Assessing the relationship between emotional intelligence and compassionate satisfaction of employees in a Western Cape caregiving environment

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Mini-dissertation accepted in partial fulfilment of the requirements for the degree Master of Business Administration at the North-West University

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Graduation: June 2023

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ACKNOWLEDGEMENTS

I want to express my gratitude to the following individuals who assisted in successfully completing this research study:

- Firstly, I want to thank my mother and father for all their continued support throughout the two years of my studies. This study is specifically dedicated to my mother, who is not with us anymore, and the last few months were really hard without her motivational messages and conversations to not give up.
- For Prof Yvonne Du Plessis for all her guidance, motivation, enthusiasm, drive, meticulousness, and, most importantly, for giving the required direction during the study process.
- Dr Erika Fourie from the NWU Statistical Support Services for her help with the statistical analyses needed to support this research study.
- For the research study's language editing, I would like to thank you, Cecile Van Zyl, for your language editing skills.
- The organisation in the Western Cape who was willing to allow me to complete my research study at their organisation.
- My husband and family for their continued support and motivation, especially when I wanted to give up.
- For our Creator, who provided me with the resources and courage to finish my journey.

ABSTRACT

A lack of empirical evidence of the relationship between emotional intelligence and compassion satisfaction of caregivers within a caregiving environment was identified; therefore, this is the research problem or gap addressed by the study. This study aimed to determine the relationship between caregiving employees' emotional intelligence and compassionate satisfaction in a Western Cape caregiving environment.

A quantitative research approach was used to determine the relationship between trait emotional intelligence and compassion satisfaction. The sampling technique/method used for the study was a census. The entire population is employed as the sample in a census sampling approach, and information is gathered from each case or group member inside the organisation. The empirical study design yielded a total of 85 verified questionnaires. The Schutte Emotional Intelligence Scale, Assessing Emotions Scale or the Emotional Intelligence Scale (SSEIT) was utilised to measure the caregiving employees' emotional intelligence trait. The first part of the Professional Quality of Life Measure: Compassion, Satisfaction, and Fatigue (ProQOL), which measures compassion satisfaction, was utilised to measure the caregiving employees' compassion satisfaction levels. It was found that these measurements correlated with one another.

According to the SSEIT scores, emotional intelligence ranged from high to medium. The ProQOL scores showed significant levels of compassionate satisfaction. According to Spearman's correlation coefficient (emotional intelligence and compassionate satisfaction), the two assessed constructs have a significant linear relationship. As a result, the study was influential in providing evidence that there is a strong correlation between compassionate satisfaction and employees' emotional intelligence.

Keywords: Trait emotional intelligence, professional quality of life, compassionate satisfaction, caregiving employees

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CHAPTER 1 INTRODUCTION AND PROBLEM STATEMENT

1.1 INTRODUCTION

Chapter 1 comprises an overview of the study, including the introduction, background, problem statement, research objectives, hypotheses, rationale and significance, assumptions and limitations of the study, and chapter layout.

In service environments, several factors can influence service delivery's efficiency and effectiveness. One of the most significant influencing factors are the human (employee and customer) interactions related to the customer service experience (Berry *et al.*, 2006). Several extant studies have found that service occupations such as healthcare and customer service delivery entail emotional requirements. According to Ghalandari, Jogh, Imani and Nia (2012:319), the ability to meet these occupations' requirements can negatively impact a person's well-being and effectiveness.

Emotions are linked to human experiences, influencing ideas and behaviours (Ghalandari *et al.*, 2012:319). According to Gelkop, Kagan and Rozani (2022:98), emotions play a significant role in connecting relationships and communication between caregivers, patients and their families. Emerging evidence suggests that emotional intelligence and compassion are critical interpersonal skills for the creation of secure, empathetic communication (Gelkop *et al.*, 2022:98). Therefore, emotionally intelligent caregivers should be able to govern their own emotions and supply patients and their families in various therapeutic settings with emotional support.

The role of a caregiver should encompass the behaviour of compassion and emotional intelligence to fulfil their role successfully. Therefore, caregivers should be emotionally intelligent and have compassion satisfaction (pleasant sensations associated with job satisfaction) to deliver adequate services. Accordingly, this research study aims to assess the relationship between emotional intelligence and the compassionate satisfaction of employees in a caregiving environment within the Western Cape Province.

1.2 BACKGROUND

While emotional intelligence has drawn much attention in recent years, it has been a topic in many discussions from as early as the 1920s (Gryn, 2010:1). However, intelligence and emotions were previously considered independent concepts, until the 1970s (Gryn, 2010:13). Considering the exponential rise of literature pertaining to emotional intelligence, it is suggested that the potential significance of emotional intelligence within social work is long overdue, particularly regarding the prominence of emotions and power interactions in the social work task (Morrison, 2007:246).

According to Gryn (2010:16), the emotional intelligence construct was developed in the 20th century. Goleman was one of the first researchers who explored the influence of emotional intelligence in the work environment as well as its influence on the performance of employees (Gryn, 2010:17). Emotional intelligence has been proven to impact essential life outcomes, including developing meaningful personal relationships and attaining professional success; however, the findings are preliminary (Salovey & Grewal, 2005:281). Furthermore, regarding emotional intelligence, Salovey and Grewal (2005:281) stated that information sources obtained from the combination of the emotion and intellect constructs support individuals in construing and navigating the social environment.

Previous research conducted by Rosenthal (1977) has revealed that individuals who identified other individuals' emotions were more successful in work and social life environments (Morrison, 2007:250). Othman and Muhsin (2020:71) referred to several researchers who expressed the necessity of including the critical role of emotions in measuring performance. The definition of emotional intelligence supports this statement and further elaborates that emotional intelligence refers to a method utilised by individuals to recognise their feelings, identify how to manage their emotions in a relationship, and motivate themselves (Othman & Muhsin, 2020:71).

1.3 PROBLEM STATEMENT

Oginska-Bulik (2005:167) states that doing human service or caregiving work can be linked to employees experiencing specific emotions, such as work-related stress. Consequently, caregivers can show positive or negative emotions towards their customers (Oginska-Bulik, 2005:167). Harmful mood disorders can affect an employee's service delivery and performance (Nyerere & Wawire, 2015:8). Morrison (2007:253-254) stated that it is crucial not to overlook the extent to which vulnerable individuals have experienced multiple episodes of dysregulated emotions, inconsistent care, and unpredictable danger. Therefore, they have evolved emotional antennae that are extremely perceptive to the emotional state of others they may need to rely on. The hazards of misunderstanding a caregiver's demeanour have been imprinted on them based on their life experiences (Morrison, 2007:254).

Employees should be aware of how their interpersonal interactions with others can affect the organisation. Interpersonal interactions, such as how employees express their emotions to others, can significantly impact the success and desired outcomes of the organisation (Ghalandari *et al.*, 2012:319). Therefore, caregivers should show compassion through positive emotional interactions in their caregiving service delivery.

Emotional intelligence is a necessity for individuals to understand themselves and understand the requirements of a customer – especially those requiring special care (Jain, Jain & Das, 2018:2).

The requirement to understand a customer is called service delivery quality (Jain *et al.*, 2018:2). The quality of service delivery faces significant changes, which consequently calls for changes in the abilities and functions of the employees (Jain *et al.*, 2018:2). In a caregiving service environment, the capacity to manage and identify one's own emotions appears to be essential (Oginska-Bulik, 2005:168). Emotional intelligence is an essential competence in relationship building that affects caregiving service success (Morrison, 2007:259).

From the above background on emotional intelligence and compassionate satisfaction, it seems that the relationship between the two constructs should be highly significant. The research gap or problem this study addresses is based on the lack of empirical establishment of the relationship between emotional intelligence and the compassionate satisfaction of caregivers within a caregiving service context.

1.4 RESEARCH OBJECTIVES AND HYPOTHESES

This study assesses the relationship between caregiver employees' emotional intelligence and compassionate satisfaction in the Western Cape caregiving environment. The goal of this research is also to advance the fields of emotional intelligence and compassionate satisfaction. The following are the research objectives and the hypotheses for this study:

1.4.1 Primary research objective

The primary research objective is to assess the relationship between caregiving employees' emotional intelligence and compassionate satisfaction in the Western Cape caregiving environment.

1.4.2 Secondary research objectives

- To assess caregiving employees' emotional intelligence in a caregiving environment.
- To assess caregiving employees' compassionate satisfaction in service delivery in a caregiving environment.
- To determine whether compassionate satisfaction is positively related to emotional intelligence.

1.4.3 Hypotheses

- H1: There is no relationship between caregiving employees' emotional intelligence and compassionate satisfaction.
- H2: Caregiving employees' emotional intelligence is positively correlated with their compassionate satisfaction.

1.5 RATIONALE AND SIGNIFICANCE OF THE STUDY

Service organisations should focus on understanding all elements affecting the compassionate satisfaction of their service delivery employees. Recognising emotional intelligence as a driving force for compassionate satisfaction will highlight previously ignored priority areas for development. Additionally, there is a dearth of studies on the relationship between caregivers' emotional intelligence and compassion satisfaction.

1.5.1 Significance for individuals

Knowing how one's emotional intelligence affects those around them can be highly advantageous. A caregiver could benefit from being able to control and interpret emotions, as this might improve patient-centred treatment, the professional-patient relationship, patient satisfaction with care, and possibly even concordance. This study emphasises the significance of emotional intelligence while raising awareness of the impact that emotional intelligence has on the caregiving role.

1.5.2 Significance for industry

Organisations can offer the appropriate training to increase emotional intelligence if emotional intelligence is positively correlated with compassion satisfaction within a caregiving context. This will enhance the compassion satisfaction of the workforce. In addition to raising emotional intelligence, this will ultimately promote successful organisational outcomes. This study may encourage organisations to consider training in emotional intelligence, which empowers employees with knowledge about how their emotions and actions can affect other people, especially vulnerable people.

1.5.3 Significance for academic research

The study's findings, conclusions and suggestions will contribute to the knowledge regarding caregivers' emotional intelligence and employees' sense of compassion. This will also add to the limited amount of literature that specifically examines the relationship between these two notions.

1.6 LIMITATIONS AND ASSUMPTIONS OF THE STUDY

1.6.1 Limitations

The following limitations were identified:

- Regarding the measurement instruments for emotional intelligence, the use of most instruments is accompanied by costs, or the necessary permission needs to be sought, which is difficult and takes time.
- The study depends on caregivers as a sample group, who might not be readily available to participate.

1.6.2 Assumptions

Assumptions of the study:

- In the workplace, emotional intelligence contributes to successful organisational outcomes.
- The online questionnaire will allow access to the entire sample group.
- Most sample groups respond to the suggested questionnaire within the allotted period.
- No participant will suffer any harm as a result of this study.
- Each questionnaire is answered truthfully and in accordance with the respondent's genuine experiences.

1.7 CHAPTER LAYOUT OF THE STUDY

The chapter layout of this mini-dissertation is shown in Figure 1.1 below:

Figure 1.1: Layout of the study

The following chapters are Chapters 2 to 5, and are briefly outlined below:

- **Chapter 2** consists of a saturated literature assessment of the constructs, including emotional intelligence and compassionate satisfaction. The literature emphasises the significance of these constructs and their interrelationships.
- **Chapter 3** consists of an in-depth description of the study's methodology. The methodology describes the measurement instruments that were used as well as the sample population. The justification for the selected methods is also stipulated.
- **Chapter 4** discusses the study's findings. The data analysis and conclusions are thoroughly documented, including the data's validity and reliability.
- **Chapter 5** is based on the findings, and addresses this study's research question and objectives. It also includes an impartial evaluation of the study's limitations and recommendations for further research.

CHAPTER 2 LITERATURE REVIEW

Since the 1990s, extensive focus has been placed on the term ‘emotional intelligence’ in the workplace, and much has been written about its definition, construct and meaning (Ackerman, 2018). This study wishes to assess the relationship between caregivers’ emotional intelligence and compassionate satisfaction. Therefore, this chapter discusses the literature on emotional intelligence and compassionate satisfaction in a caregiving environment.

2.1 DEFINITIONS OF KEY TERMS

Table 2.1: Definitions of key terms

Key term	Definition
Emotional intelligence	The ability to be aware of, express, and manage one’s emotions and navigate interpersonal interactions with prudence and empathy (Mayer et al., 1999:268).
Professional quality of life	Professional quality refers to the value of individual experiences concerning their profession (Stamm, 2010).
Compassionate satisfaction	Compassion satisfaction occurs when the altruistic behaviours of the helper are driven by empathy and result in the reduction of patient suffering, consequently empowering the caregiver to cope with the negative aspects of their work-life (Sacco and Copel, 2018).
Caregiving	It is about the activity or profession of regularly caring for a child, ill person, older person, or disabled person.
Caregiver	A person who takes care of a child, an ill person, an older person, or a disabled person. Alternatively, a person who gets paid to care for a child, ill person, older person, or disabled person (Ascioti, 2022).

2.2 EMOTIONAL INTELLIGENCE

In the business environment, emotional intelligence is an essential competence for employees and managers because they should have excellent interpersonal skills and the ability to help achieve organisational goals (Thompson, Kuah & Foong, 2020:113). Badenhorst and Smith (2007:1) indicate that some companies experience an advantage if they spend extra money to train their employees and offer workshops regarding emotional intelligence to ensure that their employees are familiar with and understand the concept. Emotional intelligence has also attracted

individuals' attention and caused them to want to learn more about the concept (Badenhorst & Smith, 2007:1).

According to Cherniss, Extein and Goleman (2006:239), there is much confusion about a formal definition for emotional intelligence because of the still newness of the concept to many companies. Not only is there no agreement between theorists regarding the exact nature of emotional intelligence, but they also disagree on how to classify the distinctions across the theories of emotional intelligence (Murphy, 2008:26). Badenhorst and Smith (2007:1) identified two basic classification types for the theories of emotional intelligence, which are also based on which the definition is based. The first classification refers to a broader emotional intelligence definition. Goleman's approach is the most well-known in the first classification, and the second classification refers to a narrower definition of emotional intelligence as an ability (Badenhorst & Smith, 2007:1).

2.2.1 The emotional intelligence concept

In 1990, Mayer and Salovey developed an emotional intelligence framework to organise a person's emotional responses. According to Rana *et al.* (2017:162) and Salovey and Mayer (1990:528), Mayer and Salovey 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". Thorndike and Gardner conducted research on the concepts of social, interpersonal and intrapersonal intelligence at the same time as Salovey and Mayer were developing their theory of emotional intelligence. Thorndike and Stein (1937:275) defined social intelligence as the capacity to perceive and manage people in interpersonal interactions. Gardner also proposed, in 1983, that people possess both intrapersonal and interpersonal intelligence, focused on the awareness of feelings (Goleman, 1996:81; Salovey & Mayer, 1990:529). Though they are now mostly credited with inventing the concept, Salovey and Mayer initially saw emotional intelligence as a subset of Thorndike's paradigm of social intelligence.

Since Salovey and Mayer's formal description of emotional intelligence in 1990, scholars have frequently contributed their own definitions and theories to the topic. Thanks to numerous researchers, emotional intelligence has been developed into what it is now. Daniel Goleman wrote a book in 1995 titled "Emotional Intelligence: Why it Matters More Than IQ" after being inspired by numerous articles. In his book, Goleman was the first to advance and popularise the idea of emotional intelligence. Although he contributed to the idea of emotional intelligence being related to leadership qualities, beliefs and social behaviours, his definition of emotional intelligence was consistent with Salovey and Mayer's. Goleman (1995:34) defined emotional intelligence as "the abilities such as being able to motivate oneself and persist in the face of frustrations; to control

impulse and delay gratification; to regulate one's moods and keep distressed from swamping the ability to think; to empathise and to hope." Goleman went on to say that emotional intelligence is twice as essential as IQ. In his book about leadership and the power of emotional intelligence, Goleman (2021:14) proposed a competency framework into which every emotional intelligence model can fit. The competency framework consists of four generic domains: self-awareness, self-management, social awareness, and relationship management. Figure 2.1 below is an illustration of the emotional intelligence framework.

