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The Predicting Role of Emotional Intelligence in Job Satisfaction of Healthcare Practitioners in Pakistan

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Abstract:
Healthcare had been dominated by stress-related literature for a long time. However, the contemporary approach focuses on doctors' wellbeing. Since healthcare professionals' wellbeing depends on their satisfaction with work, it is important to understand the factors that influence job satisfaction. Therefore, this study aimed to identify the predicting role of factors of Emotional Intelligence (EI), such as, perception of emotion, managing own emotions, managing others' emotions, and usage of emotion in job satisfaction of healthcare practitioners in Pakistan while comparing managing own emotions in male and female healthcare practitioners and in surgeons and trainees. The study was quantitative, and 100 healthcare practitioners from public and private hospitals in Pakistan were sampled via convenient sampling. Descriptive statistics and multiple regression were used to interpret the raw survey data using SPSS. It was found that managing own emotions and usage of emotions positively predicted job satisfaction, with managing own emotions being the greater predictor. The perception of emotions and managing others' emotions did not significantly predict job satisfaction. Moreover, it was found that managing own emotions was not a significant predictor for neither males nor females. It was also found that managing own emotions was not a significant predictor of job satisfaction for neither surgeons nor trainees. This is the first study in Pakistan exploring EI as a multidimensional construct, with each factor studied in relation to job satisfaction. The findings will play a pivotal role in designing training initiatives and outreach programs to enhance the job satisfaction of Pakistani healthcare practitioners for both government and private hospitals.

Keywords: emotional intelligence, job satisfaction, healthcare practitioners.

情商对巴基斯坦医疗从业者工作满意度的预测作用

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摘要：
长期以来，医疗保健一直被与压力相关的文献所主导。然而，现代方法侧重于医生的福祉。由于医疗保健专业人员的幸福取决于他们对工作的满意度，因此了解影响工作满意度的因素非常重要。因此，本研究旨在确定情绪智力(EI)因素的预测作用，例如情绪感知、管理自己的情绪、管理他人的情绪以及情绪的使用在巴基斯坦医疗从业者的工作满意度中比较管理男性和女性医疗保健从业者以及外科医生和实习生的情绪。该研究是定量的，通过方便抽样对来自巴基斯坦公立和私立医院的100名医疗保健从业者进行了抽样。使用SPSS使用描述性统计和多元回归来解释原始调查数据。结果发现，管理自己的情绪和使用情绪可以积极预测工作满意度，其中管理自己的情绪是更大的预测因素。情绪感知和管理他人情绪并不能显着预测工作满意度。此外，研究发现，管理自己的情绪对男性和女性都不是重要的预测因素。还发现，无论是外科医生还是实习生，管理自己的情绪都不是工作满意度的重要预测指标。这是巴基斯坦首次将EI作为多维结构进行研究，其中每个因素都与工作满意度相关。调查结果将在设计培训计划和外展计划方面发挥关键作用，以提高巴基斯坦政府和私立医院医疗保健从业者的工作满意度。

关键词：情商、工作满意度，医疗保健从业者.

1. Introduction

Emotional intelligence (EI) is a construct of non-cognitive aptitudes to regulate and harness emotions for effective task resolution and problem-solving (Goleman, 1998a). Previous research considered IQ as the sole predictor of work-related outcomes, such as, job performance and satisfaction because it was deemed the only measure of cognitive functioning (Murtza et al., 2021). However, contradictory literature showed that IQ alone could not validate social competence due to the disentangling non-cognitive causal factors that play a vital role in work satisfaction, and it required additional constructs to be contemplated (VanderPal, 2021). Henceforth, Emotional Intelligence (EI) as an assortment of non-intellectual components that impacted general intelligence was accounted for to predict work-related outcomes, such as, accumulation of power, expression of affiliation, and drive for achievement (Winardi et al., 2022).

Mayer and Salovey (1995) defined EI as the component of social intelligence, which comprises the ability to perceive emotions, integrate emotions to facilitate thought, understand, and regulate emotions for personal growth. Research showed that mastering EI helps employers and employees develop productive interpersonal cues and potent relationships through transparency and open communication at work (Cui, 2021). Furthermore, EI is a protective factor against psychosocial demands and is linked with the physical and psychological health of nurses who are exposed to risks, such as interpersonal conflicts, workload, and role conflicts (Soto-Rubio et al., 2020). It expands an employee's cognitive ability, which positively affects decision -making, identification with work performance, heightened human experience, and psychophysiological arousal at work (VanderPal, 2021). When aspects of work such as, autonomy, commitment, and organizational citizenship behavior fulfill employees' basic psychological needs, they feel emotionally committed to their workplaces, which promotes overall life satisfaction (Roney & Soicher, 2022). Following the literature, it has been proposed that constructive job-related outcomes, such as, job satisfaction (JS), can be predicted by EI (Suleman et al., 2020). Workplace satisfaction is an outcome of an attitude toward job characteristics and a subjective concept affected by physiological, psychological, and situational factors that contribute to a sense of fulfillment and affirmative emotional response to facets of employment and professional nursing practices (Raghubir, 2018). Thus, factors of EI as predictors of job satisfaction in healthcare practitioners in Pakistan can be researched upon to elucidate how they contribute to their contentedness with work.

