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Relating Emotional Intelligence, Inclusive Leadership, Quality of Life: A Study among Health Care Professionals across Azad Kashmir

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Abstract
The articles provide an overview of healthcare professionals emotional intelligence and its impact on their professional quality of life. Inclusive leadership act as an interlinking role between professional's quality of life and their emotional intelligence. For fulfilment of current study, authors comprised total 286 health care professionals across Azad Kashmir. Data has been gathered through self-administrative adopted questionnaires. For this data analyzed by using statistical tests. The statistical analysis included normality, descriptive, frequency, correlation and regression. There is a favourable correlation among all variables that indicated further causal relationship. Findings showed that emotionally intelligent professionals significantly related with their quality of life. Moreover, inclusive leadership demonstrated full mediation between emotional intelligence and professional's life quality.

Keywords: Emotional Intelligence, Inclusive Leadership, Professional Quality of Life, Healthcare professionals.

Introduction

Emotional intelligence is the capacity to recognize, perceive, and control their own emotions and any other individual feelings (Busu, 2020). It is a process that involves emotive component that is concerned with feelings and the cognitive component that is concerned with understanding and control of emotions. The high emotionally stable employees can not only recognize and manage their feelings and emotions but also manage interpersonal relationships, which results in better performance (Sharp et al., 2020). Emotional intelligence (EI) is especially a significant factor in healthcare environments. EI able to cope with the emotional requirements of their practice, providing better patient care and relationships with colleagues

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(Jimenez-Picon et al., 2021). Moreover, employees in the healthcare sector having a high level of emotional intelligence are better at stress management and building a supportive workplace environment, which enhances the quality of life and their professional satisfaction (Sanso et al., 2020; Srivastava et al., 2021).

Similarly, inclusive leadership is significant in promoting an emotional intelligence work environment (Ashikali et al., 2020; Kumari et al., 2022). Inclusive leadership is specifically important with the purpose of healthcare settings, where collaborative work culture can be applied to enhance emotional regulation and professional well-being. One of the main objective of current study is to examine the relationship between emotional intelligence and Pakistani healthcare professional's quality of life.

The healthcare sector in Pakistan has a range of challenges such as work overload, work long hours, lack of resources and hard working conditions. Such problems frequently cause burnout in medical workers, adversely influencing their work and emotional health. Emotional intelligence is capable of alleviating some of these problems, although it is not a very effective tool without the support of a leadership, especially the inclusive leadership. Inclusive leaders have a chance to utilize the emotional intelligence of healthcare employees by creating the environment where emotional expression, cooperation, and mutual respect are appreciated, which, in the end, can increase the professional quality of life (PQL) of healthcare workers.

Furthermore, aforementioned studies have several gaps that current study is aimed at answering. First, there is a lack of research that investigates the relationship between emotional intelligence and the quality of professional life among healthcare workers in Pakistan, especially in the developing countries such as Pakistan (Soto-Rubio et al., 2020; Hassan and Jiang, 2019). Second, although the advantage of an inclusive leadership style in enhancing diversity and promoting a healthy workplace culture is thoroughly described, there is a lack of information regarding its mediating power in the relationship between EI and professional outcomes (Carminati, 2021; Roberson and Perry, 2022).

Recent study employed healthcare practitioners in Pakistan and Azar Jammu and Kashmir, where a quantitative research has been conducted to investigate the effects of emotional intelligence on the quality of life of their professions. It examined the mediating nature of inclusive leadership. The research encompasses a multifaceted array of medical workers, comprising of physicians, nurses and management personnel and the aim of establishing the major factors that affect their health and workplace satisfaction. Moreover, it

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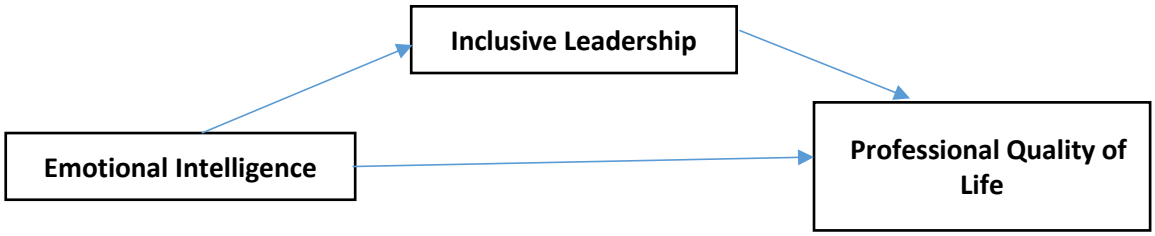
emphasizes the importance of inclusive leadership in encouraging the environment, in which emotional intelligence may thrive, which will improve the health and performance of healthcare professionals.

