



Research Article

Measuring Job Performance through Leadership with the Mediating Effect of Emotional Intelligence

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ABSTRACT

The aim of this study is to measure the effect of leadership on job performance through the mediating role of emotional intelligence. Primary data were collected from 530 Pakistani private hospital employees. Structured questionnaire was used to collect the data. SMART PLS 4.0 software was used to draw the results from the data. Statistical techniques like, bootstrapping through process were used to explore the results and to test the hypotheses from the collected data. The results of this study revealed that leadership has a positive impact on job performance of employees in private hospitals of Pakistan. Further, bootstrapping analysis revealed that emotional intelligence mediates the positive effect of leadership on job performance in health sector. The study highlights that leadership is not only effective or applicable in western countries only, but it is also very effective in Pakistan. The most prominent limitation of this study is that the data were gathered from a single source. This may occur common method variance. Cross-sectional approach is also one of the limitations of this study. In health sector, leadership can enhance the job performance of the employees through the mediating role of emotional intelligence. Proper and meaningful training should be given to organizational leaders in hospitals with specific focus on leadership skills in improving emotional intelligence and job performance. The research studies on measuring the role of leadership on job performance through the mediating role of emotional intelligence are very limited. Little investigations are available on the leadership and its role in health sector especially in Pakistan. This study clarifies the role of leadership in enhancing job performance of the health care employees through the existence of the emotional intelligence. No study tested this model with three theories. This study makes a theoretical contribution by integrating three relevant theories; Campbell's theory of job performance, Goleman's mixed model theory, leadership theory.

KEYWORDS

Pakistan, Leadership, Job Performance, Emotional Intelligence, Health Care Professionals, Structural Equation Modeling

1 | INTRODUCTION

A decrease in job performance (JP) leads to a decrease in productivity. Decreasing job performance affects the completion rate of tasks and starts producing errors in projects or tasks. This ultimately harms organizational performance. However, job performance has a significant and essential role in an organization's success (Qi et al., 2019). Despite its significance, more investigation is needed to enhance job performance, especially in the Pakistani context as Pakistani businesses face severe pressure due to the utmost competition in the market. To survive, they need to increase employee productivity by increasing job performance (Ahmed et al., 2022). Moreover, leadership plays a significant part in organizational success. However, leadership is considered the type of management that is

concerned with the people and their interactions with one another (Wiegmann & Shappell, 2017). It is a process that attempts to get people to collaborate to achieve organizational goals (Zhang et al., 2020). Furthermore, despite the studies in the past conducted on leadership, various scholars emphasize the importance of transformational leadership and some focus on the significance of transactional leadership. However, regardless of the approaches, it is evident that effective leadership is essential organizational success.

In addition, leadership plays a significant role in increasing JP. Through leadership, organizations can inspire and influence their employees towards company goals and objectives (Robbins & Davidhizar, 2020). In industries like the health sector, leaders are responsible for setting the standards, training employees, and making effective decisions to increase job and overall organization performance (Lee et al., 2018; Ratanjee & Foy, 2020). Furthermore, the Health care sector is one of the most critical and essential industries globally, with the primary goal of improving the quality of human life. However, leaders in the healthcare sector are confronted with several challenges. Effective leadership is, therefore, critical in health care, where human lives are at risk. According to (UNICEF, 2021), the healthcare sector of Pakistan is facing significant challenges, such as inadequate infrastructure, lack of trained healthcare professionals and low health expenditure per capita. This reflects the need to investigate the factors contributing to Pakistan's healthcare sector's success. Over the years, many leadership theories have been developed, with some aimed at specific industries and sectors. Transformational leadership (TL) theory has been widely studied in healthcare, with researchers suggesting that it is a fundamental approach to healthcare leadership (Ha et al., 2021). TL influence and motivate their followers, encourage creativity and innovation, and establish a culture of teamwork and collaboration (Bass & Bass, 2009; Bass & Riggio, 2006). In Pakistan, while transformational leadership is gaining momentum in the healthcare sector, other leadership theories and approaches continue to be applied.

The healthcare sector of Pakistan has undergone significant growth and transformation over the last few decades. However, despite the contribution of healthcare professionals, there have been significant challenges in delivering quality healthcare to the population, such as inadequate infrastructure, insufficient resources, a shortage of trained healthcare professionals and a lack of leadership roles (Asim et al., 2022). The healthcare system in Pakistan also faces unique challenges related to employees' job performance. In such a setting, healthcare professionals must possess emotional intelligence skills to effectively communicate, collaborate, and manage their patients' needs (Rafiq et al., 2020). Moreover, the role of leadership has been examined from various perspectives, including how it changes and affects job performance. Limited understanding is available on leadership training in enhancing job performance in health care sector of Pakistan. However, more evidence is needed on the role of EQ in enhancing JP, particularly in the healthcare sector. Emotional intelligence interventions such as training programs effectively improve emotional intelligence skills and enhance healthcare delivery (Zhang et al., 2020). Therefore, assessing and developing the mediating role of EQ among LD and JP are critical in addressing healthcare delivery challenges in Pakistan.

