

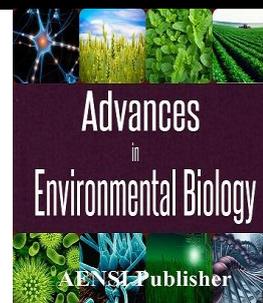


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### Survey in Impact of Intelligence on Work Condition of Worker in Organization

Ali Raeespor, Shaban Zandi, Mohammad Khoshvaght, Effat Dehghani, Mohamadreza Bani Tamim and Mohamad Taghi Amiri Ardakani

Faculty of Human Science, Department of Management, Yasouj Branch, Islamic Azad University, Yasouj, Iran

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#### ABSTRACT

The purpose of this study was to determine the relationship between emotional intelligence and occupational stress in the rehabilitation staffs of training hospitals of Tehran. This was a cross-sectional study which had been implemented on a sample of 169 selected from the total of 300 rehabilitation staffs working in the training hospital of Tehran and recruited by random cluster sampling in the study. Two Questionnaires were used: The Emotional Intelligence Questionnaire designed by Petrides and Furnham and HSE occupational Stress Questionnaire. Data obtained from this study were analyzed using Pearson correlation and multiple regression tests. The results showed that there is an inverse significant relationship between occupational stress and emotional intelligence ( $P < 0.001$ ,  $r = -0.33$ ). There are, also, significant relationships between subscales of emotional intelligence including self-awareness ( $P = 0.031$ ,  $r = -0.18$ ), social skills ( $P < 0.001$ ,  $r = -0.302$ ), understanding other's emotions ( $P = 0.006$ ,  $r = -0.238$ ) and occupational stress. The results of multiple regressions indicated that the two subscales of understanding other's emotions and social skills can be used for predicting occupational stress. This study confirmed relationship between emotional intelligence and occupational stress. Promotion of emotional intelligence through implementing training courses may lower rehabilitation staffs occupational stress or prevent it.

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#### INTRODUCTION

Occupational stress, recognized as 20<sup>th</sup> century syndrome, has received great attention as the most important topic in the employees' health management of different organizations [1]. Occupational stress is defined as experience of unpleasant feeling such as anxiety, depression, and tension due to work environment conditions and its different aspects [2]. Work related stress has negative effects on efficiency of organization; since, persons working under stressful conditions are not able to appropriately fulfill their duties [3]. Experiencing long term stress in work environment leads to decreasing job satisfaction, inefficient job performance, reducing motivation and morale of employees, physical and mental health disorders, burnout and job fatigue, repeated absence, delay in attending at work, low quality and quantity of work, strike, depression, anxiety, lack of trust and even leaving job [4]. Thus, early recognition and effective intervention in stress related to work environment will increase job satisfaction among employees and improve organization's efficiency [5].

Many reasons have been recognized for perceived stress in work environment including: lack of job security, high workload, personal and family problems, long working hours, relationship dominating over work environment, organizational culture, contradiction and challenge between coworkers, and low income [6]. International Labor Organization estimated costs imposed to countries due to occupational stress as 1% to 3.5% of domestic gross production. Even now, in spite of employees' increasing knowledge and amending legal laws the percentage of problems and costs related to occupational stress is increasing. Research showed that nearly 30% workforce of developed countries are suffering from occupational stress and meanwhile the share of developing countries is also high [7]. Self-reported work-related stress, depression and anxiety account for an estimated 12.8 million reported lost working days per year in Britain [4].

**Corresponding Author:** Ali Raeespor, Faculty of Human Science, Department of Management, Yasouj Branch, Islamic Azad University, Yasouj, Iran  
E-mail: Aliraesi106@Yahoo.Com

England Institute of Health and Safety anticipated occupational stress related loss as 13.5 million working days and more than 4£ billion annually from the year 2007 until 2009. This institute declared that after musculoskeletal disorders, stress is by far the largest contributor to the overall number of days lost as a result of work related ill-health in the UK [8]. Greenhaus & Parasuraman (1987) estimated that occupational stress leads to more than half of absence from job and about 40% transfer cases of employees. In U.S.A, the financial loss due to occupational stress is reported as \$300 billion annually [9].

Research have shown that harmful effects of stress are reduced by individual factors like increasing ability of persons for controlling challenges, stress management, and, also, organizational factors i.e. encouraging teamwork activities, support employee [10]. One of the most important related personal characteristics is the emotional intelligence [11]. In fact, emotional intelligence is a combination of emotions, excites, social knowledge and abilities that directs and improves our general ability for offering suitable response to environmental pressures and obtaining optimum performance within following four aspects: self-awareness (understanding your abilities and expressing them), social awareness (awareness toward others, understanding their ability and cooperation), self-management (ability of compatibility with changes and solving personal and social problems) and relationship management [12].

