EMOTIONAL INTELLIGENCE AND JOB PERFORMANCE OF NURSES IN TERTIARY HOSPITALS OF XISHUANGBANNA CITY, THE PEOPLE'S REPUBLIC OF CHINA

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MASTER OF NURSING SCIENCE

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THIS THESIS HAS BEEN APPROVED TO BE A PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF MASTER OF NURSING SCIENCE

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ABSTRACT

Emotional intelligence is an important ability in improving job performance. This descriptive correlational study aimed to explore levels of emotional intelligence and job performance, as well as the relationships between the two, among nurses in tertiary hospitals of Xishuangbanna City, the People's Republic of China. The sample included 328 nurses working in two tertiary hospitals in Xishuangbanna City. Research instruments were the Wong and Law Emotional Intelligence Scale (WLEIS) (Wong & Law, 2002) and the Shortened Job Performance Scale (SJPS) (Greenslade, 2008) translated into Chinese by Lin (2012). The Cronbach's alpha coefficients were .94 and .92. The data were analyzed with descriptive statistics and Pearson's Product-Moment correlation.

The results of this study were as follows:

1. The mean score of overall emotional intelligence was at a moderate level ($\bar{X}$=4.91, SD=0.84). In terms of each dimension of emotional intelligence, Self-Emotion Appraisal (SEA) was at a high level ($\bar{X}$=5.61, SD=0.87), while Others' Emotion Appraisal (OEA), Regulation of Emotion in the self (ROE), and Use of Emotion to facilitate performance (UOE) were at moderate levels ($\bar{X}$=4.55, SD=1.19; $\bar{X}$=4.58, SD=1.20; $\bar{X}$=4.90, SD=1.11).

2. The mean score of task performance and contextual performance were at a moderate level ($\bar{X}$=54.39, SD=10.57; $\bar{X}$=67.54, SD=12.12).

3. There were significant positive relationships between emotional intelligence and task performance (r = .456, p<0.01) as well as emotional intelligence and contextual performance (r =.432, p<0.01).

Nursing administrators could develop strategies to improve nurses' emotional intelligence skills, enhancing overall work performance.

หัวข้อวิทยานิพนธ์ ความฉลาดทางอารมณ์และการปฏิบัติงานของพยาบาลในโรงพยาบาลระดับตติยภูมิของเมืองสิบสองปันนา สาธารณรัฐประชาชนจีน

ผู้เขียน นางสาวกัว ซิงค์

ปริญญา พยาบาลศาสตรมหาบัณฑิต

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บทคัดย่อ

ความฉลาดทางอารมณ์เป็นความสามารถที่สำคัญในการที่จะเพิ่มความสามารถการปฏิบัติงานของพยาบาล การวิจัยเชิงพรรณนานี้มีวัตถุประสงค์ เพื่อศึกษาระดับของความฉลาดทางอารมณ์และการปฏิบัติงานและความสัมพันธ์ระหว่างความฉลาดทางอารมณ์และการปฏิบัติงานของพยาบาลในโรงพยาบาลระดับตติยภูมิของเมืองสิบสองปันนา สาธารณรัฐประชาชนจีน กลุ่มตัวอย่างประกอบด้วยพยาบาลจำนวน 328 คนที่ปฏิบัติงานใน 2 โรงพยาบาลระดับตติภูมิของเมืองสิบสองปันนา สาธารณรัฐประชาชนจีน เครื่องมือการวิจัยได้แก่ 1) แบบวัดความฉลาดทางอารมณ์ของ หว่อง และ ลอ (WLEIS) และ 2) แบบประเมินการปฏิบัติงานฉบับย่อ (SJPS) แปลเป็นภาษาจีนโดย Lin (2012) ค่าสัมประสิทธิ์อัลฟาของครอนบาคมีค่าเท่ากับ .94 และ .92 ตามลำดับ วิเคราะห์ข้อมูลโดยใช้สถิติเชิงพรรณนา และสัมประสิทธิ์สหสัมพันธ์เพียรสัน

ผลการศึกษาพบว่า

1. ความฉลาดทางอารมณ์ในภาพรวมอยู่ในระดับปานกลาง ($\overline{X}$=4.91, SD=0.84) และในแต่ละด้านของความฉลาดทางอารมณ์ พบว่าด้านการตระหนักรู้อารมณ์ตนเองอยู่ในระดับสูง ($\overline{X}$=5.61, SD=0.87), ด้านการตระหนักรู้อารมณ์ผู้อื่น ด้านการควบคุมอารมณ์ของตนเอง ด้านการใช้อารมณ์ในการจัดการสิ่งต่าง ๆ อยู่ในระดับปานกลาง ($\overline{X}$=4.55, SD=1.19; $\overline{X}$=4.58, SD=1.20; $\overline{X}$=4.90, SD=1.11)

2. ผลของการปฏิบัติงานของพยาบาลในหน้าที่ และการปฏิบัติงานตามสถานการณ์อยู่ในระดับปานกลาง ($\overline{X}$=54.39, SD=10.57; $\overline{X}$=67.54, SD=12.12)

3. มีความสัมพันธ์เชิงบวกระหว่างความฉลาดทางอารมณ์และการปฏิบัติงานของพยาบาลในหน้าที่ ($r = .456, p<0.01$) และ ความฉลาดทางอารมณ์และการปฏิบัติงานตามสถานการณ์ ($r = .432, p<0.01$)

ผู้บริหารทางการพยาบาลสามารถพัฒนากลยุทธ์ในการเพิ่มทักษะความฉลาดทางอารมณ์ของพยาบาล ซึ่งจะช่วยให้บุคลากรทางการพยาบาลมีผลการปฏิบัติงานดีขึ้น

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CHAPTER 1

Introduction

Background and Significance of the Research Problem

The healthcare system is a sector with continued change and development (Mans, Schonenberg, Song, Aalst, & Bakker, 2008), and it is now in the midst of a global transformation (Bouwens & Krueger, 2014). However, quality of care still remains a serious concern as it could have the greatest influence on the outcomes delivered by healthcare systems (World Health Organization [WHO], 2006). Nurses are the largest group in healthcare systems who are vital for providing the majority of health services and contributing to the quality of care. Nurses' performance during work directly affect health-related patient outcomes during and after hospitalization by reducing the length of stay in hospital, increasing patients' health knowledge, and improving their psychological status (Lee, Chang, Pearson, Kahn, & Rubenstein, 1999). Therefore, job performance of nurses is becoming one of important issues in healthcare systems.

Following the national policies issued by the State Council in 2015, improving quality of care is one of the goals in a new round of five-year healthcare reform plan in China (National Health and Family Planning Commission, 2015). The government is trying to solve existing problems in terms of insufficient resources and suboptimal outcomes through improving medical service provision system and optimizing public health service (Süssmuth-Dyckerhoff & Then, 2017). During the healthcare reform progress, Chinese nurses are facing the demands of growing needs of patients, the renovation of medical and nursing technology and the allocation of limited resources (Zhu, Yang, & Sun, 2014). Under those challengeable and changeable environments, nursing administrators and managers need to figure out how to maintain and improve nursing job performance to assure that a good quality of nursing care could be offered.

Job performance (JP) refers to the behaviors performed by nurses that contribute directly to the organization's technical core (task performance) and includes those activities that are typically recognized as part of a worker's job; these behaviors maintain the broader social environment (contextual performance) in which the technical core must function. It includes more discretionary behaviors that assist the hospital to function (Greenslade & Jimmieson, 2007). Job performance has two domains: task performance and contextual performance, each domain contains three dimensions. Task performance is defined as the behaviors that contribute directly to an organization's technical core. The behaviors of task performances include 1) technical care, 2) information provision and 3) social support. Contextual performance refers to behaviors that maintain the broader social environment in which the technical core must function. The behaviors of contextual performance include 1. job task support, 2) interpersonal support, and 3) organizational support.

According to the job performance concept, it can be seen that nurses need to perform routine jobs about nursing care, such as carry out nursing procedures and provide education to the patients about treatment (task performance). Additionally, daily duties include activities that assist the function of healthcare services, for instance, creating a positive climate to resolving work problems and assisting colleagues to complete work (contextual performance). Nurses who have a better level of job performance can decrease patient's length of stay, increase patient's medication knowledge level and decrease medical costs (Lee, Chang, Pearson, Kahn, & Rubenstein, 1999) because nurses spend the most time with patients compared with other providers, and the quality of care that nurses provide has a direct relationship to patient outcomes (DeLucia, Ott, & Palmieri, 2009).

Regarding literature review, different results of nurses' job performance have been found in previous studies. Fathimath's (2012) study demonstrated that a high level of task performance and moderate level of contextual performance was found among nurses in tertiary care hospitals in Maldives. In China, Lin (2012) reported that nurses' task performance and contextual performance were both at moderate levels in tertiary hospitals in city of Kunming, Yunnan province. Tong (2018) revealed that nurses perceived task performance and contextual performance were both at moderate levels in

tertiary hospitals in Harbin city, Heilongjiang province. Bai (2018) conducted a study to measure ICU nurses' job performance in tertiary hospitals in the city of Kunming, Yunnan province, his findings showed that ICU nurses' task performance was at a high level, while contextual performance was at a moderate level. These studies used Greenslade's shortened job performance scale (SJPS) to test nurses' job performance based on task and contextual part (Greenslade, 2008). It can be seen that nurses' job performance revealed inconsistent results among different countries. Moreover, in China, three previous studies in different regions showed inconsistent results of nurses' task performance, and consistent results of nurses' contextual performance.

Previous studies have indicated that several factors related to nurses' job performance are classified into two groups: personal factors and organizational factors. personal factors include demographic variables such as education level, years of experience, age, nationality, gender, and marital status (Al-Ahmadi, H. 2009), as well as self-efficacy, spiritual intelligence, emotional intelligence (Khandan, Eyni & Koohpaei, 2017; Lee & Ko, 2010; Shamsuddin & Rahman, 2014). Organizational factors include job autonomy (Morgeson, Delaney-Klinger, & Hemingway, 2005), job engagement (Rich, Lepine, & Crawford, 2010), and organizational commitment (Meyer, Paunonen, Gellatly, Goffin & Jackson, 1989). Among these factors, emotional intelligence is one of the most significant personal factors related to job performance. Emotional intelligence plays a very important role in regulating emotions caused by fatigue or stress and is a critical requirement in nurses who work in a challengeable environment under reform of healthcare systems in China (Freshwater & Stickley, 2004). Emotional intelligence is an ability which one can be increased through following training programs (Nelis, Quoidbach, Mikolajczak, & Hansenne, 2009; Pool & Qualter, 2012). Nursing requires communication and cooperation with people; nurses who have high level of emotional intelligence are more likely to be able to care for themselves, and in turn their patients and coworkers. It helps them perform better during nursing care.

Emotional intelligence (EI) is the ability to assess one's own and other's feelings and emotions, to discriminate among them, and to use this information to guide one's thinking and action (Salovey & Mayer, 1990). It includes 4 dimensions: 1) self-emotional appraisal (SEA), 2) others' emotional appraisal (OEA), 3) regulation of emotion in the

self (ROE), 4) and using emotion to facilitate performance (UOE). According to the concept of EI, a person with high level of emotional intelligence would be aware of their own feelings and anger (self-emotional appraisal), to realize other people's feelings and anger (other's emotional appraisal), and to recover a normal emotional status from bad emotions quickly (regulation of emotion in the self), as well as choose right and positive emotions to influence their behavior (use of emotion to facilitate performance). Nurses with a high level of EI are less likely to have behavior problems and make mistake when they are working, this helps them perform well during job. Additionally, nurses with higher levels of EI could have better self-esteem, easily respond to stress, are more successful when solving problems, and have better relationships with people around them at work (Abraham, 1999; Healy, El-Atroush, Abol-Enein, & El-Sayed, 2013; Hein, 1996).

During nursing work, nurses need to cooperate with coworkers, patients, family members under high-stress. The ability of EI can help nurses understand their own and other's emotions and express their emotions appropriately, as well as maintain a positive value at work (Akerjordet & Severinsson, 2007). Several studies have explored nurses' emotional intelligence. A study in Korea found that nurses perceived a high level of emotional intelligence (Kim & Choi, 2016). In China, Zhang et al. (2010) and his colleagues found that nurses' emotional intelligence at a high level in Liaoning province. Tao and Song (2012) found that nurses perceived a high level of emotional intelligence in Hebei province. On the other hand, in Shanghai and Jinan, as well as in Xi'an, research findings showed that nurses perceived a moderated level of emotional intelligence (Hu, Zhu, & Zhang, 2013; Ma, Feng, & Xin, 2016; Zhu, Liu, Guo, Zhao, & Lou, 2015). These previous studies tested nurses' EI using Wong and Law Emotional Intelligence Scale (WLEIS) (Wong & Law, 2002). In conclusion, many scholars measured nurses' EI and recorded different results; while previous studies in China showed inconsistent results about nurses' EI.

Individuals with EI would have an ability to view and understanding peoples' behavior, attitudes, interpersonal skills and potential (Salovey & Mayer, 1990). Some scholars believed that this kind of ability has contributions in the workplace and in healthcare working condition (Mayer & Salovey, 1997). There are previous studies that support the idea that emotional intelligence is associated with job performance among

nurses. Cox-Kelley, Justice, Waller, and Johnson (2013) and Al-Hamdan, Oweidat, Al-Faouri, and Codier (2017) found that all dimensions of nurses' emotional intelligence were positively related to nurses' job performance (r value ranged from 0.164 to 0.494, p <0 .05). Nurses with high EI scores are more likely to manage their emotions, to understand other's emotions, to communicate effectively, communicate effectively with coworkers and patients, care patients and impact on patients in a positive way. In addition, people who have the ability to recognize and understand their own and other's emotions, and attend to emotional self-care, could show potentially beneficial characteristics at work by having more empathy, more social support, and psychological adjustment (Cox-Kelley et al., 2013). Nurses with high EI are more likely to display continued caring behavior under a highly emotive circumstances (Nightingale, Spiby, Sheen, & Slade, 2018).While, in Healy et al.'s (2013) study in Egypt, findings showed that the relationship between emotional intelligence of nurses and their job performance was negative and not significant (r=-.093, p<0.05). It can be seen that previous researches showed different results about the relationship between nurses' EI and JP among different settings.

Other two studies in China found that nurses' EI can positively effect on their JP. Zhang et al. (2010) carried a study in Liaoning province, the results revealed that All four dimensions of WEIS for emotional intelligence affected nurses' job performance (βrange from 0.082 to 0.151, p < 0.01). Tao and Song (2012) conducted a study to investigate the status of emotional intelligence and job performance of clinical nurses in Hubei, and the findings showed that EI can positively effect JP (β= 0.846 to 9.823, P < 0.01). These above two researches regarding the relationship between EI and JP among nurses in China all used WLEIS (Wong & Law, 2002) to test nurses' EI, at the same time, used Six-D Job Performance Scale (Schwirian, 1978) to measure nurses' JP, the results showed that all dimensions of WLEIS can positively affect nurses' job performance. However, for the research instrument, Chinese previous studies used the six-D Job Performance Scale (Schwirian, 1978) to measure nurses' JP; which focused on task performance, such as planning and evaluation of care and critical care. The testing of the relationship between EI and contextual performance of nurses is still limited in China.

Xishuangbanna Dai Autonomous Prefecture is located in the extreme southwestern part of China. There are various ethnic groups of people living here with different

religions, cultures, and life styles. The healthcare reform and development is underway here as well. A “China - five North provinces of Laos medical service project” was established which links five North provinces of Laos and Xishuangbanna through the promotion and the development of health care in China and Laos. This project allows patients from five provinces in northern Laos to seek healthcare service in Xishuangbanna. According to the function of public hospital, tertiary hospitals serve the whole city, province or country, secondary hospitals provide service to multi-communities; primary hospitals serve the community population (Ministry of Health of China, 2007). Nurses in tertiary hospitals have responsibilities to provide nursing services to local patients, and to the neighboring area’s and neighboring country’s patients. The nurses in tertiary hospitals in Xishuangbanna must consider the different cultural backgrounds of patients during nursing care, try to understand these patients’ feelings and emotions, and express their own emotions in an appropriate way while using positive emotions to guide nursing care.

With the changes and development of China’s healthcare in an effort to offer better healthcare services to a neighboring country and local region, there has also been a new change of nurses’ job performance in Xishuangbanna region. Nurses carry the weight of nursing procedures, give health education to their patients for task care in addition to attending and participating in meetings and activities regarding the hospital for the contextual aspects of their job. The hospital managers are trying to enhance nurses’ job performance in task and contextual parts via organizing professional skills training, offering team building activities such as team gaming among units. Meanwhile, nurses’ job performance is an important indicator of nursing care; the research data of nursing performance is still limited in this region. It is necessary to measure the level of nurses’ job performance and find an effective approach to improve it.

As noted above, under the changes and challenges of China’s healthcare reform, quality of care is still remains a serious concern in Xishuangbanna healthcare system. Nurses who are working in the tertiary hospitals in Xishuangbnana, China are facing big challenges in the complex working environment and require better level of job performance. Meanwhile, the work roles of nurses have been expanded more than provisions of task job to meet the increasing and changing needs of clients; contextual

job aspects are an additional duty of caregivers today. Additionally, there is no study in Xishuangbanna that measures nurses' JP and nurses' EI. The relationship between these two variables still has not been tested in Xishuangbanna city, China; new research needs to be conducted to test nurses' EI and their JP, as well as the relationship between these two variables. The results of this study offered a basic knowledge for nurse administrators to discover strategies to help their staff nurses with job performance.

Research Objectives

1. To examine nurses' emotional intelligence in Tertiary hospitals of Xishuangbanna, the People's Republic of China.

2. To examine nurses' job performance in Tertiary hospitals of Xishuangbanna, the People's Republic of China.

3. To explore the relationship between nurses' emotional intelligence and nurses' task performance of Tertiary hospitals of Xishuangbanna, the People's Republic of China.

4. To explore the relationship between nurses' emotional intelligence and nurses' contextual performance of Tertiary hospitals of Xishuangbanna, the People's Republic of China.

Research Questions

1. What is the level of nurses' emotional intelligence in Tertiary hospitals of Xishuangbanna, the People's Republic of China?

2. What is the level of job performance among nurses in Tertiary hospitals of Xishuangbanna, the People's Republic of China?

3. Is there any relationship between nurses' emotional intelligence and nurses' task performance in Tertiary hospitals of Xishuangbanna, the People's Republic of China?

4. Is there any relationship between nurses' emotional intelligence and nurses' contextual performance in Tertiary hospitals of Xishuangbanna, the People's Republic of China?

Definition of Terms

Emotional Intelligence refers to the ability of nurses to monitor their own and other's feelings and emotions, to discriminate among them, and to use this information to guide their thinking and actions (Salovey & Mayer, 1990). It consists of 4 dimensions: a) self-emotional appraisal (SEA), b) others' emotional appraisal (OEA), c) regulation of emotion in the self (ROE), d) use of emotion to facilitate performance (UOE). In this study, Emotional Intelligence was measured using a Chinese version Wong and Law Emotional Intelligence Scale; which was developed by Wang and Law (2002) based on Salovey and Mayer's Ability Model of Emotional Intelligence (1990) both in English and Chinese.

Job performance is the behaviors performed by nurses that contribute directly to the organization's technical core (task performance) and includes those activities that are typically recognized as part of a workers' job, while those behaviors that maintain the broader social environment (contextual performance) in which the technical core must function. It includes more discretionary behaviors that assist the hospital to function (Greenslade & Jimmieson, 2007). In this study, nurses' job performance was tested by Lin's Chinese shortened job performance scale that translated by Lin (2012) this scale used translation and back translation technique from Greenslade's shortened nursing performance scale (Greenslade, 2008).