Theory of Emotional Intelligence

The emotional intelligence (EI) theory presented by John D. Mayer and Peter Salovey (1990) is relevant to healthcare professionals dealing with the most emotional circumstances. Emotional intelligence enhances job satisfaction, emotional regulation, and stress management through the improvement of self-awareness, social behavior influence, relationship management, and social awareness. It helps medical professionals to experience and sense the feelings of other people and this is needed in patient-centered care. Moreover, emotional intelligence increases satisfaction, positive working environment and strengthens relationship with patients and colleagues. This theory states that leaders with stable EI have more chances to become inclusive, build on their inner locus of control to maintain the professional quality of life of their followers, and provide them with the ability to cooperate with others.

Theoretical Framework



3. Review of Literature

4.1 Professional Quality of Life and Emotional Intelligence

Emotional intelligence is without a doubt necessary to achieve the maximum of the well-being of healthcare professionals and their professional satisfaction. High EI also contributes to a better emotional health and psychological state, as well as job satisfaction, allowing those with high EI to manage stress (Boyar et al., 2022; McNulty and Politis, 2023). EI medical workers also have a better opportunity to establish a close bond with patients and coworkers, which leads to a more fulfilling work experience (Ashikali., 2020; Dague et.al., 2021). Moreover, the capacity to balance personal and work life reduces the risk of burnout as well as enhances the well-being of healthcare professionals with elevated emotional intelligence (Barr, 2023; Jimenez-Picon et al., 2021). Emotional intelligence is thus an eventual role in ensuring that there is a strong, happy and effective medical practitioner who can provide better care and healthcare services to the patients due to his or her resilience.Hence , hypothesized as;

H1: There is a positive correlation between professional quality of life and

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emotional intelligence of healthcare professionals.

Mediating Role of Inclusive Leadership

Inclusive leaders recognize the importance of diversity at the work place. They acknowledge that team members have different beliefs, skills, and experiences that have the potential to enhance innovative problem-solving and better patient care (Sovold et al., 2021). Inclusive leaders enable their followers by getting them to take part in the decision-making processes and letting them participate actively. They foster a relaxed atmosphere in which members of a group are not afraid of sharing their ideas, feedbacks, and concerns (Wallston, 2020). This participatory style is not only associated with an improvement in the level of team participation but also results in improved decision-making and problem-solving. Inclusive leaders are also dedicated towards growth and development of their team members. They mentor and coach their team members and assist them in fulfilling their career ambitions (Ye et al., 2019). Due to this attention to development, there is a positive and supportive working environment that improves the morale and performance of the team (Ashikali et al., 2020). They strive to develop policies and practices that facilitate the inclusive culture and conduct frequent evaluations and adjustments to any area that requires improvement (Barr, 2023).

H2: Leader inclusiveness mediates in the relationship between healthcare professionals' emotional intelligence and their professional quality of life.

Material and Methods

The present research employed quantitative research method in an attempt to have a comprehensive insight into these relationships. The research design defines how the required information should be collected and analyzed as stated in the Zikmund (2003). Likewise, we also thought of a three-wave time-lagged study design to quantitatively analyze the data, which could be used to discuss the likely causal influences and reduce the bias of the common method (Podsakoff et al., 2003; Hur et al., 2024). To acquire data to the healthcare professionals in three points separated and each two weeks divided. Similar designs are best fitted with four-week interval because it allows the researcher to change variables within the study period without high levels of participant loss. To carry out survey self-administered adopted questionnaire has been employed.

Population and Sampling

The study targeted the healthcare professionals who are doctors, physicians, nurses, and allied healthcare professionals based in Azad Kashmir, as well as the administrative staff. The unknown number of the population of the current research study made a non-probability convenience sampling method the choice of authors (Karunararathna et al., 2024). The quantitative research

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study was conducted with integrity of research since it initially aimed at engaging 286 respondents. The target participant number is an indication of setting up a sample size with no known population measurement (Krejcie and Morgan, 1970).

Instrument of Study

The self-administered questionnaire that was used to gather quantitative data encompassed constructed scales that were used to measure the following constructs.