By observing factors related with organizational effectiveness, it is found that emotional intelligence plays a key role in relieving stress. Emotional intelligence plays a significant role in increasing employees' innovation, organizational effectiveness, customer loyalty and quality of services [13].

Persons with high level of emotional intelligence use mechanisms which help them to adapt to environmental changes; meanwhile, persons with low level of emotional intelligence who lack this ability cannot adapt properly to changing conditions. Since adaptation mechanisms play an important role in person's reaction against environmental stress [14], therefore, it is expected that persons with high level of emotional intelligence may probably experience less stress.

Furnell (2008) in his research work showed that managers with high level of emotional intelligence may less suffer from burnout [15]. In addition, other research revealed that emotional intelligence moderates the relationship between stress and mental health [16-18]; therefore, it is expected that persons with high level of emotional intelligence may experience job fatigue and burnout to a less extent.

Research showed that, one will be able to improve his emotional intelligence, through training and feedback [19]. On this basis, emotional intelligence skills are regarded as the most important factor in job and family success and improving them seems necessary for a more healthier and qualitative life [20]. Emotional intelligence is a fundamental factor for obtaining success in personal and professional life which plays a key role for showing appropriate reaction to work related stress [21].

Homaei (2009) stated that Intelligent Quotient under best condition determines only up to 20% of one's success and remaining 80% is dependent on other factors such as emotional intelligence. In fact, emotional intelligence can justify a person's failure with high level IQ and unexpected success of persons with medium IQs [22].

Occupational stress and its influence on performance, inner personal relationships and mental reactions of persons working at treatment centers are among topics receiving great attention by managers [23]. It has been reported that occupational stress is higher among health care providers who have close relationship with patients [24]. Research confirmed occupational stress, and physical and mental disturbances among rehabilitation staff leading to leaving job, struggling with others, displacement of staff, health disorders, inability of fulfilling duties, vulnerability of professional relationships, reducing quality of medical services and job dissatisfaction [25]. Dialogue with rehabilitation staff offering diverse rehabilitation services to patients and their families, revealed that they experience high levels of stress in their professional life [26]. Kathryn Wilkins (2003) reported 47% occupational stress among occupational therapist and 29% among physiotherapist, in Canada [27].

The importance of occupational stress on efficiency of organizations, on one hand, and evidence showing that improving emotional intelligence through training is possible, on the other hand, make the study of the relationship between occupational stress and emotional intelligence a useful and interesting subject matter with this probability in the mind that a person may be able to improve his knowledge and awareness about his/her emotions and promote his/her related skills [18]. Since rehabilitation staffs play a key role in providing service for very needful patients, suffering from long-term conditions with high care burden, assessing their occupational stress and its relations with emotional intelligence is a crucial factor in order to better understanding of multiple aspects of their occupational stress and improving organizational efficiency through designing proper strategies. Keeping in view the above, it is highly required to recognize effective factors on reducing occupational stress among rehabilitation staff in order to take duly action for reducing their job dissatisfaction and preventing them from leaving their jobs [19].

The objective of this study was to recognize those abilities related to emotional intelligence having close relationship with occupational stress among rehabilitation staff and proposing proper planning for reducing their occupational stress, accordingly.

## MATERIALS AND METHODS

This is a cross-sectional study which was implemented on a sample of 169 selected from total 300 rehabilitation staffs (including occupational therapist, physiotherapist, speech therapist, audiologist, orthotic and prosthetic specialists and optometrist) working in 53 training hospitals (affiliated to Tehran University of Medical Sciences and Shahid Beheshti University of Medical Sciences) of Tehran in the year 2012. The purpose of the study was to determine relationships between emotional intelligence and occupational stress among these rehabilitation staff. Sample size determined by using Morgan table; 169 staff was selected by random cluster sampling method. Inclusion criteria included: having at least Bachelor's Degree in one of the rehabilitation disciplines (including occupational therapy, physiotherapy, speech therapy, audiology, orthotic and prosthetic specialty and optometry), and a minimum one year work record in a training hospital

In the process of sampling, first the sample region, "Tehran", was divided into five geographical areas including: North, South, East, West and Center and the training hospitals at each area were recognized. Then, one hospital was randomly selected from each area. When the number of participants in one hospital was not enough, another hospital from the same area was randomly selected. In the next stage after explaining research objectives for the participants, assuring them of confidentiality and taking written letter of consent, questionnaires were simultaneously distributed among the participants. The questionnaires with incomplete information were excluded from the study and finally 132 questionnaires were remained for further analysis. Two Questionnaires were used in this study: The Emotional Intelligence Questionnaire designed by Petrides and Furnham and HSE occupational Stress Questionnaire.

