Deanship of Scientific Research

Work overload, organisational commitment, and emotional intelligence among public hospital nurses in South Africa

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Abstract

Objectives: The healthcare sector strives to ensure employees are more dedicated to their work and tolerate inherent pressures in official duties, assignments, and responsibilities. This study investigated the relationship between work overload (WO) and organisational commitment (OC) and the moderating effect of emotional intelligence (EI) among nurses in a public hospital.

Methods: The researchers used a quantitative (validated questionnaire) approach to elicit information from 89 registered nurses. Pearson correlation analysis and a Multiple linear regression model were applied to test the hypotheses.

Results: The results showed that WO did not have a statistically weighty relationship with OC (r = -0.110), whereas the EI had a weak but positive relationship with OC (r = 0.210). The impact size of this association is assessed as having a modest effect. Moreover, the results indicated that EI had a marginally significant negative relationship with WO (r = -0.296). However, the multiple regression analysis produced a statistically insignificant model (F = 1.446; p = 0.235). The interaction term (β3 = 0.038; t = 0.401; p = 0.690, 95% CI [-0.149, 0.224]) does not have a discernible impact on the model, according to parameter estimations of the resulting model.

Conclusions: The results alert hospital management to focus on developing subordinates' EI and enhancing their resilience to reduce WO and increase OC. The nurses' use of EI to control WO was discussed in this study using the conservation of resources model, thus increasing their commitment to the organisation.

Keywords: emotional intelligence; employee; nurses; organisational commitment; public health; work overload.

عبء العمل الزائد، والالتزام التنظيمي، والذكاء العاطفي بين ممرضات المستشفيات العامة في جنوب أفريقيا

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ملخّص

الأهداف: يسعى قطاع الرعاية الصحية إلى ضمان تفاني الموظفين في عملهم وتحملهم للضغوط المتأصلة في الواجبات الرسمية والمهام والمسؤوليات. تهدف هذه الدراسة إلى التحقيق في العلاقة بين عبء العمل (WO) والالتزام التنظيمي (OC) وتأثير الذكاء العاطفي (EI) كعامل وسيط بين الممرضات في مستشفى عام.

المنهجية: استخدم الباحثون نهجًا كميًا باستخدام استبيان معتمد لجمع المعلومات من 89 ممرضة مسجلة. جرى تطبيق تحليل ارتباط بيرسون ونموذج الانحدار الخطي المتعدد لاختبار الفرضيات.

النتائج: أظهرت النتائج أن عبء العمل لم يكن له علاقة ذات دلالة إحصائية مع الالتزام التنظيمي (r = -0.110)، بينما كان للذكاء العاطفي علاقة ضعيفة ولكنها إيجابية مع الالتزام التنظيمي (r = 0.210). جرى تقييم حجم تأثير هذا الارتباط على أنه ذو تأثير متواضع. علاوة على ذلك، أشارت النتائج إلى أن الذكاء العاطفي كان له علاقة سلبية هامشية مع عبء العمل (r = -0.296). ومع ذلك، أنتج تحليل الانحدار الخطي المتعدد نموذجًا غير ذي دلالة إحصائية (F = 1.446؛ p = 0.235). وأظهرت تقديرات المعلمات أن مصطلح التفاعل (β3 = 0.038؛ t = 0.401؛ p = 0.690، 95% CI [-0.149، 0.224]) لا يحمل تأثيرًا ملحوظًا على النموذج.

الخلاصة: تشير النتائج إلى ضرورة أن تركز إدارة المستشفى على تطوير الذكاء العاطفي لدى الموظفين وتعزيز مرونتهم لتقليل عبء العمل وزيادة الالتزام التنظيمي. جرت مناقشة استخدام الممرضات للذكاء العاطفي للسيطرة على عبء العمل في هذه الدراسة باستخدام نموذج الحفاظ على الموارد، مما يسهم في زيادة التزامهن بالمنظمة.

الكلمات المفتاحية: الذكاء العاطفي؛ الموظفون؛ الممرضات؛ الالتزام التنظيمي؛ الصحة العامة؛ عبء العمل.

