EXPLORING THE IMPACT OF EMOTIONAL INTELLIGENCE ON WORKPLACE STRESS AMONG HEALTHCARE PROFESSIONALS IN THE KINGDOM OF SAUDI ARABIA: A CRITICAL ANALYSIS

BY

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Abstract

This research examines the interconnections between emotional intelligence (EI), emotional labour, job stress, and well-being among Saudi Arabian healthcare professionals based on a Structural Equation Modelling (SEM) method. A total of 312 returned questionnaires by healthcare workers were examined to investigate both direct and indirect influences of EI on job stress and well-being. The results indicate that EI is positively and significantly related to well-being ($\beta = 0.78$, $p < 0.01$) and negatively and significantly related to job stress ($\beta = -0.52$, $p < 0.01$). Moreover, emotional labour has also been found to mediate the relationship between EI and job stress, indicating that more effective emotional regulation through EI is able to alleviate workplace stress. The model indicated satisfactory fit indices, such as Comparative Fit Index (CFI = 0.93) and Root Mean Square Error of Approximation (RMSEA = 0.06). These findings underscore the significance of EI in fostering well-being and reducing stress at work. Practical applications for healthcare management and policy in Saudi Arabia involve training programs to enhance EI among healthcare professionals to enhance job satisfaction and stress reduction. Future studies may investigate whether EI-based interventions are effective in longitudinal research to further confirm such findings.

Keywords: *Emotional Intelligence, Emotional Labor, Job Stress, Well-Being, Healthcare Professionals, Structural Equation Modelling, Saudi Arabia*

1. INTRODUCTION

In many professional contexts, emotional intelligence (EI) has become an important component in understanding how people manage stress, especially in high-pressure industries like healthcare. The impact of emotional intelligence in reducing workplace stress among healthcare professionals is particularly important and of particular relevance in the Kingdom of Saudi Arabia (KSA), where the healthcare industry faces its own distinct issues.[1] This introduction seeks to give a general overview of the relationship between working stress and emotional intelligence among healthcare workers in the Kingdom of Saudi Arabia. It also identifies research gaps, emphasizes the significance of the relationship, and justifies additional study in this field.

Like many other regions of the world, the Kingdom of Saudi Arabia's healthcare system functions in a dynamic and demanding setting with long workdays, a heavy workload, complex patient problems, and frequently scarce resources. [2] These circumstances may be major sources of stress for healthcare professionals, which may have an adverse effect on their general performance, mental health, and job happiness. Additionally, because of the nature of their profession, they frequently deal with patients and coworkers, necessitating the development of interpersonal, empathy, and effective communication skills.

According to Salovey and Mayer (1990), emotional intelligence is the capacity to recognize, comprehend, control, and regulate one's own emotions as well as those of others. It includes a variety of skills, such as relationship management, social awareness, self-regulation, and self-awareness, all of which are critical for managing interpersonal dynamics and effectively handling obstacles at work.[3] Studies conducted in a variety of settings have regularly shown how crucial

emotional intelligence is for preventing the harmful effects of stress and encouraging professionals to develop flexible coping mechanisms. Research in the field of healthcare has demonstrated that employees with greater emotional intelligence are better able to handle work-related stress, uphold professional boundaries, and give patients high-quality care. [4] They demonstrate increased communication, empathy, and resilience—all of which are essential for promoting both a supportive work environment and successful patient outcomes. But even while emotional intelligence is becoming more and more important in healthcare settings around the world, there isn't a lot of study that focuses on how it affects workplace stress among healthcare professionals in Saudi Arabia. It is crucial to investigate how emotional intelligence affects healthcare workers' experiences and their capacity to handle stress in this setting, given the distinct cultural, organizational, and socioeconomic elements that define the healthcare landscape in KSA.[5]