Tertiary hospitals refer to a hospital in this class with more than 501 beds. The functions of tertiary hospitals include medical treatment, health care, medical education, training and research. Tertiary hospitals provide health services to the entire city, province or country, and can even extend to the neighboring city and province. Tertiary hospitals in this study are: The People's Hospital of Xishuangbana Dai Nationality Autonomous Prefecture, and Xishuangbanna Agricultural Reclamation Hospital.

CHAPTER 2

Literature Review

The literature review including the following topics:

1. Emotional intelligence
    1.1 Definition of emotional intelligence
    1.2 Models of emotional intelligence
    1.3 Measurement of emotional intelligence
    1.4 Factors related to emotional intelligence
    1.5 Studies related to emotional intelligence
2. Job Performance
    2.1 Definition of job performance
    2.2 Models and theories of job performance
    2.3 Measurement of job performance
    2.4 Factors related to job performance
    2.5 Studies related to job performance
3. The relationship between emotional intelligence and job performance
4. Situation related to emotional intelligence and job performance among nurses in the People's Republic of China
5. Conceptual Framework

Emotional Intelligence

Emotional intelligence has been studied in psychological area over these decades, the major definitions of emotional intelligence are presented as fellow:

Definition of Emotional Intelligence

Salovey and Mayer (1990) first coined the term, and defined emotional intelligence as the ability to monitor one's own and other's feelings and emotions, to discriminate among them, and to use this information to guide one's thinking and action.

Bar-On (1997) defined emotional intelligence as a multifactorial array of interrelated emotional and social competencies, skills, and facilitators that influence one's ability to recognize, understand, and manage emotions; to relate with others; to adapt to change and solve problems of a personal and interpersonal nature; and to efficiently cope with daily demands, challenges, and pressures.

Goleman (1998) descripted emotional intelligence as the ability to control one's and other's emotions and feelings, accept one's point of view, and control one's social and personal relations and revised the same in to four components such as self-awareness, self-management, social awareness, and relationship management.

Wong and Law (2002) stated emotional intelligence is an individual's ability to perceive accurately, evaluate and express emotions. It includes four dimensions: 1) self-emotional appraisal, 2) emotional appraisal, 3) use of emotion, and 4) regulation of emotion.

Bradberry and Greaves (2005) defined emotional intelligence as the ability to recognition and management of excitements in self and others which includes four domains: 1) self-awareness, 2) self-management, 3) social awareness, and 4) relationship management.

In summary, emotional intelligence (EI) is an ability or skill that can understand and evaluate the status of emotional process, and then express social and emotional behavior based on the status. The definition from Salovey and Mayer (1990) emphasizes that ability of EI can guide people's thinking and action, in the same way, EI can influence

nurses' thinking and action during work. This definition would be more suitable for exploring the relationship between EI and other behavioral variables, such as job performance. Therefore, the definition developed by Salovey and Mayer (1990) was used in this study.

Models of Emotional Intelligence

Since emotional intelligence was proposed, there were several scholars developed models in different areas, the major models of emotional intelligence are reviewed as fellow:

The Ability Model of Emotional Intelligence by Salovey and Mayer (1990). Salovey and Mayer defined emotional intelligence as the ability to monitor one's own and other's feelings and emotions, to discriminate among them, and to use this information to guide one's thinking and action. It is consisting of 4 dimensions: 1) self-emotional appraisal (SEA), 2) others' emotional appraisal (OEA), 3) regulation of emotion in the self (ROE), 4) use of emotion to facilitate performance (UOE).

Self-emotional appraisal (SEA). This relates to the people's ability to understand their deep emotions and be able to express these emotions naturally. People who have great ability in this area will sense and acknowledge their emotions than other people.

Others' emotional appraisal (OEA). This relates to the people's ability to perceive and understand the emotions of those people around them. People who are high in this ability will be much more sensitive to the feelings and emotions of other as well as reading their minds.

Regulation of emotion in the self (ROE). This relates to the people's ability to regulate their emotions, which will enable a more rapid recovery from psychological distress. People who have ability in regulation of emotion would be able to return quickly to normal psychological states and lose their temper less.

Use of emotion to facilitate performance (UOE). This relates to the ability of individuals to use of their emotion by guiding them to establish activities and personal performance. People who express a high use of emotion would be able to encourage

themselves to do better and keep emotion in a positive and productive way fairly continuously.

These four dimensions of emotional intelligence affect each other and work together. A person who with high level of emotional intelligence would be able to aware their own feelings and anger (self-emotional appraisal), to realize other people's feeling and anger (other's emotional appraisal), and to recover a normal emotional status from bad emotions (regulation of emotion in the self), as well as choose right and positive emotions to influence their behavior (use of emotion to facilitate performance).

Bar-On' s Emotional-social Intelligence Model (ESI) (Bar-On, 1997). Bar-On stated that emotional intelligence is associated with emotional and social skills, these skills determine the understanding and the ability to express themselves, the ability to understand other people and their everyday relations (Bar-On, 1997). According to this model, emotional-social intelligence is made up of five factors, which can interact together in one person. And divided as below:

Intrapersonal skills are the ability of being aware and understand emotions, feelings, and ideas in the self, and it is subdivided into the 5 sub-factors; self-regard, emotional self-awareness, assertiveness, independence, and self-actualization.

Interpersonal skills are the capacities of being aware and understanding emotions, feelings, and ideas in the others, and it is subdivided into the 3 sub-factors; empathy, social responsibility, and interpersonal relationship.

Adaptability is the ability of being open to change our feelings depending on the situations and includes the 3 sub factors; reality-testing, flexibility, and problem-solving.

Stress management refers to the ability to handle stress and control emotions.

General mood is the ability of feeling and expressing positive emotions, and being optimistic, and comprises the sub factors include optimism and happiness.

Goleman's Model of Emotional Intelligence Model (Goleman, 2001). Emotional intelligence comprises four essential elements: 1) self-awareness, 2) social awareness, 3) self-management, and 4) relationship management. As follows:

Self-awareness comprising emotional self-awareness, accurate self-assessment, and self-confidence.

Social awareness comprising empathy, service orientation, and organizational awareness.

Self-management comprising self-control, trustworthiness, conscientiousness, adaptability, achievement drive, and initiative; and finally.

Relationship management which comprises developing others, influence, communication, conflict management, leadership, change catalyst, building bonds and teamwork and collaboration. According to Goleman, each one of these four dimensions are the basis to develop other learned abilities or competencies necessary in the organizational field.

Bradberry and Greaves Model of Emotional Intelligence (2006). Bradberry and Greaves defined that emotional intelligence is the ability to recognition and management of excitements in self and others which includes four domains: 1) self-awareness, 2) self-management, 3) social awareness, and 4) relationship management as follow:

Self-awareness which is the ability to strongly understand one's emotions and be conscious of them as they happen, basically by managing one's reaction to certain situations and people.

Self-management which is the ability to stay alert of one's emotions and be flexible to drive positively his/her behavior towards those emotions and be able to address all possible emotional reactions for all situations and for all people.

Social awareness which is the ability to correctly recognize emotions of others and their possible effects.

Relationship management which is the ability to successfully manage interactions by using own efficient levels of awareness for one's own emotions and those of others (Bradberry & Greaves, 2006).

In summary, there are many good models about emotional intelligence. However, the Ability Model of Emotional Intelligence of Salovey and Mayer (1990) describes a clear process when nurses working. Nurses need to communicate and cooperate with patients and colleagues, they need to acknowledge their own emotions and others' feelings, and use appropriate expression about emotions during communication and cooperation. And nurses need the ability that can recover from bad emotions under changeable and challengeable working environment of China's healthcare reform.

Additionally, the Ability Model of Emotional Intelligence of Salovey and Mayer (1990) has been well accepted in the nursing literature. Furthermore, it has been tested in Chinese nursing work conditions. Therefore, it fits nursing profession, and in this study, the Ability Model of Emotional Intelligence of Salovey and Mayer (1990) was used.

Measurement of Emotional Intelligence

There are various instruments to measure emotional intelligence. Some of the existing instruments are as follow:

The Schutte Emotional Intelligence Scale (SEIS). The Schutte Emotional Intelligence Scale (SEIS) was developed by Schutte et al. (1998) based on the Ability Model of Emotional Intelligence (Salovey & Mayer, 1990). This is consisting of six domains including positive affect, emotion-others, happy emotions, emotions-own, non-verbal emotions and emotional management with 33-item scale. Each item is a 5-point scale ranging from 1 = strongly disagree to 5 = strongly agree. The total scores on the scale range from 33 to 165, with higher scores reflecting higher levels of emotional intelligence. The cross-check of internal-consistency showed a Cronbach's alpha of 0.87, the test-retest reliability was 0.78. The score was related to eight of nine indicators of emotional intelligence (Schutte et al., 1998). This Scale was tested for criterion validity using Pearson Correlation and results showed accepted correlational coefficients.

Emotional Competence Inventory 2.0 (Goleman, Boyatzis, & McKee, 2002). The Emotional Competence Inventory (ECI) was developed by Goleman et al. (2002) and based on the Emotional Competencies Model (Goleman, 1998). The purpose of ECI is to assess the emotional capacity of individuals and organizations, as well as positive social

behavior. The current version is ECI Ver. 2.0 that measure ECI and is designed to measure emotional competencies specifically in the work context. It comprises 72 items and 18 competencies grouped into the following four clusters: self-awareness, self-management, social awareness and social skills. It is a six-point Likert Scale that has alpha coefficients range from 0.68 to 0.87 with an overall average internal consistency coefficient of 0.79 (Wolff, 2005). The higher the score the higher the emotional intelligence. This Scale was tested for validity using Factor analysis, the result showed greater than .30.

The Wong and Law Emotional Intelligence Scale (WLEIS). This scale was developed by Wong and Law (2002) based on Salovey and Mayer the Ability Model of Emotional Intelligence (1990) in two language Chinese and English version. The WLIEIS consisted of 16 items with 4 dimensions: 1) self-emotion appraisal (4 items), 2) others' emotion appraisal (4 items), 3) use of emotion (4 items), and 4) regulation of emotion (4 items). Each item is a 7-point Likert-type Scale type response (1 = "totally disagree to 7 = "totally agree"). The higher score the higher emotional intelligence. The average score of emotional intelligence was classified into three levels as follows (Wang & Law, 2002): mean score 1.00-3.00 = low level, mean score 3.1-5.00 = moderate level, mean score 5.01-7.00 = high level. This scale was tested for validity using confirmatory factor analysis and the result revealed that the standardized RMR of the model was .08, the comparative fit index CFI was .95, and the Tucker–Lewis Index TLI was .93. The values of CFI and TLI greater than 0.90 indicate good validity of the instrument. The reliability for the four dimensions of self-emotion appraisal, use of Emotion, regulation of emotion, and others' emotion appraisal were 0.89, 0.88, 0.76, and 0.85, and overall was .88, respectively.

Bar-On Emotional Quotient Inventory (EQ-I). Bar-On Emotional Quotient Inventory (EQ-I) was developed by Bar-On (2006) based on Bar-On's emotional-social intelligence model (1997). It includes 133 items with five composite scales: intrapersonal, interpersonal, adaptability, general mood, and stress management. Each item was designed based on a 5-point Likert scale scoring from 1 to 5 (1 = very seldom or not true of me and 5 = very often true of me). The higher score is the higher the emotional intelligence. The norming studies on an American sample indicated an internal consistency coefficient of the EQ-I was 0.97, and similar findings were reported

throughout the word (Bar-On, 2006; van Rooy & Viswesvaran, 2007). The validity of the scale was measured by factor analysis, but the authors did not present the results.

In summary, all of above motioned instruments have good psychometric properties. However, the WLEIS (Wang & Law, 2002) is more appropriate for Chinese subjects than other western developed emotional intelligence instruments. In addition, this scale already tested in China. Thus, the WLEIS (Wang & Law, 2002) was used in this research.

Factors Related to Emotional Intelligence

According to literature review, there are some demographic factors have association with nurses' EI, such as age, gender, and educational level. Other factors including workload and stress were found which also have effect on EI which are as follows:

Demographic factors.

Age. In a previous study, the sample reported that individuals other than 40-year-old got the highest score in emotional intelligence. And Nikolaou and Tsaousis (2002) found that older people may have more emotional intelligence than younger ones.

Gender. Female may have higher level of emotional intelligence than male (Downey, Papageorgiou, & Stough, 2006; Extremera, Fernandez-Berrocal, & Salovey 2006)

Other factors.

Educational level. Individuals who got higher and more educational experience may have more ability in emotional intelligence, as they can get more chance to have courses for improving self-awareness and interpersonal communication (Yuan, 2007).

Workload. The exhaustion caused by heavy workload may make people to have less ability to regulate their emotions. Therefore, those people may have a lower level of emotional intelligence.

Stress. Another previous study found that emotional intelligence is significantly related to lower stress in South African nurses (Görgens- Ekermans & Brand, 2012).

Research Studies Related to Emotional Intelligence

The studies related to nurses' emotional intelligence has been already explored among many countries:

In China, there are several studies about nurses' emotional intelligence. Zhang et al. (2010) carried a research aimed to explore the relationship between nurses' emotional intelligence and job performance, and to provide information for improving nurses' job performance in Liaoning province. A total of 359 clinical nurses' emotional intelligence was investigated by using WLEIS. The results showed that clinical nurses scored overall EI at high level ($\overline{X}$=5.04, SD=0.66). According to four dimensions of EI, nurses perceived SEA ($\overline{X}$=5.52, SD=0.76) was at high level, OEA ($\overline{X}$=4.77, SD=1.02), ROE ($\overline{X}$=4.88, SD=0.90), UOE ($\overline{X}$=4.98, SD=0.93) were at moderate level.

Tao and Song (2012) conducted a study to investigate the status of emotional intelligence and job performance of clinical nurses in Hubei, China. The emotional intelligence was tested among 378 nurses with the Wong and Law Emotional Intelligence Scale. The result showed that the overall EI of nurses was at a high level ($\overline{X}$= 5.15, SD = 0.45). For each dimension, the dimensions of SEA and UOE were at high level, SEA ($\overline{X}$= 5.82, SD = 0.65), UOE ($\overline{X}$= 5.41, SD = 0.78). The dimensions of ROE and OEA were at moderate level, ROE ($\overline{X}$= 4.99, SD = 0.85), OEA ($\overline{X}$= 4.37, SD = 0.86).

Hu et al. (2013) conducted a study to explore the relationship between emotional intelligence and emotional labor strategy of nurses. The emotional intelligence was tested by WLEIS among 488 nurses in Shanghai, China. The results showed that the overall EI of nurses was at moderate level. The results of the four dimensions were also at moderate level: SEA ($\overline{X}$= 4.0, SD = 0.9), OEA ($\overline{X}$= 4.4, SD = 0.9), UOE ($\overline{X}$= 4.2, SD = 1.0), UOE ($\overline{X}$= 3.9, SD = 1.0). In this study, the author did not show overall score of EI.

Hua (2018) conducted a study in tertiary hospitals in Dali, China. For testing the relationship between EI and interpersonal conflict among nurses. 291 nurses from two hospitals were selected, and nurses' EI was tested by WLEIS. The results illustrated that nurses perceived overall EI at a high level ($\overline{X}$=5.08, SD=0.75). For each dimension,

nurses reported SEA was at high level ($\overline{X}$=5.70, SD=0.87), OEA, ROE, and UOE were at moderate level ($\overline{X}$=4.89, SD=1.36; $\overline{X}$=4.79, SD=1.08; $\overline{X}$=4.93, SD=0.98).

Emotional intelligence also had been tested in other countries. An Iran research found that nurses perceived a high level of emotional intelligence ($\overline{X}$=3.86, SD = .50) tested by Cyberia Shrink's Emotional Intelligence questionnaire under their aim at exploring whether nurses' emotional intelligence impact on their services quality (Ezzatabadi et al. 2012).

In another Iran study, Emotional Intelligence Questionnaire developed by Bradberry and Greaves (2005) was used to measure nurses' emotional intelligence. 212 nurses who work in military hospitals in the city of Tehran were employeed. The findings showed that nurses work in General Units with higher emotional intelligence than nurses work in Intensive Care Units (Saeed, Javadi, & Mokhtari, 2013).

A study measured 338 nurses in teaching hospitals showed that nurses perceived emotional intelligence was at a high level ($\overline{X}$=235.83, SD=37.98). Nurses' Emotional intelligence was measured by Bar-On Emotional Quotient Inventory (Bar-on, 2006) (Vahidi, Areshtanab & Bostanabad, 2016).

A Turkish study reported that 277 nurses working in a university hospital perceived their emotional intelligence was at a moderate level with mean score was 2.75. nurses' emotional intelligence measured by Bar-On Emotional Quotient Inventory (Bar-on, 2006) (Başoğul & Özgür, 2016).

A studied in Ghana among 120 registered nurses. The findings showed that mean of nurses experienced was 125.06, (SD = 14.02), which was high level of emotional intelligence. The Schutte Self-Report Emotional Intelligence Inventory (Schutte et al., 1998) was used to assess emotional intelligence (Tagoe & Quarshie, 2016).

In summary, there are several studies about nurses' EI conducted in different countries, and various of instruments have been used. However, in China, the all previous studies used WLEIS (Wong & Law, 2002) to test nurses' EI and got inconsistent results in each dimension and overall. Moreover, the information about nurses' EI is still limited in Xishuangbanna region. Therefore, it is necessary to measure and investigate the

information about nurses' emotional intelligence in Xishuangbanna city, The People's Republic of China.

Job Performance

Job performance has been examined previously in health care system during these decades, as an important indicator which can be used to measure whether a person performs a job well. The literature information about job performance was reviewed as follow:

Definition of Job Performance

Different definitions of job performance have been found and are described as follow:

Schwirian (1978) defined that Nurses' job performance is the effectiveness and productivity of the nurse in implementing his or her roles and responsibilities associated with direct patient care.

Murphy (1989) defined job performance as a function of the individual's performances on the specific tasks that comprise standard job descriptions.

Campbell, McHenry, and Wise (1990) identified Job performance as behaviors or actions which carry out by the individual to contribute to realize the goals of organization, and which could be evaluated based on the level of individual's proficiency.

Borman and Motowidlo (1993) defined job performance as the aggregated value to the organization of the discrete behavioral episodes that performed by individuals during standard time intervals.

Greenslade and Jimmieson (2007) defined nurses' job performance as the behaviors performed by nurses that contribute directly to the organization's technical core (task performance) and includes those activities that are typically recognized as part of a workers job, while those behaviors that maintain the broader social environment (contextual performance) in which the technical core must function. It includes more

discretionary behaviors that assist the hospital to function (Greenslade & Jimmieson, 2007).

In conclusion, all of these definitions are scientific and widely accepted in health care area. However, Greenslade and Jimmieson's (2007) definition of job performance which includes task performance and contextual performance is more detailed and can be matched with nurses working content today. Because nursing care is a science that combines professional skills and humanistic care, as well as social communication. When we measure nursing care, we should concern about task and non-task part.

Theories and Models of Job Performance

Job performance is a multidimensional conception that many researchers have explored. There are several theories and conceptual models related to job performance as bellow:

Job performance model developed by Schwiran. Schwirian (1978) developed a model for explaining nurses' job performance. The model consists of six dimensions described as follows:

Leadership is associated with activities in which a person would perform leadership function regardless of the working position.

Critical care relates to nursing activities associated with the care of critically ill individuals, including the potential outcome of death.

Teaching/collaboration relates to behaviors in which nurses teach clients and families as well as those descriptive of collaborative efforts involving patients' families and other health professionals who are responsible for the clients' well-being.

