analysis techniques that were used to test the formulated hypotheses and how the interviews for the qualitative study were analysed.

3.2 Research Paradigm

A paradigm is a set of principles, ethics and systems that form the central theoretical assumptions which define what ‘valid’ research is and the appropriate methods that can be applied in the research (Myers & Avison, 2002). A research paradigm can also be seen as “a set of fundamental assumptions and beliefs as to how the world is perceived which then serves as a thinking framework that guides the behavior of the researcher” (Jonker & Pennik, 2010, pg.25).

Several research paradigms have been identified which include, but not limited to, positivism, interpretivism, realism, pragmatism, relativism and critical realism. Each of these paradigms possesses its own specific characteristics such as ontology, epistemology,

methodological assumptions as well as axiology which serve as the framework in explaining their features and drawing the differences that exist between them (Creswell, 2009; Creswell, 2014).

Ontology as a characteristic of a research paradigm refers to how a researcher perceives the nature of social reality whereas epistemology is more concerned about how to study and acquire knowledge. In other words, epistemology is the belief in how to generate, understand and use knowledge that are seen to be valid and acceptable. On the other hand, methodology refers to the framework used to conduct research within a context of a paradigm (Wahyuni, 2012). The current study adopted a mixed method approach consisting of a quantitative and a qualitative approach. Hence, the researcher adopted the pragmatism research paradigm which embraces both the quantitative and qualitative techniques in a single study (Johnson & Onwuegnuzie, 2004). Mixed method research uses methods and philosophy that have the tendency to bring together the insights provided by both the qualitative and quantitative research which generates a workable solution (Johnson & Onwuegnuzie, 2004). Researchers in favour of pragmatism are of the view that research philosophy should be viewed as continuum rather than having the view that they stand in opposite directions (Wahyuni, 2012). Pragmatists believe that objectivist and subjectivist perspectives are not in isolation and therefore in order to understand social phenomena, there must be a mixture of the ontology, epistemology, methodology and axiology. Researchers who are more tilted towards pragmatism will therefore prefer to work with quantitative and qualitative data because it helps them to better understand the social reality.

3.3 Design

To meet the objectives of the study, the researcher employed mixed method which is a procedure for collecting, analyzing and integrating both quantitative and qualitative data for gaining a better understanding of the research problem (Creswell, 2014). Some mixed methods including the explanatory sequential mixed method, exploratory sequential mixed method, transformative mixed method, embedded mixed method as well as multiphase mixed method have been identified (Creswell, 2014). For the purpose of the present study, the sequential explanatory mixed method was used (Creswell, 2009; Creswell, 2014). This implies collecting and analyzing quantitative and then qualitative data in two consecutive phases within one study. The study began with the quantitative part to be followed by the qualitative part. The qualitative component helped to unravel the lived experiences of the respondents and also helped unearth likely job characteristics, demands and socio-cultural underpinnings to this trend.

The mixed method design was employed in order to provide answers to certain research questions which cannot be answered by quantitative or qualitative research methods independently. Again, the mixed method design provides a methodological rigour and gives researchers diverse research tools with the purpose of remaining open minded and applying multiple knowledge in building research methodologies (Feilzer, 2010; Halcomb & Hickman, 2015). The present study sought to find out if the issues emerging from the qualitative data will provide further explanations to the results from the quantitative data. It should be acknowledged that issues from the qualitative data were either consistent with results from the quantitative data or provided divergent or contradictory results (Lund, 2012). Further, the weaknesses of each of

the research method were complemented by the strengths of the other thereby strengthening the research design employed in the study. For instance, while quantitative method provided statistical power and generalizability of the results, the qualitative method gave in-depth meaning and context of the issues under study (Teddlie & Tashakkori, 2009).

3.4 Research Setting

The present study is conducted using employees in the health sector. However, the present study made use of specific health sector workers (nurses and midwives) with the aim of understanding the association between their emotional experiences (emotional labour and emotional intelligence) and some specific job attitudes.

According to available statistics, nurse-population ratio in Ghana stands at 1:1251 with Greater Accra region standing at 1:917 (Netherlands Enterprise Agency, 2015). Nursing as a profession in Ghana continue to be dominated by females (Kwansah et. al., 2012; Talley, 2006; Tagoe, & Quarshie, 2016). A nation-wide study conducted by Bofo, Hancock, & Gringart (2016) revealed that the distribution of female-male nurses in Ghana stands at 80:20. Currently, there exist 11 cadres of nursing and midwifery personnel accredited by the Nursing and Midwifery Council of Ghana (NMCG, 2016). The 11 cadres of nursing and midwifery in Ghana comprises of Registered General Nurses (RGNs), Registered Midwives, Public Health Nurses, Registered Community Nurses, Psychiatry Nurses and Nurse Assistants and among other cadres. The core of nursing responsibilities requires emotional regulation and management and therefore, emotional labour and emotional intelligence play a pivotal role on their job (Tagoe, & Quarshie, 2016;

Trivellas, Gerogiannis, & Svarna, 2013). It is therefore prudent to understand how the emotional experiences of this profession relate with specific job attitudes.

The present study was conducted in the Greater Accra of Ghana which has sixteen (16) districts namely Accra Metro, Ada East, Ada West, Adentan Municipal, Ashaiman Municipal, Ga Central Municipal, Ga East, Ga South, Ga West, Kpone-Katamanso, La-Dade-Kotopon, La-Nkwantanang-Madina Municipal, Ledzokuku-Krowo, Ningo Prampram, Shai-Osudoku and Tema Metropolis (Ghana Statistical Service, 2015). In these various districts in the region, there exist 7722 nurses who are spread across six (6) district hospitals, seventy (70) general hospitals, four (4) polyclinics, two (2) psychiatric hospitals, one-hundred and seventy-six (176) CHPS compounds, two hundred and seventy-seven (277) clinics and twenty (20) health centres (Ghana Health Service, 2015).

Among the various health facilities in the various districts in the Greater Accra Region, six of the health facilities within three of the districts were used in the study on the basis of convenient to the researcher (the Madina-Rawlings Circle Polyclinic, Pentecost Hospital and Madina-Kekle Polyclinic all in the La-Nkwantanang District, University (Legon) Hospital and the Achimota Hospital both in the Accra Metropolis, Panthang Hospital in the Adentan Municipality).

The Adentan Municipality is a carved district from Tema Metropolitan Assembly. The district shares boundaries with Ashaiman Municipal Assembly and Kpong Akatamanso District Assembly in the east and north and La Nkwantanang Municipal Assembly to the West. One of the key health facilities in this district is the Panthang (Psychiatric) Hospital where data was collected

among health professionals. The hospital was established as the second in 1975 by I.K. Acheampong and was headed by Dr. Sika-Nartey. The hospital is located in the Panthang community, a community which is about 1.6 kilometres off the Accra-Aburi road. The hospital provides diversified health services including general medical services, psychological and psychiatric health services, reproductive and child health and among others. The health facility has five (5) main wards with a number of health of health professionals including nurses (most are psychiatric nurses), midwives, medical doctors, pharmacists and among others. Data from administration and HR department of the facility shows that the facility has about one hundred and fifty (150) nurses who were targeted for the quantitative study.

Since its establishment in 1898, the Accra Metropolitan Area (AMA) doubles as both the regional capital and the nations' capital. To the north, the Metropolis is bounded by Ga West Municipal, Ga South Municipal to the West, the Gulf of Guinea to the South and La Dadekotopon Municipal to the east. The total land 139.674 Km². The metropolis can boast of a number of health facilities but the University of Ghana (Legon) Hospital and the Achimota Hospital were selected for study due to its convenience to the researcher. The University of Ghana Hospital was established by in 1957 and owned by the University of Ghana (quasi-government). The hospital is currently located behind the Legon Police Station, about 12.6 kilometres off the Accra-Aburi road. The health facility is a 130-bed capacity consisting of general wards, casualty and emergency wards, dental unit, pediatric unit, operating theatre and maternity wing. The hospital was originally created to cater for students' health needs but has grown to embrace the health needs of community members.

Information gleaned from administration and the office of the chief nursing officer revealed staff nurses and midwives in this health facility was pegged at one hundred and 110 who were targeted for the quantitative study. On the other hand, the Achimota Hospital is a solely government hospital located on the premises of the Achimota School. The hospital serves as a general hospital to community members and nearby providing health services spanning general medicine, dental care, maternal and child health, diagnostics, pharmacy, eye care and among others. The hospital is estimated to have staff nursing and midwifery off about one hundred and fifty (150) who were targeted for the quantitative study.

The La Nkwantanang-Madina Municipality is another district situated in the Greater Accra Region. This is one of the sixteen (16) Metropolitan, Municipal and District Assemblies in the region which was carved in 2012. as part of the newly created Assemblies with the purpose of expanding decentralization and carrying change to the door step of citizens. The district, through the Legislative Instrument (L.I.) 2131, was commissioned in June 2012 out of the out of the Ga East Municipality. Geographically, La Nkwantanang-Madina Municipality is situated at the northern part of the Greater Accra Region. It has a total land surface area of 70.887 square kilometers and shares borders with the Ga East Municipal on the West, Adentan Municipal on the East, the Accra Metropolitan to the South and Akwapim South District to the north. Within this municipality are a number of health facilities out of which the Madina Polyclinic- Rawlings Circle, Madina Polyclinic -Kekele and the Pentecost Hospital were conveniently chosen for the study.

The Pentecost Hospital was established by the church of Pentecost in collaboration with the government of Ghana in 1999 to provide health care to community members within the La-

Nkwatanang District. The health facility serves as a referral hospital for clinics and health centres in the municipality. Pentecost Hospital is located at Madina Estate with diversified health professionals and specialists including medical officers, nurses, midwives, laboratory technicians and among others. The hospital provides health ranging from general medicine, pharmacy, maternal and child health, dental services to eye care services. Data gathered from HR and administration of this health facility depicted that staff nurses and midwives stood at one hundred and ten (110) out of two hundred and ten (210) total workforce. On the other hand, both the Madina Polyclinic-Rawlings Circle and Madina Polyclinic- Kekele are wholly government health facilities. These two health facilities also tend to provide health care services including, but not limited to, maternity and child health, eye care, general medicine, pharmacy and dental services. While the Madina Polyclinic-Kekele is found close to the Madina Market, the Madina Polyclinic-Rawlings Circle is just a distance from the Madina Rawlings Circle roundabout. Information gained from these facilities showed that staff nurses and midwives at these health facilities stand at one hundred in each facility.

3.5 Methodology for the Quantitative Study

This section of the chapter focuses on reporting the methodology employed in the quantitative study. The section highlights the research approach and procedure used in the study to achieve the quantitative research objectives. It also highlights the quantitative research strategy, the philosophical disposition of the methodology, the research design, the target and accessible population, sample size used, sampling technique employed, the instruments for data collection,

data collection procedure, the inclusion and exclusion criteria, pilot testing of the instruments used as well as the reliability and validity of the measures used.

3.5.1 Quantitative Methodology Defined

Quantitative methodology focuses on understanding human and social conditions with the use of a theoretical lens which embraces numerical variables to measure phenomena under study and analysed using statistical techniques in order to determine whether the theoretical generalisations hold or not (Creswell, 2014). The main purpose of a quantitative method is to objectively measure human and social constructs as well as predict and control social behaviours. In line with this, emotional demands and job attitudes of the nursing and midwifery profession were objectively measured and tested within a modified theoretical model. Similarly, the crux of quantitative researches is to test hypotheses and theories deductively by controlling for some plausible variables in order to establish the precise link between variables under study (Creswell & Creswell, 2017; Saunder, Lewis, & Thornhil, 2007). The main research gathering strategies in a quantitative method include survey and experiment (Christie, Rowe, Perry, & Chamard, 2000) of which the survey strategy was employed in the current study.

The philosophical disposition of the quantitative method is positivism. That is to say, the study assumed a realist or objectivist worldview. The ontological viewpoint of positivism argues that there is an independent reality that can be as described as though it really is, although it is imperfectly represented in terms of probabilities (Christ, 2013; Mertens, 2014; Robson & McCartan, 2016). The researcher therefore perceives that an objective reality exists out there

(outside of human mind) and could therefore be investigated in relation to generalizable cause-and-effect relationship between the study variables (Feilzer, 2010; Golicic & Davis, 2012; Halcomb & Hickman, 2015). From the epistemological perspective of the research paradigm, the researcher espoused to the viewpoint that there exists only one truth which can be replicated following the same procedure.

Axiologically, the study was conducted with a complete detachment of the researcher from the respondents in order to gain a precise, reliable and valid responses (Creswell, 2014). The beliefs, values and experiences of the researcher were bracketed-off in order not to infuse the research data (Christ, 2013; Creswell, 2014; Creswell & Creswell, 2017). The methodological argument of the positivism paradigm suggests the use of inferential statistic techniques in analysing the quantitative data and made use of reasonable as well as objective judgement in determining accessible population and sample size. Survey questionnaire which consists of a limited range of response set and hypotheses were formulated and tested (Lee, 1999; Creswell, 2014).

3.5.2 Research Design

3.5.2.1 Cross-sectional Design

The study employed a cross-sectional design for the quantitative study. A cross-sectional design enables researchers to provide a numeric description of constructs by selecting a representative sample of a population in order to draw conclusions to the population (Babbie, 2008 cited in Creswell, 2014). The cross-sectional design was chosen over the longitudinal design due to the limited time and financial resources available to the researcher. Cross-sectional design is relatively less time consuming and requires less financial commitment (Cohen, Manion, & Morrison, 2005). The study employed questionnaires to gather information from a representative sample of the study population. A cross-sectional design was used in the current study because data was collected within a single and specified time span (Mann, 2003; Bobb, Schwartz, Davatzikos, & Caffo, 2014).

3.5.3 Population and Sample

Total number of nurses and midwives in Ghana stand to be 40,859 with 7722 found in the Greater Accra region of the country (Ghana Health Service, 2015). The target population of this study was all staff nurses and midwives in the Greater Accra region specifically found in the La-Nkwatanang District, Accra Metropolis and Adentan Municipal of the Greater Accra Region involving three general hospitals, two polyclinics and one psychiatric hospital. Data gleaned from the administration and HR department of the various health facilities reveals that the population of staff nurses and midwives in these facilities are estimated to be seven hundred and twenty (720).

However, not all of these staff nurses and midwives of the districts were accessible due to the shift system run by the various health facilities. Also, some nurses and midwives were identified to be on leave (study-leave, maternity leave, sick leave and others) hence, accessing them was a challenge. The accessible population was used for the present study.

The choice of a representative and relatively large sample size is crucial in quantitative research. However, researchers do not agree on a particular sample size for a quantitative study. For instance, Annku (2014) suggests 30 percent of accessible population is justifiable for an academic research, Krejcie and Morgan (1970) argue that as accessible population and sample size are proportional but at a diminishing rate and then remains constant at slightly more than 380 cases. In the same vein, Lei & Wu (2007) are of the view that a threshold of 200 respondents are needed for a structural equation modelling while Kline (2005; 2011) argues that the sample size for a quantitative study should be 5 to 20 times the number of factors to be studied. Although these present a rich toolbox for sample size determination, other factors such as ethical concerns, availability of respondents, time constraints, objectives of the research, and others tend to influence determining an appropriate sample size for a study (Cocks & Torgerson, 2012). The present study targeted a sample size not less than three hundred (300) on the basis of using a structural equation modelling in the data analysis. However, three hundred and forty-two (342) respondents out of the total population of seven hundred and twenty (720) were realized from the six health facilities used for the study.

