Original Paper

Emotional Intelligence, Self-Esteem as Indicators of Life Satisfaction among Hospital Workers

Dennis Uba Donald[1*] & Adetula Adeyemi[2]

[1] Department of Pure and Applied Psychology, Adekunle Ajasin University, Akungba-Akoko, Ondo State, Nigeria

[2] Alex Ekwueme Federal University, Ndufu-Alike, Ikwo Ebonyi State, Nigeria

[*] Dennis Uba Donald, Department of Pure and Applied Psychology, Adekunle Ajasin University, Akungba-Akoko, Ondo State, Nigeria

Abstract

Generally, most of the studies on life satisfaction have been conducted in populations outside the shores of Afrique Noire. Scholars interested in positive psychology have been studying in practical terms what it takes to attain subjective well-being. Subjective wellbeing in the form of happiness or life satisfaction may be referred to as combination of simple to complex perceptive judgment concerning satisfaction with life, characterized by the frequent experiencing of positive moods and emotion (Schimmack et al., 2004). Life satisfaction was explained using Veenhoven's (1984) Quality of Life (QOL) Model; emotional Intelligence was discussed with the Model by Salovey. Based on the findings, the study has empirically demonstrated that health workers who perceived an increase sense of emotional intelligence and self-esteem showed higher tendency to demonstrate life satisfaction than their counterparts. The result of this study also showed that all the independent variables (emotional intelligence (β=0.189, p<0.01), and self-esteem (β=0.145, p<0.05) predicted life satisfaction. The researcher recommends that Ministry of Health in Nigeria should take adequate steps to inculcate life satisfying measure that directly increase the emotional and behavioural aspects of health workers' life to increase the chances of developing and sustaining a viable health service delivery in Nigeria.

Keywords

emotional intelligence, self-esteem, life satisfaction, hospital workers

1. Introduction

Life satisfaction has been extensively studied in scientific literature invariably life satisfaction has a long past but short history. Pecuniary resources, trade and industry, economic viability and purchasing power have often been regarded as the markers of a fulfilled life, however this assertion have not been confirmed in research findings (Rode, 2004). Notably, affluent individuals have experienced depressive episodes that led to some committing suicide. Early psychologists like Freud, Jung and so on, have demonstrated that satisfaction with life is often a product of the individual's psychological meaning and attachment as to what constitutes satisfaction (Joshanloo & Afshari, 2011).

It seems that all human activities are geared toward making life meaningful and the desire for happiness has been viewed as a basic and universal human drive (Ho, Cheung, & Cheung, 2008). Recently, social scientists and other researchers in related fields have focused attention on satisfaction with life across different categories of people, including the young and the old (Joshanloo & Afshari, 2011). Life satisfaction has been identified as one of the three components of subjective well-being (Diener, 1984). It is defined as one's assessment derivable from the comparison between one's aspiration and one's achievement (Ho, Cheung, & Cheung, 2008).

Generally, most of the studies on life satisfaction have been done in cultures outside Africa. For example, studies on life satisfactions involved samples from many countries including the United States (e.g., Schimmack, Oishi, Furr, & Funder, 2004), China (e.g., Ho, Cheung, & Cheung, 2008), and so on. Although, Nigerians have often been described as one of the happiest people on earth, still there are limited studies on correlates of happiness and life satisfaction of Nigerians (Alao, 2008). Researchers interested in positive psychology (Seligman & Csikzentmihelgi, 2000) have been studying what it actually takes to achieve subjective well-being. Subjective well-being in the form of happiness or life satisfaction is a combination of a cognitive judgment of satisfaction with life, the frequent experiencing of positive moods and emotion (Schimmack, Oishi, Furr, & Funder, 2004).

Sousa and Lynbomirsky (2000) cited in Rode (2004) explained that satisfaction with one's life implies contentment with, or acceptance of one's life circumstances, or the fulfillment of one's wants and needs for one's life as a whole. They described it as a subjective assessment of the quality of one's life that may not be perceptible to the sense of other persons. Creating opportunities and situations that will generate satisfaction with life among Nigerians is worthwhile and desirable.