Planning/evaluation as implied by the name, contains items which relate to the behaviors involved in planning and evaluation of the nursing care of clients.

Interpersonal relations/communications related to nurse's behaviors and their communication and interpersonal relationship with patients and other medical colleagues.

Professional development refers to the high performance and behavior that is responsible for professional growth, improving knowledge and skills in professional nursing activities and fields.

Job performance model developed by Campbell. Campbell et al.'s (1990) eight-dimension model of job performance is one of the famous models. The author believed that job performance consists of three factors which contains knowledge, skill and motivation or effort. In their opinion, job performance relies on individuals' understanding of how to carry their jobs, while having the skill to perform it, and by providing some period of time at some level of effort to have an effective job performance (Greenslade & Jimmieson, 2011), individuals perform activities relevant to organizational goals. Campbell et al. (1990) developed a job performance model which including eight behavioral dimensions. In this model, performance can be defined as behaviors for all jobs according to the expected values of all the behaviors that fall under the same categories. The eight factors are (1) job specific task proficiency, (2) non-job specific task proficiency, (3) written and oral communications, (4) demonstrating effort, (5) maintaining personal discipline, (6) facilitating team and peer performance, (7) supervision, and (8) management /administration. However, some of the factors in this model are not applicable to all profession, it still needs further examination.

Performance theory developed by Borman and Motowidlo. Borman and Motowidlo's (1993) job performance theory consists of two dimensions of job performance which including task performance and contextual task performance.

Task performance refers to the organization's technical core, either by implementing its technical process or by sustaining and serving its technical requirements (Motowidlo, Borman, & Schmitt, 1997). It is divided into three parts: 1) Job-specific task proficiency, 2) non-job-specific task proficiency, and 3) written and oral communication task proficiency.

Contextual performance are behaviors that willing to carry out task activities. Although, these are not formally part of the job, it can help others in the organization to get tasks completed such as voluntarily help coworkers who are getting behind, to maintain a harmonious working relationship, or to redouble their efforts to complete tasks

on time (Borman & Motowidlo, 1993). It is divided into three parts: 1) Interpersonal citizenship performance, 2) organizational citizenship performance, and 3) job-task conscientiousness.

Job performance model developed by Greenslade. Greenslade and Jimmieson (2007) described a model for job performance of nursing profession based on Borman and Motowidlo's (1993) theory. This model indicated that job performance is comprised of two domains: task performance and contextual performance. In this model, there were five dimensions for task performance and three dimensions for contextual performance. Then Greenslade (2008) modified the task performance and contextual performance, each domain contains only three dimensions, for task performances which are technical care, information provision and social support. And job task support, interpersonal support, and organizational support belong to the dimensions for contextual performance.

Task performance is defined as the level of proficiency of an incumbent to engage in activities that formally recognize a part of its work, by directly implementing some of its technical processes to contribute to the core technology of the organization, or indirectly providing the required materials or services. It consists of three dimensions such as social support, information provision and technical care.

Technical care refers to the behaviors that nurses perform toward meeting the physical needs of patients by serving and helping patients to address their needs and interests. Nurses carry out nursing procedures, and assist patients with the activities of daily living. They assess the patient's condition and evaluate the plan of care accordingly.

Information provision refers to the behaviors that nurses provide information and education to the patients and their families about the patient's condition and treatment.

Social support refers to the behaviors that nurses perform to meet the emotional needs of patients such as letting patients/families talk about any concerns or fears and providing comfort to both the patients and their families.

Contextual performance refers to behaviors that support the broader environment in which the technical core must function such as demonstrating effort, helping and cooperating with others, following organizational rules and procedures, and supporting

organizational objectives. Contextual performance consists of three dimensions: Interpersonal support, job-task support and organizational support.

Interpersonal support refers to behaviors that assist team members. Nurses help each other to meeting the needs of patients and families and create a positive climate to resolving work problems. It also includes the help for new colleague.

Job-task support refers to nursing activities going beyond job requirements to provide care for patients and their families. Those behaviors could be demonstrated as staying late to assist the patients and their families and making special arrangements for them.

Organizational support refers to the behaviors performed by nurses to support the organization such as volunteering to assist the committees in the hospital who aim to minimize the waste of materials and equipment.

Job performance model developed by Fitzpatrick. Fitzpatrick, While, and Roberts (1997) developed a model of job performance based on the concept of Wandelt and Stewart (1975). Wandelt and Stewart stated that competency as having possession of the required knowledge, skills, and abilities to function in a given field. They believed that competency displayed by a nurse as she or he performs nursing actions in providing care to patients. The performance of actions resulted from competency. The quality of the performance of a nurse must be judged in relation to her/his competency to accommodate to unique situations (Wandelt & Stewart, 1975). They put forward five dimensions of job performance to measure performance in the different domains of nursing practice: 1) physical dimension: these are the nursing actions direct towards meeting physical needs of patients; 2) psychosocial dimension: these are the actions nurses perform direct toward meeting psychosocial needs of individual patients; 3) psychosocial dimension: these are the actions directed towards meeting psychosocial needs of the patients as members of group; 4) professional dimension: these are the actions directed towards fulfilling the professional role; 5) communication dimension: these are the actions directed towards the ability of nurses to communicate effectively with patients/relatives and others; and 6) care management dimension: these are the actions directed towards meeting either psychosocial or physical needs of patients or both at the same time.

In summary, there are some classical and used widely theories or models of job performance in nursing area. However, Greenslade's (2008) model includes components of task and contextual performances will be the most appropriate model to this study due to the reason that contemporary nurses need not only to take good care of patients (task performance), but also need to offer quality services to patients and their families in the present environment (contextual performance). Greenslade's model is a good and update one can match these requirements.

Measurement of Job Performance

Several scholars have developed measurements to test nurses' job performance, some of them have been widely used in different countries, review of them are represented as follow:

Schwirian's Six Dimension (6D) Scale of Nursing Performance. The Six Dimension (6D) Scale developed by Schwirian (1978) is the most accepted scale commonly using to measure job performance of nurses. The scale consists of 6 subscales and 52 items which evaluate nurses' performance by leadership, teaching/collaboration, critical care, evaluation/planning, interpersonal relations/communications as well as professional development. The response is interpreted as: 0 = not at all; 1 = not very well; 2 = satisfactory; 3 = well and 4 = very well. The interpretation of Professional Development subscale is as follow: 0 = never; 1 = seldom; 2 = occasionally; 3 = frequently, and 4 = consistently. The Cronbach's alphas reported by Schwirian (1978) ranged from .844 for the Leadership subscale to .978 for the Professional Development subscale for both staff nurse's self-assessment and their supervisors' evaluation.

Greenslade and Jimmieson's job performance scale (JPS). Greenslade and Jimmieson (2007) developed an instrument to measure nursing job performance based on Borman and Motowidlo's (1993) job performance theory. The questionnaire consisted of 41 items that incorporated behaviors reflecting both task and contextual performance and grouped into eight dimension of job performance. There were 23 items used to evaluate task performance with four dimensions which including 1) information support (7 items), 2) coordination of care (5 items), 3) social support (6 items), and 4) technical care (5 items). another 18 items with four dimensions used for describing contextual

performance: 1) 6 items for interpersonal support dimension; 2) 6 items for job-task support dimension; 3) 3 items for compliance dimension; 4) and 3 items for volunteering for additional duties dimension. A 7-point Likert scale was used to measure the overall job performance. high score (6-7) means exceeds standards of job performance, moderate score (3–5) means meets standards of job performance, and low score (1-2) means does not meet standards of job performance. The reliability of this scale was found to be acceptable (alpha = .88). the internal consistency coefficients of items on task and contextual performance domain were .94 and .91 respectively.

Greenslade's shortened job performance scale (SJPS). Based on the job performance scale (JPS) (Greenslade & Jimmieson, 2007), Greenslade (2008) designed the shortened JPS form and utilized it to measure nursing job performance. The shortened job performance scale consists of 25-items scale covering the three dimensions of task performance and three dimensions of contextual performance.

Each dimension of the Shortened Job Performance Scale to measure nurses' job performance in details as follows: social support (4 items), information provision (4 items), technical care (3 items), interpersonal support (5 items), job-task support (4 items) and organizational support (5 items). Totally 25items included in this scale.

Items regarding the three dimensions for task performance were evaluated by a 7-point Likert scale which ranging from poor (1-3), good (4-6) to excellent (7). Contextual performance behaviors were examined by 14 items which required participants to divide how often they completed the listed activities in their daily work. Items were rated as 7-point Likert scales ranging from not at all (1-2), moderate (3-5) and a great deal (6-7). The results of preliminary investigations propose that measures of task and contextual performance is a reliable (α = .90 and .90 respectively), and valid measure of nursing performance. Furthermore, Cronbach α coefficients were high for all scales for social support (α = .94), technical care (α = .85), information provision (α = .84), interpersonal support (α = .93), job-task support (α = .90), and organizational support (α =.86) items were adequate. The scale showed good convergent validity by initial evidence in which the scales demonstrated significant correlation with similar scales. Good criterion validity of the scale was established by examining the relationship between the new scale and a scale with which it would be expected to relate (Greenslade, 2008). Lin (2012) translated

this scale (SJPS) into Chinese language using translation and back-translation methods without any modification, scoring and interpretation were the same as the original one.

In summary, the job performance scale such as Schwirian's (1978) Six-D scale is a highly reliable instrument that can be used to evaluate nurses' job performance. And these scale test on one of nursing performance which nurses perform with their individual role, such as evaluating, planning and intervening of nursing treatment. However, Greenslade's shortened job performance scale (SNPS) incorporates a wider range of behaviors of nurses' profession than other instruments. And the Chinese version of this scale has reported the Cronbach's alpha coefficient was .96 in the subscale of task performance and .93 in the contextual performance subscale (Lin, 2012).

Factors Related to Job Performance

From literature review, there are many demographic factors related to job performance, including gender, marital status, and years of experience. Furthermore, other factors such as self-concept, organizational commitment, job satisfaction and so on also were found which can influence job performance.

Demographic factors.

Gender. Al-Ahmadi (2009) conducted a study in Saudi Arabia, found that self-reported performance was significantly higher among male than female nurses, married compared to unmarried.

Marital status. Previous study found that marital status can predict employee's job performance (Hassan & Olufemi, 2014).

Years of working experience. Hassan and Olufemi (2014) also reported that years of working experience were found to be predictive of job performance of insurance salesmen.

Other factors.

Spiritual intelligence. Cisheng et al. (2017) found that spiritual intelligence of nurses can impact nurses' job performance.

Self-concept. Baharuddin and Ismail (2015) found that Nurse self-concept was related to clinical performance (r = 0.24, P = 0.02).

Organizational commitment. Al-Ahmadi (2009) found that organizational commitment is a strong predictor of nurses' performance.

Job satisfaction. in Al-Ahmadi (2009) and Platis, Reklitis, and Zimeras (2015)'s studies, they found that there was a strong positive relationship between job satisfaction and job performance (r = 0.65, p = 0.01).

Job stress. Wang, Kunaviktikul, and Thungjaroenkul (2011) conducted a correlational research in China, and she found that there was a significant negative correlation between job performance and job stress among nurses.

Transformational leadership. Christian, Garza, and Slaughter (2011) found that transformational leadership have a direct effect on task (r = .10, p < .01) and contextual performance (r = .19, p < .01).

Meaningful work. Tong (2018) found that there were significant, positive relationships between meaningful work and task performance and contextual performance. Education level, work unit, and employment type influenced meaningful work (r = 0.44 and 0.49, respectively; P < .01).

In conclusion, the married male employee, who with more working experience, higher spiritual intelligence and satisfied with their job showed a higher level of job performance in previous studies.

Studies Related to Job Performance

Job performance is an interesting variable that several scholars have explored during these decades among a variety of professions. And many researchers have investigated job performance of nurses by using different conceptual models and instruments. This part focus on job performance in nursing area.

Fathimath (2012) carried a study in Maldives among nurses working in tertiary care hospitals to examine their job performance. 216 nurses were selected randomly, nurses'

JP measured by SJPS (Greenslade, 2008). The results showed that nurses reported score of task performance was at high level ($\bar{X}$=57.76, SD=9.39), while score of contextual performance at moderate level ($\bar{X}$=64.45, SD=12.95).

There were three correlational studies carried in China to explore the relationship between nurses' job performance and other variables. A study in Yunnan province collected data from 441 nurses working in tertiary hospitals in Kunming city to test the correlation between JP and fatigue. The SJPS (Greenslade, 2008) was used to measure nurses' JP, and the researcher translated it into Chinese using translation and back-translation methods without any modification. The findings illustrated that task performance of nurses in tertiary hospitals of Yunnan Province was at a moderate level ($\bar{X}$= 43.98, SD = 1.52), and contextual performance of nurses was at a moderate level ($\bar{X}$= 49.43, SD = 1.78) (Lin, 2012)

Tong (2018) conducted a study about the relationship between meaningful work and nurses' JP. The Chinese version of SJPS translated by Lin (2012) was used, 389 nurses were recruited into the study by random sampling. The results showed that the task performance of nurses in tertiary hospital of Harbin city, China was at moderate level ($\bar{X}$= 48.73, SD = 7.71), and the contextual performance of nurses was at moderate level ($\bar{X}$= 60.43, SD = 10.25).

Bai (2018) conducted a study in tertiary hospitals in city of Kunming among ICU nurses for exploring the relationship between social support and job performance. Chinese version of SJPS translated by Lin (2012) was used, the findings showed that ICU nurses working in tertiary hospitals perceived a high level of task performance ($\bar{X}$=57.37, SD=10.03) and a moderate level of contextual performance ($\bar{X}$=53.20, SD=6.62).

Al-Ahmadi (2009) carried a study to explored relative factors of job performance among nurses in Saudi Arabia. 15 hospitals were randomly selected. The questionnaire was sent to all nurses (1,834) in these facilities and 923 nurses responded. Nurses' job performance was measured by a performance appraisal form used in the Ministry of Health for annual review of health professionals of Saudi Arabia. The study found that job performance is positively correlated with organizational commitment, job satisfaction and personal and professional variables. Both job satisfaction and organizational

commitment are strong predictors of nurses' performance. Job performance is positively related to some personal factors, including years of experience, nationality, gender, and marital status. Level of education is negatively related to performance.

Khandan et al. (2017) carried a research in Iran, 197 nurses were selected, nurses' job performance data were collected by a job performance questionnaire with 15 items rated by 4-point Likert scale, validated in previous studies on Iranian workers. The results showed significant relationship between gender and job performance (P<0.001). The rate of job performance was 8% higher in the women than in the men [36.7 (± 6.76) vs. 33.53 (± 7.49)]. The single did not attain significantly higher or lower scores than the married (P=0.18). Responders with education levels of diploma or lower (P=0.29), associate degree (P=0.85), and bachelor's degree (P=0.58) did not attain significantly higher or lower scores for job performance compared to those with master's degree or higher education levels. The results also showed that the nurses had moderate levels of job performance.

In conclusion, job performance is an important variable that has been investigated in different countries among nurses, however, it was worth noticed that previous studies in China recent years showed that nurses' contextual performance was at moderate level, while in task performance, only one study reported that was at high level. That means there is still need more efforts for study to improve nurses' job performance in China.

The Relationship Between Emotional Intelligence and Job Performance

According to literature review, many scholars have explored the relationships between Emotional Intelligence and Job Performance among different professionals. Previous studies focus on the relations between Emotional Intelligence and Job Performance among nurses reviewed as follow:

Cox-Kelley et al. (2013) conducted a study in Texas United States, 54 nurses who were employed by one 100-bed hospital in East Texas participated this research. The data of Nurses' emotional intelligence collected by the Emotional Skills Assessment Process (ESAP), and Job performance was evaluated using the Joint Commission's Recommended Job Performance Evaluation Scale for Healthcare Institutions. The results

showed that the correlations between ESAP comfort (r=.164) and decision-making (r=.206) score and the overall job performance score were significant at the $p < 0.05$ level and correlations of the ESAP assertion (r=.332), aggression (r=.313), deference (r=.293), leadership (r=.262), drive strength (r=.394), time management (r=.270), stress management (r=.292), and commitment ethic (r=.494) score and the overall job performance score were significant at the $p < 0.01$ level.

Healy et al. (2013) carried a study explored the relation between emotional intelligence and nursing performance among nurses at Mansoura University Hospital and Urology and Nephrology Center in Egypt. 95 nurses were selected randomly from two hospitals, an Emotional Quotient Profile Questionnaire with 97 items was used to assess emotional intelligence of nurses, and an Observation Checklist with 49 items was be used to assess nurses' performance. The finding indicated that the relation between emotional intelligence of nurses and their performance was negative and not significant (r=-.093, p<.05).

Al- Hamdan et al. (2017) conducted a study in Jordan for examine the relationship between nurses' emotional intelligence (EI) and their job performance among registered nurses. Six Jordanian hospitals were included in this study and One hundred ninety-four registered nurses participated. Nurses' emotional intelligence was measured using the Genos EI Assessment with 25 items. And Schwirian's (1978) 52-item, Six-Dimension Scale of Nursing Performance was used to measure nurses' job performance. The results revealed that there were significant positive relationships between the total EI score and job performance scale (r=.27, p<0.01).

Studies about the relations between Emotional Intelligence and Job Performance also have been explored in China among nurses. The literature review as followed:

In China, Zhang et al. (2010) carried a research aimed to explore the relationship between nurses' emotional intelligence and job performance, and to provide information for improving nurses' job performance in Liaoning province. A total of 359 clinical nurses were investigated by using WLEIS (Wong & Low, 2002) and Schwirian' s Six Dimension Scale (Schwirian, 1978). The results showed that all dimensions of WEIS

were significantly and positively impact on job performance (β ranged from 0.082 to 0.151, P < 0.01 for all).

Tao and Song (2012) conducted a study to investigate the status of emotional intelligence and job performance of clinical nurses in Hubei, China. The emotional intelligence was tested among 378 nurses with WLEIS (Wong & Law, 2002) and the data of nurses' job performance was collected by Schwirian's Six Dimension (6D) Scale (Schwirian, 1978). The result showed that the scores of all dimensions of emotional intelligence were positively correlated with job performance. All the four dimensions of emotional intelligence were the influential factors of job performance(β range from 0.846 to 9.823, P<0.01).

There are many previous studies about the relationship between Emotional Intelligence and Job Performance among other professionals as well, for example, among managers and lawyers. The studies among other professionals reviewed as follow:

Dhani, Sehrawat, and Sharma (2016) carried a study aims to examine the relation between Emotional Intelligence (EI) and Job Performance among middle-level management in Indian organizations. 685 managers from five different sectors were selected, Deepa Krishnaveni Emotional Intelligence Test (DKEIT) was employed as a tool for measurement of EI among the employees. And Job Performance Inventory (JPI) was utilised to evaluate the performance of the employees. The finding demonstrated that there were significant and positive correlations between employees Emotional Intelligence and Job Performance (r= 0.746 p < 0.01).

Akhtar, Ghufran, Husnain, and Shahid (2017) conducted a study in banking sector in Pakistan, 316 employees working in banks located in Islamabad participated in it. The participants gave their response on sixteen item scale of emotional intelligence by Wong and Law (2002), and job performance was measured by using the scale of Day and Carroll (2004) and this scale was modified by Settoon et al. The results revealed that Job performance positively with emotional intelligence (r=.707, p<0.01).