Douglas McGregor's (1960) framework on managers' beliefs of employee motivation gave two contradictory theories. The 'Theory X' explains that employees are dissatisfied with their jobs and need to be coerced or threatened for productivity. The contrary assumption 'Theory Y' postulated that human beings innately look for opportunities to grow. Thus, the environment that helps them exercise their propensity toward ambitions fulfills their self-actualization needs, whereas environments that restrict growth cause work dissatisfaction. A study conducted on physicians and nurses revealed that they planned to quit practice due to risk factors such as, lack of social support, unhealthy, toxic workplace environment, marginalization due to belongingness to minority groups, violence, and long working days as these factors caused workplace dissatisfaction (Giménez Lozano et al., 2021). The likely explanations encompass status, social relationships, pleasant physical and emotional workplace environments, and appropriate compensation and benefits; the absence of any of these result in dissatisfaction (Iliffe & Manthorpe, 2019). A Vietnamese study, which used both qualitative and quantitative tools to analyze the factors affecting job

satisfaction in healthcare professionals illustrated elevated job satisfaction derived from pleasure from having autonomy in using their own skills the way they prefer, positive working conditions, promotion opportunities, and constructive feedback (Vuong et al., 2021). However, the study was conducted in Vietnam and had limited generalizability across cultures. A cross-sectional quantitative study conducted on 361 physicians working in public and private hospitals of Pakistan revealed that job satisfaction mediated the relationship between job security and job performance as well as organizational support and job performance (Umrani et al., 2019). However, a weak negative correlation was observed between perceived emotional intelligence and job satisfaction in pharmacists, nurses, and prescribers working in healthcare facilities of Pakistan (Malik et al., 2019). These findings were contradictory to those of research carried out in various workplaces across the globe, which could be due to different workplace cultures. This left a gap in the literature which this study aimed to bridge by studying the predictive role of factors of EI in the job satisfaction of healthcare practitioners in Pakistan.

2. Literature Review

Immediate contact with patients having severe illness or terminal disease produces psychological stress and healthcare used a disease-based framework that viewed individuals as cases and undervalued interpersonal relationships, humanistic approach toward illness and socioemotional dynamics (Parizad et al., 2018). Healthcare professionals maintained emotional distance from patients to prevent burnouts during long therapeutic relationships (Skär & Söderberg, 2018). Growing care constraints, litigation and regulatory pressures compromised trust and effective communication between practitioners and patients, and using the healing tools of medicine blindly in ignorance of social and emotional needs blurred the meaning and context of patient's illness (Eshete et al., 2019).

How well a healthcare professional manages critical situations, his relationships with patients and colleagues, and his capability to aid and support are crucial elements of job satisfaction (Lu et el., 2019). This made emotional functioning across all domains of medicine necessary to deal with emotional problems in the respective fields (White & Grason, 2019). The field of medicine and cultural diversity of patients required rationalization of illness beyond a standardized medical approach with honest communication, effective negotiation, foundation of trust, and avoidance of stereotypical stigmas to establish professional propensities (Ward, 2018). Contemporary medical practices emphasized a health-belief model that focused on well-being and optimal functioning of patients, which required socio-emotional skills' persistence of healthcare professionals that impacted job satisfaction (Liu et al., 2019).

Since EI is proposed to facilitate integration, regulation, and management of emotions, the current medical system considers EI an essential component for medical professionals to manage emotional reactions and sustain therapeutic potential (Nightingale et al., 2018) and improve the mental health of nurses and doctors who by fostering a unique understanding of illness without the risk of burnout and emotional exhaustion due to depleted psychological help, thereby increasing their sustainability in respective fields (Ishii & Horikawa, 2019). Therefore, several medical schools made EI a part of the graduate medical education curriculum to satisfy the professionalism criteria - patient care, medical knowledge, interpersonal and communication skills, professionalism, systems-based practice, and practice-based learning and improvement (Roth et al., 2019). It is evidenced that healthcare practitioners with high EI can provide better interventions, develop positive social relationships, and enhance constructive organizational citizenship behavior (Nightingale et al., 2018); all of which could be translated into job satisfaction.

EI is sub categorized into non-cognitive constructs, one of which is emotional management, which is influenced by gender. A cross-sectional study on Spanish adults revealed that Ability EI, which comprised four branches of the EI model developed by Mayer and Salovey, was greater in females than in males (Cabello et al., 2016). However, an Iranian study showed that there was no significant gender difference in the total score of EI, but emotional self-awareness, self-regard, empathy, and interpersonal relationships were facets of EI where women scored higher than men (Meshkat & Nejati, 2017). Socially, certain characteristics may be suitable for one but not the other gender. Women faced with complex challenges try managing their pain and simultaneously the demands of their environment, whereas, men consider pain as a threat to their masculinity and displayed instrumentality and competitiveness to hide their weaknesses (Samulowitz et al., 2018). Since emotional management is not a fixed attribute for gender and alters with biological and social demands, job satisfaction can be affected by gender and by the varying emotional and physical requirements of jobs (Olson et al., 2019). Findings on gender differences and emotional management are inconsistent across the globe**.** Investigations on emotional labor revealed that women faced alleviated emotional exhaustion and burnout causing job dissatisfaction (Bagheri Hosseinabadi et al., 2019). In contrast, the findings of a study on 100 nurses in Ghana showed no gender differences in emotional management and job satisfaction because both genders were trained in a similar manner to master the skills of empathy, emotional regulation, and emotional expression (Tagoe & Quarshie, 2017). However, the sample size for nurses was not balanced (83 females and 37 males), and a balanced sample size could yield varying results. Research focusing on gender differences in relation to stress and sociodemographic characteristics showed gender-specific resistance to females' effort to ascend organizational hierarchies

because they simultaneously took on the roles of mothers and faced both family and work-related stressors, while men are more emotionally resilient because of familial and professional support (De Costa et al, 2018). Work-life balance plays an essential role in job satisfaction; however, women as opposed to men experience greater work-life conflict (Jackson & Fransman, 2018). Moreover, they can withstand stress with adaptability, independence, and assertiveness to sustain composed masculine image in organizations (Lawson et al., 2022). On the other hand, men are deemed to have greater tolerance and emotional control, and with their primary social skills of managing and expressing emotions, men are perceived to be more compatible than women in bearing the burden of surgical lifestyle (Epstein, 2017).