In addition, job performance in the healthcare sector is essential as it translates to delivering quality care and improved patient outcomes (Al-Malki & Juan, 2018; Gholami et al., 2019). Therefore, the job performance of healthcare professionals directly affects the well-being of the patients. However, (WHO, 2020) reported that the healthcare sector of Pakistan faces significant challenges in providing quality care, such as limited resources, inadequate financing, short training programs for healthcare professionals and a lack of leadership roles. Consequently, the job JP of healthcare professionals (HCP) can be evaluated based on patient outcomes. Furthermore, emotional intelligence (EQ) can play an important role in improving JP. In addition, leadership can play an important role in enhancing JP through the improved role of EQ (Gong et al., 2019). The ability of leaders to recognize and understand emotions can enable effective communication and collaboration with teams, leading to overall organizational success. However, in the healthcare sector, emotional intelligence is crucial in delivering quality patient care (Iqbal et al., 2021). Therefore, healthcare professionals with emotional intelligence skills can effectively manage communication, collaboration, and patient interactions, resulting in better patient outcomes (Gong et al., 2019). Furthermore, emotional intelligence is essential in supporting healthcare professionals' resilience and mitigating the risk of job burnout (Zhang et al., 2020). Given the complexity of the healthcare industry, where healthcare professionals work under constant pressure, emotional intelligence is critical for maintaining professionalism and communication in healthcare settings. However, limited contribution has been made on the impact of leadership (LD) on JP through the mediating role of EQ in the healthcare sector of Pakistan (Zaman et al., 2021). Therefore, this study aims to investigate the role of LD on JP through the mediating role of EQ in the healthcare sector of Pakistan.

2 | LITERATURE REVIEW AND HYPOTHESES DEVELOPMENT

Campbell's theory of job performance (JP), developed in 1990, provides a helpful framework for understanding the factors contributing to and influencing JP. The theory posits that JP comprises three main factors: declarative knowledge, procedural knowledge, and motivation. Goleman's mixed model theory, introduced in 1995, provides a framework for understanding emotional intelligence (EQ). The theory proposes that EQ consists of personal and social competencies, each comprising specific emotional and social skills. This study examines three well-known leadership theories: transformational, situational, and servant leadership. Transformational leadership (TL) focuses on influencing and motivating followers to get to their full potential. According to Bass & Avolio, (1994), TL are characterized by their ability to provide vision and direction to their followers and to empower them through individualized consideration and intellectual stimulation. Moreover, situational leadership proposes that the most effective leadership style is flexible and adapts to the specific needs of the situation and the followers (Zhang et al., 2020) argued that the leader's behavior should vary depending on the followers' readiness level, defined as their ability and concern to complete the task. Finally, servant leadership focuses on leaders serving the needs of their followers instead of other way around Perez, (2021) proposed that leaders prefer the needs of their followers and empower them to achieve their full capacity.

2.1 | LEADERSHIP AND JOB PERFORMANCE

According to Asrar-ul-Haq & Anjum, (2020), leadership means to persuade or motivate others to work voluntarily and confidently towards organizational goals or objectives. In addition, the role of leadership is to get others to focus more on achieving a specific objective or a set of goals. Further Al-Malki & Juan, (2018) describe leadership as the art of motivating people to work freely towards accomplishing collective goals. This concept further encompasses willingness to work, zeal and confidence. However, while leadership is a process that requires using non-coercive influence, it is also a collection of qualities associated with someone who is regarded as successfully using influence. According to Solomon & Steyn, (2017), leadership is the practice of affecting the behaviors and attitudes of subordinates in order to accomplish a goal. In addition, leadership is how one person persuades a group to pursue a common objective. Further, it is a type of management that is concerned with people and their interactions with one another. Therefore, it is a process that attempts to get people to collaborate to achieve shared organizational goals. However, past literature suggests various definitions of leadership. However, the most significant and appropriate definition this study focused on is the definition proposed by (Fakhri et al., 2020). The author describes leadership that leader depicts the interaction among the leader and the led. Further, the author argued that the leader impacts the objects he leads, but the relationship between the two parties should be suitable for both. In comparison, leadership styles are the behavioral norms adopted by the individual while attempting to change the behavior of others as the individual beliefs.

Leadership and job performance (JP) are closely related. Good leaders can inspire and motivate their team, and that helps them to improve JP and productivity within the organization. However, poor leadership can negatively impact JP and even lead to a decrease in employee morale and JP which affects overall organizational performance. Therefore, influential leaders in organizations can provide clear direction, set realistic goals, and support their team members to enhance JP and overall success in the workplace (Fakhri et al., 2020). However, too controlling leaders often discourage employees' ability to think independently and creatively (Ahmed et al., 2022). As a result, poor leadership practices make health professionals unhappy, unmotivated, and eventually uninterested in their teams (Oyewunmi et al., 2015). Further, every organization needs authentic leadership, and leadership behavior is a critical factor that significantly affects any organization's performance by enhancing JP (Hassan Helaly et al., 2022). As a social impact process, *leadership* is defined as the ability of healthcare workers to consider how others might assist and support them as they carry out routine tasks. The leaders of organizations must work together and support one another across organizational boundaries to continually provide better, higher-quality, and more compassionate patient care. Collective leadership is characterized by this form of support and cooperation (Ahmad, 2018). Above discussion suggests the following hypothesis:

H₁: Leadership has a positive impact on JP.