Pekaar, van der Linden, Bakker, and Born (2017) conducted a study among divorce lawyers in Dutch, participants were asked to complete three diary surveys. In total, 68

divorce lawyers completed the person-level questionnaire and at least one diary survey. Specifically, 57 divorce lawyers completed three diary surveys or more, 3 divorce lawyers completed two diary surveys, and 8 divorce lawyers completed one diary survey. the lawyers' Person-level EI was measured with the WLEIS (Wong & Law, 2002), and job performance job performance was assessed with a 7-item in-role performance measure (Williams & Anderson, 1991). The finding showed that at the person-level, others-emotion appraisal was indeed positively and significantly associated with subjective job performance ($r = .504$, $p < .001$), whereas the other EI dimensions were not. At the enacted level, none of the EI dimensions were significantly related to subjective job performance, meaning that fluctuations in the enactment of EI dimensions did not explain subjective job performance beyond the stable use of these dimensions.

To summarize, from literature review, the association between emotional intelligence and job performance has been explored in different professions and settings got different results. Five previous studies were conducted among nurses, and two of them were conducted in China got the results that nurses' emotional intelligence can positively effect on their job performance. Another three studies in other area (management, banking, law) all found positive correlation between emotional intelligence and job performance. In China, previous studies tested the relationship between EI and JP among nurses all used WLEIS (Wong & Law, 2002) for EI, and 6D Scale (Schwirian, 1978) for JP. 6D Scale focus on nurses' task performance, such as critical care, evaluation, planning and communication. However, the job role and performance of nurses have expanded nowadays, contextual performance have been added in nursing care (Greenslade & Jimmieson, 2007). Therefore, an update instrument with contextual performance was used to test nurses' job performance in this study.

Situations Related to Emotional Intelligence and Job Performance of Nurses in Tertiary Hospitals of Xishuangbanna City, The People's Republic of China

With the development of quality of people's life and population growth, high quality medical service demands have increased in contrast to a shortage of high-quality healthcare providers increased all while healthcare cost have risen. To solve these problems, China's health care system has undergone healthcare reform over the past decades. China is committed to the reform of public hospitals, aiming to further solve rising healthcare costs and the growing healthcare demands of the population, as well as further address the existing problem in terms of insufficient resources and suboptimal outcomes related to quality of service (National Health and Family Planning Commission, 2015).

In the Southwest border of China, the healthcare reform and developing is underway in Xishuangbanna region as well. A "China - five North provinces of Laos medical service project" was established which links five North provinces of Laos and Xishuangbanna, for promoting the development of health care in China and Laos. This project allows patients from five provinces in northern Laos to seek medical service from public tertiary hospitals in Xishuangbanna, doctors and nurses in tertiary hospitals are accepting increasing number of clients from both Laos and local region.

According to the function of health care organizations, public hospitals are classified three categories (Ministry of Health of China, 2007). (1) Tertiary hospitals serve the entire city, province or country, and can even extend to the neighboring city with more than 501 beds, and takes responsibility for high level special medical services, medical education, and scientific research. (2) Secondary hospitals service multi-communities with 101-500 beds and takes responsibility for healthcare services, teaching and scientific research. (3) Primary hospitals service a community population with less than 100 beds, and is responsible for disease prevention, medical service, healthcare, and rehabilitation.

Xishuangbanna Dai Autonomous Prefecture is located in the extreme southwestern part of China. Various ethnicity groups of people live here with different religions, cultures, and life styles. Nurses working in tertiary hospitals have a duty to offer nursing

care to the whole city, province or country, and also neighboring country areas (North provinces of Laos). Those nurses who work in tertiary hospitals in Xishuangbanna city have to consider the different cultural backgrounds of patients from both China and Laos during nursing care. They must try to understand these patients' feelings and emotions while expressing their own emotions in appropriate way and use positive emotions to guide nursing care.

Following the requirement of "High Quality Nursing Service Demonstration Project" nurses' job duties have been expanded greater than before in Xishuangbanna city (Ministry of Health of China, 2011). During nurses daily working, they need to perform job at task performance and contextual performance (Greenslade, 2008). For task performance, nurses engage in activities that formally recognize a part of nursing work, by directly implementing some of its technical processes to contribute to the core technology of hospital, or indirectly the required materials or services; such as nurses provide the information about nursing procedures to patients and families, or managing medication and treatment. While, for contextual performance, nurses perform behaviors that support the broader environment in which the technical core must function. For instance, nurses share profession knowledge with other nurses by giving lectures monthly, and participating in meetings and activities regarding the hospital. Task and contextual performance aspects make up nurses' job performance nowadays.

There are more than one thousand nurses working in two tertiary hospitals in Xishuangbanna city. One nurse takes care of 10-12 patients; this ratio increases in night shifts when one nurse looks after more than 30 patients. The health care system in China does not have nurse aids, there is only registered nurse carrying for tasks including observation, document record, and treatment such as transfusion, administering medications, monitoring vital signs, writing care records, planning and evaluation of care and so on (Lin, 2012). The majority of nurses work 10 or 11 hours per day in tertiary hospitals in China (Jiao et al., 2015). The high workload may lead nurses to perceived emotional exhaustion (Greenglass, Burke, & Fiksenbaum, 2001), or feeling frustrated, disgusted, angered, or very sad during work. Nurses may be distancing themselves from their patients as a reaction to their feelings of being emotional exhaustion by their job (Greenglass et al., 2001); which are more likely to have potential negative effects on

observation, monitoring vital signs, and effective communication with their patients during work.

Facing the external environmental changes and increasing healthcare demands, nurses in Xishuangbanna city need to develop their abilities and skills that help them observe and understand their own and the patient's feelings, regulate their emotions from emotional exhaustion caused by heavy workload, and use emotions in an appropriate and positive way during work. These kinds of skills could help nurses perform better at work. According to previous studies, people who have high EI can certainly have better relationships with colleagues and supervisors, because they can understand and are aware of his or her own feelings, and control stress, negative emotions from frustration which may negatively influence others and themselves. At the same time, nurses with high EI are more likely to be able to care for themselves then in turn their patients, and be less likely to occur behavior problems or make mistakes when they are working (Abraham, 1999; Healy et al, 2013; Hein, 1996). Understanding our emotional intelligence is an important thing not just in our educational years, but also working life and even throughout life. Emotional intelligence has a critical impact on other employment factors, including job performance.

With the changes and development of China's healthcare and the strive for offering better healthcare services to a neighboring country and local region, there has also been new changes of nurses' job performance in Xishuangbanna city. Nurses carry nursing procedures, give health education to their patients for task care. Additionally, they attend and participate in meetings and activities regarding the hospital for contextual part of their job. Hospital managers are trying to enhance nurses' job performance in task and contextual aspects via organizing professional skills training, offering team building activities such as team gaming among units, and also supporting nurses to reach a higher education level. Meanwhile, nurses' job performance as an important indicator of nursing care but research data of nursing performance is still insufficient. It is necessary to measure the level of nurses' job performance and find an effective approach to improve it.

In China, two previous studies illustrated that nurses' emotional intelligence can impact on their job performance in a positive direction (Tao & Song, 2013; Zhang et al.,

2010). Both of them used WEIS Scale to test nurses' EI and 6D Scale (Schwirian, 1978) to measure nurses' JP. The results showed that all dimensions of WEIS can positively affect nurses' job performance. However, The 6D Scale (Schwirian 1978) focused on task performance and incorporated components such as planning and evaluation of care, and critical care, but did not include contextual performance (Greenslade & Jimmieson 2007). A new study needs to be conducted about JP among nurses under contemporary working environment, and should include contextual performance in its measurement.

As noted above, quality of care still remains a serious concern in healthcare reform process in China. Nurses are the largest group in healthcare systems who are vital for providing the majority of health services and contributing to the quality of care. Nurses' job performance can directly affect health-related patient outcomes (Lee et al., 1999). By improving nurses' emotional intelligence and optimizing their ability to understand and use emotions, nurses' job performance can be effectively improved. Nurses who are working in the tertiary hospitals in Xishuangbnana, China are facing big challenges in the complex working environment and are required to produce a better level of job performance. Meanwhile, the work roles of nurses have been expanded more than provision of task care to meet the increasing and changing needs of clients in China. Thus, results of study to explore emotional intelligence and job performance and their relationship among nurses could create a foundation of basic knowledge for nurse administrators to discover strategies to help their staff nurses. Additionally, there is no study on information about EI and JP, as well as the relationship between them among nurses in Xishuangbanna city, the People's Republic of China. Thus, new research needs to be carried to study the correlation between nurses' emotional intelligence and their job performance with a new instrument for nurses' job performance in this region.

Conceptual Framework

The concept of Emotional Intelligence (EI) was based on the Ability Model of Emotional Intelligence (Salovey & Mayer, 1990). They defined that Emotional intelligence as the ability to monitor one's own and other's feelings and emotions, to discriminate among them, and to use this information to guide one's thinking and action. It includes four dimensions: 1) self-emotional appraisal, 2) other's emotional appraisal, 3) use of emotion, 4) regulation of emotion (Salovey & Mayer, 1990). The concept of Job Performance (JP) based on Job Performance Model developed by Greenslade and Jimmieson (2007). Job Performance refers to the behaviors performed by nurses that directly contribute to the technical core of organization (task performance) and those behaviors that maintain the wide social environment (contextual performance) in which the technical core must function. Emotional intelligence gives nurses an ability to observe and understand the emotions of themselves, the patients and co-workers (self and others' emotional appraisal), regulate their emotions to normal states quickly, and use emotions in an appropriate way to guide their work (regulation of emotion in the self and use of emotion to facilitate performance). This intelligence helps nurses communicate with patients and coworkers effectively, to use appropriate emotional expressions during work, and to enhance overall performance. Furtehrmore, nurses' EI and JP, as well as the relationship between EI and JP among nurses in Xishuangbanna city, the People's Republic of China, was tested in this study.

CHAPTER 3

Methodology

This part describes the methodology of the study. It contains research design, population and sample, research instruments, protection of human rights, data collection procedures and analysis procedures.

Research Design

A descriptive correlational study design was used to examine the level of nurses' emotional intelligence, job performance, and to explore the relationship between emotional intelligence and job performance among nurses in Tertiary Hospitals of Xishuangbanna city, the People's Republic of China.

Population and Sample

Population

The target population of this study includes all nurses in two tertiary hospitals, the total number of the research population is 579 nurses of the people's hospital of Xishuangbana Dai Nationality Prefecture, and 308 nurses of Xishuangbanna Agricultural Reclamation hospital.

Sampling Criteria

The inclusion criteria were nurses who work in the inpatient and outpatient department of the two tertiary hospitals of Xishuangbanna Dai Autonomous Prefecture, and have been working more than one year in the hospital.

The exclusion criteria were nurse administrators including directors of nursing department and head nurses. And nurses who did not work in the hospitals during sampling, such as on vacation, maternity leave, and study at school.

Sampling Methods

Step 1: A proportionate sampling method was used in this stage to determine the number of nurses needed in each hospital. Based on the number of nurses employed in each hospital, 213 nurses were samples from The People's Hospital of Xishuangbana Dai Nationality Prefecture (Hospital A), and 115 nurses were samples from Xishuangbanna Agricultural Reclamation Hospital.

Step 2: A stratified random sampling method was employed to determine the number of nurses selected from eight clinical nursing departments in each hospital. Medical department, Surgical department, Obstetrics and Gynecology, Pediatric department, Out-Patient department (OPD), Operating room (OR), Emergency room (ER), and Intensive care unit (ICU) involved in this study.

Step 3: Simple random sampling method was used to select nurses from name list of nurses in each hospital.

Sample Size

The sample size of this study was calculated using the formula of Yamane (1973) at the level of significance 0.05, as follows:

$n= N/1+N (e)^{2}$, the level of precision defined as 5%

$n= 859 \div (1+859 \times 0.05^{2}) = 273$

considering the possible loss of sample, 20% (Hogg & Craig, 1995) of the sample size (55 nurses) were added. Therefore, the total sample size were 328 nurses.

Table 1

Distribution of Population and Sample Size in Each Hospital

Name of Hospital	Population n	Sample n
Hospital A	559	213
Hospital B	300	115
Total	859	328

Note. Hospital A: The People's Hospital of Xishuangbana Dai Nationality Autonomous Prefecture, Hospital B: Xishuangbanna Agricultural Reclamation Hospital.

Research Instrument

The instrument of this study consisted of three parts: the demographic data form, the Chinese version of Wong and Law Emotional Intelligence Scale (Wong & Law, 2002), and the Chinese version Shortened Job Performance Scale which translated from Greenslade (2008) by Lin (2012).

Part 1: Demographic Data Form

The demographic data form is developed by the researcher, closed end questions were used to collect relevant information from the participants which included age, gender, marital status, educational level, the name of working hospital, working department, and years of working experience.

Part 2: Chinese Wong and Law Emotional Intelligence Scale (WLEIS)

WLEIS consists of 16 items divided into 4 dimensions: self-emotion appraisal (4 items), others' emotion appraisal (4 items), use of emotion (4 items), and regulation of emotion (4 items). Each item was rated by 7-point Likert scale ranging from 1 (totally disagree) to 7(totally agree) (Wong & Low, 2002).

The mean score was used to measure each dimension and overall scores of emotional intelligence, it was obtained through summing and averaging the scores of items, with a possible range from 1 to 7. The higher score indicates higher emotional

intelligence. The interpretation of Emotional Intelligence was classified into three levels in each dimension and overall, as follows Wong and Law (2002) criteria.

Mean score 1.00-3.00 = low level of EI

Mean score 3.01-5.00 = moderate level of EI

Mean score 5.01-7.00 = high level of EI.

Part 3: Chinese Version of Shortened Job Performance Scale (SJPS)

SJPS developed by Greenslade (2008) and translated by Lin (2012), it consists of 25 items which including task performance and contextual performance. And task performance scale has three sub-dimensions: 4 items for social support, 4 items for information provision, 3 items for technical care. Contextual performance scale includes another three sub-dimensions: 5 items for interpersonal support, 4 items for job-task support and 5 items for organizational support.

The items belonged task performance were answered with a 7- point Likert scales which ranging from 1 (poor) to 7 (excellent). The questions belonged contextual performance were answered with a 7-point Likert scales which ranking from 1 (never) to 7 (often).

According to original Chinese version, the evaluation of job performance defined by total score (Lin, 2012). the total score was obtained through summing scores of each item in task and contextual part, with a range from 11 to 77 in task performance and 14 to 98 in contextual performance. The higher score indicated higher level of task and contextual performance of nurses.

Table 2

The Interpretation of Job Performance

Total Score	Low	moderate	High
Task performance	11.00-33.00	33.01-55.00	55.01-77.00
Social support	4.00-12.00	12.01-20.00	20.01-28.00
Information provision	4.00-12.00	12.01-20.00	20.01-28.00
Technical care	3.00-9.00	9.01-15.00	15.01-21.00
Contextual performance	14.00-42.00	42.01-70.00	70.01-98.00
Interpersonal support	5.00-15.00	15.01-25.00	25.01-35.00
Job-task support	4.00-12.00	12.01-20.00	20.01-28.00
Organizational support	5.00-15.00	15.01-25.00	25.01-35.00

Part 4: Validity and Reliability of Instruments

For the validity of instruments, due to the Chinese WLEIS was used without changing any word in the instrument, the validity test did not prove gain (Wong & Low, 2002). And the validity of the Chinese Shortened Nurses Performance Scale displayed a good convergent and criterion validity (Lin, 2012). Specifically, the task and contextual performance scales correlated with previously developed tasks and contextual performance scales respectively (convergent validity). Additionally, the scale correlated with an overall measure of performance (criterion validity) (Greenslade, 2008), thus the validity of Shortened Nursing Performance Scale had confirmed by the authors. Lin translated the scale into Chinese language by using translation and back-translation technique without any modification of the content and structure. Therefore, the validity of two instruments did not test again.

The reliabilities of Chinese WLEIS and Chinese Version of SJPS were tested in this study. A pilot study was conducted with 20 randomly selected nurses who had same characteristics before data collection. The Cronbach's α coefficient of overall WLEIS was 0.942, for each dimension of WLEIS, they were SEA: 0.840, OEA: 0.940, ROE: 0.943, UOE: 0.909 respectively. Cronbach's α coefficient of SNPS showed that of Task Performance Subscale was 0.856, Contextual Performance Subscale was 0.873.

Protection of Human Rights

Before collecting data, the research proposal was submitted to the Research Ethic Committee in Faculty of Nursing, Chiang Mai University, Thailand. The approval was obtained before data collection. Subjects were selected after getting permission from the hospital directors of two tertiary hospitals of Xishuangbana Dai Autonomous Prefecture. To assure the protection of human rights, nurses were informed that participation in this study at any time without any negative consequences and it has not any effect on their daily working. A research volunteer agreement was given to the participants to assure the protection of human rights of the subjects. A statement was put in a cover letter to guarantee confidentiality and anonymity of individual responses. Only code numbers were used for questionnaires follow-up in case there was no response from a subject. Information from the subjects was used only for current study and remain confidential. The results of this study were presented as a group.

Data Collection

The data collection was conducted from February to March, 2019. The steps were as follows:

1. After receiving approval from the Graduate School, and the Research Ethics Review Committee of the Faculty of Nursing, Chiang Mai University, the researcher packaged included the research proposal, a cover letter from CMU, and a request for permission for data collection, an informed consent and a copy of data collection instrument (Chinese version) to send to the directors of nursing department of the target hospitals for approval to collect data.

2. After getting data collection permission from the directors of nursing departments from target hospitals, the director of nursing department from Xishuangbanna Agricultural Reclamation Hospital (Hospital B) assigned a coordinator from nursing department, the researcher held meetings with coordinator to explain the purpose, procedure and the human rights protection of this study clearly. Meanwhile, the researcher was responsible to collect data at the People's Hospital of Xishuangbanna Dai Nationality Autonomous Prefecture.

3. The researcher got a name list of nurses from the nursing department in each hospital and selected nurses by randomly draw sampling method. Nurses who participated in reliability test were excluded from the name list.

4. An official announcement was posted to head nurses of each department. The researcher made an appointment with head nurses to introduce the objectives, data collection procedure and human rights of participant.

5. Coordinators and researcher distributed a data collection package which includes an Information Sheet for Study Participant, a Volunteer Research Agreement Form and the set of questionnaires with an envelope to all sample nurses with a request to complete it in their private time.

6. Sample nurses were asked to return the completed questionnaire within two weeks in the sealed envelope in the locked boxes provided by researcher in each hospital. The boxes can be opened only by researcher. Sample nurses were requested to separate consent forms and set of questionnaires before submitting into boxes and the information sheet could be kept by them.

7. Totally, 309 (94.21%) questionnaires were returned within two weeks, the researcher checked the completeness and for any missing data of all returned questionnaires. There were 13 questionnaires were not completed. Finally, 296 (90.24%) questionnaires could be used to enter data analysis.

Data Analysis

The statistical package for the social sciences (SPSS) English version 13.0 was used to analyze data. The significant level was set at 0.01. the data analysis procedure was divided into the following steps:

1. Descriptive statistic including frequency, percentage, mean and standard deviation were used to analyze the demographic data of nurses.

2. Mean and standard deviation were used to analyze the level of each dimension of nurses' EI and JB.

3. Examine the correlation between nurses' EI and Task Performance, as well as the correlation between nurses' EI and Contextual Performance. The relationship was analyzed by using correlation statistics. Before analysis, data distribution was checked by Kolmogorov-Smirov's (KS), according to the results, EI, Task Performance and Contextual Performance were normal distribution. Therefore, Pearson' Product-Moment correlation was used to examine the relationship between EI and Task Performance, as well as EI and Contextual Performance. $r<0.3$ was considered as a weak relationship, $r=0.3$-0.5 was regarded as a moderate relationship, and $r>0.5$ was considered as a strong relationship (Burns & Grove, 2009).