3.5.4 Inclusion and Exclusion Criteria

Inclusion criteria for the quantitative study was staff nurses and midwives who have worked with the organisation for at least six months mainly due to fact that job attitudes and perceived organisational support are born over a period of time (Hossain, & Aktar, 2012). Nurses and midwives with less than six months' continuous engagement with the various health facilities were excluded from the study. As well, non-staff nurses were excluded from the study. Therefore, nurses and midwives such as rotation nurses (national service personnel) and student nurses were excluded from the study.

3.5.5 Sampling Technique

A probability sampling technique was employed in the quantitative data. Specifically, the stratified sampling technique was used which was used to sample the various health professionals in the various health facilities. In order to gain a representative sample of the respondents, a proportionate sample was selected on the basis of the type of health facility and cadre of nursing and midwifery. For instance, the number of nurses and midwives in the hospitals are relatively more than their counterparts in the polyclinics. As well, the number of general nurses is more than the other cadre of nursing and midwifery. This formed the basis for sampling the respondents for the quantitative study. A summary of the sampling computation used in selecting the respondents is presented below.

Table 3.1: A summary of the tabular presentation of sampling computation for the study

Health facility	Stratified sampling computation	Sample estimate	Actual sample selected
General hospitals	370/720 x 300	154.2= 154	174
Polyclinics	200/720 x 300	83.3= 83	103
Psychiatric hospital	150/720 x 300	62.5= 63	65
Total		300	342

Source: Field Survey, 2018

3.5.6 Data Sources

There are two main types of data sources; the primary data and the secondary data. Whiles primary data is for a particular purpose for which it was collected including questionnaires, interviews and observations (Rabianski, 2003), secondary data on the other hand is the data gathered and processed by one researcher and is further analysed by another researcher mostly for a different purpose (Babbie, 2008). This present study conducted primary analysis and hence, the primary data was used for the collection and analysis of the quantitative study.

3.5.7 Data Collection Instrument

Demographics: First, respondents' personal information such as age, gender, tenure of work, cadres of nursing, religion and ownership of health facility were sought.

Emotional Labour: The emotional labour scale (Brotheridge & Lee, 2003) was employed for the study. The scale consists of six dimensions including frequency of interaction with clients,

intensity of emotions, variety dimension, deep acting, surface acting and a free response question. The scale is a 14- item instrument with frequency on interaction comprising of three items that assess the frequency of display of organisationally accepted emotions. The intensity subscale consists of two items that assess how often employees express intense or strong emotions. The variety subscale contains three items which measure the variety of emotional expression on the job. However, deep acting has three items which assess how much employees have to modify their emotions to comply with display rules. The surface acting dimension is made up of three items that assess the degree to which employees express emotions that are not felt. The instrument was measured on a 5-point Likert scale ranging from 1 to 5 (1= Never, 5= Always). The scoring scheme for the instrument is provided as follows:

Frequency= items 1, 2, 3; Intensity= items 4, 5; Variety= items 6, 7, 8; Deep Acting= items 9, 10, 11 and Surface Acting= items 12, 13, 14.

Brotheridge and Lee (2003) reported a good combined coefficient alpha for the role characteristics (frequency, intensity and variety) subscales ($\alpha=.71$). Cronbach alpha for deep acting and surface acting subscales were also reported to be 0.89 and 0.86 respectively. Higher score on each of the subscales represents higher levels of dimensions being assessed. Sample items on the instrument include “*resist expressing my true feelings*”, “*pretend to have emotions that I don’t really have*” and “*hide my true feelings about a situation*”.

Emotional intelligence: The Schutte Self-report emotional intelligence test (SSEIT) will be used to assess the emotional intelligence of the respondents. The instrument consists of 33 items

three of which (items 5, 28 and 33) are reverse scored. The reliability of the SSEIT is well documented ranging from .70 to .85 (Schutte et. al., 1998). Participants rated themselves on a 5-point Likert scale ranging from 1 to 5 (1=strongly disagree; 5=strongly agree). Some items on the instrument include “*emotions are some of the things that make my life worth living, I seek out activities that make me happy, I present myself in a way that makes a good impression on others*”. The literature on emotional intelligence is not conclusive on the dimensions or facets of the Schutte self-report emotional intelligence scale; while some identified three dimensions of emotional intelligence, others are pointing to four, five and even six dimensions (Gong & Paulson, 2016; Lane et. al. 2009a; Perez, Petrides, & Furnham, 2005; Petrides, Pérez-González, Furnham, 2007).

Perceived Organisational Support (POS): POS was assessed using an 8-item scale of perceived organisational support developed by Eisenberger, Cummings, Armeli, & Lynch (1997), which is a shorter version of the original 36 items as suggested by Eisenberger, Huntington, Hutchison, & Sowa (1986). The instrument is identified to have strong relations with related constructs such as perceived supervisor support and perceived co-worker support but however distinguishable. The 8-item POS scale is reported to have a high reliability coefficient ($\alpha > .70$). Examples of items on the scale include “*The organisation values my contribution to its well-being, The organisation shows very little concern for me and The organisation really cares about my well-being*. Four of the eight items on the POS scale are reversed scored (items 2, 3, 5 and 7). Respondents were asked to indicate how much they perceive their organisations to support them on a 7-point Likert Scale from 0 to 6 (0=strongly disagree and 6=strongly agree)

Job Satisfaction: The overall job satisfaction developed by Taylor and Bowers (1974) was used to assess the level of job satisfaction among nurses and midwives used for the study. The instrument assesses job satisfaction by combining employee responses to single items that describes the degree of employee satisfaction with the work, co-workers, supervision, promotional opportunities, pay, progress and the organisation to measure the overall job satisfaction of employees. The instrument has been tested and reported a high Cronbach's Alpha ($\alpha=.71$) and related negatively with turnover intentions when validated (Larwood, Wright, Desrochers, & Dahir, 1998; Singh, Goolsby & Rhoads, 1994 cited in Fields, 2002). Some items on this instrument include "*all in all, are you with the persons in your work group?*", "*all in all, are you satisfied with your job?*" and "*are you satisfied with this organisation compared to others?*"

Organisational Commitment: The present study adopted the shortened organisational commitment questionnaire to measure organisational commitment. The instrument is a 9-item shortened version of the 15-item Organisation Commitment Questionnaire (OCQ) (Mowday, Porter, & Steers, 1982). The instrument measures affective commitment and have shown to have strong correlation with the 15-item OCQ (Huselid & Day, 1991). Psychometric properties of the instrument report a Cronbach's Alpha ranging from .74 to .92 (Aryee, Luk, & Stone, 1998; Huselid & Day, 1991) and validation reports the instrument to have strong correlations with work involvement and employee satisfaction (Aryee et. al., 1998; Huselid, & Day, 1991) as well as distinct construct from job involvement, career commitment and work involvement (Cohen, 1996). Some items on this scale include "*I am willing to put in a great deal of effort beyond that normally*

expected in order to help the organisation to be successful”, “I talk up this organisation to my friends as a great organisation to work for”, “I really care about the fate of this organisation”

3.5.8 Pilot Study

The researcher initially carried out a pilot study with a parallel sample prior to the use of the intended scales of measurement. The rationale for the pilot study is to ascertain the appropriateness of the measuring instruments to the Ghanaian context and an opportunity to seek feedback to inform any needed changes. The pilot study was conducted using 25 staff nurses randomly selected from public health facilities in the La Kwantanang District for the purpose of the study. The responses provided were analysed with the aid of the Statistical Package for Social Sciences (SPSS version 21) using the Cronbach’s Alpha method. Cronbach’s alpha for emotional intelligence reported to be .821, emotional labour was .780, perceived organisational support was .767, job satisfaction was .784 and organisational commitment was .910. A summary of the reliability coefficient is reported in the table below.

Table 3.2: A summary of the pilot study results

Variables	Cronbach’s Alphas
Emotional intelligence	.821
Emotional labour	.780
Perceived organisational support	.767
Organisational commitment	.784
Job satisfaction	.910

Even though Cronbach's Alpha is considered as one of the famous means of establishing reliability, other researchers suggest composite reliability due to the fact that Cronbach's Alpha compromises on the internal consistency reliability of latent variables (Gotz, Liehr-Gobbers & Krafft, 2009).

3.5.9 Quantitative Data Collection Procedure

Quantitative data for the study was collected with the aid of questionnaires that are designed for that purpose. A total of 400 questionnaires were administered and the researcher expected to retrieve not less than 300 of them. The researcher embarked on the data collection exercise for a period of six weeks. Once permission was granted by the various health facilities, the researcher gave out consent forms to the prospective participants to enable them to decide whether or not they will be part of the study. Only those who express readiness and willingness were given the research questionnaires to complete. The researcher allowed the respondents to complete the questionnaires at their own convenient time with no duress. Respondents completed questionnaires within an estimated time of 15 to 25 minutes. After the completion of the questionnaires by the respondents, the researcher expressed gratitude to the participants for their time and energy spent on the study. The completed and returned questionnaires were assembled for the purposes of data analyses.

3.5.10 Quantitative Data Analysis

Collected data from the quantitative instruments were fed into the Statistical Package for Social Sciences (SPSS version 21. Missing data was analysed using expectation maximization (EM) (Gold & Bentler, 2000) and analysis depicted that data was missing completely at random

(MCAR). Normality of the data was then checked using skewness and kurtosis as well as outliers. Exploratory factor analysis was then conducted to determine which of the items on each instrument were to be retained by performing an exploratory component analysis with direct oblimin rotation. A threshold of .40 was used to select items that loaded on a particular construct

Researchers heavily rooted in structural equation modelling continue to propose a number of techniques with the purpose of addressing some challenges including statistical power (MacCallum, Browne, & Sugawara, 1996; Muthen & Muthen, 2002), missing values (Graham, 2003) as well as equivalent models (Raykov & Marcoulides, 2001). One of such new developments in SEM is item parceling (Matsunaga, 2008). Item parceling is a technique of aggregating individual items on a scale into one or more “parcels” (Kiston & Widaman, 1994; Matsunaga, 2008). The process of aggregating or combining the items is either through random or a non-random means (Matsunaga, 2008; Rogers & Schmitt, 2004). These parcels were rather used as latent constructs instead of the individual items (Matsunaga, 2008). The present study employed this technique (item parceling) in reducing the individual items of the instruments used into parcels for easy data analysis. The various items and their factor loadings which met the threshold (.40) and further used in the item parceling is presented in appendix 1.

The data in SPSS was later exported into Covariance Based-Structural Equation Modelling AMOS (CB-SEM AMOS) from which a Confirmatory Factor Analysis (CFA) was conducted. SEM has been labelled as a blend of confirmatory factor analysis and multiple regression (Ullman & Bentler, 2012) and hence one can assume SEM to be a combination of CFA techniques and multiple regression but can also be used for exploratory purposes. Schreiber, Nora, Stage, Barlov and King (2006) argues that SEM is able to reduce observed variables into smaller latent variables by examining the covariation in the observed variables. Another important issue

worth discussing is model fit for which researchers have suggested a number of indicators to assess the fitness of a model (Schreiber et. al., 2006). The current study employed Goodness-of-fit (GFI), Adjusted Goodness-of-fit (AGFI), root mean square error of approximation (RMSEA), Chi-square goodness-of-fit, comparative fit index (CFI) and PCLOSE (Henseler & Sarstedt, 2013; Hu & Bentler, 1999; Schreiber et. al., 2006).

With the aid of SEM, the relationship between variables are established using two main equations (measurement and structural equations) and are considered to be robust multivariate techniques (Schreiber et. al., 2006). On one hand, the measurement equation tests the accuracy of the measurement proposed by means of assessing the relationships between the latent variables and the respective indicators while on the other hand, the structural equation enables us to test the hypothesized relationships between the latent variables as well to test the hypotheses statistically (Byrne, 2016; Ullman & Bentler, 2012). In addition to these, Savalei and Bentler (2010) indicate that SEM enables modelling of correlated error terms, measurement error and interactions, just to mention a few. Compared with the traditional regression, SEM is able to handle certain complexities such as moderating and mediating variables relating with multiple dependent and independent variables. The study used the CB-SEM AMOS to explain and make predictions about the relationships between the variables in the current study.

Validity and Reliability Analyses for (CFA) Measurement Model

An instrument for data collection is held to be valid if it measures what it intends to measure. To ensure this, the researcher together with the supervisor reviewed the questionnaire to be administered to check on the face as well as the content validity of the instruments. On the other hand, convergent validity was recognised using an Average Value Extracted (AVE) with a threshold of 0.5 as recommended by Fornell and Larcker (1981). All latent variables in the study

exceeded the threshold which indicate that there is adequate convergent validity between the variables. Again, discriminant validity was examined by ensuring that the AVE for each latent variable is greater than the squared correlations with all of the other latent variables (Fornell & Larcker, 1981). This suggests that each construct is distinct from the other and the summary of this is represented in the table below.

Table 3.3: Validity and Reliability Analyses for (CFA) Measurement Model

Variables	Cronbach's Alpha	Composite reliability (CR)	AVE
Emotional intelligence	.794	.747	.525
Deep acting	.773	.760	.518
Surface acting	.803	.797	.537
Perceived organisational support	.814	.771	.532
Job satisfaction	.791	.680	.516
Organisational commitment	.908	.904	.575

Source: Field Survey (2018)

Table 3.4: Fornell-Lacker Procedure for Discriminant Validity

Variables	1	2	3	4	5	6
Emotional intelligence	.725					
Deep acting	.032	.720				
Surface acting	.227	.160	.733			
Perceived organisational support	.345	.175	-.246	.730		
Organisational commitment	.265	-.002	-.197	.552	.758	
Job satisfaction	.157	-.336	.602	.669	-.140	.718

Source: Field Survey (2018)

NB: coefficients in bold faces are the square root of AVE while the rest of the coefficients represent the squared correlation estimation between the constructs.

Convergent validity as well as discriminant validity were assessed for each construct based on their respective maximum shared variance (MSV) and average variance extracted (AVE) (Hair, Sarstedt, Ringle, Mena, 2012). While AVE reflects the amount of variance an observed variable explains its underlying construct (an indication of the construct's convergent validity), MSV reflects the maximum variance an observed variable explains in a construct other than the underlying latent construct. According to Hair et. al (2012), for a construct to demonstrate convergent validity, the AVE should be at least 0.50. The current study also indicated that all constructs reported AVE greater than the recommended 0.50. On the other hand, discriminant validity was examined by comparing each of the AVEs with its respective MSV (Fornell & Larker, 1981). Discriminant validity is established when the AVE for a construct is greater than the variance it shares with another construct (MSV). As indicated in table 3.3, the AVEs for each construct are greater than their respective MSV which shows the constructs had adequate

discriminant validity. Reliability for each construct was re-assessed using composite reliability. Generally, the constructs in the study reported adequate levels of reliability. With the exception of job satisfaction which reported a composite reliability of .680 (see table 3.3), the reliability estimates for the other constructs exceeded the threshold of 0.70 as recommended by Nunnally (1978) and Gliem & Gliem (2003).

3.6 Methodology for the Qualitative Study

This section of the chapter focuses on reporting the methodology employed in the qualitative study. The section highlights the research approach and procedure used in the study to achieve the qualitative research objectives. It also highlights the qualitative research strategy, the philosophical disposition of the methodology, the research design, sample size used, sampling technique employed, the instruments for data collection, data collection procedure, the inclusion and exclusion criteria as well as the reliability and validity of the instrument used.