In addition to the gender differences in relation to EI, it is seen that employees at the bottom of the workplace hierarchy lack mastery on emotional management due to minimal exposure to stress, and their emotions are usually monitored by the top management responsible for appropriate behavior in respective fields (Lee, 2021). This is the reason why trainees in healthcare are provided supervision and empathy training by senior healthcare staff who had learned to manage their emotions in day-to-day clinical practices before exposing them to critical operative conditions (Han & Pappas, 2018). However, the Surgical Stress Effects framework elucidates that surgical providers are influenced by emotional and behavioral stressors due to predominant complications that may cause threats and adverse events in preoperative, intraoperative, and postoperative conditions (Chrouser et al., 2018). Their effort to manage emotions depends on the condition of their patients, which is often critical, and they manage their emotions through long-term psychological care, which is balancing personal attachment and cognitive re-centering (Orri et al., 2015). Nevertheless, literature on organizations with unequal power relations and disproportionate statuses demonstrate that employees with a higher status quo are at an advantage than those at subordinate positions liable to high-intensity emotional labor because of the pressure of aligning their emotions with the rules and procedures of their supervisor (Hannan et al., 2018). Considering this frame of reference, trainees hold a vulnerable position in the hierarchy of healthcare professionals and are exposed to higher intensity stress than other senior-level surgeons, and they have pressure to establish a professional identity during early clinical experience that corresponds with emotional management as a discrete skill for symbolical professional development to pursue patient care through discourses of adaptability and resilience in multiple episodes; however, it is hardly recognized due to instrumental organizational ideology in healthcare practices (Helmich et al., 2018).

In the light of the above-mentioned literature, it becomes clear that EI is a crucial part of any working environment. Substantial publications concerning the corporate sector on EI and job satisfaction in the developed countries encompass emotional intelligence, job satisfaction, gender differences, and hierarchical structure. However, there remains a lack of research that studies all four variables together in the healthcare sector, especially in the developing countries, such as Pakistan. Moreover, most of the studies had been conducted in the individualistic Western workplace culture with low power distance, which have little applicability to the Eastern collectivistic workplace culture with high power distance (Kiaris, 2022). Therefore, research across cultures is required for the generalizability of findings. Furthermore, there are conflicting findings on emotional management as a predictor of job satisfaction on gender, as well as in trainees and surgeons. For the purpose to bridge the literature gap, this study predominantly focuses on the healthcare practitioners of Pakistan to examine the predicting role of factors of EI on job satisfaction both in male and female surgeons and trainees.

H1: Each factor of EI, such as, perception of emotion, managing own emotions, managing others' emotions, and usage of emotion positively predict job satisfaction in healthcare practitioners.

H2: Managing own emotions is a better predictor of job satisfaction than other factors of EI in male health practitioners compared to female healthcare practitioners.

H3: Managing own emotions is a better predictor of job satisfaction than other factors of EI in surgeons compared to trainees.

3. Method

3.1. Participants

The target population for this study was healthcare practitioners of government and private hospitals of Karachi, Pakistan. 100 professionals were recruited via convenient sampling with the HR department of each hospital. The researcher tried to balance the male-female ratio and ensure that the healthcare professionals came from various professional levels and fields of specialization. The inclusion criterion for the participants was practitioner age between 20-75 with a job experience of a minimum six months.

3.2. Measures

3.2.1. Demographic Information Form

The demographic information form was used to ensure that the individual selection criteria, which were

age 20 to 75 and minimum 6 months of experience, were not violated. It consisted of the following fields for information: age, gender, education, job post, field of specialization, and years of experience.

3.2.2. The Schutte Self-Report Emotional Intelligence Test (SSEIT)

To measure EI, the Schutte Self-Report Emotional Intelligence Test (SSEIT) (Schutte, Malouff & Bhullar, 2009) was used. The measure is a 5-point Likert type scale containing 33 items with three reverse coding items. The scores ranged from "1= strongly disagree to "5=strongly agree". The internal consistency according to the Cronbach's Alpha is .90 and the mean alpha value across the samples is 0.87. The scale precisely outlined 4 factors, namely: perception of emotion (items 5, 9, 15, 18, 19, 22, 25, 29, 32, 33), managing own emotions (items 2, 3, 10, 12, 14, 21, 23, 28, 31), managing others' emotions (items 1, 4, 11, 13, 16, 24, 26, 30), and usage of emotion (items 6, 7, 8, 17, 20, 27). An example of an item from the factor 'Managing own emotions' could be, "I have control over my emotions". Scores can range from 33 to 165, with higher scores indicating more EI.

3.2.3. Job Satisfaction Survey

To measure job satisfaction, a Job Satisfaction Survey developed by Spector (1985) was used. The measure was a nine-facet scale with 36 items: four items assessing each facet and 19 reverse scoring items. Responses were evaluated by a summated rating scale format having six choices for each item ranging from "1=strongly disagree" to "6=strongly agree". The score for internal consistency for each item was above .50, ranging from 0.60 to 0.91. Part whole correlations were acceptable ($r > .26$). The correlation coefficients for the subscales ranged from .37 to .74 for the subscales and .71 for the total scale, which was significantly high. The nine facets included communication (9, 18, 26, 36), contingent rewards (5, 14, 23, 32), coworkers (7, 16, 25, 34), fringe benefits (4, 13, 22, 29), pay (1, 10, 19, 28), promotion (2, 11, 20, 33) nature of work (8, 17, 27, 35), supervision (3, 12, 21, 30), and operating procedures (6, 15, 24, 31). An example for the facet 'Coworkers' could be "I like the people I work with". Based on the sum of all 36 items, the scores could range from 36 to 216 with high scores representing greater job satisfaction