Diener and Lucas (1999) espoused that personality traits are not only potent forces that shape adult's life experiences, they also shape the emotional fabric of adults lives and their tendencies to respond to life with optimism, cheerfulness, or with depression, and/or complaint. Adebayo & Arogundade (2011) on the other hand, argued that, beyond inherited tendencies, the things that appear to matter most in generating happiness and life satisfaction are transient situational events and experiences of individuals. The recent years have seen a growth in interest by some researchers (Seligman, 2000; Krause, 2004) who investigated and confirmed the influence of some social factors such as close social ties, religious

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faith, family relations, in life satisfaction judgments of adults.

From the ongoing, and coupled with other submissions in literature, it is no wonder therefore that Diener and Lucas (1999) described life satisfaction, like happiness, as a multi-causal construct, that is derived from individual's several judgment standards, which on interaction usually produce only the highly relevant standard that is likely to be chronically salient to the individual, and which will tend to influence his/her level of satisfaction. In an attempt to understand life satisfaction, a number of models have been advanced. For instance, the top-down approach advocates dispositional factors such as personality characteristic in understanding individual life satisfaction (Ho et al., 2008). In line with this, researchers have reported that genetic component account for about 80% variations in well-being (Seligman, 2002). These findings indicated that the differences in people's life satisfaction are due in part to their biological differences. If this argument is dragged to the extreme, it appears there is little we could do to change people's feeling of satisfaction as it is predominantly genetic. Thus, some individuals have predisposition to be satisfied or unsatisfied with life (Krause, 2004).

Another explanation is bottom-up model which advocates that the objective life conditions and situation determine ones level of life satisfaction (Ho et al., 2008). Satisfactions here are derived from the major domains of life such as job, health, marriage, education, and income. The average satisfaction one derives from these domain sums up to determine our overall life satisfaction (Seligman, 2002). This seems to support the generally held belief that satisfaction with domain factors like job, income, and health determines one overall life satisfaction. It is clear that some events or situations could make one to be satisfied with life. So, in addition to personality variables, situations such as available social support and the environment an individual finds him or herself are also important determinants of life satisfaction. This study therefore investigates emotional intelligence and self-esteem as predictors of life satisfaction of health workers in Nigeria.

Healthcare work is characterized by stress (Iheonunekwu, Anyatonwu, & Eze, 2012). Studies among healthcare workers report increased absenteeism and low life satisfaction (Alao, 2008). Since job satisfaction has been associated with general life satisfaction (Robbins & Kliewer, 2000), it is therefore necessary to investigate life satisfaction of employees, especially group of workers such as health workers that have been found to have low satisfaction in their jobs. The benefits of satisfaction with life in work setting are enormous. Life satisfaction has been linked to longevity and performance, reduced absenteeism, and increase in work motivation (Rode, 2004). This is evident as employees puts in their best when they are satisfied. Happy workers are productive workers, not necessarily because of job satisfaction (Krause, 2004), but because they are satisfied with life in general (Wright & Cropanzano, 2000).

The conception of Emotional Intelligence (EI) was first suggested by Salovey and Mayer (1990), and its roots are embedded in the work of social intelligence by Thorndike (1920). Salovey and Mayer (1990) defined emotional intelligence as the subcategory of social intelligence that involves the ability

to monitor one's own and others feelings and emotions. The use of emotions is another factor that includes the ability of the individual to use emotions to aid the cognitive processes (Zhou & George, 2003).

Regulation of emotions is about the regulation of emotions of the people. People not only understand the emotions of others but also make an effort to manage these emotions (Zhou & George, 2003). Some individuals are much competent in managing emotional management process for themselves as well as for other, as compared to other people. For example, if there is any breach in quality, it may raise up a negative emotional reaction when the manager tries to determine the reason of the problem, i.e., anger. Salovey and Mayer (1990) also stated four skills of EI that includes emotional awareness of own and others, emotional management of own and others, emotional understanding and emotional facilitation. They also developed an inventory to measure emotional intelligence (Salovey & Mayer, 1990).

Self-Esteem

Dennis (2014) asserted that self-esteem has become a household term in clinical spheres. Doctors, Nurses, Social Workers, Psychiatrists, Psychiatric Nurses, Therapists, and others have focused efforts on boosting self-esteem, on the assumption that high self-esteem will cause many positive outcomes and benefits. However, this assumption has been critically evaluated in some literatures (Robins & Trzesniewski, 2005).