3.6.1 Philosophical Disposition

The philosophical underpinning to a qualitative method is interpretivist (constructivist) which emerges from idealism perspective (Boateng, 2014; Sale, Lohfeld & Brazil, 2002). The ontological predisposition of the paradigm argues that there is no single reality out there but rather reality depends on the mental structures of individuals hence, multiple realities based on the construction and interpretation of the realities of individuals (Boateng, 2014; Edwall, Hellström, Öhrn, Danielson, 2008). The epistemological disposition of the paradigm argues that ‘truth’ is multi-various and subjective and therefore, there is co-generation of knowledge on a subject matter between the researcher and the interviewee. In the same vein, the researcher holds to the view that qualitative method emphasizes on transferability, that is, the extent to which one can transfer described experiences on a subject matter to other settings based on the vivid and depth

of description provided (Boateng, 2014; Sale et. al., 2002). Axiologically, the paradigm argues that values or information is deep-seated in data (Boateng, 2014).

3.6.2 Research Design

The qualitative study of the study employed an explorative and multiple case study designs. The study employed an explorative design because the study area is emerging in the Ghanaian context and therefore, further exploration into the subject matter is required (Boateng, 2014). The study is a multiple case study different cases emanating from different departments and units of different health facilities were used for the study.

3.6.3 Population, Sample and Sampling Technique

The population for the qualitative study involved the staff nurses and midwives, including their managers, in the various hospitals used for the study. The staff nurses and midwives of the various units, departments and health facilities were chosen for this part of the study because they have been engaged in the health care profession for a considerable number of years and have diversified experiences in relation to the emotional demands of health care. In a qualitative study, there is an attempt to understand smaller number of participants' worldview rather than testing hypotheses based on a large sample (Edwall, Hellström, Öhrn, Danielson, 2008). The qualitative study was guided by 20 sampled cases and the principles of saturation (Edwall, Hellström, Öhrn, Danielson, 2008). With saturation, interviews discontinued when respondents were not adding anything new to the discourse. On the basis of this, fifteen (15) respondents were purposively sampled to ensure richness of information (Smith, Flowers, & Larkin, 2009).

3.6.4 Inclusion and Exclusion Criteria

The qualitative study was interested in unearthing the underlining reasons for the results in the quantitative study. The first criterion for the qualitative study was that the interviewee was part of the quantitative study. Secondly, the health professionals interviewed have been in the profession or organisation for not less than five (5) years and are staff nurses of the particular institution. Staff nurses and midwives who were not part of the quantitative study were not selected for the qualitative study. As well, health professionals who have not been in profession/organisation for five (5) years excluded from the qualitative study.

3.6.5 Qualitative Instrument and Procedure

Qualitative data was collected via face-to-face interviews with the respondents. Before the interviews were conducted, initial contact was made with the respondents for their consent to be given. Respondents were assured of confidentiality and anonymity even though the face-to-face interviews were captured using an audio recorder. A semi-structured interview guide was used to examine respondents' perception of emotional labour, emotional intelligence and job attitudes as well as perceived organisational support (Berg, 2007; Creswell, 2014). The flexibility of the semi-structured interview allowed for a deep exploration into the social and personal worlds of the participants. Where possible, follow up questions were asked to clarify or seek more information (Rubin & Rubin, 2011). Face-to-face interviews were conducted for all interviews. Attached on the appendix is the interview guide used for interviews. Each of the recorded interviews conducted lasted between 25-35 minutes which were later transcribed for the purposes of data analysis.

3.6.6 Reliability, Validity and Coding of Data

Reliability

Recorded interviews and transcribed data were repeated listened to and read through simultaneously with the purpose of making sure there were no obvious errors (Braun & Clarke, 2006; Flick & Gibbs, 2007; Gibbs, 2007). In addition to making the data more reliable for analysis, all transcriptions of the recorded interviews were done by the researcher. Transcribed data was also read through by the researcher supervisor to identify potential errors.

Validity

To establish the validity of the transcribed interviews, some of the interviewees were sent a copy of their interviews to check the appropriateness of the transcribed data. Other interviewees were contacted via phone calls to establish the appropriateness of the transcribed data (Flick & Gibbs, 2007; Gibbs, 2007). All respondents agreed to the transcribed data.

Data Coding

Transcribed data was fed into NVIVO (qualitative data organizing tool) which helped the researcher to generate codes after the transcriptions were read through a number of times. The generated codes were then organized into themes and subthemes (Abugre, 2013; Braun & Clarke, 2006; Osafo, Hjelmeland, Akotia, & Knizek, 2011).

3.6.7 Data analysis of Qualitative Interviews

The study employed the thematic analysis in order unravel some level of patterned meaning within the qualitative data-set (Braun & Clarke, 2006). This approach to data analysis encompasses identifying and describing both explicit and implicit ideas rather than just word or phrase counting (Guest, MacQueen, & Namey, 2012). The use of thematic analysis enabled the researcher to

identify, classify as well as delineate patterns within the data in order to help interpret the various aspects of the research topic (Braun & Clarke, 2006). It is worth stating that data analysis began just after in-depth interviews were completed. All recorded interviews were transcribed and these transcripts were read over and over with the purpose of identifying themes and linking patterns of the transcripts. Statements and quotes that reinforced specific emerging themes were documented and associated to the development of the various themes which allowed the narratives to naturally flow from the viewpoints of the respondents (Smith & Osborn, 2003). These narratives were further explored through the interpretation of the researcher (Smith & Osborn, 2003). When themes emerging from the data analysed were assembled, coherent links between them were established which reflected a more theoretical ordering and interpretation of the data (Smith & Osborn, 2003).

3.7 Ethical Considerations

Borrowing argument made by Brewerton and Millward (2001), it is very relevant for behavioural science researchers to pay attention to and adhere to key ethical implications as part of the research process. The researcher particular attention to key ethical issues guiding the conduct of research with the use of humans. Giant professional bodies such as the American Psychological Association and British Psychological Society subscribe to ethical principles underlining researches involving humans. With this in mind, the research was conducted with institutional approval sought from University of Ghana Business, Department of Organisation and Human Resource Management. Thus, an ethical clearance from the Department of Organisation and Human Resource Management of the University of Ghana Business School was obtained which gave the research some institutional backing. The approval of the study was accompanied by an introductory letter which was presented to the various health facilities used in the study.

Second, informed consent was sought from all prospective respondents before they were administered with the questionnaires. Similarly, these respondents were also provided with thorough and necessary information about the study including the relevance of the study and their participation.

In addition, anonymity and confidentiality as ethical principles were considered in this study. On the principle of anonymity, the researcher ensured respondents of the fact that their identity as respondents will not be disclosed and hence, no personal information such as name of the respondent, the social security number and address of the respondent were excluded in the data collection process. On the other hand, the principle of confidentiality was also held such that respondents were assured that there was no personal information disclosed by the respondents which was reported and tied to the personal identity of the participants. In relation to, the researcher made sure that information disclosed by the respondents was used only for the purpose of academic exercise and were not disclosed to a third party without the consent of the respondents. Respondents were also at liberty to be part of the study or not and as well as withdraw from the study as and when they wish to.

CHAPTER FOUR

PRESENTATION OF RESULTS

Introduction

This chapter of the present study focuses on the analysis and presentation of results from both the quantitative and qualitative data collected. The chapter first begins with the presentation of the results from the quantitative data consisting of demographic characteristics of research respondents, test of normality and outliers, exploratory and confirmatory factor analyses, structural equation modelling (measurement and structural model) and the results of hypotheses tested. The results from the qualitative data were also presented depicting the demographic characteristics of the respondents, themes and subthemes that emanated from the data and also provided further information on the results from the quantitative study.

4.1 FINDINGS FROM QUANTITATIVE DATA

4.1.1 Demographic Analysis

Table 4.1 indicates a summary of the demographic characteristics of the research respondents for the quantitative strand of the study which depicts the gender, age, marital status, educational background, religion, tenure of work and cadres of nurses used. Table 4.1 shows that majority of the respondents (83.3%) are females indicating that nursing and midwifery profession is dominated by females. Table 4.1 also indicates that more than 50 % of the respondents were between 20-30 years indicating the youth nature of the respondents. Similarly, 56% of the respondents were married, 55.8% were diploma holders, majority of the respondents (33.3%) were general nurses, 75% of the respondents had worked with the organisation between 1 to 5 years and 91.5% were Christians.

Table 4.1: A summary of the demographic characteristics of the research respondents

Variable	Frequency (N)	Percentage (%)
Gender:		
Male	57	16.7
Female	285	83.3
Age*:		
20-30 years	185	55.2
31-40 years	125	37.3
41-50 years	14	4.2
51-60 years	11	3.3
Marital status*:		
Single	146	43.6
Married	188	56.1
Divorced	1	0.3
Education:		
SSCE/O' level/A' level	12	3.6
Diploma	191	55.8
Certificate	20	5.8
Bachelor's degree	83	24.3
Master's degree	16	4.7
Others	20	5.8
Cadres of nursing*:		
General nurse	109	33.3
Midwifery	71	21.7
Public health nurse	21	6.4
Community nurse	17	5.2
Psychiatric nurse	60	16.8
Nurse assistant	43	13.1
Others	12	3.4
Tenure of work*:		
1-5 years	249	75
6-10 years	59	17.7
11-15 years	15	4.5
16 years and above	9	2.7
Religion*:		
Christian	301	91.5
Islam	28	8.5

Source: Field Survey, 2018***missing data**

4.1.2 Data Screening and Examination

Data entries were carefully screened to rectify all incorrect entries. Missing values were then analysed which indicated that data was missing not at random. Normality as well as outliers were also checked before further statistical analyses were conducted. The detail of the missing values analysis, normality and outliers' analyses are presented below:

4.1.2.1 Missing Values Analysis

When missing values data is missing at random, there is the need for the data to be dealt with as it has the tendency of affecting the quality of the data. Researchers have suggested some ways of handling missing data. To some researchers, missing data can be deleted completely while some researchers suggest that missing values can be replaced. For the current study, the researcher employed the Expectation Maximisation (EM) method to check if the data was missing at random or otherwise (Gold & Bentler, 2000). This gave the basis as to how to deal with the missing values. The data revealed that missing values were not missing at random and therefore, the missing data posed no threat to the quality of the data.

4.1.2.2 Investigation of Outliers

SEM analysis requires that data to be analysed should be normally distributed and therefore, there should be no outliers in the data. Both univariate and multivariate outliers were analysed. While univariate outlier indicates a distant of an observation from other observations, multivariate outlier is shown when a combination of scores from multiple variables is distant from other combinations. Univariate outlier was analysed using stem and leaf while multivariate outlier was analysed using Mahalanobis Distance statistic. There was no identified outliers from the data.

4.1.2.3 Test of Data Normality

The normality of the data was tested using skewness and kurtosis. Researchers have recommended that skewness and kurtosis should be between -2 and +2 (George & Mallery, 2010). The data analysed revealed that all study variables were within -2 and +2 indicating that the data was normally distributed. The summary of the normal distribution of the data is presented in the table below.

Table 4.2: A summary of the normality test table

Variables	Min	Max	Skewness	Kurtosis
Emotional Intelligence (EI)	2.30	5.00	-.320	.883
Surface acting	1.00	5.00	.437	-.129
Deep acting	1.00	5.00	-.255	-.440
Perceived organisational support (POS)	0.00	5.38	.021	-.397
Job satisfaction	1.80	5.00	-.345	.210
Organisational commitment	1.67	7.00	-.397	-.615

Source: Field Survey (2018)

4.1.3 Exploratory factor analyses (EFA)

Exploratory factor analysis was conducted with the purpose of extracting the exact factor that contribute to the constructs. EFA was also conducted to make sure that the items which have high correlations with their variables were retained for further analysis in SEM while the items with low correlations with their correlations were deleted. In the EFA, the Kaiser-Meyer-Olkin (KMO) Sampling Adequacy test, the Bartlett's test of Sphericity (p-value) and the Cumulative Variance Explained (CVE) were all tested and the summary of the result is presented in table 4.3.

Table 4.3: A summary of the Exploratory Factor Analysis of the study variables

Variables	CVE (%)	KMO	Bartlett's test (p-value)
EI	64.326	.752	.000
EL	65.295	.672	.000
POS	60.022	.726	.000
Job satisfaction (JS)	51.220	.805	.000
Organisational commitment (OC)	58.875	.897	.000

Source: Field Survey (2018)

Table 4.4 above indicates that KMO for each variable met the threshold of 0.6 and the Bartlett's test of Sphericity were all significant. As well, CVE for each variable was greater than 50% or 0.5 suggesting that the data was sufficient and has met the criteria for further analysis in SEM.

4.1.4 Structural Equation Modelling Results (Measurement and Structural)

The structural equation modelling for data was tested using both the measurement model and structural model. An initial measurement model based on the data was tested to check on the model fit indices. Whether necessary, adjustment (covariances) were made which led to a final measurement model (confirmatory factor analysis). The structural model was used to test the hypothesized relationships between the study variables. The detail of the results for both the measurement and structural models are presented as follows:

Figure 2: Initial Measurement Model Assessment

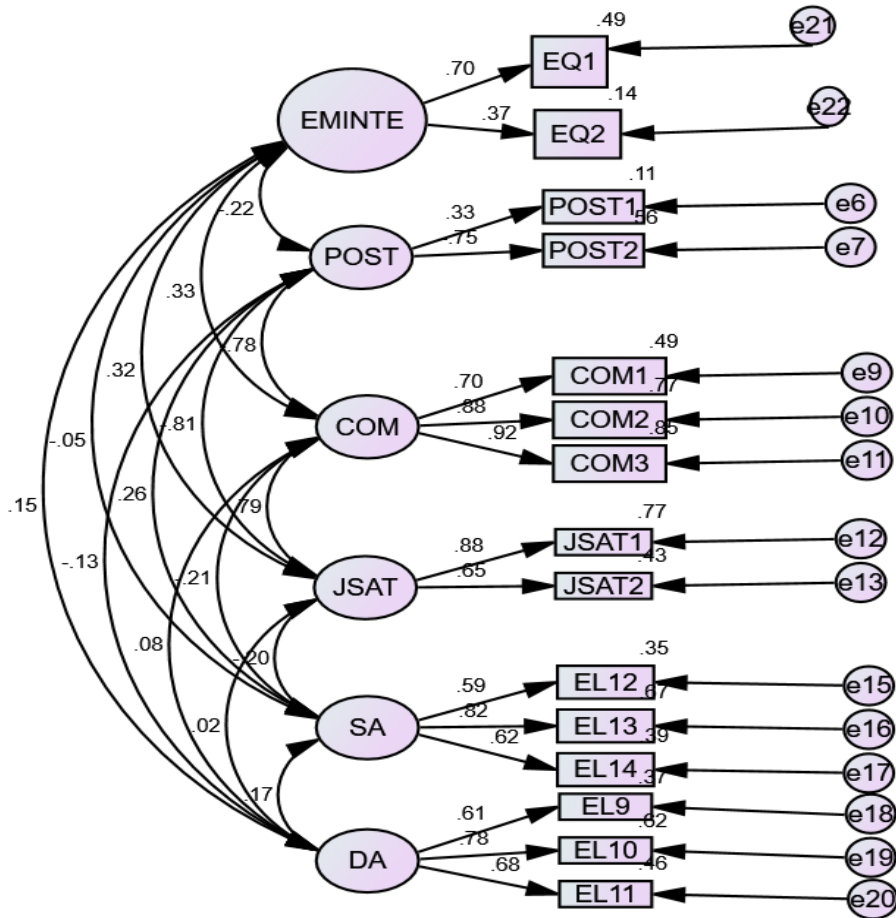


Figure 3: Final Measurement Model Assessment

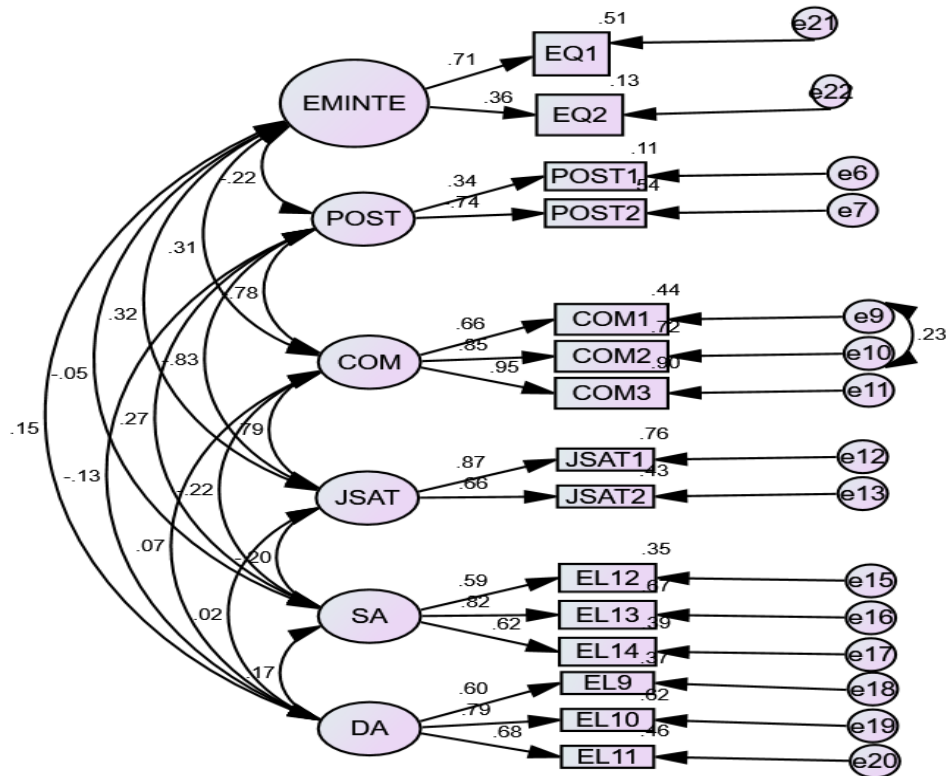


Figure 3: Validation of Test of the Measurement Model (Confirmatory Factor Analysis)

A measurement model was conducted to examine the factor structure and distinctiveness of the variables used in the study. A 6-factor measurement model (confirmatory factor analysis) was estimated for all the latent variables. For each scale item parcel, an estimate of how it loads on its respective latent variable in the model was generated. Model fit indices including comparative fit index (CFI), root mean square error of approximation (RMSEA) and Tucker-Lewis

Index (TLI) were used to test the fitness of the model. The indices showed that the measurement model fairly fit the data well (CFI= .939, TLI= .912, RMSEA= .064, PLCOSE=.029). The result is summarized in table 4.4 below.

Table 4.4: A summary of the model fit indices for the validation of the measurement model

	Estimate	Threshold	Interpretation	Authors
CFI	0.939	>.095	Acceptable	Hu & Bentler (1999); Schreiber et. al. (2006)
TLI	0.912	>.095	Acceptable	Hu & Bentler (1999); Schreiber et. al. (2006)
RMSEA	.064	<0.06	Acceptable	Hu & Bentler (1999); Schreiber et. al. (2006)
PCLOSE	.029	>0.05	Acceptable	Hu & Bentler (1999); Schreiber et. al. (2006)
CMIN/DF	2.400	Between 1 and 3	Excellent	Hu & Bentler (1999); Schreiber et. al. (2006)
SRMR	0.053	<0.08	Excellent	Hu & Bentler (1999); Schreiber et. al. (2006)

Source: Field Survey (2018)

Table 4.4 on model fit indices shows that the fit indices for the validation of the measurement model were all at least acceptable which indicate the goodness of the data for further analysis.

Prior to testing the precise relationship between the study variables and hypotheses testing, an intercorrelation matrix using the Pearson Product Moment Correlation Coefficient was used to test the possible relationships between the study variables. This paved the way for subsequent analyses to be conducted on the precise relationships between the variables and also test the stated hypotheses

4.1.5 Correlational Analysis

Table 4.5: A summary of the intercorrelation matrix showing the relationships between the study variables

Variables	Mean	SD	1	2	3	4	5	6	7	8	9	10	11	12
1. EI	3.93	0.58	1.000											
2. POS	3.02	1.43	0.12*	1.00										
3. OC	4.89	1.53	0.32**	0.46**	1.00									
4. JS	3.66	0.78	0.24**	0.52**	0.62**	1.00								
5. DA	2.40	0.94	0.13*	0.08	0.12*	0.08	1.00							
6. SA	3.17	0.91	-0.15**	-0.23**	-0.18**	-0.22**	0.08	1.00						
7. GENDER	1.85	0.41	0.02	-0.01	0.08	0.05	0.11	-0.10	1.00					
8. AGE	1.55	0.75	0.13*	0.13*	0.08	0.02	0.10	-0.18**	0.12*	1.00				
9. MARITAL STATUS	1.55	0.50	0.13*	0.06	0.01	-0.01	0.17**	-0.12*	0.35**	0.45**	1.00			
10. EDUCATION	2.94	1.29	-0.04	-0.08	-0.15**	-0.13*	0.03	0.05	-0.15**	0.04	-0.04	1.00		
11. CADRES OF NURSING	2.92	1.97	0.06	0.04	-0.02	0.09	0.05	-0.00	-0.09	-0.13*	-0.10	0.01	1.00	
12. TENURE OF WORK	1.96	0.81	0.18**	0.15**	0.09	0.04	0.11	-0.18**	0.07	0.60	0.41**	0.03	0.00	1.00

EI= emotional intelligence, POS=perceived organisational support, OC= organisational commitment, JS=job satisfaction, DA=deep acting, SA=surface acting.

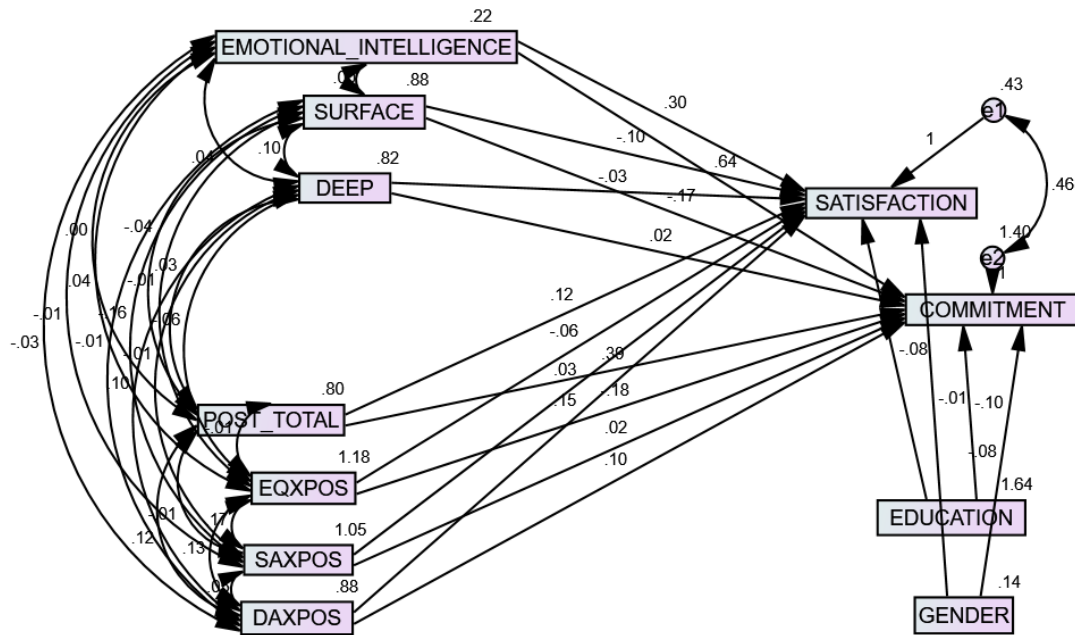
Source: Field Survey (2018)

*p<0.05

**p<0.01

Table 4.5 shows that the highest correlation was reported between organisational commitment and job satisfaction [$r=.62, p<0.05$] while the least correlation was reported between cadres of nursing and tenure of work [$r=.00, p>0.05$]. The table further reveals that emotional intelligence, deep acting, surface acting and perceived organisational support related significantly with organisational commitment [$r=.32, p<0.05$; $r=.12, p<0.05$; $r=-.18, p<0.05$; $r=.46, p<0.05$ respectively]. In the same vein, with the exception of deep acting [$r=.08, p>0.05$], emotional intelligence, surface acting and perceived organisational support related significantly with job satisfaction [$r=.24, p<0.05$; $r=-.22, p<0.05$; $r=.52, p<0.05$ respectively]. In terms of the demographic characteristics, education was the only variable that significantly related with both organisational commitment and job satisfaction [$r=-.15, p<0.05$; $r=-.13, p<0.05$ respectively].

Figure 4: Path Analysis of Hypothesised Relationships



4.1.6 Validation of Test of the Structural Model

The hypotheses for the study were tested by conducting latent variable structural equation modelling analysis using SEM with maximum likelihood estimation in IBM AMOS 21.0. The critical ratios for the standardized regression weights of each path were ascertained to ascertain with paths, if any, were not significant. Fit indices indicated that the hypothesized model fitted the data well (CFI= .964, TLI=.917, RMSEA= .045, PCLOSE=.564). Hence, the hypothesized model was retained to test the hypotheses for the study. The summary of the model fit indices for structural model is presented in table 4.6 below.

Table 4.6: A summary of the model fit indices for the validation of the structural model

Goodness of fit indices	Estimate	Threshold	Interpretation	Authors
CFI	0.964	>.095	Excellent	Hu & Bentler (1999); Schreiber et. al. (2006)
TLI	0.917	>.095	Acceptable	Hu & Bentler (1999); Schreiber et. al. (2006)
RMSEA	.045	<0.06	Excellent	Hu & Bentler (1999); Schreiber et. al. (2006)
PCLOSE	.0564	>0.05	Excellent	Hu & Bentler (1999); Schreiber et. al. (2006)
CMIN/DF	1.693	Between 1 and 3	Excellent	Hu & Bentler (1999); Schreiber et. al. (2006)

Source: Field Survey (2018)

The table above shows that with the exception of TLI, all other model fit indices reported to excellent indicating the model was maintained in testing hypotheses.

4.1.7 Test of Hypotheses

The study hypothesized relationships between emotional intelligence and emotional labour (independent variables) and job satisfaction and organisational commitment as outcome variables. As well, the study hypothesized a moderating role of perceived organisational support in these relationships. A summary of the results from the analysed data is presented in table 4.7 below.

Table 4.7: A summary of the table showing the relationships between the study variables

		Estimate	S.E.	C.R.	P	Label
COMMITMENT	<--- EMOTIONAL_INTELLIGENCE	.240	.144	4.621	***	
COMMITMENT	<--- SURFACE	-.139	.073	-2.652	.008	
SATISFACTION	<--- EMOTIONAL_INTELLIGENCE	.206	.077	3.988	***	
SATISFACTION	<--- SURFACE	-.140	.039	-2.684	.007	
COMMITMENT	<--- DEEP	.016	.076	.300	.764	
SATISFACTION	<--- DEEP	-.034	.041	-.660	.509	
COMMITMENT	<--- POS TOTAL	.393	.073	5.394	***	
SATISFACTION	<--- POS TOTAL	.120	.040	2.980	.003	
COMMITMENT	<--- GENDER	.005	.144	.133	.894	
SATISFACTION	<--- GENDER	-.013	.095	-.137	.891	
COMMITMENT	<--- EDUCATION	-.103	.050	-2.064	.039	
SATISFACTION	<--- EDUCATION	-.082	.023	-2.008	.045	
COMMITMENT	<--- SAXPOS	.010	.067	.182	.856	
SATISFACTION	<--- SAXPOS	.036	.036	.694	.487	
SATISFACTION	<--- DAXPOS	.229	.039	4.406	***	
COMMITMENT	<--- DAXPOS	.116	.073	2.218	.027	
SATISFACTION	<--- EQXPOS	-.110	.034	-1.981	.039	
COMMITMENT	<--- EQXPOS	-.161	.064	-3.059	.002	

Source: Field Survey (2018)

The study hypothesized that surface acting will negatively predict job satisfaction and organisational commitment. In line with this postulation, results from the SEM analysis showed that surface acting had a significant negative relationship with job satisfaction and organisational commitment [$\beta = -.151$, $p < 0.05$; $\beta = -.143$, $p < 0.05$ respectively]. This indicates that the first hypothesis was fully supported. In hypothesis 2, it was stated that deep acting will significantly predict job satisfaction and organisational commitment. However, the result from the SEM

analysis did not show any significant relationship between the variables [$\beta=.003$, $p>0.05$; $\beta=.042$, $p>0.05$ respectively]. Thus, hypothesis 2 was not supported.

The study also hypothesized that emotional intelligence will significantly predict job satisfaction and organisational commitment. As indicated in table 4.8, emotional intelligence contributed positively and significantly to job satisfaction and organisational commitment [$\beta=.178$, $p<0.05$; $\beta=.217$, $p<0.05$ respectively]. This shows that the third hypothesis is also fully supported.

To examine the moderating role of perceived organisational support, it was hypothesised in 4a that perceived organisational support will moderate the relationship between emotional labour (surface acting and deep acting) and job satisfaction. The analysis of the data showed that while relationship between deep and job satisfaction was significantly moderated by perceived organisational support [$\beta=.229$, $p<0.05$], the relationship between surface acting and job satisfaction was not moderated by perceived organisational support [$\beta=.036$, $p>0.05$]. This finding indicates that hypothesis 4a is partially supported. Hypothesis 4b stated that the relationship between emotional labour (surface acting and deep acting) and organisational commitment will be moderated by perceived organisational support. The results from the SEM analysis revealed that while relationship between deep acting and organisational commitment was moderated by perceived organisational support [$\beta=.116$, $p<0.05$], the relationship between surface acting and organisational commitment was not moderated by perceived organisational support [$\beta=.010$, $p>0.05$]. Thus, hypothesis 4b was also partially supported.

Hypothesis 5a for the study stated that the relationship between emotional intelligence and job satisfaction will be moderated by perceived organisational support. Analysis of the data, using SEM supported this hypothesis [$\beta=-.11$, $p<0,05$]. In the same vein, it was stated in hypothesis 5b that the relationship between emotional intelligence and organisational commitment will be

moderated by perceived organisational support. The analysed data supported this hypothesis [$\beta = -.161, p < 0.05$].

A further analysis on the moderating effect of POS on the relationship between emotional labour, emotional intelligence and job attitudes (job satisfaction and organisational commitment) was conducted using AMOS extension based on Baron and Kenny's (1986) recommendation. The graphical presentation of the moderating effects of POS is presented in appendix 2.

