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Emotional intelligence and perceived organizational support as predictors of emotional exhaustion among nurses and midwives

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Abstract

Purpose – Navigating the physical and emotional conditions of patients on daily basis can be emotionally exhaustive, requiring health professional to regulate their emotions in order to provide quality healthcare. The present study set out to examine the consequential effect of emotional intelligence and perceived organizational support (POS) on emotional exhaustion of nurses and midwives in the Ghanaian context. The study also examined the effects of age and cadres of nursing and midwifery on emotional exhaustion.

Design/methodology/approach – The study was quantitative in nature and employed the cross-sectional design in sampling respondents. The study was conducted in four public hospitals and two quasi-public hospitals in three main districts in the Greater Accra Region of Ghana. A sample of 342 nurses and midwives were proportionately sampled from various health facilities. The sample constituted of staff nurses and midwives.

Findings – The study revealed that while age, cadres of nursing and midwifery and POS had consequential effects on emotional exhaustion, emotional intelligence failed to predict emotional exhaustion.

Originality/value – Findings of the study draw the attention to the importance of organizational support in attenuating the emotional exhaustion associated with the nursing profession.

Keywords Emotional intelligence, Organizational support, Emotional exhaustion, Emotional management, Health professionals

Paper type Research paper

Introduction

Professional healthcare delivery is anchored with emotional regulation and management (Cecil and Glass, 2015). Thus, besides providing physical care to patients/clients, the role of health professionals particularly nurses and midwives requires them to be empathic, have adequate social skills, be aware of own emotions as well as being able to regulate and control these emotions (Cecil and Glass, 2015; Hayward and Tuckey, 2011). Emotional intelligence is therefore a key skill needed for excellent service delivery among healthcare providers particularly nurses and midwives who mostly are at the forefront of service delivery at the various health centres.

The responsibilities of healthcare professionals (nurses and midwives) are emotionally demanding (Okeke and Dlamini, 2013) and therefore have the tendency to elicit emotional

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exhaustion. However, personal resources like emotional intelligence have been found to attenuate the experience of emotional exhaustion emanating from the job demands of healthcare professionals (Lambert *et al.*, 2009).

One group of researchers conceive emotional intelligence as a trait (Lee and Chelladurai, 2018; Petrides, 2011) while others conceive the phenomenon as an ability (Petrides, 2011), and to others, the phenomenon is conceived as a mixed trait-ability (Gayathri and Meenakshi, 2013). However, central to these conceptions is an ability to perceive, understand and manage one's own emotions and the emotions of others (Mayer *et al.*, 2008). Individuals who are emotionally intelligent mostly exhibit positive work-related behaviours including improved job satisfaction, high commitment to work and high levels of engagement at work (Rankin, 2013). On the contrary, emotional intelligence is noted to be negatively associated with negative work attitudes such as turnover intentions, counterproductive work behaviours and job dissatisfaction among employees (Trivellas *et al.*, 2013).

In the same vein, organizational resources including how employees perceive the supporting nature of the organization (perceived organizational support [POS]) also helps health professionals to manage the emotional demands of their job, thus attenuating their experience of emotional exhaustion associated with their roles (Van Droogenbroeck *et al.*, 2014). Consequentially, when employees have high levels of emotional intelligence coupled with positive perception of organizational support, they are more likely to show less emotional exhaustion (Lee *et al.*, 2019). On the other hand, when employees are low on emotional intelligence and/or have negative perception of organizational support, they tend to exhibit high levels of emotional exhaustion in the face of their professional duties (Johnson *et al.*, 2012; Lee *et al.*, 2019).

Researchers have examined the variables emotional intelligence, POS and emotional exhaustion in separate studies (Johnson *et al.*, 2012; Ju *et al.*, 2015; Yang *et al.*, 2009). However, there is a paucity of research examining the comprehensive relationship between these variables in the same study in order to better understand the interrelationships between these variables. Similarly, empirical studies have failed to pay attention to the role of specific demographic variables of nurses and midwives including age and cadres of nursing in predicting health professionals' experience of emotional exhaustion (Ju *et al.*, 2015). Likewise, studies involving these variables in the Sub-Saharan context have been at the embryonic stage. The current study is therefore intended to examine an all-inclusive relationship between emotional intelligence, POS, age, cadres of nursing and midwifery and emotional exhaustion.

