Correlational Study of Emotional-Social Intelligence and Job Satisfaction among
Healthcare Chaplains in the United States

Submitted by
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A Dissertation Presented in Partial Fulfillment
of the Requirements for the Degree
Doctor of Philosophy

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GRAND CANYON UNIVERSITY

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Correlational Study of Emotional-Social Intelligence and Job Satisfaction among Healthcare Chaplains in the United States

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Paul Sangeavur Nomsule

Date

1/25/2021
Abstract

The purpose of this study was to explore whether there is a relationship and, if so, the extent of the relationship between EI interpersonal EI, stress management, and total EI and job satisfaction among healthcare chaplains in the United States. Bar-On’s EI and dispositional approach to life and job satisfaction was used as the conceptual framework to address the research questions, hypotheses, and research problem. Using quantitative methodology, correlational design, and Spearman rank-order correlation, this researcher answered the following research questions: (1) is there a relationship between interpersonal emotional intelligence and job satisfaction among healthcare chaplains in the United States? (2) Is there a relationship between stress management and job satisfaction among healthcare chaplains in the United States? (3) Is there a relationship between total emotional intelligence and job satisfaction among healthcare chaplains in the United States? By applying the convenience sampling method on healthcare chaplains from ACPE, APC, NACC, NAJC, and SCA across the United States, a sample size of 134 healthcare chaplains was used to answer the research questions. For all the three hypotheses, the researcher rejected the null hypotheses because, job satisfaction was found to be significantly related to interpersonal emotional intelligence $rs(110) = 0.39, p < 0.001$; stress management, $rs(110) = 0.36, p < 0.001$; and overall EI, $rs(110) = 0.45, p < 0.001$, among healthcare chaplains in the United States.

Keywords. emotional intelligence, job satisfaction, burnout, stress, compassion fatigue, healthcare chaplain, clinical pastoral education
Dedication

This journey is dedicated to the love of my life, Ngoundu, and my two children, Anase and Hemense, as well as my living siblings, Member, Terfa, Terna, Iveren, and Aondongu, and departed father Nomsule and sister, Mwuese. The energy of their souls and thoughtful and generative conversations, whether present or in the past, was profoundly helpful as we traveled together toward the completion of this life event. I also dedicate this achievement to Dr. Oswaldo and Helga Castro who unconditionally came to my aid during my darkest moment. It is worth mentioning friends turned brothers, such as Aondohemba Aende, Tine Ayua and David Atsu, who helped to impact the creative genius in me.
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Chapter 1: Introduction to the Study

Introduction

It is unknown if or to what degree a relationship exists between interpersonal emotional-social intelligence (EI), stress management, overall EI, and job satisfaction among U.S. healthcare chaplains. According to West (2016), “[a] review of the literature revealed that insufficient research exists regarding EI and pastoral job satisfaction” (p. 228). Amidst the paucity of literature, Hollis et al. (2017) stated that some chaplains vicariously experienced suffering while ministering to families and parents dealing with stillbirths. Nuzum et al. defined this form as compassion fatigue. Zeidner, Hadar, Matthews, and Roberts (2013) asserted that EI might be an important factor in a person’s ability to deal with stressful circumstances by regulating and handling negative emotions.

Emotionally intelligent individuals understand their emotions; thus, such individuals may regulate their emotions well and experience lower levels of stress-related emotions and distress, such as compassion fatigue (Zeidner et al., 2013). Figley and Kleber (1995) posited EI might moderate resource depletion and emotional contagion mechanisms presented in the theories of compassion fatigue. Matthews and Fellner (2012) maintained that EI people might apply mood-regulation techniques to retain high energy levels while persevering in challenging tasks. Matthews and Fellner (2012) related EI (ability and trait) to robust mental health and an effective application of adaptive coping techniques. In addition, Matthews and Fellner (2012) found EI was negatively correlated with negative affect and self-report of well-being. Gerits, Derksen, Verbruggen, and Katzko (2005) reported that when EI increased, burnout among nurses decreased.
In one quantitative study, Taylor, Weaver, Flannelly, and Zucker (2006) studied compassion fatigue and burnout among rabbis working as chaplains. Taylor et al. (2006) explored burnout, compassion fatigue, and compassion satisfaction among a convenience sample of 66 male and female rabbis healthcare chaplains. Taylor et al. designed a questionnaire to measure compassion satisfaction, fatigue, professional, and personal variables; furthermore, the researchers reported that the chaplains exhibited low levels of compassion fatigue and burnout while developing compassion satisfaction.

West (2016) conducted a qualitative study to determine whether the EI skills of Canadian pastors in the ministry could generate job satisfaction. In this study, West (2016) interviewed 20 pastors in active ministries. Further, West (2016) evaluated 10 programs to ascertain whether the use of EI contributed to self-efficacy and job satisfaction. West (2016) used qualitative research to explore the relationship between EI and job satisfaction in pastoral care ministry in general. Learning over time to recognize compassion fatigue, two of the ten pastors stated that EI training (i.e., self-awareness) should be taught during pastoral formation to inform pastors of the challenges of ministry.

This chapter provides an overview of the study. The discussion in Chapter 1 is divided into the following: background of the study, problem statement, purpose of the study, research questions and/or hypotheses, and significance of the study. Moreover, the chapter includes the rationale for the methodology, nature of the research design for the study, definition of terms, assumptions, limitations, delimitations, and summary and organization of the remainder of the study.
Background of the Study

All healthcare chaplains become certified by acquiring a clinical pastoral education (CPE). United States CPE centers refer to designated locations where educators train future healthcare chaplains. In CPE centers, CPE candidates develop their identities, authority levels, and skills as pastoral care professionals (Jankowski, Vanderwerker, Murphy, Montonye, & Ross, 2008). The previous studies that addressed the question of whether EI is related to job satisfaction were limited to professions such as banking (Pandey & Sharma, 2016), medicine (Ghoreishi, Zahirrodine, Assarian, Moosavi, & Maryam Zare Zadeh, 2014; Hollis, Theiss, Gullick, Richman, Morris, Grams et al., 2017), and teaching (Choi Sang, Yaacob, & Tan Wee, 2016; Kassim, Bambale, & Jakada, 2016; Singh & Kumar, 2016; Sun, Chen, & Jiang, 2017). Choi Sang et al. (2016) found EI had a significant influence on job satisfaction of teachers. Choi Sang et al. (2016) defined teachers with high levels of EI as those managing other people’s emotions effectively, thus creating a conducive and thriving work environment. Wong and Law (2002) argued that individuals with high EI enjoyed high levels of job satisfaction because those individuals could appraise and manage other people’s emotions.

West (2016) reiterated the paucity of research pertaining to the relationship between EI and job satisfaction. Due to using a qualitative approach, West (2016) suggested the need for future researchers to conduct quantitative research to ascertain whether there is a relationship between EI and job satisfaction among healthcare chaplains. Therefore, the current study is important and is based on West’s (2016) request. Additionally, researchers have shown that professional dissatisfaction correlates with low
levels of workplace stress and organizational commitment (Sang, Teo, Cooper, & Bohle, 2013).

Relationship building is an integral aspect of EI (Bar-On, 1997a) and healthcare chaplaincy pastoral experiences (Taylor et al., 2015). Healthcare chaplains may have to explain their roles to their healthcare counterparts in their workplace (de Vries, Berlinger, & Cadge, 2008); therefore, such a circumstance can be emotionally and psychologically stressful, thereby influencing how chaplains administer their duties (Taylor et al., 2015). According to Taylor et al. (2015), “participants in the study indicated that when healthcare chaplains are not comfortable in certain units, they become more manualized and less personal. This serves to reduce referrals and hospital-based healthcare providers (HBHP)’ confidence in the healthcare chaplain service” (p. 104). When the role of the chaplain is not valued in the team, the chances of burnout and compassion fatigue among healthcare chaplains may become more likely (Doolittle, 2015). Taylor et al. (2015) stressed that healthcare chaplains’ personalities and relationship building abilities enable them to develop quality relationships with patients and staff. Therefore, when hospital-based healthcare providers lack confidence in the work of healthcare chaplain, it may affect their job satisfaction.

Doolittle (2015) disclosed that the healthcare chaplains’ duties might involve significant compassion fatigue, secondary trauma, and disenfranchised grief; hence, such stress could affect the well-being of healthcare chaplains. Doolittle (2015) reported that when chaplains perceived warm and positive receptions from the healthcare team, such chaplains were more resilient against burnout and compassion fatigue. Doolittle defined spiritual care and hospice as indispensable. Doolittle (2015) further stressed that meager
research was completed in the field of healthcare compassion fatigue, burnout, and job satisfaction.

Hotchkiss and Lesher (2018) stated that high levels of stress were common with hospice chaplains; therefore, researchers should conduct qualitative and quantitative studies in the field of healthcare chaplaincy as it evolves (Shields & Emanuel, 2014). Shields and Emanuel (2014) made this recommendation after a thorough review of the literature in the most relevant palliative journals. Amidst the volume of studies in palliative care journals, only 6% pertained to healthcare chaplains (Shields & Emanuel, 2014).

McCormick et al. (2017) reported incidences of resiliency and growth among Veteran Health Administration (VHA) chaplains; however, many VHA chaplains reported adverse changes in their emotional well-being and spirituality, consequently reporting traumatic stress and burnout. Although there was a report of dysphoric emotions, McCormick et al. stated that some chaplains faced intrapersonal struggles. Furthermore, McCormick et al. maintained that some VHA chaplains reported struggles with their spiritual beliefs and relationships with God while experiencing discontentment in their faiths.

O’Mahony et al. (2017) tested whether the state of mindfulness might be helpful to pediatric palliative professional caregivers, such as chaplains, especially in the context of stressful circumstance and end-of-life. Hence, O’Mahony et al. (2017) intended to strengthen the resilience of pediatric palliative care professionals using mindfulness. Testa and Sangganjanavanich (2016) correlated EI and mindfulness with various aspects of wellness, such as abilities to cope with stress, emotional awareness, self-care, and stress
management. Furthermore, Testa and Sangganjanavanich (2016) argued that evidence from the literature indicated a relationship between EI and mindfulness, burnout and EI, and mindfulness and burnout in the literature. O’Mahony et al. (2017) stated, “objective measures of stress and work performance outcomes should be assessed in future studies” (p. 842). The objective measures of stress and healthcare chaplain’s job satisfaction include compassion fatigue and burnout (emotional exhaustion and depersonalization; Doolittle, 2015).

**Problem Statement**

It is not known if or to what degree a relationship exists between interpersonal EI, stress management, overall EI, and job satisfaction among U.S. healthcare chaplains. Researchers have found a relationship between EI and job satisfaction in nursing (Jang, Lee, & Lee, 2015), teaching (Singh & Kumar, 2016; Sun et al., 2017), and medicine (Hollis et al., 2017), but not among healthcare chaplains in the United States. This researcher explored the possible dynamic relationship between EI and job satisfaction among healthcare chaplains.

As an essential component of healthcare chaplaincy, CPE has become an integral part of comfort care in medical centers across the nation (Galek, Flannelly, Koenig, & Fogg, 2007). With spirituality and religion as the foundation of CPE, Ragsdale (2018) stated healthcare chaplains could use spirituality and religion to minister to families and interdisciplinary team to help patients and families coping with stress in their decision-making, meaning-making, and other health care outcomes. Jankowski et al. (2008) defined self-awareness as an integral part of hospital pastoral care ministry; thus, having only good intentions and desires may not be enough to work as a healthcare chaplain. This
researcher recruited at least 325 healthcare chaplains across the nation to participate in this study. This current study encompasses chaplains of all age groups, genders, races, ethnicities, marital statuses, socioeconomic statuses, educational qualifications, and years in healthcare chaplaincy.

The targeted population includes members of the Association of Clinical Pastoral Education (ACPE), Association of Professional Chaplains (APC), National Association of Catholic Chaplains (NACC), National Association of Jewish Chaplains (NAJC), and Spiritual Care Association (SCA). The participants also include adults who are at least 18 years of age. ACPE, APC, NACC, NAJC, and SCA memberships are open to board-certified and nonboard-certified chaplains. The unit of analysis of this current study is healthcare chaplains. According to Taylor et al. (2015), healthcare chaplaincy and spiritual care services are integral to the patients’ medical care and well-being; therefore, chaplains might play a role in the holistic healing of personhood. Rhodes (2005) disclosed that with good relationships and communication, healthcare chaplains acted as bridges for patients, staff, and visitors.