Introduction

Organisational commitment (OC) remains a salient subject of discussion during corporate strategic meetings (Astusy et al., 2022; Geldenhuys et al., 2014). It usually occupies a priority position on the agenda of Human Resource Management (HRM) forums, perhaps because it highlights loyalty of personnel to their organisations in achieving corporate objectives (Padave & Kanekar, 2023). For instance, it is often remarked that committed staff contribute more positively to improving an organisation's uncommitted staff members (Beukes & Botha, 2013). In contrast, work overload (WO) is another organisational concept that has turned out to be a subject of interest to scholars and a concern for most organisations (Sofyan, De Clercq, & Shang, 2023). Work overload may lead to employees' emotional and mental exhaustion, which ultimately tend to impact organisational commitment negatively, if not well managed (Aqilah et al., 2023).

Of recent debates on work overload, organisational commitment, and emotional intelligence among nurses working in public hospitals has gained momentum. Studies focusing on the healthcare sector indicate constant changes, and hospital working conditions are also increasingly becoming more demanding and stressful for nurses (Huhtala et al., 2021; Zutautiene et al., 2023). Precisely, it has been noted that nurses at public hospitals encounter work overload, which often leads to substandard quality of service that is rendered to patients leading to declined organisational performance. Moreover, recent literature on the commitment of employees within organisations and performance by their employees shows that there has been a neglect of the role of employees' positive psychological states, such as emotional intelligence, in employee counselling and training sessions (Gunu & Oladepo, 2014).

The current study investigates the relationship between work overload (WO) and organisational commitment (OC) and the moderating effect of emotional intelligence (EI) among public hospital nurses in the Eastern Cape province of South Africa.

Organisational commitment refers to the psychological bond between a worker and an organisation that makes it harder for a worker to quit (Velockivic et al., 2014). Xiaoming et al. (2014) describe WO as a psychological cost that personnel expend on job exercises to attain a job's requirements. Equally, emotional intelligence refers to capabilities relating to external awareness, negotiation, flexibility, interpersonal skills, and teamwork (Goleman et al., 2013).

In the prevailing healthcare settings in South Africa, the well-being of healthcare professionals is now recognised as a significant concern, compelling scholars to investigate the complex dynamics of work overload and its profound implications for organisational commitment and emotional intelligence. Recognising the challenging work environment of healthcare professions has sparked a rising curiosity in understanding the function of emotional intelligence in reducing work overload and increasing organisational commitment among healthcare personnel.

The conservation of resources theory (COR)

The concept of conservation of resources theory (COR) advocated for by Hobfoll (1989) was meant to clarify how people are opinionated towards values regarding physical and environmental strains and how to overcome those demands. According to Hobfoll (2001), people work towards getting and keeping resources, which include objects, personal traits, circumstances, and energies. Object resources are direct and valued because of their physical nature and secondary position value based on their inadequacy and cost. Personal traits include personalities, attitudes, and psychological states such as emotions, motives, and drives.

Hobfoll (1989) believes that individuals react to the environment, especially when there is a possibility of losing resources, or even at a point where resources are lost already and when the individual is unable to gain resources following the security of personal resources. Hobfoll (1989) further elaborates on the significance of resource loss by stating that losing possessions is more emotionally dangerous than restoring lost resources.

Excessive WO tends to make employees feel overwhelmed and unable to accomplish their goals because of dense WO. When job demands exceed an individual's ability to deal with them, it decreases the time required to mobilise exhausted psychological resources. Work overload is not an intrinsic trait. Instead, it stems from the relationships between what is required to complete a task, the setting under which the task was completed, and the individual's ability, behaviours, and

perception of the task (Hart & Staveland, 1988). Thus, work overload has physical and mental/psychological components affecting wellness. An excessive WO can, thus, form a significant threat to the conserved personal resources of employees, hinder their health and tend to reduce the levels of devotion or commitment to their work and the company (Bilal et al., 2022). Work overload can cause emotional and mental exhaustion among employees, which can have a negative impact on organisational commitment if not appropriately managed. (Aqilah et al., 2023).