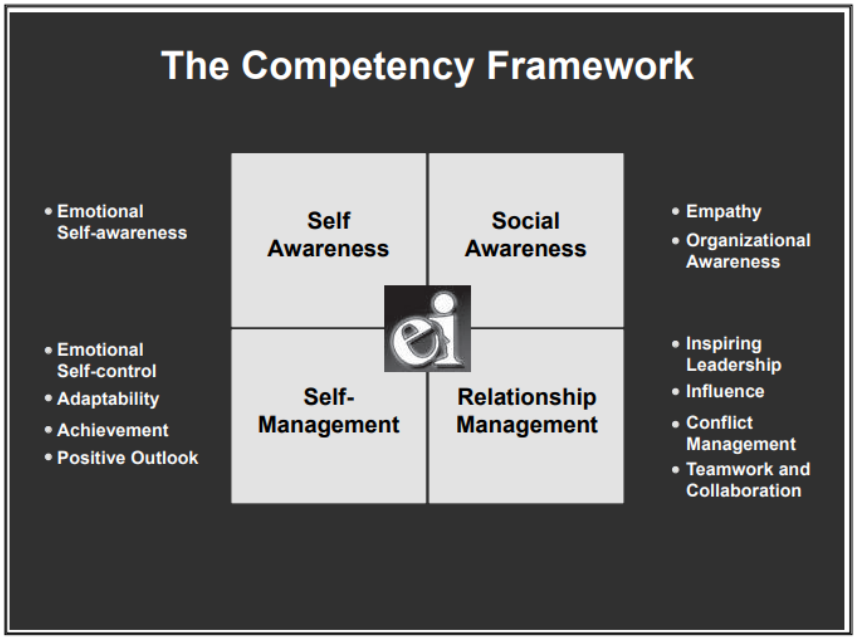

Figure 2.1: Competency framework

Source: Goleman (2021:14)

Mayer and Salovey (1997:10) later revised their definition of emotional intelligence as "the ability to perceive accurately, appraise and express emotion (perceiving); the ability to access and generate feelings when they facilitate thought (using); the ability to understand emotion and emotional knowledge (understanding); and the ability to regulate emotions to promote emotional and intellectual growth (managing)." These four skills groups are hierarchical, with lower-level skills such as recognising emotions as informational support for higher-level skills such as controlling emotions (Rana *et al.*, 2017:162). According to Salovey and Grewal (2005:281), perceiving, using, understanding and managing emotions are the four different yet linked abilities that have been presented as part of an improved definition of emotional intelligence by Mayer and Salovey.

Salovey and Grewal (2005:281) explained the four-branch model of emotional intelligence as follows:

- The ability to recognise and understand emotions in spoken words, faces, pictures and cultural artefacts, including one's own feelings, is referred to as ***perceiving emotions***. As it facilitates all other processing of emotional information, emotion perception may be an essential element of emotional intelligence.
- ***Utilising emotions*** refers to using emotions to support various cognitive processes, including reasoning and problem-solving.
- ***Understanding emotions*** refers to the deciphering capacity of individuals regarding complex links between emotions and language, such as being alert to subtle differences between emotions (i.e. the distinction between pleased and ecstatic), which is part of understanding emotions. It also entails detecting and explaining how certain emotions change over time, such as how shock can develop into grief.
- The fourth branch of emotional intelligence is the ***ability to manage emotions*** in ourselves and others. Everyone has experienced moments in their lives when they temporarily, and occasionally humiliatingly, lost control of their emotions. Emotionally astute politicians, for instance, can amplify their own rage and channel it into a powerful speech to incite others' justified rage. This results in the emotionally intelligent person being able to manage their emotions, including unpleasant ones, and use them to achieve desired objectives.

Reuven Bar-On, who added social intelligence as a component of emotional intelligence, was the third researcher to contribute significantly to the study of emotional intelligence. He defined emotional intelligence as a "cross-section of connected emotional and social competencies, skills, and facilitators that influence how well we comprehend and express ourselves, understand others, and relate to them, as well as cope with daily responsibilities" (Bar-On, 2006:14). His thinking was informed by Thorndike's work, which discusses the impact of social intelligence on human performance, and Darwin's early work on the necessity of emotional expressiveness for survival and adaptation.

The five main elements in Bar-On's concept of emotional intelligence, each of which has several supporting elements (Bar-On, 2006:23), are as follows:

Table 2.2: Bar-On's five elements of emotional intelligence

Element	Characteristics
Intrapersonal skills	Emotional self-awareness, self-actualisation, assertiveness, independence, and self-regard
Interpersonal skills	Interpersonal relationships, empathy, and social responsibility
Stress management	Stress tolerance and impulse control
Adaptability	Problem-solving, reality-testing, and flexibility
General mood	Happiness, optimism, and self-motivation

The Salovey and Mayer (1990), Goleman (1995), and the Bar-On (2006) models are the only three basic emotional intelligent models that are generally accepted in academic literature. Emotional intelligence can be divided into trait-based or ability-based emotional intelligence. Some researchers believe that emotional intelligence is a cognitive ability that includes emotional information processing, while others believe that emotional intelligence is a dispositional trait such as personality (Murphy, 2008:26).

2.2.2 Methods of emotional intelligence

After the conceptualisation of emotional intelligence by Mayer and Salovey, several tests were developed, which can be broadly classified into two categories, i.e. ability-based and trait-based (Rana *et al.*, 2017:162). The difference in terminology is based on how these tests are conceptualised. The ability test views emotional intelligence as a set of mental abilities that employ maximal performance measures that utilise external objective criteria to assess the response and identify where participants can perform up to their actual abilities (Petrides & Furnham, 2000:314; Rana *et al.*, 2017:162). The trait tests conceptualise emotional intelligence as a set of personality traits, and employ standard performance measures that are self-reported measures in which there are no right or wrong answers, and participants report their perceived level of emotional intelligence (Petrides & Furnham, 2000:314; Rana *et al.*, 2017:162).

2.2.3 Emotional intelligence scales and measurements

According to Mayer *et al.* (2000:399), there are three ways to assess emotional intelligence: firstly, through self-reporting; secondly, through informant assessments, such as how others see a person; and thirdly, through performance or ability assessments. Some researchers prefer to use performance and ability measures. Emotional intelligence is a topic that has recently attracted global attention, and tests remain in the early stages of development. Even if there are reliable, valid and efficient tools, significant research is required before new assessments can be created or existing ones can be evaluated and improved. A brief description of each measurement is provided in Table 2.3, which lists some standard emotional intelligence measures.

Table 2.3: Emotional intelligence measuring instruments

Measurement Instrument	Main Theorist	Model of measure
Mayer-Salovey-Caruso Emotional Intelligence Test (MSCEIT)	John D Mayer, P Salovey and David R Caruso	Performance-based
Emotional Quotient Inventory (EQ-i)	Reuven Bar-On	Self-report

Measurement Instrument	Main Theorist	Model of measure
Emotional Competency Inventory (ECI)	Daniel Goleman	Self-report and other-report
Emotional Intelligence Appraisal (EIA)	Daniel Goleman	Self-report and other-report
Self-Report Emotional Intelligence Test (SREIT)	John D Mayer and P Salovey	Self-report
Trait Emotional Intelligence Questionnaire (TEIQue)	Konstantinos V Petrides	Self-report
Work Group Emotional Intelligence Profile (WEIP)	Peter Jordan	Self-report
Wong's Emotional Intelligence Scale (WEIS)	Chi S. Wong	Self-report

Source: Dhani and Sharma (2016:195-196)

Mayer and Salovey derived a test to assess emotional intelligence from their original definition, the Multifactor Emotional Intelligence Scale (MEIS). However, according to Rana *et al.* (2017:162), Mayer, Salovey and Caruso developed a new emotional intelligence model known as the Mayer, Salovey and Caruso Emotional Intelligence Test after identifying several flaws in their test (MSCEIT). The Mayer-Salovey-Caruso Emotional Intelligence Test (MSCEIT) uses specific tasks to gauge each branch's proficiency level (Dhani & Sharma, 2016:195).

Reuven Bar-On developed another test on emotional intelligence, the Emotional Quotient Inventory (EQ-i). Bar-On viewed emotional intelligence as "an array of non-cognitive capabilities, competencies and skills that influence one's ability to succeed in coping with environmental demands and pressures" (Mayer & Salovey, 1997:14). The EQ-I test, which measures the overall emotional quotient as well as each of the five Bar-On model components, consists of 133 self-report items (Dhani & Sharma, 2016:195).

The Emotional Competency Inventory (ECI), a 360-degree evaluation of an individual's emotional abilities and the organisation's emotional competencies, was later created by Daniel Goleman and Richard Boyatzis (Rana *et al.*, 2017:162). The Emotional Competency Inventory (ECI) is a multiple-rater instrument that assigns scores to behavioural and emotional intelligence characteristics (Dhani & Sharma, 2016:195).

One's emotional intelligence may be estimated using the Emotional Intelligence Appraisal, a skill-based self-report and 360-degree emotional intelligence (EQ) examination. It was created as a measure of emotionally competent conduct. To calculate an overall EQ score and four composite scale scores that correspond to the four fundamental competencies of Daniel Goleman's

emotional intelligence model, 28 items are employed. According to Dhani and Sharma (2016:195), the Emotional Intelligence Appraisal (EIA) is a seven-minute assessment aimed at measuring the existence of the four components of emotional intelligence, as stated by Goleman.

The self-report Trait Emotional Intelligence Questionnaire (TEIQue) measures the entire trait emotional intelligence sampling domain. It has 153 items that measure 15 different aspects, four components, and the universal trait of emotional intelligence.

The Work Group Emotional Intelligence Profile (WEIP) measures two aspects of emotional intelligence: the capacity to manage one's own emotions (Scale 1: 18 items) and the capacity to manage the emotions of others (Scale 2: 12 items) (Dhani & Sharma, 2016:196).

Dhani and Sharma (2016:196) stated that Wong's Emotional Intelligence Scale (WEIS) consists of two parts. Respondents are asked to select the option that most accurately describes their expected response in each of the 20 situations in the first section. The second section of the survey consists of 20 ability pairs, requiring respondents to select the pair that best describes their skills.

According to research by Rathi (2014:65), employees in the service sector who displayed positive emotions saw favourable results for their organisations. As a result, employees must regularly regulate their emotions. Additional research shows that people with elevated levels of emotional intelligence are more capable of adequately regulating their emotions than those with lower levels of emotional intelligence. However, not all employees have the essential abilities to manage their emotions successfully. Therefore, organisations in the service sector should concentrate on selecting candidates with high emotional intelligence and service orientation.

Ouyang *et al.* (2015:151) stated that modern life emphasises improving compassionate satisfaction and a specific interest in the positive personality attributes of employees. According to the findings of prior studies, it is thought that increasing employees' ability to control and manage their emotions and teaching them how to handle stress productively will increase their compassion satisfaction. This is known as emotional intelligence (Ouyang *et al.*, 2015:151). Accordingly, work satisfaction will be explored, considering the implication that emotional intelligence can increase employees' compassionate satisfaction.

2.3 PROFESSIONAL QUALITY OF LIFE – CAREGIVING

Over the past 20 years, there has been an increase in interest in the professional quality of life of people who provide caregiving services (Stamm, 2010). How one feels in relation to their profession as a helper is referred to as professional quality of life (Stamm, 2010). One's professional quality of life is influenced by both the positive and negative aspects of one's

profession. Previous research concentrated on the negative effects of providing care to those in need and how this affects clinicians' quality of professional life. Later research also started to investigate the advantages of providing care for service users, exploring the concept of 'compassion satisfaction'. Therefore, the two main components of professional quality of life are the positive components (compassion satisfaction) and the negative components (compassion fatigue). Figure 2.2 below illustrates the components of the professional quality of life.

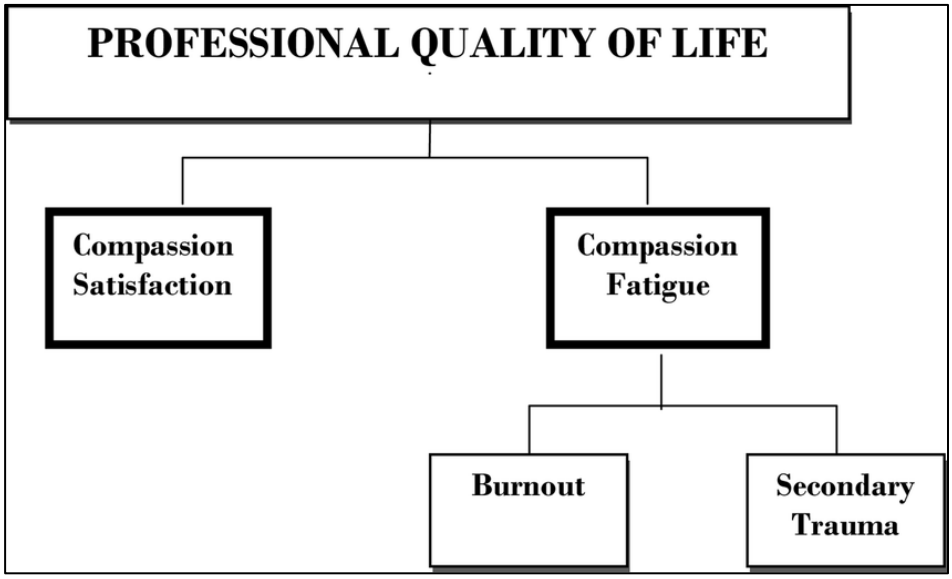

Figure 2.2: Components of the quality of life

Source: Stamm (2010)

According to Stamm (2010), compassion satisfaction is characterised by feeling content with one's work and with providing assistance. It is defined by individuals feeling energised by the work they enjoy doing. They believe they can stay up to date with new procedures and technologies. They feel successful, have pleasant ideas, enjoy what they do, want to keep doing it and think they can change the world. Sacco and Copel (2018:76-77) defined compassion satisfaction as a situation that happens when empathy motivates the caregiver to act altruistically and to minimise the patient's pain, which enable the caregiver to deal with the challenging aspects of their job. In addition, the caregiver feels optimistic and wants to carry on in their job as a caregiver.

In several research studies, the authors also introduced the concept of compassion fatigue because the information of compassion satisfaction is linked to compassion fatigue (Sacco & Copel, 2018:77). Stamm (2010) explained that the negative consequences of caring for those who have gone through severe or traumatic circumstances are known as compassion fatigue. The overwhelming work-related sensations, as opposed to work-related fears, are among these unfavourable reactions. There are two distinct types of compassion fatigue. The first section addresses symptoms of burnout, including fatigue, irritability, hostility and sadness. The second

section is traumatic stress, an unpleasant emotion fuelled by dread and trauma from the workplace. Direct (primary) trauma can sometimes occur at work. Work trauma may sometimes combine primary and secondary trauma (Stamm, 2010).

The idea of professional quality of life is complicated because it involves the organisation and task-related aspects of the workplace, the individual's personality traits, and exposure to primary and secondary trauma at work.

2.4 COMPASSIONATE SATISFACTION

2.4.1 Compassionate satisfaction concept

Di Fabio and Saklofske (2021:7) found that the position of trait-based emotional intelligence is the key, if not most significant to developing compassion satisfaction. It is worth noting that compassion appears to be a compelling human emotion and expression with far-reaching consequences for both the self and others. Sacco, Ciurzynski, Harvey and Ingersoll (2015:78) defined compassion as sympathetic awareness of others' distress coupled with a desire to alleviate it. According to definitions, satisfaction is a joyful emotion brought on by a person's actions, experiences, or provision of what is wanted or desired; it is the act of meeting a need or desire (Sacco *et al.*, 2015:78). Compassion satisfaction arises when empathy motivates the helper to act altruistically and alleviate the patient's pain, helping the caregiver cope with the bad aspects of their job. Compassion satisfaction is characterised by reward, well-being, success, fulfilment, joy, revitalisation, enrichment, inspiration, appreciation, invigoration, and hope that the caregiver may experience (Sacco *et al.*, 2015:79).

Several research studies have focused on the relationship between situational (sociological) and personal (psychological) characteristics and compassion satisfaction (Fida *et al.*, 2019:504). The employee's satisfaction is influenced by situational factors (Dormann & Zapf, 2001:488; Heller *et al.*, 2002:830), such as job-related conditions, including compensation, advancement prospects, and workplace culture, as well as job qualities such as task importance, identity, autonomy, feedback, and skill diversity (Fida *et al.*, 2019:504). Personal factors (Dormann & Zapf, 2001:499) include personality traits, personality tendencies, self-esteem, emotions, and motivation, and positive characteristics such as a desire to engage in enjoyable activities and exert a great deal of energy and enthusiasm to help achieve job satisfaction (Fida *et al.*, 2019:504).

2.4.2 Factors affecting compassionate satisfaction

According to the theoretical model of Stamm (2010), a caregiver's personal, client- and work-related settings are three factors that impact their professional quality of life. The likelihood of experiencing compassion satisfaction increases if these elements work in unity to promote

emotions of fulfilment and gratification. However, compassion fatigue or burnout may arise if the experience of caring for patients primarily causes feelings of exhaustion, worry and frustration. Figure 2.3 below indicates how the model works, and this study focuses on the compassionate satisfaction part.