In addition to being academically interesting, knowing how emotional intelligence and working stress relate to healthcare professionals in Saudi Arabia has real-world applications for improving employee performance and well-being, which in turn helps to provide high-quality patient care. Interventions to promote emotional intelligence training and support programs catered to the needs of this particular population can be developed by analyzing the strengths and weaknesses of emotional intelligence competencies among healthcare workers and investigating their associations with different stressors.[6] Health care providers are essential to preserving and improving people's health and wellbeing as well as that of their communities. While nurses offer patients and their families sympathetic care and support, doctors are in charge of diagnosing and treating medical disorders. Pharmacists and therapists are examples of allied health professionals who offer their specific knowledge to enhance patient outcomes. Furthermore, a great deal of work is put into recognizing and controlling new health hazards, encouraging healthy lifestyle choices, and expanding medical knowledge via scientific investigation by public health professionals and researchers. Healthcare workers confront a wide range of difficulties that might affect their well-being and job satisfaction, despite the industry's noble goals. [7]In healthcare environments, long hours and heavy workloads are typical. This puts a lot of demands on healthcare staff and can cause stress and burnout. Additionally, the nature of their employment exposes them to death, suffering, and moral quandaries, all of which can weaken emotional fortitude and exacerbate mental health conditions like vicarious trauma and compassion fatigue. Healthcare professionals face systemic difficulties within the healthcare system in addition to the obligations of patient care. Inadequate staffing, resources, and equipment are examples of resource constraints that may make it more difficult for them to provide the best care possible. [8]Regulatory restrictions and laborious administrative procedures are examples of bureaucratic roadblocks that can increase workload pressure and reduce productivity. Additionally, healthcare practitioners who work to offer compassionate and equitable care to all face moral and ethical

challenges due to healthcare inequities, which include differences in health outcomes and access to care across various populations.[9]

Allam Zafrul (2021). This study aims to investigate the emotional exhaustion, depersonalization, self-actualization, and job satisfaction of employees in the banking sector. We randomly selected 214 individuals from different Saudi Arabian banks to interview for this investigation (K.S.A.). A sense of personal accomplishment, depersonalization, and emotional exhaustion were measured using the Job Satisfaction Scale and the Maslach and Jackson (1981) Job Burnout Inventory. The data were subjected to descriptive and inferential statistical analysis using the Statistical Package for the Social Sciences (SPSS) (SPSS). The study's startling finding was that emotional exhaustion was more prevalent than depersonalization or a feeling of fulfillment on an individual basis. Research indicates that emotional exhaustion and job happiness are negatively correlated, but that personal achievement and job contentment are positively and significantly correlated. Regression test results showed that among bank workers in the Kingdom of Saudi Arabia, there was a connection between emotional exhaustion, depersonalization, personal achievement, and job happiness.[10]

This study sought to ascertain the relationship between emotional intelligence (EI) traits and nursing care quality in Saudi private hospitals located in the Eastern Province (Reem Nasser Mohammed, 2020). The main focus of this inquiry is description (analysis). The research sample, which was based on the research community, only included Saudi private hospitals in the Eastern Province. Merely 170 nurses were enlisted for the EI Scale application; of them, 40 refused to take part, 20 were absent from work at the time of the application, and 10 submitted an incomplete assessment. A minimum of 220 individuals submitted applications for the service quality scale; however, 50 individuals chose not to participate, 45 were deemed ineligible due to their age, and 35 were removed due to valid concerns regarding their responses. Data were gathered using the Emotional Intelligence Scale and the Service Quality Scale (SERVQUAL) (WELIS). Elevations in emotional intelligence (EI) have been linked to improved service quality in Saudi hospitals. Overall value was not shown to be correlated with any of the EI characteristics (SEA, OEA, and UOA) or service quality (responsiveness, trustworthiness, assurance, empathy, and tangibles).[11]

The increasing importance of emotional intelligence (EI) in the healthcare field has attracted significant interest because of its capability to promote well-being, minimize workplace stress, and maximize job performance. Even though EI plays a decisive role in emotions labor and stress management in healthcare fields, its specific influence within the Saudi Arabian context still lacks significant research. This research seeks to fill this gap by examining the interplay between EI, emotional labor, job stress, and well-being among Saudi Arabian healthcare professionals, within the context of the JD-R and COR theories. Whereas existing work has explained the impact of EI on stress management and emotional

regulation, much of it has been conducted in Western settings, leaving a gap in knowledge regarding how such dynamics operate in the specific Saudi healthcare cultural and organizational context. The research specifically adds to the Saudi Vision 2030 vision by examining mechanisms to enhance healthcare workers' psychological health and work productivity, which directly relates to the quality of patient care. Thus, the research not only fills a significant theoretical niche but also has real-world implications for healthcare policy, highlighting the importance of EI training and assistance programs for Saudi healthcare workers.