2.2 | LEADERSHIP AND EMOTIONAL INTELLIGENCE

Leadership behavior is an essential factor that profoundly impacts a healthcare organization's effectiveness. "Leadership behavior" refers to the leader's action to persuade followers. One is task-based orientated behavior,

which entails defining roles, organizing operations and projects, and enhancing effectiveness of organization. Tasks, practical resource and labor usage, dependable and secure procedures, and development process are all highly stressed in these measurements. The helping, encouraging, recognizing, counseling, and managing behaviors are relationship focused. A better organizational outcome, such as employee engagement, can be achieved using leadership behaviors to influence the team. One-way communication is used by leaders when they instruct followers on where and how to complete responsibilities. They can also combine multiple-way communication by providing social and financial support (Asrar-ul-Haq & Anjum, 2020; Reza Balaghat & Azizpour, 2014; Zhang et al., 2020). A study by Puri & Mehta, (2020) found that Health care professionals with high emotional intelligence were more effective in managing conflict, building trust, and collaborating with others. Moreover, these professionals are much capable enough to adapt changing circumstances and work effectively in diverse teams. Further, Ahmed et al., (2022) found that healthcare leaders with high EQ were better equipped to manage their teams and provide adequate care to patients in culturally diverse settings in Pakistan. Much research has been conducted on how emotions and CQ affect leadership performance in non-profits and government agencies. However, little is known about how EQ affects JP in the medical field Zaman et al., (2021). Above literature draws the following hypothesis:

H₂: Leadership has a positive impact on EQ.

2.3 | EMOTIONAL INTELLIGENCE AND JOB PERFORMANCE

Emotional intelligence (EQ) derives from Thorndike, (1920) concept of social intelligence (SQ). Thorndike used SQ to describe the capacity to understand and influence others. In a later definition, (Gardner, 2011) asserted that interpersonal and intrapersonal intelligence are equally significant to EQ. Further, EQ was defined by Salovey & Mayer, (1990) as the capacity to recognize and distinguish between emotions, as well as to comprehend and monitor one's own and others' emotions. Then, with the study of Perloff, (1997), the term EQ gained popularity. EQ and its impact on JP have been the concern for the various researches that has contributed to a revolutionary shift in people's mindsets and industry practices. JP was described by Krijgsheld et al., (2022) as the actions taken by employees directly and indirectly, favorably, or unfavorably, to further the organization's objectives. According to Kaur, (2020), JP and EQ are strongly correlated. Later, Law et al., (2008) investigated the impact of EQ and overall mental ability on JP among Chinese researchers of innovative work and discovered that each factor impacts JP and does so in a distinctive manner. According to research by Lindebaum, (2013) on the immediate effects of EQ on employee wellbeing, the relationship between psychological wellness and a few JP metrics is only tangentially predicted by EQ. However, it is clear from reviewing earlier studies that a strong link between EQ and JP is necessary, given that many organizations now take emotional intelligence into account when hiring new employees. Above discussion suggest the following hypothesis:

H₃: EQ has a positive impact of JP.

2.4 | EMOTIONAL INTELLIGENCE AS MEDIATOR

According to Afsar et al., (2020), a leader's EQ showed a larger positive link with employees' JP. The authors claim that confident leaders who excel academically and technically but lack EQ may need help handling stress and managing sentiments of accomplishment or failure. In order to change employees' sadness into happiness, anxiety into adaptability, and stress into comfort, emotionally intelligent leaders and university library directors must be able to identify negative dysfunctional emotions when they arise and replace them with usefulness positively and functionally. In addition, managers deploy EQ in interpersonal interactions to foster a work climate where employees are happy and engaged (Udod et al., 2020). Given the difficulties of running a business and managing people, it should be clear how crucial it is for a leader to possess this quality (Bal & Kökalan, 2022). Influential leaders have a more significant amount of EQ to create a favorable work environment, build strong working associations, and inspire their team members (Zaman et al., 2021).

Further, EQ is the capacity to recognize and manage emotional states, as well as to empathize with those of others and to regulate one's own and others' emotional responses (Sternberg & Kaufman, 2011). The literature suggests that EQ is an emerging area of study. A study by (Asiri et al., 2016) measured the EQ of HCP. The study found that healthcare professionals had a moderate level of EQ and a significant favorable association between EQ and JP. Another study by Zaman et al., (2021) explored the association between EQ and JP. The study found that emotional intelligence positively impacted JP and that healthcare staff needed greater emphasis on EQ training. Similarly, a study by Tahir & Jabeen, (2022) investigated medical students' EQ in a Pakistani medical college. The study found that EQ was positively associated with academic achievement and suggested that EQ training should be incorporated

into medical education to improve the emotional skills of medical students. A review by Yousaf et al., (2021) explored the importance of EQ in healthcare leadership. The review highlighted the need for healthcare leaders to have the EQ to effectively manage and lead diverse HCP teams. Based on the above literature following hypotheses have been proposed.