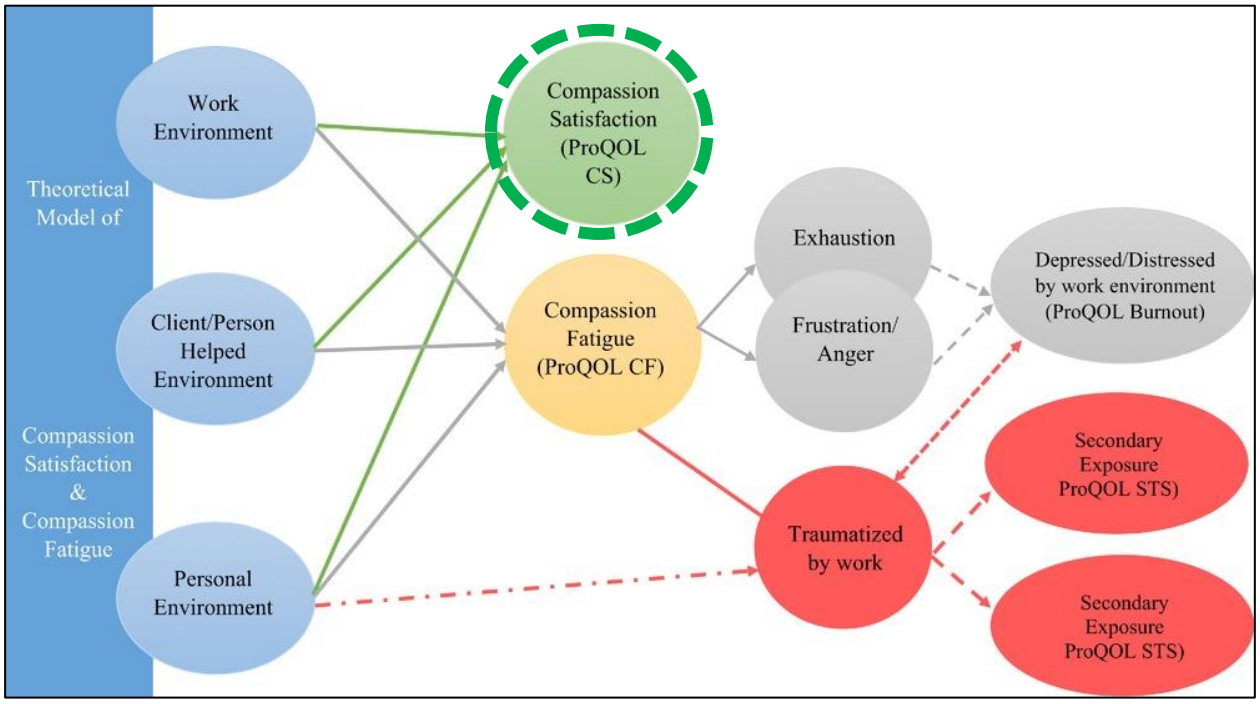

Figure 2.3: Theoretical path analysis of the professional quality of life

Source: Stamm (2010)

Several studies have examined how the three factors, namely the work environment, client/person helped environment, and personal environment, affect compassion satisfaction in the helping professions. According to Stamm (2010), most of the previous research in this area focuses on the personal characteristics of caregivers, and it has been discovered that self-efficacy levels, self-care habits, and marital status all predict compassion fulfilment. While the association between client characteristics and compassion satisfaction has received less attention, the prevalence of compassion fatigue in professionals working with particular clinical populations suggests that some patient groups, such as those with terminal illnesses or those undergoing pregnancy terminations, may have lower compassion satisfaction levels (Stamm, 2010). Regarding specific work-related characteristics, it has been discovered that, working in rural areas, keeping good relationships with co-workers, and having a lesser caseload all increase compassion satisfaction (Stamm, 2010).

2.5 SUMMARY OF EMOTIONAL INTELLIGENCE AND COMPASSION SATISFACTION IN THE WORKPLACE

Research conducted in different work environments has revealed that employees with higher emotional intelligence experience increased compassion satisfaction (Kafetsios & Zampetakis, 2008:720; Sy *et al.*, 2006:462). Another study found a significant positive relationship between emotional intelligence and compassion satisfaction (Alam, 2009:135). An individual's success and competence in the workplace are influenced by their ability to forge interpersonal connections in the workplace due to their emotional intelligence (Kafetsios & Zampetakis, 2008:713). Additionally, accordingly to Sy *et al.* (2006:470), being aware of both the positive and negative elements of one's emotions enables individuals to act appropriately, ultimately improving compassion satisfaction. If employees use the characteristics that constitute emotional intelligence, such as self-assurance, flexibility, empathy and conflict management, in their day-to-day work lives, they will feel more competent and satisfied with their positions.

2.6 CHAPTER SUMMARY

The literature review emphasised the significance of compassionate satisfaction and emotional intelligence within the context of contemporary caregiving; as a result, it supports this study's significance and advantages. One of the most evident gaps that can be identified for the literature review is that the relationship between trait emotional intelligence and compassion satisfaction of caregiving employees in a caregiving environment was not previously researched. The empirical part of assessing the relationship between the two constructs of emotional intelligence and compassionate satisfaction, as perceived by caregivers, will be addressed in the next chapter.

CHAPTER 3 EMPIRICAL RESEARCH

This empirical chapter comprises the methodology and methods of the study, which are explained and offer the essential justification for each methodological decision. The research paradigm, design and method, study population, sampling technique, data collection instrument, data collection, data analysis, and research ethics are included in this chapter, focusing on achieving the study's objectives. As shown in Figure 3.1 below, the research onion, developed and described by Saunders *et al.* (2019:130), was employed as a framework to direct the research methodology and methods used.

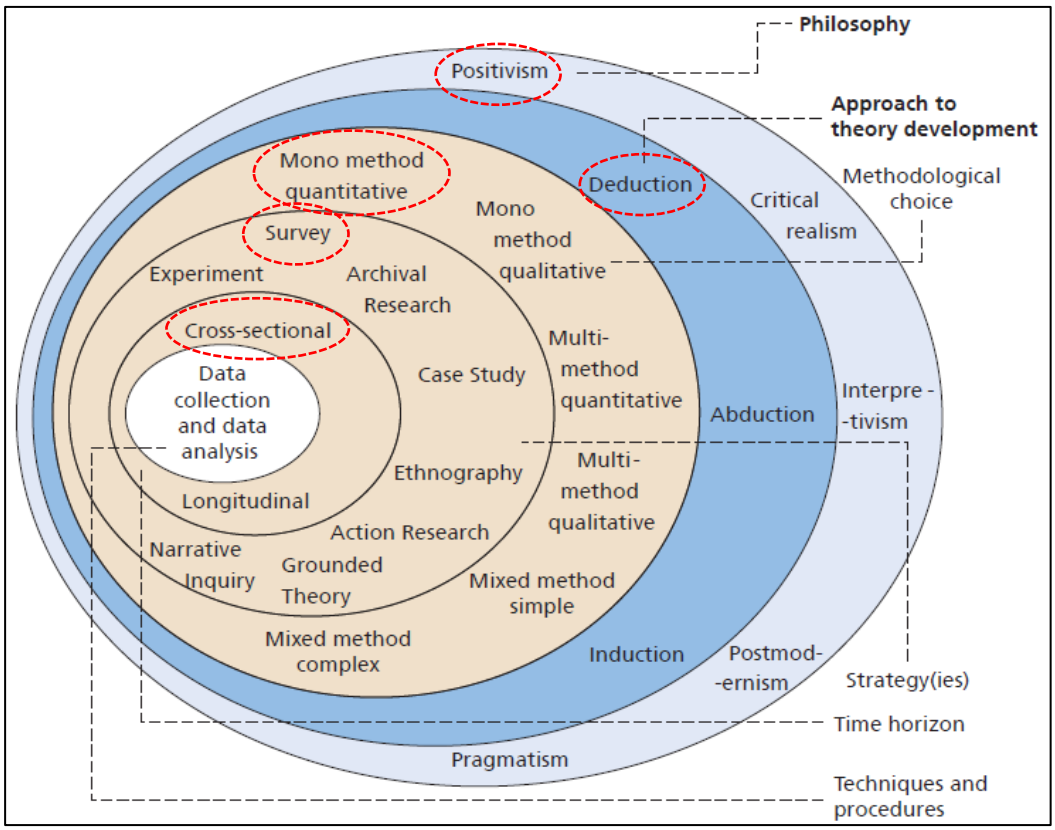

Figure 3.1: The research onion

Source: Saunders et al. (2019:130)

The following sections of this chapter are presented to explain and support the chosen study methodological techniques described by Saunders *et al.* (2019:130) and shown in Figure 3.1.

3.1 RESEARCH PHILOSOPHY AND PARADIGM

Research is about developing knowledge in a particular field; therefore, research philosophies can be defined as a set of beliefs and assumptions regarding knowledge development (Saunders *et al.*, 2019:130). Even if the knowledge development underway may not be as revolutionary as the development of a new theory of human motivation, it is nonetheless producing new

knowledge. There are three main types of assumptions that are made by all research philosophies:

- ***Ontology*** refers to "the nature of reality" (Saunders *et al.*, 2019:133) or, according to (Bryman & Bell, 2014:16), "the nature of social phenomena". Ontological presumptions influence people's views of and approaches to research items. Some of these concepts in business and management include organisations, management, people's professional lives, and organisational events and artefacts. The research focus of a research project depends on ontology, which governs how people view the business and management world.
- What constitutes authentic, valid, and accepted knowledge and procedures for disseminating information to others are all topics of ***epistemology*** (Saunders *et al.,* 2019:133). What constitutes appropriate knowledge in a discipline is a topic of discussion in epistemology. The ability and appropriateness of studying the social world using the same methods, philosophies, and methods as the natural sciences are a crucial question. Positivism, realism, and interpretivism are the three main epistemological stances (Bryman & Bell, 2014:12).
- ***Axiology*** refers to "the role of values and ethics" (Saunders *et al.*, 2019:134). It is the study of how ethics and values impact the research process, considering how researchers interact with their own values and the values of their participants.

Research philosophies can be distinguished based on where they place objectivism and subjectivism on the continuum. The tenets of the natural sciences are included in objectivism. Realist ontology states that social entities exist separately in reality and are unrelated to social actors, and an epistemology centred on the discovery of truth through the use of observable, quantifiable facts, is a component of what is claimed to have value-free, dispassionate axiology (Saunders *et al.*, 2019:159). Subjectivism includes beliefs in the humanities and arts. It incorporates nominalist ontology, which maintains that subsequent actions produce social phenomena, social actors' language, and perceptions. Epistemology concerns the interpretations, social actors' opinions, narratives, and perceptions that convey these social realities. It uses value-bound, reflexive axiology (Saunders *et al.*, 2019:159).

There are five basic research philosophies for business and management:

- ***Positivism*** is associated with the philosophical perspective. Similar to the physical and natural sciences, positivism requires interaction with observable social reality, and the result could be generalisations that resemble laws (Bryman & Bell, 2014:12; Saunders *et al.,* 2019:159).
- ***Critical realism*** explains what is perceived and felt in relation to the underlying truths that underlie observable phenomena. Critical realists perform historical analyses of societal and

organisational systems that are either changing or remaining the same using a variety of methodologies (Saunders *et al.,* 2019:147).

- By giving meaning to experiences, people are distinguished from physical phenomena, according to ***interpretivism***. Researchers who use interpretivism explore meanings to provide novel, in-depth viewpoints on organisational reality. Empirically, interpretivism focuses on people's actual lives and cultural artefacts and seeks to include both the researchers' and the participants' interpretations in the research (Bryman & Bell, 2014:14; Saunders *et al*., 2019:160).
- ***Postmodernism*** strongly emphasises how language and power dynamics shape the world. Postmodernists challenge conventional wisdom and oppose worldviews that have been marginalised and silenced by prevailing ideas. Postmodernists disassemble information to reveal its flaws and omissions. Radical reflexive axiology characterises postmodernism (Bryman & Bell, 2014:155; Saunders *et al*., 2019:160).
- ***Pragmatism*** refers to only significant concepts that assist action (Saunders *et al.*, 2019:151). Pragmatist axiology, ontology and epistemology are all concerned with enhancing practice. As a result of the unique nature of their research challenges, pragmatics use a wide variety of research methodologies (Saunders *et al.*, 2019:160).

The research was therefore studied in a *positivist* manner because the assumptions underlying the research philosophy were significant to the research problem.

3.2 METHODOLOGICAL APPROACH

The extent to which a study incorporates theory testing or theory building poses an essential question about the research project's design, according to Saunders *et al.* (2019:152). This is often shown as three opposite thinking approaches, i.e. deductive, inductive, or abductive.

Bryman and Bell (2014:9) and (Saunders *et al.*, 2019:160) stated that deductive theory represents that a theory and hypothesis (or hypotheses) are produced through deduction, and a research plan is created to test the idea. Furthermore, Saunders *et al.* (2019:153) defined the deductive approach as research starting with a hypothesis that is frequently based on reading academic literature, and a research strategy is constructed to test the theory. The deductive approach is predominantly associated with a quantitative research approach (Bryman & Bell, 2014:11; Khalid, Abdullah & Kumar, 2012:16). Saunders *et al.* (2019:153) stated that inductive research data is gathered, and, after data analysis, a theory is created. The inductive approach is predominantly associated with qualitative research (Bryman & Bell, 2014:11; Khalid *et al.*, 2012:16). Data is gathered using an abductive technique to explore a phenomenon, identify themes, and explain

patterns in order to create or modify an existing hypothesis, which is then put to the test using further data (Saunders *et al.*, 2019:153).

This study utilised a *deductive* research approach because the research process began with developing hypotheses, analysing the academic literature, and testing the theory. The respondent dataset was analysed, relevant emotional intelligence and compassionate satisfaction principles were proposed, and causal linkages between concepts and variables were explained to illustrate the research patterns that were seen using the deductive research approach.

3.3 DESIGN OF THE RESEARCH STUDY

Research design can be defined as the general or strategic plan that is utilised to conduct a research study (Bloomfield & Fisher, 2019:27), which creates a structure for data collection and analysis (Bryman & Bell, 2014:100). Given the positivist research philosophy, this study used a quantitative methodological approach since it concentrated on the 'what' (rather than the 'how' and 'why') when assessing the relationship between emotional intelligence and compassionate satisfaction of caregiving employees.

Data collected for research purposes can be qualitative, quantitative or a combination of the two approaches. Relationships between distinct variables are quantified in quantitative research (Khalid *et al.*, 2012:16). Quantitative research is defined by Bryman and Bell (2014:31) as a positivistic approach that involves collecting numerical data from a significant sample to test a relationship between theory and research and adopts the objectivist concept of social reality. In quantitative research, the relationship between research and theories is tested (Bryman & Bell, 2014:31). In contrast, qualitative research is an interpretive and naturalistic approach (Bryman & Bell, 2014:41). In qualitative research, the emphasis is on generating the theories of the relationship between research and theory rather than proving the theories (Bryman & Bell, 2014:31). The quantitative research technique uses structured data collection to gather primary data from the population utilising a single data gathering strategy for additional quantitative data analysis and testing. A *mono-method quantitative* study was therefore chosen as the methodology.

Saunders *et al.* (2019:190) stated that some research strategies belong to the deductive approach and others belong to the inductive approach. Experiments, case studies, action research, archival research, grounded theory, surveys, and ethnography are examples of research methods or strategies (Saunders *et al.*, 2019:190). A survey strategy is mainly linked to a deductive research approach (Saunders *et al.*, 2019:193). Bryman and Bell (2014:107) defined a survey as a cross-sectional strategy to gather data primarily through questionnaires on several cases and at a single point in time.

An *online cross-sectional correlational survey* research design was used to collect primary data due to the nature and objectives of the study. It included the use of a closed-ended, self-administered questionnaire. A questionnaire was employed in the survey method to gather cost-effective data and give the researcher more control over the entire study process (Saunders *et al.*, 2016:181). Following that, descriptive and inferential statistics were used to analyse the data.

The time horizon of a research study usually consists of five research designs: experimental design, cross-sectional design, longitudinal design, case study design, and comparative design (Bryman & Bell, 2014:100). A *cross-sectional design* is a design that involves collecting data on more than one case and at a single point in time (Bryman & Bell, 2014:106; Field, 2013:7). Cross-sectional is usually done to collect a body of quantitative or qualitative data connected with two or more variables (Bryman & Bell, 2014:106). Since the study examines the relationship between emotional intelligence and compassionate satisfaction in just one moment, it features a cross-sectional design.

Research data was gathered on “more than one case and at a single moment in time” due to the nature of the research issue, the deductive methodology, and time-related constraints (Bryman & Bell, 2014:106). Due to the cross-sectional character of the time horizon, this study’s picture of the phenomena at a particular instant makes it possible to observe causal relationships (Saunders *et al.*, 2016:201).

3.4 STUDY POPULATION AND SAMPLING

3.4.1 Population

The study population refers to the whole group from which the researcher wants to draw conclusions (Bhandari, 2020a; Taherdoost, 2016:18). The study population consisted of caregiving employees in a Western Cape caregiving environment. The study’s characteristics included employees directly involved in the caregiving environment. This included all the occupational levels of the selected organisation. The occupational levels consist of employees who have something to do with the direct care of older people in retirement homes, such as dieticians, chefs, clinical nurses, area managers, caregivers, and housekeeping managers. It also contributes to the inclusion and exclusion criteria of the study. The inclusion criteria involve all the employees directly involved in the caregiving environment. The study’s exclusion criteria include employees who are not directly involved in the caregiving environment.

The population included eighty-five (85) caregivers currently employed or trained by the organisation under study during the 2022 calendar year. The caregivers are spread over the

Western Cape region in different retirement homes, and some of the caregivers were still busy with training during the time of the study.

3.4.2 Sampling techniques

The sample of a study can be defined as the part of the population that has been chosen in order to reflect the entire population (Acharya *et al.*, 2013:330). Probability sampling and non-probability sampling are the two types of sampling. In probability sampling, each element of the population has an equal chance of being included in the sample (Acharya *et al.*, 2013:330; Taherdoost, 2016:20). Non-probability samples are those where the probability of a subject being chosen is unknown, leading to bias in the selection of study subjects (Taherdoost, 2016:22). The various sample methods under probability sampling and non-probability sampling are displayed in Figure 3.2 below.