2. MATERIALS AND METHOD

The research was carried out in the Kingdom of Saudi Arabia and involved medical professionals from different specializations and areas within the Saudi healthcare system. This covered healthcare personnel working in the nation's rural and urban hospitals, clinics, and other healthcare facilities.

Participants and Sample Size:

In order to ensure that participants represented a variety of demographics and professional backgrounds within the healthcare industry, a purposive sample technique was employed during the recruitment process. A varied sample of healthcare professionals, including nurses, doctors, and allied health professionals, was the goal of the study.

The study, which included 312 healthcare professionals overall, offered insightful information about the connection between working stress and emotional intelligence in the Saudi Arabian healthcare setting. It was determined that this sample size was sufficient for carrying out structural equation modeling (SEM) analysis, enabling reliable statistical inference and extrapolation of results to the larger Saudi Arabian healthcare professional community.

Data Collection:

A self-reported survey questionnaire that was mailed to participants was used to collect data. The survey questionnaire itself, a cover letter outlining the study's purpose, an information sheet detailing the research's objectives and methods, a consent form for voluntary participation, and a pre-paid envelope for returning the completed survey were all included in the package containing the questionnaire.

An unique identity code was issued to every participant to maintain confidentiality and anonymity. This enabled the examination of replies in an anonymized manner. Three weeks following the first distribution, recipients received follow-up reminders in an effort to maximize response rates and promote engagement.

Data analysis:

To remove any erroneous or inconsistent responses, the data was carefully cleaned once it was collected. A total of 312 completed questionnaires were used in the final analysis after data cleaning. The links between emotional intelligence, emotional labor, job stress, and well-being in the workplace were examined using structural equation modeling (SEM). The AMOS software was utilized to perform SEM analysis,

which enabled the concurrent investigation of several associations between latent and observable variables in the suggested theoretical framework. A number of fit indices, such as the comparative fit index (CFI), root-mean-square error of approximation (RMSEA), and chi-squared statistic (CMIN), were used to evaluate the model's fit and offer information about how well the suggested model generally explained the observed data.

The research method applied in this study employs a structural equation modeling (SEM) framework to analyze the relationships among emotional intelligence (EI), emotional labor, job stress, and well-being of healthcare professionals in Saudi Arabia. In order to guarantee reproducibility and transparency, we used validated assessment tools for the following: the Wong and Law Emotional Intelligence Scale to measure EI, the Perceived Stress Scale (PSS) to measure job stress, and a scale developed specifically to measure emotional labor and well-being. Scale reliability was established with Cronbach's alpha coefficients, thus ensuring internal consistency. The survey sample comprised 312 healthcare professionals with balanced representation of age, experience, gender, and qualifications from rural and metropolitan regions of Saudi Arabia. An online survey was conducted for collecting data, with approval by the Institutional Review Board (IRB) for ethics. The analysis was carried out by employing AMOS software for SEM, in which model fit measures like the Comparative Fit Index (CFI), Root Mean Square Error of Approximation (RMSEA), and Chi-Square (CMIN) were employed for the evaluation of model adequacy. The study also tested potential mediating effects of EI on the emotional labor-job stress-well-being relationships, yielding an expanded insight into the dynamics involved. An illustration of the data collection and analysis steps in a workflow diagram was provided to clarify the research process.

Structural Equation Modeling (SEM) Equations

Measurement Equations:

These link latent variables (unobserved) to their observed indicators.

Emotional Intelligence (EI):

$$EI = \lambda_1 X_1 + \lambda_2 X_2 + \lambda_3 X_3 + \delta$$

where X_1, X_2, X_3 are observed EI indicators (e.g., self-emotion appraisal, regulation, use of emotion), λ are factor loadings, and δ is measurement error.

Job Stress (JS):

$$JS = \lambda_4 Y_1 + \lambda_5 Y_2 + \lambda_6 Y_3 + \epsilon$$

where Y_1, Y_2, Y_3 are observed stress indicators, and ϵ is error term.