As this researcher explored the literature, several gaps emerged, necessitating the need for this study. Relationship building is an integral aspect of EI (Bar-On, 1997a) and healthcare chaplaincy pastoral experience (Taylor et al., 2015). Healthcare chaplains may have to explain their responsibilities to their healthcare counterparts in the workplace (de Vries et al., 2008); therefore, such a circumstance can be emotionally and psychologically stressful while influencing healthcare chaplains’ administrations of their duties (Taylor et al., 2015). When the role of the healthcare chaplain is not valued in the team, the chances of burnout and compassion fatigue may become more likely (Doolittle, 2015). When
chaplains receive a warm and positive reception in the healthcare team, Doolittle (2015) argued that such chaplains were more resilient against burnout and compassion fatigue. Doolittle (2015) stated little research is completed on healthcare chaplaincy pertaining to compassion fatigue, burnout, and job satisfaction.

Hotchkiss and Lesher (2018) found high levels of stress as common among hospice chaplains; therefore, researchers should conduct qualitative and quantitative studies in the field of healthcare chaplaincy (Shields & Emanuel, 2014). Shields and Emanuel (2014) made this recommendation after a thorough review of the literature in the most relevant palliative journals. Amidst the volume of studies that are in palliative care journals, only 6% have anything to do with the chaplains (Shields & Emanuel, 2014).

Finding the relationship between EI and job satisfaction among hospital chaplains is important because researchers have defined emotional exhaustion as the basis for compassion fatigue and burnout (Lewis, Turton, & Francis, 2007). EI may temper the effects of fatigue and burnout. In addition, an embrace of EI may be evident in a chaplain’s ability to develop good communication skills and enhance relationship building abilities. If a significant relationship between EI and job satisfaction is found, CPE programs across the nation may incorporate aspects of EI in the training of healthcare chaplains.

If there is a relationship between EI and job satisfaction, such knowledge may be resourceful to the U.S. human resource departments in healthcare. Pastoral healthcare can use emotional quotient inventory (EQ-i 2.0) as a tool, which may enable the hiring and recruitment of healthcare chaplains. If a significant relationship is determined due to this proposed study, further applicability of the EQ-i 2.0 in the training of future U.S.
healthcare chaplains may occur. In addition, an embrace of EI may be most evident in healthcare chaplains’ development of good communication skills and enhancement of their relationship-building abilities.

**Purpose of the Study**

The purpose of this quantitative correlational study is to determine if or to what degree a relationship exists between interpersonal EI, stress management, overall EI, and job satisfaction among U.S. healthcare chaplains. Job satisfaction may be defined as the degree to which employees are happy doing their jobs. Five components of the EI model include intrapersonal intelligence, interpersonal intelligence, adaptability, stress management, and general mood.

In collaboration with chaplaincy healthcare organizations in the United States, this researcher recruited participants from ACPE, APC, NACC, NAJC, and SCA. Hence, the target population in this current study includes healthcare chaplains from ACPE, APC, NACC, NAJC, and SCA across the United States. These organizations’ memberships are open to board-certified and nonboard-certified healthcare chaplains.

**Research Questions and Hypotheses**

Bar-On’s (1997a) model of emotional-social intelligence (EI) and Staw, Bell, and Clausen’s (1986) dispositional model to job attitude/satisfaction are the conceptual frameworks for this current study. The Bar-On (1997a) model of EI is called the mixed model because it is a mixture between the trait and ability models (i.e., cognitive and noncognitive abilities; Bar-On, 1997a). Killgore et al. (2013) considered characteristics of a mixed model of EI as synonymous with some attributes of personalities. In addition, Rath (2014) defined a mixed model as a mixture of the dimensions of motivations, social
skills, and personality traits combined with emotional abilities. Bar-On (1997a) defined EI as subject to modifications through real-life experiences and reflections. Bar-On (1997a) developed EI as having the following five composite scales: interpersonal intelligence, intrapersonal intelligence, stress management, adaptability, and general mood.

The earliest discussion about the dispositional approach to job attitude occurred in personality research (Staw et al., 1986). Proponents of the dispositional approach to job satisfaction disputed that job satisfaction is a product of personality research (Staw et al., 1986). Researchers of dispositional affectivity argued that some level of differences exists in individuals’ interpretations of emotional experiences (Rozell, Pettijohn, & Parker, 2006; Staw et al., 1986). The dispositional affect model is a composite of positive affectivity (i.e., positive mood, enthusiasm, high energy, and enthusiastic engagement) and negative affectivity (i.e., nervousness, low evaluation of oneself, and distress) of job satisfaction (Goldstein, 2013). Rozell et al. (2006) argued that research indicated some individuals experience more positive emotions than others.

In the context of this study, Bar-On’s (1997a) EI and Staw et al.’s (1986) dispositional affect models are coherent and well aligned together. EI is a tool to propagate and generate positive affect while minimizing negative affectivity. In summation, the Bar-On’s (1997a) model of EI and Staw et al.’s (1986) model may predict a dispositional approach to job satisfaction. This approach concerns interpersonal and intrapersonal dimensions of social interactions where positive and negative affectivities are generated. The Bar-On’s (1997a) EI model and dispositional approach to job attitude/satisfaction serve as the conceptual framework, hence guiding the research questions.
The conceptual frameworks for this study are the Bar-On (1997a) model of EI and dispositional model to job attitude/satisfaction (Staw et al., 1986). The Bar-On (1997a) model of EI presupposed that a person’s EI is contingent on and proportional to the degree to which the individual exercises and possesses the five components of EQ-i 2.0 components. The EQ-i 2.0 of the Multi-Health System (MHS, 2011) has five major components: inter-personal emotional intelligence, self-perception, stress management, self-expression, and decision making. Therefore, the three research questions for this research are based on whether interpersonal EI, stress management, and overall EI statistically correlate with job satisfaction. The variables are (a) interpersonal EI, (b) stress management, (c) overall EI, and (d) job satisfaction (work itself, pay, opportunities for promotion, supervision, and coworkers).

The following are the research questions and hypotheses:

RQ1: To what extent is there a statistically significant relationship between interpersonal emotional intelligence and job satisfaction among healthcare chaplains in the United States?

H₀₁: There is no statistical relationship between interpersonal emotional intelligence and job satisfaction among healthcare chaplains in the United States.

H₁a: There is a statistical relationship between interpersonal emotional intelligence and job satisfaction among healthcare chaplains in the United States.

RQ2: To what extent is there a statistically significant relationship between stress management and job satisfaction among healthcare chaplains in the United States?
H02: There is no statistical relationship between stress management and job satisfaction among healthcare chaplains in the United States.

H2a: There is a statistical relationship between stress management and job satisfaction among healthcare chaplains in the United States.

RQ3: To what extent is there a statistically significant relationship between overall emotional intelligence and job satisfaction among healthcare chaplains in the United States?

H03: There is no statistical relationship between overall emotional intelligence and job satisfaction among healthcare chaplains in the United States.

H3a: There is a statistical relationship between overall emotional intelligence and job satisfaction among healthcare chaplains in the United States.

It is not known if a relationship exists between interpersonal EI, stress management, overall EI and job satisfaction among U.S. healthcare chaplains. The research questions and hypotheses of this study may explicate whether interpersonal EI, stress management, and overall EI relate to job satisfaction among healthcare chaplains in the U.S. The analysis to the research questions are explored in Chapter 4.

Advancing Scientific Knowledge and Significance of the Study

There is a need to explore quantitatively whether EI is related to job satisfaction among healthcare chaplains (West, 2016). West (2016) recommended several further studies. Based on West (2016), this researcher used quantitative methodology to explore whether interpersonal EI, stress management, and overall EI are related to job satisfaction among healthcare chaplains. Previous studies that addressed the question of whether EI relates to job satisfaction were limited to banking (Pandey & Sharma, 2016), medicine
(Ghoreishi, Zahirrodine, Assarian, Moosavi, & Maryam Zare Zadeh, 2014; Hollis, Theiss, Gullick, Richman, Morris, Grams et al., 2017), and teaching (Choi Sang et al., 2016; Kassim et al., 2016; Singh & Kumar, 2016; Sun et al., 2017). West (2016) reported that the personal paradigms of the pastors, as evident in their descriptions of their emotional intelligence, were subjective. West posited pastors’ open-ended descriptions of their EI were biased and inaccurate; thus, West requested future researchers to assess pastors’ EI more objectively. One way that pastors’ EI can be assessed more accurately and reliably is by administering a quantitative assessment. West (2016) conducted a qualitative study on how EI is related to job satisfaction generally in pastoral care, but not within the realm of healthcare chaplaincy.

While studying pastoral job satisfaction, but not using EI as a factor, Zondag (2004) discovered that pastors who believed they positively influenced peoples’ lives experienced greater job satisfaction. Crossley (2002) explored the determinants of professional satisfaction among chaplains. Those significant determinants of professional satisfaction included the perceived fairness of salary, level of administrative support, chaplain’s sense of being valued, a sense of providing quality care, and a lack of concern about the security of position (Crossley, 2002). Crossley (2002), West (2016), and Zondag (2004) did not explore whether EI correlates with job satisfaction.

Few researchers have completed studies on the determinants of professional satisfaction (Crossley, 2002; West, 2016). Crossley (2002) “documents a high level of professional satisfaction among US healthcare chaplains” (p. 25). However, the current study differs from Crossley’s (2002) study; this researcher explores whether EI relates to job satisfaction among healthcare chaplains.
By conducting the current study, this researcher determines which, if any, of the components of EI (interpersonal EI, stress management, and overall EI) are related to job satisfaction among hospital chaplains. Bar-On’s (1997a) model of EI and dispositional model of job attitude/satisfaction serves as the conceptual framework and the operationalization models for this study. This research may add valuable knowledge to the field of pastoral care, especially in the field of healthcare chaplaincy, where evidence-based practice in CPE remains necessary.

Considering the emotional needs and challenges of healthcare chaplaincy, this researcher explores whether there is a relationship between interpersonal EI, stress management, overall EI, and job satisfaction among U.S. healthcare chaplains. To the researcher’s knowledge, no study in the literature has explored whether EI relates to job satisfaction among healthcare chaplains in the United States. In addition, the variables of the current study differ from Crossley’s (2002) study. Professional dissatisfaction usually correlates with low levels of workplace stress and organizational commitment; therefore, this researcher aims to explore whether EI may be a relevant factor in job satisfaction among U.S. healthcare chaplains.

A possible correlation between EI and job satisfaction may be resourceful to the U.S. human resource departments in healthcare. Leadership can use the emotional quotient inventory (EQ-i 2.0) as a tool to facilitate recruiting and hiring new healthcare chaplains. If there is a positive correlation between EI and job satisfaction in this study, further applicability of EQ-i 2.0 in the training of future U.S. healthcare chaplains may be a possibility. Furthermore, an embrace of EI may be most evident in healthcare chaplains’ development of good communication skills and the enhancement of relationship-building
abilities. If there is a positive correlation between EI and job satisfaction, such potential may enhance productive working relationships among chaplains, patients, families, and staff while increasing social capital (El Khouly, Ghoniem, Ghadami, & Ibrahim, 2011).

As an action-reflection model of education, CPE program leaders can include EI in the curriculum. EI may play a role in job satisfaction of professional chaplains. Jankowski et al. (2008) defined pastoral skills, EI, self-reflection, and self-insights as integral to the functioning of a healthcare chaplain. As this researcher explores the literature, several gaps emerged, necessitating the need for this study. There is a need to find ways to explore whether EI relates to job satisfaction quantitatively among healthcare chaplains (West, 2016). West (2016) explained that a search in the literature for a relationship between EI and job satisfaction among healthcare chaplains resulted in no previous studies; therefore, this study is important. West (2016) suggested that a quantitative study might result in a different outcome.

Doolittle (2015) reported that the healthcare chaplains’ duties might lead to compassion fatigue, secondary trauma, and disenfranchised grief; hence, such stress might affect the well-being of healthcare chaplains’ work health. When chaplains perceived warm and positive receptions in the healthcare team, Doolittle stated such chaplains were more resilient against burnout and compassion fatigue. Possession of a high degree of EI may foster a better relationship among coworkers (Goleman, 1995); thus, a good level of EI can enable healthcare chaplains to relate to patients, families, and staff better.