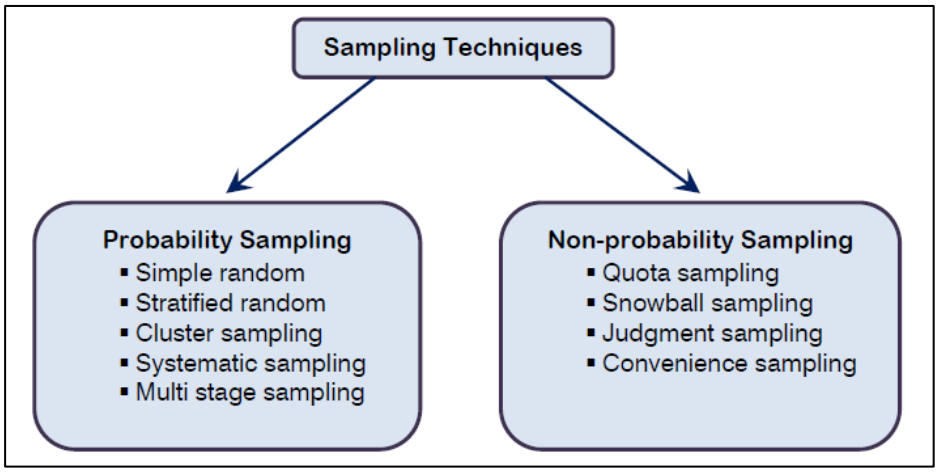

Figure 3.2: Sampling techniques

Source: Taherdoost (2016:20)

The optimum approach for this study was to conduct a *census* with the target population well-defined and well-known (identified) within the organisation. The entire population is employed as the sample in a census sampling approach, and information is gathered from each case or group member inside the organisation (Bryman & Bell, 2014:171; Saunders *et al.*, 2019:292). The entire study population was used as the sample to achieve the best results to accomplish the study's objectives.

Accordingly, a census was viable because it did not require too many resources (including time and money) to give people access to the population list. Additionally, as the research was quantitative and survey-based, no additional work was required.

3.4.3 Sample size

According to Taherdoost (2016:26), sample sizes are proportional to the number of responses received. The sample size for this study comprised the entire population of caregiving employees, namely eighty-five (85) caregiving employees or trainees. The sample size for this study was the same as the population size, because it was conducted using a census, allowing all population units to be analysed (Bryman & Bell, 2014:171).

3.4.4 Unit of analysis

Dolma (2010:169) defined the unit of analysis as the entity being investigated in a scientific investigation. The unit of analysis used in research can be divided into levels or categories: individual level, group level, organisational level, as well as social artefacts and social interaction level. The unit of analysis for this research is at the individual level. It includes caregivers within the organisation due to the research topic, research objective, and associated focus on accessing the relationship between emotional intelligence and the compassionate satisfaction of caregivers.

Other essential characteristics of the study's unit of analysis were the diversity of individuals and the professional level of individuals. These characteristics of the unit of analysis were essential in determining whether there were significant differences based on age or gender from the point of view of diversity. It was also essential to determine whether there were any significant differences based on the employment level of individuals.

Access to the unit of analysis was not an issue. The human resource representative sent out the questionnaires, and the respondents completed them when they had time. She reminded the respondents continuously to complete the questionnaire before the due date.

3.5 DATA COLLECTION

3.5.1 Data collection method

The nature of the primary data was in line with the study's objectives, primary research question, and primary and secondary research questions. The data was collected through an online survey, including a self-assessment questionnaire that the respondents voluntarily completed after they consented. The survey questions were used with the authors' permission from the emotional intelligence instrument developer and the compassion satisfaction instrument developer.

3.5.2 Measuring instruments

The data was collected using an online survey/questionnaire to assess the research in determining the relationship between caregivers' emotional intelligence and compassion

satisfaction. The instruments were used in previous research, and permission was obtained to use the questionnaires in this research study (see Annexure F). The questionnaire comprises three sections with a total of forty-seven (47) questions:

- Section A: Demographic questions. The four demographic questions recorded specific information and were used for descriptive statistics.
- Section B: Trait emotional intelligence questionnaire. The instrument utilised to measure trait emotional intelligence is the Schutte Emotional Intelligence Scale, Assessing Emotions Scale or the Emotional Intelligence Scale, which Dr Nicola Schutte developed. The instrument measures four essential elements of trait emotional intelligence as described by Salovey and Grewal (2005:281), i.e. perception of emotions, managing own emotions, social skills or managing others' emotions and utilising emotions (Schutte *et al.*, 2009:120).
- Section C: Compassion satisfaction questions. The instrument utilised to measure compassion satisfaction of caregiving employees is the Professional Quality of Life Measure: Compassion, Satisfaction, and Fatigue (ProQOL), which Beth Stamm developed. The instrument consists of four dimensions that are measured, but for the purpose and objectives of this study, only one dimension of the instrument was used, namely the compassion satisfaction dimension.

A five-point Likert scale with different options was used in the research instruments. The trait emotional intelligence instrument had the following options: "1. Not at all true of me, 2. Slightly true of me, 3. Moderately true of me, 4. Very true of me, 5. Completely true of me". The compassion satisfaction instrument had the following options: "1. Never, 2. Rarely, 3. Sometimes, 4. Often, 5. Very often". All questions were closed-ended to support this study's deductive quantitative research approach. According to Bryman and Bell (2014:200), closed questions facilitate faster processing of responses, comparison and testing of relationships, and assist comprehension of the topic.

3.5.3 Data collection process

The questionnaire was sent out via a Google Forms link. The online link to the questionnaire was sent to the gatekeeper in the human resource department via email, and the gatekeeper distributed the link to the employees. The link with the questionnaire included a cover page, consent form, biographical information section, and two sections – one on emotional intelligence and the other on compassionate satisfaction. The respondents were instructed to complete the questionnaire on the link and submit their answers voluntarily. Google Forms allowed the researcher to connect information from the questionnaire onto a spreadsheet that automatically

records the answers. After all the submitted answers were received, the Statistical Department of the North-West University assisted in analysing the data.

The questionnaire did not ask for any personal information that by any means could identify the respondents, and the human resource representative distributed the questionnaires. Therefore, compliance with the Protection of Personal Information (POPI) Act (2020) was adhered to. The informed consent informed respondents that participation was completely voluntary and anonymous.

3.6 DATA ANALYSIS METHOD AND PROCESS

The quantitative data that was gathered served as the foundation for this study. To be able to insert the data into the Statistical Package for the Social Sciences (SPSS) program, the data obtained from the online survey questionnaire was exported to Excel. SPSS (Statistical Package for the Social Sciences) is a computer program mainly used to analyse quantitative research data. SPSS helps individuals understand and analyse data and helps to solve research and business problems through a user-friendly interface (Field, 2013:62). The Potchefstroom Campus of North-West University's Statistical Consultation Services assisted with the data analysis. In Chapter 4, when the results are reviewed, graphs and tables are used to display the outcomes and findings from the data analysis.

The study includes descriptive and inferential statistics to reach the study's objectives and test the hypotheses. Descriptive statistics summarise and organise the characteristics of a dataset (Bhandari, 2022). The descriptive statistics include the mean and standard deviation. The mean and standard deviation are more critical because they describe the scales. The mean and standard deviation can compare the four elements in the emotional intelligence instrument. The mean indicates the average (Saunders *et al.*, 2019:808), and the standard deviation refers to the extent of the data spread around the mean (Saunders *et al.*, 2019:817). The inferential statistics describe the relationship between the variables and include a t-test, ANOVA, and Spearman's correlation coefficient (Bhandari, 2022).

3.7 RELIABILITY AND VALIDITY

"Reliability refers to the accuracy of an instrument" (Heale & Twycross, 2015:66). It refers to the result consistency of a research instrument if it is repeatedly used within the same context (Heale & Twycross, 2015:66). Earlier research by Schutte about the SSEIT instrument indicated that a two-week test-retest was done. A reliability of 0.78 was found for the total scores of the scale. Test-retest reliability refers to when the respondent completes the questionnaire again, the results are mostly the same (Field, 2013:13). The Cronbach alpha scale reliability of the SSEIT

instrument is 0.90 (Schutte *et al.*, 2009:132), as Schutte and colleagues reported, indicating an excellent internal consistency of the items in the scale (Gliem & Gliem, 2003). The Cronbach alpha scale reliability of the ProQOL instrument is 0.88 (Stamm, 2009), which indicates a good internal consistency of the items in the scale (Gliem & Gliem, 2003). Test-retest was also done on the ProQOL, as indicated in their online manuals (Stamm, 2010). Therefore, both measuring instruments indicated good reliability.

"Validity refers to the extent to which a concept can be accurately measured in a quantitative study" (Heale & Twycross, 2015:66). It measures the instrument and what it is designed to measure. The instruments used in this study are an existing emotional intelligence instrument and an existing instrument for compassion satisfaction. Schutte *et al.* (2009:133) indicated valid evidence of validity in the SSEIT instrument. The evident validity is convergent validity and divergent validity (Schutte *et al.*, 2009:133-135). Several previous research studies using Emotions Scales, such as Schutte (1998); Brackett and Mayer (2003); and Bastian, Burns and Nettelbeck (2005) indicated convergent validity. These studies' findings offer some proof of the reliability of the 'Assessing Emotions Scale', which was not the objective of this research study. The divergent validity of measures of emotional intelligence should ideally offer insight into adaptive emotional functioning that is distinct from that offered by other widely accepted ideas, such as adherence to social norms or critical personality traits. This research study offers insight into adaptive emotional functioning that is distinct from those offered by other widely accepted ideas, such as adherence to social norms or critical personality traits.

3.8 RESEARCH ETHICS

The topic of the study, assessing the relationship between emotional intelligence and compassionate satisfaction, focused only on the employees who provide caregiving services to vulnerable people and not the vulnerable people. The four main areas in which ethical principles are classified by Bryman and Bell (2014:120) are discussed below with respect to this research study:

- Harm to participants: There was no harm caused to respondents. The responses were completely anonymous, and no personal information was asked in the questionnaires. The researcher did not have any direct contact with the respondents. All the communication was controlled by the human resource representative of the organisation, and the researcher only received the responses online via Google Forms.
- Informed consent: Each respondent completed a consent form before completing the survey. The informed consent form was used to notify the respondents of the objectives of the

research study. They were also told that participating in the study was entirely up to them. Please see Annexure C for a copy of the informed consent form.

- Invasion of privacy: The research did not violate the privacy of the respondents since communication with the respondents took place using the organisation's designated work email addresses.
- Deception: Due to the research's clear and non-malicious objectives, deception is irrelevant to this study. The organisation's executive committee permitted the commencement of the research study. See Annexure A for the permission letter from the organisation.

Therefore, there are no ethical issues such as a conflict of interest because the organisation does not employ the researcher, and the researcher could not influence the respondents who answered the questionnaire. However, the organisation under investigation was used as the data source, and an unbiased human resource officer served as the gatekeeper. The researcher adhered to the code of conduct for researchers when conducting this study (Annexure D). The approved application for ethical clearance with ethics number NWU-00584-22-A4 is contained in Annexure E and was sought by the research ethics committee of the NWU Faculty of Economics and Management Sciences (EMS-REC).

3.9 DATA STORAGE AND MANAGEMENT

The electronic data of the respondents will be stored on a password-protected personal computer, safe from viruses, for analysis purposes, and this data will be erased after five years. Only the researcher has access to this computer, and only the researchers know the password and where the files are stored on the computer. After the collection of results on Google Forms, the results were downloaded, and the link was closed.

3.10 ELIMINATION OF BIAS

Bias was eliminated in the study through two strategies, namely the use of gender-neutral terminologies (male, female and other) and an expert to review coded data (Statistical Consultation Services of the University).

3.11 CHAPTER SUMMARY

Chapter 3 identified and explained the empirical research that was used during the research study. The identification and explanation were made using the research onion of Saunders *et al.* (2019:130). A positivist research philosophy was used with a deductive approach. The methodological choice was a mono-method quantitative choice with a cross-sectional survey strategy. Chapter 4 will explain and discuss the results of the obtained findings.

CHAPTER 4 RESULTS AND DISCUSSIONS OF FINDINGS

The empirical study described in Chapter 3 was used to collect the data supplied within this chapter to meet the study's objectives. The empirical research was composed of a survey questionnaire with three sections: section 1 collected demographic data, section 2 assessed trait emotional intelligence (SSEIT), and section 3 assessed compassionate satisfaction (ProQOL). The survey questionnaire's results are discussed and analysed in this chapter.

The sample size (n) comprised 85 caregiving employees in the Western Cape caregiving environment. The North-West University, Potchefstroom Campus' Statistical Consultation Services conducted the data analysis using the SPSS program (SPSS, 2022). The chapter summarises the demographic data, reports on the measurements' reliability, analyses the constructs measured in a descriptive and inferential way, and concludes with a summary. This chapter only contains data relevant to the study's objectives.

4.1 DEMOGRAPHIC INFORMATION

The empirical study acquired thorough demographic information on the group under examination. Utilising the respondents' age, gender, highest level of education, and occupations, the study's research issue and purpose were addressed.

4.1.1 Age group

The frequency and percentages of the various age groups are shown in the table below. Because one respondent chose not to answer the age group question, only 84 responses were used to infer and explain the age group data.

Table 4.1: Age group frequency table

Age group	Frequency	Percentage
20-29	27	32.1%
30-39	31	36.9%
40-49	17	20.2%
50-59	4	4.8%
60 +	5	6.0%

The survey questionnaire yielded 85 valid responses, but only 84 responded to the question regarding their age group, of which 32.1% were between the ages of 20 and 29, 36.9% were between the age of 30 and 39, 20.2% were between the age of 40 and 49, 4.8% were between

the age of 50 and 59, and 6.0% were 60 years of age or older. The age distribution of the respondents is represented visually in Figure 4.1.

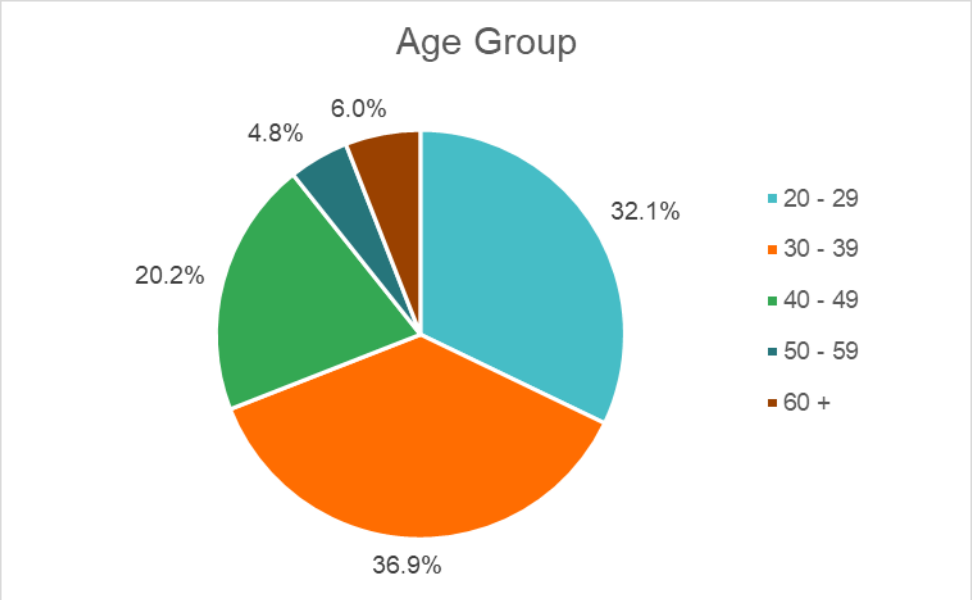

Figure 4.1: Age group distribution

4.1.2 Gender

The table below indicates the frequencies and percentages of the different gender groups. Only 84 responses were used to explain the gender groups within the data because one respondent chose not to answer the gender group question.

Table 4.2: Gender frequency table

Gender	Frequency	Percentage
Female	78	92.9%
Male	6	7.1%
Other	0	0.0%

Only 84 responded to the question about their gender; 92.9% of the respondents were females, and 7.1% were males. None of the respondents selected the 'Other' option. The gender distribution of the respondents is depicted graphically in the figure below.