3.3. Procedure

The study was quantitative based on objective ontology and positivist epistemology. The approach was deductive, and the research design was a cross-sectional survey study. The independent variables studied were factors of EI: perception of emotions, managing own emotions, managing others' emotions and usage of emotions. The dependent variable studied was job satisfaction. The study required usage of objective measures based on the numeric data collection, interpreted using statistical tools. A list of government and private hospitals in Karachi, Pakistan was made. Each hospital was visited personally to acquire formal permission letters from the authorities for data collection. An informed consent form, which included the purpose of research, confidentiality/anonymity rights, and rights to withdraw, was used to ensure the participants' voluntary partaking. A demographic information sheet was given to those willing to participate to gather their details and ensure they fit the criteria. The participants were assessed during their personal time in the meeting room of their respective workplaces. Paper-based surveys were distributed by the HR managers of the hospitals to avoid observer-expectancy effect and ensure that the study was double-blinded. After completion, the participants were debriefed about the purpose of the research by the investigator.

3.4. Statistical Analysis

The data entered in Excel was imported to the Statistical Package for the Social Sciences (SPSS). Descriptive statistics summarized the data using indexes for the conclusions to be drawn for the data that were subject to random variation, whereas inferential statistics multiple regression to test the hypotheses.

3.5. Ethical Consideration

The clearance to conduct this study was approved by Heriot Watt University and the research supervisor. The participants were enlightened about the purpose of this research. Participants signed an information sheet and consent form with their initials and DOB to ensure confidentiality, voluntary participation, and easy withdrawal from the study. Considering the guidelines of data storage by the British Psychological Association, the data was on the investigator's google drive available to the project investigator and the supervisor only. The data will be retained for a period of five years from the publication of the study.

4. Results

Table 3 entails that multiple regression analysis with all four predictors of EI produced $R^2 = 0.486$, $F(4, 95) = 22.433$, $p < 0.05$. that shows that the predictors explain 48.6% of variation in the criterion variable, which is Job Satisfaction. Managing own emotions and usage of emotions significantly predict job satisfaction. managing own emotions positively predict job satisfaction ($\beta = 0.357$, $p < 0.05$) and one unit increase in managing own emotions predict job satisfaction increased by 1.589 units. The utilization of emotion positively predicted job satisfaction ($\beta = 0.284$, $p < 0.05$) and every unit increase in the utilization of emotion predicted job satisfaction increase by 1.873 units. the table entails that managing own emotions ($\beta = 0.357$) is a greater predictor of job satisfaction than the utilization of emotions ($\beta = 0.284$). The table also shows that perception of emotions and managing own emotions are not significant predictors of job satisfaction ($p > 0.05$).

Table 1. Demographic characteristics of the sample (N = 100)

Variable	F	%
Gender		
Female	51	51.0
Male	49	49.0
Age (years)		
26–34 years	56	56.0
35–44 years	25	25.0
44–75 years	19	19.0
Position		
Anesthetist	4	4.0
Consultant	1	1.0
House officer	3	3.0
Intern	1	1.0
Manager Operation theater	2	2.0
Nurse	5	5.0
Physiotherapist	2	2.0
Psychiatrist	1	1.0
Radiologist	9	9.0
Resident	6	6.0
Senior medical officer	1	1.0
Surgeon	29	29.0
Trainee	36	36.0
Field of specialization		
Anesthesia	4	4.0
Cardiology	3	3.0
Clinical nursing	2	2.0
DPT	1	1.0
Family medicine	2	2.0
General physician	1	1.0
General surgery	17	17.0
Gynecology	9	9.0
Healthcare management	2	2.0
Internal medicine	1	1.0
Medicine	9	9.0
Midwife	3	3.0
N/A	4	4.0
Neurology	2	2.0
Obstetrics	5	5.0
Orthopedic	5	5.0
Pediatric	1	1.0
Physiotherapy	2	2.0
Plastic and microvascular surgeon	1	1.0
Plastic surgery	1	1.0
Psychiatry	2	2.0
Radiology	9	9.0
Surgery	1	1.0
Ultrasound	4	4.0
Urology	8	8.0
Hospital		
Public sector	39	39.0
Private sector	61	61.0

Table 2. Descriptive statistics (mean and standard deviation) of study measures (N = 100)

Variables	M	SD
Perception of emotion	33.82	5.48
Managing own emotions	30.95	5.84
Managing others' emotion	27.71	4.84
Usage of emotion	21.96	3.95
Job satisfaction	125.93	26.03

Table 3. Multiple regression analysis of perception of emotion, managing own emotions, managing others' emotions, and usage of emotions as predictors of job satisfaction (Developed by the authors)

Block	Predictor	Job satisfaction				
		Model fit	B	B	T	P
1	Perception of emotion	$R^2 = 0.486$	0.793	0.167	1.733	0.086
	Managing own emotions	F (4, 95) = 22.433	1.589	0.357	3.482	0.001
	Managing others' emotions		0.026	0.005	0.046	0.963
	Usage of emotions		1.873	0.284	2.631	0.010