The COR theory supports EI as an essential resource which may alter the degree and direction of the psychological strain which results from work overload. As the COR theory declares, people are motivated to preserve resources. On the other hand, losing such resources leads to psychological strain, resulting in low OC among individuals (Hobfoll, 1989). This suggests that an abundance of resources, including EI, might have an impact on the development of psychological strain and may raise OC among individuals. EI as a moderator variable is useful because it directs decisions about "when" and "how" to manipulate the relationship between research variables.

Personal resources refer to an individual's features connected to emotional intelligence; this also means employees' capability to regulate and affect their work setting effectively (Hobfoll et al., 2003). Personal resources such as EI may determine how employees understand their environment, communicate, and react to it (Zhao et al., 2024). Therefore, emotional intelligence is a moderator, influencing the strength and direction of the relationship between stress-prone employees and excessive WO.

Furthermore, EI is the critical resource employees require to decrease burnout stress in the physiological system, perhaps because of high WO, to increase OC (Han et al., 2022). Individuals with significant levels of personal resources have the mastery that enables them to face the demanding working conditions effectively and prevent them from negative results such as low OC (Ul Hassan et al., 2023).

Empirical literature review

Relationship between emotional intelligence and organisational commitment

In the Kalimantan Province of Indonesia, Haryono et al. (2018) explored how emotional and spiritual intelligence affected temporary nurses' performance at Abdul Riva'I Regional General Hospital, Nerau District East. The survey data from 129 respondents were processed using the AMOS version 22.0 program and the structural equation modelling approach. The study's conclusions revealed that the EI of nurses' and their spiritual intelligence had a favourable influence on their OC. Similarly, Ahad et al. (2021) investigated the link between EI and OC among 264 employees from the higher education sector. The study's results showed that self-awareness, optimism, and service orientation which are the three components of EI, substantially impacted OC among vocational college teachers in Malaysia. The emerging findings of these studies emphasise the value of EI and how it influences OC.

Relationship between emotional intelligence and work overload

Rafiq et al. (2022) studied the impact of EI on stress, which is triggered by time pressure due to work overload among health workers from Pakistan. From a sample of 359 randomly selected nurses from public hospitals, results from SmartPLS indicated that emotional intelligence was inversely related to time pressure and work overload. Similarly, EI and work overload were investigated among private school teachers in the Middle East (Mangi, 2022). The study found that emotional intelligence significantly negatively impacts employee work overload.

Relationship between work overload and organisational commitment

Abdulaziz, Bashir and Alfalih (2022) studied WO and OC in Saudi Arabia. Data was collected from 278 teachers. The study revealed that the variable WO had a negative impact on OC. Likewise, Tran (2023) studied the impacts of overload stress and job commitment in public organisations in Vietnam. It was revealed that overload stress has an inverse relationship with OC.

Emotional intelligence as a moderator of the relationship between work overload and organisational commitment

Newton et al. (2016) studied the moderating effect of EI on work stress and work outcomes among 306 nurses in the Australian healthcare industry. The researcher participants responded to an online quantitative survey. The study's

conclusions revealed that researcher participants with higher EI experienced better outcomes due to WO, including lower levels of burnout and psychological well-being. The study also found that EI acted independently to motivate and assist individuals in defeating WO and accomplishing their work goals. In addition, Newton et al. (2016) submit that nurses with great EI are better at perceiving, appraising and controlling their emotions and patient relationships.

Singh (2016) steered a quantitative study with a sample of 209 teachers who worked in Delhi's Special Schools and NGOs to establish a connection between OC and psychological well-being through moderated mediation of work-life balance. The study's findings showed the importance of EI in building OC. Singh (2016) further discovered that an employee with high levels of EI, that is, an employee who manages and controls individual emotions, reflects a strong relationship with the organisation and co-workers, resulting in OC.

Furthermore, a study by Chen and Chen (2018) examined the causes and repercussions of nurses' burnout: The moderating influences of personality traits and environmental factors. Information was gathered for this quantitative investigation from 807 nurses at a prominent hospital in Taiwan. The study's outcomes indicated that among the factors that cause burnout, including job demands like work overload, there is a significant moderating influence of leadership efficiency and a partial mediating impact of emotional intelligence. The structural equation modelling approach and hierarchical regression evaluation were then employed to evaluate the information.