Theoretical underpinning

The job-demand resources model

The study is anchored on the job demand-resource model, which argues that work environment is associated with some physiological and psychological demands which give birth to negative outcomes (Bakker, 2011). However, the work environment also associated with some resources including workplace social support and organizational support (Bakker, 2011; Carmeli, 2003; Rankin, 2013). These resources have been found to have buffering effect on work-related outcomes including emotional exhaustion (Bakker and Demerouti, 2014; Lartey *et al.*, 2019).

In line with the present study, the work environment of professional healthcare is accompanied with varying demands (physical, social and emotional) (Lartey *et al.*, 2020; McQueen, 2004). Nevertheless, health professionals fall on resources, be it personal (emotional intelligence) (Bakker and Demerouti, 2014), social (social support) or organizational (organizational support) (Eisenberger *et al.*, 2001; Eisenberger *et al.*, 2004; Gyekye and Salminen, 2009), in order to buffer the demanding nature of their professional duties and thereby reducing negative work outcomes like emotional exhaustion.

The theory again assumes an interaction effect between job demands and job resources on work-related outcomes (Bakker and Demerouti, 2014). The theory stipulates two main possible interactions between job demands and job resources on the one hand and work outcomes on the other hand. In the first interaction, job resources tend to buffer (i.e. weaken or even change the direction of) 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.*, 2007). The second interaction term is where job resources tend to strengthen the relationship between job demands and negative work outcomes such as emotional exhaustion (Park *et al.*, 2016).

In line with the present study, emotional exhaustion of the nursing and midwifery profession emanates from the emotional demands of the profession. Nevertheless, these professionals fall on their personal resources like emotional intelligence and organizational resources like organizational support to shield them against the experience of emotional exhaustion. Hence, the extent to which these resources are available will have a direct effect on the level of emotional exhaustion.

Review of related studies

The extant literature points to the fact that personal resources, such as emotional intelligence, are negatively related with emotional exhaustion and therefore provides evidence for the relevance of personal resources in organizational context (Johnson *et al.*, 2012; Ju *et al.*, 2015). Related to the above, Brackett *et al.* (2010) in an empirical study found that service sector workers (teachers) who exhibited higher levels of emotional regulation efficacy reported less level of burnout. Earlier evidence reveals that equipping employees with emotional intelligence serves as an effective tool to help employees combat the emotional demands of their job and become more stress resilient (Moon and Hur, 2011). Similarly, Szczygiel and Mikolajczak (2018) in a study among nurses found that emotional intelligence served as a protective factor for employees against the risk of burnout and other psychological health.

H1. On the basis of the arguments posed by the job demand-resource model and extant studies, it is hypothesized that emotional intelligence will relate negatively with emotional exhaustion among nurses.

Organizational support is identified to enable employees to cope and manage the stressful nature of the work environment (Bakker and Demerouti, 2014; Eisenberger *et al.*, 2001; Eisenberger *et al.*, 2004). Myriad of studies have indicated when employees perceive their organizations' to be supporting, they report higher psychological health and less negative work outcomes including emotional exhaustion (Eisenberger *et al.*, 2001, 2004; Lo, 2014). In another empirical study by Arnold and Dupre's (2012), it was uncovered that POS positively related with the health of employees.

H2. On the basis of the theoretical postulation by the job demand-resource model and empirical studies, it is therefore hypothesized that POS will negatively predict emotional exhaustion.

Most of the empirical studies examining the relationship between emotional intelligence and emotional exhaustion have employed varying mediating/moderating variables such as job satisfaction (Brackett *et al.*, 2010), self-efficacy (Tsouloupas *et al.*, 2010) and work affect (Kafetsios and Zampetakis, 2008); little is known of the moderating role of POS in the relationship between emotional intelligence and emotional exhaustion (Ju *et al.*, 2015). The extant literature provides evidence to the fact that employees who are high on emotional intelligence are more likely to perceive their organizations to provide support (Lartey, 2018),

which in turn affects their experience of emotional exhaustion (Brakett *et al.*, 2011). For instance, when Ju *et al.* (2015) conducted their study among teachers in China, it was discovered that workplace support further weakened the relationship between employee emotional intelligence and job burnout. In the same vein, Brackett *et al.* (2011) disclosed emotional intelligence related significantly with workplace support and workplace affect while workplace support also related significantly with job satisfaction and job burnout.