Self-esteem is a term used in psychology to reflect person's overall emotional evaluation of his or her own worth (Rosenberg, Schooler, Schoenbach, & Rosenberg, 1995). It is a judgment of oneself as well as an attitude towards the self (Hewitt, 2009). It is the evaluative component of self-knowledge (Baumeister, Campbell, Krueger, & Vohs, 2003). High self-esteem refers to a highly favorable global evaluation of the self (Ciarrochi, Heaven, & Fiona, 2007). Low self-esteem, by definition, refers to an unfavorable definition of the self. Whether this signifies an absolutely unfavorable or relatively unfavorable evaluation is a problematic distinction (Ciarrochi et al., 2007). This is because self-esteem does not carry any definitional requirement of accuracy whatsoever (Baumeister, Campbell, Krueger, & Vohs, 2003).

Several studies have stressed the importance of self-esteem in understanding life satisfaction (Rosenberg, 1989; Ciarrochi, Heaven, & Fiona, 2007). Study after study has shown that healthcare teams are more creative and productive when they can achieve high levels of participation, cooperation, and collaboration among members (Baumeister et al., 2003; Dennis, 2014). Some research study have shown that three basic conditions need to be present before such behaviors can occur: mutual trust among members, a sense of group identity (a feeling among members that they belong to a unique and worthwhile group) and a sense of group efficacy (the belief that the team can perform well and that group members are more effective working together than apart). At the heart of these three conditions are emotions. Trust, a sense of identity, and a feeling of efficacy arise in environments where emotion is well handled, so groups stand to benefit by consolidating their self-esteem (Baumeister, Campbell,

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Krueger, & Vohs, 2003).

In the past few years, the healthcare industry in Nigeria (Punch Newspaper, 2014) have witnessed strikes like the one recently embarked upon by the Joint Health Sector Union (JOHESU) in protest to the Federal Government of Nigeria on the fundamental issue of salary adjustment of members of JOHESU as welfare packages that boost their life satisfaction since they are at most risk due to the nature of their jobs and that this agitation is in line with what is obtainable in other developed countries of the world Sentence too long. Nigeria's Federal Ministry of Health has observed that the lack of performance of the country's health system is attributable to the low or absence of satisfaction in life and at work (Federal Ministry of Health, 2004). Previous governments have tried to ameliorate this issue by improving compensation packages and increase allowance for hospital workers. However, despite the measures government has taken to improve the lives of this group of people issue has not been successfully resolved and the advent of hospital workers agitation, protests and strikes seems not to abate. Therefore, this study attempts to focus on factors that may predict life satisfaction, hence self-esteem and emotional intelligence. It is therefore necessary to investigate life satisfaction of employees in healthcare from a non-financial perspective because previous governments who have used financial incentives have not recorded much success (Federal Ministry of Health, 2004). Some studies have linked self-concepts and emotional competence to life satisfaction, reduced absenteeism, and increase in work motivation (Rode, 2004). This is evident as self-esteem have been linked to positive outcomes in life and medical teams puts in their best when they are satisfied (Dennis, 2014). Therefore, the present study attempts to examine the self-esteem and emotional intelligence as predictors of life satisfaction.

Life satisfaction has been explained under different models, but for the purpose of this study, theories of life satisfaction will be explained with theories that focus primarily on the premise that emotional intelligence and self-esteem are dynamic processes and these assumptions have the greatest relevance to the development of life satisfaction. Life satisfaction was explained using Veenhoven's (1984) Quality of Life (QOL) Model; Emotional Intelligence was discussed with the Model by Salovey.

Veenhoven (1995) theorized that present life-chances are entrenched in past events and chance-structures; in societal as well as individual development. An example may illustrate this four-step model: a person's life-chances may be poor, because he/she lives in a lawless society, is in a powerless position in that society, and is personally neither smart nor pleasant (step 1). Such a person is likely to encounter a lot of adverse experiences. He/she may be robbed, duped, humiliated and excluded (step 2). As a result, that person will frequently feel anxious, angry and lonely (step 3). Based on this flow of experience, the person will conclude "I feel lousy most of the time" and "My wife is not good". Striking an overall balance, he/she will evaluate life as dissatisfying (step 4).

Causality can skip a step. For instance, poor legal protection (step 1) may instigate feelings of anxiety (step 3) directly, because the person anticipates events that are likely to happen, but have not occurred.