Statement of hypotheses

H_1: Work overload is significantly negatively related to organisational commitment.

H_2: Emotional intelligence is significantly positively related to organisational commitment.

H_3: Emotional intelligence is significantly negatively related to work overload.

H_4: Emotional intelligence significantly moderates the relationship between work overload and organisational commitment.

Method

A cross-sectional survey was used to investigate nurses' work overload, organisational commitment, and emotional intelligence in one public hospital in the Eastern Cape province of South Africa.

Data was collected during the COVID-19 lockdown levels. The researcher had data collection challenges because they could not go to the hospital to distribute the questionnaires, as the nurses were essential workers in dealing with the pandemic. When the researcher finally distributed the questionnaires, it was towards November (end of the year), and many nurses had already taken annual leave and were unavailable.

The researcher had to wait for the nurses to return the following year. However, the researcher managed to get the questionnaires after three more months into the new year.

Participants

Self-assessment questionnaires were distributed to registered nurses at a public hospital in Queenstown (N=150) to complete voluntarily. Only one setting was used in this study because there is only one government hospital in the selected study area. The hospital also has a larger number of healthcare professionals who can fulfil the requirements of the study. Additionally, both genders of hospital nurses participated in the study as research subjects.

Convenience was used to get a sample of 109 nurses, and a response rate of 89 nurses (81%) completed the survey. The convenience sampling technique pleased certain practical necessities, such as ease of accessibility, geographic proximity, obtainability at a specific period, and readiness to partake, which are incorporated into the study.

Regarding the hospital's human resource management database, 150 nurses were on the hospital's payroll at the time of the study. The researcher adopted the Raosoft sample size computer to calculate the required sample size. The outcomes revealed that 109 should be the optimum sample size for this study. This resulted in a 50% response distribution with a

95% degree of confidence at a 5% margin. Consequently, this study reached out to 109 nursing staff members in the hospital. The response rate was good at about 93%, as 101 questionnaires were returned, 11% (12 questionnaires) were discarded, and 7% (8) were not returned. Therefore, the study used a total sample of 89 nurses.

Instrument

The study used a questionnaire comprising four sections. Section A tapped participants' demographic and occupational information, including age, gender, educational qualification, marital and work status. The questionnaire was in English, and all nurses were proficient in the language. It is the formal educational and training language in South Africa.

Section B of the questionnaire comprised a 16-item EI scale designed and validated by Law et al. (2004). The EI scale includes subscales measuring self-emotional assessment, emotional control, emotional usage, and emotional expression. It was rated on a 7-point Likert format ranging from Strongly disagree (1) to Strongly agree (7). Law et al. (2004) reported a Cronbach's alpha value of 0.782 for the EI scale, while the current study obtained a Cronbach's alpha value of 0.763 for the same scale.

Section C comprised a 4-item WO scale designed and validated by Buckingham (2004). The WO scale was rated on a 5-point Likert format ranging from Strongly disagree (1) to Strongly agree (5). Buckingham (2004) reported a Cronbach's alpha value of 0.786 for the WO scale, while the current study obtained a Cronbach's alpha value of 0.730 for the same scale.

Section D comprised an 8-item OC scale designed and validated by Allen and Meyers (1996). The OC scale includes subscales measuring emotional, continuance and normative commitments. It was rated on a 5-point Likert format ranging from Strongly disagree (1) to Strongly agree (5). Neves et al. (2018) reported reliability scores of 0.85, 0.79, and 0.73 for the three components of the OC scale, while the current study obtained a Cronbach's alpha value of 0.818 for the whole scale.

Procedure

The researcher received ethical permission from the university's research ethics committee. The investigator also attained the informed consent of the respondents before involving them. The researcher described the study's goals, purpose and methodology. Additionally, the goals and significance of the study were mentioned in each questionnaire. Participants were given room to ask questions for more clarity on the study's objectives and the data collection process, including any participation risks and how they could be mitigated. After each participant willingly consented to the study, they were manually given the survey questionnaire, which they independently completed before being collected by the researcher.