H4: EQ mediates the positive relationship between leadership and JP.

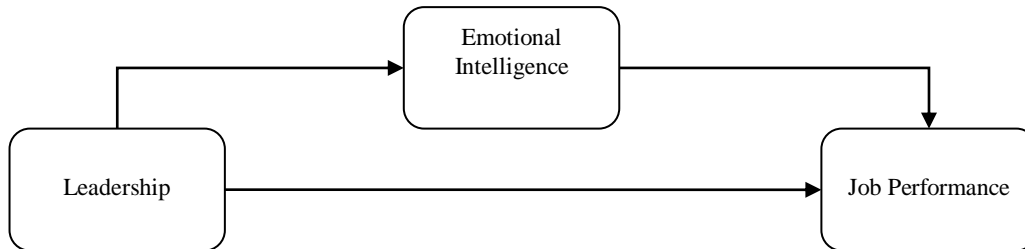


Figure 1: Conceptual Framework

3 | RESEARCH METHODOLOGY

Employees of private hospitals in the twin cities of Pakistan, Islamabad, and Rawalpindi, were questioned. Convenience sampling, a non-probability sampling method, is applied. According to Zikmund et al., (2013), convenience sampling is a process that gain and collects pertinent data from the unit of study that is appropriately accessible. Convenience sampling is frequently used to quickly and cost-effectively compile a sizable number of completed surveys. The questionnaire was adopted, and a survey research strategy was applied through the mono method for the cross-sectional study. To gather the data closed-ended questionnaire was used. Doctors from private institutions such as Rawal Institute of Health Sciences, HBS General Hospital, Islamabad Medical and Dental College, and Shifa International Hospital, Islamabad are the population of this study. The purpose of the study and the questions were explained to the respondents before they were given the questionnaire, enabling them to complete it quickly and accurately. According to the report (Tribune, 2019) Islamabad and Rawalpindi has a total of 64,320 registered doctors Total of 600 questionnaires were distributed and 530 questionnaires were chosen, and the remaining questionnaires were excluded from the subsequent analysis due to incomplete or useless responses. The completely filled questionnaires were gathered from employees of various firms and then entered into SMART pls 4.0 for additional analysis. This study opted for the deductive research approach as this study aims to test the hypotheses.

Table 1
Instruments Details

Sr. no.	Indicator	Number of Items	Scale	Reference
1	Leadership	10 Items	Five-Point Likert Scale	(Cicero et al., 2010)
2	Emotional Intelligence	20 Items	Five-Point Likert Scale	(Ang et al., 2007)
3	Job Performance	15 Items	Five Point Likert Scale	(Goodman, 1990)

Additionally, using Smart PLS 4.0 Software to execute the PLS algorithms and bootstrapping set to 5000 subordinate samples, structural equation modeling (SEM) was employed to evaluate the data. The most significant approach for validating the structural model and measuring the dimensions is partial least square (PLS) (Sarstedt et al., 2021; Zhao & Zhou, 2019). This was done for data analysis. By calculating Cronbach's Alpha (CA), rho (RHO), AVE, and confirmatory factor analysis (CFA), the SEM measurement model also takes data validity and reliability into account (Sarstedt et al., 2021). Convergent validity, discriminant validity, and construct reliability were used to

evaluate the measurement model. The average variance and recovered factor loading were used to measure the convergent validity (AVE). Using the Heterotrait-Monotrait (HTMT) ratio, discriminant validity was evaluated.

4 | RESULTS

The demographics of the respondents to the current research study have been calculated in frequency and percentage. Total of 530 responses were included in the final analysis. The data was gathered from the healthcare professionals (Doctors) of the private hospitals in Islamabad and Rawalpindi. The respondent's demographics are shown in Table 2.

Table 2
Respondents Demographics (n=530)

Demographics	Items	Frequency	Percentage
Gender	Male	298	56
	Female	232	44
	Others	0	0
	Prefer not to say	0	0
Age	18 and below	0	0
	19-25	81	15
	26-40	279	53
	40 years and above	170	32
Experience	Less than a year	43	8
	1-3 years	191	36
	4-10 years	142	27
	10 years and above	154	29
Shift Timings	Full Time	530	100
Total		530	100

4.1 | PLS-SEM DATA ANALYSIS

The PLS-SEM software package was applied to examine the measurement model (association among the latent components and their measurement items) and the structural model simultaneously to employ inferential statistics (association between the latent variables).

4.2 | MEASUREMENT MODEL ASSESSMENT

The current study applied the Smart-PLS 4.0 technique to test the research model by evaluating the measurement model. In line with earlier research, the reflective measurement model authentication can be confirmed by examining its internal consistency, reliability, convergent, and discriminant validity (Sarstedt et al., 2021). The outcomes of each of the analyses concerning the examination of the reliability and validity concerning the measurement model for the present study are in the subsequent sub-sections on convergent and discriminant validity. The two-stage analytical process proposed by (Anderson & Gerbing, 1988) is the base of this research; determined the measurement model based on the validity and reliability and the structural model (hypotheses testing). All the constructs are based on multi-items constructs, and they are conceptualized as the reflective measurement model rather than the formative measurement model. The aim of the reflective measurement construct is to determine the interrelated measures with high internal consistency. Further, this section explains the directions to measure the measurement model.