4.2 FINDINGS FROM QUALITATIVE STUDY

The qualitative study was set to triangulate and provide further explanations to the results in the quantitative study. That is to say, the crux of the qualitative study was to unearth the lived-experiences of nursing and midwives in relation to the emotional expressions of the healthcare profession. The study employed Thematic Analysis to bring out the meanings that these health service workers assign to the emotional labour and emotional intelligence in relation to their profession, why they engage in them and the reason(s) behind the connections that exist among emotional intelligence, emotional labour and their job attitudes. Themes and sub-themes were generated which were buttressed with relevant quotes expressed by respondents. Based on two research objectives formulated for the qualitative study, five main themes were generated.

The study used 15 participants who were interviewed on a one-on-one basis who shared varying perspectives on the subject matter. The demographic characteristics of the participants is presented in the table below.

Table 4.8: Demographic Characteristics of Qualitative Study Participants

Sex	Age	Marital status	Religion	Position	Job title	Education	Years of practice
1. Female	37 years	Married	Christian	Managerial	Principal nursing officer	Degree	10 years
2. Female	33 years	Married	Christian	Non-Managerial	Nursing officer	Degree	7 years
3. Female	34 years	Married	Christian	Managerial	Nursing officer	Degree	8 years
4. Female	57 years	Married	Christian	Managerial	Deputy director of nursing	Degree	33 years
5. Female	33 years	Married	Christian	Managerial	Nursing officer	Degree	8 years
6. Female	35-40 years	Married	Christian	Managerial	Nursing officer	Degree	11 years
7. Female	28 years	Married	Muslim	Non-Managerial	Nursing officer	Degree	5 years
8. Male	28 years	Single	Christian	Non-Managerial	Nursing officer	Diploma	5 years
9. Female	56 years	Married	Christian	Managerial	Principal nursing officer	Degree	37 years
10. Female	57 years	Married	Muslim	Managerial	Midwife	Degree	23 years
11. Female	30 years +	Married	Christian	Non-Managerial	midwife	Diploma	7 years
12. Female	30-35 years	Married	Christian	Managerial	Nursing officer	Degree	9 years
13. Female	32 years	Married	Christian	Non-managerial	Senior nurse officer	Diploma	7 years
14. Female	58 years	Separated	Christian	Managerial	Principal nursing officer	O' level	36 years
15. Male	30 years	Single	Christian	Non-Managerial	Nursing officer	Master's degree	9 years

Source: Field Interviews (2018)

4.2.1 Main findings of Qualitative Study

With the use of Thematic Analysis, the study discovered five main thematic areas which tend to address the two research objectives set for the qualitative strand of the study. Themes which emerged from the study included meaning assigned to emotional labour, understanding/conceptualisation of emotional intelligence, personal resources, religio-social resources and organisational resources. In the same vein, sub-themes emanated from the main themes which included, but not limited to, response to normative organizational standards, religion/spirituality, psychological capital, social support and perceived organisational support. The summary of the main themes and sub-themes which emanated from the qualitative study is presented in the table below.

Themes	Sub-themes	Selected quotes
Meaning assigned to emotional labour	<ul style="list-style-type: none"> • Response to normative organisational standards 	<p><i>for example, when a patient or a relative makes you angry or may be verbally he abuses you or something, there even though displaying emotions is part of you, you are not expected to display that negative emotion. So when it comes to those negative emotions like attack and things you are expected to control yourself and not to play along these negative emotions. (female, p1)</i></p> <p><i>So you are always required to show happiness, no sign of remorse, no sign of stress, tension, no-no, you are always supposed to be happy before your clients because we believe that a happy emotions promote healing so you are always supposed to show this uhm, create that atmosphere around you so that your patient get this motivation that he is getting well. (male, p15)</i></p>
Understanding of emotional intelligence	<ul style="list-style-type: none"> • Self-control/ regulation • Empathy/ Social skills 	<p><i>we are looking at how you are able to manage emotions, how you're able to manage it because you are at work, you can't be frowning everyday, if you are angry you can't come and display it on other people so at least you look at it and then how do you manage it, that is how I understand it. (female, p4)</i></p> <p><i>yes, you know when you are working with these patients, you know it's a situation that can happen to anybody, you understand anybody and in case anybody behaves roughly to you, because you encounter them to will get to know, it's part of life, it's part of human being, yeah (female, p13)</i></p>
Personal resources	<ul style="list-style-type: none"> • Psychological capital • Normalization/ routinization 	<p><i>Me I'm able to put my emotions in check so I decide when I want to get angry then I get angry, I don't just get angry (female, p11).</i></p> <p><i>yeah, (laughs) no human being is the same, we are all special in our own way therefore I think I'm special that's how I'm able to handle these demands. I'm able to stand a lot of pressure even with patients who are uh, difficult. (Female, p7)</i></p> <p><i>You don't take it personal because if you do you will die early, oh yes, you don't take it personal because somebody can just come and stand in front of you and insult you without any cause. You are consulting with doctors and because they think you are consulting with doctors, you can discharge them so after the prescribers have left, they will come to you, I want you to discharge me and you will tell them you cannot, eei, it's a different issue altogether. So I think we've grown to accept, like it's the nature of the job so we don't really take them personal (female, p12)</i></p>
Religio-social resources	<ul style="list-style-type: none"> • Religion/ spirituality • Social support 	<p><i>for me, I see this profession as a calling so I do the work wholeheartedly. My Bible teaches me to love my neighbor as myself so I try as much as possible to understand and empathise with other people. (female, p2)</i></p>

		<i>Ohh, as for family they are always encouraging us. As for my family, they are always by my side and they encourage me a lot especially my husband and my children. After all, how many years is left, you will soon go on pension and I'm always happy for that (female, p9)</i>
Organisational resources	<ul style="list-style-type: none"> • Perceived Organisational support • Job security 	<p><i>If you do something and you are acknowledged that ooh you are doing well keep it up, then I will be committed in doing more. But when the situation is like you are doing something and nobody is even appreciating you then I don't feel the motives it means I won't do (female, p11)</i></p> <p><i>Because at the end of the day you know that at the end of the month you will receive something, it's better than you not working at all but if there is any other chance, any moment from now, it's just that they are just keeping me, I want to move, I want to divert totally (female, p13)</i></p>

Source: Field Interviews (2018)

Meaning assigned to Emotional Labour

Emotional labour as a concept seems to be a new construct to most health professionals in the Ghanaian context. For example, when the health professionals were asked of their understanding of the term “emotional labour”, they admitted that they have not heard the word before. However, McGrure (2002) argues that “meanings” reflect the interpretation that individuals give to situations, conditions or phenomena emerging from a wider worldview. The worldview of the individual could refer to the socio-cultural context of the individual, the sample under consideration and the complexity of erratic experiences of individuals.

Based on the 15 participants who were interviewed, emotional labour is conceived as a normative emotional reflection among the health professionals used for the study.

Response to Normative Organisational Standards

The conceptualization and meaning that respondents assigned to emotional labour hovers around “response to normative organisational standards”- they conceive emotional labour as an occupational/organisational requirement to show happiness to clients/patients, suppress/hide their negative emotions and/or display natural emotions. Almost all respondents (n=14) alluded to the fact that emotional labour is an occupational requirement. For instance, in the words of one general nurse with 10 years of working experience:

for example, when a patient or a relative makes you angry or may be verbally he abuses you or something, there even though displaying emotions is part of you, you are not expected to display that negative emotion. So when it comes to those negative emotions like attack and things you are expected to control yourself and not to play along these negative emotions. (female, p1)

Another general nurse with 8 years of working experience alluded to the same fact by saying:

So you are always required to show happiness, no sign of remorse, no sign of stress, tension, no-no, you are always supposed to be happy before your clients because we believe that happy

emotions promote healing so you are always supposed create that atmosphere around you so that your patient get this motivation that he is getting well. (male, p15).

Similarly, another general nurse expressed synonymous idea about normative emotional reflection as a meaning to emotional labour.

To a large extent you are expected to control it. You been a human, there will be a time where you will flee up, there will be a time when you are mad. There are times where it could be from a colleague or a client in both ways, but because of the nature of the job you are expected that in such situation you control yourself and try to manage the anger. So, to the negative extent, it is expected of you to try and control it. (female, p6)

A psychiatric nurse with more than 30 years working experience also shared similar sentiment by saying:

Well it is expected of me to be myself when I'm on duty, not try to pretend, you understand. So, I need to feel relaxed in my working environment and be myself because come to think of it, you spend most of your hours here so if you come here and you are going to be acting throughout then you yourself you will not be satisfied. So, it is expected that as I come to work, I need to work in a relaxed environment. Since I'm the one delivering the service it is expected that I'm relaxed and in my best frame of mind and I can give my best without any compulsion or persuasion. That's how I feel about it (female, p6)

Understanding of Emotional Intelligence

Unlike emotional labour is which a relatively new concept to health professionals, health professionals were able to relate and guess a possible meaning of emotional intelligence. This was witnessed in the explanations and conceptualisation of the phenomenon by the health professionals. The understanding of the phenomenon reflected two issues; self-control/regulation and social skills.

Self-control/regulation

To health professionals, emotional intelligence implies an individual's ability and occupational requirement to control and regulate one's emotions. Health professionals alluded that being emotionally intelligent implies that an individual should be able to manage his/her emotions

based on the varying nature of the emotional circumstances of healthcare. One of the general nurses with 36 years of working experience expressed that:

we are looking at how you are able to manage emotions, how you're able to manage it because you are at work, you can't be frowning everyday, if you are angry you can't come and display it on other people so at least you look at it and then how do you manage it, that is how I understand it. (female, p4).

This perspective and understanding of emotional intelligence is also shared by another general nurse who has 11 of work experience:

Well, your ability to be able to master and control yourself during uhm, when you are faced with certain challenging situations whereby you don't betray your emotions because as a nurse you are supposed to be the one giving the encouragement to the people. So when you are faced with emergency and you don't put yourself together, you are the one rather throwing the tantrums, then how would you (smiles) to be able support your clients, you get it. So to me emotional intelligence is the ability of one to be able to master and withstand or demonstrate some level of courage and be able to conduct yourself well within that challenging situations, yeah (female, p6)

In the words of a male general nurse who has been in the profession for 5years, he expressed:

it's like how you are able to cope with your emotions, how you are able to control it because with our job if you are not, you will end up fighting with the patient all the time, honestly you really need to or else you can't (male, p8).

Social Skills/Empathy

The understanding of emotional intelligence by health professionals also reflect social skills. Health professionals conceive emotional intelligence as an ability and occupational requirement to understand and manage the emotions of others, the ability to accommodate others and empathise with others. Being emotionally intelligent requires the individual to have the ability not to only understand and manage their own emotions but also understand and manage the emotions of others. Emotional intelligence as a social skill is expressed by one of the midwives as quoted below:

Yes, because at every point in time people come in with different kind of things and you have to put your emotions aside so that you can take care of them. Sometimes too you have to fit into their shoes and see how best you can help them solve their problems. So you always have to be on your toes emotionally to deliver the best of care for them (female, p11)

In words of a general nurse, the understanding of emotional intelligence still hovers around social skills which is expressed in the quote below:

I think it's about, that's my view, it's about (clears the throat), it's about how smart you are as an individual towards somebody's, let me say emotional needs, like you are smart enough not to offend the person, I think that's being intelligent emotionally, not always about you per say but people around you (female, p9).

Another general nurse who has practicing as a nurse for 11 years expressed that:

err, I think it means managing your emotions, being able to accommodate people. You know, we are all different so if you are able to understand that each and everyone is of a different character then we can say you are emotionally intelligent. (female, p1)

Personal Resources

Emerging theme which tend to provide explanations to how health professionals handle the emotional requirements of their profession and also tend to affect their job attitudes is “personal resources”. This main theme was conceived from two dimensions (psychological capital and routinization).

Psychological Capital

From the viewpoint of some participants, they believe to have certain unique qualities and inner strength of resilience, hope and tenacity which enable them to handle the emotional requirements of the profession. This inner strength, cognitive and psychological ability reflect psychological capital. One of the participants is noted to have expressed that:

yeah, (laughs) no human being is the same, we are all special in our own way therefore I think I'm special that's how I'm able to handle these demands. I'm able to stand a lot of pressure even with patients who are uh, difficult... .. (Female, p7)

In the words of another health professional (midwife) with 7 years of work experience, she appraised herself and puts that:

Me, I'm able to put my emotions in check so I decide when I want to get angry then I get angry, I don't just get angry (female, p11)

Another midwife also sends similar message by saying:

I'm free, I'm very free, when you do something to me, I will tell you that day, that place, finish. I don't send it home, ask them they will tell you. I'm free, if you do me something I won't send it home oo, I will just tell you this is what you've done to me, I don't like it and there it is finished. Somebody will see me the following day and not greet me. I will call you, come here, why are you talking to me just because of yesterday? Are you a Christian or a Muslim, when you went and slept, did you pray?

Routinisation

Health professionals conceive the emotional conditions of their work to be normal/routine duties. They believe they have grown and matured in the profession and this enables them to handle the emotional conditions of the profession which in turn also affects their attitudes on the job. It is not surprising to have witnessed one of the general nurses with 11 years of working experience to have expressed that:

Errr, it has become a routine thing so as and when it comes I handle it but I try very hard, yes, I try very hard to keep more especially, negative emotions under control but for the positive ones, I try to display them because I want my patient to see me outside and say that this nurse helped me a lot, this nurse is really good (female, p1).

A psychiatric nurse who has been in the profession also share similar opinion as witnessed in the quote below:

You don't take it personal because if you do, you will die early. Ooh yes, you don't take it personal because somebody can just come and stand in front of you and insult you without any cause. You are consulting with doctors and because they think you are consulting with doctors you can discharge them so after the prescribers have left, they will come to you, I want you to discharge me and you will tell them you cannot. Eeii, it's a different issue altogether. So I think we've grown to accept, like it's the nature of the job so we don't really take them personal.

(female, p12)

Religio-social Resources

There is no doubt that religion tends to permeate almost all aspects of the African and the Ghanaian life. As well, the Ghanaian and the African culture is structured in such a way that there

is co-dependence; one does not live in isolation. Individuals in these contexts fall on the other in times of challenges. This main theme gave birth to two sub-themes: religion/spirituality and social support.

Religion/Spirituality

As argued earlier, the Ghanaian worldview is infused with religion and spirituality. This is not different from health professionals; they tend to fall on their religious and spiritual resources in the course of handling the emotional conditions of their profession which in turn affects their job attitudes. Health professionals fall on their religious and/or spiritual resources as evidenced in the quote below:

Well, a lot of faith take place, I'm telling you and prayer. A lot of faith because if you want to deal with this on a mere physical level, there will be a time you can't continue, you will feel it's a bother. And also passion for the job, if nursing is not your field and you come in to make money or look for position then you will be so disappointed and so frustrated and that's where you will end up I mean doing displacement. You will end up displacing all your anger on your client. So it's really an important thing and so that's what help us to manage some of these situations (female, p6).

Participant 2, a nursing officer with 7 years of working experience also expressed that:

For me, I see this profession as a calling so I do the work wholeheartedly. My Bible teaches me to love my neighbor as myself so I try as much as possible to understand and empathise with other people. (female, p2)

Similar opinion was again expressed by another general nurse with 7 years of work experience:

Me, for instance, one thing about me is I always tell myself and my colleagues, I don't do the work for man per say but I do it to please God, so ask them, when I come I do my best because at the end of the day God will reward me, not man because here whatever you do they don't appreciate it, ahaa but how I have made my mind, if I rely on them it's not encouraging to me to be committed to the organisation (Female, p13).