CHAPTER 4

Findings and Discussion

The purposes of this study were to examine nurses' Emotional Intelligence and Job Performance, and the relationship between nurses' Emotional Intelligence and nurses' Job Performance of Tertiary hospitals of Xishuangbanna, the People's Republic of China. This chapter consists of findings and discussions of the study. The findings were presented by three parts with tables and descriptions as follows: 1) Demographic data of the samples, 2) Emotional Intelligence and Job Performance of the samples, 3) the relationship between Emotional Intelligence and Job Performance among the samples. Discussions were conducted based on the objectives and findings of the study.

Findings

Part I: Demographic Characteristics of the Subjects

The demographic characteristics of the subjects are presented in Table 3.

Table 3

Mean, Standard Deviation, Range, Frequency and Percentage of Demographic Data of the Subjects (n=296)

Demographic Characteristics	Frequency (n)	Percentage (%)
Age ($\bar{X}$=31.71, SD=7.59, Range=20-57)		
20-29	149	50.34
30-39	100	33.78
40-49	34	11.49
≥50	13	4.39
Gender		
Male	16	5.41
Female	280	94.59
Marital Status		
Single	90	30.41
Married	194	65.54
Divorced, Separation or Widowed	12	4.05
Educational Level		
Diploma	5	1.69
Associate degree	122	41.22
Bachelor's degree	169	57.09

Table 3 (continued)

Demographic Characteristics	Frequency (n)	Percentage (%)
Working Department		
Medical	80	27.03
Surgical	75	25.34
OB-GYN	25	8.45
Pediatric	15	5.06
OPD	15	5.06
OR	18	6.08
ER	20	6.76
ICU	20	6.76
Others	28	9.46
Working Experience ($\overline{X}$=9.57, SD=7.79, Range=1.5-33)		
1-10 years	202	68.24
11-20 years	56	18.92
21-30 years	32	10.81
≥31 years	6	2.03

As shown in Table 3, The age of samples ranged from 20 to 57 years, and the 20-29 age group accounted for almost a half of the total sample. The majority of samples were female. More than half of samples were married. The largest group of samples held a bachelor's degree. Majority of the samples were working in Medical department or Surgical department. The average length of work of the samples was 9.57 years, range from 1.5 years to 33 years, and the largest group is 1-10 years, it accounted more than a half of the total sample.

Part II: Emotional Intelligence and Job Performance of the Samples

This section illustrated the mean score and the standard deviation of overall and each dimension of EI and JP among samples. The results were shown in Table 4 and Table 5.

Table 4

Mean, Standard Deviation and Level of Overall and Each Dimension of Emotional Intelligence of the Subjects (n=296)

Emotional Intelligence	Mean	SD	Level
Overall EI	4.91	0.84	Moderate
Self-emotion appraisal (SEA)	5.61	0.87	High
Other's emotion appraisal (OEA)	4.54	1.20	Moderate
Regulation of emotion in the self (ROE)	4.57	1.19	Moderate
Use of emotion to facilitate performance (UOE)	4.89	1.10	Moderate

In Table 4, the samples reported that overall EI was at a moderate level. In terms of each dimension of EI, the mean score of Self-emotion appraisal (SEA) indicated was at a high level, Other's emotion appraisal (OEA) were at a moderate level, Regulation of emotion in the self (ROE) and Use of emotion to facilitate performance (UOE) were at moderate level.

Table 5

Mean, Standard Deviation and Level of Each Dimension of Job Performance of the Subjects (n=296)

Domain of Job Performance	Range	Mean	SD	Level
Task performance	19-77	54.29	10.48	Moderate
Social support	4-28	18.85	4.47	Moderate
Information provision	7-28	19.32	4.56	Moderate
Technical care	4-21	16.12	3.02	High
Contextual performance	20-98	67.14	12.04	Moderate
Interpersonal support	5-35	25.51	4.37	High
Job-task support	4-28	16.48	4.83	Moderate
Organizational support	9-35	25.14	4.88	High

As illustrated in Table 5, the subjects reported that task performance was at a moderate level. Three dimensions of task performance showed different result: social support was at moderate level, information provision was at moderate level, technical care was at high level. Besides, contextual performance indicated at moderate level. Three dimensions of contextual performance showed different level: Interpersonal support was at high level, job-task support was at moderate level, organizational support was at high level.

Part III: The Relationship Between Emotional Intelligence and Task Performance as Well as Contextual Performance of Samples

This part aimed to examine the relationship between Emotional Intelligence and Task Performance, Contextual Performance of samples, the results were shown in Table 6.

Table 6

The Relationships Between Emotional Intelligence and Task Performance, as Well as Contextual Performance of the Subjects (n=296)

Job Performance	Emotional Intelligence	
	r	p-value
Task Performance	0.456**	.00
Contextual Performance	0.432**	.00

**p<.01

The result of this study indicated that there was a significantly moderate positive relationship between Emotional Intelligence and Task Performance, as well as a significantly moderate positive relationship was between Emotional Intelligence and Contextual Performance.

Discussion

This section discussed the findings of the study based on the objectives and the results. The discussions were presented in four parts: 1) nurses' Emotional Intelligence in Tertiary hospitals of Xishuangbanna City, the People's Republic of China. 2) nurses' Job Performance in Tertiary hospitals of Xishuangbanna City, the People's Republic of China. 3) the relationship between nurses' Emotional Intelligence and nurses' Task Performance of Tertiary hospitals of Xishuangbanna City, the People's Republic of China. 4) the relationship between nurses' Emotional Intelligence and nurses' Contextual Performance of Tertiary hospitals of Xishuangbanna City, the People's Republic of China.

Part I: Nurses' Emotional Intelligence in Tertiary Hospitals of Xishuangbanna City, the People's Republic of China

The result of this study showed that nurses in tertiary hospitals of Xishuangbanna city had a moderate level of overall emotional EI ($\overline{X}$=4.91, SD=0.84). The result is inconsistent with the previous studies using the same instrument carried by Zhang et al. (2010) in Liaoning province, China, which found nurses' overall score of EI was at high level ($\overline{X}$=5.04, SD=0.66). Moreover, a study conducted by Tao and Song (2012) in Hubei province, China; also showed a high level of overall EI of nurses ($\overline{X}$=5.15, SD=0.45). However, the results were consistent with Zhu's (2015) study on nurses' EI in public hospitals in city of Jinan, China, which used the same instrument, showing a moderate level of overall EI ($\overline{X}$=3.82, SD=0.50). EI consist of four dimensions: self-emotion appraisal (SEA); other's emotion appraisal (OEA); regulation of emotion in the self (ROE); use of emotion to facilitate performance (UOE). In this study, the dimension of SEA showed a high level ($\overline{X}$= 5.61, SD=0.87), while other three dimensions were found at moderate level respectively. OEA ($\overline{X}$=4.54, SD=1.20), ROE ($\overline{X}$=4.57, SD=1.19), UOE ($\overline{X}$=4.89, SD=1.10).

The detail results of each dimension of EI in this study were discussed as follows:

Self-emotional appraisal (SEA). The nurses rated a high-level score in the dimension of self-emotional appraisal ($\overline{X}$=5.61, SD=0.87). Self-emotional appraisal

related to the individual's ability to understand their deep emotions and be able to express these emotions naturally, the result illustrated that nurses can understand their deep emotions and express theses emotions naturally and well. The result was similar with that of Tao and Song (2012) in Hubei, China ($\overline{X}$=5.82, SD=0.65), as well as being consistent with Hua's (2018) study in Tertiary hospitals of Dali, China ($\overline{X}$=5.70, SD=0.87).

One possible reason might be due to the sample nurses who perceived their emotions in check and balance well. It can be seen that 48.31% of the samples agreed "I have a good sense of why I have certain feelings most of the time", and the item of "I always know whether or not I am happy" ranked the highest score ($\overline{X}$=5.73±1.12) (Appendix I). when individuals can keep their emotions in check and balance, this kind of emotional awareness can contribute to the ability that understand their emotions well (Rojell, Pettijohn, & Parker, 2006).

Other's emotional appraisal (OEA). The nurses in this study reported a moderate level in other's emotional appraisal ($\overline{X}$=4.55, SD=1.19). The result is similar with previous studies carried by Tao and Song (2012) ($\overline{X}$=4.37, SD=0.86) and Hu et al. (2013) ($\overline{X}$=4.40, SD=0.90).

More than half of the samples chose 1 to 4 (strongly disagree to neither disagree nor agree) in the terms of this dimension. In detail "I am a good observer of others' emotions (53.72%)", "I am sensitive to the feelings and emotions of others (52.02%)" and "I have good understanding of the emotions of people around me (52.70%)" (Appendix I). It can be seen that sample nurses were not sensitive to other's emotion and cannot understand them well. One reasonable explanation is nurses in tertiary hospitals of Xishuangbanna city work with high stress as they need to provide nursing services to patients from different areas with different cultural backgrounds under limited resources. High stress during work makes nurses feel emotional exhaustion and lacking the energy to care other's feelings (Fernández-Castro et al., 2017)

On the other hand, more than half of samples ranked "slightly agree" to "strongly agree" in the item of "I always know my friends' emotions (52.70%)" (Appendix I). Means that majority of sample nurses had a good understanding of their friends' emotions. Hua (2018) stated that the close relationship can generate understanding of

other's emotions. Under the efforts of managers and leaders in the hospitals, employees established close friendships in a warm and harmony environment with team members. Nurses have trust with their coworkers, this kind of relationship lead nurses to have empathy for people around them, thus they scored relative high in this dimension.

As above mentioned, close relationships with coworkers helps nurses perform good in other's emotion appraisal, but serious stress during work makes them ignore others' emotions sometime. Therefore, nurses received a moderate level in other's emotion appraisal.

Regulation of emotion in the self (ROE). The result of this study showed that nurses in tertiary hospitals of Xishuangbana city reported a moderate level in this dimension ($\overline{X}$=4.58, SD=1.20). It was similar to previous studies conducted by Hu et al. (2013) ($\overline{X}$=3.90, SD=1.00) in Shanghai, China, and Hua (2018) ($\overline{X}$=4.79, SD=1.08) in Dali, China. Regulation of emotion in self relates to people's ability to control their own emotions and recover quickly from psychological setbacks. The nurses perceived that they cannot regulate their emotions very well.

About half of sample nurses agreed that they had a good ability in controlling their tempers and emotions. As illustrated in items of "I am able to control my temper so that I can handle difficulties rationally (52.37%)", "I am quite capable of controlling my own emotions (50.00%)" and "I have good control of my own emotions (44.93%)" (Appendix I). The ability of controlling emotions makes nurses calm down quickly in nervous or hysterical conditions and recover fast from psychological setback and depression.

Moreover, the high workload causes nurses to not have enough energy to manage their own emotions. The majority of nurses work 10 to 11 hours per day in Tertiary hospitals in China (Jiao et al., 2015), and in most cases one nurse takes care of 10-12 patients without nurse aids' help in tertiary hospitals of Yunnan province where one Xishuangbanna belongs in (Lin, 2012). Over the years, hospitals and the government have tried to improve the intensity of nurses' work, but today, nurses in Xishuangbanna still face heavy workloads and serious work stress in tertiary hospitals. The exhausted emotion caused by heavy workload makes them become more likely to lose their temper, and not easy clam down (Greenglass et al., 2001).

In summary of these two factors, nurses had good ability of controlling emotions but work with heavy workload, therefore, they perceived they can regulate their emotions but not very well; which directly correlates to the findings of moderate levels.

Use of emotion to facilitate performance (UOE). The nurses had a moderate level of use of emotion to facilitate performance in this study ($\overline{X}$=4.90, SD=1.11). It was consistent with the previous studies conducted by Hu et al. (2013) ($\overline{X}$=4.20, SD=1.00) and Hua (2018) ($\overline{X}$=4.93, SD=0.98) in China. This dimension means individuals make use of their emotions by directing them towards constructive activities and personal performance, for example, nurses encourage themselves to do better during work. In this study, the nurses perceived they were not very good in use of emotion to facilitate performance.

From the result of this study, the majority of sample nurses (68.59%) reported that they would always encourage themselves to try their best (Appendix I). Samples also got high scores in items of "I am a self-motivating person ($\overline{X}$=5.08±1.19)" and "I would always encourage myself to try my best ($\overline{X}$=5.17±1.18)" (Appendix I). The ability of encouraging and motivating themselves helps nurses use of their emotion by guiding them to establish activities and personal performance better and ranked a relatively high score in this dimension.

However, under the Chinese medical organization structure, nurses in Xishuangbanna are similar with other cities in China, where they work with less respect and are often regarded as assistants of physicians (Qiao & Wang, 2010). A previous study found that nurses' professional self-concept had significant negative association with low personal accomplishment (r ranged from -0.16 to -0.45, $p < 0.001$) (Cao, Chen, Tian, Diao, & Hu, 2015). When nurses perceive themselves with less respect and autonomous in working environment, they may be less likely to motivate and encourage themselves to do better. This could explain why the nurses did not record a high level of use of emotion.

The combination of the above two reasons, nurses' ability in use of emotion to facilitate performance was not high or low, but at a moderate level.

Part II: Nurses' Job Performance in Tertiary Hospitals of Xishuangbanna, the People's Republic of China

In this section, according to Greenslade and Jimmieson (2007)'s model of job performance, nurses' job performance was explained and discussed into two parts: Task performance and Contextual performance.

Task performance. The result of this study revealed that the task performance was at a moderate level with the mean score of 54.29 (SD=10.48), the findings were consistent with that of Greenslade & Jimmieson (2007)'s which one used the same instrument to measure job performance of nurses in Australia and found nurse' task performance was at a moderate level. In China, studies conducted by Lin (2012) and Tong (2014) showed task performance of nurses were at moderate levels. However, the results were inconsistent with Fatimah's (2012) study on nurses' job performance in the Maldives; which used the same instrument and showed a high level of task performance. Task performance refers to the behaviors that directly contribute directly to organization's technical core which includes activities that are typically recognized as part of a worker's job and includes three dimensions: social support, information support and technical care. In this study, the dimension of social support and information support showed a moderate level ($\overline{X}$=18.96, SD=4.56) ($\overline{X}$=19.39, SD=4.61), and technical care was found at high level ($\overline{X}$=16.15, SD=3.04). The levels of each dimension of task performance are discussed below.

Social support. This refers to the provision of emotional support and comfort to patients and their family members. The nurses in this study reported it was at moderate level ($\overline{X}$=18.85, SD=4.47), the result is consistent with previous studies conducted by Tong (2014) ($\overline{X}$=13.67, SD=3.98) and Bai (2018) ($\overline{X}$=12.71, SD=2.96) in China. It seems that nurses perceived that they cannot offer social support and comfort to the patients and their family members very well. The reasonable explanation might due to nurses need to offer emotional support to patients but physical illness is taken very serious in the Chinese healthcare service system.

Firstly, nurses who work in Chinese hospitals are required to offer emotional support to the patients and families during daily work (Cao et al., 2011), that can be seen

from their answers in SJPS (Appendix J). 65.88% of sample nurses reported that they can perform "good" and 31.08% of samples answered "excellent" at item of "Take time to meet the emotional needs of patients". Meanwhile, 91.89% of samples reported that they can perform "good" or "excellent" at "Take time to meet the emotional needs of families". This kind of duty makes nurses pay more attention to social needs of patients and try to meet those needs. Therefore, sample nurses can get a relative high score in this dimension.

However, the hospitals and professionals in China pay more attention to curing the patient's physical illness as soon as possible (Bai, 2018). Nursing care rather focuses on those behaviors that are the most urgent and most necessary to the patients, such as medical administration, intravenous injections and indwelling catheter (Lan, Zhao & Yang, 2007). Under this environment, nurses may be less likely to offer social support and comfort proactively to the patients. That is why some nurses cannot perform good in this dimension.

Combining these two explanations we find that nurses need to provide social support to patients but social support service is not regarded as important as medical nursing care, thus nurses perceived a moderate level in this dimension instead of low or high.

Information provision. This means nurses provide relevant information and education about the condition and treatment of patients to the patient and their family members. The score of this dimension was at a moderate level with a mean of 19.32 (SD=4.56). It is similar with the result of previous studies carried by Lin (2012) ($\overline{X}$=15.48, SD=5.98) and Tong (2014) ($\overline{X}$=19.90, SD=3.24). The reasonable explanation could due to the fact that hospitals take information provision during hospitalization as a content to assess nurses' performance, however, work with lower autonomy may cause nurses to be unmotivated to provide information proactively.

Firstly, hospitals assess nurses by their performance on information provision during patient's hospitalization. Hospital managers are working on improving the quality of nursing care and ask nurses to offer patients and families with related treatment information during hospitalization, following the high-quality nursing service demonstration project in 2011 (Ministry of Health of China, 2011). As can be seen at the

item of "Inform the patients the purpose and possible side-effects of nursing procedures" ranked a highest score ($\overline{X}$=5.00±1.26). However, information provisions for home caring has not been added to the performance assess system. Therefore, nurses may not attentively provide information for home caring. That is why nurses reported the lowest score at item of "Provide guidance for home caring ($\overline{X}$=4.43±1.45) (Appendix B)" of this dimension.

Moreover, another reason might be due to the lower work autonomy for nurses in China in which nurses are often seen as doctors' helpers and do not have an opportunity to really control and direct of their job performance (Qiao & Wang, 2010). Nurses who work in a lower autonomically environment are more likely to focus on basic nursing care and have no motivation to learn more and give more information to others.

In summary, nurses are required to provide information about treatment to the patients during hospitalization, but information provision for home caring has not been taken seriously. Moreover, lower working autonomically environment may limit the motivation to provide information to patients and families. That is why nurses had a moderate level score in this dimension instead of high or low.

Technical care. This refers to nursing behaviors that mainly focus on the specific care technique such as managing medication and treatment of patients. The result of this dimension in this study showed a high level ($\overline{X}$=16.12, SD=3.02). It is consistent with previous studies conducted by Tong (2014) ($\overline{X}$=15.12, SD= 2.75) and Bai (2018) ($\overline{X}$=17.80, SD=3.10) who used the same instrument.

One possible reason could be the sample hospitals pay attention to the development of nurses' technical care like many other hospitals of China, so the nurses take it seriously and got high scores in this dimension (Wan & Huang, 2007). As we can see more than 90% of the samples ranked "good" or "excellent" at three items of this dimension where illustrated that they can perform these behaviors very well (Appendix J).

Another reason might be more than half of the sample nurses (56.96%) are well educated with a bachelor's degree. Tzeng (2004) found that education and training are essential for improving the performance of the nurses. The education background of

nurses working in Tertiary hospitals of Xishuangbanna city helps them perform better in nursing service, such as nursing care plan and disease management.

Contextual performance. Contextual performance was defined as behaviors that maintain the broader social environment in which the technical core must function. Such as cooperating and helping co-workers, following organizational procedures, and supporting the objectives of organization (Greenslade & Jimmieson, 2007). The nurses in this study reported that they perceived a moderate level score at contextual performance with the mean score of 67.14 (SD=12.04). That was consistent with previous studies conducted by Lin (2012) ($\overline{X}$=49.43, SD=1.78) and Tong (2014) ($\overline{X}$=60.40, SD=10.25). In terms of each dimension of contextual performance, the results revealed that interpersonal support was at high level ($\overline{X}$=25.51, SD=4.37), job-task support was at moderate level ($\overline{X}$=16.48, SD=4.83), and organizational support was at high level ($\overline{X}$=25.14, SD=4.88). Each dimension of contextual performance is discussed below.

Interpersonal support. This refers to the behaviors that assist team members, which the results revealed the nurses reported at a high level ($\overline{X}$=25.51, SD=4.37). The results are inconsistent with previous studies; which used the same instrument in China carried by Lin (2012) ($\overline{X}$=20.63, SD=7.32) and Tong (2014) ($\overline{X}$=24.99, SD= 3.83) whose samples scores were at moderate level. The result of this study illustrated that nurses assist each other very well.