4.3 | INTERNAL CONSISTENCY RELIABILITY

The initial measurement is performed by determining the internal consistency and reliability. To measure these two tests were performed, using Cronbach's Alpha and Composite Reliability. Table 3 Highlight the Cronbach's Alpha values in the study range from 0.950 to 0.960, which meets the threshold of 0.7 recommended by (Sarstedt et al., 2021). There have been some judgments about Cronbach's Alpha use as a technique to measure reliability. The value of Cronbach's Alpha mainly underestimates the true reliability (Sarstedt et al., 2021). Therefore, due to its deficiency, it is suggested by McNeish, (2018) tests a substitute reliability test, which is composite reliability.

Further, Chin, (1998) suggests composite reliability a more appropriate way than Cronbach's Alpha (Fornell & Larcker, 1981). The composite reliability must be greater than 0.70 to show acceptable internal consistency (Sarstedt et al., 2021). Table 3 demonstrates the values of composite reliability, which climbs the minimum cut-off value of 0.70. This shows that these instruments do not have any internal consistency reliability issues and possess acceptable reliability. The findings can be generalized in the healthcare sector of Pakistan with complete confidence and for other developing countries.

4.4 | INDICATOR RELIABILITY

After measuring the reliability and the confirmation of the internal consistency reliability, the reliability of the indicator is measured. As highlighted in table 3, all the indicators have acceptable reliability (ranging from 0.566 to 0.709), touching the threshold of 0.5 or greater AVE scores (Sarstedt et al., 2021). So, all of the items were kept.

4.5 | CONVERGENT VALIDITY

The average extracted variance values demonstrate convergence validity (AVE). The amount of variance a latent variable can explain is what AVE means. When a construct's AVE value is at least 0.5, adequate convergent validity is realized, according to (Fornell & Larcker, 1981). For each instrument, the convergent validity was calculated. Table 03 and Figure 01 makes it abundantly evident that all loadings fall between 0.7 and 0.8 and that the value of AVE is 0.5 or higher. As a result, convergent validity for the study's instrument is established because all permissible values are greater than 0.50.

Table 3
Convergent Validity

Constructs	Items	Indicator Reliability	Convergent Validity	Internal Consistency Reliability		
		Outer Loading	AVE	Composite Reliability	Cronbach's Alpha	
		>0.60	>0.50	>0.70	>0.70	
Emotional Intelligence	E1	0.748				
	E10	0.730				
	E11	0.739				
	E12	0.797				
	E13	0.747				
	E14	0.770				
	E15	0.728				
	E16	0.744				
	E17	0.712				
	E18	0.727		0.566	0.963	0.960
	E19	0.738				
	E2	0.766				
	E20	0.711				
	E3	0.776				
	E4	0.771				
	E5	0.780				
	E6	0.758				
	E7	0.777				
	E8	0.771				
E9	0.754					
Job Performance	J1	0.769				
	J10	0.784				
	J11	0.750				
	J12	0.790				
	J13	0.784		0.606	0.956	0.950
	J14	0.778				
	J2	0.767				
	J3	0.787				
	J4	0.772				

	J5	0.794			
	J6	0.785			
	J7	0.788			
	J8	0.787			
	J9	0.765			
Leadership	L10	0.844			
	L2	0.852			
	L3	0.845			
	L4	0.850			
	L5	0.845	0.709	0.961	0.954
	L6	0.844			
	L7	0.831			
	L8	0.838			
	L9	0.840			
	L10	0.833			

4.6 | DISCRIMINANT VALIDITY

Discriminant validity is determined by using the following method;

- Heterotrait-Monotrait Ratio (HTMT)

4.7 | HETEROTRAIT-MONOTRAIT RATIO (HTMT)

This measurement model is used to measure the correlation among the construct. This is a comparatively new method to measure the discriminant validity (DV) in structural-based equation modeling. The interpretation of this method is straightforward. Some cut-off values can determine it. The value of the HTMT is more significant than its cut-off value, then there is an absence of DV. Kline, (2011) suggest the cut-off value for the HTMT is 0.85. Table 4 and Figure 2 demonstrate that all the values are less than the threshold of 0.85.