Social Support

Health professionals also rely on the support they receive from their co-workers, family, friends, significant other (husbands, wives) in the course of handling and managing the emotional requirements of their profession. The extent of this social support (perceived or received) tend to have some consequential effect on the job attitudes of these professionals. One of the psychiatric nurses expressed this opinion which is evidence in the quote below:

Anyway, I think among us, we try to encourage each other.....oh, for instance, when the water was poured, we had to caution the client who did that and we all came together to do that. So you'll realise that later she came to apologise so it's like we are all onboard together

(female, 12)

The viewpoint of a general nurse with more than 15 years working experience is not different from the earlier viewpoint as expressed below:

Sometimes from colleagues. That's why I say when you are working with colleagues and you are working as a team sometimes you encourage one another. Even if you are in charge and you are the leader you have to be in relationship with your subordinates so that they can come to you and freely share their problems with you then when you also have an issue. So sometimes support from one another as colleagues really help and when you have superiors who will also give you a listening ear and try to if not provide all the incentive packages you need, try to give some little incentive here and there it helps (female, p6)

Another general nurse re-echoes the same argument by saying that:

yeah, from my family because that's the only place I'm able to express myself about what happened to me at work and tell me it's normal, that's how your work is, try to reassure you that your reward is in heaven, that alone is satisfactory, you just get satisfied that you will get some special reward somewhere (female, p7)

Organisational Resources

Aside the issues of personal resources and religio-socio resources, health professionals tend to fall organisational resources including organisational support (perceived or received) and job security to help them deal and cope with the emotional conditions of the work. In effect, the extent

of these resources tends to buffer or strengthen the effect of the emotional requirements of the health care profession. This main theme gave birth to two sub-themes: organisational support (perceived or received) and job security.

Organisational Support

The extent to which employees see their organisation to be concerned about their wellbeing and values their contribution tend to serve as a protective or risk factor to handling emotional conditions and job attitudes. In words of a psychiatric nurse, this opinion is commented:

.....when they provide me with what I need because for me I'm passionate about what I do, I like my job, I do it with the best of my ability so I wouldn't want anything. So for instance, if the motivation is low I have to be looking elsewhere. When I'm talking about motivation not just salary but maybe something small-small. If you do something and you are acknowledged that ooh you are doing well, keep it up, then I will be committed in doing more. But when the situation is like you are doing something and nobody is even appreciating you then I don't feel the motives, it means I won't do it (female, p11).

In other words of another psychiatric nurse, a similar opinion is shared as quoted as follows:

May be there is an issue, we expect them to may be come to the ground and investigate or try to understand why this happened but you will just be there and they will just call for disciplinary committee, you will just go and face it, (laughs), they don't just come down to really understand what is really on the ground because working here and there, it's two different things altogether (female, p12)

The same opinion is also shared by a general nurse who has been working a health professional for the past 9 years.

As for me, my life is, when I do something I want to be appreciated so if I'm not appreciated on what I'm doing I don't see the need to continue. I have to go elsewhere where I will be appreciated for my job and then my output. Because if you are appreciated you will be doing more, you understand. When we were kids and you go to exam and they write 100% keep it up, aren't you motivated to do more next time? But when even the teacher is beating you, then you are like eii, this teacher "paa", then I will fail for you to beat me. So that's how it is (female, p12).

Job Security

Nursing and midwifery as a profession is perceived as a secured job. In Ghana and other parts of the world, the practitioners in this profession are employed by the public sector just after completion of training and examination. It is seen by some interviewees (n=5) as an alternative means for livelihood but not necessarily the passion of it. Therefore, some individuals in the profession are pursuing this profession just because they are employed or had the notion that they will be employed after their training compared to other professions which will require several attempts seeking for employment. The notion that I may be employed just after training may rather attract people into this profession and rather not for the love of the job which require showing natural and true emotions. This is demonstrated as one interviewee is noted to have stated that:

“as for that no, I can’t even think of any, the only support is that at least I’m employed, you know Ghana here most people are unemployed so if I’m employed that’s okay, I don’t want to lose my job so honestly, I don’t receive any other support (male, p8)

Consistently, to a psychiatric nurse, this same opinion is reiterated by stating that:

Because at the end of the day you know that at the end of the month you will receive something, it’s better than you not working at all but if there is any other chance, any moment from now, it’s just that they are just keeping me, I want to move, I want to divert totally (female, p13)

A general nurse is also witnessed to have shared similar perspective by pouring out that:

no, it’s not really personal but at the end of the day you have to work, you have to work to earn a living, you will (female, p7).

4.3 SYNTHESIS OF (QUAN-Qual) FINDINGS

Results that emanated from the quantitative study gave much information on the design of the qualitative study. For instance, the researcher was interested in study 2 (qualitative study) as to why surface acting relationship negatively with job attitudes but deep acting did not have any significant association with job attitudes. From the qualitative study, job security which emerged as a theme provided insight as to why surface acting tends to have a relationship with job attitudes

among health professionals. Consistently, routinization/normalization which also emanated as a subtheme from qualitative study also provided explanation to why deep acting did not have significant relationship with job attitudes. It is worth mentioning that perceived organisational support as a moderating variable in the quantitative study was confirmed in the qualitative study as a resource that health professionals tend to fall on in the course of handling the emotional requirements of their profession. Aside these issues, the qualitative study brought forth psychological, religion/spirituality and social support as other job-related and personal resources from which health professionals tend to lean on in managing their work-related requirements. In a nutshell, findings from the qualitative study provided insight to the quantitative results which enriched the study. A detail of the interconnection between the qualitative study findings and the quantitative study findings are provided in the next chapter (chapter 5) which point to much convergence in the findings.

CHAPTER FIVE

DISCUSSION

Introduction

The focus of this chapter is to discuss the findings of the study. The chapter begins with the summary of the research findings based on the analysis in the previous chapter. The discussion is built in relation with related studies as well as the theoretical underpinnings to the study. The tail end of the discussion reviews the conceptual framework and adjusts it, where necessary. The chapter goes further to draw the implications (theoretical and practical) of the study, provide recommendations for research and practice as well as draw conclusions for the study.

5.1 Summary of Findings

The study is anchored on investigating the relationship between emotional labour, emotional intelligence and job attitudes (job satisfaction and organisational commitment) among health professionals (nurses and midwives) in health facilities.

- Findings from the previous chapter revealed that surface acting and emotional intelligence predicted job satisfaction and organisational commitment. It was also discovered that the relationship between deep acting and job attitudes (job satisfaction and organisational commitment) was moderated by perceived organisational support. On the contrary, the relationships between deep acting and job attitudes were not significant. Consistently, the relationships between surface acting and job attitudes were not moderated by perceived organisational support.

- While some findings from qualitative study tend to corroborate the results from the quantitative study, others revealed divergent findings. Findings from the qualitative study revealed that while emotional labour was conceived as a response to normative organisational standards, emotional intelligence was conceptualised as a social skill and an ability to regulate/control one's emotions. It was further revealed that health professionals tend to fall on a number of resources other than just organisational resource (perceived organisational support); they fall also on personal resources (psychological capital and routinization), religio-social resources (social support and religion/spirituality). The support that health professionals receive from these diverse areas enable them to handle the emotional requirements of their profession as well as exhibit positive attitudes on their job. Elaborative discussions on the findings of the study are presented in the below paragraphs.

5.2 Emotional Labour (surface acting and deep acting) and Job Attitudes (job satisfaction and organisational commitment)

The study postulated in the first hypothesis that surface acting will relate negatively with job satisfaction and organisational commitment. Results from the study confirmed this hypothesis indicating that as health professionals engage more in surface acting, the less likely they show commitment to their organisations and satisfaction on their jobs. It was further hypothesized that deep acting with show positive relationship with organisational commitment and job satisfaction, but the data did not support this postulation. The finding from the study suggests that even though health professionals engage in both surface acting and deep acting, the former tend to be more influential and affecting the job attitudes of health professionals compared to the latter. That is to

say, when employees engage in more pretense of their emotions, fake their emotions and/or suppress their emotions in order to display organisationally accepted emotions, this has a high tendency of affecting (negatively) their job satisfaction and commitment to their organisations.

The engagement in emotional pretense without necessarily altering the inner feelings of the individual leads to emotional dissonance/incongruence (Grandey, 2003). The state of emotional incongruence or dissonance creates an inner tension which has a tendency and negative consequence on employee job attitudes (job satisfaction and organisational commitment). This finding is not far from the reach of empirical studies; it corroborates extant literatures. For instance, Bakker and Heuven (2006); Bogdan, Mariean, Avram and Stan (2010); Cheung and Cheung (2013); Cossette and Hess (2015) and Prentice (2013) all disclosed in the studies that when employees engage in surface acting such that they pretend or fake in enhancing their emotions, falsely smile to clients and hide their natural emotions all contribute to exhibiting negative attitudes on their job and reducing their levels of positive job attitudes. As well, findings from the qualitative data were consistent with the finding in the quantitative data. The conceptualization of emotional labour among health professionals depicts a response to normative organisational standards suggesting that most conceive their emotional experiences as pretense, faking or enhancing emotions in order to meet organisational requirements; employees do not necessarily alter their inner feelings as most employees used the term “*expected*” in explaining the emotional experiences of their job. These employees tend to detach their real emotions from the work experiences but the emotional detachment and “*faking in a bad faith*” rather give birth to low levels of positive job attitudes. It is not surprising as it was revealed in the qualitative data that health professionals perceive their profession as a secured job (job security) since they are employed by the health sector just after completion of their academic work; they may not

necessarily have the passion for the job and hence, not willing to alter their inner feelings to reflect organisational or occupational standards. This may be a possible reason why surface acting had a significant impact on job attitudes rather than deep acting. Surface acting as a predictive variable of job attitudes is well situated in the job demand-resources model which postulates a negative association between job demand (surface acting) and job attitudes (job satisfaction and organisational commitment)

It is worth mentioning that the findings from the present study revealed that deep acting did not significantly predict job attitudes. This finding suggests that the engagement in deep acting (acting in a good faith) does not necessarily have a consequential influence on employee job attitudes (both job satisfaction and organisational commitment). That is to say, when employees try to experience their true emotions by altering their inner feelings to match the organisational/occupational requirements, this emotional congruence does not have the potency of affecting the job attitudes of health professionals. This finding tends to contradict most other empirical studies as conducted by Bakker and Heuven (2006); Bogdan, Mariean, Avram and Stan (2010); Cheung and Cheung (2013); Cossette and Hess (2015) and Prentice (2013). With the exception of Yang and Chang (2008) who disclosed that while deep acting affected organisational commitment as the expense of job satisfaction and Dhurup (2017) pointing that deep acting positively affected job satisfaction, all other extant literatures point to a significant relationship between deep acting and job attitudes. The insignificant relationship between deep acting and job attitudes deepens the inconsistency in emotional labour literature.

The predictive strength of surface acting over deep acting indicates that acting in a bad faith has a higher tendency to affect job attitudes than acting in a good faith in the Ghanaian health setting. Employees in this sector conceive emotional labour as more of organisational requirements

and therefore pretend, fake, suppress or enhance emotions rather than truly expressing their inner feelings to match with the organisational required emotions. The less likelihood of employees to engage in deep acting may also be the underlining reason for its insignificant relationship with job attitudes. It is no surprising that most of the employees in the qualitative study conceived emotional labour using terms such as “*pretense, suppressing or hiding emotions and showing positive emotions*” rather than showing natural emotions or trying to display true emotions on the job. Consistently, employees conceiving the emotional experiences on their job as normal and a routine duty (normalization/routinization), which emanated from the qualitative study, provides an insight to the insignificant relationship between deep acting and job attitudes.

5.3 Emotional intelligence and Job Attitudes (job satisfaction and organisational commitment)

The present study also postulated that emotional intelligence will positively predict job attitudes (job satisfaction and organisational commitment). Data from the study provided evidence to support this assertion. The professional duties of nurses and midwives require them to attend not only to the physical needs of clients/patients but also to the emotional, psychological, social and to some extent, the spiritual needs of the patients. The individual’s ability to navigate through these occupational requirements will thereby imply that the individual has the necessary skill to handle these professional requirements; it suggests the individual possesses a peculiar prowess (emotional intelligence) in order to handle the emotional demands of the health profession. The finding suggests that the even though the health profession require health professionals to understand and manage their emotions as well as those others, the ability and predisposition of doing this gives birth to positive work attitudes including satisfaction on the job and commitment to the organisation. Being emotionally intelligent implies an individual has an ability to self-

regulate emotions, be empathetic/empathic, has social skills, have manage the emotions of others as well as being tolerant. All these contribute to building and molding the personal and social competencies of the individual. These personal and social prowess are extended to the organisation and other related issues thereby making the individual to exhibit positive work attitudes. That is to say, the level of one's emotional intelligence determines the extent and level to which the individual evaluates (positive or negative) his/her job; the higher the level of emotional intelligence, the more positive evaluation of one's job. Therefore, emotional intelligence is witnessed to be a consequential effect on job attitudes. The finding that emotional intelligence gives birth to job attitudes corroborates with other empirical studies; Cekmecelioglu, et. al (2012); Colomeischi and Colomeischi (2014); Mohamad & Jais (2016); Nahid (2012); Tagoe & Quarshie (2016); Trivellasa et. al. (2013) all attested to the finding that emotional intelligence significantly related with job attitudes. It must however be acknowledged that the present study's finding contradicted other related studies; Aghdasi et. al. (2011) and Ghoreishi et. al. (2014) both found that emotional intelligence does not always have a consequential effect on job attitudes. The present study's finding suggests that consistent with most existing literatures on emotional intelligence and job attitudes, the level of emotional intelligence among Ghanaian health professionals gives birth to positive job attitudes.

5.4 Perceived organisational support as a Moderator between Emotional labour and Job Attitudes

The present study further sought to examine the moderating role of perceived organisational support in the relationship between emotional labour and job attitudes. Findings from the study revealed that while perceived organisational support moderated the relationship

between deep acting and job attitudes, the construct failed to moderate the relationship between surface acting and job attitudes. Even though it was witnessed that deep acting does not have a direct effect on employee job attitudes, this finding presupposes that for employees' emotional labour strategy (deep acting) to have an influence on their job attitudes, they rely on the extent to which they see their organisations to be concerned about their wellbeing and value their contributions; when they perceive their organisations to be more supporting, the more likely that the relationship between deep acting and job attitudes is strengthened and vice versa. That is to say, for employees in the health setting to engage/experience true emotions and have consequences on the job attitudes, they expect their organisations to show concerns about their wellbeing and value their contributions. Even though the qualitative data provided evidence for perceived organisational support as a protective factor against the emotional demands of health professionals, it also gave evidence for other resources including personal (psychological capital and routinization) and religio-social (spirituality/religion and social support) as buffer to their emotional demands and experiences as health professionals. The level of these resources available to these health professionals in interaction with their emotional experiences and demands tend to give birth to their job attitudes. The finding corroborates with extant studies; as demonstrated by Hur et. al. (2013); Hur et. al. (2015); Kinman et. al. (2011) and Liebenberg (2011) all attested to the significant role of perceived organisational support in the relationship between deep acting and job attitudes. As well, the argument by the job demand-resources model is confirmed by the present study as shown that the interaction between emotional demands at work and organisational and other resources give birth to job attitudes; a positive interaction produces positive job attitudes and a negative interaction produces negative job attitudes. Consistently, the postulation by the social exchange suggests that for employees to be willing to engage in true emotions as well as alter their

inner feelings to reflect organisational standards and have a consequential effect on job attitudes, they expect their organisations to be more concerned about their wellbeing and also value their contributions.