The researcher collected the data by distributing the questionnaire to the hospital nurses with the assistance of the hospital manager. Registered nurses were asked to complete the questionnaires on their own time. This occurred during the COVID-19 lockdown, and the researcher got the completed questionnaires after four months.

Ethical considerations

The study complied with all ethical considerations. The approval for the research was obtained from the University of Fort Hare Research Ethics Committee (Ethics clearance number: Rec – 270710 – 028 – RA; Project number: ADE011SMDE01) and the Eastern Cape Provincial Department of Health (EC_202107_023). The researchers also obtained the respondents' informed consent before commencing the study. Likewise, they were made aware that the information obtained in the fieldwork was solely for academic research.

Data analysis

The researchers used the Amos Statistical software and the Statistical Package for the Social Science (IBM-SPSS) version 27 to analyse the study's data. Inferential statistics, such as Regression and Pearson correlation analyses, were employed to analyse the study's hypotheses. In addition, descriptive statistics, such as standard deviations, frequencies, means, and percentages, were used to examine demographic and occupational data. Hypotheses 1, 2 & 3 were analysed using Pearson correlation, while hypothesis 4 was analysed using regression analysis.

Results

Table 1: Characteristics of respondents

Variable	Levels	df	f	Valid %
Gender	Male	1	32	36.0
	Female		57	64.0
Age	20 to 30 years	3	18	20.2
	31 to 40 years		27	30.3
	41 to 50 years		23	25.8
	50+ years		21	23.6
Marital Status	Single	3	44	50.0
	Married		36	40.9
	Divorced		3	3.4
	Widow		5	5.7
Qualification	Diploma	3	36	40.4
	Degree		38	42.7
	Nursing Certificate		9	10.1
	Grade 12		6	6.7
Appointment	Full-time	1	82	92.1
	Contract		7	7.9
Rank	Senior	1	54	60.7
	Junior		35	39.3
Occupation	Nurse	5	53	59.6
	Registered Nurse		11	12.4
	Professional Nurse		11	12.4
	Assistant Nurse		5	5.6
	Enrolled Nurse		8	9.0
	Manager		1	1.1

N=89

On gender, 64.0% (n = 57) of the respondents were women, and 36.0% (n = 32) were men. The vast majority of participants (30.3%, n = 27) were flanked by the ages of 31 and 40, followed by 25.8% (n = 23) and 21.6% (n=21) of respondents who were beyond the age of 50. Twenty-one responders (20.2%) were within the 20 to 30 – year age range.

Fifty per cent of the respondents (n = 44) were unmarried, compared to 40% (n = 37) who were married. Five (5.7%) of the respondents were widowed, compared to three (3.4%) who reported being divorced. A degree was the highest qualification for most respondents (42.7%; n = 38). Only nine respondents (10.1%) among the 89 responses said a nursing certificate was the greatest level of schooling, while 36 respondents (40.4%) possessed a diploma as their highest educational credential. Furthermore, Grade 12 was the greatest level of education held by six respondents (6.7%).

Eighty-two respondents, or 92.1%, were full-time workers. Seven respondents, or 7.9%, said they were on a contract. Senior personnel comprised most respondents (60.7%, n=54). On the other hand, junior employees constituted 39.3% (n = 35) of the respondents. General nurses comprised 59.6% of the respondents (n = 53). 11 (12.4%) of the 89 respondents were professional nurses, and a comparable percentage were registered nurses. One participant was a hospital manager, while five (5.6%) of the participants were assistant nurses.

Inferential statistics

Correlational analysis

A correlational analysis was done to evaluate the connection between the existing proposed frameworks. As a result of the directed assumptions, a one-tailed Pearson correlation test was used. The Pearson correlation coefficients (r) for the relationship between the several correlations are shown in Tables 2 to 4. The findings' practical importance was determined using effective size. Cohen (1988, 1992) claims that the effect size is small if the correlation coefficient's value fluctuates within 0.1 of its absolute value, medium if it fluctuates within 0.3, and big if it fluctuates within 0.5. As a result, the correlation coefficient may be used to quantify effect magnitude.