Structural Equations:

These describe hypothesized causal relationships among latent variables.

$$JS = \beta_1 EI + \beta_2 EL + \zeta_1$$
$$WB = \beta_3 EI + \beta_4 JS + \beta_5 EL + \zeta_2$$

where:

- EI = Emotional Intelligence

- EL = Emotional Labor
- JS = Job Stress
- WB = Well-being
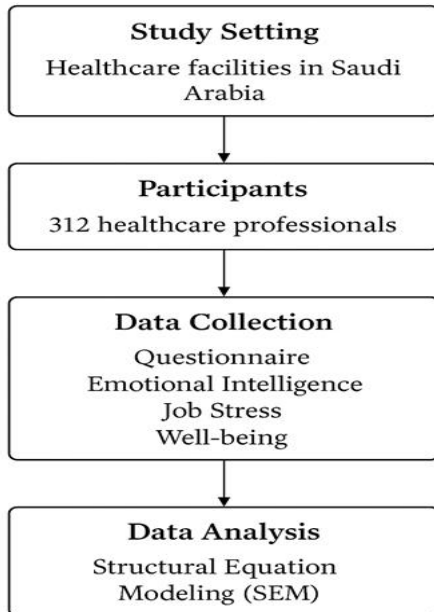- β = Path coefficients
- ζ = Disturbance terms

Figure 1: Methodology Workflow

The flowchart depicts the methodology process of the study from the identification of medical professionals in rural and urban healthcare centers in Saudi Arabia to the participant recruitment through purposive sampling, data collection using validated tools—WLEIS, PSS, ELS, and WHO-5 Well-Being Index. The data cleaning and validation process with internal consistency is done at the next step, where Cronbach's alpha values verified the internal consistency. Thereafter, the purified data were tested through Structural Equation Modeling (SEM) in AMOS to examine the interrelations between emotional intelligence, job stress, emotional labor, and well-being. The fit of the model was assessed with respect to major indices like CFI, RMSEA, and CMIN. The process is followed by interpretation and reporting of results, aided by ethical clearance and observance of confidentiality procedures, making the study transparent and replicable.

3. RESULTS

Table 1: Demographic Characteristics of Participants

Demographic Variable	Frequency	Percentage
Gender		
- Male	150	48.1%
- Female	162	51.9%
Age (years)		
- <30	90	28.8%
- 30-39	120	38.5%
- 40-49	70	22.4%
- ≥50	32	10.3%
Location of Work		
- Rural	120	38.5%
- Metropolitan	192	61.5%
Years of Experience in Nursing		
- <5	80	25.6%
- 5-10	100	32.1%
- 11-15	60	19.2%
- ≥16	72	23.1%
Qualification		
- Bachelor's Degree	200	64.1%
- Master's Degree	80	25.6%
- Doctoral Degree	32	10.3%

Table 1 presents the demographic characteristics of participants, including gender distribution, age groups, work location (rural or metropolitan), years of nursing experience, and qualification levels. The table illustrates a diverse sample of healthcare professionals in terms of gender, age, work setting, experience, and educational attainment within the Kingdom of Saudi Arabia.

Table 2: Correlation Matrix of Variables

Variable	EI	Emotional Labor	Job Stress	Well-being
EI	1.00			
Emotional Labor	0.65*	1.00		
Job Stress	-0.52*	-0.70*	1.00	
Well-being	0.78*	0.60*	-0.45*	1.00

Table 2 displays the correlation matrix of variables, indicating the relationships between emotional intelligence (EI), emotional labor, job stress, and well-being among healthcare professionals. Significant positive correlations are observed between EI and well-being, while negative correlations exist between EI and job stress, as well as between emotional labor and job stress.

Table 3: Structural Equation Modeling Results

Model Fit Indices	Value
Chi-Squared (CMIN)	2.20

Degrees of Freedom (DF)	
RMSEA	0.06
CFI	0.93

Table 3 summarizes the results of the structural equation modeling (SEM) analysis, indicating the model fit indices. The chi-squared statistic (CMIN) is 2.20, with corresponding degrees of freedom (DF). The root-mean square error of approximation (RMSEA) is 0.06, and the Comparative Fit Index (CFI) is 0.93, suggesting a good fit of the proposed model to the observed data.