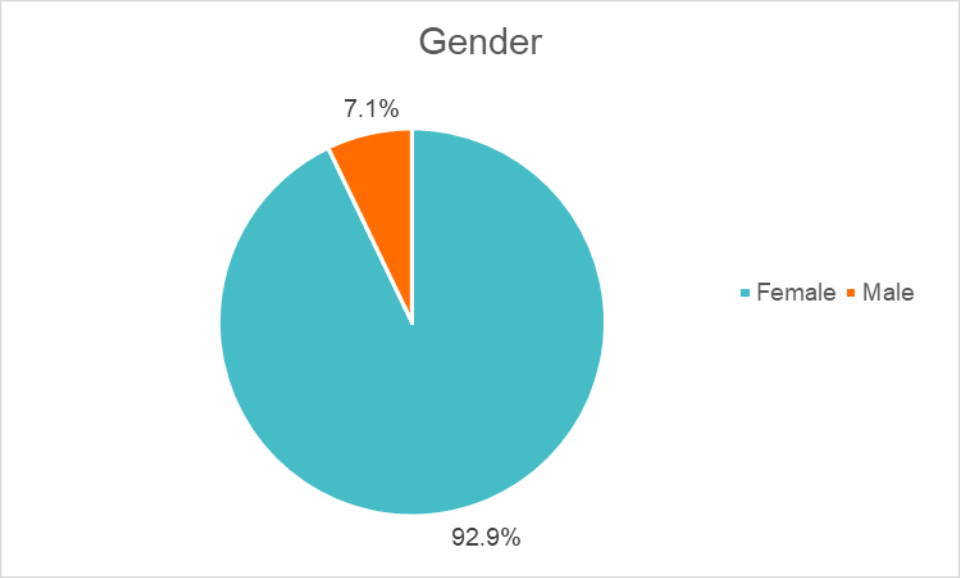

Figure 4.2: Gender distribution

4.1.3 Level of education

Nine educational levels were provided to determine the caregiving employees' education level. The table below indicates the frequencies and percentages of the different education levels. If a specific option is not reflected in the table, no respondent selected that option; therefore, the frequency is 0 ('PhD' and 'other').

Table 4.3: Level of education frequency table

Level of education	Frequency	Percentage
High school	54	63.5%
Certificate	9	10.6%
Diploma	5	5.9%
Bachelor's degree	6	7.1%
Honours degree	7	8.2%
Master's degree	3	3.5%
Prefer not to say	1	1.2%

Of the 85 responses, 63.5% indicated that they only completed high school as their highest level of education, 10.6% indicated that they had completed a certificate, 5.9% indicated that they completed a diploma, 7.1% indicated that they completed a bachelor's degree, 8.2% indicated that they had completed an honours degree, and 3.5% indicated that they completed a master's degree. One respondent preferred not to state his/her level of education. The figure below graphically shows the level of education distribution of the respondents.

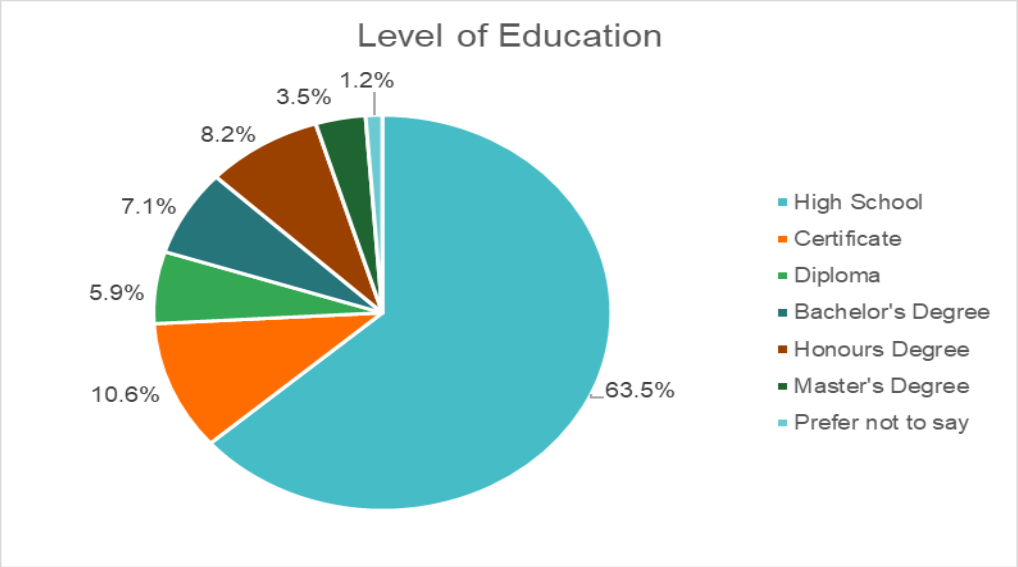

Figure 4.3: Level of education distribution

4.1.4 Occupational level

The organisation consists of different occupational levels under which the caregiving employees are situated. The occupational levels are as follows:

- Level 1: Managing director, leader
- Level 2: Operations, HR, finance
- Level 3: Dietician, trainer, clinical nurse, area manager, food service manager, chef
- Level 4: Supervisors, assistant food service manager, receptionist, administration and housekeeping managers
- Level 5: Cook, assistant cook, caregiver, storekeeper
- Level 6: General assistant, food service assistant, temporary employee

The table below indicates the frequencies and percentages of the different occupational levels.

Table 4.4: Occupational level frequency table

Occupational level	Frequency	Percentage (%)
Level 1: Managing director, leader	1	1.2%
Level 2: Operations, HR, finance	2	2.4%
Level 3: Dietician, trainer, clinical nurse, area manager, food service manager, chef	11	12.9%
Level 4: Supervisors, assistant food service manager, receptionist, administration, and housekeeping managers	5	5.9%
Level 5: Cook, assistant cook, caregiver, storekeeper	63	74.1%

Level 6: General assistant, food service assistant, temporary employee	3	3.5%

Of the 85 responses, 74.1% are situated in level 5, 12.9% are situated in level 3, 5.9% are situated in level 4, 3.5% in level 6, 2.4% in level 2, and 1.2% in level 1. Level 5 had the highest percentage because most respondents who completed the survey questionnaire were physical caregivers in the organisation. The distribution of respondents' occupations is depicted graphically in the figure below.

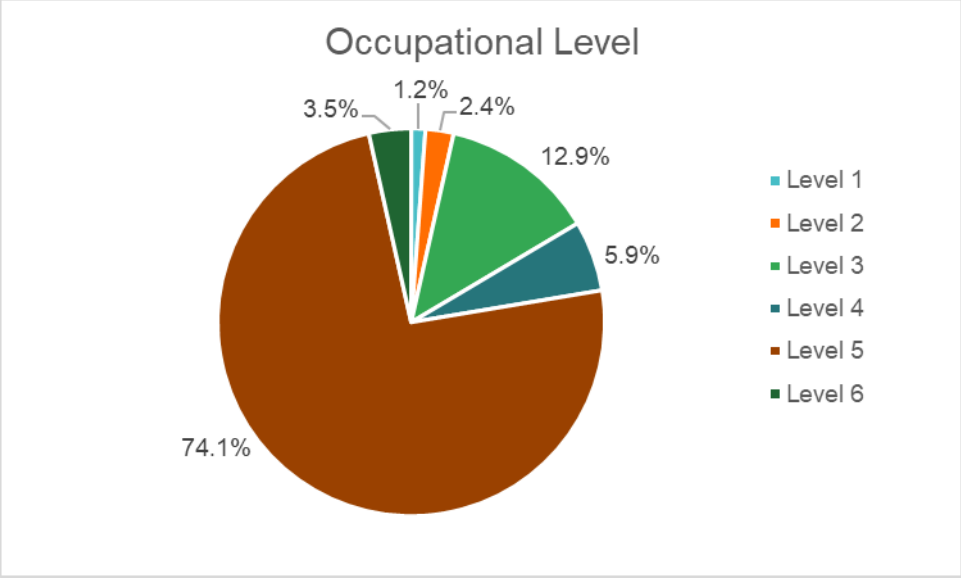

Figure 4.4: Occupation level distribution

4.2 DESCRIPTIVE STATISTICS

The two constructs measured in the study are emotional intelligence and the compassionate satisfaction of caregivers. The SSEIT was used to measure caregivers' trait emotional intelligence levels. The SSEIT measures four different constructs: perception of emotions, managing own emotions, managing others' emotions, and utilising emotions. The different constructs, together with the overall SSEIT, will be considered. The ProQOL was used to measure the compassionate satisfaction levels of caregivers. The construct scores of the SSEIT and ProQOL were determined by using the averages of all the statements within each construct.

The SSEIT and the ProQOL questionnaire used a five-point Likert scale. Therefore, for SSEIT, a mean score of less than 2.5 indicates a tendency for respondents to disagree with the statements within the applicable construct. A mean score of more than 2.5 suggests that respondents likely agree with the statements. For ProQOL, a mean score of less than 2.5 indicates a tendency for respondents to disagree with the applicable statement. A mean score of more than 2.5 suggests that respondents likely agree with the relevant statement. The mean value in the results below

serves as an overall indicator of the average answer for each construct; the higher the mean ($\bar{x}$), the greater the level of agreement for that construct. The standard deviation (σ) indicates the variance from the mean. A low standard deviation implies that the values measured typically fall within a small range of the mean, whereas a high standard deviation suggests that the values tested typically fall within a larger range of the mean.

The frequencies of the statements are illustrated in the tables below. The tables are divided into the different constructs of trait emotional intelligence and compassionate satisfaction. The tables also show the mean and standard deviation of each statement.

Table 4.5: Statement frequencies – Perceptions of emotions

Perception of emotions								
Statement	**n**	**# Strongly disagree**	**# Disagree**	**# Neither disagree nor agree**	**# Agree**	**# Strongly agree**	**Mean**	**Standard deviation**
E5	85	6	29	16	32	2	2.94	1.051
E9	85	0	5	27	44	9	3.67	0.746
E15	85	1	20	30	24	10	3.26	0.990
E18	85	1	18	25	31	10	3.36	0.986
E19	84	1	2	29	45	7	3.65	0.720
E22	85	0	2	15	60	8	3.87	0.593
E25	85	2	16	28	30	9	3.33	0.981
E29	85	1	24	33	23	4	3.06	0.891
E32	85	0	21	24	28	12	3.36	1.010
E33	85	8	25	19	32	1	2.92	1.049

Table 4.6: Statement frequencies – Managing own emotions

Managing own emotions								
Statement	**n**	**# Strongly disagree**	**# Disagree**	**# Neither disagree nor agree**	**# Agree**	**# Strongly agree**	**Mean**	**Standard deviation**
E2	85	0	1	21	54	9	3.84	0.614
E3	85	0	1	28	48	8	3.74	0.639
E10	84	0	5	29	37	13	3.69	0.806
E12	85	0	7	31	42	5	3.53	0.733
E14	84	0	1	9	63	11	4.00	0.538
E21	85	1	3	10	61	10	3.89	0.690
E23	85	0	1	24	49	11	3.82	0.658
E28	85	16	31	16	21	1	2.53	1.097
E31	85	0	1	25	51	8	3.78	0.624

Table 4.7: Statement frequencies – Managing others' emotions

Managing others' emotions								
Statement	**n**	**Strongly disagree**	**Disagree**	**Neither disagree nor agree**	**Agree**	**Strongly agree**	**Mean**	**Standard Deviation**
E1	85	0	1	9	55	20	4.11	0.618
E4	85	0	7	18	51	9	3.73	0.762
E11	85	2	30	21	26	6	3.05	1.022
E13	84	1	2	33	43	5	3.58	0.698
E16	85	0	0	30	42	13	3.80	0.687
E24	85	0	1	6	62	16	4.09	0.548
E26	85	0	5	46	31	3	3.38	0.654
E30	84	0	3	25	46	10	3.75	0.709

Table 4.8: Statement frequencies – Utilising emotions

Utilising emotions								
Statement	**n**	**# Strongly disagree**	**# Disagree**	**# Neither disagree nor agree**	**# Agree**	**# Strongly agree**	**Mean**	**Standard deviation**
E6	85	0	4	8	60	13	3.96	0.663
E7	84	0	14	38	28	4	3.26	0.793
E8	85	1	3	45	29	7	3.45	0.748
E17	85	0	2	21	50	12	3.85	0.681
E20	85	0	2	27	46	10	3.75	0.688
E27	85	0	10	45	25	5	3.29	0.753

The lowest mean was reported in statement E28, which stated, "When I am faced with a challenge, I give up because I believe I will fail". The mean was 2.53, and SD was 1.10; this means that respondents, on average, selected *disagree* or *neither disagree nor agree* for this specific statement. The highest mean was reported for E1, stating, "I know when to speak about my personal problems to others". The mean was 4.11, and SD was 0.62, indicating that respondents, on average, *agreed* with the statement.

Table 4.9: Statement frequencies – Compassionate satisfaction

Compassionate satisfaction								
Statement	**n**	**# Strongly disagree**	**# Disagree**	**# Neither disagree nor agree**	**# Agree**	**# Strongly agree**	**Mean**	**Standard deviation**
CS1	85	0	2	21	41	21	3.95	0.770
CS2	84	3	2	31	29	19	3.70	0.967
CS3	85	1	0	9	42	33	4.25	0.738
CS4	85	0	9	41	18	17	3.51	0.934
CS5	85	1	0	14	43	27	4.12	0.762
CS6	85	0	2	22	40	21	3.94	0.777
CS7	85	0	1	11	41	32	4.22	0.713
CS8	84	0	0	10	40	34	4.29	0.669
CS9	85	1	1	17	46	20	3.98	0.771
CS10	85	1	1	6	47	30	4.22	0.730
E27	85	0	10	45	25	5	3.29	0.753

The lowest mean was reported in statement CS4, which stated, “I am pleased with how I can keep up with caring techniques and protocols”. The mean was 3.51, and SD was 0.934; this means that respondents, on average, selected *neither disagree nor agree* regarding this specific statement. The highest mean was reported for CS8, stating, “I am proud of what I can do”. The mean was 4.29, and SD was 0.669, indicating that respondents, on average, *agreed* with the statement.

4.2.1 Emotional intelligence constructs’ descriptive results

The emotional intelligence of the carers is shown in the table below. The SSEIT assesses respondents’ subjective trait emotional intelligence levels across four subscales: *managing their own emotions, perception of emotions, utilising emotions,* and *managing others’ emotions*. The table below illustrates each subscale’s mean and standard deviation. The *total trait emotional intelligence*, a measurement of all the subscales taken together, is also shown.

Table 4.10: Emotional intelligence mean and standard deviation results

Construct	**Sample size (n)**	**Mean (x̄)**	**Std. deviation (σ)**
Perception of emotions	85	3.34	0.48
Managing own emotions	85	3.78	0.46
Managing others’ emotions	85	3.69	0.49
Utilising emotions	85	3.60	0.51
Total trait emotional intelligence	**85**	**3.55**	**0.41**

The table above illustrates that the trait emotional intelligence of caregiving employees is above average (*total trait emotional intelligence*: $\bar{x}$=3.55 and σ=0.41). Using the guideline of 2.5, as explained in the introduction of the section, the table above illustrates that the respondents, on average, *agreed* with the construct statements. The mean construct scores for each characteristic of emotional intelligence are shown graphically in the figure below.

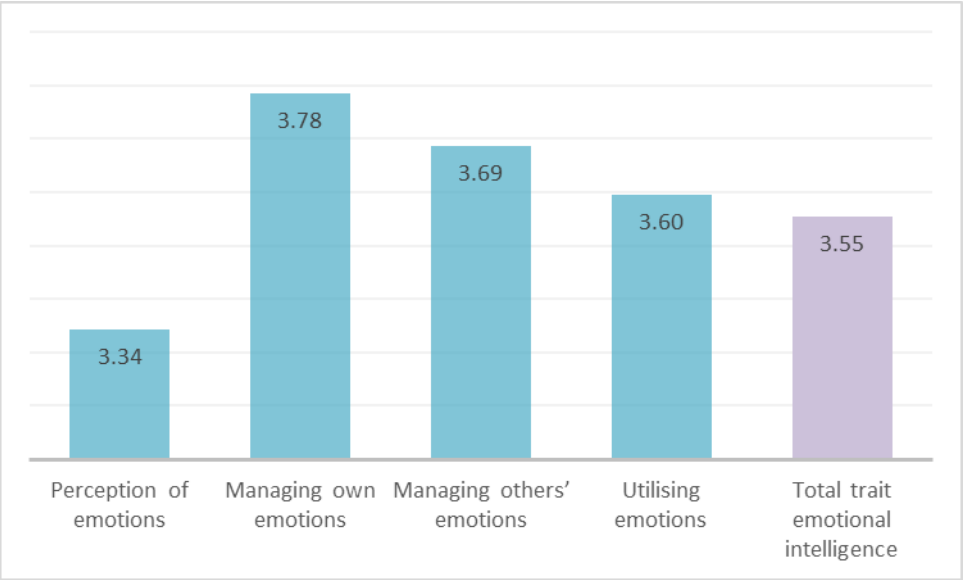

Figure 4.5: Emotional intelligence mean construct scores

The construct with the lowest mean construct score is the perception of emotions (mean = 3.34, SD = 0.48), which indicates that the respondents *neither agree nor disagree* with the constructs' statements. The construct with the highest mean is *managing own emotions* (mean = 3.78, SD = 0.46), which indicates that the respondents most likely *agreed* with the statements of the construct.

4.2.2 Compassionate satisfaction constructs descriptive results

The ProQOL measures the respondents' perceived levels of compassionate satisfaction. Table 4.11 illustrates the standard deviation and mean.