Table 4
 HTMT

	Emotional Intelligence	Job Performance
Job Performance	0.742	
Leadership	0.797	0.675

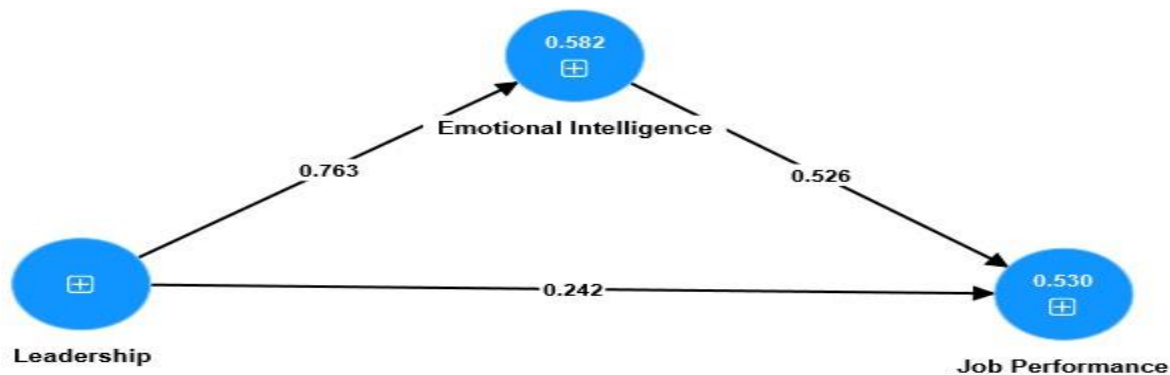


Figure 2: PLS Algorithm

4.8 | STRUCTURAL MODEL

After the measurement model was developed, the analysis was carried out further by evaluating the structural model. The ability of the structural models to predict one or more target constructs is evaluated using the models' predictive power (Sarstedt et al., 2021).

4.9 | ASSESSMENT OF THE STRUCTURAL MODEL FOR COLLINEARITY ISSUES

The structural model's initial step is to evaluate any collinearity problems. Before we move to the analysis of latent variables in the structural model, it is essential to take precautionary measures against the collinearity problems of the constructs. The VIF value is used to determine the collinearity. According to Sarstedt et al., (2021) 5 and (Diamantopoulos & Siguaw, 2006), 3.3 is the cutoff value for the assessment. Table 5 shows, all the inner model values for the instruments are between 1 to 2.392, which are less than five as recommended by Sarstedt et al., (2021) and 3.3 by (Diamantopoulos & Siguaw, 2006). Thus, collinearity is not an issue in this study.

4.10 | MEASURING THE SIGNIFICANCE OF THE STRUCTURAL MODEL RELATIONSHIPS

The results for each path relationship in the model are produced using the bootstrapping approach to test the hypotheses, as given in Table 5. Bootstrapping in PLS is a nonparametric test that performs the random sampling with the alternate from the original sample (Sarstedt et al., 2021). T-statistics are produced for all paths using the Smart PLS 4.0 bootstrapping algorithm in order to assess the significance threshold. The bootstrapping is configured with 5,000 subsamples and a significance level of 0.05. The critical values for a significant level of 1% (=0.01), 5% (=0.05), and 10% (=0.1) (Ramayah et al., 2018). Results presented in Table 5; the value of the path coefficients has a standardized value that ranges from 0.242 to 0.763. According to Sarstedt et al., (2021), correlations are stronger when estimated route coefficients are close to +1 and weaker when they are near zero. Next, all the t-values are > 4.270, at the level of significance 0.00. Thus, it is concluded that all the relationships are accepted and positive. Table 05 and Figure 03 depict the relationship between variables.

Table 05
Structural Model Assessment

Relationship	Path Coefficient (β)	Std. Error	t-value	p-value	Decision	R ²	F ²	Effect Size	VIF
Emotional Intelligence → Job Performance	0.527	0.063	8.298	0.000	Accepted		0.246	Moderate	2.392
Leadership → Emotional Intelligence	0.763	0.019	39.147	0.000	Accepted	0.582	1.392	Substantial	1.000
Leadership → Job Performance	0.242	0.057	4.270	0.000	Accepted	0.530	0.052	Small	2.392

4.11 | MEDIATION ANALYSIS

This procedure includes a third variable to reveal the interlink between the independent variable (IV) and dependent variables (DV). The terms mediator, mediating variable, intervening variable, and intermediary variable are all used to describe this third variable. Instead of looking for a direct correlation between the IV and DV, this research looks at how the IV affects the mediating variable before looking at how the intervening variable affects the DV. This facilitates the discovery of the nature of the link between the IV and DV by researchers. From Table 4.8, it has been observed that EQ has a significant and favorable association among leadership and JP. It means leadership affects emotional intelligence, and EQ, in turn, affects job performance. The impact through indirect effect, which displays a considerable influence at a 5% p-value, can also be seen. The fact that the T value is more significant than 1.96 indicates that EQ can mediate the relationship between leadership and JP. The figure below also shows the link between leadership and job performance, with emotional intelligence as a mediating factor. Table 6 and Figure 3 show the indirect relationship.