1. Emotional Intelligence (EI): The level of emotional intelligence was measured by use of the Emotional Quotient Inventory (EQ-i 2.0) (Bar-On, 1997). The reliability of the EQ-i 2.0 (Cronbach alpha>0.80) and its validity have a record of success in prior studies (Biju et al., 2023).

2. Inclusive Leadership (IL): Inclusive leadership was assessed with the aid of the 5-items scale that was created by Carmeli et al. (2010). The previous studies have shown that the scale is reliable (Cronbachs alpha is more than 0.85) and valid (Cin and Sonmez, 2024).

3. Professional Quality of Life (ProQOL): Professional quality of life was measured with the help of Professional Quality of Life Scale (ProQOL; Stamm, 2010). The scores of 0.75 to 0.88 of the reliability measure testify to the successful measurement of ProQOL as reported by Stamm in 2010.

Data Collection Timeline

The research gathered information starting the 10 th of October, 2025, to the 10 th of December, 2025. The independent variable used in the study was the participation of the participants in demographic and emotional intelligence measurement during the first step of data collection (T1). Then, there were two measurements of inclusive leadership (mediator) during the second round of data collection (T2) and the final measurement of a professional quality of life survey (as dependent variable) during the final round of data collection (T3). The total number of questionnaires sent out in the three rounds amounted to 375 on which 89 were not filled in. Therefore, 286 questionnaires have been used in the present study.

Results and Analysis

Current research study examined emotional intelligence and its outcomes with mediating role of leaership among health care professionals. The study was quantitative in nature where a sample of 286 healthcare professionals who were picked out of the 375 healthcare professionals identified as per the criteria set by Krejcie and Morgan (1970) served as the sample (Bin Ahmad and Binti Halim, 2017). In case of quantitative part of the study, descriptive statistics, correlation analyses, and regression analyses were performed using SPSS (Version 24) whereas exploratory and confirmatory factor analyses (EFA

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and CFA) were conducted using AMOS. The PROCESS macro (Version 4.2) was used to test the effects of mediation.

9.1 Data Normality

Data screening was performed to examine the absence of values and examine the normality of the data to continue conducting further analyses.

Table 9.1: ***Tests of Normality***

Variable	Skewness	Kurtosis
Emotional Intelligence (EI)	-1.092	2.045
Inclusive Leadership (IL)	-1.132	1.032
Professional Quality of Life (PQL)	-1.192	1.966

All the variables include Emotional Intelligence, Inclusive Leadership and Professional Quality of Life whose skewness is negative, meaning that those variables are skewed towards the left. On the part of Kurtosis, the majority of the variables are near to 3 indicating that they are either flat or normally distributed. This fact can be determined by the "Tests of Normality" table which indicates that all the variables have significant p-values (Table 9.1).

Descriptive Analysis

Table 9.2: ***Descriptive Statistics for Study Variables***

Variables	N	Mean	SD	Min	Max
Emotional Intelligence	286	3.50	0.739	1	5
Inclusive Leadership	286	3.50	0.852	1	5
Professional Quality of Life	286	3.61	0.718	1	5

Table 9.2 above revealed the descriptive values of Emotional Intelligence (EI), Inclusive Leadership (IL) and Professional Quality of Life (PQL). An average tendency was detected at minimum moderate and maximum high levels of rating of the five constructs by all the respondents. The average score of Emotional Intelligence was (Mean=3.50, SD = 0.739), which means that on average, the participants scored moderate on the level of their emotional intelligence. On the same note, the mean of Inclusive Leadership was (Mean=3.50, SD = 0.852), which would also indicate that the level of inclusive leadership is moderate. Professional Quality of Life (Mean = 3.61, SD = 0.718) had mean values with greater mean values and this means that the participants tended to agree with statements that demonstrated the quality of life as a professional.

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Reliability Analysis

Table 9.3: ***Scale Reliabilities***

Variables	No. of Items	Cronbach's alpha (α)
Emotional Intelligence	05	.817
Inclusive Leadership	05	.876
Professional Quality of Life	08	.900

The analysis of reliability was done to determine the internal consistency of every scale. The alpha of Cronbach was determined. According to the results, the reliability was acceptable and it included Emotional Intelligence (a =.817), Inclusive Leadership (a =.876) and Professional Quality of Life (a =.900). These values indicate that the scales employed in the research are mostly consistent in the measurement of the concerned designs. The alpha values of all items were above the generally acceptable value of.70 (Nunnally, 1978) indicating good internal consistency.