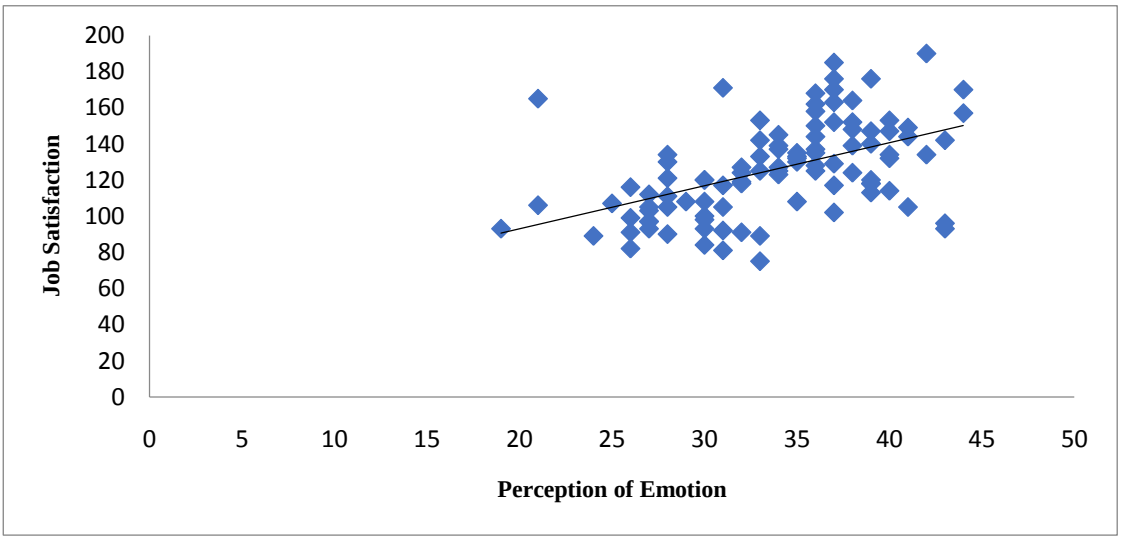

Figure 1. Scatter plot of perception of emotion with job satisfaction

Figure 2. Scatter plot of managing own emotions with job satisfaction

Figure 3. Scatter plot of managing others' emotions with job satisfaction

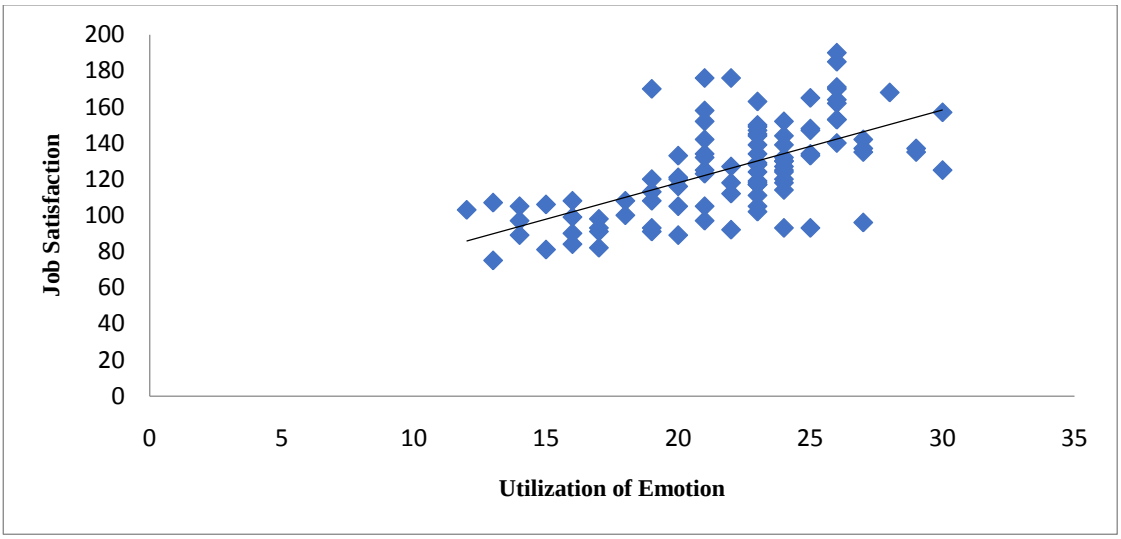

Figure 4. Scatter plot of usage of emotion with job satisfaction

Table 4. Multiple regression analysis of perception of emotion, managing own emotions, managing others' emotions and usage of emotions and job satisfaction in males (Developed by the authors)

Block	Predictor	Job satisfaction				
		Model fit	B	B	t	p
1	Perception of emotion	$R^2 = 0.386$	-0.061	-0.012	-0.079	0.938
	Managing own emotions	F (4, 44) = 6.925	1.341	0.291	1.677	0.101
	Managing others' emotions		1.732	0.382	1.979	0.054
	Usage of emotions		0.734	0.111	0.657	0.514

Table 4 entails that multiple regression analysis with all four predictors for male healthcare practitioners produced $R^2 = 0.386$, $F(4, 44) = 6.925$, $p > 0.05$ that shows that the predictors explain 38.6% of variation in job satisfaction in male healthcare practitioners. Thus, perception of emotions, managing own emotions, managing others' emotions, and usage of emotions are not significant predictors of job satisfaction in male healthcare practitioners ($p > 0.05$).

Table 5. Multiple regression analysis of perception of emotion, managing own emotions, managing others' emotions and usage of emotions and job satisfaction in females (Developed by the authors)

Block	Predictor	Job satisfaction				
		Model fit	B	β	t	p
1	Perception of emotion	$R^2 = 0.427$	0.684	0.170	1.223	0.228
	Managing own emotions	$F(4, 46) = 8.570$	0.983	0.235	1.685	0.099
	Managing others' emotions		-0.724	-0.161	-1.034	0.306
	Usage of emotions		2.742	0.487	3.094	0.003

Table 5 entails that Multiple regression analysis with all four predictors for female healthcare practitioners produced $R^2 = 0.427$, $F(4, 46) = 8.570$, $p > 0.05$, which explains that the predictors explain 42.7% of variation in job satisfaction in female healthcare practitioners. One unit increase in usage of emotion predicted job satisfaction increase by 2.742 and utilizations of emotion significantly positively predicted job satisfaction ($\beta = 0.487$, $p > 0.05$). Table 3 also entails that perception of emotions, managing own emotions, and managing others' emotions are not significant predictors of job satisfaction in female healthcare practitioners ($p > 0.05$).