**Rationale for Methodology**

This researcher applies a deductive approach by employing a quantitative methodology using empirical variables. The deductive methodology is also called a “top-
down” approach (Campbell & Stanley, 1966). The point of departure of the quantitative methodology is from the hypotheses. The primary objective in quantitative methodology is to test a preexisting theory (Campbell & Stanley, 1966), such as using the Bar-On (1997a) model of EI and dispositional approach to job attitude/satisfaction. Further, Onwuegbuzie and Leech (2005) stated that quantitative methodology was generalizable. Data-analytical techniques using inferential statistics are only possible in a quantitative methodology; prediction and testing are essential attributes of quantitative methodology (Caramanica, 2017).

This researcher uses the quantitative methodology to investigate whether there is a statistical relationship between emotional and EI and job satisfaction among U.S. healthcare chaplains. The rationale underpinning this researcher’s methodological choice is consistent with Caramanica’s (2017) methodological choice. For instance, Buyukbayram and Gurkan (2014), Dabke (2014), Fatemeh, Mahtab Bayat, Zohreh, and Tayeb (2015), and Waruwu (2015) all used a quantitative methodology to ascertain the various degrees of relationships between EI and other constructs. West (2016) claimed that pastors’ open-ended descriptions of their EI were subjective. This researcher found it necessary to assess the pastors’ EI more objectively using quantitative methodology; hence, it is appropriate to apply the quantitative methodology (Meyers, Gamst, & Guarino, 2013) to explore the relation between EI and job satisfaction among hospital chaplains.

A quantitative methodology is an appropriate methodology because of its focus on controlled test design and structure (Campbell & Stanley, 1966). Frankfort-Nachmias and Nachmias (2007) indicated that quantitative methodologists could develop statistical measures of validity and procedures. The mentioned factors substantiated the reasons for
The quantitative methodology enables the discovery of the relationship between two variables (Campbell & Stanley, 1966). Considering that this researcher explores the relationship between EI and job satisfaction among healthcare chaplains, this quantitative methodology is a good fit. The quantitative method focuses on an investigator analyzing numerical data; conversely, qualitative research methodology is suitable for interviews and case studies because it is appropriate for analyzing smaller numbers (Creswell, 2009).

Although quantitative methodologists use questions that focus on how many, or how much about a variable, qualitative methodologists deal with questions about what, how, and why of social reality (Isaacs, 2014). As opposed to qualitative methodology, this researcher chose quantitative methodology because statistical procedures are applied (Petrovic, Koprivica, & Bokan, 2017). By using a quantitative methodology, this researcher can test or verify theory, as opposed to obtaining participants’ meanings (Petrovic et al., 2017).

In a foundational study, West (2016) used a qualitative methodology to explore the relationship between EI and job satisfaction among congregational-based pastors in a pastoral ministry. Qualitative methodology fits the profile of complex social and behavioral issues that are not suitable with quantitative methodology (Isaacs, 2014; Kerlinger & Lee, 2000). Yilmaz (2013) posited some questions were more suited to qualitative methodology than quantitative methodology. Qualitative research ensures constant comparison of the method; researchers can remove outliers, use triangulation, use interviews, and check the transcripts to ensure the validity of a study (Frost., 2011).
West (2016) used qualitative methodology to explore the relationship between EI and job satisfaction in pastoral care ministry in general. However, this current study is focused on the relationship between interpersonal EI, stress management, overall EI, and job satisfaction. West (2016) stated, “the pastor’s descriptions of how they use various competencies of EI were biased by their personal paradigm” (p. 239). However, “this limitation would have created greater significance if the goals of the study were to quantify the extent to which pastors are emotionally intelligent” (West, 2016, p. 239). In the current study, this researcher assesses the extent of pastors’ EI using quantitative methodology. Further, this researcher applied a quantitative methodology to assess the relationship between the various components of emotional intelligence (interpersonal relationship, stress management, and total EI) and job satisfaction among healthcare pastors.

This researcher also uses a quantitative methodology to investigate whether there is any relationship between EI and job satisfaction among U.S. healthcare chaplains. Researchers have used quantitative methodologies to study whether EI is related to various variables. For instance, Jaleel and Verghis (2017) utilized a quantitative methodology to determine the relationship between EI and aggression. In addition, Yildizbas (2017) reported a positive, medium-level correlation between optimism (e.g., a dimension of EI) and teacher leadership styles. Vazquez-Alonso, Manassero-Mas, Garcia-Carmona, and Montesano De Talavera (2016) argued that quantitative methodology provided a platform for statistical hypothesis testing through the computation of reliability indices and the correlations between variables. The primary reason for this methodological choice is to determine the statistical significance between EI and job satisfaction.
Nature of the Research Design for the Study

This researcher uses a correlational design to explore whether there is a relationship between EI and job satisfaction. Anderman and Anderman (2009) claimed researchers could use a correlational design to determine whether a relationship exists between two or more variables (Kerlinger & Lee, 2000). The correlational design does not determine causation; it determines the relationship between two variables (Kerlinger & Lee, 2000). In a correlational design study, the variables are not manipulated.

The units of analysis included U.S. healthcare chaplains. Additionally, the unit of observation includes members of ACPE, APC, NACC, NAJC, and SCA. Based on G* Power 3.1.9.2, this researcher has defined a sample size of 84 chaplains as enough to attain a power of 80%, with a moderate effect size of .30, and a significance level of .05 (Faul, Erdfelder, Buchner, & Lang, 2009).

Before the data is collected, the approval of Grand Canyon University (GCU) Institutional Review Board (IRB) must be obtained. The invitation to participate in the research includes an introductory letter stating the reason the research is being conducted. In the introductory letter, this researcher assured participants of confidentiality, informed consent, and respect for their privacy. This researcher explained ways that their data remained protected. An informed consent agreement was presented to the research participants before they complete any survey (see Appendix C).

The participants were adults who are at least 18 years of age. To maintain privacy and confidentiality, this researcher assigned each participant a code. Consequently, this measure eliminated employment prejudices and biases. Participants included any adult
human who is functioning in the capacity of a healthcare chaplain with at least one-unit CPE.

The research question is whether EI is significantly related to job satisfaction among hospital chaplains. The relevant variables in this study are derived from Bar-On’s (2006) model of EI and Smith et al.’s (2009) job satisfaction assessment. The correlational design is one of several designs compatible with quantitative methodology (Meyers et al., 2013). This researcher used a correlational design to determine whether a statistical relationship exists between the variables (interpersonal relationship, stress management, total EI, and job satisfaction). The components of EI includes interpersonal relationship, stress management, total EI, and job satisfaction (work itself, pay, opportunities for promotion, supervision, and coworkers; Bar-On, 2006).

**Definition of Terms**

**Adaptability.** Adaptability is characterized by an individual’s ability to react appropriately to a changing environment, hence making relevant adjustments with a sense of openness (Bar-On, 1997b; VandenBos, 2015). Adaptability refers to a cognitive, behavioral, and emotional system of regulation that enables an individual to respond successfully to strange encounters and life’s vicissitudes (Bar-On, 1997b). It consists of a person’s ability to intermingle and regulate emotions intelligently amidst challenging circumstances and could be the difference between either failure and success or life and death (Bar-On, 1997a). Bar-On (1997b) defined emotional adaptability as a composite of problem-solving, reality testing, and flexibility.

**Clinical pastoral education.** In healthcare chaplaincy, CPE is a nationally accredited program sanctioned to train healthcare chaplains (Fitchett, Tartaglia, Dodd-
Board Certified healthcare chaplains are required to obtain four units of CPE. Each unit of CPE requires a period of 3-4 months to obtain.


**Emotional-social intelligence.** The Bar-On (1997b) theory of EI is a set of intertwined and interrelated skills. These skills include a person’s ability to control the self, perceive emotional situations, appraise emotions, express emotions in oneself, and access emotions (Bar-On, 1997b). EI maybe essential in promoting job satisfaction.

**Flexibility.** Flexibility refers to an individual’s ability to regulate emotions, thoughts, and behaviors in unstable situations (Bar-On, 1997a). With flexibility, a person can adjust and adapt skillfully to a changing environment; therefore, good EI skills are essential to an individual’s ability to deal with challenging circumstances. Baltaci and Demir (2012) defined flexibility as an important aspect of anger management strategy. A flexible individual understands quickly that external occurrences and internal impulses are not always under full control; therefore, his or her ability to exercise flexibility in emotional circumstances is invaluable.

**General moods.** de Schipper, Riksen-Walraven, Geurts, and Derksen (2008) correlated negative mood and positive mood with the quality of caregiving. This finding implies that negative mood has an adverse effect on caregiving, while positive mood positively influences caregiving. As a construct, mood is subject to change and is a
construct that encompasses a wide range of emotional disposition. Luong, Wrzus, Wagner, and Riediger (2016) defined human mood as a spectrum of emotional states that encompasses either positive or negative moods. An emotionally and socially intelligent individual can sustain a positive mood, such as happiness and optimism while regulating and discarding anger, sadness, and nervousness.

**Healthcare chaplain.** Several specialties exist within the profession of the healthcare chaplaincy. For example, Barber (2013) stated, “A hospital chaplain is a person who has been designated, appointed and authorized to provide religious, pastoral and spiritual support to patients” (p. 332). Some healthcare chaplains specialize in oncology, mental health, palliative care, and trauma.

**Interpersonal emotional-social intelligence.** A good interpersonal skill is momentous in every human society, especially in healthcare professions (Da Vega & Miranda, 2006). Borg and Johnston (2013) defined interpersonal skills as consisting of one’s ability to cope with and resolve differences while dealing with another individual. Choi et al. (2015) defined emotion as an integral aspect of the interpersonal relationship; thus, the ability to invest the right amount of emotion in interpersonal communication is an essential element of EI. Bar-On (1997b) defined the interpersonal component of EI as a composite of social responsibility, empathy, and the interpersonal relationship.

**Interpersonal relationship.** This variable refers to a person’s ability to form and sustain a relationship that is not only respectful and mutually satisfying but also marked by closeness through the reception and acceptance of affection (Bar-On, 1997b). An interpersonal relationship is an important element in the social environment. Pietromonaco and Collins (2017) defined one’s quality of health as contingent on the interpersonal
relationship; therefore, the quality of the interpersonal relationship is proportional to social intelligence.

**Intrapersonal emotional-social intelligence.** Fundamentally, intrapersonal intelligence constitutes emotional intelligence (Azid & Yaacob, 2016). Individuals with higher levels of intrapersonal intelligence can identify their emotions, feelings, and needs. According to Bar-On (1997a), intrapersonal intelligence constitutes the possession of self-awareness, self-regard, and self-assertion abilities; moreover, such a person can strive for self-actualization and a healthy degree of independence. This component is characterized by one’s ability to grasp and express emotions and feelings.

Shearer (2009) defined intrapersonal intelligence as a composite of abilities and knowledge with a direct correlation to the self, which includes recognition of one’s strengths and weaknesses. These sets of abilities and knowledge enable an individual to navigate and solve personal problems (Shearer, 2009). Good self-knowledge is essential; therefore, intrapersonal intelligence is an important attribute that clinical pastoral supervisors should impart to their students (Shearer, 2009).

**Pastoral care.** Pastoral care is spiritual care shaped by religious modalities (Cole, 2010). Through their training in CPE, health care chaplains connect with patients, families, and staff, regardless of religious orientation (Eccles, 2014). Healthcare chaplains are affiliates of pastoral care.

**Reality testing.** This EI variable consists of a person’s ability to evaluate the correspondence between objective reality from the experiential reality (Palmer, Manocha, Gignac, & Stough, 2003). Streff (2011) defined reality testing as consisting of a person developing good observatory skills by analyzing and identifying reality. The closer the
observations and verdicts of experience are to objective reality, the better an individual’s reality testing skills.

**Self-actualization.** This subscale of intrapersonal EI consists of an individual’s ability to discover and realize the potentialities of the self (Bar-On, 1997a). Like Maslow (1943), Maria Montessori (as cited in Weinberg, 2011) defined self-actualization as the nature of the human person to achieve results. In Maslow’s (1943) theory of the hierarchy of needs, self-actualization is the zenith of human achievement, which presupposes that self-actualization is an intrapersonal attribute that can be achieved given the appropriate circumstances. High EI can leverage self-actualization.

**Self-regard.** Bar-On (1997b) defined self-regard as consisting of respecting and accepting a person’s self. The ability to accept and respect the self opens the path to embrace or confront impulsive tendencies. Nadia (2012) indicated that self-regard correlates with a sense of optimism (positive attitude), a decrease in suicidal risk, and self-liking that enables an individual to solve personal problems effectively.

**Social responsibility.** This subscale of Bar-On (1997b) EI consists of an individual’s commitment to demonstrating ability by contributing positively to the community, cooperating with its members, and exercising a commendable level of constructiveness in social interaction. Good stewardship of social space is an essential component of social responsibility. An individual with a considerable level of interpersonal intelligence also possesses social responsibility.