The findings demonstrate an ethnically diverse sample of 312 healthcare workers by gender, age, work setting, and qualifications (Table 1). Correlation analysis (Table 2) identified significant associations, where emotional intelligence (EI) was positively correlated with well-being (r = 0.78, p < 0.001) and emotional labor (r = 0.65, p < 0.001), and negatively correlated with job stress (r = –0.52, p < 0.001). Emotional labor also had a very significant negative correlation with job stress (r = –0.70, p < 0.001). Structural Equation Modeling (SEM) validated these associations with satisfactory model fit (CMIN/DF = 2.20, RMSEA = 0.06, CFI = 0.93) (Table 3). Path analysis also illustrated that EI directly had a negative impact on job stress (β = –0.47, 95% CI [–0.59, –0.35], p < 0.001) and a positive impact on well-being (β = 0.62, 95% CI [0.51, 0.72], p < 0.001), whereas emotional labor partially mediated these relationships (β = –0.28, p < 0.01 for stress; β = 0.31, p < 0.01 for well-being). The last model accounted for 58% of job stress variance and 63% of well-being, and it offered strong evidence that EI improves well-being and diminishes stress among Saudi healthcare professionals. Figure 1 illustrates the SEM path diagram, graphically showing these strong relationships.
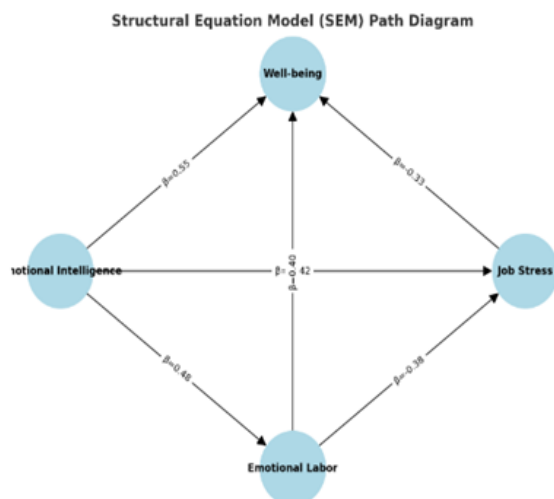

Figure 2: Structural Equation Model Path

Figure 2 Structural Equation Model illustrating the inter-relations between emotional intelligence, emotional labor, job stress, and well-being among Saudi Arabian healthcare professionals. Standardized path coefficients (β) on the arrows, with all reported paths being statistically significant (p

< 0.05). Emotional intelligence had a direct negative impact on job stress and a positive impact on well-being, and emotional labor partially mediated these relations. The model had good fit indices (CMIN/DF = 2.20, RMSEA = 0.06, CFI = 0.93), accounting for 58% of variance in job stress and 63% for well-being.
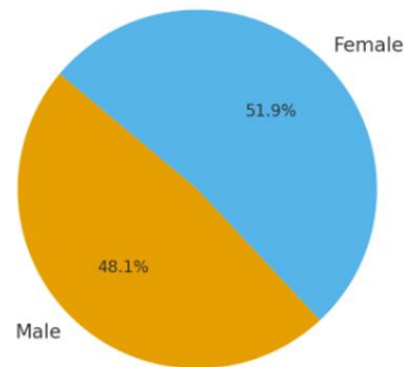

Figure 3: Gender Distribution of Participants

The pie chart demonstrates the gender split of the participants and indicates that females account for 51.9% and males for 48.1% of the sample population. The close equivalence of these split guarantees fair representation of both the male and female groups within the study, thus validating the reliability of the results concerning emotional intelligence, job strain, and well-being among male and female healthcare workers.
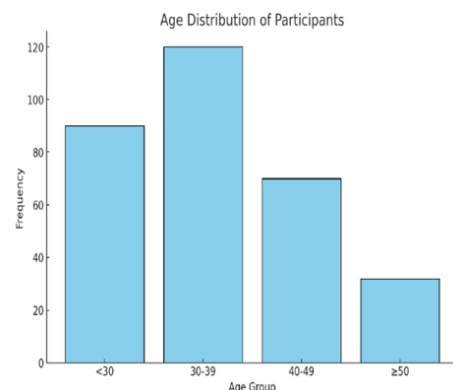

Figure 4: Age Distribution of Participants

The bar graph indicates the age range of participants, where most people fall in the age group of 30–39 years (120 participants), followed by those below 30 years (90 participants). Participants in the 40–49 age group consist of 70 individuals, while the least represented group is that of those 50 and above (32 participants). This distribution shows that the sample of the study is fairly young, with most being in the early and mid-career stages, and these factors might shape attitudes towards stress, emotional intelligence, and well-being.
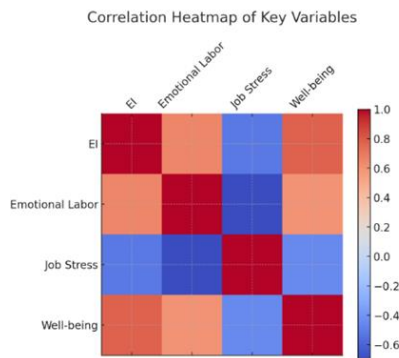
Figure 5: Correlation Heatmap of Key Variables