Table 6 entails that multiple regression analysis with all four predictors for surgeons produced $R^2 = 0.393$, $F(4, 24) = 3.890$, $p < 0.05$ that explains that the predictors explain 39.3% of variation in job satisfaction in surgeons and perception of emotions, managing own emotions, managing others' emotions and usage of emotions are not significant predictors of job satisfaction ($p > 0.05$).

Table 6. Multiple regression analysis of perception of emotion, managing own emotions, managing others' emotions and usage of emotions on job satisfaction in surgeons (Developed by the authors)

Block	Predictor	Job satisfaction				
		Model fit	B	β	t	p
1	Perception of emotion	$R^2 = 0.393$	1.076	0.173	0.836	0.411
	Managing own emotions	$F(4, 24) = 3.890$	1.586	0.261	1.444	0.162
	Managing others' emotions		1.140	0.181	0.794	0.435
	Usage of emotions		1.929	0.230	1.234	0.229

Table 7. Multiple regression analysis of perception of emotion, managing own emotions, managing others' emotions, and usage of emotions on job satisfaction in trainees (Developed by the authors)

Block	Predictor	Job satisfaction				
		Model fit	B	β	T	p
1	Perception of emotion	$R^2 = 0.399$	0.567	0.132	0.830	0.413
	Managing own emotions	$F(4, 31) = 5.136$	1.634	0.326	1.937	0.062
	Managing others' emotions		0.385	0.065	0.369	0.715
	Usage of emotions		1.844	0.273	0.273	0.162

Table 7 entails that the multiple regression analysis with all four predictors for trainees produced $R^2 = 0.399$, $F(4, 31) = 5.136$, $p < 0.05$, which shows that the predictors explain 39.9% of variation in job satisfaction in males. perception of emotions, managing own emotions, managing others' emotions and usage of emotions are not significant predictors of job satisfaction ($p > 0.05$).

5. Discussion

The first hypothesis of this study illustrated that each factor of EI, such as, perception of emotion, managing own emotions, managing others' emotions, and usage of emotion positively predict job satisfaction in healthcare practitioners. Multiple regression analysis with all four predictors of EI produced $R^2 = .486$, $F(4, 95) = 22.433$, $p < 0.05$. which shows that the predictors explain 48.6% of variation in the criterion variable, which is job satisfaction. managing own emotions and usage of emotions significantly predicted job satisfaction. Managing own emotions positively predicted job satisfaction ($\beta = 0.357$, $p < 0.05$) and one unit increase in managing own emotions predicted job satisfaction increased by 1.589 units. The usage of emotion positively predicted job satisfaction ($\beta = 0.284$, $p < 0.05$) and every unit increase in the usage of emotion predicted job satisfaction increase by 1.873

units. The table entails that managing own emotions (β = 0.357) is a greater predictor of job satisfaction than the usage of emotions (β = 0.284). The table also shows that perception of emotions and managing own emotions are not significant predictors of job satisfaction ($p > 0.05$). The findings are consistent with studies that illustrate that healthcare practitioners are prone to managing and regulating their emotions around patients effectively, optimization of which contributes to appropriate usage of emotions that enhances job satisfaction at an individual level (Nightingale et al., 2018). However, at a collective level, doctors rely on the disease-based model to maintain the necessary distance from patients to reduce stress and burnout, which restrains them to perceive and manage the dynamics of patients' emotions (Parizad et al., 2018). As to why job satisfaction is related to managing one's emotions and their usage but not perceiving emotions and managing others' emotions is simple: it helps take actions with respect to traumatic events during intensive involvement with patients (Ishii & Horikawa, 2019). Healthcare professionals work in an environment with acute stressors in terms of diseases and critical therapeutic interventions and are expected to keep numb (Eshete et al., 2019). These traumatic encounters often lead to negative outcomes at both the individual level (anxiety, depression, decreased sense of personal accomplishment and satisfaction) and organizational level (decreased satisfaction with the quality of care) (Lu et al., 2019). Possessing skills to manage one's own emotions and use them helps healthcare practitioners deal with stressors, lack of perception restrains them to align those stressors deeply with their internal feelings, and not managing others' emotions helps them maintain distance from those stressors, the edge that they require to deal with their patients calmly and readily (Skär & Söderberg, 2018).

The second hypothesis of this study illustrates that managing own emotions is a better predictor of job satisfaction than other factors of EI in male health practitioners compared to female healthcare practitioners. Multiple regression analysis with all four predictors for male healthcare practitioners produced $R^2 = 0.386$, $F(4, 44) = 6.925$, $p > 0.05$, which shows that the predictors explain 38.6% of variation in job satisfaction in male healthcare practitioners. Thus, perception of emotions, managing own emotions, managing others' emotions, and usage of emotions are not significant predictors of job satisfaction in male healthcare practitioners ($p > 0.05$). Multiple regression analysis with all four predictors for female healthcare practitioners produced $R^2 = 0.427$, $F(4, 46) = 8.570$, $p > 0.05$, which explains that the predictors explain 42.7%% of variation in job satisfaction in female healthcare practitioners. One unit increase in usage of emotion predicted job satisfaction increase by 2.742 and utilizations of emotion significantly positively predicted job satisfaction ($\beta = 0.487$, $p > 0.05$). Moreover, the perception of emotions, managing own emotions, and managing others' emotions are not significant predictors of job satisfaction in female healthcare practitioners ($p > 0.05$). Gender is a social process and environment affects the characteristics of EI in both genders. Therefore, managing own emotions was not a significant predictor of job satisfaction in male or female healthcare professionals rejecting the second hypothesis. For males, no significant predictor was found. In females, the usage of emotions significantly positively predicted job satisfaction. The findings of this study could be backed by previous literature which revealed no gender differences in emotional management because the healthcare practitioners are trained in the same manner (Tagoe & Quarshie, 2017).