**Stress management.** Stress refers to an emotional state that is almost inevitable. Stress is not always a bad thing (Dierolf et al., 2018). An emotionally and socially intelligent individual can use stress appropriately to generate a positive outcome (Dierolf
et al., 2018). Despite the benefits of stress, Li et al. (2017) argued that stress could be at the root of some chronic illnesses, such as heart disease, depression, and musculoskeletal diseases. Li et al. reported that work stress-related liabilities cost Europe and America up to Eur 619 and $219 billion, respectively. Therefore, to limit the negative effect of stress, health care chaplains must manage their stress properly by developing higher levels of stress tolerance and impulse control. Good management of stress is a function of developing self-knowledge and using that expertise to manage stress appropriately.

Assumptions, Limitations, Delimitations

This section identifies the assumptions and specifies the limitations, as well as the delimitations, of the study. Define the terms and then list the limitations, delimitations and assumptions. Provide a rationale for all statements.

Assumptions. Leedy and Ormrod (2005) defined an assumption as what a researcher may take for granted, which could lead to misunderstandings. Leedy and Ormrod noted readers might not conceive what a researcher tacitly assumed; hence, researchers should delineate the assumptions underpinning a research. Going by the ethical standards of the healthcare chaplaincy profession, this researcher assumes that survey participants in this study are deceptive in their answers. This researcher assumes that the participants answered questions honestly and to the best of their abilities. This researcher assumes healthcare chaplains acted and lived up to the standards of their professions and callings. The following assumptions are also present in this study: (1) this researcher assumed all participants in this study were active healthcare chaplains with at least one unit of CPE training; (2) this researcher assumed the EQ-i 2.0 and the Job Descriptive Index/Job in General (JDI/JIG) reflect the correct measures of EI and job...
satisfaction of the participants. The Bar-On EQ-i 2.0 and JIG/JDI assessments have been used in the past with outstanding outcomes; (3) this researcher assumed the participants were members of ACPE, APC, NACC, NAJC, and SCA; and (4) this researcher also assumed all participants participated out of their own volition; therefore, participation was only open to adults who are at least 18 years old.

**Limitations and delimitations.** Limitations refer to things that the researcher has no control over, such as bias (Creswell, 2009). Limitations are threats to the validity, reliability, and generalizability of research that a researcher does not have control over (Creswell, 2009). Internal validity of research constitutes the researcher’s ability to draw inferences from the data about the population. One limitation of this study was time constraints. This researcher did not have limitless time to collect data. The researcher only collected data with the time limit that GCU has permitted; thus, the time limit for the collection of data was circumscribed by the duration of the GCU degree requirement. Apart from the chaplaincy organizations, such as ACPE, APC, NACC, NAJC, and SCA, other healthcare chaplaincy organizations were utilized for data collection; hence, this researcher was unable to access the entire population of interest. Many types of analytical tools and techniques exist, and each of the various analytical techniques has pros and cons. Hence, the analytical approach of this study was not devoid of limitations. Because all participants were volunteers, it was within their rights to withdraw from participation at any moment during the study.

The instruments in this study involved self-reporting. The consequence is that these data remain contingent on the healthcare chaplains’ perceptions and comprehension levels of the survey items. The study was also limited because the participants (healthcare
chaplains) were required to have minimal computer skills to navigate the survey; therefore, some participants may have had levels of computer skills that are subpar. It was hard to anticipate the true levels of participants’ computer literacy and expertise.

Furthermore, this study cannot be generalized beyond healthcare chaplains outside the United States. The participants included healthcare chaplains working in U.S. hospitals; hence, the reader should be careful about how the findings of this study are generalized.

Delimitations of a study are the boundaries that the researcher sets. Delimitations are things over which the researcher has control, such as the location of the study. As a correlational design, this study was delimited by its scope and attributes. The focus was an exploration of whether EI correlates with job satisfaction. This researcher did not explore causation but explored the relationship between EI and job satisfaction. Furthermore, this researcher collected data exclusively from healthcare chaplains within the United States. There are different kinds of pastors with various ministries, but this researcher focused on healthcare chaplains with at least one unit of the CPE. This research used a convenience sample of healthcare chaplains. Convenience sampling lacks the accuracy of probability sampling; therefore, bias may have occurred due to the sampling technique. Also, this researcher used EQ-i 2.0 and JDI/JIG surveys for the collection of data. The researcher chose those surveys to collect relevant data to answer the research questions. Lastly, this researcher used both Bar-On’s (1997a) EI and dispositional model of job attitude/satisfaction models as the framework for this study. Bar-On EI was used because it emphasizes the significance of interpersonal and interpersonal components.
Summary and Organization of the Remainder of the Study

The gap is that it is not known if or to what degree a relationship exists between interpersonal EI, stress management, overall EI, and job satisfaction among U.S. healthcare chaplains in the United States. According to West (2016), “A review of the literature revealed that insufficient research exists regarding EI and pastoral job satisfaction” (p. 228). In the background of the study section, this researcher discussed some relevant literature. Previous studies that addressed the question of whether EI relates with job satisfaction were limited to banking (Pandey & Sharma, 2016), medicine (Ghoreishi et al., 2014; Hollis et al., 2017), and teaching (Choi Sang et al., 2016; Kassim et al., 2016; Singh & Kumar, 2016; Sun et al., 2017). When the role of the chaplain is not valued in the team, the chances of a chaplain’s burnout and compassion fatigue may become more likely (Doolittle, 2015).

This researcher discussed the general populations affected by this study. The targeted population included ACPE, APC, NACC, NAJC, and SCA. Healthcare chaplains must explain their roles to their healthcare counterparts in their workplaces (de Vries et al., 2008); therefore, they may face emotional and psychological stressors, which may influence their administration of duties (Taylor et al., 2015). Furthermore, the researcher discussed the purpose of the study. The purpose of this quantitative, correlational study is to ascertain whether there is a relationship between the interpersonal EI, stress management, and total EI (MHS, 2011) and job satisfaction (Smith et al., 2009) among U.S. healthcare chaplains.

Further, the research questions, theoretical framework, variables, and hypotheses were stated. The theoretical framework for this study included a composite of Bar-On’s
(1997a) model of EI and dispositional model of job attitude/satisfaction (Staw et al., 1986). Dispositional affectivity holds that some levels of differences exist in individuals’ interpretations of emotional experiences (Rozell et al., 2006; Staw et al., 1986). The variables included the following components of EI: (a) interpersonal emotional intelligence, (b) stress management, (c) overall EI, and (d) job satisfaction (work itself, pay, opportunities for promotion, supervision, and coworkers).

A possible correlation may exist between EI and job satisfaction; therefore, leaders at U.S. human resource departments in healthcare can use the EQ-i 2.0 as a tool to recruit and hire new healthcare chaplains. If there is a positive correlation between EI and job satisfaction in this study, further incorporation of EQ-i 2.0 in the training of future U.S. healthcare chaplains may a possibility. This current study may advance scientific knowledge. In the rationale for the methodology section, this researcher applied a deductive approach using quantitative methodology through empirical variables. Prediction and testing are essential attributes of quantitative methodology (Caramanica, 2017). In the research design section, a correlational design was used to explore whether there is a possible relationship between EI and job satisfaction.

This researcher discussed the most relevant terminologies. For instance, emotional self-awareness consists of an individual’s ability to perceive and comprehend personal emotions. Perez (2011) defined emotional self-awareness as manifested in an individual’s emotional abilities and regulatory patterns. Gill et al. (2015) disclosed that the journey of becoming emotionally intelligent begins with self-awareness. This researcher discussed the assumptions, limitations, and delimitations upon which the proposed research was based.
In Chapter 2, this researcher conducted a web search of the concepts of EI and job satisfaction in the literature. In Chapter 3, this researcher presented the methodology, research design, background to the problem, the validity and reliability of EQ-i 2.0 and JIG/JDI, data analysis, data management, and ethical issues. In Chapter 4, this researcher explored whether EI correlates with job satisfaction among healthcare chaplains. In Chapter 5, this researcher discussed the results, which were derived from the collected data. This researcher presented a conclusion and offer suggestions for further studies.
Chapter 2: Literature Review

Introduction to the Chapter and Background to the Problem

The purpose of this quantitative correlational study is to explore whether there is a relationship between emotional-social intelligence (EI) and job satisfaction among U.S. healthcare chaplains. The conceptual framework (Rastogi, Kewalramani, & Agrawal, 2015; Watson & Clark, 1984) for this current study includes Bar-On’s (1997a, 1997b) theory of EI and the dispositional approach to job satisfaction (Judge, Locke, Durham, & Kluger, 1998; Staw et al., 1986). Mao et al. (2016) defined EI as an integral part of social cognition (Killgore et al., 2013). As a mixed model, Bar-On’s (1997a) concept of EI differs from the ability and trait models of EI (Mayer, Salovey, & Caruso, 2002; Petrides & Furnham, 2000, 2001).

Judge et al. (1998) emphasized that people could use core evaluations to explain the dispositional element of job satisfaction. Judge et al. defined the appraisal of the external environment as including objects’ characteristics and individuals’ intentions regarding external objects. Judge et al. defined the deep-rooted assumptions individuals uphold about others, the world, and themselves as equally important factors in dictating job satisfaction; therefore, there exists a need to find ways to explore whether EI relates to job satisfaction quantitatively among healthcare chaplains (West, 2016). Based on West’s (2016) recommendation, this researcher used quantitative methodology to explore whether interpersonal EI, stress management, overall EI relate to job satisfaction among healthcare chaplains.

Previous studies that addressed the question of whether EI relates with job satisfaction were limited to banking (Pandey & Sharma, 2016), medicine (Ghoreishi et al.,
2014; Hollis et al., 2017), and teaching (Choi Sang et al., 2016; Kassim et al., 2016; Singh & Kumar, 2016; Sun et al., 2017). There is a need to find ways to explore whether EI relates to job satisfaction quantitatively among healthcare chaplains (West, 2016). West (2016) explained that a search in the literature for a relationship between EI and job satisfaction among healthcare chaplains resulted in no previous studies. Therefore, this researcher explored the relationship between EI and job satisfaction among U.S. healthcare chaplaincies.

West (2016) and Doolittle (2015) mentioned a paucity of research in the field of EI and job satisfaction, a search of the literature for such a relationship between EI or other variables and job satisfaction among healthcare chaplains resulted in little or no previous studies. Therefore, this study is based on West’s (2016) recommendations and findings. The current study extends West’s (2016) prior findings by eliminating the subjectivity of the respondents.

West (2016) reported that the pastors self-reported their EI. The current study has a limited, yet deeper scope compared to West’s study. West (2016) focused on “an analysis of emotional intelligence training and pastoral job satisfaction” (p. 1). However, this researcher chooses to limit this study to pastors who are healthcare chaplains. By narrowing the scope, the present study enables readers to understand the relationship between job EI and job satisfaction among pastors who exercise their pastoral care in healthcare. While studying pastoral job satisfaction but not using EI as a factor, Zondag (2004) discovered that pastors who believed they positively influence peoples’ lives experienced more job satisfaction.
In another study, Crossley (2002) explored the determinants of professional satisfaction among chaplains. Some significant determinants include but were not limited to the perceived fairness of salary and level of administrative support, chaplain’s sense of being valued and providing quality care, and lack of concern about the security of position. Crossley (2002), West (2016), and Zondag (2004) did not study a quantitative relationship between EI and job satisfaction. No quantitative researchers have examined the relationship between EI and job satisfaction among healthcare chaplains.

Previously, West (2016) conducted a qualitative study on how EI is related to job satisfaction among church pastors (congregational pastors). A variety of pastors take care of different ministries and pastoral responsibilities. Some work in congregational communities (Chandler, 2009), while others may work as chaplains in healthcare (Doolittle, 2015). Considering the emotional needs and challenges of the CPE program, this research explored whether there is a relationship between EI and job satisfaction among U. S. healthcare chaplains. Crossley (2002) quantitatively investigated the professional satisfaction of healthcare chaplains; however, Crossley did not investigate the relationship between EI and job satisfaction among healthcare chaplains, as in this current study.

This researcher examined the literature on EI; additionally, this researcher also focused on the EI as understood by Bar-On (1997a). This researcher explored literature focusing on the relevant attributes, skills, competencies, and dispositions that support maximum execution of healthcare chaplaincy duties and responsibilities. The literature reviewed included a discussion of the problem that this researcher investigated in the
current study: the relationship between interpersonal EI, stress management, overall EI, and job satisfaction among U.S. healthcare chaplains.