Table 4.11: Compassionate satisfaction mean and standard deviation results

Construct	Sample size (n)	Mean ($\bar{x}$)	Std. deviation (σ)
Compassionate satisfaction	85	4.02	0.61

The table above illustrates that the compassionate satisfaction of caregiving employees is below average (total compassionate satisfaction: $\bar{x}$=4.02 and σ=0.61). Using the guideline of 2.5, as explained in the introduction of the section, the table above illustrates that the respondents, on

average, *agreed* with the construct statements. This means that the caregiving employees indicated high levels of compassionate satisfaction, which means that they have greater satisfaction related to their ability to be effective caregiving employees.

4.3 RELIABILITY

The internal consistency and reliability of trait emotional intelligence (SSEIT) and the level of compassion satisfaction (ProQOL) were assessed using Cronbach's alpha. The following subsections present the findings from both questionnaires.

4.3.1 SSEIT reliability test

Cronbach's alpha values were obtained for the subscales measured within the SSEIT, which include the *perception of emotions, managing own emotions, managing others' emotions,* and *utilising emotions*. One of the statements was removed due to its negative impact on reliability (statement 28 – "When I am faced with a challenge, I give up because I believe I will fail"). The reliability test results are shown in the table below.

Table 4.12: SEIT reliability test

Construct	Statement	Cronbach's alpha
Perception of emotions	5, 9, 15, 18-19, 22, 25, 29, 32, 33.	0.70
Managing own emotions	2-3, 10, 12, 14, 21, 23, 31.	0.84
Managing others' emotions	1, 4, 11, 13, 16, 24, 26, 30.	0.82
Utilising emotions	6-8, 17, 20, 27.	0.80
Trait emotional intelligence (overall)	1-33	0.91

The constructs assessed by the SSEIT resulted Cronbach alpha values higher than 0.7. The overall trait emotional intelligence assessed by the SSEIT tested 0.91. According to Bryman and Bell (2014:38), a Cronbach alpha result of 0.8 and above implies an acceptable level of internal reliability; however, other researchers accept an alpha score as low as 0.7. Therefore, the trait emotional intelligence constructs have acceptable levels of internal reliability.

4.3.2 ProQOL reliability test

The Cronbach's alpha was calculated for compassionate satisfaction and is displayed in the table below.

Table 4.13: ProQOL reliability test

Construct	Statement	Cronbach's alpha
Compassionate satisfaction (overall)	1-10	0.92

The compassionate satisfaction construct by ProQOL's Cronbach alpha value is greater than 0.9. Therefore, the compassionate satisfaction construct has an acceptable level of internal reliability.

4.4 INFERENTIAL STATISTICS

This section will focus on the results from the t-test, the ANOVA test and the correlations that were done to achieve the study's objectives.

4.4.1 T-test

An independent t-test determines whether there is a difference between the means in two unrelated groups (Field, 2013:342). The tables below illustrate the t-test results on the constructs of trait emotional intelligence and the compassionate satisfaction construct. The first table tests the difference in means between the levels of education (high school against the other levels). The second table tests the difference in means of the occupational levels (levels 1-4 tested against levels 5-6).

Table 4.14: Level of education t-test

Level of education		N	Mean	Std. deviation	p-value	Effect size
Emotional intelligence: Perception of emotions	High school	54	3.23	0.45	0.002	0.73
	Other	30	3.56	0.45		
Emotional intelligence: Managing own emotions	High school	54	3.67	0.46	0.000	0.73
	Other	30	4.01	0.37		
Emotional intelligence: Managing others' emotions	High school	54	3.61	0.49	0.030	0.49
	Other	30	3.85	0.46		
Emotional intelligence: Utilising emotions	High school	54	3.49	0.47	0.010	0.59
	Other	30	3.80	0.52		
Emotional intelligence (overall)	High school	54	3.46	0.41	0.001	0.67
	Other	30	3.74	0.34		
Compassionate satisfaction (overall)	High school	54	3.95	0.56	0.144	0.32
	Other	30	4.17	0.69		

Since an available sample rather than a random sample was utilised, the p-values are presented for completeness but were not interpreted. Therefore, the interpretations will be based on the effect sizes. Effect sizes reveal the significance of a relationship between variables or the distinction between groups. It highlights the relevance of a study's finding to real-world problems (Bhandari, 2020b). Large effect sizes indicate practical significance difference, whereas small effect sizes indicate no practical significance difference. The guidelines used are 0.2, indicating no significant differences, 0.5 indicates visible differences, and 0.8 indicates significant differences. For example, 0.48 would be a medium or visible difference, since it is nearly 0.5.

Based on the reported effect size (d = 0.73), there is a practically significant difference in the means of the respondents with only a high school education vs those with other education regarding the perception of emotions construct. On average, the respondents with a high school education (mean = 3.23, SD = 0.45) *neither disagreed nor agreed* with the statements within this construct. The other respondents (mean = 3.56, SD = 0.45) lean more toward *agreeing* with the statements. This reflects that the respondents with higher educational levels than high school indicated higher levels of perception of emotions.

Based on the reported effect size (d = 0.73), there is a practically significant difference in the means of the respondents with only a high school education vs those with other education regarding managing their own emotions construct. On average, the respondents with a high school education (mean = 3.67, SD = 0.46) *neither disagreed nor agreed* with the statements within this construct. The other respondents (mean = 4.01, SD = 0.37) lean more toward *agreeing* with the statements. This reflects that the respondents with higher educational levels than high school indicated higher levels of managing their own emotions.

Based on the reported effect size (d = 0.49), there is a practically visible significant difference in the means of the respondents with only a high school education vs those with other education regarding the managing others' emotions construct. On average, the respondents with a high school education (mean = 3.61, SD = 0.49) *neither disagreed nor agreed* with the statements within this construct. The other respondents (mean = 3.85, SD = 0.46) lean more toward *agreeing* with the statements. This reflects that the respondents with higher educational levels than high school indicated higher levels of managing others' emotions.

Based on the reported effect size (d = 0.67), the difference in the means of the respondents with only a high school education vs those with other education regarding the overall trait emotional intelligence construct is leaning towards being practically significant. On average, the respondents with a high school education (mean = 3.46, SD = 0.41) *neither disagreed nor agreed*, leaning towards *agreeing* with the statements within this construct. The other respondents (mean

= 3.74, SD = 0.34) lean towards *agreeing* with the statements. This reflects that the respondents with educational levels higher than high school showed higher levels of trait emotional intelligence.

Table 4.15: Occupational level t-test

Occupational level		N	Mean	Std. deviation	p-value	Effect size
Emotional intelligence: Perception of emotions	Level 1-4	19	3.55	0.32	0.006	0.55
	Level 5-6	66	3.28	0.50		
Emotional intelligence: Managing own emotions	Level 1-4	19	3.95	0.26	0.014	0.44
	Level 5-6	66	3.74	0.49		
Emotional intelligence: Managing others' emotions	Level 1-4	19	3.81	0.43	0.188	0.31
	Level 5-6	66	3.65	0.50		
Emotional intelligence: Utilising emotions	Level 1-4	19	3.70	0.55	0.335	0.25
	Level 5-6	66	3.57	0.49		
Emotional intelligence (overall)	Level 1-4	19	3.70	0.31	0.045	0.43
	Level 5-6	66	3.51	0.42		
Compassionate satisfaction (overall)	Level 1-4	19	4.14	0.70	0.406	0.21
	Level 5-6	66	3.99	0.58		

Based on the reported effect size (d = 0.55), there is a practically visible difference in the means of the respondents classified in occupation levels 1 to 4 vs those classified in occupation levels 5 to 6 regarding the perception of emotions factor. On average, the respondents classified in occupation levels 1 to 4 (mean = 3.55, SD = 0.32) leaned towards *agreeing* with the statements within this factor. The other respondents (mean = 3.28, SD = 0.50) *neither disagreed nor agreed* with the statements. This reflects that the respondents classified in occupational levels 1 to 4 indicated higher levels regarding the perception of emotions than the occupational levels 5 to 6.

4.4.2 ANOVA

Like the t-test, ANOVA tests the significant difference between data groups, but for more than two groups, in this case, the different age groups (Field, 2013:349). The table below illustrates the ANOVA results of the constructs of the trait emotional intelligence scale as well as the compassionate satisfaction scale's construct.

Table 4.16: ANOVA

		N	Mean	Std. deviation	p-value (ANOVA)	p-value (Welch)	Effect sizes	
							20-29 with....	30-39 with...
Emotional intelligence: Perception of emotions	20-29	27	3.38	0.53	0.842	0.816	0.13	
	30-39	31	3.31	0.37			0.03	0.10
	40+	26	3.36	0.55				
	Total	84	3.35	0.48				
Emotional intelligence: Managing own emotions	20-29	27	3.84	0.45	0.666	0.699	0.08	
	30-39	31	3.80	0.43			0.22	0.15
	40+	26	3.73	0.51				
	Total	84	3.79	0.46				
Emotional intelligence: Managing others' emotions	20-29	27	3.77	0.54	0.609	0.647	0.19	
	30-39	31	3.67	0.43			0.24	0.05
	40+	26	3.64	0.51				
	Total	84	3.69	0.49				
Emotional intelligence: Utilising emotions	20-29	27	3.73	0.52	0.237	0.246	0.43	
	30-39	31	3.52	0.48			0.33	0.09
	40+	26	3.56	0.52				
	Total	84	3.60	0.51				
Emotional intelligence (overall)	20-29	27	3.63	0.41	0.593	0.596	0.23	
	30-39	31	3.53	0.34			0.21	0.01
	40+	26	3.53	0.48				
	Total	84	3.56	0.41				
Compassionate satisfaction (overall)	20-29	27	4.10	0.60	0.547	0.658	0.09	
	30-39	31	4.05	0.40			0.22	0.16
	40+	26	3.92	0.81				
	Total	84	4.03	0.61				

The p-values are included for completeness, but as an availability sample rather than a random sample was utilised, they were not interpreted. Therefore, the interpretations will be based on the effect sizes. Effect sizes indicate how meaningful the relationship between variables is or the difference between groups. It indicates the practical significance of a research outcome (Bhandari, 2020b). Large effect sizes indicate practical significance, whereas small effect sizes indicate no practical significance. The guidelines used are 0.2 small indicates no practically significant difference, 0.5 medium indicates a practically visible difference, and 0.8 large indicates a practically significant difference. For example, 0.48 would be a medium or practical visible difference since it is close to 0.5. Based on the reported effect sizes in the table above (d = 0.01-

0.43), there are no practically significant differences between the means of the different age groups.

4.4.3 Correlations

The following paragraphs and tables provide the information needed to ascertain and analyse the association between the trait emotional intelligence and compassionate satisfaction. The relationships between these constructs are measured in various ways – a perspective that provides an accurate correlation measure. Spearman's correlation coefficient was used to calculate the correlation. Spearman's correlation coefficient is a standardised measure of the strength of the relationship between two variables that do not rely on the assumptions of a parametric test (Field, 2013:794).

4.4.3.1 Correlations between the mean scores of the trait emotional intelligence constructs and the compassionate satisfaction construct

The Spearman's correlation coefficient (Rho-value) calculated between the various subscales of the trait emotional intelligence constructs and the compassionate satisfaction construct are shown in the table below.

Table 4.17: Correlation coefficients between the trait emotional intelligence constructs and the compassionate satisfaction construct

Construct		Compassionate satisfaction
Perception of emotions	Correlation coefficient	0.590
	p-value	0.000
Managing own emotions	Correlation coefficient	0.633
	p-value	0.000
Managing others' emotions	Correlation coefficient	0.682
	p-value	0.000
Utilising emotions	Correlation coefficient	0.616
	p-value	0.000
Trait emotional intelligence (overall)	Correlation coefficient	0.701
	p-value	0.000

The p-values are reported for completeness but were not interpreted since an availability sample was used instead of a random sample. "A correlation coefficient of +1 indicates a perfect positive relationship, a correlation coefficient of −1 indicates a perfect negative relationship, and a correlation coefficient of 0 indicates no linear relationship" (Field, 2013:173).

Table 4.17 illustrates a relatively strong positive linear relationship between the mean scores of caregivers' trait emotional intelligence constructs and the mean score of the compassionate satisfaction construct. The correlations between the trait emotional intelligence constructs and the compassionate satisfaction construct were all practically significant, with the correlation coefficients ranging between 0.590 and 0.616. The lowest correlation coefficient was 0.590, measured between the *perception of emotions* and *compassionate satisfaction*. The highest correlation was 0.682, measured between *managing own emotions* and *compassionate satisfaction*. These positive correlations indicate that compassionate satisfaction will most likely also increase as the trait emotional intelligence increases. The positive correlation between the management of a person's emotions and compassionate satisfaction indicates that when an individual has the ability to manage his/her own emotions it will positively impact their compassionate satisfaction levels. This is also a good indicator for the company because employees who can manage their emotions will have a much higher level of compassionate satisfaction in their work environment.

4.5 CHAPTER FINDINGS AND SUMMARY

The research method mentioned and explained in Chapter 3 was used to produce the findings examined in this chapter. The sample size consisted of 85 valid responses used in the data analysis. The Statistical Consultation Services of the North-West University, Potchefstroom Campus, analysed the results using the IBM SPSS Statistics Version 27 program. The demographic data was presented and used to establish the study's objective.

Regarding the demographic information, most respondents were between the ages of 30 and 39. Most respondents were females working in occupational level 5, consisting of cooks, assistant cooks, caregivers and storekeepers. This occupational level is the most populated because mostly physical caregivers were asked to complete the questionnaire. The level of education that scored the most was the high school level.

In terms of the descriptive statistics, all the emotional intelligence constructs, including the overall trait emotional intelligence and the compassion satisfaction constructs, indicated above-average mean scores.

The reliability measures (Cronbach's alpha) were also offered for each measurement instrument. Acceptable levels of internal consistency are attested by each research instrument (SSEIT > 0.91, ProQOL > 0.92). According to Bryman and Bell (2014:38), a Cronbach alpha result of 0.8 and above implies an acceptable level of internal reliability.

The correlation analysis was provided, which calculated the relationship between the trait emotional intelligence and compassionate satisfaction constructs. According to Spearman's correlation coefficient (Rho=0.701), a clear and strong linear relationship exists between the caregivers' compassionate satisfaction and trait emotional intelligence levels. It is essential for management to consider using this questionnaire when the caregivers are identified. Caregivers with higher levels of trait emotional intelligence will also have higher levels of compassionate satisfaction.

In chapter one, the study's hypotheses were outlined as follows:

- H1: No relationship exists between caregiving employees' emotional intelligence and compassionate satisfaction.
- H2: Caregiving employees' emotional intelligence is positively correlated with their compassionate satisfaction.

Chapter 4 indicated a strong positive relationship between caregiving employees' trait emotional intelligence and compassion satisfaction. Therefore H1 can be rejected, and H2 was confirmed by the research study.

The literature chapter provided evidence of previous studies that revealed a positive relationship between emotional intelligence and compassion satisfaction. The study of Kafetsios and Zampetakis is one of the studies that revealed that employees with higher emotional intelligence would most likely experience an increase in compassion satisfaction. The study of Sy, Tram and O'hara also revealed a positive relationship between emotional intelligence and compassion satisfaction. They further explained that if one is aware of both the positive and negative elements of one's emotions will enable individuals to act appropriately, leading to an improvement in compassion satisfaction. The study's results, explained in the chapter, also confirmed the positive relationship between emotional intelligence and compassion satisfaction.

CHAPTER 5 CONCLUSIONS, MANAGERIAL IMPLICATIONS AND RECOMMENDATIONS

The study's primary objective was to assess the relationship between employees' emotional intelligence and compassionate satisfaction in a caregiving environment. In Chapter 2, an extensive literature review was done, including background information supporting this assessment's need. The results of the literature review indicate that the emotional intelligence of caregivers does influence their level of compassionate satisfaction. The empirical research, which outlined the approach taken to address the study's objectives, was discussed in Chapter 3. The information needed to achieve the objectives of this research study was provided by the results of the empirical investigation described in Chapter 4.

The conclusions drawn from the empirical study are presented in this last chapter. This chapter covers the following issues: recommendations, evaluation of the study's objectives, limitations on the research, and ideas for future research.

5.1 CONSTRUCT CONCLUSION

Based on the findings of the SSEIT and the ProQOL, the following conclusions might be drawn.

5.1.1 Trait emotional intelligence

The trait emotional intelligence of caregiving employees turns out to be above average. The construct that scored the lowest was the perceptions of emotions construct, which means that the caregiving employees' capacity to recognise and interpret emotions is not high. The construct that scored the highest was managing their own emotions, which means that the caregivers have an excellent ability to manage their own emotions, including the unpleasant ones and use these emotions to further desired objectives.

5.1.2 Compassionate satisfaction

The compassionate satisfaction levels of the caregiving employees within the Western Cape environment are relatively high. The compassionate satisfaction levels of the caregiving employees scored better than the trait emotional intelligence levels. This means that they have greater satisfaction related to their ability to be effective caregiving employees.