H_1: Work overload is significantly negatively related to organisational commitment.

Table 2: Workload and organisational commitment are correlated using Pearson correlation coefficients.

Theoretical Constructs	Work Overload
	r
Organisational commitment	-0.110
1) Normative commitment	-0.085
2) Continuance commitment	0.043
3) Affective commitment	-0.246*

*. The 0.05 threshold of significance for correlation (1-tailed).

Table 2 shows work overload has an inadequate, positive and significant relationship with affective commitment (r = -0.246). This finding reveals a close to medium effect size for the established relationship. On the other hand, work overload had no significant relationship with normative commitment (r = -0.085) and continuance commitment (r = 0.043). Lastly, assessing the hypothesised framework, work overload did not have a statistically weighty relationship with OC (r = -0.110). As a result, there is enough data to conclude that work overload and organisational commitment are not substantially correlated at the 5% significance level.

H_2: Emotional intelligence is significantly positively related to organisational commitment.

Table 3: The correlations between emotional intelligence and organisational commitment using Pearson coefficients.

Theoretical Constructs	Normative Commitmen	Continuance Commitment	Affective Commitment	Organisation al
	r	*r*	*r*	*r*
Emotional intelligence	0.211*	0.010	0.216*	0.210*
1) Regulation of emotion	0.260*	-0.945	0.131	0.186
2) Use of emotion	0.006	-0.207	0.210*	-0.039
3) Self-emotion appraisal	0.100	0.160	0.105	0.183
4) Other's emotion	0.190	0.096	0.190	0.234*

*. Correlation is significant at the 0.05 level (1-tailed).

Evidence shows weak, positive and solid links among emotional intelligence and affective commitment (r= 0.216) and normative commitment (r = 0.211). This was similar to the relationship between organisational commitment and others' emotion appraisal (r = 0.234). The practical significance of these established correlation coefficients is that they represent a low effect size. Lastly, regarding the hypothesised framework, emotional intelligence had a weak, optimistic and noteworthy connection with organisational commitment (r = 0.210). The impact size of these associations is assessed as having a modest effect (Cohen, 1988). As a result, there is enough data to discard the null hypothesis and conclude that organisational commitment and EI are strongly positively correlated at the 5% significance level.

H₃: Emotional intelligence is significantly negatively related to work overload.

Table 4: The correlations between emotional intelligence and work overload using Pearson coefficients.

Theoretical Constructs	Work overload
	r
Emotional intelligence	-0.296*
1) Regulation of emotion	-0.223*
2) Use of emotion	-0.351**
3) Self-emotion appraisal	-0.061
4) Other's emotion appraisal	-0.234*

**. The 0.01 threshold of significance for correlation (1-tailed).

*. The 0.05 threshold of significance for correlation (1-tailed).

The findings show a moderate, unfavourable, and statistically significant association with the usage of emotion (r = 0.351). This result indicates that the established association has a medium-sized influence. However, work overload exhibited a modest unfavourable and statistically significant association with the control of emotion (r = -0.223) and the evaluation of others' emotions (r = -0.234). Cohen (1988, 1992) believes that the impact magnitude of these correlations is modest. Finally, while evaluating the proposed framework, emotional intelligence revealed a marginally significant negative connection (r = -0.296) with work overload. Cohen (1988) rated the extent of these linkages' effects as a medium effect. Therefore, there is sufficient data to discard the null hypothesis and conclude that EI is significantly inversely associated with WO at the 5% significance level.

H₄: Emotional intelligence significantly moderates the relationship between work overload and organisational commitment.

The Hayes procedure macro in SPSS was adopted to evaluate a moderated multiple linear regression model to see if EI significantly modifies the connection between WO and OC. All factors were modelled as predictor variables for the organisational commitment: work overload, emotional intelligence, and the interaction effect (work overload + emotional intelligence). The multiple regression analysis produced a statically insignificant model, as shown in Table 4.19 below (F = 1.446; p = 0.235).