Before the literature review, this researcher discussed the background to the problem. Subsequently, the discussion involved identifying the gap and theoretical foundation of this study. The discussion on the theoretical foundations included the Bar-On (1997a) model of EI and its components of interpersonal intelligence, intrapersonal intelligence, adaptability, general mood, and stress management. The discussion on the theoretical foundation encompassed a dispositional approach to job satisfaction based on positive affectivity, negative affectivity, healthcare chaplains, and clinical pastoral education. Prior to discussing the literature review, this researcher focused on the harmonization of the two theoretical models of Bar-On’s (1997a) EI and Staw et al.’s (1986) dispositional approach to job satisfaction.

In the literature review section, this researcher discussed some historical perspectives on seminal works of E. Thorndike (1920) about the origins of emotional and social intelligence, Gardner (1983) about multiple forms of intelligence, and the reemergence of emotional intelligence. The historical narrative ended with a discussion on Mayer et al.’s (2002) model of emotional intelligence, Goleman’s (1995, 1998) model, the trait model of EI, and Bar-On’s (1997a) model of EI. Additionally, this researcher continued discussing the influence and critique of EI. Finally, Chapter 2 ended with a summary of the chapter.

During the literature search, this researcher used some keywords or phrases to search relevant literature on EI and job satisfaction among healthcare chaplains. These included *EI, Bar-On emotional-social intelligence, history of EI and emotional quotient*
inventory (EQ-i 2.0), models of emotional intelligence, mixed model of emotional intelligence, ability model of emotional intelligence, trait model of emotional intelligence, interpersonal EI, intrapersonal EI, adaptability, general mood, stress management, controversies and conflicts about EI, history of EI, and social intelligence. In addition, keywords and phrases pertaining to the concept of job satisfaction included models of job satisfaction, theories of job satisfaction, a dispositional model of job satisfaction, a situational model of job satisfaction, negative affectivity, positive affectivity, affectivity, history of job satisfaction, components of job satisfaction, scales of job satisfaction, the subjectivity of job satisfaction, and the relationship between EI and job satisfaction.

Furthermore, the researcher used the following keywords or phrases to search for literature about healthcare for chaplains: healthcare chaplains, healthcare chaplaincy, patients’ perception of hospital chaplains’ visit, what patients want from chaplains, stress among healthcare pastors, pastors and stress management, burnout among pastors and healthcare chaplains, compassion satisfaction, compassion fatigue, secondary traumatic stress, stress, and characteristics of a healthcare chaplain.

The GCU online library served as the primary source of the literature review and references. The following databases were the sources for the researcher’s online search: RefWorks, Business Source Complete, Educational Research Complete, PsycINFO, Academic One File, First Search, EBSCOhost, ERIC, Sage Online, Google Scholar, ProQuest Dissertations and Theses, and Science Direct and ProQuest Dissertation. The outcome of the online search yielded the retrieval of books, peer-reviewed journal articles, magazines, trade publications, dissertations, and other relevant scholarly sources published between 2010 and 2020.
For the sake of presenting a balanced historical perspective on the theoretical framework and a sound understanding of healthcare chaplaincy, scholarly literature published before 2010 were included in the writing of this dissertation to present a historical perspective of whether there is a relationship between EI and job satisfaction among healthcare chaplains. This is broad range of scholar literature. However, this is not the only reason this researcher examined older literature; the review of the literature sources had shown the need to explore EI and job satisfaction further.

Relationship building is an integral aspect of EI and healthcare chaplaincy pastoral experience (Bar-On, 1997a; Taylor et al., 2015). Healthcare chaplains may have to explain their roles to their healthcare counterparts in their workplace (de Vries et al., 2008), which can be emotionally and psychologically stressful; hence, such circumstances may influence chaplains’ administrations of their duties (Taylor et al., 2015). When the role of the chaplain is not valued in the team, the chances of that chaplain’s burnout and compassion fatigue may become more likely (Doolittle, 2015). Taylor et al. (2015) asserted that healthcare chaplain’s personality and relationship building abilities enable them to develop quality relationships with patients and staff. Therefore, when hospital-based healthcare providers lack confidence in the work of healthcare chaplain, it may affect their job satisfaction.

Firstly, Doolittle (2015) disclosed that healthcare chaplains’ duties might create significant stress, such as compassion fatigue, secondary trauma, and disenfranchised grief; hence, such stress may influence the well-being of healthcare chaplains’ work health. When chaplains perceived warm and positive reception in the healthcare team, Doolittle indicated that such chaplains were more resilient against burnout and
compassion fatigue. Doolittle disclosed that spiritual care and hospice were indispensable; therefore, Doolittle requested more research in the field of healthcare compassion fatigue, burnout, and job satisfaction.

Secondly, Hotchkiss and Lesher (2018) stated that high levels of stress were common with hospice chaplains; therefore, researchers suggested embarking on qualitative and quantitative studies in the field of healthcare chaplaincy (Shields & Emanuel, 2014). Shields and Emanuel (2014) made this recommendation after a thorough review of the literature in palliative journals. Amidst the volume of studies in palliative care journals, only 6% concerned chaplains.

Thirdly, McCormick et al. (2017) reported incidences of resiliency and growth among VHA chaplains; however, many VHA chaplains reported adverse changes in their emotional well-being and spirituality, which led to secondary traumatic stress and burnout. McCormick et al. mentioned that some chaplains faced intrapersonal struggles. McCormick et al. disclosed that some VHA chaplains also reported struggles in their spiritual beliefs, relationships with God, and faiths.

Finally, O’Mahony et al. (2017) tested whether the state of mindfulness was helpful to pediatric palliative professional caregivers, such as chaplains, especially during stressful circumstances and end-of-life. O’Mahony et al. aimed to strengthen the resilience of pediatric palliative care professionals using mindfulness. Testa and Sangganjanavanich (2016) argued that evidence indicates a relationship between EI and mindfulness, burnout and EI, and mindfulness and burnout in the literature. Additionally, O’Mahony et al. (2017) recommended, “Objective measures of stress and work performance outcomes should be assessed in future studies” (p.842). The objective measures of stress and
healthcare chaplain’s job satisfaction include compassion fatigue and burnout (emotional exhaustion and depersonalization; Doolittle, 2015).

There is a need to explore whether EI relates to job satisfaction quantitatively among healthcare chaplains (Doolittle, 2015; West, 2016). This current research may add valuable knowledge to the field of pastoral care, especially in the field of healthcare chaplaincy where evidence-based practices in the CPE remains necessary. The use of evidence-based practice confers credibility on the field of healthcare chaplaincy.

Previous studies that addressed the question of whether EI relates with job satisfaction were limited to banking (Pandey & Sharma, 2016), medicine (Ghoreishi et al., 2014; Hollis et al., 2017), and teaching (Choi Sang et al., 2016; Kassim et al., 2016; Singh & Kumar, 2016; Sun et al., 2017). However, there is no quantitative study on whether EI and job satisfaction relates to U.S. healthcare chaplains. This researcher explored the relationship between EI and job satisfaction among U.S. healthcare chaplaincies.

West (2016) found the paucity of research in the field of EI and job satisfaction when searching the literature for a relationship between EI and job satisfaction among healthcare chaplains. Therefore, this current study is important for bridging this gap. West (2016) reported that the pastors’ interviews of their EI were subjective. The present study has a limited, yet deeper scope compared to West (2016), who focused on “an analysis of emotional intelligence training and pastoral job satisfaction” (p. 1). This researcher chose to limit this study to pastors who are healthcare chaplains. By narrowing the scope, readers may use the present study to understand the quantitative relationship between interpersonal EI, stress management, overall and job satisfaction among pastors who exercise their pastoral care in healthcare.
Previously, West (2016) conducted a qualitative study to find ways that EI relates to job satisfaction among church pastors (congregational pastors). Considering the emotional needs of healthcare chaplains, this researcher explored whether there is a quantitative relationship between EI and job satisfaction among U.S. healthcare chaplains. Crossley (2002) quantitatively investigated the professional satisfaction of healthcare chaplains. However, Crossley did not investigate the quantitative relationship between interpersonal EI, stress management, overall EI, and job satisfaction among healthcare chaplains, as in the current study.

This researcher examined the literature on EI and social intelligence, as understood by Bar-On (1997a). This researcher also explored literature focusing on the relevant attributes, skills, competencies, and dispositions that support maximum execution of healthcare chaplaincy duties and responsibilities. The literature review included a discussion of the problem that this researcher investigated in the current study: the relationship between EI and job satisfaction among U.S. healthcare chaplains.

**Identification of the Gap**

Relationship building is an integral aspect of EI (Bar-On, 1997a) and healthcare chaplaincy pastoral experience (Taylor et al., 2015). Healthcare chaplains may have to explain their roles to their healthcare counterparts in their workplaces (de Vries et al., 2008), which can be emotionally and psychologically stressful; hence, such circumstances may influence how chaplains administer their duties (Taylor et al., 2015). According to Taylor et al. (2015), “Participants in the study indicated that when healthcare chaplains are not comfortable in certain units, they become more manualized and less personal. This serves to reduce referrals and hospital-based healthcare providers’ (HBHP) confidence in
the healthcare chaplain service” (p. 104). When the role of the chaplain is not valued in the team, the chances of chaplain burnout and compassion fatigue may become more likely (Doolittle, 2015). Taylor et al. (2015) pointed out that healthcare chaplains’ personality and relationship building abilities enable them to develop quality relationships with patients and staff. Therefore, when hospital-based healthcare providers lack confidence in the work of healthcare chaplain, it may affect his or her job satisfaction.

Doolittle (2015) disclosed that healthcare chaplains’ duties might sometimes involve significant stress such as compassion fatigue, secondary trauma, and disenfranchised grief; hence such stress may affect the well-being of healthcare chaplains’ work health. When chaplains perceive warm and positive reception in the healthcare team, Doolittle observed that such chaplains are more resilient against burnout and compassion fatigue. Doolittle emphasized that spiritual care and hospice were indispensable, thereby stressing that meager research was done in the field of healthcare compassion fatigue, burnout, and job satisfaction.

Hotchkiss and Lesher (2018) stated that high levels of stress were common with hospice chaplains; therefore, qualitative, and quantitative studies were necessary in the field of healthcare chaplaincy (Shields & Emanuel, 2014). Shields and Emanuel (2014) made this observation after a thorough review of the literature in the most relevant palliative journals. Amidst the volume of studies in palliative care journals, only 6% concerned the chaplains.

McCormick et al. (2017) reported incidences of resiliency and growth among Veteran Health Administration (VHA) chaplains; however, many VHA chaplains experienced adverse changes in their emotional well-being and spirituality and reported
secondary traumatic stress and burnout. Although there was a report of dysphoric emotions, McCormick et al. further indicated that some chaplains faced intrapersonal struggles. Furthermore, McCormick et al. disclosed that some VHA chaplains reported struggles in their spiritual beliefs, relationships with God, and faiths.

O’Mahony et al. (2017) tested whether the state of mindfulness might be helpful to pediatric palliative professional caregivers such as chaplains, especially in the context of stressful circumstances and end-of-life. O’Mahony et al. wanted to strengthen the resilience of pediatric palliative care professionals using mindfulness. Testa and Sangganjanavanich (2016) indicated evidence shows a direct relationship between EI and mindfulness, burnout and EI, and mindfulness and burnout in the literature. O’Mahony et al. (2017) recommended, “Objective measures of stress and work performance outcomes should be assessed in future studies” (p. 842).

The objective measures of stress and healthcare chaplain’s job satisfaction include compassion fatigue and burnout (emotional exhaustion and depersonalization; Doolittle, 2015).

According to West (2016):

The pastor’s descriptions of how they use various competencies of EI were biased by their personal paradigm. However, this limitation would have created greater significance if the goals of the study were to quantify the extent to which pastors are emotionally intelligent. (p. 239)

This is precisely a form of suffering that is centered on compassion fatigue. Zeidner et al. (2013) argued that EI might be an important factor in a person’s ability to deal with stressful circumstances.
Emotional intelligent individuals have a good grasp of their emotions; thus, such individuals may regulate their emotions well, thereby experiencing lower levels of stress-related emotions and distress such as compassion fatigue (Yan & Beder, 2013). Figley and Kleber (1995) maintained that EI might moderate resource depletion and emotion contagion mechanisms presented in the theories of compassion fatigue. Matthews and Fellner (2012) claimed that people who were on the higher end of EI might apply mood-regulation techniques to retain good energy levels while persevering in a challenging task. Ability and trait EI are related to robust mental health and an effective application of adaptive coping techniques (Matthews & Fellner, 2012). In addition, Matthews and Fellner (2012) stressed that EI is negatively correlated with negative affect and self-report of well-being. Gerits et al. (2005) added that when EI increased, the burnout among nurses decreased.