H3. On the basis of the above expositions, the present study hypothesized that POS will moderate the relationship between emotional intelligence and emotional exhaustion.

Empirical studies have argued the significant influence of age on work-related outcomes (Brewer and Shapard, 2004; Cropanzano *et al.*, 2003; Hsu, 2019). The extant literature points to the fact that age comes along with experience and therefore has the tendency of reducing the negative consequences of emotional demands at work (Amponsah-Tawiah *et al.*, 2014). The fact that older workers are more exposed to life and work challenges and are therefore more experienced to handling such similar challenging situations makes them to be less prone to negative work outcomes (Amponsah-Tawiah *et al.*, 2014). The experience of this category of people serves as a protective factor against the consequences of the emotional demands of their profession. However, contradictory argument points that age rather exposes the individual to negative consequences of work outcomes such that older workers are more prone to negative psychological and physical health due to the deteriorating physical and mental abilities (Hsu, 2019). In the study by Amponsah-Tawiah *et al.* (2014) in Ghana involving employees of large-scale mining companies, it was disclosed that older workers reported better quality of life and general well-being.

H4. On the basis of the aforementioned arguments, it is postulated that age will significantly predict emotional exhaustion among health professionals.

Although work demands among health professionals cannot be overemphasized, there is some clear distinction among cadres of nurses and midwives in relation to emotional demands of the profession, which gives to birth emotional exhaustion (Maslach and Leiter, 2016). Extant studies establish that community-based nurses experience higher levels of emotional exhaustion than the hospital-based nurses (Maslach and Leiter, 2016). Consistently, extant studies indicate that psychiatric nurses tend to report higher levels of job burnout and emotional exhaustion than other categories of nurses (Cronin-Stubbs and Brophy 1985; Hare *et al.*, 1988; Sahraian *et al.*, 2008).

H5. Against the background of the foregoing, the current study postulated that psychiatric nurses will report higher levels of emotional exhaustion than other cadres of nurses and midwives.

Methods

Study design

The present study employed a cross-sectional design with the use of a questionnaire in a survey to assess the variables of interest. Data were collected using a snapshot of the population at one particular point in time (Creswell, 2014). This allowed for a critical mass of participants needed for the study to be reached and assessed.

Population and sample

The target population for the study were nurses and midwives in the Greater Accra Region of Ghana. Nurses and midwives were chosen as the population for the study because these two groups of health professionals are at the forefront of healthcare delivery making them prone to emotional exhaustion. The Greater Accra Region was chosen because it records the largest

number of nurses and midwives, as well as outpatient, turn out in Ghana (Nursing and Midwifery Council of Ghana, 2016). For the purpose of the study, the targeted health professionals were sampled from six health facilities in three main districts in the Greater Accra Region. The health professionals consisted of varying cadres of nursing including general nurses, midwives, public health nurses, community nurses, psychiatric nurses and nurse assistants, among others. This enabled the researchers to have a representative sample of nurses and midwives. The health facilities selected consisted of three general hospitals, two polyclinics and one psychiatric hospital. The health facilities were conveniently selected as they were the facilities that readily granted access. However, the nurses and midwives who participated in the study were proportionately selected based on the population within the facility. A summary of the sample distribution size from each of the health facilities is presented in Table 1 below.

With the use of Miller and Brewer's (2003) sample size determination formula, a sample size of three hundred and twenty (320) was targeted. The researchers distributed 400and retrieved 342responded questionnaires representing 85.5% response rate.