One possible reason could be that there is a harmony interpersonal relationship in nurses as well as trust between the organization and staff, creating a willingness in nurses to help and support each other. Altuntas and Baykal (2010) found that nurses who trust their institutions, managers, and co-workers demonstrated behaviors of promoting group work effectiveness and improving coordination in team work more frequently. In the sample hospitals, managers are devoted to create and maintain long-term stable relationship in each department by encouraging nurses to share and assist with each other. As we can see at the item of "Share professional knowledge or expertise with other nurses" (Appendix J), more than half of samples (51.01%) perceived that they perform "excellent" with that.

Moreover, the competing organizational climate might be another reason that can increase interpersonal support. Health care systems are full of competitions like other workplaces in China (Bai, 2018). There is competition between hospitals. When problems need to solve, competition climate brings nurses together and try to solve problem as a team; which is more efficient than work by self in chaos. Therefore, nurses are more likely to work as teams and happy to support or help their coworkers; which showed in their relatively high score in this dimension.

Job-task support. This dimension means relates to nursing activities that go beyond job requirements to provide care for patients and their families. According to the definition of job-task support, it is a kind of behavior beyond nurses' job duty that refers to spending extra time to meet patients' need or make special arrangements for them. The result revealed that the job-task support of sample nurses at a moderate level with a mean score of 16.48 (SD=4.83). This result is consistent with previous studies carried by Lin (2012) and Tong (2014) in China ($\overline{X}$=12.47, SD=6.11) and ($\overline{X}$=14.56, SD=3.96) respectively. The possible reason might due to professional training courses that enhance nurses' work motivation, and limited medical resources in public hospitals.

Firstly, annual professional training courses offered by hospitals enhance nurses' nursing skills and builds a compassionate value. Nurses who accepted these courses are more likely to spend their extra time to meet patients' needs and help patients by doing special arrangements that are beyond their job duty. Moreover, professional training enables nurses to gain higher work motivation (Toode, Routasalo, Helminen, & Suominen, 2015). Therefore, 74.65% of samples reported that they can perform "good" at item of "Spend extra time to respond to the patient's needs" (Appendix J).

On the other hand, limited resources in public hospitals might restrict the provision of beyond job duty. Public hospitals dominate health care service in China, a large number of patients share limited resources about medical professionals and services in public hospitals (Liu, Vortherms, & Hong, 2017). This situation also happened in nursing workforce, one nurse often take care of 15 patients during the day shift, and 40-50 patients during the night shift (Tong, 2018). Under this limited resource situation, the services beyond job are less likely to be delivered.

An analysis of these two possible reasons reveals nurses are willing to provide job-task support to the patients and families, however, the limited resources in public hospital may restrict them. Thus, nurses did not get a high or low level in this dimension but a moderate one.

Organizational support. This refers to additional behaviors and duties for the hospital, for example assisting hospital committees to ensure that materials and equipment are not wasted or participate in meetings regarding the hospital (Greenslade & Jimmieson, 2007). The result showed that organizational support among nurses in tertiary hospitals of Xishuangbanna city was at a high level with a mean score of 25.14 (SD=4.88). This is inconsistent with previous studies conducted by Lin (2012) ($\overline{X}$=16.33, SD=6.44) and Tong (2014) ($\overline{X}$=20.88, SD=4.85) which both found a moderate level in this dimension. It seems that nurses from tertiary hospitals of Xishuangbanna City are willing to support their hospitals.

Firstly, adequate support from supervisors or head nurses could increase the nursing behaviors of organizational support in hospitals (Fu, 2018). A head nurse has the responsibility to check daily nursing quality and provide feedback to staff nurses in China (Dong, Xing, & Chen, 2003). Furthermore, harmonious relationships in each department make nurses feel more supportive from managers and coworkers. Perceived support from supervisors or head nurses make nurses turn it back to the organization during daily work. For instance, a majority of sample nurses reported that they can perform "excellent" at items of "Provide that your hospital is good for inhabitants who around it (50.34%)" and "Attend and participate in meetings regarding the hospital (57.10%)" (Appendix J).

Another possible reason might be that nurses feel satisfied with their work. Previous studies have shown that nurses perform better when they are happy with their job (Zhao & Fan, 2016). In the sample hospitals, nurses get opportunities for further development, such as they have opportunity to get bachelor's degree from the adult nursing education program or study abroad for educational degree promotion in the people's hospital of Xishuangbanna Dai Nationality Prefecture. And they are recognized from the hospitals by receiving rewards and benefits. Nurses said that they feel happy with their work. When nurses are satisfied with their work, they are more likely to follow the organization

voluntarily and do work that is beneficial to the organization. Therefore, they do activities to support their organization very often.

Part III: The relationship Between Nurses' Emotional Intelligence and Nurses' Task Performance of Tertiary Hospitals of Xishuangbanna City, the People's Republic of China

The result showed a significantly moderate positive relationship between overall nurses' emotional intelligence and task performance ($r=.456$, $p<0.01$). It indicated that nurses who have high level of emotional intelligence usually could do better in task performance.

According to Greenslade and Jimmieson's job performance model, nurses' task performance consists of three dimensions: social support, information provision, and technical care (Greenslade & Jimmieson, 2007). The positive relationship between emotional intelligence and task performance was discussed based on this model.

Social support refers to the behaviors that nurses perform to meet the emotional needs of patients. A previous study confirmed those high-EI employees are sensitive to the emotional demands (Pekaar et al., 2017). Emotional intelligence represents a set of competencies that perceive, understand and regulate emotions in one-selves and in others. Employees who have high emotional intelligence are able to understand their clients' needs and provide them with constructive feedback (Praveen & Narashiman, 2013). Therefore, nurses who with high emotional intelligence are more likely to understand their patients' emotional needs and offer them appropriate feedback. These nurses are tended to perform better in behaviors such as "Listen to patient's concerns" and "Take time to meet and respond to the patient's emotional needs" (Greenslade, 2008).

Information provision contributes to task performance through the behaviors that nurses provide information and education to the patients and their families about the patient's condition and treatment. When employees have high ability in emotional intelligence, they tend to be positive and active in directing their emotions toward good job outcomes (Law, Wong, Huang, & Li, 2008). Information provision is a part of nursing service which one has been added in evaluation system for nursing performance in many

Chinese hospitals (Ministry of Health of China, 2011). When nurses have high level skills in emotional intelligence, they would be able to encourage themselves to perform better in working contents. For instance, informing patients the purpose and side effect of treatments in addition to providing guidance for home caring (Appendix J).

Technical care are the behaviors that nurses perform toward meeting the physical needs of patients. They are one of the most important parts during daily nursing work, also they are of great importance to hospital administrators. Employees who score high on emotional intelligence were found to more competent and accurate at work as compared to the employee who scores less (Dhani et al., 2016). Nurses with high emotional intelligence are more likely to be accurate during nursing care, because high level of emotional intelligence make nurses more willing to help their patients' daily activities at the same time, concentrate on their nursing work.

In summary, when nurses have higher ability in emotional intelligence, they are more likely to be sensitive to patients' emotional needs, then able to offer social support appropriately; as well as be more self-motivated and accurate during nursing work. That is why nurses who have high level of emotional intelligence usually do better in task performance.

Part IV: The relationship Between Nurses' Emotional Intelligence and Nurses' Contextual Performance of Tertiary hospitals of Xishuangbanna City, the People's Republic of China

The findings of this study indicated that there was a significantly moderate positive correlation between emotional intelligence and contextual performance ($r=.432$, $p<0.01$). That means nurses who have high level of emotional intelligence may score higher in contextual performance.

Contextual performance describes nurses' supporting and contributing to their organizations, such as demonstrating effort, assisting and cooperating with co-workers, following organizational rules (Greenslade & Jimmieson, 2007). It includes three dimensions: interpersonal support, job-task support, and organizational support.

Discussion of the relationship between emotional intelligence and contextual performance was based on these three dimensions.

Interpersonal support means behaviors that assist team members, such as helping nurses solve their work problem, or inspire the morale of other nurses in your department (Greenslade, 2008). Scholars found that employees with high emotional intelligence are said to have better working relationships with other employees (Dhani et al., 2016). Because they can foster positive interactions, furthermore, the ability in emotional intelligence helps create better team harmony (Law et al., 2008). When nurses with higher emotional intelligence work, they would be able to foster positive interactions with others in their departments, which can contribute to a good morale and harmonious atmosphere during work. Under this kind of working environment, nurses would tend to help and support each other more.

Job-task support refers to nursing activities going beyond job requirements to provide care for patients and their families. Previous study found that individuals who are emotionally intelligent trust in consistent learning and concentrate on imparting vision, and also are often considered as "star performers" (Dhani et al., 2016; Joseph & Newman, 2010). When nurses with high emotional intelligence work, they would take more time on working goals, and spend extra time to respond to the patients' needs. Identification of good performers makes them more willing to devote more time and energy to their job-task work.

Organizational support contributes to contextual performance in nurses' behaviors in support of the organization, such as ensure materials are not wasted or provide that your hospital is good for inhabitants (Greenslade, 2008). Previous studies confirmed that positive emotional states of employees will lead to positive affection towards the organization. A higher ability in emotional intelligence could create greater satisfaction in their jobs, and make employees more committed to the organization and less likely to leave their organizations (Law et al., 2008; Praveen & Narashiman, 2013). Therefore, nurses who have higher level of emotional intelligence would be more loyal and committed to their organization. Loyalty to the organization makes it easier for them to act in support of the organization; that is why emotional intelligent nurses are more likely to perform and behave in support their organization.

In conclusion, nurses who have high emotional intelligence would have better working relationships with others, more concentration in working, and would be more loyal to the organization. Therefore, they can perform better in contextual performance part.

CHAPTER 5

Conclusions, Implications, and Recommendations

In this chapter, conclusions of the study, implications for nursing administration, and recommendations for further research were presented.

Conclusions

The purpose of this correlated study was to examine emotional intelligence (EI) and job performance (JP) of nurses in Tertiary Hospitals of Xishuangbanna City, the People's Republic of China. And to identify the correlation between emotional intelligence and domains of job performance of nurses in Tertiary Hospitals of Xishuangbanna City, the people's Republic of China. The duration of data collection was from February to March 2019. The samples were 328 nurses from two Tertiary Hospitals of Xishuangbanna City, which included The People's Hospital of Xishuangbanna Dai Nationality Prefecture and Xishuangbanna Agriculture Reclamation Hospital. The instruments used for data collection which consisted of three parts: Demographic Data Form developed by the researcher, Chinese version Wong and Law Emotional Intelligence Scale (WLEIS), and Chinese version Shortened Nursing Performance Scale (SNPS). The Cronbach's α coefficient of overall WLEIS was 0.942 and dimension of Self-emotion appraisal, Regulation of emotion in the self, Use of emotion to facilitate performance, Other's emotion appraisal was 0.840, 0.943, 0.909, 0.940, respectively. Regarding the Chinese version Shortened Nursing Performance Scale, the reliability of Task Performance Subscale was 0.856, Contextual Performance Subscale was 0.873. Descriptive statistic and Pearson Product-Moment correlation coefficient were used for data analysis.

The findings of this study were as follows:

1. Nurses from Tertiary Hospitals of Xishuangbanna City reported the overall score of EI at a moderate level ($\overline{X}$=4.91, SD=0.84). In terms of each dimension of EI, the mean score of self-emotion appraisal (SEA) was indicated at a high level ($\overline{X}$=5.61,

SD=0.87), regulation of emotion in the self (ROE), Use of emotion to facilitate performance (UOE), and Other's emotion appraisal (OEA) were at a moderate level ($\overline{X}$=4.58, SD=1.20; $\overline{X}$=4.90, SD=1.11; $\overline{X}$=4.55, SD=1.19).

2. The results of job performance were divided into two parts: nurses from Tertiary Hospitals of Xishuangbanna City reported that the score of task performance was at a moderate level ($\overline{X}$=54.39, SD=10.57). Besides, Contextual Performance indicated at a moderate level ($\overline{X}$=67.54, SD=12.12).

3. There was a significantly positive relationship between EI and Task Performance of nurses' who work in Tertiary Hospitals of Xishuangbanna City (r=.456, p<0.01).

4. There was a significantly positive relationship between EI and Contextual Performance of nurses' who work in Tertiary Hospitals of Xishuangbanna City (r=.432, p<.01).

Implications

The results provided useful information for nursing administration regarding Emotional Intelligence and Job Performance in Xishuangbanna City, the People's Republic of China.

1. The results revealed that nurses perceived a moderate level of emotional intelligence, regarding four dimensions, nurses perceived high level of self-emotional appraisal while the other three factors were at moderate level. Administrators could enhance nurse staffs' emotional intelligence by improving the skills in other's emotion appraisal (OEA), regulation of emotion in the self (ROE), and use of emotion to facilitate performance (UOE). Such as offering courses about evaluating emotions of others (OEA), controlling their own emotions (ROE), and setting goals during work (UOE).

2. Nurses reported a moderate level in task performance. In terms of dimensions, social support and information provision need to be improved. Administrators could hold courses for training, teach nurses how to assess and meet patient's social needs. At the same time, information provision for home caring could be added into performance evaluating system.

3. Nurses perceived their contextual performance was at moderate level, among three dimensions, interpersonal support and organizational support were at high level, however, job-task was at moderate level. Administrators should develop nurse staffing plans in order to release nurses from high workloads, encourage staff to spend more time to meet patents' and families' needs.

4. There is a significantly positive relationship between EI and Task Performance, as well as a significantly positive relationship between EI and Contextual Performance. Nurses with high level emotional intelligence are more likely to perform better in their task nursing job and contextual work. Administrators could focus the recruitment of emotionally intelligent nurses and improving nurses' emotional intelligence. Such as adding EI test to recruitment examinations and offering EI courses to nurses.

Recommendations

Based on results of this study, the researcher proposed recommendations for further research as follows:

1. The findings showed that there was a moderate positive correlation between EI and JP, there may be other factors related or affecting nurses' JP. Additionally, a study to test the relationship between JP and other variables also can be conducted.

2. Predictive study of EI on JP can be explored in further research.

3. Further study is necessary using different samples (nurse managers) and different types of hospitals (private hospitals; secondary hospitals; primary hospitals) in China.

4. EI is an important ability in any working environment, further study could explore how to enhance EI by developing interventions and strategies focused on increasing EI in future and current working nurses.

5. Multiple EI test (self-report test and ability test) or ability EI test can be added in further studies.

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APPENDICES

APPENDIX A

The Cronbach's Alpha Coefficient of Instruments

Scales	α
WLEIS	.942
Self-emotion appraisal (SEA)	.840
Other's emotion appraisal (OEA)	.940
Regulation of emotion in the self (ROE)	.943
Use of emotion to facilitate performance (UOE)	.909
SJPS	
Task performance	.856
Social support	.902
Information provision	.825
Technical care	.709
Contextual performance	.873
Interpersonal support	.923
Job-task support	.940
Organizational support	.676

APPENDIX B

Mean and SD of Each Item of Instruments

WLEIS

Table B1

Mean and Standard Deviation of Each Items of Emotional Intelligence (n=296)

items	Mean	SD
Self-emotional Appraisal (SEA)		
1. I have a good sense of why I have certain feelings most of the time.	5.35	1.17
2. I have good understanding of my own emotions.	5.69	1.01
3. I really understand what I feel.	5.66	1.05
4. I always know whether or not I am happy.	5.73	1.12
Regulation of Emotion (ROE)		
5. I am able to control my temper so that I can handle difficulties rationally.	4.70	1.31
6. I am quite capable of controlling my own emotions.	4.57	1.36
7. I can always calm down quickly when I am very angry.	4.61	1.34
8. I have good control of my own emotions.	4.41	1.35
Use of Emotion (UOE)		
9. I always set goals for myself and then try my best to achieve them.	4.65	1.33
10. I always tell myself I am a competent person.	4.68	1.44
11. I am a self-motivating person.	5.08	1.19
12. I would always encourage myself to try my best.	5.17	1.18
Other's Emotion Appraisal (OEA)		
13. I always know my friends' emotions.	4.66	1.32
14. I am a good observer of others' emotions.	4.52	1.33
15. I am sensitive to the feelings and emotions of others.	4.52	1.33
16. I have good understanding of the emotions of people around me.	4.47	1.26

SJPS

Table B2

Mean and Standard Deviation of Each Item of Job Performance (n=296)

Task performance	Mean	SD
Social support		
1. Listen to patient's concerns	4.89	1.21
2. Take time to meet and respond to the patient's emotional needs	4.77	1.26
3. Listen to families' concerns	4.71	1.27
4. Take time to meet the emotional needs of family members	4.48	1.36
Information provision		
5. Communicate the purpose of nursing procedures to patients	4.95	1.26
6. Inform the patients the purpose and possible side-effects of nursing procedures	5.00	1.26
7. Provide the information about nursing procedures to patients' family	4.93	1.27
8. Provide guidance for home caring	4.43	1.45
Technical care		
9. Assist the patient's daily activities (e.g., showering, washing, and eating)	4.55	1.50
10. Take patient observations (e.g., blood pressure, pulse, temperature)	5.93	1.11
11. Manage medications and treatments	5.64	1.14

APPENDIX C

Questionnaire (English Version)

Part I: Demographic Data Form Code:

Please check "√" into the pane in front of item or fill in the answer that is appropriate for you.

1. Age: _____
2. Gender: ☐ Male ☐ Female
3. Marital status:
   ☐ Single ☐ Married ☐ Divorced, Separation or Widowed
4. Educational level:
   ☐ Diploma ☐ Associate degree ☐ Bachelor degree ☐ Master Degree
5. The name of your working hospital:
   ☐ The People's Hospital of Xishuangbanna Dai Nationality Autonomous Prefecture
   ☐ Xishuangbanna Agricultural Reclamation Hospital
6. Working department
   ☐ Medical Department ☐ Surgical Department
   ☐ OB-GYN ☐ Pediatric Department
   ☐ OPD ☐OR ☐ ER ☐ ICU ☐ Others
7. How many years you have been employed as nurses in your hospital?
   _____ years

Part II: Wong and Law Emotional Intelligence Scale (WLEIS)

Please circle the number on the right-hand columns to indicate your agreement with the following statements:

1=strongly disagree

2=disagree

3=slightly disagree

4=neither disagree nor agree

5=slightly agree

6=agree

7=strongly agree

Item	1	2	3	4	5	6	7
Self-emotion appraisal (SEA)							
1. …							
2. …							
3. I really understand what I feel.							
4.							
Regulation of emotion (ROE)							
5. …							
6. …							
7. …							
8. I have good control of my own emotions.							
Use of emotion (UOE)							
9. …							
10. …							
11. I am a self-motivating person.							
12. …							
Other's emotion appraisal (OEA)							
13. I always know my friends' emotions.							
14. …							
15. …							
16. …							

Part III: Shortened Job Performance Scale (SJPS)

There are 25 items of job performance expression. Please read each item carefully and identify how effective you are at each of the item and how often you perform the activities. Rate all selection according to your own situation. There is no right or wrong answer for each item, please be honest when you select.