Taylor et al. (2006) carried out a quantitative study to explore compassion fatigue and burnout among rabbis working as chaplains. The authors explored burnout, compassion fatigue, and compassion satisfaction among a convenience sample of 66 males and females’ rabbi's healthcare chaplains (Taylor et al., 2006). The questionnaire was designed to measure compassion satisfaction, fatigue test, professional and personal variables (Taylor et al., 2006). The goal of this study is to measure satisfaction (personal satisfaction, professional satisfaction), compassion fatigue, and burnout (Taylor et al., 2006). The t-test (univariate) and correlation (bivariate) were performed on the personal variables, professional variables, and the criterion variables (satisfaction, compassion fatigue, and burnout). Subsequently, a regression analysis (multiple regressions) was performed using professional and personal variables on the criterion variables.
Furthermore, Taylor et al. (2006) pointed out that the chaplains exhibited low levels of compassion fatigue, extremely lower levels of burnout, and possessed the potential for compassion satisfaction. Compassion fatigue was associated with divorcees females and long hours working with trauma patients and families. Burnout was associated with divorcees but declined with age. Compassion satisfaction was positively associated with age. Among other factors, age and experience were significant variables in this study (Taylor et al., 2006). Because the professional and personal variables lack the specific characteristics that exhibit work and home conditions that may yield burnout and compassion satisfaction, the statistical model for compassion satisfaction and burnout were not captured in this study. Importantly, “the Rabbis we tested exhibited low levels of compassion fatigue and burnout, they, like other chaplains and clergy in general, are susceptible to Compassion Fatigue because of the very nature of their work” (Taylor et al., 2006, pp. 40-41).

West (2016) conducted a qualitative study to determine whether the EI skills of Canadian pastors in the ministry were enough or insufficient to generate job satisfaction. Twenty pastors in active ministry were interviewed. In addition, 10 programs were evaluated to ascertain whether the uses of EI did not only contribute to self-efficacy but also to job satisfaction. West (2016) applied qualitative research to explore the relationship between EI and job satisfaction in pastoral care ministry in general. Learning over time to recognize compassion fatigue, two pastors stated that EI training (i.e., self-awareness) should be taught during training to equip the pastors against the challenges of ministry (West, 2016).
West (2016) recommended, “The pastoral interviews highlighted the need for pastors to actively listen to their parishioners on a regular basis” (p. 237). Eleven pastors were not satisfied with some aspects of relationship management in the pastorate. Some of the relationship issues emanated from unfair evaluations because of the lack of accountability in personnel management. All these, among other issues, may cause job dissatisfaction. Importantly, this current study pertains to the limitation of the West (2016) study:

The pastor’s descriptions of how they use various competencies of EI were biased by their personal paradigm. However, this limitation would have created greater significance if the goals of the study were to quantify the extent to which pastors are emotionally intelligent. (p. 239)

Many studies that addressed the relationship between EI and job satisfaction were limited to other professions. In the banking sector, Pandey and Sharma (2016) explored EI and job satisfaction. Ghoreishi et al. (2014) and Hollis et al. (2017) explored the relationship between EI and job satisfaction in medicine. Furthermore, Choi Sang et al. (2016), Sun et al. (2017), Singh and Kumar (2016), and Kassim et al. (2016) explored EI and job satisfaction in the teaching sector.

Few researchers have completed studies on some aspects of healthcare professional satisfaction (Crossley, 2002; West, 2016). One of “this researcher documents a high level of professional satisfaction among US healthcare chaplains” (Crossley, 2002, p. 25). This current study differs from Crossley’s (2002) study because this researcher explored whether EI relates to job satisfaction among healthcare chaplains. Thus, this
researcher has not merely explored the determinants of professional satisfaction. A review of the literature has offered enough evidence for the current study.

**Conceptual Framework**

The conceptual framework of the current study reflects the assumptions upon which the current study is based. The conceptual framework enables a researcher to examine and evaluate the research questions and research problem. In the current study, the conceptual framework of the study is based on Bar-On’s (1997a) emotional-social intelligence and dispositional theory of life and job satisfaction (Judge et al., 1998; Staw et al., 1986; Watson & Clark, 1984). The Bar-On (1997a) EI model and dispositional approach to life and job satisfaction were used to address the research questions and research problem.

**Bar-On model of emotional-social intelligence.** Bar-On’s (1997a) model of EI and dispositional approach to life and job satisfaction are the models upon which the conceptual framework of the current study is centered. There are other notable models (i.e., trait and ability model of EI; Mayer, Salovey, & Caruso, 2000; Mayer et al., 2002; Mayer, Salovey, & Caruso, 2004b). However, this researcher deems it fit to use the Bar-On (1997a) model of EI. Bar-On’s (1997a) model is appropriate for this study because some of the constructs are aligned with the research questions (interpersonal intelligence and stress management). The Bar-On’s mixed model was previously accessed and operationalized by emotional quotient inventory (EQ-I), a predecessor of EQ-i 2.0.

The Bar-On (1997a) model of EI is typically called the mixed model because it is not exactly the trait model or the ability model but a mixture between the trait and ability models (i.e., cognitive and noncognitive abilities). For the current study, emotional-social
intelligence was used to refer to the Bar-On model of EI. Killgore et al. (2013) considered a mixed model of EI as similar to personality attributes in many ways, which was subject to modifications through real-life experiences and reflections (Bar-On, 1997a). Rath (2014) argued that the mixed model was a mixture of the dimension of motivation, social skills, and personality traits combined with emotional abilities.

Bar-On (1997a) developed five composite scales of his model from mental health literature: interpersonal intelligence, intrapersonal intelligence, adaptability, stress management, and general mood. Bar-On (1997a, 1997b) model of EI presupposes that a person’s EI is contingent, on and proportional to the degree to which an individual exercise and possesses interpersonal intelligence, intrapersonal intelligence, degrees of adaptability, general mood, and stress management.

**Interpersonal intelligence.** Interpersonal intelligence constitutes social awareness and interpersonal relationships (Bar-On, 1997a). Good interpersonal skills are an important attribute in the healthcare profession (Da Vega & Miranda, 2006). According to Borg and Johnston (2013), interpersonal skills consisted of one’s ability to cope and resolve differences proficiently while dealing with another individual. Choi et al. (2015) added that emotion is an integral aspect of the interpersonal relationship. Thus, the ability to invest the right amount of emotion in interpersonal communication is an essential element of EI. Bar-On (1997b) disclosed that the interpersonal component is a composite of social responsibility, empathy, and interpersonal relationship. Interpersonal intelligence (i.e., social awareness and interpersonal relationship) is an essential attribute required in CPE. A healthcare chaplain with a good balance of social awareness and interpersonal
relationship skills can use their personal experience to connect with patients on deeper levels.

**Intrapersonal intelligence.** Intrapersonal intelligence constitutes self-awareness and self-expression (Bar-On, 1997a). Intrapersonal intelligence is characterized by emotional sophistication (Azid & Yaacob, 2016). An individual with higher levels of intrapersonal intelligence is astute in identifying their own emotions, feelings, and needs. According to Bar-On (1997a), intrapersonal intelligence is characterized by the possession of self-awareness, self-regard, and the ability to assert oneself, strive for self-actualization, and a healthy degree of independence. Intrapersonal intelligence is also an individual’s ability to grasp and express emotions and feelings.

Shearer (2009) defined intrapersonal intelligence as a composite of abilities and knowledge that had a direct correlation to the self with an accurate evaluation of the self, which includes recognition of a person’s strengths and weaknesses. According to Bar-On (1997b), these sets of abilities, self-knowledge, and skills enable an individual to navigate and solve personal problems. Good self-knowledge is an essential attribute that clinical pastoral supervisors should impart to their students (Jankowski et al., 2008). A chaplain possessing self-awareness and self-expression may effectively connect with the patients, staff, and families on a deeper level (Jankowski et al., 2008).

**Adaptability.** Adaptability is the function of change management (Bar-On, 1997a). Adaptability is characterized by an individual’s ability to react appropriately to changing the environment; hence, making the relevant adjustment with a sense of openness (Bar-On, 1997b). Adaptability is a cognitive, behavioral, and emotional system of regulation that enables an individual to respond successfully to changing situations, strange
encounters, and life’s vicissitudes. Adaptability consists of a person’s ability to intermingle and regulate emotions intelligently amidst challenging circumstances. It could be the difference-maker between either failure and success, or life and death. Bar-On (1997b) disclosed that emotional adaptability is comprised of problem-solving, reality testing, and flexibility. With a constantly changing healthcare system, a healthcare chaplain that possesses the flexibility to manage change effectively copes with changes within their work environment effectively. Adaptability as an attribute is essential for survival (Bar-On, 1997a).

**General mood.** General mood consists of an individual’s ability to self-motivate (Bar-On, 1997a). A good mood is positively related to good caregiving, while the bad mood is negatively related to bad caregiving (de Schipper et al., 2008). A negative mood may have an adverse effect on caregiving, while positive mood positively affects caregiving. Therefore, the mood of a caregiver is positively related to the quality of caregiving (de Schipper et al., 2008). As a construct, the mood is constantly subject to change.

The general mood is a construct that encompasses a wide range of emotional disposition. Luong et al. (2016) stated that human mood is a spectrum of emotional states that either encompasses positive or negative moods. The goal of an emotionally and socially intelligent individual is to sustain a positive mood such as happiness and optimism but regulate and discard anger, sadness, and nervousness. It is, therefore, incumbent on an emotional and socially intelligent individual to leverage positive mood and skillfully regulate and control negative moods. Good mood regulation can stem the tides of compassion fatigue (Barnett, Cantu, & Clark, 2020) among healthcare chaplains.
Stress management. Stress management entails emotional management and regulation (Bar-On, 1997a). Stress is an emotional state that is almost inevitable. As adverse as it may be, stress is not always a bad thing (Dierolf et al., 2018). An emotional and socially intelligent individual can use stress appropriately to generate a positive outcome. Despite the benefits of stress, Li et al. (2017) categorically stated that stress could be at the root of some chronic illnesses such as heart disease, depression, and musculoskeletal diseases. Li et al. further reported work stress-related liabilities to cost Europe and America up to Eur 619 and $219 billion, respectively. Therefore, to limit the negative effect of stress, health care chaplains need to manage their stress properly by developing higher levels of stress tolerance, self-compassion, and impulse control (Raab, 2014). This is the function of developing self-knowledge and using that expertise to manage stress. The ability to proficiently manage stress (e.g. mindfulness) is a good skill to possess in the healthcare profession (Mars & Oliver, 2016); and healthcare chaplaincy is not an exception either.

The research questions of the current study are based on the components of the Bar-On EI model. Ultimately, this researcher explored whether interpersonal EI, stress management and total EI statistically relate to job satisfaction. Since it is not statistically known whether EI relates to job satisfaction among healthcare chaplains in the United States; it is the primary task of this researcher to explore the relationship between interpersonal EI, stress management, total EI, and job satisfaction.

The dispositional approach to job satisfaction. The earliest writing on the dispositional model goes back to the work of Munsterberg (1913). The discussion was in the context of personality. Building upon the likes of Munsterberg (1913) and Watson and
Clark (1984), Staw et al. (1986) proposed a theory of job attitude based on the affective disposition. Proponents of a dispositional approach to job satisfaction disputed that job satisfaction is a product of personality research (Paul, 2005; Staw et al., 1986). The dispositional approach to job satisfaction implies job satisfaction is an inborn characteristic. Different individuals demonstrate broad variations in their responses to the same situation (Levin & Stokes, 1989; Staw et al., 1986). Staw et al. (1986) maintained that job satisfaction is stable over time; that is, job satisfaction is consistent across time and space. Arvey, Bouchard, Segal, and Abraham (1989) suggested that hereditary factors can influence job satisfaction.

Individuals’ disposition can exert a negative or positive influence on their job attitude; thus, becoming a determinant of job satisfaction (Staw et al., 1986; Watson, Clark, & Tellegen, 1988). The dispositional approach to job satisfaction has come under severe criticism (Davis-Blake & Pfeffer, 1989). Davis-Blake and Pfeffer (1989) disputed that individual difference has little or no influence on one’s job satisfaction; rather, they argued that situational factors play a pivotal role in job satisfaction. Davis-Blake and Pfeffer (1989) further argued that most studies about the dispositional approach to job satisfaction failed to control for situational factors.