### *Petrides and Furnham Emotional Intelligence Questionnaire:*

Emotional Intelligence (EI) was measured with the Emotional Intelligence Questionnaire; a Likert-type, self-report instrument devised and developed by Petrides and Furnham (2003). As a self-report instrument, this questionnaire measures people's perceptions of their own abilities. The original form has 153 items and 15 subscales including: Adaptability, Assertiveness, Emotion perception, Emotion expression, Emotion management, Emotion regulation, Impulsiveness, Relationships, Self-esteem, Self-motivation, Social awareness, Stress management, Empathy, Happiness and Optimism.

The version of the questionnaire used in this research is a brief one with 30 items; and yields a global Emotional Intelligence score as well as scores for each of four subscales. Each question consisted of 7 degree scale including: completely agree [7] to completely disagree [1]. The scores of some items are performed inversely. By adding all scores obtained from each item, the cumulative score of scale is obtained. Validity and reliability of this questionnaire was assessed by Ahmadi (2006) on a sample consisting of 936 secondary school students. Results showed good reliability and validity of the scale; inter rater and retest reliability were 0.76 and 0.714, respectively [29]. Internal consistency of the questionnaire with Cronbach's Alpha method was obtained as 0.75.

### *Health & Safety Executive Questionnaire:*

This questionnaire has 35 items and 7 areas of demand, control, managerial support, peer support, relationship, role and changes. It has 5 degree Likert spectrum consisting of: never, rarely, sometimes, often and always, having minimum grade of 1 and maximum grade of 5 and grading for sub-scale of demand was performed inversely. Azadmarzabadi and Gholami (2010) evaluated validity and reliability of this questionnaire by using Cronbach's Alpha and split-half method as 0.78 and 0.65, respectively. In addition, they studied construct and concurrent validity and confirmed that the questionnaire has high level of validity [30]. Internal consistency of the questionnaire by using Cronbach's Alpha was obtained as 0.81 in this study.

A Statistical Package for Social Science (SPSS) version 16.0 was used to analyze the gathered data. First, Cronbach alpha was used to assess the reliability of measurement scales. Second, analysis of variance, Pearson correlation analysis and descriptive statistics were conducted to assess the research variables and the usefulness of the data set. Finally, a stepwise regression analysis was used to assess the direct relationship between variables as well as to show the causal relationship and the nature of relationship between the variables.

### *Results:*

Data showed that 62.1% of the rehabilitation staff (82 persons) were women aged between 25 to 35 years (51.2%). 69.7% of the participants were married. Average service record of the staff was 9.08 years with the standard deviation of 6.41 and 50.8% of them were recruited on Permanent & Probation basis. Persons having Bachelor's Degree were the most frequent and the disciplines of physiotherapy and occupational therapy with 32.6% and 21.9%, respectively, had the highest frequency among the qualified participants (Table 1).

**Table 1:** Distribution of demographical variables of the participants.

Variable	Number (Percentage)	
sex	Male	82 (62.1%)
	Female	50 (37.9%)
Age	Less than 25 years	18(13.7%)
	25-35 years	59(44.7)
	35-45 years	42(31.9%)
	More than 45 years	13(9.7%)
Length of Service	Less than 5 years	46(34.8%)
	5-10 years	44(33.3%)
	10-20 years	34(25.8%)
	More than 20 years	8(6.1%)
Employment Status	Permanent & Confirmed	46(34.8%)
	Permanent & Probation	67(50.8%)
	Contract	19(14.4%)
Marital Status	Single	36(27.3%)
	Married	92(69.7%)
	Widow/Widower	4(2.3%)
Education	Bachelor's Degree	97(73.5%)
	Master's Degree	32(24.2%)
	PhD Degree	3(2.3%)
Field of Study	Physiotherapy	43(32.6%)
	occupational Therapy	29(21.9%)
	optometry	27(20.5%)
	Audiology	10(7.6%)
	Speech Therapy	15(11.4%)
	orthotic and prosthetic specialists	8(6.1%)

The means and standard deviations for two variables under investigation (occupational stress and Total EI) have been reported in Table 2.

**Table 2:** Means and Standard Deviations of the Occupational Stress and Total EI

Variable	Number	Mean	Standard Deviation	Minimum	Maximum
Total EI	132	157.42	10.77	116	196
Occupational Stress	132	82.36	6.82	67	102

Table 3 shows the correlations between the four EI dimensions and occupational stress. As outlined in Table 3, *self-awareness* and *social skill* and *understanding others' emotion* showed negative significant relationships with *occupational stress*. No significant relationship between *optimism* and *occupational stress* has been found. In terms of the *Total EI* score and *occupational stress*, a negative significant relationship emerged between *Total EI* and *occupational stress*, suggesting that higher scores on EI are related to lower occupational stress.