Instrumentation

The study made use of solely primary data which were obtained with the use of questionnaires. Self-administered questionnaires with four sections (Sections A, B, C and D) were distributed among the nurses and midwives. Section A of the questionnaire gathered information on the demographic characteristics of the respondents. Section B of the questionnaire assessed emotional intelligence with the use of the Schuttle self-report emotional intelligence test (SSEIT). The scale is a 33-item instrument with items measured on a five-point Likert scale ranging from 1 to 5. Reliability of the instrument is well documented ranging from 0.70 to 85 (Schutte *et al.*, 2009). As well, validity of the instrument is well documented (Francis *et al.*, 2018). Section C assessed POS. This was assessed with the use of the eight-item scale developed by Eisenberger *et al.* (1997). The individual items on this instrument were measured on a seven-point Likert scale from 0 to 6. The eight-item POS scale is reported to have a high reliability coefficient (0.74–0.95) (Cropanzano *et al.*, 1997 cited in Fields, 2002). In the same vein, validity of the scale is documented (Keenan and Mostert, 2013). The final section of the questionnaire assessed emotional exhaustion. This was measured using the emotional exhaustion dimension of the Maslach Burnout Inventory-Human Services Survey (MBI-HSS). This dimension of burnout is an eight-item instrument, which assesses an individual's emotional drain as a result of work as well as stress which emanates from the job. Items on the scale were measured on a five-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree). The use of a five-point Likert scale over original seven-point Likert scale is not new (see Sahraian *et al.*, 2008). Coefficient alpha values on the emotional exhaustion instrument range from 0.88 to 0.95 (Cropanzano *et al.*, 1997). Validity test of the instrument is wel -cemented in the literature (Maslach, 1996).

Data collection procedure

The study commenced with an ethical approval and introductory letter received from the University of Ghana Business School, Department of Organisation and Human Resource

Health facility	Quota sampling computation	Estimated sample	Actual sample selected
General hospitals	370/720 × 320	164.4 = 164	174
Polyclinics	200/720 × 320	88.8 = 89	103
Psychiatric hospital	150/720 × 320	66.7 = 67	65
Total		*320*	*342*

Table 1.
A summary of the sample size from the health facilities

Management. The ethical approval and the introductory letters were sent to the Human Resource Directorate of the Ghana Health Service at the Head Quarters in Accra, where approval was granted and letters of support issued to the various health facilities in the Greater Accra region. At the various health facilities, the ethical approval and introductory letters were sent to the administrators of the facilities who consented for the use of their facilities for the study

Nursing and midwifery managers in the various health facilities were met and informed of the purpose of the study. Nurses and midwives in various units and departments of the health facilities also consented to participate in the study after the purpose of the study was explained and confidentiality and anonymity assured. Respondents were left with the questionnaires to respond at their own convenient time. Respondents spent 15–25 min to finish responding to all items on the instrument. Most questionnaires were retrieved on the same day of the distribution while others were retrieved some day(s) after. The data collection spanned a period of six weeks, and 342 questionnaires were retrieved out of 400 questionnaires distributed.

Inclusion and exclusion criteria

The study made use of staff nurses and midwives who have been working with the health facility for not less than six months because emotional exhaustion and perceived organizational support takes some time to be built (Hossain and Aktar, 2012). As well, these health professionals should be employed by the Ghana Health Service for the purpose of homogeneity. As such, student nurses/midwives and rotation nurses/midwives as well as health professionals with less than six months of working experience with the particular facility were not included in this study.

Results

The relationships between the study variables were tested using the Pearson *r* test and the hierarchical multiple regression. Initial descriptive statistical tests including means, standard deviation (SD), skewness and kurtosis were conducted. The details of the initial statistical tests are presented in Table 2 below.

Table 2 above indicates a normality test of the variables used in the study, which depicted that skewness and kurtosis for the study variables were between ± 2 indicating the goodness of the data for further analysis.

Bivariate correlations

The present study used the Pearson *r* test to establish relationships between the study variables, and the details of the result are presented in Table 3 below.

Table 3 above reveals that while POS, age and cadres of nursing related are significantly with emotional exhaustion *[$r = -0.32$, $p < 0.01$; $r = -0.13$, $p < 0,01$; $r = 0.12$, $p < 0.05$ respectively]*, emotional intelligence, gender, education and tenure of work did not have significant relationship with emotional exhaustion *[$r = -0.05$, 0.07, -0.07 and -0.03; $p > 0.05$ respectively]*.