Conversely, it was disclosed that even though surface acting had a direct effect on job attitudes, perceived organisational support did not moderate the relationship between these variables. It presupposes that as health professionals engage in emotional pretense and suppression, they do not rely on the level of support from their organisation to have a consequential effect on their job attitudes; there is rather a direct and negative relationship between surface acting (emotional pretense and suppression) and job attitudes. It is not surprising that the qualitative study revealed that health professionals in the Ghanaian context conceive their emotional pretense and suppression as a routine and normal work-related experience; they have been exposed to a number of emotional pretense and suppression situations and have therefore, come to accept it as part and parcel of their work. Hence, health professionals in their engagement of surface acting do not fall their organisational resources like organisational support, they are more likely to fall on other resources including social, religious and personal resources. As demonstrated in the qualitative study, health professionals in the Ghanaian context do not solely depend on the organisations in handling the emotional experiences of their professional duties, there are other means for managing their emotional experiences such as their level of personal resources and their religio-social resources. As evidenced from empirical studies (see Kinman et. al., 2011; Liebenberg, 2011; Prentice, 2013), these empirical literatures point to the significant role of other resources (personal and social) rather than organisational, in the relationship between emotional labour and job attitudes. Although the quantitative data did not provide evidence for perceived organisational support as a moderator between surface acting and job attitudes, the qualitative data suggests health

professionals in the Ghanaian context fall on multiple resources (personal, organisational and religio-social) to handle the emotional pretense nature of their job which can have an effect on the job attitudes. This goes a long way to support the argument advanced by the job demand-resources model indicating that multiple resources available to an individual tend to interact with the emotional demands of work environment which then have an impact on work-related attitudes.

5.5 Perceived Organisational Support as a Moderator in the Relationship between Emotional Intelligence and Job Attitudes

In this study, it was postulated that perceived organisational support will significantly moderate the relationship between emotional intelligence and job attitudes (job satisfaction and organisational commitment). Data from both the quantitative and qualitative studies provided evidence to support this postulation. From the quantitative study, it was revealed that perceived organisational support weakens and negatively moderated the relationship between emotional intelligence and job attitudes. This finding presupposes that employee perception of their organisation's concern about their wellbeing is highly negative and therefore overshadows their level of emotional intelligence. The high negative perception of organisation support among the health professionals studied produces the negative consequential effect on their job attitudes even in the presence of their emotional intelligence. It was not surprising as much evidence on the negative and less positive perception of organisational support was shared by some health professionals that *"we expect them to may be come to the ground and investigate or try to understand why this happened but you will just be there and they will just call for disciplinary committee, you will just go and face it"*. This provides evidence to the fact that employees including health professionals expect their organisations to provide them with the necessary

support to enable them to manage and handle the emotional requirements of their job. Even though emotional intelligence tends to have positive consequential effect of job attitudes, the employee perception of organisational support tends to have stronger impact on employee work attitudes such that the more positive perception of the organisation providing support, the more positive employee job attitudes will be and vice versa. This stronger predictive strength of perceived organisational support over employee level of emotional intelligence, as witnessed in this research, tend to determine the direction of the relationship in the interaction effect. The findings from the study presupposes that among Ghanaian health sector professionals, the perception of organisational support is weak (less positive) which tend to have an antagonistic effect on their job attitudes even in the presence of their level emotional prowess. Findings in this light tend to contradict extant studies on the role of perceived organisational support as a moderator in the relationship between emotional intelligence and job attitudes. For instance, Akhtar et. al. (2017), Brackett, Rivers and Salovey (2011), Ju et. al. (2015) and Sahu & Khan (2014), all establish that perceived organisational support tends to serve as a facilitator/strengthens the relationship between emotional intelligence and job attitudes. However, from these extant literatures, conclusion can be drawn that perceived organisational support in those contexts are positive rather than negative which therefore, strengthens the relationship in the variables. Instead, in the Ghanaian context, the perception of organisational support is conceived to be less positive which best explains the underlining reason in the negative moderating effect of perceived organisational support in the relationship between emotional intelligence and job attitudes. Beyond this, the qualitative study was able unveil that health professionals in the Ghanaian context fall on diverse and varying resources aside organisational support to enable them to handle the emotional requirements of their profession. These other resources, as unearth from the qualitative include religio-social resources

(religiosity and social support) and personal resources (psychological capital and routinization). These other resources have a higher potency of serving as positive moderating effects on job attitudes since the qualitative study presupposes the use of personal resources and religio-social resources are more of positive.

5.6 Limitations of the Study

The present study like most other studies, has some potential limitations. The present is a cross-sectional design which failed to understand the changing or constant trends of some variables as witnessed in a longitudinal design. The interpretations of the findings from the present study should therefore be understood as a reflection of a particular time rather than across time. There is the tendency for some variables to witness some changes across different times. However, one cannot overlook the fact that the present study was conducted as an academic requirement within one year which made a longitudinal design highly impossible. The use of a mixed method in the study gave much evidence to the underlining reason(s) between the study variables.

5.7 Theoretical and Practical Implications of the Study

The present study on emotional labour and emotional intelligence as predictors on job attitudes, to the best knowledge of the researcher, is the first of a kind to be conducted in the Ghanaian and Sub-Sahara African context with particular sample selected from health professionals (nurses and midwives); the use of both emotional labour and emotional intelligence in a single study as explanatory variables to job attitudes among service sector workers as well as the use of a sequential mixed-method approach, is unique in the Ghanaian and Sub-Sahara African

context. The study has heavily created a fertile ground for subsequent empirical studies to be conducted in the Ghanaian and Sub-Sahara African setting with the use of other service sector workers. The study also employed a mixed-method approach to provide insight to the variables studied. Empirical studies on emotional labour and emotional intelligence and their correlates with job attitudes have heavily focused on a quantitative approach. This study makes use of both quantitative and qualitative approaches in order to provide more evidence to the findings. The qualitative study was able to more insight to the findings in the quantitative which gives this study much methodological rigorousness. The findings from the study provided much implications both for theoretical and practical reasons.

5.7.1 Theoretical Implications

The theoretical underpinnings to the study was heavily supported by the present study. The study confirmed that the assumption underlining the Job Demand-Resources Model that emotional work demands have negative consequences on job attitudes. Further, the availability of resources (personal, social, religious and organisational) tend to shield the individual in experiencing the negative consequences of the emotional work demands. Consistently, even though the work environment is associated with some physical, psychological, emotional and other demands, an individual's ability to navigate through these demands as well as the level of other resources (organisational, social and religio-social) available to the individual give birth to positive job attitudes.

The study also provides much insight into the social exchange theory. Much evidence in this study was made that perceived organisational support has a consequential effect on employee job attitudes such that when employees perceive their organisations to be more supporting, the more likely they exhibit positive work attitudes and vice versa. The argument is also made that

when employees perceive their organisations to be more supporting, there is the tendency to willingly engage in the emotional requirements of their profession which will then have a positive impact on their job attitudes. On the basis of this, the practical implications of the study are also discussed.

5.7.2 Practical Implications

Much evidence is demonstrated in the study to help improve the work attitudes of employees in the Ghanaian health setting. It was witnessed that employees in the health sector tend to fall on multiple resources (personal, social, organisational and religious/spiritual) in the course of engaging in the emotional requirements of their profession. It is no exaggeration to indicate that when organisations tend to focus on improving the resources of employees (particularly, organisational resources) in the health sector, there will be a less tendency of witnessing the negative consequences associated with the demanding nature of the work environment. Organisations especially, the Human Resource Departments should initiate training or workshops intended to build the personal, social, organisational and religious/spiritual resources of health professionals and other service sector workers. Organisations should show more concern about the wellbeing of employees such that they are provided with the necessary resources to work with, given the opportunity for career growth and development, granted leave when due as well as the organisations valuing the contributions of employees. These have been shown to have a consequential effect on the work-related attitudes of employees in the Ghanaian setting. Consistently, the education and training of health professionals should consider empowering these professionals in line with personal resources (like psychological capital), social resources (like social support) and religious/spiritual resources (religious beliefs) which have demonstrated to be

crucial protective factors in enabling employees in the Ghanaian health setting manage the emotional demands and experiences of the profession. This will in the long run help employees in this setting exhibit more positive attitudes on their jobs and sustain them.

5.8 Recommendations for Future Studies

The study has created a fertile ground for further empirical studies to be conducted in the Ghanaian setting in relation to the variables studied. The study has established a link between normative emotional standards of health professionals (emotional labour and emotional intelligence) and job attitudes as well as the role of personal, social, religious and organisational resources as protective factors. The study employed an explanatory mixed method approach which provided much insight to the relationship between the study variables. Future studies can consider the emotional and psychological wellbeing as an outcome of the emotional demands of the service sector professional work. The introduction of health-related variables in future can help establish the link between the physical and psychological demands of service sector work and employee health in the presence of some resources, as argued by the Job Demand-Resources Model.

Even though the present study employed a mixed method approach in providing insight to the link between the variables studied, it failed to use a longitudinal design. Cross-sectional designs provide information at a point in time. Future studies can consider the use of longitudinal designs to understand the changing trends of the related constructs especially, job attitudes since these have the tendency to change over time.

5.9 Conclusion

The emotional experiences and demands of healthcare professionals including nurses and midwives cannot be overlooked; these tend to affect the job attitudes and other related issues as witnessed in this study. The emotional demands of nursing and midwifery profession suggest

employees in this sector are to show certain organisationally desired emotions which require them to either alter their inner feelings to reflect the organisational standards or rather hide or suppress their inner feelings (mostly negative ones). Displaying organisationally/occupationally desired emotions also suggests the individual need to have some ability to manage his or her emotions as well as those others; possess both personal and social competencies. That is to say, health professionals including nurses and midwives are expected and required to be emotionally intelligent in dealing with clients and other professional duties. In an attempt to handle these emotional demands of the healthcare profession, these professionals turn to available resources (personal, social, organisational and religious/spiritual). The level and availability of these resources serve as protective factors against the negative consequences of the emotional demands of the healthcare profession. The interaction between the emotional requirements of the health profession and the level of resources available have an impact on the job attitudes of the professionals. The present study, with the use of a mixed-method, provided evidence for the relationship between emotional labour, emotional intelligence and job attitudes and the moderating role of perceived organisational support in this relationship. The conceptualization of emotional labour and emotional intelligence among the health professionals studied and reliance of other resources other than just organisational resources were also explored in the qualitative study which provided insight to the quantitative data. The implications (both theoretical and practical) were discussed in this thesis which provide direction to researchers and practitioners.

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APPENDICES

APPENDIX 1

Pattern Matrix^a

	Component	
	1	2
POS1		0.765
POS2	0.789	
POS3	0.764	
POS4		0.698
POS5	0.835	
POS6		0.817
POS7	0.723	
POS8		0.776

Component Matrix^a

	Component
	1
OC1	0.501
OC2	0.766
OC3	0.645
OC4	0.791
OC5	0.833
OC6	0.876
OC7	0.863
OC8	0.726
OC9	0.804

Patten matrix

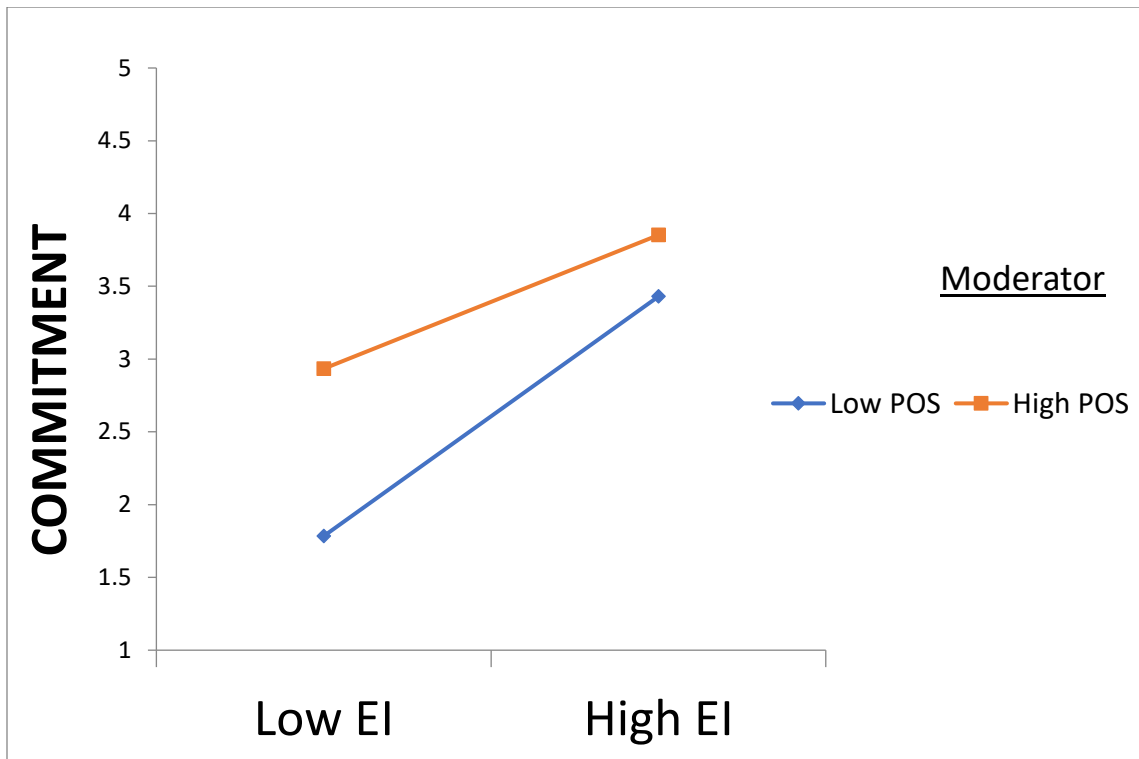
	Component	
	1	2
EI4	0.451	
EI9	0.587	
EI18		0.743
EI20		0.701