Another study showed that there was no gender difference in the total score of EI (Meshkat & Nejati, 2017). However, literature review has revealed disparities in findings on men and women treating their emotions differently where women adapt to the pain and challenges, they were faced with, whereas, men consider them as a threat to their masculine image (Samulowitz et al., 2018). Moreover, women use their emotional experiences and arousals constructively to forge healthy interpersonal relationships and regard for oneself (Meshkat & Nejati, 2017). The aforementioned studies support the finding of this study showing the usage of emotions as a significant predictor of job satisfaction in female healthcare practitioners. Noncognitive aptitudes of EI are difficult to perceive and how they are deciphered varies across cultures and the difference between males and females is magnified or reduced by gender roles in a culture (Kiaris, 2022). The roots of this can be sought into the socialization expectations from men and women in Pakistan. In Pakistan, men are natural aggressors, and this is how they manage and express emotions, whereas, female population lacks emotional management skills in Pakistani culture as their emotions are usually guided by their parents or husbands (Ali et al., 2019). When it comes to the field of medicine, such tendencies cannot be carried, which often clashes with what is expected and not expected in the workplace. However, Pakistani parents and society teach women to use their emotions in an adaptive and motherly manner to sustain better relations (Ali et al., 2022). This aptitude is usually carried in the workplace, which may be the reason why female healthcare practitioners scored high on the usage of emotion. Therefore, it could be deciphered from the findings of this study that women are equally endowed in the field of medicine, they too can perceive emotions and manage them to assist thought equally and effectively as men. Moreover, in this culture where women have demanding household emotional influences, it is enlightening to see those emotional influences are used effectively in their professional roles.

The third hypothesis of this study illustrated that managing own emotions is a better predictor of job satisfaction than other factors of EI in surgeons compared to trainees. Multiple regression analysis with

all four predictors for surgeons produced $R^2 = 0.393$, $F(4, 24) = 3.890$, $p < 0.05$, which explains that the predictors explain 39.3% of variation in job satisfaction in surgeons and perception of emotions, managing own emotions, managing others' emotions and usage of emotions are not significant predictors of job satisfaction. Multiple regression analysis with all four predictors for trainees produced $R^2 = 0.399$, $F(4, 31) = 5.136$, $p < 0.05$, which shows that the predictors explain 39.9% of variation in job satisfaction in males. perception of emotions, managing own emotions, managing others' emotions and usage of emotions are not significant predictors of job satisfaction ($p > .05$). The results of this study can be backed by research which showed that self-control, which is a component of interpersonal relationships and closely related to emotional management, was not a predictor of job satisfaction (Mousavi et al., 2012). Another study revealed that emotional regulation was not a predictor of internal job satisfaction in call center employees (Çekmecelioğlu et al., 2012). The aforementioned studies support the findings of this study that emotional management was not a predictor of job satisfaction in surgeons and trainees. An explanation for this could be the difficulties faced by healthcare practitioners in managing their emotions during preoperative, intraoperative, and postoperative conditions. A meta-synthesis of oncologists that revealed that oncologists faced difficulty in managing their own emotions, and experienced both physiological and emotional reactions when disclosing bad news to patients (Bousquet et al., 2015). A study on 27 liver and pancreatic surgeons revealed that it was difficult for surgeons to manage their emotions during stress, and they required emotional management through chronic psychological care (Orri et al., 2015). Likewise, low emotional intelligence levels in surgical trainees at an early stage of their careers were reported, which correlated with high levels of burnout (Gleason et al., 2020). A study on Dutch Orthopedic trainees revealed symptoms of emotional exhaustion, burnout, and dissatisfaction with professional life, which necessitated emotional management (Van Vendeloo et al., 2014). Therefore, it could be deemed that both the groups face difficulties in managing their emotions; therefore, it was not a predictor of job satisfaction in either.

6. Conclusion

This research extends on the literature on EI and JS in the healthcare sector of Pakistan. The results demonstrated diversity in the factors of EI used as assets by healthcare practitioners in Pakistan to enhance satisfaction with their jobs. The scientific novelty of this study is that it focused on the current level of emotional development of the healthcare practitioners, thereby focusing on the factors of EI proposed by the original theory of Salovey and Mayer, i.e., perception of emotion, managing own emotions, managing others' emotions and usage of emotion in job satisfaction of Pakistani healthcare practitioners which have not been previously studied in the Pakistani healthcare. Furthermore, this study involved a comparison of the two hierarchical groups in healthcare i.e., surgeons and trainees to, as well as an evaluation of gender differences in EI and JS. The presence or absence of an empirical link between the dimensions of EI and JS adds depth on the emotional resources that Pakistani healthcare practitioners rely upon genders and the organizational pyramid. This paves a way for further investigations on the dimensions of EI and JS in Pakistan.

6.1. Limitations and Recommendations

The limitation of this research is the small sample size, which includes participants from only the healthcare sector. As this research is limited to a specific sector, the findings cannot be generalized across different sectors. Moreover, the data were collected from the healthcare facilities from one city of Pakistan only. For future research, the data could be collected from other cities of Pakistan as well. Moreover, the study did not have an equal mix of both genders; therefore, it would be beneficial to ensure an equal gender representation. Finally, the study incorporated twenty-one fields of specialization, the difference within which could not be considered because of the small sample size for each field of specialization. Henceforth, it is recommended to stretch to various fields of specializations with adequate sample size for each field.