The significant relationship between some study variables with emotional exhaustion called for further statistical analysis to establish the precise relationship between the study variables. The hierarchical multiple regression was used to examine the predictors of

Table 2.
A summary of the descriptive statistics for the study variables

	N	Mean	SD	skewness	kurtosis	Cronbach's alpha
EMOTIONAL_INTELLIGENCE	342	126.67	12.83	−0.32	0.88	0.794
POS_TOTAL	342	29.57	9.18	0.02	−0.40	0.830
EMOTIONAL_EXHAUSTION	342	19.31	6.76	0.15	−0.45	0.815

emotional exhaustion among sample used for the study. The details of the result are presented in Table 4 below.

As indicated in Table 4, demographic variables (gender, age, education, cadres of nursing and tenure of work) collectively contributed 5% of the changes in emotional exhaustion *[$R^2 = 0.05$, $p < 0.05$]*. Among the demographic variables, age and cadres of nursing were significant predictors of emotional exhaustion *[$\beta = -0.14, 12$; $p < 0.05$, respectively]* indicating that while age related negatively with emotional exhaustion, cadres of nursing had a positive relationship with emotional exhaustion. In the same, emotional intelligence and POS contributed 15% of the changes in emotional exhaustion *[$R^2 = 0.15$, $p < 0.01$]*. Consistently, POS significantly predicted emotional exhaustion *[$\beta = -0.32$, $p < 0.01$]* indicating a significant negative association between POS and emotional exhaustion. However, emotional intelligence did not relate significantly with emotional exhaustion *[$\beta = -0.03$, $p > 0.05$]*. In the same vein, POS did not moderate the relationship between emotional intelligence and emotional exhaustion *[$\beta = -0.02$, $p > 0.05$]*. These findings indicate that three out of the five tested hypotheses were supported.

In order to precisely establish the relationship between cadres of nursing/midwifery and emotional exhaustion, one-way ANOVA was conducted and the result from the analysed data is presented in Table 5, as shown below.

The summary of the one-way ANOVA shows that psychiatric nurses reported the highest level of emotional exhaustion (mean = 23.59) whereas midwives reported the least level of emotional exhaustion (mean = 17.26). The same table discloses that there was a significant

	1	2	3	4	5	6	7	8
1. Gender	1							
2. Age	0.12*	1						
3. Education	−0.15**	0.04	1					
4. Cadres_nursing	−0.09	−0.13**	0.01	1				
5. Tenure of work	0.07	0.60**	0.03	0.00	1			
6. Emotional intelligence (EQ)	0.02	0.13**	−0.04	0.06	0.18**	1		
7. Perceived organizational support (POS)	−0.01	0.13**	−0.08	0.04	0.14**	0.12*	1	
8. Emotional exhaustion	0.07	−0.13**	−0.07	0.12*	−0.03	−0.05	−0.32**	1

Note(s): *$p < 0.05$; **$p < 0.01$

Table 3. A summary of the intercorrelation matrix between the study variables

	Beta	*t*	*p*	R^2 change	*F* change
Step 1					
Gender	0.08	1.39	0.17	0.05*	2.61
Age	−0.14	−2.04	0.04		
Education	−0.09	−1.63	0.10		
Cadres of nursing	0.12	2.13	0.03		
Tenure of work	0.11	1.58	0.12		
Step 2					
Emotional intelligence (EQ)	−0.03	−0.46	0.65	0.15**	11.34
Perceived organizational support (POS)	−0.32	−5.68	0.00		
EQx POS	−0.02	−0.37	0.72		

Note(s): *$p < 0.05$; **$p < 0.01$

Table 4. A summary of the hierarchical multiple regression showing the predictors of emotional exhaustion

difference in the levels of emotional exhaustion by cadres of nursing/midwifery [$F_{(6,270)} = 4.23$, $p < 0.05$]. The post hoc analysis (using Bonferroni method) showed that psychiatric nurses were the only cadres of health professionals who reported a significantly higher emotional exhaustion than general nurses, midwives, community nurses and other cadre of nurses; the differences between the other cadres of nursing and midwifery were not significant.