5.1.3 Correlation between constructs

The study's main goal was to determine how compassionate satisfaction in a caring environment and employees' emotional intelligence correlated. The results made it possible to determine the

correlation between the components assessed by the SSEIT and ProQOL. The relationship between caregivers' emotional intelligence and their sense of compassionate satisfaction was strongly linear, according to Spearman's correlation coefficient. This suggests that those who provide care have higher levels of trait emotional intelligence and are more compassionately satisfied. The attribute emotional intelligence concept of managing others' emotions and the compassionate satisfaction of carers were shown to have the most vital link. The other constructs of trait emotional intelligence also indicated high correlations towards the compassionate satisfaction levels of caregivers. The highest correlation was identified between the overall trait emotional intelligence and the compassionate satisfaction of caregiving employees. Therefore, it can be concluded that caregiving employees' emotional intelligence positively affects their compassion satisfaction levels, and this was also confirmed by the literature review where previous studies were examined.

5.2 ASSESSMENT OF THE RESEARCH OBJECTIVES AND HYPOTHESIS

The paragraphs that follow provide an evaluation of the research objective and hypotheses. Each of the objectives and hypotheses listed in section 1.4 is evaluated; the results of this evaluation will show whether the study was successful.

5.2.1 Primary research objective

The study's primary objectives were:

- To assess the relationship between caregiving employees' emotional intelligence and compassionate satisfaction in the Western Cape caregiving environment.

This study's primary research objective was successfully assessed. Caregivers' trait emotional intelligence and compassionate satisfaction have a significant linear relationship (correlation).

5.2.2 Secondary research objectives

The study's secondary objectives were:

- To assess caregiving employees' emotional intelligence in a caregiving environment.
- To assess caregiving employees' compassionate satisfaction in service delivery in a caregiving environment.
- To determine 'whether compassionate satisfaction is positively related to emotional intelligence.

5.2.3 Hypotheses

The study's hypotheses were:

- H1: No relationship exists between caregiving employees' emotional intelligence and compassionate satisfaction.
- H2: Caregiving employees' emotional intelligence is positively correlated with their compassionate satisfaction.

Because of the positive correlation between caregivers' trait emotional intelligence and compassionate satisfaction, H1 can be rejected, and H2 will be kept.

5.3 MANAGERIAL IMPLICATIONS

The main benefit of the study is to indicate to management that trait emotional intelligence and compassion satisfaction are correlated with one another. For the organisation, this means that if employees have high levels of emotional intelligence, their compassion satisfaction levels will also be higher. For a caregiving organisation, it will be beneficial to employ caregivers with high emotional intelligence levels because this will, in turn, ensure that the caregivers are more satisfied with their work, which can lead to better success and performance of the organisation.

5.4 RECOMMENDATIONS

Management must realise that the compassion satisfaction of caregiving employees will increase if they are emotionally intelligent. It is recommended that management invests in caregiving employees' trait emotional intelligence by increasing it through training. If the caregiving employees' trait emotional intelligence increases, this will increase the compassion satisfaction levels of the caregiving employees, and, in turn, this will improve the service delivery by caregivers. A training needs analysis must be conducted first.

It is recommended to identify whether the trait emotional intelligence and compassion satisfaction levels can be correlated to the performance of the caregiving environment. If it does, management should provide the opportunity to develop the caregivers' emotional intelligence, which will lead to higher compassion satisfaction and probably the organisation's performance as a whole.

From the results, it is evident that most of the caregivers only completed education at high school level. It is recommended that management motivate these caregivers to continue their studies to enhance caregiving. The organisational management can also support caregivers financially to continue with further education.

5.5 LIMITATIONS

Limitations to the study:

- For the measurement instruments for emotional intelligence, the use of most instruments is accompanied by costs, or the necessary permission needs to be sought. Finding the right measuring instrument to use in the study was challenging.
- The sample size was too small, and a bigger sample size would have given much better and more reliable results.

5.6 SUGGESTED FUTURE RESEARCH

Future research in the following areas has been identified throughout this study:

- The sample size for future research investigations should be increased. The sample size should include a sufficient number of samples to provide accurate and trustworthy results.
- Future research studies should investigate compassion fatigue as another construct, along with emotional intelligence and compassionate satisfaction. This can also be interesting because compassion satisfaction and compassion fatigue form part of individuals' professional quality of life, as explained in Chapter 2. Therefore, a relationship assessment between caregivers' emotional intelligence, compassion satisfaction and compassion fatigue or a relationship assessment between caregivers' emotional intelligence and professional quality of life is suggested.
- It is suggested that future studies should investigate the relationship between caregiving employees' emotional intelligence and compassionate satisfaction in all the provinces.

5.7 CONCLUSION

The study illustrated that trait emotional intelligence and compassion satisfaction of caregiving employees are positively correlated. In chapter one, a brief outline of the study was provided together with the background, problem statement, study objectives and hypothesis of the study. Chapter two provided an in-depth literature review of the topics of emotional intelligence and compassion satisfaction and revisited previous research studies on these topics. In chapter two, it was also evident from previous studies that there is an existing positive relationship between emotional intelligence and compassion satisfaction. Chapter three provided an in-depth explanation of the empirical research of the study. Chapter four illustrates and explains the results and findings of the research instruments. Chapter five concluded the study and indicated that trait emotional intelligence and compassion satisfaction have a strong positive linear relationship.

Previous studies reviewed in the literature chapter indicated that there is a positive relationship between trait emotional intelligence and compassion satisfaction. However, the outcome of this study also illustrated a strong linear relationship between trait emotional intelligence and compassion satisfaction of caregiving employees in a caregiving environment. Therefore it indicates that caregivers' emotional intelligence positively correlates with the levels of compassion satisfaction.

In the current post-Covid-19 pandemic global world, where more people suffer from stress and strain, caregiving work is escalating. This study thus emphasises that caregiving employees need to be well prepared and especially aware of both positive and negative elements of their emotions, enabling them to act appropriately and ultimately improve their compassion satisfaction. Employees who use characteristics of trait emotional intelligence in their day-to-day work will feel competent and satisfied in their jobs, which is especially important in a caregiving environment.

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ANNEXURE A: COMPANY PERMISSION LETTER

GERATEC
GERALEARN GERASERVE GERACONSULT

YOUR QUALITY of life partner

03.02.22

To whom it may concern

This serves as consent for student Liana Lensing to perform a study within GERATEC, with our care partners at Langverwag, Stellenbosch, as part of her research project/ mini dissertation.

Should you require any further information, please do not hesitate to contact me.

Regards,

Kaye Mostert
HR Manager
GERATEC

Tel: (021) 461 3820 • Fax: (021) 447 0102
Email: info@geratecza.com

Baker Square M04, Unit 103, 104 & 105, 14 De Beers Avenue, Paardevlei, Somerset West,7130
PO Box 5342, Tygervalley, 7536

GERACARE (Pty) Ltd t/a GERATEC
Registration number:2002/002110/07

Directors: R.A. Stroebel, B.D. Bailey CA (SA)

www.geratecza.com

ANNEXURE B: DATA COLLECTION INSTRUMENT

QUESTIONNAIRE: Trait Emotional Intelligence and Compassionate Satisfaction

SECTION A: DEMOGRAPHICAL INFORMATION

The following information is needed to help with the descriptive statistical analysis of the data where applicable. The purpose of collecting the data is not to discriminate, but to form a profile of the respondents in the participating organisation.

Please chose the applicable answer.
You can choose not to answer any of the three questions below without being penalised.

1. **Age group:**
   - ☐ 20 – 29
   - ☐ 30 – 39
   - ☐ 40 – 49
   - ☐ 50 – 59
   - ☐ 60 +

2. **Gender:**
   - ☐ Male
   - ☐ Female
   - ☐ Other

3. **Highest level of education:**
   - ☐ High school
   - ☐ Certificate
   - ☐ Diploma
   - ☐ Bachelor's Degree
   - ☐ Honours Degree
   - ☐ Master's Degree
   - ☐ Ph.D
   - ☐ Other
   - ☐ Prefer not to say

4. Indicate your occupational level?

(Please mark the applicable block with a cross in the last row)

Occupational level	Description	
Level 1	Managing director, leader	
Level 2	Operations, HR, Finance	
Level 3	Dietician, Trainer, Clinical nurse, Area Managers, Foodservice Manager, Chef	
Level 4	Supervisors, Assistant Food Service Manager, Receptionist, Administration, House-keeping Managers	
Level 5	Cook, Assistant Cook, Caregiver, Store-keeper	
Level 6	General Assistant, Foodservice assistant, Temporary employee	

SECTION B: TRAIT EMOTIONAL INTELLIGENCE

Emotional Intelligence is the ability to manage both your own emotions and understand the emotions of people around you.

The purpose of section B is to determine the emotional intelligence of respondents in the organisation. Please read every statement thoroughly and decide how you feel before selecting. Please make sure you answer ALL the statements to ensure the reliability of the study. There are no wrong answers, and you cannot be identified from the answers you give.

Please choose the answer most applicable to you:

1 Strongly Disagree	2 Disagree	3 Neither disagree nor agree	4 Agree	5 Strongly Agree

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

17.	When I am in a positive mood, solving problems is easy for me	1	2	3	4	5
18.	By looking at their facial expressions, I recognize the emotions people are experiencing	1	2	3	4	5
19.	I know why my emotions change	1	2	3	4	5
20.	When I am in a positive mood, I am able to come up with new ideas	1	2	3	4	5
21.	I have control over my emotions	1	2	3	4	5
22.	I easily recognize my emotions as I experience them	1	2	3	4	5
23.	I motivate myself by imagining a good outcome to tasks I take on	1	2	3	4	5
24.	I compliment others when they have done something well	1	2	3	4	5
25.	I am aware of the non-verbal messages other people send	1	2	3	4	5
26.	When another person tells me about an important event in his or her life, I almost feel as though I have experienced this event myself	1	2	3	4	5
27.	When I feel a change in emotions, I tend to come up with new ideas	1	2	3	4	5
28.	When I am faced with a challenge, I give up because I believe I will fail*	1	2	3	4	5
29.	I know what other people are feeling just by looking at them	1	2	3	4	5
30.	I help other people feel better when they are down	1	2	3	4	5
31.	I use good moods to help myself keep trying in the face of obstacles	1	2	3	4	5
32.	I can tell how people are feeling by listening to the tone of their voice	1	2	3	4	5
33.	It is difficult for me to understand why people feel the way they do*	1	2	3	4	5

SECTION C: COMPASSION SATISFACTION

Compassionate satisfaction is the pleasure and satisfying feeling that comes from helping others.

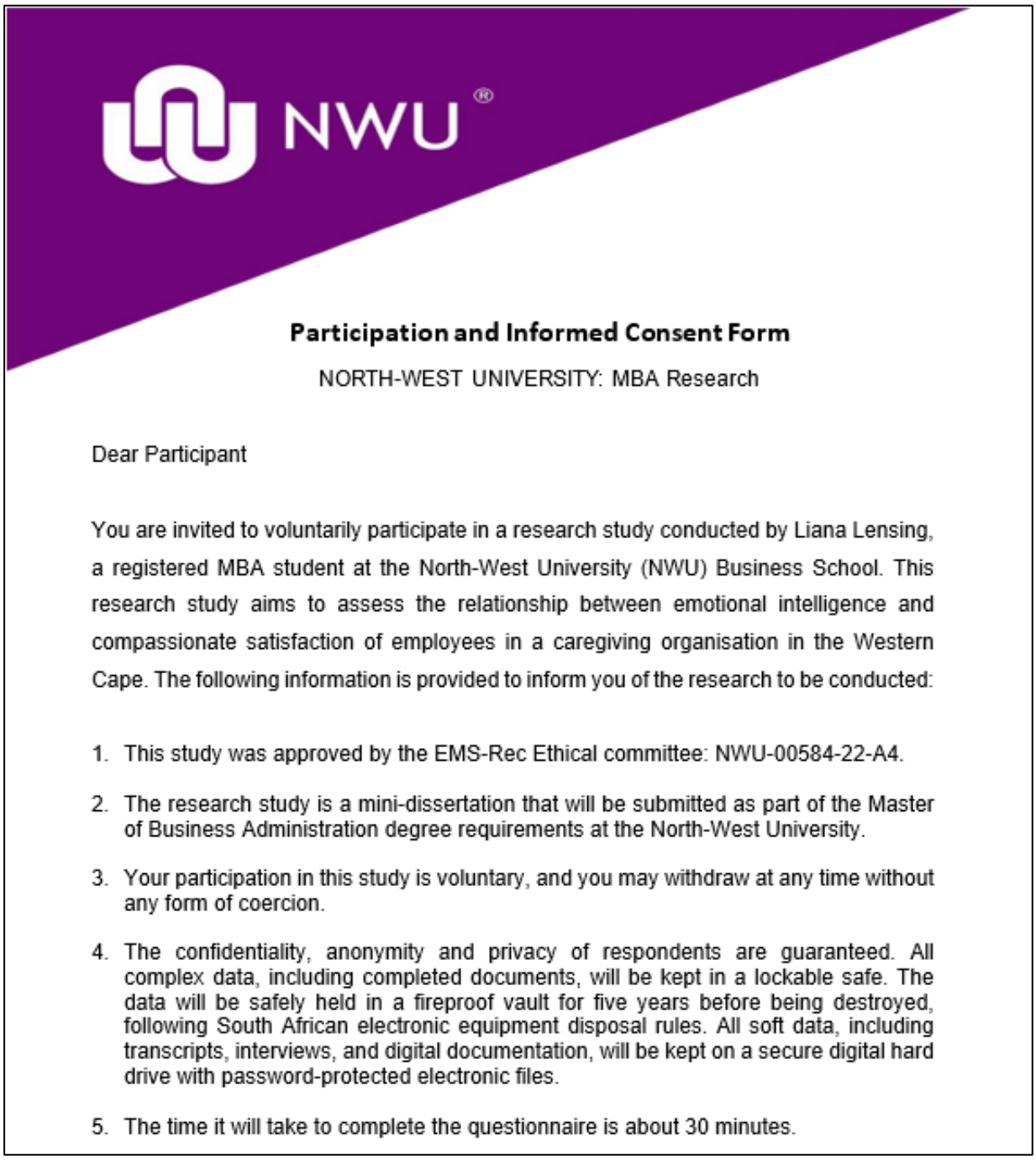
The purpose of section C is to determine the compassionate satisfaction of respondents in the organisation. Please read every statement thoroughly and decide how you feel before selecting. Please make sure you answer ALL the statements to ensure the reliability of the study. There are no wrong answers, and you cannot be identified from the answers you give.

1 Never	2 Rarely	3 Sometimes	4 Often	5 Very Often

	STATEMENT	SCALE				
1.	I get satisfaction from being able to help people.	1	2	3	4	5
2.	I feel energised after working with those I help.	1	2	3	4	5
3.	I like my work as a caregiver/care partner.	1	2	3	4	5
4.	I am pleased with how I can keep up with caring techniques and protocols.	1	2	3	4	5
5.	My caregiving work makes me feel satisfied.	1	2	3	4	5
6.	I have happy thoughts and feelings about those I care for and how I could help them.	1	2	3	4	5
7.	I believe I can make a difference through my work.	1	2	3	4	5
8.	I am proud of what I can do.	1	2	3	4	5
9.	I have thoughts that I am a "success" caregiver.	1	2	3	4	5
10.	I am happy that I chose to do this work.	1	2	3	4	5

Thank you for completing the questionnaire.

ANNEXURE C: INFORMED CONSENT FORM



Participation and Informed Consent Form

NORTH-WEST UNIVERSITY: MBA Research

Dear Participant

You are invited to voluntarily participate in a research study conducted by Liana Lensing, a registered MBA student at the North-West University (NWU) Business School. This research study aims to assess the relationship between emotional intelligence and compassionate satisfaction of employees in a caregiving organisation in the Western Cape. The following information is provided to inform you of the research to be conducted:

1. This study was approved by the EMS-Rec Ethical committee: NWU-00584-22-A4.
2. The research study is a mini-dissertation that will be submitted as part of the Master of Business Administration degree requirements at the North-West University.
3. Your participation in this study is voluntary, and you may withdraw at any time without any form of coercion.
4. The confidentiality, anonymity and privacy of respondents are guaranteed. All complex data, including completed documents, will be kept in a lockable safe. The data will be safely held in a fireproof vault for five years before being destroyed, following South African electronic equipment disposal rules. All soft data, including transcripts, interviews, and digital documentation, will be kept on a secure digital hard drive with password-protected electronic files.
5. The time it will take to complete the questionnaire is about 30 minutes.

6. The questionnaire comprises three sections: A. Demographics, B. Emotional Intelligence and C. Compassionate Satisfaction. There will only be three demographic questions - age, gender and occupational level, to help build the organisation's profile. The demographic information will not be used to compare groups and will not be used for further analysis. As a result of this, you grant consent to the processing of certain personal information provided by you in terms of section 18 of the POPI Act.

7. The researcher will use the Statistical Consultation Services Department at the NWU to assist with data analysis. The data will be kept safe with a password, and it will be destroyed after five years.

8. The data obtained through the questionnaire will only be accessible to the researcher, supervisor and statistician and will be used for this MBA research study and academic publications.