Validity Analysis

The convergent validity (convergence between same constructs or junction) and the discriminant validity (discernment between unrelated constructs) was verified to estimate the convergence and the discrimination between the study variables (Cheung et al. 2023).

Table 9.4: ***Convergent and Discriminant Validity***

Variable	CR	AVE	MSV
Emotional Intelligence	0.834	0.511	0.003
Inclusive Leadership	0.821	0.481	0.197
Professional Quality of Life	0.861	0.472	0.072

Convergent Validity

Composite Reliability (CR) and Average Variance Extracted (AVE) were used to determine convergent validity, which is the degree of relationship between items used to measure the same construct. CR values of above 0.7 and AVE values of above 0.5 are usually deemed as representing sufficient convergent validity. CR values of all construct were more than 0.8 which is good reliability (Table 4.3). The AVE values of Inclusive Leadership (IL, AVE = 0.481) and Professional Quality of Life (PQL, AVE = 0.472) were however close to the value of 0.5. Although these values are marginal, the high CR values are at the

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level of performance.

Discriminant Validity

The level of discriminant validity, which evaluates how different constructs are independent of each other, was considered on the basis of the comparison in the amount of variance extracted by constructs and the amount of shared variance (MSV) (Awang et al., 2015). When the AVE of every construct exceeds the MSV, then it supports the discrimination validity. All the values of AVE were higher than those of MSV as indicated in Table 9.4 meaning that there was adequate discriminant validity. Also, we analyzed values of MaxR(H) and all the values were found to be within the requirements.

The table above (Table 9.4) confirms construct reliability because all the measures obtained CR exceeding 0.8. The Value of Average Variance Extracted (AVE) of Inclusive Leadership (IL) and Professional Quality of Life (PQL) showed slight acceptance as it has an almost identical value of 0.481 and 0.472 respectively (0.50 was the desired value). The constructs presented discriminant validity since all AVE values exceeded MSV (Malhotra, 2020).

Factor Analysis

Exploratory Factor Analysis (EFA)

The study involved the analysis of the basic factor elements in measurement scales by undertaking Exploratory Factor Analysis (EFA).

Table 9.5: ***KMO and Bartlett's Test***

Kaiser-Meyer-Olkin Measure of Sampling Adequacy	.760
Bartlett's Test of Sphericity	.000

To identify the suitability of the data to factor analysis, the Kaiser-Meyer-Olkin (KMO) Measure of Sampling Adequacy was used alongside the Bartlett test of Sphericity. The outcome of the factor analysis suitability tests is shown below. The value of KMO was 0.760 and this is within a good range that reaches the threshold value 0.6 (Kaiser, 1974). The Sphericity test run by Bartlett was significant $p < .001$), which implied that factor analysis could be done with the items being correlated with each other.

Table 9.6: ***Factor Analysis***

Items	**1**	**2**	**3**	**4**
EI1	.803			
EI2	.857			
EI3	.743			
EI4	.702			
EI5	.778			
IL1		.691		
IL2		.778		

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IL3	.715	
IL4	.785	
IL5	.718	
PQL1		.805
PQL2		.837
PQL3		.616
PQL4		.726
PQL5		.845
PQL6		.626
PQL7		.749
PQL8		.725

The factor loading of every item on every extracted factor can be seen on the rotated component matrix (Table 9.6). Factor loading are the measures of the item correlation with each factor and the greater the loading, the greater the correlation is. Table 9.6 indicates that the vast majority of the items loaded high (when exceeding the 0.60 mark) on the expected factors and this is the indicator of a clear factor structure.