Discussion

The study set out to examine the predictive strength of both emotional intelligence and POS on emotional exhaustion among nurses and midwives in the Ghanaian context. The study sought to provide empirical evidence in support of the postulation that POS plays an important role in determining the level of emotional exhaustion among professional health workers. The finding indicates POS as a key indicator in the experience of emotional exhaustion among nurses and midwives in Ghana. Thus, according to participants in the study, the nature and form of support as provided by the management of the various health facilities as well as the Ghana Health Service impact their experience of emotional exhaustion on the job. Since other empirical studies have established the emotionally demanding nature of the healthcare profession and its consequences on work outcomes (Lartey *et al.*, 2020; McQueen, 2004), it is prudent for management of health facilities to provide their employees with the necessary support so as to lessen the emotional burden on employees which leads to emotional exhaustion. This finding corroborates other empirical studies (Arnold and Dupre, 2012; Bakker and Demerouti, 2014; Lo, 2014) pointing that POS is negatively associated with employee emotional exhaustion (Eisenberger *et al.*, 2001, 2004; Gyekye and Salminen, 2009). This finding can also be explained by the theoretical perspective of the job-demand resource model, which argues that employees tend to fall on resources associated with the work environment in order to manage the demanding nature of their work (Bakker *et al.*, 2005; Xanthopoulou *et al.*, 2007). Thus, job resources including organizational support serve as motivators, which calm their nerves even in the face of the emotional demands of their job, thus attenuating the experience of emotional exhaustion.

The study also gave evidence in support of the argument that age has a consequential effect on emotional exhaustion such that older employees are less emotionally exhausted than younger employees. Age comes with varying experiences due to exposure to diverse life circumstances. As a result, older employees do have skills which enable them to manage the emotional demands of their profession. As argued by the job demand-resource model, personal resources including personal experiences tend to buffer the negative consequential effect associated with the physical and psychological demands of healthcare delivery (Bakker *et al.*, 2005; Xanthopoulou *et al.*, 2007). This argument is not far from the reach of empirical studies; it corroborates extant studies. For instance, Amponsah-Tawiah *et al.* (2014) disclosed age as a personal resource to help individuals manage the demanding nature of their profession.

Table 5.
A summary of the one-way ANOVA table showing the differences between the cadres of nursing/ midwifery on emotional exhaustion

		N	Mean	SD	*F* ratio	Post hoc
1.	General nurse	109	19.19	7.09		
2.	Midwifery	71	17.26	6.63		
3.	Public health nurse	21	22.65	8.67		
4.	Community nurse	17	17.86	4.02	4.23*	1 < 5, 2<5, 4<5, 5>7
5.	Psychiatric nurse	55	23.59	6.64		
6.	Nurse assistant	45	20.63	5.26		
7.	Others	15	17.64	3.96		
Total		333	19.45	6.78		

Note(s): *$p < 0.05$

Psychiatric nurses were also witnessed to experience higher levels of emotional exhaustion than the other cadres of nursing. The finding indicates that due to the nature of work among psychiatric nurses, they are more likely to be emotionally worn-out compared to the other groups of nurses (Cronin-Stubbs and Brophy 1985; Hare *et al.*, 1988). The emotional demands of the psychiatric profession give birth to emotional exhaustion and job burnout at large. This finding confirms extant studies, such as Cronin-Stubbs and Brophy (1985), Hare *et al.* (1988) and Sahraian *et al.* (2008), which point to the fact that psychiatric nurses experience more and higher emotional exhaustion than other categories of nurses.