The consistency of job satisfaction across time and space cannot be explained on the mere ground of personality disposition (Davis-Blake & Pfeffer, 1989). The human tendency to experience negative and positive affectivity is based on a continuous and ongoing dispositional trait (Staw et al., 1986; Watson & Clark, 1984). Bouckenooghe, Raja, and Butt (2013) stressed that dispositional trait (positive affectivity PA) and negative affectivity (NE) are positively and negatively correlated with job performance and
turnover intention, respectively. Watson et al. (1988) defined NA and PA as the all-around
tendency to experience the impact of negative and positive affect over time and across
situations. The dispositional affect model is a composite of positive and negative.

The dispositional affect model is a composite of positive affectivity (Staw et al.,
1986; Watson & Clark, 1984). Positive affectivity includes but not limited to, positive
mood, enthusiasm, high energy, and enthusiastic engagement (Goldstein, 2013). Negative
affectivity encompasses nervousness, low evaluation of oneself, and distress (Goldstein,
2013). Staw et al. (1986) stated, “People may bring a positive or negative disposition to
the work setting, process information about the job in a way that is consistent with this
disposition, and then experience job satisfaction or dissatisfaction as a result” (p. 61).
Going by information processing theory, Staw et al. (1986) argued that jobs are
ambiguous stimuli. This implies that jobs are subject to cognitive manipulation and
interpretative meaning.

**Positive affectivity.** Positive affectivity (PA) is a function of an individual’s
differences as reflected in pleasurable, pleasant emotions and feelings (Stanton, Stasik-
O’Brien, Ellickson-Larew, & Watson, 2016; Staw et al., 1986). Positive affectivity is
closely correlated to the five-factor model (FFM) of a personality trait- extroversion. At a
minimum, positive affectivity is characterized by (a) high arousal – liveliness and
boldness, (b) calmness (serenity), and (c) need for social affiliation. Nuran (2017) added
that positive affectivity is positively correlated with job satisfaction and organizational
identification. Cohrs, Abele, and Dette (2006) stated that a positive correlation exists
between job satisfaction and core-self evaluations (self-esteem, generalized self-efficacy,
internal locus of control, and emotional stability).
On the contrary, negative affectivity is negatively correlated to job satisfaction and organizational identification (Nuran, 2017; Staw et al., 1986). Emotional and social intelligence (EI) could be a prescriptive intervention that can mitigate negative affectivity, trait anxiety, depression, and psychological distress (Butt, 2014). Bouckenooghe et al. (2013) reported that positive and negative affectivity are correlated to key organizational behaviors and attitudes such as job satisfaction, contemplation of turnover and job performance. Employees that are not satisfied with their job are apt to abandon their position.

**Negative affectivity.** Negative affectivity (NA) is defined as a steady and pervasive individual variation distinguished by a proneness to experience negative emotional states (Staw et al., 1986; Watson & Clark, 1984). By reviewing a vast literature in personality and subjective emotional experience, Watson and Clark (1984) and Staw et al. (1986) observed correlation among a variety of measures of negative emotions such as irritability, neuroticism, self-depreciation, and anxiety. Individuals with a high degree of negative affectivity often report a feeling of distress, dissatisfaction, nervousness, and discomfort regardless of the circumstances (Staw et al., 1986).

Negative affectivity is also characterized by a higher degree of fear and frustration (Mena, Macfie, & Strimpfel, 2017). Steffens, Wang, Manning, and Pearlson (2017) remarked that negative affectivity is an essential attribute of neuroticism. Hence, it is appropriate to suggest the fourth component of (general mood) of Bar-On (1997a, 1997b) EI as a strategic intervention to mitigate the effect of negative affectivity. As a personality trait, Talaei-Khoei et al. (2016) argued that negative affectivity could lead to low life
satisfaction and psychological distress. Finally, negative and positive affectivity correlate with job satisfaction (Connolly & Viswesvaran, 2000; Staw et al., 1986).

Additionally, Watson and Slack (1993) explored the degree to which employees’ positive affectivity (PA) and NA were related to job satisfaction. As part of participation in comprehensive health fitness and project, 82 participants from Southern Methodist University took part in this study. After a period (between 9 to 39 months), the participants retook the test on PA and NA while also completing job change and satisfaction measures. Watson and Slack disclosed that PA and NA correlated with various aspects of employee satisfaction. Applying hierarchical multiple regression analyses, Watson and Slack disclosed that significant job changes, emotional temperament, and occupational quality-related factors contributed independently to job satisfaction. Connolly and Viswesvaran (2000) added that previous studies give credence to the fact that job satisfaction can be evaluated in the bigger context of the emotional lives of individuals.

The harmony of the two models. Bar-On’s (1997a) model of EI and Staw et al.’s (1986) dispositional model of job attitude/satisfaction are the two models upon which this current research is centered. The Bar-On (1997a) model of EI is typically called the mixed model because it is not exactly the trait model or the ability model; but a mixture between the trait and ability models (i.e., cognitive and noncognitive abilities). Killgore et al. (2013) considered a mixed model of EI as similar to personality attributes in many ways. Rath (2014) pointed out that the mixed model is a mixture of the dimension of motivation, social skills, personality traits combined with emotional abilities. Bar-On maintained that EI is subject to modifications through real-life experiences and reflections.
Bar-On’s (1997a) five composite scales (interpersonal intelligence, intrapersonal intelligence, stress management, adaptability, and general mood) is part of the conceptual framework of this current study.

The earliest discussion about the dispositional approach to job attitude was in the context of personality (Staw et al., 1986). Proponents of a dispositional approach to job satisfaction disputed that job satisfaction is a product of personality research (Staw et al., 1986). Dispositional affectivity posits that there are some levels of differences in an individual’s interpretations of emotional experience (Rozell et al., 2006; Staw et al., 1986). The dispositional affect model is a composite of positive and negative affectivity.

In the context of this study, the Bar-On (1997a) EI model and dispositional approach to job satisfaction are coherent and well aligned together. EI is a means to an end; in other words, EI is a tool to propagate and generate positive affect while minimizing negative affectivity. In summation, the Bar-On model of EI and dispositional approach to job satisfaction are aligned because it is in the context of interpersonal and intrapersonal dimensions of social interactions that positive and negative affectivities are generated.

**Review of the Literature**

The literature review includes a brief history of the origins of EI. The literature review also has a discussion about adaptability, assertiveness, emotional self-awareness, empathy, flexibility, impulse control, and stress management. This researcher continues to explore a dispositional approach to job satisfaction, positive affectivity, negative affectivity, the definition of healthcare chaplain, and clinical pastoral education.
Furthermore, this researcher advanced the literature review by discussing the influence of emotional intelligence and critique of EI.

**Brief history of emotional-social intelligence.** This historical narrative includes the seminal work of E. Thorndike (1920; i.e., the origins of EI). The narrative continues with Gardner (1983; i.e., multiple forms of intelligence) and the reemergence of EI. In addition, the literature review chapter continues with a focus on the models of emotional intelligence, the influence of EI, and a critique of EI.

**The origins of emotional and social intelligence.** The concept of EI found its root from the debate that there could be other kinds of intelligence other than cognitive intelligence. This debate came on the scene because the focus of the research was centered on the description, assessments of social competent of behavior (Thorndike, 1920). In 1920, Thorndike conceptualized social intelligence as distinct from the traditional model of intelligence. The distinction was evident in his classification of the types of intelligence: namely, social, abstract, and mechanical intelligence (Thorndike, 1920). According to Thorndike (1920), social intelligence deals with the capacity to understand and manage emotions. Social intelligence is an intellectual capacity, which ultimately differs from abstract and mechanical intelligence (Derksen, Kramer, & Katzko, 2002).

Thorndike (1920) was the pioneer of the notion of multiple forms of intelligence. He subdivided intelligence into three categories: abstract intelligence (comprehension of ideas), mechanical intelligence (comprehension of objects), and social intelligence (comprehension of human beings; Faguy, 2012).

Thorndike’s (1920) conceptualization of social intelligence is the foundation upon which the modern-day idea of EI has firmly established its root. Social intelligence is the
ability to comprehend and manage all people, to act wisely in interpersonal relations (Faguy, 2012). Faguy (2012) argued that there is a subtle difference between social intelligence and EI. The former deals with the relationship in general, while the latter deals specifically with an understanding of the emotion of the self and the emotion of other people and how they both affect relationships. Further, Gilmore (2008) posited that Thorndike’s (1920) idea of social intelligence was the precursor to the various models of contemporary social and emotional intelligence (Matthews, Zeidner, & Roberts, 2002). Bar-On (2006) stated, “The early definitions of social intelligence influenced the way emotional intelligence was later conceptualized” (p. 13).

Thorndike’s (1920) idea of social intelligence failed to make substantial ground because of its lack of theoretical and conceptual validity (Landy, 2005). From 1920 to 1937, the research on the construct of social intelligence was minimal (Thorndike & Stein, 1937). During the next 17 years (i.e., from 1920 to 1937; Thorndike & Stein, 1937), following the comment of Thorndike (1920) in Harper Magazine, Moss (1929) social intelligence psychometric instrument, the George Washington Social Intelligence Test (GWSIT), was one of the few meaningful publications in social intelligence. It is also essential to state that GWSIT failed to clarify how social intelligence is distinctive from interest, abstract intelligence, and personality factors (Thorndike & Stein, 1937).

Despite the dearth of research on social intelligence, there was a rare ardent proponent of social intelligence named Moss (1929). As a researcher, Moss (1929) was convinced that it is more meaningful to exercise a better understanding of human beings than mastering book knowledge, that is, abstract intelligence. Moss insisted that individuals who exhibit greater proficiency in social intelligence are more apt to succeed
in a workplace than individuals that are endowed with abstract intelligence. This is consistent with Goleman’s (1995) later publication. It is much more likely that an individual with a high degree of social intelligence will succeed in the workplace than an individual with a depth of abstract intelligence (Goleman, 1995; Laird, 1936).

As the obsession with general intelligence takes the central stage (Matarazzo, 1981), Wechsler (1950) disclosed that intelligence is not limited to an intellective aspect. Hence, Wechsler (1950) pointed out that there are non-intellective components of intelligence such as social intelligence. This acknowledgment is consistent with what Thorndike (1920) said 20 years earlier. Furthermore, EI finds root in Wechsler’s (1939) non-intellective factors of intelligence and Gardner’s (1983) multiple forms of intelligence. Faguy (2012) added that Wechsler’s (1939) suggested the inclusion of the non-intellective aspect of intelligence in intelligence quotient (IQ) testing. Wechsler's suggestion was largely ignored. It will be many years before assessments will be developed to measure other forms of intelligence.

**Multiple forms of intelligence.** The rootedness of research in social/emotional intelligence is also firmly grounded by intellectual giants, such as Gardner (1983) and Sternberg (1985). Gardner (1983) conceptualized EI based on considering that intrapersonal relationships with social intelligence were also based on interpersonal relationships. In addition, Saarni (1990) considered emotional competence as a conglomeration of eight interconnected and related emotional and social skills.

According to Gardner (1983), seven mental modules are specifically associated with seven different areas of the brain. These modules have specific perceptual memory and neuronal pathways that are usually actuated by some specific information patterns.
Garner further argued that the seven mental modules correspond to seven types of intelligence: musical intelligence, interpersonal intelligence, intrapersonal intelligence, logical-mathematical intelligence, linguistic intelligence, bodily-kinesthetic intelligence, and spatial intelligence. In justification of Howard Gardner’s theory of multiple intelligences, Shearer and Karanian (2017) observed that Gardner’s (1983) formulations are buttressed by many findings in the field of neuroscience (Goleman, Boyatzis, & McKee, 2013). With the backing of the biological foundations behind the claims of a multiplicity of intelligence, it is no wonder why there is great enthusiasm and vigor in the field of emotional-social intelligence (EI) research.

The justification of Gardner’s (1983) seven forms of intelligence is based on the seven mental modules that correspond to the neuronal pathways in the brain. Such a claim is nothing short of intriguing to the research world. In fact, such a claim is intriguing and endearing because of its biological foundation. Bar-On (1997a, 2002); Bar-On, Handley, and Fund (2006); Goleman (1995, 1998); Mayer and Salovey (1997); Mayer et al. (2000); and Parveen and Soomro (2014) explored the various dimensions and ramifications of EI. Gardner (1983) posited a biological justification existed for EI. The importance of EI has been heralded as a panacea for higher performance and job satisfaction in the workplace.