Task Performance								
Number of Items	Item	How Effective You Are in Each Item						
		Poor		Good			Excellent	
		1	2	3	4	5	6	7
1	Listen to patient's concerns							
2	Take time to meet and respond to the patient's emotional needs							
3	Listen to families' concerns							
……	……							
11	Manage medication and treatment							
Contextual Performance								
Number of Items	Item	How Often You Perform the Activities						
		Never		Sometime			Always	
		1	2	3	4	5	6	7
12	Take time to meet the emotional needs of other nurses							
13	Inspire the morale of other nurses in your department							
14	Help the nurses solve their work problems							
……	……							
25	Attend and participate in meetings regarding the hospital							

APPENDIX D

Questionnaire (Chinese Version)

第一部分：个人基本情况问卷 编号：

请按照您目前的情况来填写或在符合您的情况前的方框内打"√"

1. 年龄：_____ 岁

2. 性别： □男性 □女性

3. 婚姻状况：□未婚 □已婚 □离异 □分居或丧偶

4. 文化程度：□中专 □大专 □本科 □硕士研究生

5. 您工作的医院名称：
   □西双版纳傣族自治州人民医院 □农垦医院

6. 您所在的科室：
   □内科 □外科 □ 妇产科 □儿科 □门诊部
   □手术室 □急诊科 □重症监护室 □其它（请说明）

7. 你被聘用并在现在的医院工作已有_____ 年

第二部分：黄氏和罗氏情绪智力量表

以下项目是想了解有关您个人情绪智力的水平，请您根据自己的实际感受和态度进行判断，在符合情况的陈述后面打钩。此问卷采用 Likert 七分制计分，由极不同意到极同意分别给予 1 到 7 分

1=同；2=不同；3=有点不同意；4=还可以；5=有点同意；6=同意；7=极同意

条目	1	2	3	4	5	6	7
对自我情绪的评估 (SEA)							
1. …							
2. …							
3. 我真的能明白自己的感受。							
4.							
调节情绪 (ROE)							
5. …							
6. …							
7. …							
8. 我对自己的情绪有很强的控制能力。							
使用情绪 (UOE)							
9. …							
10. …							
11. 我是一个能鼓励自己的人。							
12. …							
对别人情绪的评估 (OEA)							
13. 我通常能从朋友的行为中猜到他们的情绪。							
14. …							
15. …							
16. …							

第三部分：简式工作绩效量表

请您仔细阅读每个条目并且根据您在日常护理工作中对以下条目的履行程度来选择相对应的分值。表中条目 1 到 7 的评分标准为：1=差，（即在您日常护理工作中您很少，甚至几乎没有履行以下行为），7=极好，（即在您日常护理工作中您非常好的履行以下行为）。条目 12 到 25 的评分标准为：1=您在您日常护理工作中从不履行以下行为；7=您在您日常护理工作中大量履行了以下行为。

任务绩效								
序号	条目	分数						
		差		好			极好	
		1	2	3	4	5	6	7
1	倾听病人关心的事							
2	花时间满足和回应病人的情感需求							
3	倾听家属关心的事							
……	……							
11	管理药物和治疗							
情景绩效								
序号	条目	频率						
		从不		有时			总是	
		1	2	3	4	5	6	7
12	花时间满足其他护士的情感需求							
13	鼓舞本科室其他护士的士气							
14	帮助护士解决她们的工作问题							
……	……							
25	参加医院相关会议							

APPENDIX E

Certificate of Ethical Clearance (Chiang Mai University)

Research Ethics Office
Faculty of Nursing, Chiang Mai University

AF 04-021

No. 016/2019

Certificate of Approval

Name of Committee : Research Ethics Committee, Faculty of Nursing, Chiang Mai University **Address of Committee:** 110/406 Intavaroros Rd., Amphoe Muang, Chiang Mai, Thailand 50200
Principal Investigator : Miss Xing Guo Master of Nursing Science (International Program) Faculty of Nursing, Chiang Mai University
Protocol Title : Emotional Intelligence and Job Performance of Nurses in Tertiary Hospitals of Xishuangbanna City, the People's Republic of China **Research ID:** 2019 – 022 ; **Study Code :** 2019 – EXP012 **Sponsor :** -

Documents filed	Document reference
Research protocol	Version 1 Date January 14, 2019
Informed consent documents	Version 2 Date January 25, 2019
Patient information sheet	Version 1 Date January 14, 2019
Instrument	Version 2 Date January 25, 2019
Principal Investigator Curriculum vitae	Version 1 Date January 14, 2019
Advertisements : (if any)	-

Opinion of the Ethics Committee/Institutional Review Board: Expedited Review in January 2019

The Ethics Committee has reviewed the protocol and documents above and give the favorable opinion

Date of Approval : January 28, 2019 Expiration Date : January 27, 2020

Progress report is required to be submitted to the Ethics Committee for continuing review

[ ] at 3 month interval
[ ] at 6 month interval
[✓] annually (in this case please submit at least 60 days prior to expiration date)

This Ethics Committee is organized and operates according to GCPs and relevant international ethical guidelines, the applicable laws and regulations.

Signed : Wichit Srisuphan

(Professor Emerita Dr.Wichit Srisuphan)

Chairperson, Faculty of Nursing, Chiang Mai University

Signed :

(Professor Dr.Wipada Kunaviktikul)

Dean, Faculty of Nursing, Chiang Mai University

GENERAL CONDITION OF APPROVAL:

1. Research Ethics Committee approval is required before implementing any changes in the consent documents or protocol unless those changes are required urgently for the safely of subjects.
2. Any event or new information that may affect the benefit/risk ratio of the study must be reported to the REC promptly.
3. Any protocol deviation/violation must be reported to the REC.
4. Review of close study report is required to be submitted to the REC.
5. Review of progress report to the REC before expiration date at 2 months.

APPENDIX F

Permission of Wong and Law Emotional Intelligence Scale (WLEIS)

From: Chi Sum Wong (MGT) wongcs@cuhk.edu.hk At 11/November/2018 15:25pm
To: Xing Guo

Dear Xing,
So far as you are using the scale for non-profit making research projects, feel free to use it. In case you do not have, attached are papers reporting the development and validation of the scale, and the Chinese version of the scale. Good luck to your study.
Regards,
C.S. Wong
Dept. of Management
The Chinese University of Hong Kong

From: Xing Guo gx18288087320@gmail.com At 9/November/2018 14:39pm
To: Chi Sum Wong

Dear Dr. Chi-Sum Wong,
My name is Xing Guo. I am a master student from Chiang Mai University, Thailand, major in nursing administration. and I am a Chinese student come from Xishuangbanna region, China.
I am sorry to bother you. But I am really interested in the topic of "emotional intelligence" and it's relationship with job performance among clinical nurses, I read your previous researches and the WLEIS. I was wondering if I could get your permission to use WLEIS in my research? I really hope you could allow me to use your instrument in my research. And I plan to conduct a study about EI and JP among nurses in Xishuangbana, Yunnan province, China.
Best wishes
looking forward to hearing from you
Xing Guo

APPENDIX G

Permission of Shortened Job Performance Scale (SJPS)

From: Jaimi Greenslade j.greenslade@psy.uq.edu.au At 22/October/2018 04:35am
To: Xing Guo

Hi, I give permission for the use the instrument for your research.
Jaimi

From: Xing Guo gx18288087320@gmail.com At 19/October/2018 21:24pm
To: Jaimi Greenslade

Dear professor Greenslade,
My name is Xing Guo, I am a master student at the faculty of nursing, Chiang Mai University, Thailand. I come from China. My major is nursing administration.
I read your previous studies about the task and contextual performance of nurses and read one of the instruments you developed.
In my opinion, nurses' job performance is a classical variable and is worth exploring in different regions and the different time. So I was wondering if I could get your permission to use your shortened nursing performance scale in my research? I plan to carry one study among clinical nurses in Xishuangbanna region, the Republic of China.
I really hope I could use your instrument in my research.
Thank you for reading my E-mail, I am looking forward to hearing from you
Best wishe
Yours sincerely
Xing Guo

Permission of Chinese Shortened Job Performance Scale

From: Lin Ke 77340786@qq.com At 10/December/2018 10:08am
To: Xing Guo

Dear Xing Guo
you have my permission to use my questionnaire free of charge in your research.

Kind regards,
LIN KE

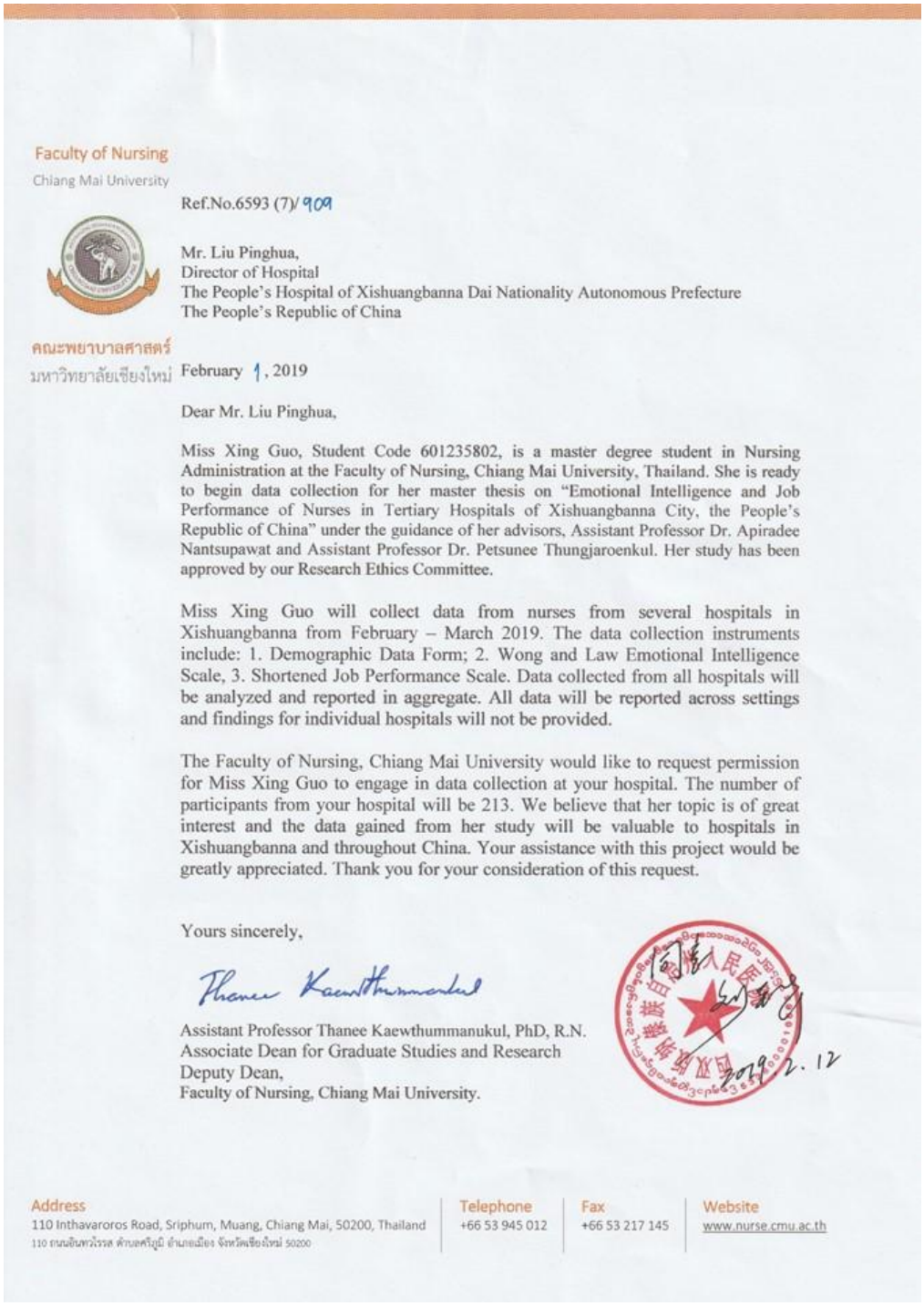
From: Xing Guo 18288087320@163.com At 5/December/2018 10:29am
To: Lin Ke

Dear teacher Lin,
I am Xing Guo, a master student in Faculty of Nursing, Chiang Mai university, major in nursing administration. I come from Xishuangbanna City, Yunnan province.
I have read your research and the Chinese shortened job performance scale, the scale has good validity and quality, and it fits Chinese clinical nurses working content. I hope I could get your permission to use the Chinese shortened job performance scale to measure nurses' job performance in my research.
Looking forward to your reply!
Thank you very much!
I wish you a happy life!
Guo Xing

APPENDIX H

Permission for Data Collection and Reliability Test

The People's Hospital of Xishuangbanna Dai Nationality Autonomous Prefecture



Faculty of Nursing
Chiang Mai University

คณะพยาบาลศาสตร์
มหาวิทยาลัยเชียงใหม่

Ref.No.6593 (7)/ 909

Mr. Liu Pinghua,
Director of Hospital
The People's Hospital of Xishuangbanna Dai Nationality Autonomous Prefecture
The People's Republic of China

February 1, 2019

Dear Mr. Liu Pinghua,

Miss Xing Guo, Student Code 601235802, is a master degree student in Nursing Administration at the Faculty of Nursing, Chiang Mai University, Thailand. She is ready to begin data collection for her master thesis on "Emotional Intelligence and Job Performance of Nurses in Tertiary Hospitals of Xishuangbanna City, the People's Republic of China" under the guidance of her advisors, Assistant Professor Dr. Apiradee Nantsupawat and Assistant Professor Dr. Petsunee Thungjaroenkul. Her study has been approved by our Research Ethics Committee.

Miss Xing Guo will collect data from nurses from several hospitals in Xishuangbanna from February – March 2019. The data collection instruments include: 1. Demographic Data Form; 2. Wong and Law Emotional Intelligence Scale, 3. Shortened Job Performance Scale. Data collected from all hospitals will be analyzed and reported in aggregate. All data will be reported across settings and findings for individual hospitals will not be provided.

The Faculty of Nursing, Chiang Mai University would like to request permission for Miss Xing Guo to engage in data collection at your hospital. The number of participants from your hospital will be 213. We believe that her topic is of great interest and the data gained from her study will be valuable to hospitals in Xishuangbanna and throughout China. Your assistance with this project would be greatly appreciated. Thank you for your consideration of this request.

Yours sincerely,

Thanee Kaewthummanukul

Assistant Professor Thanee Kaewthummanukul, PhD, R.N.
Associate Dean for Graduate Studies and Research
Deputy Dean,
Faculty of Nursing, Chiang Mai University.

2019. 2. 12

Address
110 Inthavaroros Road, Sriphum, Muang, Chiang Mai, 50200, Thailand
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Telephone
+66 53 945 012

Fax
+66 53 217 145

Website
www.nurse.cmu.ac.th

The Xishuangbanna Agricultural Reclamation Hospital

Faculty of Nursing
Chiang Mai University

Ref.No.6593 (7)/905

Mr. Wu Wei,
Director of Hospital
The Xishuangbanna Agricultural Reclamation Hospital
The People's Republic of China

คณะพยาบาลศาสตร์
มหาวิทยาลัยเชียงใหม่

February 1 , 2019

Dear Mr. Wu Wei,

Miss Xing Guo, Student Code 601235802, is a master degree student in Nursing Administration at the Faculty of Nursing, Chiang Mai University, Thailand. She is ready to begin data collection for her master thesis on "Emotional Intelligence and Job Performance of Nurses in Tertiary Hospitals of Xishuangbanna City, the People's Republic of China" under the guidance of her advisors, Assistant Professor Dr. Apiradee Nantsupawat and Assistant Professor Dr. Petsunee Thungjaroenkul. Her study has been approved by our Research Ethics Committee.

Miss Xing Guo will collect data from nurses from several hospitals in Xishuangbanna from February – March 2019. The data collection instruments include: 1. Demographic Data Form; 2. Wong and Law Emotional Intelligence Scale, 3. Shortened Job Performance Scale. Data collected from all hospitals will be analyzed and reported in aggregate. All data will be reported across settings and findings for individual hospitals will not be provided.

The Faculty of Nursing, Chiang Mai University would like to request permission for Miss Xing Guo to engage in data collection at your hospital. The number of participants from your hospital will be 115. We believe that her topic is of great interest and the data gained from her study will be valuable to hospitals in Xishuangbanna and throughout China. Your assistance with this project would be greatly appreciated. Thank you for your consideration of this request.

Yours sincerely,

Thanee Kaewthummanukul

Assistant Professor Thanee Kaewthummanukul, PhD, R.N.
Associate Dean for Graduate Studies and Research
Deputy Dean,
Faculty of Nursing, Chiang Mai University.

2019.2.12

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Permission for Reliability Test

Faculty of Nursing
Chiang Mai University

คณะพยาบาลศาสตร์
มหาวิทยาลัยเชียงใหม่

Ref.No.6593 (7)/906

Dear Ms. Wu Shiya,
The People's Hospital of Xishuangbanna Dai Nationality Autonomous Prefecture
The People's Republic of China

February 1 , 2019

Dear Ms. Wu Shiya,

Miss Xing Guo, Student Code 601235802, is a student in the Master program in Nursing Administration at the Faculty of Nursing, Chiang Mai University. Her thesis entitled "Emotional Intelligence and Job Performance of Nurses in Tertiary Hospitals of Xishuangbanna City, the People's Republic of China" has been approved by the Faculty of Nursing Graduate Committee. She is conducting her thesis under the guidance of her advisors, Assistant Professor Dr. Apiradee Nantsupawat and Assistant Professor Dr. Petsunee Thungjaroenkul. She would like to collect data from 10-30 nurses at the People's Hospital of Xishuangbanna Dai Nationality Autonomous Prefecture in February 2019. Data will be collected using Demographic Data Form, Wong and Law Emotional Intelligence Scale, and Shortened Job Performance Scale. The result from this process will be used to test the quality of the instruments.

The Faculty of Nursing, Chiang Mai University would like to request permission for student to collect data at your hospital in order to ensure the reliability of the instruments. All data will be collected by the student.

Thank you in advance for considering this request.

Yours sincerely,

Thanee Kaewthummanukul

Assistant Professor Thanee Kaewthummanukul, PhD, R.N.
Associate Dean for Graduate Studies and Research
Deputy Dean,
Faculty of Nursing, Chiang Mai University.