6.2. Implications

Considering the multidimensional construct of EI, strategies are required in the Pakistani healthcare to foster job satisfaction. This study could be a steppingstone for medical educationists to focus on incorporating management programs in medical schools to enhance the dimensions of Emotional Intelligence in students. Furthermore, healthcare facilities could update existing initiatives and design new outreach programs and interventions for healthcare practitioners based on the findings of this study. The findings could be used to educate medical practitioners as to how factors of EI augment job satisfaction and working on each factor can lead to work contentment. Training programs could be developed to elevate healthcare practitioners' wellness and satisfaction at work. Moreover, the emphasis of the educational initiatives could be shifted from stress management to emotional management, labeling it positively to modify their behaviors.

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Appendices

The Schutte Self-Report Emotional Intelligence Test (SSEIT)

Instructions: Indicate the extent to which each item applied to you using the following scale:

1 = strongly disagree
2 = disagree
3 = neither disagree nor agree
4 = agree
5 = strongly agree

1. I know when to speak about my personal problems in others
2. When I am faced with obstacles, I remember times I faced similar obstacles and overcame them
3. I expect that I will do well on most things I try
4. Other people find it easy to confide in me
5. I find it hard to understand the non-verbal messages of other people*
6. Some of the major events of my life have led me to re-evaluate what is important and not important
7. When my mood changes, I see new possibilities
8. Emotions are one of the things that make my life worth living
9. I am aware of my emotions as I experienced them
10. I expect good things to happen
11. I like to share my emotions with others
12. When I experience a positive emotion, I know how to make it last
13. I arrange events others enjoy
14. I seek out activities that make me happy
15. I am aware of the non-verbal messages I sent to others
16. I present myself in a way that makes a good impression on others
17. When I am in a positive mood, solving problems is easy for me
18. By looking at their facial expressions, I recognize the emotions people are experiencing
19. I know why my emotions change
20. When I am in a positive mood, I can come up with new ideas
21. I have control over my emotions
22. I easily recognize my emotions as I experienced them
23. I motivate myself by imagining a good outcome to tasks I take on
24. I compliment others when they have done something well
25. I am aware of the non-verbal messages that other people send
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
27. When I feel a change in emotions, I tend to come up with new ideas
28. When I am faced with a challenge, I give up because I believe I will fail*
29. I know what other people are feeling just by looking at them
30. I help other people feel better when they are down
31. I use good moods to help myself to keep trying despite obstacles
32. I can tell how people are feeling by listening to the tone of their voice
33. It is difficult for me to understand why people feel the way they do*

Job Satisfaction Survey (JSS)

Job Satisfaction Survey
Paul E. Spector
Department of Psychology
University of South Florida

	Please circle the one number for each question that comes closest to reflecting your opinion about it.	**Disagree very much**	**Disagree moderately**	**Disagree slightly**	**Agree slightly**	**Agree moderately**	**Agree very much**
1	I feel I am being paid a fair amount for the work I do.	1	2	3	4	5	6
2	There is really too little chance for promotion on my job.	1	2	3	4	5	6
3	My supervisor is quite competent in doing his/her job.	1	2	3	4	5	6

4	I am not satisfied with the benefits I receive.	1	2	3	4	5	6
5	When I do a good job, I receive the recognition for it that I should receive.	1	2	3	4	5	6
6	Many of our rules and procedures make doing a good job difficult.	1	2	3	4	5	6
7	I like the people I work with.	1	2	3	4	5	6
8	I sometimes feel that my job is meaningless.	1	2	3	4	5	6
9	Communications seem good within this organization.	1	2	3	4	5	6
10	Raises are too few and far between.	1	2	3	4	5	6
11	Those who do well on the job stand a fair chance of being promoted.	1	2	3	4	5	6
12	My supervisor is unfair to me.	1	2	3	4	5	6
13	The benefits we receive are as good as most other organizations offer.	1	2	3	4	5	6
14	I do not feel that the work I do is appreciated.	1	2	3	4	5	6
15	My efforts to do a good job are seldom blocked by red tape.	1	2	3	4	5	6
16	I find that I must work harder at my job because of the incompetence of people I work with.	1	2	3	4	5	6
17	I like doing the things I do at work.	1	2	3	4	5	6
18	The goals of this organization are unclear to me.	1	2	3	4	5	6

	Please circle the one number for each question that comes closest to reflecting your opinion about it. **Copyright Paul E. Spector 1994, All rights reserved.**	**Disagree very much**	**Disagree moderately**	**Disagree slightly**	**Agree slightly**	**Agree moderately**	**Agree very much**
19	I feel unappreciated by the organization when I think about what they pay me.	1	2	3	4	5	6
20	People get ahead as fast here as they do in other places.	1	2	3	4	5	6
21	My supervisor showed too little interest in the feelings of subordinates.	1	2	3	4	5	6
22	The benefit package we have is equitable.	1	2	3	4	5	6
23	There are a few rewards for those who work here.	1	2	3	4	5	6
24	I have too much to do at work.	1	2	3	4	5	6
25	I enjoy my coworkers.	1	2	3	4	5	6
26	I often feel that I do not know what is going on with the organization.	1	2	3	4	5	6
27	I feel a sense of pride in doing my job.	1	2	3	4	5	6
28	I feel satisfied with my chances for a salary increase.	1	2	3	4	5	6
29	There are benefits we do not have, which we should have.	1	2	3	4	5	6
30	I like my supervisor.	1	2	3	4	5	6
31	I have too much paperwork.	1	2	3	4	5	6
32	I do not feel that my efforts are rewarded the way they should be.	1	2	3	4	5	6
33	I am satisfied with my chance for promotion.	1	2	3	4	5	6
34	There is too much bickering and fighting at work.	1	2	3	4	5	6
35	My job is enjoyable.	1	2	3	4	5	6
36	Work assignments are not fully explained.	1	2	3	4	5	6