EI25		0.511
EI26	0.532	
EI30	0.780	
EI31	0.654	
EI32		0.645
EI10	0.761	

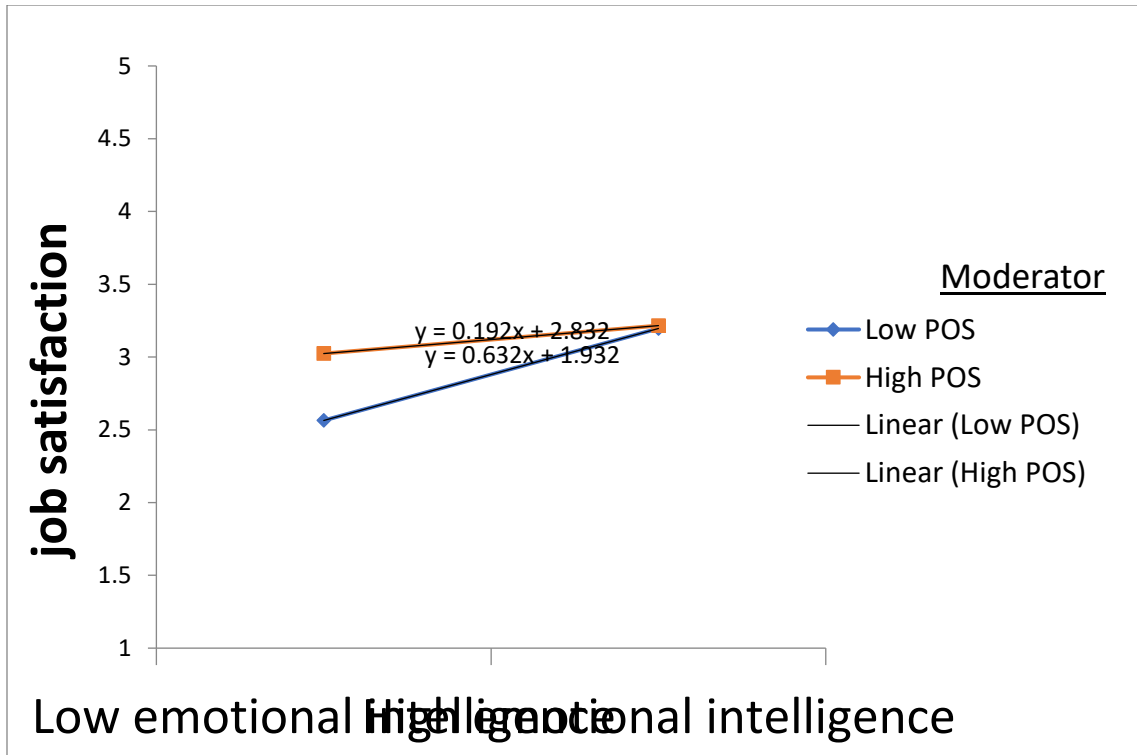
Component		
	1	2
EL9	0.771	
EL10	0.839	
EL11	0.802	
EL12		0.752
EL13		0.829
EL14		0.816

Component	
1	
JS2	0.694
JS3	0.719
JS4	0.743
JS6	0.709
JS7	0.732

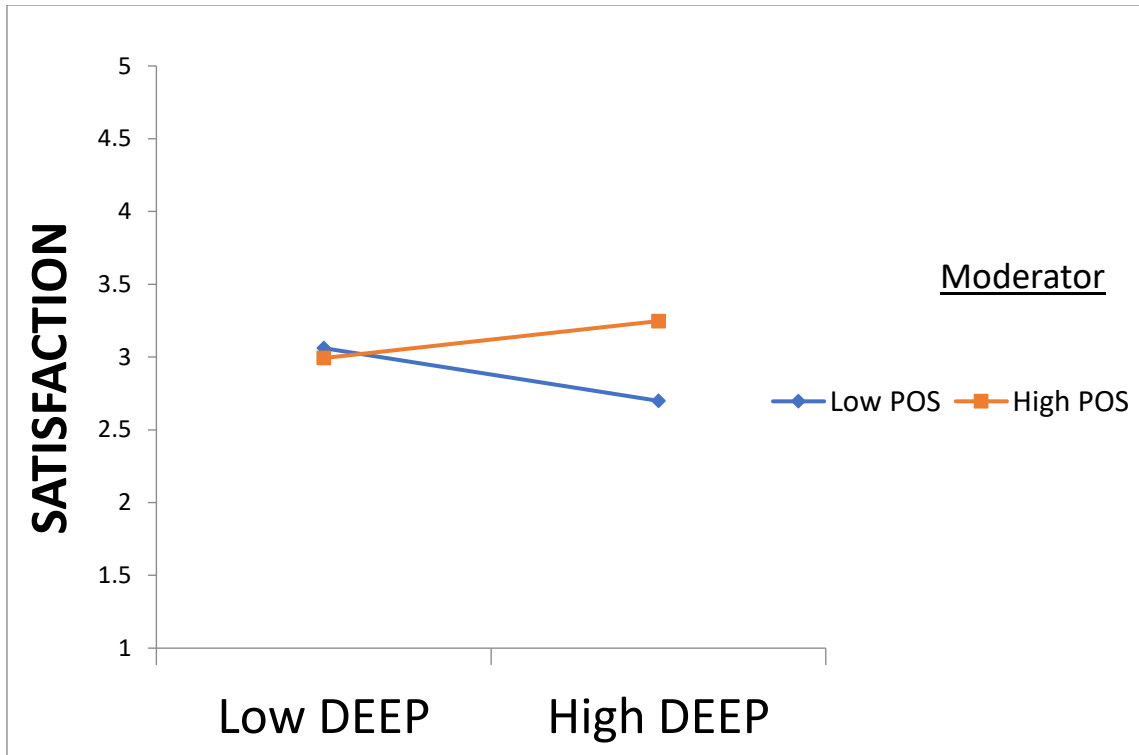
APPENDIX 2



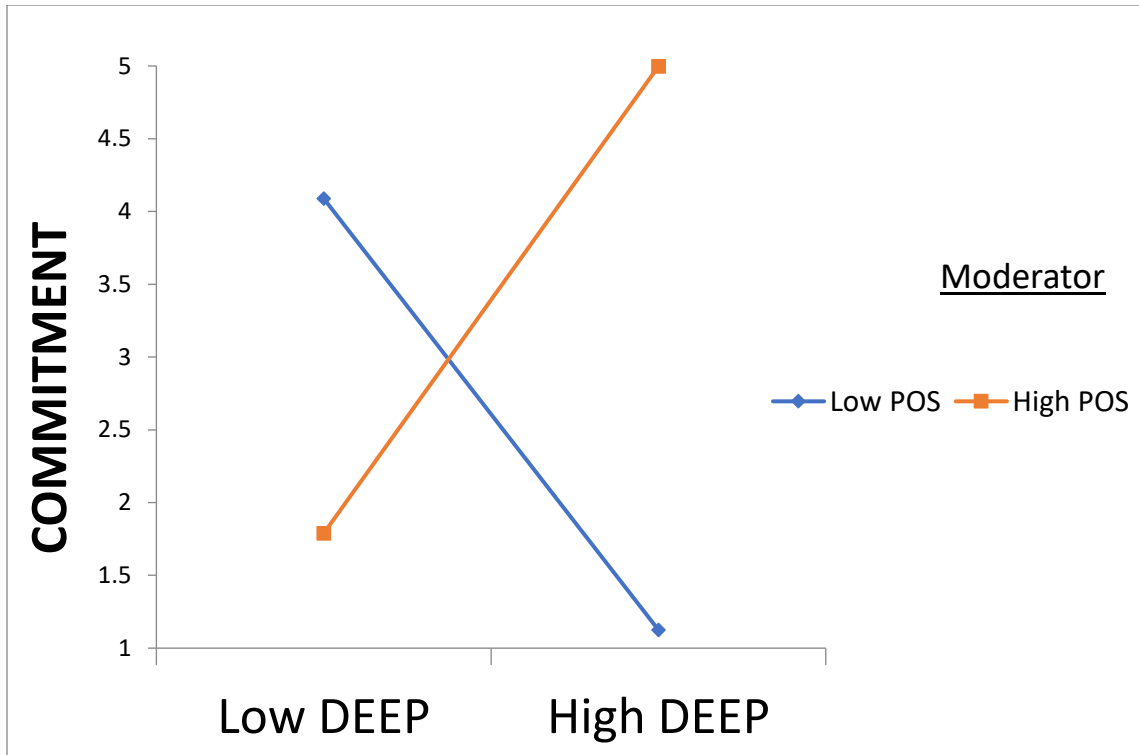
POS dampens the positive relationship between EI and COMMITMENT.



POS dampens the positive relationship between emotional intelligence and job satisfaction.



POS dampens the negative relationship between DEEP and SATISFACTION.



POS strengthens the positive relationship between DEEP and COMMITMENT.

APPENDIX 3

INFORMATION SHEET

Dear Research Participant,

I am an Mphil student of the University of Ghana Business School at the Department of Organisation and Human Resource Management. The current study is interested in the emotional intelligence, emotional labour as well the job attitudes among workers in the service sector (including bankers, nurses and teachers). The overall aim of the research is to examine the extent to which emotional labour and emotional intelligence are related with employees' job attitudes. Should you agree to take part in the study, all your records will be seen by the study researcher only. Information and results of the study that are shared with other researchers will not contain any identifiable (personal) information such as names or contact details. Every effort will be made to keep your information confidential.

In the event of any problems or concerns, you may contact:

Researcher: Joshua Safo Lartey

Research Supervisor: Dr. Obi-Berko Damoah

Contact: 0248383721

Contact: 0541451411

Email: jsklartey@gmail.com

email: obiberko@gmail.com

SECTION A

Instruction: Indicate the extent to which each item applies to you using the following scale:

1 = strongly disagree 2 = disagree 3 = neither disagree nor agree 4 = agree 5 = strongly agree

- _____ 1. I know when to speak about my personal problems to others.
- _____ 2. When I am faced with obstacles, I remember times I faced similar obstacles and overcame them.
- _____ 3. I expect that I will do well on most things I try.
- _____ 4. Other people find it easy to confide in me.
- _____ 5. I find it hard to understand the nonverbal messages of other people.
- _____ 6. Some of the major events of my life have led me to re-evaluate what is important and not important.
- _____ 7. When my mood changes, I see new possibilities.
- _____ 8. Emotions are some of the things that make my life worth living.
- _____ 9. I am aware of my emotions as I experience them.
- _____ 10. I expect good things to happen.
- _____ 11. I like to share my emotions with others.
- _____ 12. When I experience a positive emotion, I know how to make it last.
- _____ 13. I arrange events others enjoy.
- _____ 14. I seek out activities that make me happy.
- _____ 15. I am aware of the nonverbal messages I send to others.

- _____ 16. I present myself in a way that makes a good impression on others.
- _____ 17. When I am in a positive mood, solving problems is easy for me.
- _____ 18. By looking at their facial expressions, I recognize the emotions people are experiencing.
- _____ 19. I know why my emotions change.
- _____ 20. When I am in a positive mood, I am able to come up with new ideas.
- _____ 21. I have control over my emotions.
- _____ 22. I easily recognize my emotions as I experience them.
- _____ 23. I motivate myself by imagining a good outcome to tasks I take on.
- _____ 24. I compliment others when they have done something well.
- _____ 25. I am aware of the nonverbal messages other people send.
- _____ 26. When another person tells me about an important event in his or her life, I almost feel as though I have experienced this event myself.
- _____ 27. When I feel a change in emotions, I tend to come up with new ideas.
- _____ 28. When I am faced with a challenge, I give up because I believe I will fail.
- _____ 29. I know what other people are feeling just by looking at them.
- _____ 30. I help other people feel better when they are down.
- _____ 31. I use good moods to help myself keep trying in the face of obstacles.
- _____ 32. I can tell how people are feeling by listening to the tone of their voice.
- _____ 33. It is difficult for me to understand why people feel the way they do.

SECTION B

Please read each statement carefully and for each statement please indicate the choice that is most appropriate to you. Your choice should reflect the type of emotional labour you perform at work. Note that, all answers are accepted thus there is no right or wrong answers. For each response write in a number from 1 to 5 in the blank space before each item.

Use the following keys to response to the items: 1= Never, 2=Rarely, 3=sometimes, 4=often and 5=always

- 1.Frequently interact with patients/customers/pupils.
- 2. Adopt certain emotions as part of your job.
- 3. Express particular emotions needed for your job.
- 4. Express intense emotions.
- 5. Show some strong emotions.
- 6. Display many different kinds of emotions.
- 7. Express many different emotions.
- 8. Display many different emotions when interacting with others.
- 9.Make an effort to actually feel the emotions that I need to display to others.
- 10. Try to actually experience the emotions that I must show.
- 11. Really try to feel the emotions that I must show as part of my job.
- 12. Resist expressing my true feelings.
- 13. Pretend to have emotions that I don't really have.
- 14. Hide my true feelings about a situation.

SECTION C

Listed below are statements that represent possible opinions that you may have about working at your organisation. Please indicate the degree of your agreement or disagreement with each statement by filling in your answer that best represents your point of view about your organization. Please choose from the following answers:

0=strongly disagree 1=moderately disagree 2=slightly disagree 3= neither agree nor disagree
4=slightly agree 5=moderately agree 6=strongly agree

	STATEMENTS	0	1	2	3	4	5	6
1-	The organization values my contribution to its well-being.							
2-	The organization fails to appreciate any extra effort from me.							
3-	The organization would ignore any complaint from me.							
4-	The organization really cares about my well-being.							
5-	Even if I did the best job possible, the organization would fail to notice.							
6-	The organization cares about my general satisfaction at work.							
7-	The organization shows very little concern for me							
8-	The organization takes pride in my accomplishments at work.							

SECTION D

Instructions: Listed below are comments about how people may feel about their organizations. Using the seven-point scale provided, please indicate your level of agreement or disagreement with each comment. Scale: (1) strongly disagree, (2) moderately disagree, (3) slightly disagree, (4) neither disagree nor agree, (5) slightly agree, (6) moderately agree, and (7) strongly agree.

S	STATEMENT	1	2	3	4	5	6	7
1	I am willing to put in a great deal of effort beyond that normally expected in order to help this organization be successful							
2	I talk up this organization to my friends as a great organization to work for							
3	I would accept almost any types of job assignment in order to keep working for this organization							
4	I find that my values and the organization's values are similar.							
5	I am proud to tell others that I am part of this organisation							
6	This organization really inspires the very best in me in the way of job performance							
7	I am extremely glad that I chose this organization to work for over others I was considering at the time I joined							
8	I really care about the fate of this organization							
9	For me, this is the best of all possible organization for which to work							

SECTION E

Instructions: Listed below are comments about how people may feel about their work. Using the five-point scale provided, please indicate your level of agreement or disagreement with each comment

1=very dissatisfied 2=dissatisfied 3=can't decide 4=satisfied 5=very satisfied

1	All in all, how satisfied are you with the persons in your work group?	1	2	3	4	5
2	All in all, how satisfied are you with your supervisor?	1	2	3	4	5
3	All in all, how satisfied are you with your job?	1	2	3	4	5
4	All in all, how satisfied are you with this organization, compared to most?	1	2	3	4	5
5	Considering your skills and the effort you put into your work, how satisfied are you with your pay?	1	2	3	4	5
6	How satisfied do you feel with the progress you have made in this organization up to now?	1	2	3	4	5
7	How satisfied do you feel with your chance for getting ahead in this organization in the future?	1	2	3	4	5

BIOGRAPHICAL DATA

Instructions: Please answer the following questions by ticking the appropriate box.

Gender: (1) Male (2) Female

Age: (1) 20-30 years (2) 31-40 years (3) 41-50 years (4) 51-60 years
 (5) 61 years and above

Marital status: (1) Single (2) Married (3) Divorced (4) Widowed
 (5) Remarried

Highest Educational Qualification: (1) SSCE/WASSCE/O' Level (2) Diploma
 (3) HND (4) Bachelor's Degree (5) Master's Degree (6) Others (specify)

Cadres of nursing: (1) General Nurse (2) Midwifery (3) Public Health Nurse
 (4) Community Nurse (5) Psychiatric Nurse (6) Nurse Assistant
 (7) Others (specify)

Job position/Title: _____

Number of years in the position: (1) less than 1 year (2) 1-5 years (3) 6-10 years
 (4) 11-15 years (5) 16 years +

Religion: (1) Christianity [] (2) Islam [] (3) Others (specify)
.....

Ownership of organization: (1) Public [] (2) Private []

THANK YOU VERY MUCH