9. The online link to the questionnaire will be sent to you via email through your organisation's human resource department. After completing the questionnaire, the "submit" button should be clicked, which will send the anonymous data directly to the researcher because no personal information to identify you will be available.

If you have any questions, you can contact the research supervisor, Prof Yvonne du Plessis at yvonne.duplessis@nwu.ac.za or the researcher Liana Lensing, 076 494 9525 or at 24988774@nwu.ac.za

I, the participant, confirm that I have read and comprehended the Informed Consent conditions mentioned above, give my consent, and agree to the content above by ticking the consent box below.

☐ I give consent that I have read and agree to the content.

Signature: ..... **Date:** .....

We Thank you.

ANNEXURE D: ETHICAL CONDUCT DECLARATION

CODE OF CONDUCT FOR RESEARCHERS

This code of conduct is applicable to all NWU researchers.

As a researcher of the North-West University (NWU), I subscribe to the rules of the NWU Institutional Research Ethics Regulatory Committee (IRERC), all applicable policies of the NWU as well as all national and international laws and regulations applicable to my field of study. Furthermore, I commit myself to abide by the ethical principles and responsibilities as set out in the Singapore statement on Research Integrity (22 September 2010), in any and all research endeavours that I undertake as a researcher of the NWU.

The four major principles of research integrity to which I will adhere and that will guide my research are:

- Honesty in all aspects of research
- Accountability in the conduct of research
- Professional courtesy and fairness in working with others
- Good stewardship of research on behalf of others

Consequently I will also adhere to the following ethical responsibilities:

1. I will take responsibility for the originality and trustworthiness of my research.

2. I will stay abreast of and adhere to all institutional, national, and international laws, regulations, and policies applicable and related to my research.

3. I will at all times employ appropriate research methods, base my conclusions on critical analysis of the evidence and report my findings and interpretations fully and objectively.

4. I will keep clear and accurate records of all research that I have conducted in a manner that will allow verification and replication of my work by others, if applicable.

5. I will, where applicable, share my data and findings openly and promptly, in line with external funding rules. This will be done as soon as possible after I have had an opportunity to establish priority and ownership claims.

6. I will take responsibility for my own contributions to publications, funding applications, reports and other representations of my research. I will also and only include authors who meet valid authorship criteria.

7. I will acknowledge the names and roles of those who made significant contributions to my research in publications, including writers, funders, sponsors, and others, but do not meet authorship criteria.

8. In my peer reviews, I will provide fair, prompt and rigorous evaluations and I will respect confidentiality when I review others' work.

9. I will disclose all conflicts of interest (financial and other) that could compromise the trustworthiness of my work in research proposals, publications, public communications, and in review activities.

10. When I publically address a community in the spirit of academic freedom, I will in all stages base my professional comments on research findings (if applicable) and my expertise. I will distinguish between professional comments and opinions based on personal views.

11. Should any irresponsible research practices and/or research misconduct become known to me or brought under my attention, I will report such irresponsible research activities to the appropriate authorities.

12. I will respond to irresponsible research practices or conduct, by taking prompt actions as set out in the procedures of the university. I will also protect those who report misconduct in good faith, to the best of my abilities.

13. I will endeavour to create and sustain an environment that encourage research integrity through education of students, research teams and peers, as well as abide by policies, and reasonable standards for advancement.

14. I will at all times weigh societal benefits against the risks inherent in my work.

Name: Liana Lensing Signature: Liana Lensing Lensing. Date: 2022/02/03

ANNEXURE E: ETHIC CLEARANCE

NWU®
NORTH-WEST UNIVERSITY
NOORDWES-UNIVERSITEIT
YUNIBESITI YA BOKONE BOPHIRIMA

Private Bag X1290, Potchefstroom
South Africa 2520

Tel: 018 299-1111/2222
Fax: 018 299-4910
Web: http://www.nwu.ac.za

Senate Committee for Research Ethics
Tel: 018 299-4849
Email: nkosinathi.machine@nwu.ac.za

14 March 2022

ETHICS APPROVAL LETTER OF STUDY

Based on approval by the **Economic and Management Sciences Research Ethics Committee (EMS-REC)** on Round Robin, the Economic and Management Sciences Research Ethics Committee hereby **approves** your study as indicated below. This implies that the North-West University Senate Committee for Research Ethics (NWU-RERC) grants its permission that, provided the special conditions specified below are met and pending any other authorisation that may be necessary, the study may be initiated, using the ethics number below.

Study title: Assessing the relationship between emotional intelligence and compassionate satisfaction of employees in a caregiving environment in the Western Cape
Study Leader/Supervisor (Principal Investigator)/Researcher: Prof Y du Plessis
Student: Lensing, L (24988774)

Ethics number: N W U - 0 0 5 8 4 - 2 2 - A 4
Institution Study Number Year Status
Status: S = Submission; R = Re-Submission; P = Provisional Authorisation; A = Authorisation

Application Type:
Commencement date: 14/03/2022 **Risk:** Low
Expiry date: 14/03/2023
Approval of the study is initially provided for a year, after which continuation of the study is dependent on receipt and review of the annual (or as otherwise stipulated) monitoring report and the concomitant issuing of a letter of continuation.

Special in process conditions of the research for approval (if applicable):

•

General conditions:

While this ethics approval is subject to all declarations, undertakings and agreements incorporated and signed in the application form, the following general terms and conditions will apply:

- *The study leader/supervisor (principle investigator)/researcher must report in the prescribed format to the EMS-REC:*
  - *annually (or as otherwise requested) on the monitoring of the study, whereby a letter of continuation will be provided, and upon completion of the study; and*
  - *without any delay in case of any adverse event or incident (or any matter that interrupts sound ethical principles) during the course of the study.*
- *The approval applies strictly to the proposal as stipulated in the application form. Should any amendments to the proposal be deemed necessary during the course of the study, the study leader/researcher must apply for approval of these amendments at the EMS-REC, prior to implementation. Should there be any deviations from the study proposal without the necessary approval of such amendments, the ethics approval is immediately and automatically forfeited.*
- *Annually a number of studies may be randomly selected for an external audit.*
- *The date of approval indicates the first date that the study may be started.*
- *In the interest of ethical responsibility, the NWU-SCRE and EMS-REC reserves the right to:*
  - *request access to any information or data at any time during the course or after completion of the study;*
  - *to ask further questions, seek additional information, require further modification or monitor the conduct of your research or the informed consent process;*

- *withdraw or postpone approval if:*
  - *any unethical principles or practices of the study are revealed or suspected;*
  - *it becomes apparent that any relevant information was withheld from the EMS-REC or that information has been false or misrepresented;*
  - *submission of the annual (or otherwise stipulated) monitoring report, the required amendments, or reporting of adverse events or incidents was not done in a timely manner and accurately; and / or*
  - *new institutional rules, national legislation or international conventions deem it necessary.*

The EMS-REC would like to remain at your service as scientist and researcher, and wishes you well with your study. Please do not hesitate to contact the EMS-REC or the NWU-SCRE for any further enquiries or requests for assistance.

Yours sincerely

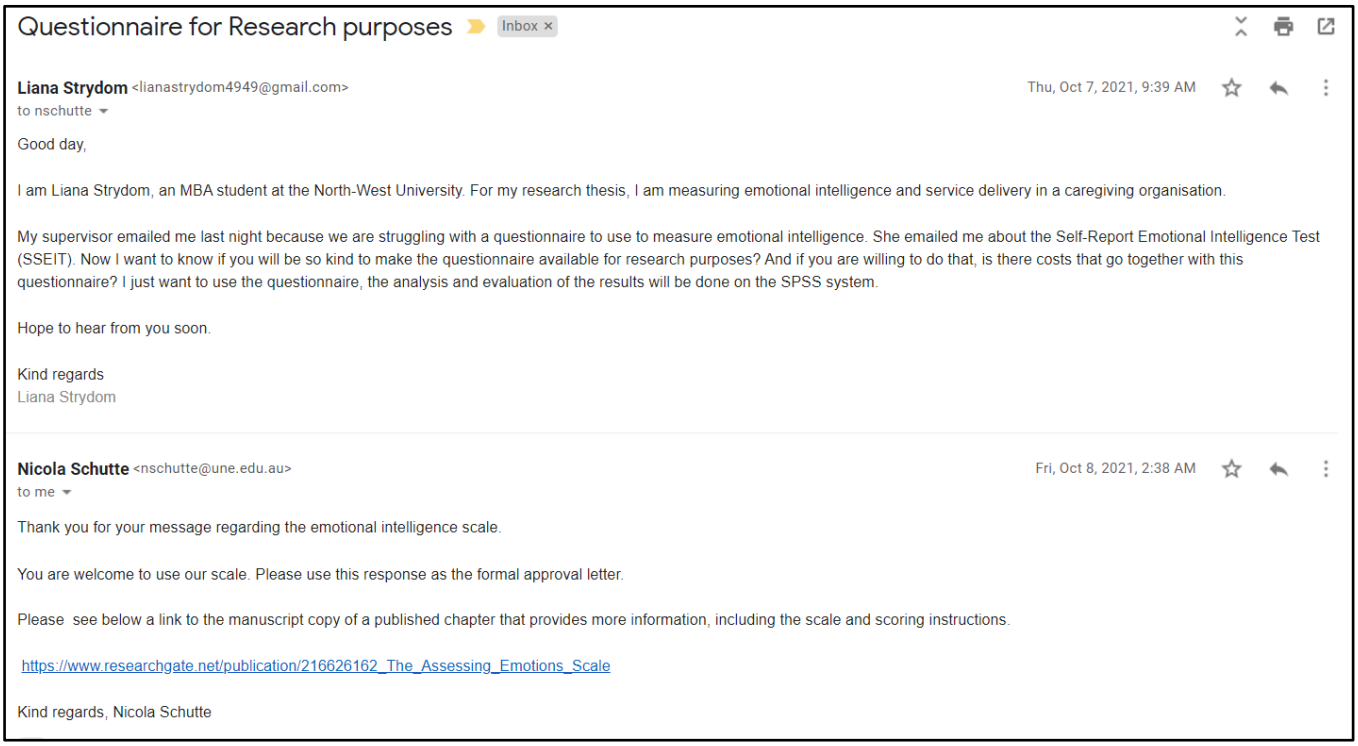
Mark Rathbone

Digitally signed by Mark Rathbone
DN: cn=Mark Rathbone, o=North-West University, ou=Business management, email=mark.rathbone@nwu.ac.za, c=ZA
Date: 2023.05.14 10:19:20 +02'00'

Prof M. Rathbone
Chairperson NWU Economic and Management Sciences Research Ethics Committee

ANNEXURE F: PERMISSION TO USE RESEARCH INSTRUMENTS

Emotional intelligence instrument



Questionnaire for Research purposes Inbox ×

Liana Strydom <lianastrydom4949@gmail.com> Thu, Oct 7, 2021, 9:39 AM
to nschutte

Good day,

I am Liana Strydom, an MBA student at the North-West University. For my research thesis, I am measuring emotional intelligence and service delivery in a caregiving organisation.

My supervisor emailed me last night because we are struggling with a questionnaire to use to measure emotional intelligence. She emailed me about the Self-Report Emotional Intelligence Test (SSEIT). Now I want to know if you will be so kind to make the questionnaire available for research purposes? And if you are willing to do that, is there costs that go together with this questionnaire? I just want to use the questionnaire, the analysis and evaluation of the results will be done on the SPSS system.

Hope to hear from you soon.

Kind regards
Liana Strydom

Nicola Schutte <nschutte@une.edu.au> Fri, Oct 8, 2021, 2:38 AM
to me

Thank you for your message regarding the emotional intelligence scale.

You are welcome to use our scale. Please use this response as the formal approval letter.

Please see below a link to the manuscript copy of a published chapter that provides more information, including the scale and scoring instructions.

https://www.researchgate.net/publication/216626162_The_Assessing_Emotions_Scale

Kind regards, Nicola Schutte

Compassionate satisfaction instrument

ANNEXURE G: LANGUAGE EDITING CONFIRMATION

To whom it may concern

Cecile van Zyl
Language editing and translation
Cell: 072 389 3450
Email: Cecile.vanZyl@nwu.ac.za

26 October 2022

Dear Mr / Ms

Re: Language editing of mini-dissertation (Assessing the relationship between emotional intelligence and compassionate satisfaction of employees in a Western Cape caregiving environment)

I hereby declare that I language edited the above-mentioned mini-dissertation by Ms L Lensing (student number: 24988774).

Please feel free to contact me should you have any enquiries.

Kind regards

Cecile van Zyl

Language practitioner

BA (PU for CHE); BA honours (NWU); MA (NWU)
SATI number: 1002391

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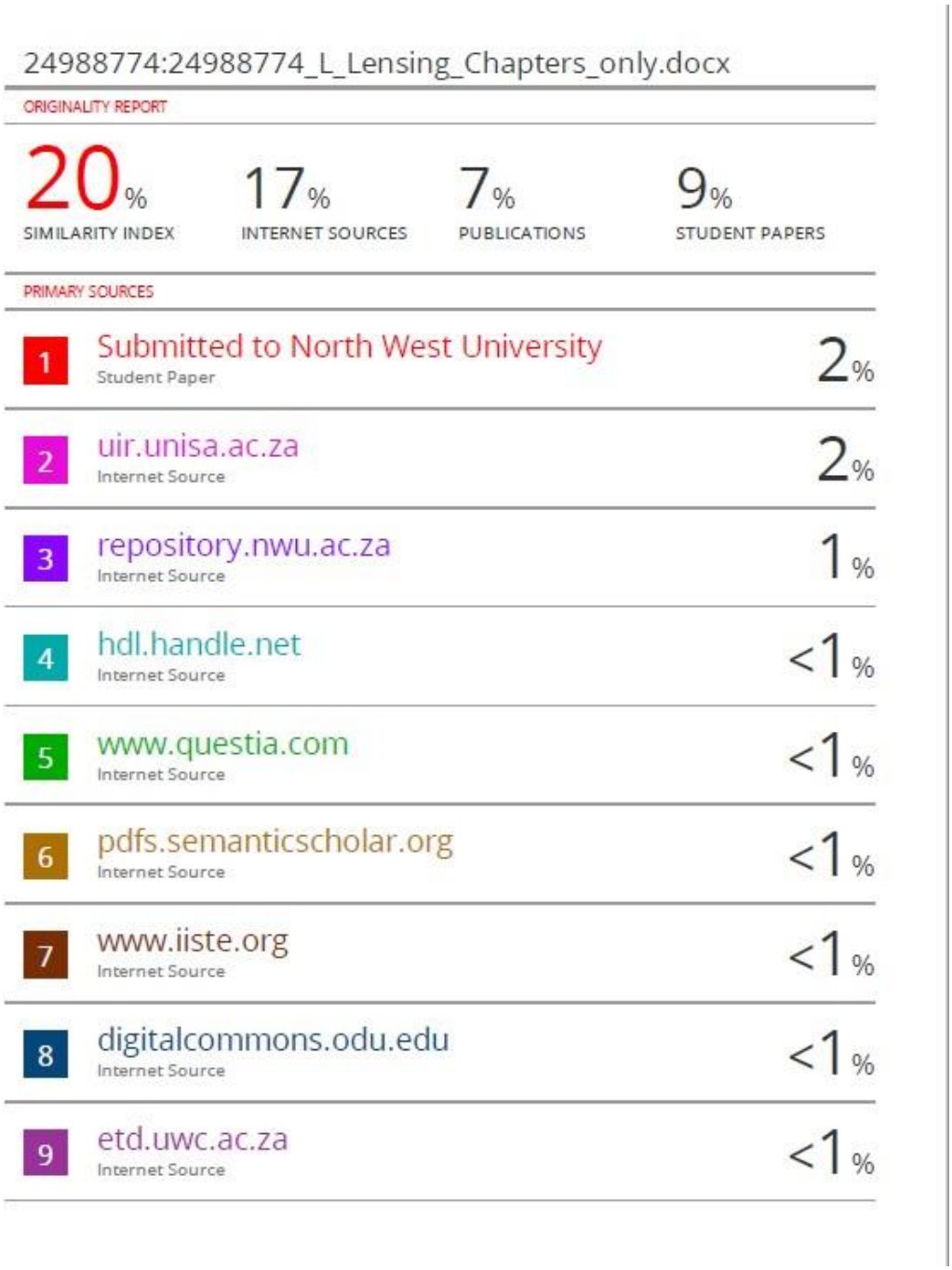
ANNEXURE H: TURN-IT-IN SUMMARY REPORT



24988774:24988774_L_Lensing_Chapters_only.docx

ORIGINALITY REPORT

20%	17%	7%	9%
SIMILARITY INDEX	INTERNET SOURCES	PUBLICATIONS	STUDENT PAPERS

PRIMARY SOURCES

1	Submitted to North West University Student Paper	2%
2	uir.unisa.ac.za Internet Source	2%
3	repository.nwu.ac.za Internet Source	1%
4	hdl.handle.net Internet Source	<1%
5	www.questia.com Internet Source	<1%
6	pdfs.semanticscholar.org Internet Source	<1%
7	www.iiste.org Internet Source	<1%
8	digitalcommons.odu.edu Internet Source	<1%
9	etd.uwc.ac.za Internet Source	<1%