**Table 3:** Pearson Correlation between Total EI and Its Dimensions with Occupational Stress.

Research Variables	Correlation Coefficient	Sig.
Total EI and occupational stress	-0.33	0.000
Self-awareness and occupational stress	-.018	0.031
Social skill and occupational stress	-0.302	0.000
Understanding others' emotion and occupational stress	-0.238	0.006
Optimism and occupational stress	-0.03	0.69

In order to explore which of the specific dimensions of EI were important as predictors of occupational stress, standard regression analyses were undertaken with occupational stress variable as the dependent variable, and each of the four EI dimensions as the independent variables. Clearly, only variables with significant correlations (see Table 3) were included in this analysis. The results of this analysis are presented in Table 4.

**Table 4:** Standard Regression Analyses Showing Dependent Occupational Stress Variable with the EI Predictor Variables.

Sig.	t	standardized Coefficients	unstandardized Coefficients		Model
		Beta	Std. error	B	
0.000	18.126		5.669	102.764	(Constant)
0.000	-3.618	-0.302	0.115	-0.415	1.Social skill
0.000	15.742		7.081	111.474	(Constant)
0.003	-3.025	-0.259	0.117	-0.355	1.Social sakill
0.046	-2.012	-0.172	0.141	-0.285	2.Understanding others' emotion

Table 4 shows the standard regression model with occupational stress as the dependent variables and the dimensions of EI as predictor variables. Collectively *social skill* and *understanding others' emotion* accounted for 10.5% of the variance in *occupational stress* ( $R^2 = 0.105$ ). Therefore, only *social skill* and *understanding others' emotion* emerged as significant predictors.

#### Discussion:

Our findings showed that there is a negative correlation between emotional intelligence and occupational stress of the rehabilitation staff. Among four EI dimensions, only optimism was irrelevant to occupational stress. This finding is in line with the findings from Sunil (2009) concerning that there is a negative correlation between stress and emotional intelligence [31].

In addition, results of this research are in line with the findings from Jude (2011). Jude contended that emotional intelligence has an influence on perceived occupational stress and there is a significant difference between occupational stresses of school teachers with high and low level of emotional intelligence [32].

In contrast to the work of Brand (2007), a negative significant relationship between EI and occupational stress was found in this research [33]. The reason for the difference could be attributed to the different ways of EI measured and the different participant populations used. In the mentioned study, Brand used SUEIT (Swinburne University Emotional Intelligence Test) to assess EI in a sample of university students, whereas this research has utilized a sample of rehabilitation professionals and a Petrides & Furnham Emotional Intelligence Questionnaire. Brand stated that among five dimension of emotional intelligence in SUEIT (emotional recognition and expression, understanding others' emotion, emotion direct cognition, emotion management and emotion control) only two dimensions including: *emotion control* and *emotion management* have a significant negative relationship with occupational stress. Meanwhile, current study showed significant negative relationships between three emotional intelligence dimensions (*self-awareness*, *understanding others' emotion* and *social skill*) and occupational stress.

Among four emotional intelligence dimensions, two of them including *social skill* and *understanding others' emotion* were able to predict occupational stress and 10.5% of total variance of occupational stress were explainable by them. This finding is in contrast with the finding from Shojaei (2011). Shojaei stated that *self-control*, cooperation and *self-awareness* explain 76% of changes in occupational stress. According to Shojaei *social skill* dimension does not play a significant role in predicting occupational stress [34]. This difference could be due to the difference in the way EI was measured. Shojaei used Bradbury-Graves questionnaire of emotional intelligence to assess EI which have different dimensions.

Findings of this research do not show significant relationship between occupational stress and demographic factors (age, sex, education, type of recruitment, length of service and marital status). This finding is in line with the findings of Azademarzabadi and Gholami (2011) who reported that sex, and marital status does not have a significant relationship with occupational stress [8]. Jude (2011), also, showed that sex does not have an influence on occupational stress [32].

#### Conclusion:

Results of this study showed that persons having high level of emotional intelligence may less suffer from occupational stress. Our results confirmed that there are significant relationships between emotional intelligence dimensions and occupational stress. This study therefore indicated that paying attention to emotional intelligence plays a key role at maintaining mental health and reducing occupational stress of the personnel. So, medical institutes may keep the stress level of their personnel lower and help them to stay healthier by holding training courses on emotional intelligence, improving their social skills, and increase their efficiency at work.;

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