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Or life-chances (step 1) can even enter the evaluation of life (step 4) right away, when comparisons shape the judgement (Veenhoven, 1995). Likewise, not all life-events in step 2 follow from life-chances at step 1. Some events are a matter of good or bad luck and happen irrespective of social position or psychological capabilities. Nor is the flow of life-experiences (step 3) entirely shaped by the course of events (step 2). How pleasant or unpleasant we feel also depends on dispositions and interpretations as well (Veenhoven, 1995).

The QOL model proposes that there is good evidence that satisfaction with income is largely a matter of comparison and that standards of comparison in this domain tend to shift (Veenhoven, 1995). This is further supported by research on satisfaction with health and work. Thus, the theory that satisfaction is relative does apply to some domain-satisfactions. However, the evaluation of life as a whole typically follows both pleasant and adverse situations. Therefore, the theory does not apply to global life-satisfaction (Veenhoven, 1995). According to the QOL Model the strongest correlations invariably concern personal capability in dealing with the problems of life (Veenhoven, 1984). Life-satisfaction tends to be greater among those who are in good physical health and who have a lot of energy.

Salovey and Mayer (1990) stated four skills of EI, which includes emotional awareness of own and others, emotional management of own and others, emotional understanding and emotional facilitation. They also developed an inventory to measure emotional intelligence. Goleman (2005) stated that emotional intelligence play a major role in improving performance at work as well as achievements in personal life. He claimed that approximately 90% of the performance between high and average individuals at senior leader positions was due to emotional intelligence features rather than cognitive ones.

The management of emotion enables an individual to join or un-join himself from an emotion in a given situation depending on its utility at that given time (Sy, Tram, O'Hara, 2006). This is apparent in the individual's ability to have control on his immediate reactions and postpone his/her judgment and then to communicate them in a measured and careful manner. The suggestion to "think and then act", caution to "count to 10 before replying" and listening practice like "pause, breathe and relax then respond" are all efforts for managing emotions by conveying your feelings and emotions in a proper way when communicating.

Relationship of emotional intelligence with life satisfaction has been demonstrated in several literatures (Goleman, 2005; Qquoidbach & Hansenne, 2000). As emotional intelligence is critical to life satisfaction, a person who knows how to stay motivated under stress, motivate others, manage complex interpersonal relationships, his/her others and build teams who are recognized specialists on a product or service are likely to get will get better results (Goleman, 2005).

Further, studies in Nigeria (Umeh, 2004; Alao, 2008) found that employees having high emotional intelligence are more skilled to regulate their own as well as manage others' emotions to promote positive interactions which would lead to improved performance. This is also corroborated by Sy, Tram

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and O'Hara (2006) who revealed that individuals high on emotional intelligence tend to foster relationship among colleagues in work place settings. Similarly, Adebayo (2011) revealed that healthcare managers having high emotional intelligence exhibit optimistic work attitudes and unselfish behaviors which resultantly lead to employees' higher life satisfaction and performance at job.

Only a handful of research studies on self-esteem and life satisfaction among health workers have revealed significant relationships (Baumeister, Campbell, Krueger, & Vohs, 2003; Joshanloo & Afshari, 2011). However, even fewer studies have investigated if self-esteem is a cause of important consequences in life satisfaction.

The results of a survey of major research findings bearing on this question have provided some thorough review of empirical findings emphasizing the most methodologically rigorous research studies to ascertain whether high self-esteem is in fact a cause of positive or negative outcomes life satisfaction (Rosenberg, 1989; Baumeister et al., 2003; Joshanloo et al., 2011; Seitz, Hagmann, Besier, Dieluweit, Debatin, Grabow, Kaatsch, Henrich, & Goldbeck, 2011; Nwosu, Ugwoegbu, & Okeke, 2013). These studies revealed that life satisfaction does not stem directly from self-esteem, but self-esteem may have indirect effect.

Research has revealed that self-esteem alone does not account for positive value for bringing about life satisfaction benefits (Denovan & Halpen, 2000). Such a pattern would presumably allow precise understanding of the advantage of self-esteem. This would be beneficial in theory in that it would promote a better understanding of self-esteem as well as the outcomes it predicts and for practical applications and even for determining whether efforts at boosting self-esteem are worth undertaking in order to solve distresses about life satisfaction (Rosenberg et al., 1995; Baumeister et al., 2003; Denovan & Halpen, 2000).