Table 6
 Mediation Analysis

	Original Sample (O)	Sample Mean	Standard Deviation	T-Statistics	P-Values	Decision
Leadership → Emotional Intelligence → Job Performance	0.402	0.403	0.050	7.959	0.000	Supported

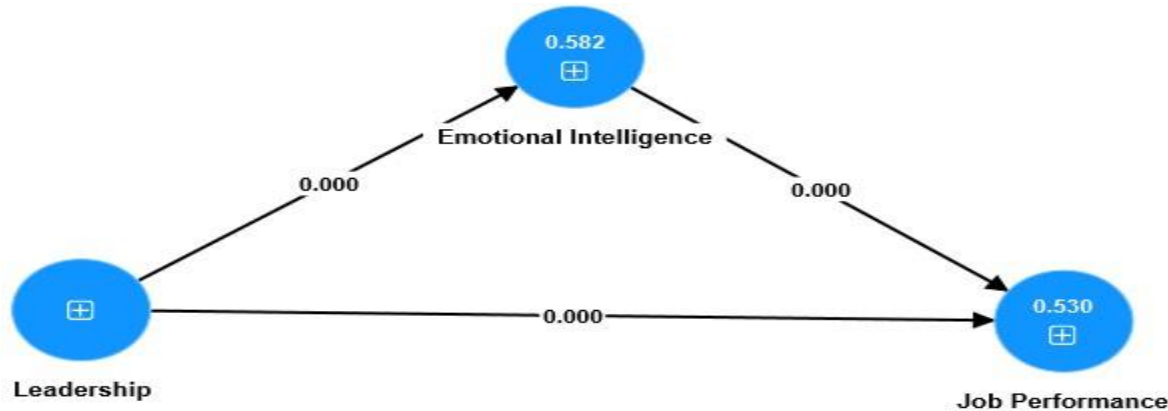


Figure 3: PLS Bootstrapping

5 | DISCUSSION

The role of leadership in influencing job performance has been widely studied in various sectors, including the private health sector. However, the mediating role of EQ in this relationship is a relatively new area of research. This discussion aims to explore and analyze the findings regarding the role of LD on JP, focusing on the mediating role of EQ within the private health sector of Pakistan based on the available literature. Numerous studies (Asim et al., 2022; Dubey et al., 2023; Fakhri et al., 2020; Goodman, 1990; Hassan Helaly et al., 2022; Hoxha, 2019; Jiatong et al., 2022; Jnaneswar & Ranjit, 2020; Krijgsheld et al., 2022; Perez, 2021; Perloff, 1997; Thorndike, 1920; Zhao & Zhou, 2019) have established a positive relationship between LD and JP. Effective leadership is characterized by inspiring and motivating employees, setting clear goals, providing guidance and support, and encouraging employee development. LD, in particular, has been found to impact JP significantly. Research conducted by Bass & Avolio, (1994) showed that leadership positively influences employee performance outcomes, including task performance, contextual performance, and overall, JP. EQ, the ability to understand and manage emotions in oneself and others, has gained attention as a potential mediator in the relationship between LD and JP. EQ enables leaders to perceive and understand the emotions of their team members, effectively communicate, and manage conflicts, and create a positive work environment conducive to high performance. Several studies support the mediating role of EQ in the relationship between LD and JP. A study by Banks et al., (2016) found that EQ mediated the relationship between leadership and employee JP. Similarly, Wong & Law, (2002) research demonstrated that EQ significantly mediated the relationship between LD behaviors and JP. EQ directly influences JP by impacting various factors that contribute to employee effectiveness. Individuals with high EQ are better equipped to handle workplace challenges, exhibit self-regulation, adaptability, and resilience, and effectively manage stress. They also demonstrate better interpersonal and communication skills, empathy, and teamwork, which are crucial for achieving high JP. Additionally, EQ plays a crucial role in enhancing employee engagement and JP. Goleman et al., (2002) found a positive association between EQ and JP. This, in turn, affects job performance, as satisfied employees are more likely to be motivated, committed, and perform at higher levels. The healthcare sector in Pakistan faces numerous challenges due to the need for more infrastructure, insufficient funding, and limited resources. In such a scenario, LD and JP are crucial in ensuring effective healthcare delivery to the people. The LD style and approach to management in the healthcare sector strongly influence the employees' JP. Effective LD is essential to promote a positive work environment that values human resources and encourages staff to provide efficient, high-quality care. The literature review highlights the association among LD, EQ and JP. However, the contribution was made by

measuring all these variables together to understand each variable's role. This study also theoretically contributed by testing; the theory of leadership, Campbell theory and mixed model theory to provide a new direction among LD, JP and EQ. However, EQ has become a crucial topic in the healthcare sector, as it plays an essential role in shaping JP. EQ can recognize, understand, and manage one's emotions. In the healthcare sector of Pakistan, where compassion, empathy, and effective communication are vital for optimal health outcomes, understanding the role of EQ is essential. In this study, all the hypotheses were supported and accepted. Overall, the findings of this study are in line with the previous findings of (Ahmed et al., 2022; Al-Tahitah et al., 2018; Goleman, 2020; Iqbal et al., 2021; Puri & Mehta, 2020; Udod et al., 2020; Zaman et al., 2021). This study contributed to the health sector, especially in the health sector. The study can be applied with complete confidence to increase the JP of healthcare professionals.