Confirmatory Factor Analysis (CFA)

Table 9.7: ***Confirmatory Factor Analysis***

Model	Chi-Square (x^2)	df	CMIN/df	RMSEA	IFI	TLI	CFI	PCLOSE
Default Model	597.518	325	1.839	0.054	0.921	0.907	0.920	0.151
Revised Model	516.152	319	1.618	0.047	0.941	0.930	0.941	-

The preliminary results of the CFA model have provided appropriate but inadequate data fit with kh2(325) = 597.518 (p < .001) and CMIN/DF = 1.839 and GFI =.874 and AGFI =.842 and CFI =.920 and TLI =.907 and RMSEA =.054 (Table 9.7). Adjustment of the different error terms depending on AMOS OUTPUT information contributed to fine tuning the model fit. Statistical measures analysis indicates that there is an overlapping of varying variables between some measures that are related to constructs not being measured by latent factors. The statistical tests uphold the theoretical validity in that they exist within construct parameters or they measure a given dimension of emotional intelligence that these constructs aim to measure. The new model had a better model fit statistics of x2(319) = 516.152 and p =.001, CMIN/DF = 1.618, GFI =.892, AGFI =.863, CFI =.941, TLI =.930, and RMSEA =.047. All the fit indices became better and reached the generally

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accepted values (e.g., CFI and TLI over 0.90, RMSEA under 0.06), which means the good Model fit (Table 9.7).

Correlation Analysis

Table 9.8 Correlations between Study Variables

Variable	Emotional Intelligence	Inclusive Leadership	Professional Quality of Life
Emotional Intelligence	1		
Inclusive Leadership	.723**	1	
Professional Quality of Life	.658**	.723**	1

Note: Pearson Correlation; * *$p < .01$, p*<.05

Table 9.8 shows the results of the Pearson correlation test. The results in the table indicate that inclusive leadership (r =.723, p <.001) and professional quality of life (r = .658, p <.001) had a very positive correlation with emotional intelligence.

Regression Analysis

Direct Effects

The regression analysis was done to test the hypothesized relationships between emotional intelligence (the predictor variable) and professional quality of life (the outcome variable).

Table 9.9: ***Direct Relationship***

Sr.No	Relationship	β	R2	P-Value	Result
Hypothesis 1	EI → PQL	.275	.055	.000	Accepted

Hypothesis 1: Emotional intelligence has a positive correlation with the professional quality of life.

Above mentioned table (Table 9.9) showed that Hypothesis 1 was supported because the positive relationship was significant (b =.275, p < .000). This implies that positive relationship between emotional intelligence and professional quality of life. In the case of Hypothesis 1, emotional intelligence was found to explain a substantial percentage of the variation in the professional quality of life (R2 =.055).

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Mediation Analysis

Table 9.10: ***Mediation Analysis***

Sr. No	Variables	β	SE	LLCI 95%	UPCI 95%	P-Value
H2	EI ⟶ IL	.832	.047	.7398	.9258	.000
	IL ⟶ PQL	.639	.043	.5535	.7244	.000
	Direct effect EI → PQL	.275	.055	.1669	.3849	.000
	Indirect Effect EI → IL →PQL	.373	.049	.2692	.4639	.000
	Total effect Direct Effect+ Indirect Effect	.639	.043	.5535	.7244	.000

Note: EI = Emotional Intelligence, IL = Inclusive Leadership, PQL = Professional Quality of Life. Regression coefficients were not standardized. Bootstrap sample size 5000. n = 286 = Lower Limit (LL); n = 286 = Confidence interval (CI); n = 286 = Upper limit (UL).

Hypothesis 2: Inclusive leadership act as an interlinking mechanism between health care professional's emotional intelligence and their professional quality of life.

In order to test Hypothesis 2, we applied the PROCESS macro (Model 4) in SPSS. Table 9.10 showed that inclusive leadership had a significant indirect influence on professional quality of life (effect =.373, 95 percent CI [.2692, .4639]) by having an emotional intelligence. The influence of emotional intelligence on professional quality of life (=.275, p <.001) continued to have a significant direct effect, which itself implies some mediation. These results confirm Hypothesis 2.

Discussion

Through research question 1, the analysis explored the relationship between the skills of emotional intelligence of healthcare providers and professional quality of life among them. The findings revealed that e-emotional intelligence of healthcare professionals is positively correlated with their professional quality of life hence, hypothesis one is accepted. The existing results were in line with the current literature (Boyar et al., 2022; McNulty and Politis, 2023) that demonstrates that emotional intelligence positively influences the quality of professional life, job satisfaction, and burnout rates in the workplace and medical personnel. High emotional intelligence employees in the healthcare sector are more effective, they are the ones who are capable of responding to challenges at work, remain stable during emergencies, and are able to develop

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more significant relationships with patients by empathy. The findings of the research correspond to the main points of the Emotional Intelligence theory developed by Mayer and Salovey (1990) because, it demonstrates the beneficial effects of emotional recognition in combination with emotional control that would help to maximize adaptive behaviors and positive work outcomes. In interviews, healthcare professionals state that emotional intelligence supports communication skills and promotes empathy among the professionals as well as contributes to controlling stress that leads to workplace satisfaction. Emotional intelligence among medical practitioners serves to strengthen bonds with others, which results in greater satisfaction among patients and a better working environment (Ashikali et al., 2020; Dague et al., 2021).