Research Hypotheses

1) Emotional intelligence will independently significantly predict life satisfaction.

2) Self-esteem will significantly predict life satisfaction.

2. Method

2.1 Research Setting

This study was conducted using, ex-post facto design since it attempted to explain effect based on precursory condition, to determine the influence of emotional intelligence and self-esteem on Life satisfaction. Hospital workers as resident and consultant doctors, psychologists, pharmacologists, occupational therapists, ophthalmologists, social workers, laboratory scientist and nurses in Lagos state metropolis, Nigeria constituted the population of this study because a considerable pool of health workers was accessible in Lagos state owing to strategic location being in the commercial hub of the most populous nation in Africa. The pluralistic, commercial, and strategic nature of Lagos state informed the choice of participants used in the study. Accidental sampling was conducted in selecting

the participants involved in this study.

Inclusion Criteria: Hospital workers who have been working for at least 6 months in a hospital including those also on internship. Both private and stated owned hospital workers participated in this study. All categories of gender, religious affiliation and ethnic groupings in Nigeria were considered. Only hospital workers situated presently in Alimosho and Mosan Okunola Local Government Areas in Lagos metropolis at the time of research were measured.

Exclusion Criteria: All National Youth Corp members were exempted. Hospital workers who do not work directly with patients (security guards, technicians, cooks, laundry staff, ambulance drivers, hygiene inspectors, and all administrative workers) were considered outliers for the research. All participants outside Alimosho and Mosan Okunola Local Government areas in Lagos metropolis.

Participants

A total of 200 hospital workers across three governments and eight private owned hospitals in Alimosho and Mosan Okunola Local Government areas in Lagos Metropolis, Nigeria were sampled using accidental sampling technique. The public hospitals selected were: Igando General Hospital, Rauf Aregbesola General Hospital and Estate Health Centre in Lagos. Privately owned hospitals include: Special Consult Hospital, Adefemi Memorial Hospital, Healing Virtue Hospital, Holy Bethany Hospital, Estate Baptist Hospital, Prince and Princess Hospital, Crown Specialist Hospital and Prestige Hospital. The participants comprised of 102 (59%) males and 98 (41%) females. Marital status revealed single 110 (55%), married 81 (40.5%), divorced 9 (4.5%), and also Christians 128 (64%), Islam 65 (32.5%), Traditional 7 (3.5%).

2.1.1 Procedure

Ethical approval was obtained from the hospitals used for the research most were verbal and others a letter was issued from Igando General Hospital, Rauf Aregbesola General Hospital and Estate Health Centre in Lagos, Special Consult Hospital only. Using convenience sampling technique, the researcher administered two hundred questionnaires to doctors and nurses across various departments that consented in such a way that averages of 9 copies of questionnaire were administered per hospital. Although, two hundred and three (213) copies of questionnaire were administered but only two hundred (200) copies of questionnaire were found usable for the analysis. This yielded a response rate of 99.8%.

2.1.2 Data Analysis

In order to determine the extent and direction of associations among the study variables, Pearson Product Moment Correlation (PPMC) analysis was conducted. Multiple regression analysis was then used to test hypothesis 1 and 2. Some of the socio-demographic variables were codified.

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3. Result

Test of Relationship among the Study Variables

Hypothesis 1: Emotional intelligence will independently significantly predict life satisfaction.

Table 1. Correlation Matrix Showing the Mean, SD and Inter-Variable Relationships among Variables of the Study

Variables	Mean	SD	1	2	3	4	5	6
1. Gender	-	-	1					
2. Marital Status	-	-	.146*	1				
3. Religion	-	-	.067	.122	1			
4. Emotional Intelligence	123.90	23.07	-.077	.027	-.042	1		
5. Self Esteem	55.26	11.14	.073	.177*	.099	-.039	1	
6. Life Satisfaction	51.78	10.39	.075	.133	.129	.213**	.764*	1

** $p<0.01$, *$p<0.05$, N=198.

The findings revealed that there was a significant relationship between emotional intelligence and life satisfaction [$r(198)=0.213$, $p<0.01$], such that when health workers emotional intelligence increases, their life satisfaction tend to increase. The relationship between self-esteem and life satisfaction was significant [$r(198)=0.764$, $p<0.01$] such that both experience changes towards the same direction. Emotional intelligence was not significantly related to self-esteem [$r(198)=-0.039$, $p>0.05$]. The demographic variables under the study (gender, marital status and religion) had no significant relationship with life satisfaction of hospital workers.