6 | CONCLUSION

This study explores the unique relationship between leadership and job performance through the mediating role of emotional intelligence in the healthcare sector of Pakistan. This study confirms that emotional intelligence has an interning effect between LD and JP. The findings suggest that effective leadership significantly influences job performance in the health sector. This study also suggests that incorporating EQ into leadership practices significantly influences the healthcare organization by promoting JP. EQ is a mechanism through which effective LD can improve JP by increasing the communication team relation, controlling stress management, and increasing overall job satisfaction of the healthcare staff. Very limited studies establish this relationship. However, this study opens the door for further findings in this domain.

7 | IMPLICATIONS OF THE STUDY

The findings of this study have some important implications for the private health sector of Pakistan. Effective LD through EQ can improve JP and overall organizational success within healthcare organizations. However, leaders in the private health sector should recognize the significance of EQ and invest in developing their EQ competencies. They should also prioritize EQ training for other leaders within the organization to manage the JP of healthcare professionals. Leaders with strong EQ significantly influences overall organizational performance in healthcare sector of Pakistan. By promoting emotional self-regulation, leaders can equip healthcare professionals with the skills to effectively manage stress and challenging situations, leading to improved JP and reduced burnout. Furthermore, incorporating EQ assessments in performance evaluations can help healthcare organizations identify areas for development and provide targeted feedback, enhancing EQ competencies and consequently improving JP. The practical application focuses on implementing strategies that utilize EQ to maximize the impact of LD on JP within healthcare organizations. To improve JP, leaders in the private health sector should undergo to develop their EQ skills. By equipping leaders with EQ competencies, they become more effective in understanding and managing the emotions of their team members, leading to improved JP. By prioritizing EQ in LD, employees feel valued and supported, resulting in increased JP. Leaders can encourage emotional self-regulation among healthcare professionals to enhance JP. By creating space for emotional expression and providing tools for managing stress, leaders enable individuals to handle challenging situations more effectively. Techniques such as mindfulness, stress management programs, and regular breaks can help employees regulate their emotions, improving job performance and reducing burnout. Leaders with high EQ can build trust and foster positive relationships within healthcare teams. By considering EQ skills alongside technical competencies, leaders can identify areas for development and provide targeted feedback. This approach promotes continuous improvement in interpersonal skills and EQ, ultimately enhancing JP. Leaders should facilitate a culture of regular feedback and growth within healthcare organizations. By providing constructive feedback, acknowledging achievements, and offering opportunities for professional development, leaders can foster a growth mindset among employees. This focus on continuous learning and improvement contributes to individual and organizational success, positively impacting JP. The practical application of EQ in LD can significantly enhance JP in the private health sector of Pakistan. By investing in EQ training for leaders, creating a supportive work environment, promoting emotional self-regulation, building trust, utilizing EQ in performance evaluations, and cultivating a culture of feedback and growth, healthcare organizations can experience improved JP, higher job satisfaction, and ultimately provide better healthcare services to patients. By recognizing the transformative potential of EQ in LD, Pakistan's private health sector can drive positive change and contribute to the overall development of the healthcare industry.

8 | LIMITATIONS AND GUIDANCE FOR FUTURE RESEARCH

Leadership and emotional intelligence's role in JP may vary across healthcare organizations and settings. Therefore, future research should consider the specific contextual factors that may influence the relationship, such as organizational culture, size, and leadership styles. Further, different measures of EQ may yield varying results. Future research should use reliable and valid tools to consistently measure EQ within Pakistan's private health sector. However, the findings of existing studies may only partially generalize to the private health sector in Pakistan due to cultural, social, and economic differences. Future research should focus on conducting studies specifically in the Pakistani context to provide more robust and applicable insights. The existing literature predominantly focuses on the relationship between LD, EQ, and JP without determining the directionality or causality of the relationship. Future research should utilize longitudinal or experimental designs to establish causal links. Further studies may conduct longitudinal studies to explore the long-term impact of LD and EQ on JP in the private health sector of Pakistan. This would provide insights into the sustainability and stability of the relationship over time. Further, conduct comparative studies to compare the effectiveness of different leadership styles and EQ approaches on JP within the private health sector of Pakistan. Such studies can help identify this specific context's most effective leadership strategies. In addition, employ mixed-methods research designs to combine qualitative and quantitative data. By incorporating qualitative data, researchers can understand the mechanisms and processes through which leadership and EQ influence JP. Further, investigate potential mediating and moderating factors that may influence the relationship between LD, EQ, and JP. Organizational culture, job satisfaction, and work-life balance could impact this relationship and should be explored further. However, conduct intervention studies to assess the effectiveness of leadership development programs that focus on enhancing EQ in the private health sector of Pakistan. This would provide practical insights into implementing such programs and their impact on JP. Lastly, explore the influence of leadership and EQ at different levels within healthcare organizations, such as individual, team, and organizational levels. This multi-level analysis can help understand the dynamics of leadership and EQ across different organizational structures. By addressing these limitations and pursuing future research in these areas, a more comprehensive understanding of the role of LD on JP through the mediating role of EQ in the private health sector of Pakistan can be achieved. Ultimately, this research can inform evidence-based strategies for improving LD practices and enhancing JP among healthcare professionals in the country.

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