Moreover, recent study statistically proved that inclusive leadership mediates the relationship between emotional intelligence and professional quality of life, yet supported H2. Similarly, previous studies demonstrated that leaders communicating with staff to enhance diversity and build relationships with their teams and encouraging dialogue (Hassan and Jiang, 2019; Waheed, 2020). The mediation role of leadership was confirmed in the context of emotional intelligence and professional quality of life, as it was done in prior studies. As an inclusive leadership style strengthens the positive influence of emotional intelligence on PQL by facilitating motivation support and teamwork building aspects. Past research revealed that inclusive leaders facilitate, emotional intelligence of healthcare professionals and good performance at work (Ashikali et al., 2020; Thompson et al., 2019).

Theoretical and Practical Implications

Theoretical Implications

This study sheds some new light on the concept of Emotional Intelligence (EI) and Inclusive Leadership, in the form of its theoretical conclusions. It demonstrates that the EI theory presented by Salovey and Mayer (1990) is still applicable in the Pakistani healthcare environment, which serves as an indication that it is applicable in other cultures as well. The present research establishes that workplace emotional skills are directly associated with the quality of life of a professional. Leaders of the organization have a significant role to play in order to maximize the benefits of emotional intelligence in their organizations.

Practical Implications

This study has a number of useful implications to healthcare organizations in Pakistan, and other institutions of the same kind. The first approach is that organizations invest in training programs to improve the level of emotional intelligence (EI) of medical workers since it is imperative to improve self-

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awareness, self-regulation, social skills, and empathy to increase the quality of life of professionals and their overall productivity. Second, inclusive leadership should be encouraged, healthcare organizations need to work on creating inclusive leadership practices through training leaders on diversity awareness, team relationship, and employee participation in organizational decision-making. Diverse workplaces have the potential to improve emotional intelligence with good results in the quality of life of their professions. Finally, organizations ought to have policies that encourage work-life balance through provision of time management training, wellness programs, and social support programs.

Limitations and Future Research Directions

Limitations of the Study

This research has a number of limitations that limit the extent of the findings. First, the convenience sampling method restricts the externalization of the findings to all healthcare personnel in Pakistan. The future studies must utilize random sampling to improve external validity of the findings. Second, using self-reported data creates the possibility of biases, including social desirability bias. In order to solve this problem, both quantitative and peer-professional measures should be included in the future research. Lastly, the study is time laged and thus it does not allow the determination of conclusive cause and effect relationships. The longitudinal research designs are required to get a clear picture on how the variables change with time.

Future Directions

There are a number of effective avenues that ought to be examined in future research to understand the connections between emotional intelligence (EI), inclusive leadership (IL) and professional quality of life (PQL) better. To begin with, comparative studies might be held to study the way in which these relationships differ in different cultural and organizational settings to shed light on the environmental factors, which determine these dynamics. Second, intervention researches aimed at coming up with and testing interventions aimed at increasing emotional intelligence and bringing in the concept of inclusive leadership amongst medical interns would provide valuable information on how to improve the well-being of the staff and the functioning of the organization in general. Lastly, further research on other mediating variables e.g., organizational support, job autonomy, and psychological empowerment would be more all-inclusive in the study of the role of emotional intelligence in affecting the quality of life of professional employees. Such research designs would provide useful information to both theory and practice in the working environment.

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Conclusion

The method used in this research was quantitative, to give a full picture regarding the connection between Emotional intelligence, Inclusive leadership, and Professional quality of life amongst the healthcare professionals in Pakistan. Both hypotheses were proven to be true by numerical data that demonstrated that Emotional intelligence develops positive outcomes on Professional quality of life and Inclusive leadership is a mediator. These findings revealed the impact of emotional intelligence, inclusive leadership, on reducing stress, motivation at work, group work and on work-life balance. Study contributes to better understanding of the stress management and, in particular, examines the situation in the healthcare sector in Pakistan through perfecting innovative workforce support strategies based on emotional intelligence and inclusive leadership in the mentioned environment in which professionals are to operate.

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