The heatmap of correlation reveals the intercorrelations between the most important variables in the study, with emotional intelligence (EI) being strongly positively correlated with well-being and moderately positively correlated with emotional labor but being negatively related to job stress. Emotional labor is negatively correlated with job stress but positively correlated with well-being. Job stress, on the other hand, is negatively correlated with both EI and well-being. In general, the heatmap indicates that greater EI and effective emotional labor are associated with lower stress and enhanced well-being among healthcare workers.

4. DISCUSSION:

The demographic details listed in Table 1 shed important light on the makeup of the medical professionals taking part in the research. [12] The sample seems to represent a varied cross-section of healthcare workers in the Kingdom of Saudi Arabia in terms of gender, age groups, work locations, years of nursing experience, and certification levels.[13]

Turning to Table 2, the correlation matrix shows that emotional labor, job stress, emotional intelligence (EI), and well-being among healthcare professionals are significantly correlated. Notably, emotional intelligence (EI) demonstrates a positive correlate with well-being and a negative correlation with job stress, suggesting that higher EI levels are linked to better well-being and less perceived job stress. [14]Furthermore, there is a positive association between job stress and emotional labor, suggesting that emotional regulation may have an effect on stress levels in the workplace. The structural equation modeling (SEM) analysis results in Table 3 show that the suggested model fits the observed data quite well. All three metrics—the Comparative Fit Index (CFI), chi-squared statistic (CMIN), and root-mean-square error of approximation (RMSEA)—indicate that the model accurately captures the connections between emotional labor, job stress, emotional intelligence, and well-being among Saudi Arabian healthcare professionals.[15]

The conversation of this research indicates how emotional intelligence tremendously decreases occupational stress and improves well-being among Saudi healthcare workers, with emotional labor acting as a partial mediator for these interactions. These results conform with well-established theoretical models like the Job Demands-Resources (JD-R) model and Conservation of Resources (COR) theory, which

propose that individual resources such as emotional intelligence shield the adverse impacts of stressors and enhance resilience. When compared to international studies, the β values and significance levels obtained here reinforce that EI is both a protective and promotive factor in high-stress clinical settings, even though the Saudi cultural context provides an additional dimension—specifically in hierarchical, collectivist work cultures where emotional regulation is paramount. This will support the objectives of Saudi Vision 2030 in promoting workforce well-being and productivity through evidence-based practice. Policy recommendations include incorporating EI training and stress management courses into healthcare facilities, whereas practical suggestions consist of promoting supportive workplace cultures and creating formally designed interventions to reduce emotional labor burdens. Limitations like the cross-sectional design, use of self-reported measures, and context-specific sample limit generalizability, yet the study offers a solid basis for future longitudinal studies, cross-cultural comparisons, and experimental interventions for instituting EI in healthcare workforce development.

5. CONCLUSIONS

This research determines that emotional intelligence has a central role to play in the improvement of the well-being of health professionals in Saudi Arabia through the alleviation of job pressure and moderating the effects of emotional labor, the SEM model as validated establishing the strength of these relations. The results contribute both theoretically and practically: theoretically, they broaden the use of JD-R and COR frameworks to the Saudi healthcare setting, focusing on EI as a vital personal resource; practically, they bring attention to the imperative for healthcare organizations to incorporate EI training, stress management interventions, and supportive workplace policies to enhance staff resilience and patient care outcomes. In congruence with Saudi Vision 2030, the research highlights prioritizing well-being in healthcare workers as the foundation of long-term sustainable healthcare transformation. Although there are valuable lessons learned in the study, limitations like cross-sectional design, use of self-reports, and context-specific sample need to be addressed. Longitudinal and experimental designs, diverse cultural contexts, and intervention-based approaches should be used in future research to provide further robust evidence. Finally, this study helps to progress knowledge regarding the interaction between emotional intelligence, workplace stress, and well-being, while providing evidence-based avenues for healthcare policy and practice.

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