Table 5: A multiple linear regression model fit summarises emotional intelligence's moderating role on the connection between work overload and OC.

Dependent Variable in the Model	Model Significance		R-Square Value and Effect Size	
	F-value	*p*-value	R^2	Cohen's f^2
Organisational commitment	1.446	0.235	0.049	0.052

The interaction term (β3 = 0.038; t = 0.401; p = 0.690, 95% CI [-0.149, 0.224]) does not have a discernible impact on the model as shown by the parameter estimations of the resulting model. Since EI does not mitigate the link between work overload and organisational commitment, the null hypothesis is not rejected at the 5% significance level. The findings of the parameter estimates are shown in Table 6 below, whereas Figure 1 shows the conceptual model for EI moderating influence on the connection between work overload and organisational commitment.

Table 6: Estimates for the linear multiple regression model's parts that account for emotional intelligence's impact on the relationship between WO and OC.

Parameter	Standardised Coefficients		T	Sig	95% CI	
	B	Std Error			LLCI	ULCI
(Constant)	2.951	2.040	1.447	0.152	-1.105	7.007
Work overload	-0.249	0.535	-0.466	0.642	-1.313	0.814
Emotional Intelligence	0.030	0.350	0.085	0.932	-0.667	0.726
Interaction Effect	0.038	0.094	0.401	0.690	-0.149	0.224

* Significant fit. Note: Independent variables: (constant) Work overload, EI and Interaction Effect (EI * Work overload); Dependent variable: Organisational commitment.
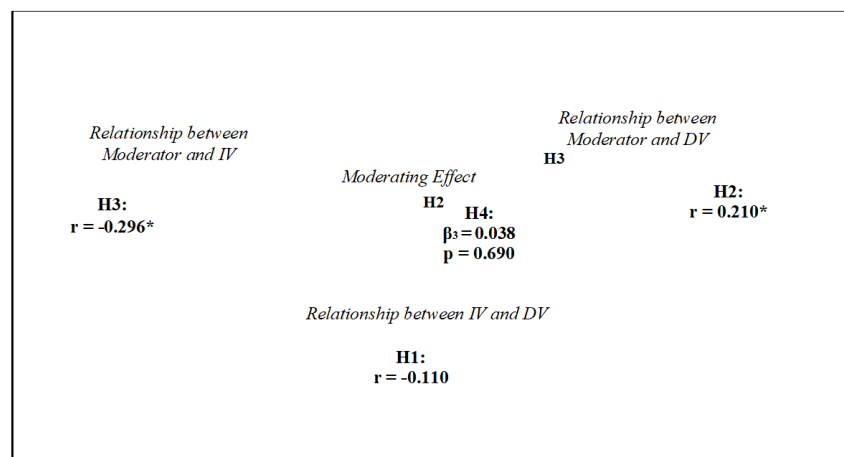

Figure 1: A conceptual model of the relationship between work overload and organisational commitment as hypothesised to be moderated by emotional intelligence.

Discussion

This section discussed the results from the examined hypotheses.

Hypothesis 1: The WO and OC hypothesis

This study found no positive connection between work overload and organisational commitment. This suggests that the nurses employed by the institution under investigation did not see any negative effects of work overload on organisational commitment. This outcome aligns with the previous study by Ijide and Uzonwanne (2019), who found that work overload is not a significant variable in predicting organisational commitment. In addition, Shahzad, Shah, Waseem, and Bilal (2020) also found that when employees feel overloaded with work, they feel exhausted, which leads to many negative consequences in relation to each employee's family and work life. Employees' organisational commitment is regularly decreased by work overload because they think their hospital doesn't care whether they have a bad job.

A no positive connection amongst work overload and organisational commitment may also be due to the small samples. Small samples may also limit the statistical power, making it challenging to detect true effects accurately.