Findings from the study however did not support the postulation that emotional intelligence will negatively predict emotional exhaustion. Although the nature of work within the health sector requires health professionals to be emotionally intelligent in order to handle the emotional requirements of the profession, the finding suggests that being emotionally intelligent does not necessarily mean an individual will experience less emotional exhaustion. Healthcare delivery is accompanied by diverse emotional situations; therefore, health professionals mostly tend to build coping mechanisms including routinization/normalization in the process of dealing with the emotional requirements of the profession (Lartey *et al.*, 2020; Lima, 2015). Thus, most of the healthcare professionals use self-control as a strategy in managing their emotions. This process involves suppressing one's emotions to maintain equilibrium and serenity at the workplace (Doulougeri *et al.*, 2016; Luff *et al.*, 2016). This strategy used by most healthcare professionals does not take away the experience of emotional exhaustion but only ensures the execution of the task at hand. This could explain the reason why there was no significant relationship between emotional intelligence and emotional exhaustion. It is not surprising that on a range of 5–35 on emotional exhaustion, health professionals reported 19.31 as an average score indicating a moderate level of emotional exhaustion. The moderate level of emotional exhaustion, which may emanate from the routinization of the emotional experiences of healthcare delivery best, explains why emotional intelligence did not necessarily predict emotional exhaustion (Doulougeri *et al.*, 2016; Lartey *et al.*, 2020).

Although this finding is inconsistent with other extant literature studies (see Brackett *et al.*, 2010), it suggests that emotional intelligence does not have an influence on the experience of emotional exhaustion among nurses and midwives in Ghana. Similarly, the findings from the present study presuppose that POSis a better predictor of emotional exhaustion than emotional intelligence. According to the conservation of resource theory, employees are more likely to commit their personal resource to work without feeling exhausted when they perceive management of the organization to be dedicated and committed to the promotion of their general well-being, which can be likened to POS (Brouer *et al.*, 2011; Hobfoll, 1989, 2011). On the other hand, employees are more likely to conserve their energies (personal resource) to protect themselves when they do not perceive their organization to be dedicated and committed to the promotion of their well-being. Thus, employees are more likely to "throw themselves" into the job without feeling exhausted when they perceive management to be not supportive (Brouer *et al.*, 2011; Hobfoll, 1989; Hobfoll, 2011).

Limitations

The study failed to use a longitudinal design, which has the potential of establishing a causal relationship. However, a cross-sectional design was employed in the study because of limited resources at the disposal of the researchers. Consistently, the study did not make use of a qualitative approach in order to unearth the underlining reason in the quantitative findings.

Implications

Findings from the study clearly indicate the relevance of organizational support in buffering health professionals against the adverse effects of their work demands. There is the need for the management of health facilities to provide health professionals with the needed resources

and other related support in order to lessen the emotional burden of the work. This will go a long way to improve the well-being of health professionals in general. Although evidence was not found for emotional intelligence in predicting emotional exhaustion, there is yet the need for organizations to equip health professionals with other emotional intelligence skills, not just self-control with its resultant suppression of emotions, since their professional duties are anchored with emotional demands. Furtherance, since age and cadres of the nurses significantly affected emotional exhaustion, managers of health facilities should act rationally, discriminate among the cadres of the nursing profession as well as the age groups in the provision of support to ensure equity and equilibrium among employees of the various health facilities.

Conclusions

The present study examined the predictive effect of both emotional intelligence and POS on emotional exhaustion among health professionals (nurses and midwives) in the Greater Accra Region of Ghana. Findings of the study highlight the importance of POS in buffering the emotional demands of health professionals (nurses and midwives) thereby attenuating their experience of emotional exhaustion. Psychiatric nurses were also seen as the category of nurses with the highest levels of emotional exhaustion. Thus, there is the need to appreciate the peculiarity of the psychiatric nurse and develop policies, systems and structures that provide adequate support to this category of nurses to help ameliorate the high levels of emotional exhaustion experienced. Emotional intelligence was found not to have significant predictive effect on emotional exhaustion contrary to what most extant literature points to. The emotional intelligence exercised by most Ghanaian nurses tends to be more of self-control exhibited through suppression of emotions just to ensure harmony at the workplace. This form of emotional intelligence is only likely to suspend the experience of emotional exhaustion to a later part of the day. Thus, there is the need for health professionals (nurses and midwives) to be trained on the use of other forms of emotional intelligence, particularly self-awareness and social awareness, which may provide natural means to managing the emotional demands of the healthcare profession thereby attenuating the experience of emotional exhaustion. Nurses and midwives find themselves at the fore-front of healthcare delivery with their roles also being emotionally sapping. To ensure quality service delivery in healthcare, it is important for the management of health facilities to provide them with the needed support to discharge their duties with content.

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