同意 郭清

Address
110 Inthavaroros Road, Sriphum, Muang, Chiang Mai, 50200, Thailand
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APPENDIX I

Frequency and Percentage of Each Item of Emotional Intelligence

Table I1

Frequency and Percentage of Each Item of Emotional Intelligence (n = 296)

items	1(n%)	2(n%)	3(n%)	4(n%)	5(n%)	6(n%)	7(n%)
Self-emotional Appraisal (SEA)							
1. I have a good sense of why I have certain feelings most of the time.	1(0.34)	6(2.03)	11(3.72)	58(19.59)	46(15.54)	143(48.31)	31(10.47)
2. I have good understanding of my own emotions.	0(0.00)	2(0.68)	3(1.01)	48(16.22)	31(10.47)	161(54.39)	51(17.23)
3. I really understand what I feel.	0(0.00)	1(0.34)	7(2.36)	46(15.54)	38(12.84)	149(50.34)	55(18.58)
4. I always know whether or not I am happy.	0(0.00)	4(1.35)	8(2.70)	39(13.18)	33(11.15)	142(47.97)	70(23.65)
Regulation of Emotion (ROE)							
5. I am able to control my temper so that I can handle difficulties rationally.	3(1.01)	14(4.73)	28(9.46)	96(32.43)	57(19.26)	80(27.03)	18(6.08)
6. I am quite capable of controlling my own emotions.	3(1.01)	24(8.11)	27(9.12)	94(31.76)	56(18.92)	79(26.69)	13(4.39)

Table I1 (continued)

items	1(n%)	2(n%)	3(n%)	4(n%)	5(n%)	6(n%)	7(n%)
7. I can always calm down quickly when I am very angry.	2(0.68)	15(5.07)	43(14.53)	86(29.05)	58(19.59)	74(25.00)	18(6.08)
8. I have good control of my own emotions.	4(1.35)	22(7.44)	42(14.19)	95(32.09)	58(19.59)	63(21.29)	12(4.05)
Use of Emotion (UOE)							
9. I always set goals for myself and then try my best to achieve them.	2(0.68)	19(6.42)	32(10.81)	90(30.41)	52(17.56)	88(29.73)	13(4.39)
10. I always tell myself I am a competent person.	5(1.69)	17(5.74)	35(11.82)	85(28.72)	51(17.23)	75(25.34)	28(9.46)
11. I am a self-motivating person.	1(0.34)	3(1.01)	20(6.76)	83(28.04)	56(18.92)	105(35.47)	28(9.46)
12. I would always encourage myself to try my best.	0(0.00)	5(1.69)	17(5.74)	71(23.98)	67(22.64)	102(34.46)	34(11.49)
Other's Emotion Appraisal (OEA)							
13. I always know my friends' emotions.	3(1.01)	15(5.07)	32(10.81)	90(30.41)	64(21.62)	74(25.00)	18(6.08)
14. I am a good observer of others' emotions.	6(2.03)	15(5.07)	30(10.13)	108(36.49)	59(19.93)	60(20.27)	18(6.08)
15. I am sensitive to the feelings and emotions of others.	4(1.35)	18(6.08)	37(12.50)	95(32.09)	60(20.27)	68(22.98)	14(4.73)
16. I have good understanding of the emotions of people around me.	3(1.01)	16(5.41)	40(13.51)	97(32.77)	69(23.31)	61(20.61)	10(3.38)

APPENDIX J

Frequency and Percentage of Each Item of Job Performance

Table J1

Frequency and Percentage of Task Performance of Job Performance (n = 296)

Task performance	1 n(%)	2 n(%)	3 n(%)	4 n(%)	5 n(%)	6 n(%)	7 n(%)
Social support							
1. Listen to patient's concerns	0(0.00)	3(1.01)	39(13.18)	65(21.96)	101(34.12)	56(18.92)	32(10.81)
2. Take time to meet the emotional needs of patients	0(0.00)	9(3.04)	42(14.19)	71(23.99)	82(27.70)	69(23.31)	23(7.77)
3. Listen to families' concerns	1(0.34)	13(4.39)	41(13.85)	65(21.96)	92(31.08)	65(21.96)	19(6.42)
4. Take time to meet the emotional needs of families	4(1.35)	20(6.76)	51(17.23)	62(20.95)	91(30.74)	51(17.23)	17(5.74)
Information provision	2(0.68)	6(2.03)	34(11.49)	56(18.92)	87(29.39)	84(28.38)	27(9.12)
5. Communicate to patients the purpose of nursing procedures	1(0.34)	4(1.35)	34(11.49)	64(21.62)	79(26.68)	80(27.03)	34(11.49)

Table J1 (continued)

Task performance	1 n(%)	2 n(%)	3 n(%)	4 n(%)	5 n(%)	6 n(%)	7 n(%)
6. Inform patients of the purpose and possible side-effects of nursing procedures	0(0.00)	11(3.72)	30(10.14)	63(21.28)	85(28.72)	78(26.35)	29(9.79)
7. Provide appropriate information to families about nursing procedures	9(3.04)	24(8.11)	44(14.86)	59(19.93)	89(30.07)	55(18.58)	16(5.41)
8. Provide guidance for home caring	9(3.04)	21(7.09)	43(14.53)	58(19.59)	80(27.03)	60(20.27)	25(8.45)
Technical care	0(0.00)	1(0.34)	7(2.36)	27(9.12)	59(19.93)	85(28.72)	117(39.53)
9. Assist the patient's daily activities (e.g., showering, toileting, and feeding)	0(0.00)	2(0.68)	11(3.72)	33(11.15)	81(27.36)	88(29.73)	81(27.36)
10. Take patient observations (e.g., blood pressure, pulse, temperature)	0(0.00)	3(1.01)	39(13.18)	65(21.96)	101(34.12)	56(18.92)	32(10.81)
11. Manage medication and treatment	0(0.00)	9(3.04)	42(14.19)	71(23.99)	82(27.70)	69(23.31)	23(7.77)

102

Table J2

Frequency and Percentage of Contextual Performance of Job Performance (n = 296)

Contextual performance	1 n(%)	2 n(%)	3 n(%)	4 n(%)	5 n(%)	6 n(%)	7 n(%)
Interpersonal support							
12.Take time to meet emotional needs of other nurses	0(0.00)	3(1.01)	46(15.54)	60(20.27)	119(40.20)	57(19.26)	11(3.72)
13. Inspire the morale of other nurses in your department	1(0.34)	0(0.00)	39(13.18)	57(19.26)	91(30.74)	85(28.72)	23(7.76)
14. Help the nurses solve their work problems	0(0.00)	5(1.69)	22(7.43)	55(18.58)	93(31.42)	94(31.76)	27(9.12)
15. When your activity may affect other nurses, consult each other	1(0.34)	0(0.00)	18(6.08)	32(10.81)	96(32.43)	117(39.53)	32(10.81)
16. Share professional knowledge or expertise with other nurses	1(0.34)	4(1.35)	22(7.43)	38(12.84)	80(27.03)	105(35.47)	46(15.54)
Job-task support	4(1.35)	21(7.09)	70(23.65)	56(18.92)	84(28.38)	47(15.88)	14(4.73)
17. Spend extra time to respond to the patient's needs	16(5.41)	19(6.42)	73(24.66)	66(22.29)	82(27.70)	30(10.14)	10(3.38)
18. Make special arrangements for the patient	14(4.73)	25(8.45)	57(19.26)	64(21.62)	91(30.74)	40(13.51)	5(1.69)

Table J2 (continued)

Contextual performance	1 n(%)	2 n(%)	3 n(%)	4 n(%)	5 n(%)	6 n(%)	7 n(%)
19. Spend extra time to respond patient's family's needs	18(6.08)	27(9.12)	72(24.32)	56(18.92)	78(26.35)	36(12.17)	9(3.04)
20. Make special arrangement for patient's family	0(0.00)	3(1.01)	46(15.54)	60(20.27)	119(40.20)	57(19.26)	11(3.72)
Organizational support							
21. Ensure material is not wasted	2(0.68)	7(2.36)	16(5.41)	35(11.82)	67(22.64)	132(44.59)	37(12.50)
22. Provide that your hospital is good for inhabitants who around it	1(0.34)	12(4.05)	32(10.81)	24(8.11)	78(26.35)	101(34.12)	48(16.22)
23. Unconditionally volunteered to join kinds of club of the hospital	7(2.36)	12(4.05)	54(18.24)	45(15.21)	92(31.08)	59(19.94)	27(9.12)
24. Put forward innovative opinions on improving the quality of hospital	4(1.35)	26(8.78)	56(18.93)	40(13.51)	110(37.16)	40(13.51)	20(6.76)
25. Attend and participate in meetings regarding the hospital	3(1.01)	3(1.01)	28(9.46)	34(11.49)	59(19.93)	94(31.76)	75(25.34)

APPENDIX K

Information Sheet for Study Participants

Information Sheet for Research Participants

Research Project: Emotional Intelligence and Job Performance of Nurses in Tertiary Hospitals of Xishuangbanna City, the People's Republic of China

Research Team: Miss Xing Guo,
Assistant Professor Dr. Apiradee Nantsupawat,
Assistant Professor Dr.Petsunee Thungjaroenkul
Institute: Faculty of Nursing, Chiang Mai University.
Research Funding: None

You are being invited to take part in this study because you are **a nurse who working in the inpatient or outpatient department in tertiary hospitals of Xishuangbanna city**. The **328** nurses whom have qualities and characteristics needed for this study will be selected from **the People's Hospital of Xishuangbanna Dai Nationality Autonomous Prefecture, and Xishuangbanna Agricultural Reclamation Hospital**.

Before you decide to take part in this study, please take time in reading this information sheet to make sure that you understand what you will be asked to do as part of this study. If you have any question regarding this study, please feel free to ask the research staff. You are also welcome to discuss this study with someone that you know and trust before you make decision.

Again, your decision making to participate this study **is voluntary (Frame 1)**. If you decide not to be in this study, your rights and benefits will not be affected.

Frame 1 Participation of this study is voluntary

- You **can refuse** to participate in this study
- You can **withdraw** from this study at any time without any penalty.

Information related to this study

Nurses are the largest group in healthcare system who are vital for providing the majority of health services and contributing to the quality of care. Nurses' job performance can affect directly health-related patient outcomes during and after hospitalization, and nowadays, job performance has become one of important indicators in healthcare system. Emotional intelligence has been found as an important factor can affect nurses' job performance. Nurses with higher emotional intelligence can perform better during work.

This study will include 328 nurses working in outpatient and inpatient departments in tertiary hospitals of Xishuangbanna city. This study will use self-reported questionnaire including: 1) Demographic Data Form; 2) Wong and Law Emotional Intelligence Scale; 3) Shortened Nursing Performance Scale. The research coordinator of each hospital will distribute the package of questionnaires to all participants to complete the questionnaires in their private time within two weeks period and return to the box with lock, which will be placed in each hospital.

The objectives of this study are to examine emotional intelligence and job performance, and to explore the relationship between emotional intelligence and job performance of nurses in tertiary hospitals of Xishuangbanna city, the People's Republic of China.

The results of this study may provide information and evidence for hospital managers to develop effective strategies to improve nurses' emotional intelligence and enhance nurses' job performance for batter level of healthcare.

Frame 2 Possible adverse events from this study

Completing the questionnaires may take participants' spare time, some participants may feel sensitive when talking about their emotional intelligence and job performance.

There will be no physical harm to the participants, since the study does not involve the use of blood or any other dangerous objects. The participants will not suffer any loss of benefits, job, or effect of their performance evaluation by taking part in or withdrawing from the study at any time in this research process. Information that is collected for this study will be kept confidential. Any information about participants will have a number on it instead of name. Only the researchers will be able to see it.

Frame 3 Study design

A descriptive correlational research design will be used in this study

Duration of data collection in this study will be started from January to March 2019.

If you agree to take part in this study, you will be asked to do by the investigator as the study plan **(Frame 4)**

Frame 4 Study plan

You will be asked to complete a consent form and questionnaire consisted of Demographic data form, Wong and Law Emotional Intelligence Scale, Shortened Nursing Performance Scale. These questionnaires will take about 15-20 minutes to complete. We hope that you will be comfortable answering all questions openly and honestly in a relax environment.

After completing questionnaire, please separate questionnaire and Volunteer Research Agreement Form into two envelops respectively and return them within two weeks. For nurses working in the people's Hospital of Xishuangbanna Dai Nationality Autonomous Prefecture, please return questionnaire and agreement form to the two boxes that placed in the third floor of building 3, Cardiovascular

department nurse station. For nurses working in Xishuangbanna Agricultural Reclamation Hospital, please return them to the two boxes that placed in the nursing department. The two boxes in each place are with lock and separating consent form and questionnaire.

The investigator summarizes risks and benefits to study participants in **Frame 5**.

Frame 5 Anticipated risks and benefits to study participants

Risks and means to minimize or avoid risks	**Benefits**
-Risks: Completing the questionnaires may take participants' spare time, some participants may feel sensitive when talking about their emotional intelligence and job performance. **-Means to minimize or avoid risks**: All participants have two weeks for completing the questionnaires and if they cannot finish, the researcher will wait for one more week. All participants have opportunity to refuse or withdraw from the study at any time as their will without any loss of benefits, and participant or withdraw from the study at any point of the research will not affect their work.	**-Direct/indirect benefits:** the results of this study may provide information and evidence for hospital managers to develop strategies to improve nurses' emotional intelligence and enhance nurses' job performance for better level of healthcare in Xishuangbanna tertiary hospitals.

The investigator summarizes the practical guideline or the care of various situations that may happen during the study in **Frame 6**

Frame 6 Situations may happen during the study	
Situations	**Practical guideline**
If you want to withdraw consent during the study.	The participant is not required to complete the questionnaires and his/her rights and benefits will not be affected.
When have a new and significant information, which are possible effects to your decision making.	The researcher will inform you soon and you are able to decide whether to continue or discontinue participating in this study.

Your information related to this study will be kept confidentially by not identifying the name and separate placement questionnaire and consent form. Information provided by participants will be used only for the purpose of this study. The results of study will be used in general. Research consent form will be given to the participants. The presentation of the study findings in any conference or publication will not use your name. However, the Research Ethics Committee, the persons who have the authority to control the study, and the personnel from Thai FDA will be able to access your information to review information and research process.

If you have any questions before or during participating in this study, you can contact persons in **Frame 7**

Frame 7 Research contact person (s) for further information

1. Xing Guo : Cardiovascular Department, the People's Hospital of Xishuangbanna Dai Nationality Autonomous Prefecture, phone number: (+86) 18288087320
2. Assist. Prof. Dr. Apiradee Nantsupawat: Faculty of Nursing, Chiang Mai University, phone number +66-53-949-9060 (official time)

If you have any questions about your rights before or during participating in this study, please contact the Research Ethics Committee, Faculty of Nursing, Chiang Mai University. Tel. 66-53-936080 (Office hours) or Fax. 66-53-894170

There are no conflicts of interest associated with this study.

研究参与者信息单（Chinese）

提案名称：中国西双版纳三级医院护士情绪智力和工作绩效的相关性研究

研究者团队：郭星女士，

Assistant Professor Dr. Dr. Apiradee Nantsupawat，

Assistant Professor Dr. Petsunee Thungjaroenkul。

学院：清迈大学护理学院

科研基金：无

您被邀请参与本次研究，因为您是西双版纳三级医院的住院部或门诊部护士。具备本研究所要求的特质和特征的 328 名护士将从西双版纳傣族自治州人民医院和西双版州农垦医院中随机选取。

在您决定是否参与本研究之前，请阅读信息单以确保您明白该项研究。如果您有关于本研究的任何问题，请咨询研究者，我们也欢迎您与您熟识或信任的人讨论本研究。再者，您自愿决定是否参与本研究（**表 1**）。如果您决定不参与本研究，您的权利和利益将不会被影响。

表 1：参与本研究是自愿的

- **您可以拒绝**参与本研究。
- **您可以**在任何时候不受任何处罚地从本研究**退出**。

有关本研究的信息

护士是卫生保健系统中最大的服务群体，对提供大多数卫生保健服务和提高服务质量起到至关重要的作用。护士的工作绩效直接影响了患者住院期间和出院后的健康状况，目前，工作绩效已成为医疗卫生系统的重要指标之一。而情绪智力是影响护士工作绩效的重要因素。拥有高情绪智力的护士能在工作中表现得更好。

本研究将包括 328 名在西双版纳三级医院门诊部或住院部工作的护士。本研究将运用自填式问卷包括：1）个人基本信息表， 2） 黄氏和罗氏情绪智力量表，3） 简式工作绩效量表。每一所医院的研究人员将发放问卷包给所有参与者，所有参与者在两周内利用业余时间完成问卷并返回指定地点。

本研究的目的是测试中国西双版纳三级医院护士的情绪智力和工作绩效，探索护士的情绪智力和工作绩效之间的关系。

表 2：来自本研究可能的不良事件

完成问卷可能会占用参与者的业余时间，一些参与者在谈论情绪智力和工作绩效时也许会敏感。

因为本研究不包括使用血或者其他任何危险的对象，对参与者没有身体伤害。参与者在研究过程中的任何时候参与或者从本研究中退出将不会遭受任何利益，工作损失或者影响绩效评估。为本研究收集的信息将被保密。任何有关参与者的信息将用编号代替姓名，只有研究者能看到。

表 3：研究设计

描述性相关性研究设计。

本研究数据收集持续的时间将从 2019 年 1 月到 3 月， 如果您同意参与本次研究，您就被研究者要求依照研究计划去做（**表 4**）。

表 4：研究计划

您将被要求填写一份同意书和 调查问卷，其中包括个人信息表，黄氏和罗氏情绪智力量表，简式工作绩效量表。完成此问卷大约需要 15-20 分钟。我们希望您在舒适的环境中，坦诚地回答所有问题。

完成调查问卷后，请将调查问卷和同意书分别放入两个信封中，并在两周内返还。西双版纳傣族自治州人民医院的护士可以将返还的信封放入置于 3 栋 3 楼，心内科护士站的两个信箱。 西双版农垦医院的护士可以将返还的信封放入置于护理部的两个信箱。两个信箱已经上锁，一个放同意书，一个放调查问卷。

研究者总结对研究参与者的风险和利益见**表 5**。

表 5：研究参与者参与的风险和利益

风险和降低或者避免风险的方式：	**利益**
- **风险**：一些问题对参与者可能敏感。	- **直接/间接利益**：本研究结果可为西双版纳三级医院管理者制定和提高

- **降低或者避免风险的方式**：在研究过程中参与者在任何时候都有权跳过回答问题或者退出本研究。	护士情绪智力和护士工作绩效的策略提供信息和依据，以提高护理服务质量。

研究者总结实用性指南或者在研究中可能发生的不同情况见**表 6**。

表 6：在研究中可能发生的情况

情况	实用性指南
在研究中如果你同意退出。	参与者不能被要求完成问卷并且他/她的权利和利益将不被影响。
当有新的和有意义的可能影响你决定的信息	研究者将很快通知你，你能够决定是否继续或停止参与本次研究。

您有关本研究的信息将通过匿名和分开放置的问卷和志愿研究同意表被保密。参与者提供的信息仅仅用于本研究。研究结果可以通用。志愿研究同意表将被分发给参与者。在任何会议或者出版物陈述研究结果时都不会使用您的名字。研究伦理委员会有掌控本研究的权威，并且来自泰国食品及药物管理局全体人员将会为了审查信息和研究程序而评估您的信息。

如果在参与本研究之前或者过程中您有任何问题，你可以联系**表 7** 中的人。

表 7：研究联系人的更多信息

1. 郭星：西双版纳傣族自治州人民医院，电话号码：18288087320
2. Assist. Prof. Dr. Apiradee Nantsupawat 清迈大学护理学院，电话号码：+66-53-949-9060（工作时间）

如果在参与本研究前或者过程中你有关于权利的任何问题，请联系清迈大学护理学院研究伦理委员会。电话号码：66-53-936080（工作时间）或者传真：66-53-894170

关于本研究没有利益冲突

APPENDIX L

The Inform Consent of the Research Participants

Volunteer Research Agreement Form	
I have already read the above information thoroughly and have been given an opportunity to have any questions about the research answered to my satisfaction. I agree to participate in this study by signing my signature in this form as an evidence of my decision making (However, this signature does not mean that I waive any right provided by law).	I certify that the study participant has been given an opportunity to have any questions and has been received answers clearly. The study participant voluntarily agrees to participate in this study.
_____ Name of study participant	_____ Name of a person who requests agreement from study participants (or the investigator)
_____ Signature of study participant	_____ Signature of a person who requests agreement from study participants (or the investigator)
_____ Day/Month/Year	_____ Day/Month/Year
_____ Signature of lawful representative	
_____ Day/Month/Year	

志愿研究协议表 (Chinese)

我已仔细阅读以上信息，有机会咨询关于这个研究的任何问题，并对回答满意。 我同意参与该项研究并以签名作为我决定的依据（本签名并不意味着我放弃法律提供的任何权利）。	我保证研究参与者已经得到机会咨询任何问题并且得到清楚的回答。研究参与者自愿同意参与本次研究。
_____ 研究参与者的姓名	_____ 研究者名字
_____ 研究参与者的签名	_____ 研究者签名
_____ 日/月/年	_____ 日/月/年
_____ 合法代表签名	
_____ 日/月/年	

CURRICULUM VITAE

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2010-2014 Bachelor Degree in Nursing Science,
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2014-2017 Staff Nurse, Cardio Vascular Department,
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