Hypothesis 2: Emotional intelligence will independently significantly predict life satisfaction.

Table 2. Summary of Multiple Regression Analysis Showing the Prediction on Resilience

Variables	β	t	R	R^2	Df	F
Emotional Intelligence	.189	4.309**	.792	.628	3, 196	110.228**
Self Esteem	.145	2.532*				

**$p<0.01$, * $p<0.05$.

The result above indicated that emotional intelligence significantly predicted life satisfaction ($\beta=0.189$, $p<0.01$). This was such that an increase level of emotional intelligence will result to an increase in the life satisfaction of health workers. The result confirmed hypothesis 1, therefore, the hypothesis was accepted. Self-esteem was found to significantly predict life satisfaction among health workers ($\beta=0.145$, $p<0.05$) and this was such that workers with high self-esteem will be more satisfied with life, while low self-esteem implies low satisfaction with life. These results correspond with hypothesis thus

the hypothesis was confirmed and accepted.

4. Discussion

The study examined the influence of emotional intelligence and self-esteem as predicators of life satisfaction among hospital workers in Lagos State, Nigeria. The findings revealed that there was a significant relationship between emotional intelligence and life satisfaction [$r(198)=0.213$, $p<0.01$], such that when health workers emotional intelligence increases, their life satisfaction tend to increase. The findings corroborate with the findings of Onigbinde (1996) who conducted a study on job satisfaction of physiotherapists in Nigeria. Onigbinde (1996) revealed that life satisfaction is a relative concept that changes according to purpose of working and is perceived differently with respect to the priorities of professionals and the work environment.

An important explanation could be that health workers who are emotionally intelligent possess the ability to recognize their own feelings, others feelings, to differentiate among, use the information to manage ones thinking and behaviour, understand, adjust, express emotions and adapt to environmental or work pressures (Adeyemo & Afolabi, 2007). Oladipo, Olapegba and Adenaike (2010) findings also support the findings of the present study in that, the authors reported that emotionally intelligent individuals are often able to adapt at putting themselves in positive affective states to avoid dysfunctional emotions and use them in adaptive ways to alleviate the feeling of frustration than health workers with low emotional intelligence.

5. Conclusion

Based on the findings, the study has empirically demonstrated that health workers who perceived an increase sense of emotional intelligence and self-esteem showed higher tendency to demonstrate life satisfaction than their counterparts. The result of this study also showed that all the independent variables (emotional intelligence and self-esteem) jointly predicted life satisfaction.

5.1 Implications of the Findings

Findings of the study have some direct practical implications for management and owners of healthcare institutions. The findings from this study implicate the need for hospital and healthcare management to design and develop intervention programmes that can help increase effective life satisfaction and personnel wellbeing and development within the managed care sector.

5.2 Recommendations

Based on the findings of this study, the researcher recommends that:

Ministry of Health in Nigeria should take adequate steps to inculcate life satisfying measure that directly increase the emotional and social aspects of health worker's life to increase the chances of developing and sustaining a viable health service delivery in Nigeria. In other words, caregivers who work in healthcare environments in Nigeria shall acquire life satisfying development possibilities and

training in areas of psychological development and growth like those experienced in the United Kingdom (UK), and central Europe who are already reaping the dividends of healthy and well-groomed health service employees who pride themselves as one of the best in world.

Psychologists must endeavour to inculcate practices that help increase self-consciousness and teach health workers ways in which they can interpret their unconscious to help them develop their emotional intelligence. Also psychologists can organize therapy sessions frequently address issues like low self-esteem and help people to gain a stronger sense of self. People with low self-esteem may work with therapists on becoming more assertive, confident, and self-aware. Finding a sense of accomplishment is a huge boost to self-esteem, and therapy can help people identify specific activities that boost confidence and competence. In addition, many therapists focus on helping people so that they can develop more realistic, achievable goals for themselves and treat themselves with the same kindness and encouragement they would offer others.

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