Hypothesis 2: The EI and OC hypothesis

Corresponding to the study's outcomes, findings show a weak, significant connection between EI and normative commitment (r = 0.211) and between emotional intelligence and affective commitment (r = 0.216) in the context of OC. Similar results were obtained when examining the correlation between OC and a different emotional assessment (r = 0.234). The practical significance of these established correlation coefficients is that they represent a low effect size. Finally, regarding the proposed framework, organisational commitment and emotional intelligence exhibited a weak positive and significant association (r = 0.210). The impact size of these associations is assessed as having a weak effect (Cohen, 1988). As a result, there is enough data to discard the null hypothesis and conclude that organisational commitment and emotional intelligence are strongly and positively related at the 5% significance level.

According to this study, organisational commitment and emotional intelligence have a strong positive association. This indicates that nurses at the hospital that served as a sample did discover EI's effects on OC. According to the outcomes of a study by Amjad (2018), emotional intelligence increases organisational commitment, raising employee morale. Adhiyasa and Satrya (2021) also claim that emotional intelligence significantly and favourably impacts organisational commitment.

Hypothesis 3: The EI and work overload hypothesis

Pearson's correlation coefficient was tested to determine whether a significant linear link existed between emotional intelligence and work overload. The data shows a weak, unfavourable, and statistically significant correlation between work overload and the corresponding concept of emotional intelligence (r = 0.351). This finding reveals a medium effect size for the established relationship. However, work overload had a weak, negative, and significant connection with the regulation of emotion (r = -0.223) and other emotion appraisals (r = -0.234). Cohen (1988) believes that the impact magnitude of these correlations is modest. Finally, regarding the proposed framework, EI revealed a marginally significant negative connection (r = -0.296) with work overload. Cohen (1988) rated the extent of these linkage effects as a medium effect. There is adequate data to reject the null hypothesis and conclude that EI is significantly and inversely associated with work overload at the 5% significance level.

According to this research, emotional intelligence and work overload are negatively associated. This proves that staff at the investigated public hospital did not perceive emotional intelligence effects on work overload. Additionally, research by Rafiq et al. (2022) found a negative correlation between emotional intelligence and work overload.

Hypothesis 4: The moderating impact of EI on the relationship between work overload and OC

The Hayes procedure macro in SPSS was employed to evaluate a moderated multiple linear regression model to see if EI significantly modifies the connection between work overload and organisational commitment. Three factors were modelled to predict OC: work overload, EI, and the interaction effect (work overload*emotional intelligence). The table multiple regression analysis produced a statistically insignificant model, as shown in Table 4.19 (F = 1.446; p = 0.235).

The resulting model's parameter estimations demonstrate that the interface term ($\beta3 = 0.038$; t = 0.401; p = 0.690, 95% CI [-0.149, 0.224]) does not significantly impact the model. Since emotional intelligence does not moderate the connection between work overload and organisational commitment, the null hypothesis is not rejected at the 5% significance level. This implies that nurses working at the investigated hospital did not find emotional intelligence moderating the connection between work overload and organisational commitment.

There is a considerable positive association amongst the three variables (emotional intelligence, work overload, and organisational commitment) conferring to the previous studies that looked at the three factors separately. The researcher is unaware of any earlier studies that integrated three variables to moderate the connection between organisational commitment, work overload, and emotional intelligence.

Conclusion

The study highlights the applicability of the conservation of resources model by Hobfoll (1989). In applying this theory to the constructs examined in this study, it is crucial to note that excessive work overloads make employees feel overwhelmed and unable to accomplish their work goals. In addition, excessive work overloads are a big threat to the conserved personal resources of employees. They can hinder their health and, consequently, reduce their levels of commitment to their jobs. The conservation of resources theory also supports emotional intelligence as an important resource in decreasing the psychological strain which results from work overload.

The results of the study can be used by hospital management to address issues of resource shortages. For example, more people, especially administrative staff, can be hired to ease the administrative duties of personnel that should have otherwise been dealing with the health and safety of patients. More medical equipment must also be available in public hospitals, such as magnetic resonance (MRI) stretchers, defibrillators, patient monitors, surgical tables, etc. This may reduce the workload, which may, in turn, lead to organisational commitment. Furthermore, managers can focus on developing aspects of emotional intelligence and enhancing resilience to reduce work overload and increase OC.

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