It is fitting to postulate that the writing of Gardner (1983) and Sternberg (1985) on various forms of conceptualizations of intelligence has spurred research in the sphere of emotional-social intelligence in the same capacity as Thorndike (1920). Hence, Messick (1992) stated that Gardner’s (1983) and Sternberg’s (1985) works inspired further seminal research in intelligence. Gardner (1983) did postulate the notion of multiple intelligences, but it will be another three years before the concept of EI was first published by Payne
Wayne was interested in how society teaches people to suppress emotion. He stressed that emotions are an important aspect of life, even when they are not pleasant. He disclosed that the suppression of emotion had led the society into the path of emotional ignorance. He linked emotional suppression to illness, depression, addiction, religious clashes, war, and violence. He further stressed that human society has a wrong conceptualization of the nature of emotions and its function. After Payne’s dissertation, it will be another four to five years before the first meaningful model of EI will slowly emerge.

The reemergence of emotional and social intelligence. Emotional intelligence is a new concept. In fact, it was hardly known by the public, prior to the publication of Goleman’s (1995) bestseller Why it can matter more than IQ, which popularized the concept of EI. Since then, Goleman (1998) published other compelling works on EI. O’Neil (1996) disclosed that Goleman’s (1995) views EI as another way of being smart. Emotional intelligence is a construct that has been making its way to the limelight for some time. Salovey and Mayer (1989) postulated the ability model of EI. However, it was Goleman (1995), in a bestseller, Why It Can Matter More Than IQ, who popularized the concept of EI. Bar-On (1997a) proposed another model of EI called emotional-social intelligence. Bar-On’s model, like Goleman’s (1995) model, is designated as a mixed model. In the early part of the 21st century, Petrides and Furnham (2000) formulated another model of EI, the trait model. The trait model of EI emphasizes an individual’s perception of his/her emotional ability.

During the earlier part of the 20th Century, Thorndike (1920) stated that there are three types of intelligence: social, mechanical, and abstract intelligence. For Thorndike
(1920), social intelligence means the capacity to judiciously comprehend and manage emotions to achieve the greatest outcome in a human relationship. Hence, all the contemporary theories (Bar-On, 2005; Goleman, 1998; Mayer & Salovey, 1997; Petrides & Furnham, 2000) and models of emotional intelligence are geared toward advancing interpersonal and intrapersonal emotional intelligence.

The three models of EI have some overlaps; there are also some distinctive characteristics of each of those models. For example, all the models are focused on the regulation of emotion in the self and in other people. Salovey and Mayer (1989) considered EI as a component of social intelligence; hence, it is fitting to posit that emotional-social intelligence is interrelated components of the same construct. Landy (2005) disputed that it is shaky and unscientific to claim that Thorndike’s (1920) position on social intelligence serves as a foundation for any meaningful scholarly work.

**Models of emotional-social intelligence.** Kassim et al. (2016) argued that EI is well documented. There are three models of EI: the ability model (Mayer & Salovey, 1997; Mayer et al., 2000, 2002; Mayer, Salovey, & Caruso, 2004a; Salovey & Mayer, 1989); trait model (Petrides & Furnham, 2000, 2001); and mixed model (Bar-On, 1997a, 1997b; Goleman, 1998). Moving forward, this researcher briefly discusses the three models of EI.

**Mayer, Salovey, and Caruso’s model of emotional intelligence.** The ability model of emotional intelligence (EI; Salovey & Mayer, 1989) was the first model to be published. In this model, Salovey and Mayer (1989) classified EI into four major attributes: (a) the perception and expression of emotion; (b) the use and harnessing of emotion to facilitate thought; (c) the reasoning and understanding of emotion; and the (d)
management and regulation of emotion in oneself and the other. The ability model is sometimes referred to as the four-branch model (Mayer et al., 2004b). These elements include the ability to perceive emotion, use emotion to facilitate thought process, understand and analyze emotion, and regulate emotion reflectively.

Mayer et al. (2000) referred to their model of EI as an ability model. Mayer et al. (2002) affirmed that EI is an innate type of intelligence. The inborn traits, according to Mayer et al. (2002), enables individuals to manage, understand, and influence emotions in other individuals. In this model, there is room for individuals to learn and improve their EI just like the Bar-On’s (1997a) model, but this potential is limited by an individual’s inherent abilities. However, Mayer et al. (2002) believed that people could improve their EQ skills. However, the potential to increase EQ, according to Mayer et al. (2002), is proportional to their inherent ability to learn EQ skills with which they were born. Mayer et al. (2002) identified four elements that govern their model of EI.

**Goleman’s model.** Goleman (1995) postulated the second model of emotional intelligence (EI). His initial model included 25 competencies that were later streamlined into 18 competencies that were classified into four clusters. Goleman’s (1998) four clusters of EI include self-awareness (i.e., accurate self-assessment, self-confidence, and emotional awareness), which consists of knowing one’s internal processes and intuition; self-management (i.e., emotional self-control, transparency, adaptability, achievement, initiative, and optimism), which implies management of impulses, internal states, and resources; social awareness (i.e., empathy, organizational awareness, and service orientation), which consists of how individuals handle relationship; and relationship management (i.e., developing others, inspirational leadership, the catalyst for change, the
exertion of influence, conflict management, and team-centeredness consisting of one’s ability to elicit a desirable response from others). Goleman (1998) later articulated and adjusted his model of EI to encompass five components. These components include (a) self-awareness, (b) self-regulation, (c) social regulation, (d) empathy, and (e) motivation.

**The trait model of emotional intelligence.** The trait emotional intelligence (EI), according to Andrei, Mancini, Baldaro, Trombini, and Agnoli (2014), is conceptualized as emotional self-perception. The trait model of EI takes upon some of the characteristics of personality type and knowledge about one’s subjective experience (Figueredo, Cuthbertson, Kauffman, Weil, & Gladden, 2012). According to Petrides (2010), trait EI is a constellation of emotional-self-perception situated at the lower stratum of personality hierarchy (van der Linden, van Klaveren, & Dunkel, n.d.). van der Linden et al. (n.d.) stated that trait EI correlated positively with increased life satisfaction and coping, but negatively with low levels of rumination, dysfunctional attitude, and depression. The trait model of EI also encompassed self-perceptions and emotion-related dispositions (Petrides & Furnham, 2000, 2001). Trait EI was further subdivided into five major components. These components included (a) emotional well-being, (b) sociability, (c) emotionality, (d) self-control, and (e) auxiliary facets (e.g., self-motivation and adaptability).

**Bar-On model of emotional intelligence.** The second model of EI formulated by Bar-On (1997a) is aligned with Gardner’s (1983) conceptualization of multiple forms of intelligence. For Bar-On, it is appropriate to view emotional competencies as the intermingling of emotional and social skills. Therefore, EI encompasses interpersonal EI (social component) and intrapersonal EI (emotional component) (Bar-On, 1997a). Bar-On
considered his view as a more complete way to understand EI. Bar-On referred to this model of EI as a mixed-model.

The mixed model of EI is not exactly the trait model or the ability model, but a mixture between the trait and ability models (i.e., cognitive and noncognitive abilities). Killgore et al. (2013) considered a mixed model of EI as components of personality in many ways, but it is subject to modifications through real-life experiences and reflections. Rath (2014) argued that the mixed model is a mixture of the dimensions of motivation, social skills, and personality traits combined with emotional abilities. It is, therefore, within the realm of the mixed model of EI that Bar-On (1997a) and Goleman (1995) have defined their model as noncognitive competencies.

Further, the mixed model of EI is also characterized by the constellation of factors such as temperament, personality, motivation, character, social skills, and some of the components of the ability model. In other words, the mixed model is a composite of ability and noncognitive factors (Cho, Drasgow, & Cao, 2015). The mixed model of EI encompasses a range of behaviors that are not just affect-related but self-perceived abilities. Thus, Bar-On (1997a) defined EI as noncognitive competencies and skills that could be essential in enabling an individual to rise to environmental pressures and demands.

Bar-On (2000) precisely declared that EI is a cross-section of interrelated emotional and social competencies, skills, and facilitators that influence, shape, and inform behavior that is designated as intelligent. According to Thorndike (1920), social intelligence deals with the capacity to understand and manage emotions. This ability is a
noncognitive capacity, which ultimately differs from abstract and mechanical intelligence (Derksen et al., 2002).

According to Bar-On (1997a), EI encompasses capabilities, competencies, and skills that are essential in coping and adapting to pressures and environmental challenges. In addition, Bar-On’s (1997a) model was inspired by Wechsler’s (1958) analysis on non-intellective (noncognitive) component of intelligence and Gardner’s (1983) concept of multiple intelligence theory. Bar-On (1997a) model is subdivided into five major components: (a) intrapersonal intelligence, (b) interpersonal intelligence, (c) adaptability, (d) stress management, and (e) general mood.

**Adaptability.** Adaptability is characterized by an individual’s ability to react appropriately to changing the environment; hence, making the relevant adjustment with a sense of openness (Bar-On, 1997b; VandenBos, 2015). Adaptability is, in fact, a cognitive, behavioral, and emotional system of regulation that enables an individual to respond successfully to the changing situation, strange encounter, and life’s vicissitudes. It consists of one’s ability to intermingle and regulate emotions intelligently amidst challenging circumstances. It could be the difference maker between either failure and success, or life and death. Bar-On (1997b) mentioned that emotional adaptability is comprised of problem-solving, reality testing, and flexibility.

In one study, Adibsereshki, Shaydaei, and Movallali (2016) examined the effectiveness of emotional intelligence (EI) training on the adaptive behaviors of school children with intellectual disabilities. Using a quasi-experimental design (pre-test, post-test, and control group), Adibsereshki et al. (2016) recruited 32 intellectually disabled students. The pre-test was administered before the activities were done, and the post-test
was administered after the activities were completed. After six weeks, the experimental group was administered a post-test again. The respondents were ages 14 to 16. All the participants were female, and it was convenient sampling. The recruitment process was done by a special school for children with intellectual disabilities. All the participants had an IQ that ranged from 58 to 70. In other words, the participants were capable of learning (Adibsereshki et al., 2016).

The respondents were divided into two groups of 16 (i.e., experimental group and control group). The experimental group was further randomly divided into two groups of eight students. While the control group was not subjected to any EI training, the experimental groups were introduced to 22 sessions that lasted for 45 minutes of instructions. The researcher was helped by an experienced psychologist that delivered the instructions to the participants (Adibsereshki et al., 2016). Adibsereshki et al. (2016) disclosed that that EI training was obtained from Bar-On’s (1997a) EI. The training was further modified to meet the need of children with intellectual disabilities. Adibsereshki et al. (2016) disclosed that after the intervention, the experimental group earned higher scores than the control group. With a well-formulated EI training, the healthcare chaplains can also increase their EI. Every participant in the experimental groups, according to Adibsereshki et al. (2016) took part in the same role-play, the reading of the stories, the use of pictures, and homework. In addition, there were hypothetical activities formulated so that the participants will acquire new skills.

For a better comprehension of EI training, the instructor simplified the events by using a repetitive approach to facilitate better understanding and retention of the skills. The stories the participants read were interwoven with emotional concepts. The
participants were also required to write sentences that express their views about the emotional concepts. The researcher offered feedback when appropriate. Eventually, the participants were required to discuss and talk about the activities and their consequences. Adibsereshki et al. (2016) reported that the group work activities were meant to help the students to learn how to take responsibility, learn the act of acknowledging each other, rendering help, sharing, and give room for others to communicate their opinion. The participants also learned the technique to control themselves during communication and participation in collectivity exercises. For example, flexibility, appropriate expression of emotion, and facial expression were part of the 22 sessions that the participants learned (Adibsereshki et al., 2016).

Adibsereshki et al. (2016) used the Vineland Adaptive Behavior Scales (VABS) that was specifically formulated as an assessment for the handicapped and nonhandicapped population to facilitate their social and personal well-being. The VABS is formulated into four competencies: “communication, daily living skills, socialization, and motor skills” (p.247). The validity and reliability were addressed appropriately. Like the participants in the Adibsereshki et al.’s (2016) study, the ability to communicate effectively is sacrosanct for a healthcare chaplain.

At an alpha level of 0.001, the experimental group scores in pre-test, post-test, and follow-ups such as adaptive behaviors (87.31–101.43, 87.31–99.65), along with its constituents, i.e., communication (28.37–33.56, 28.37–32.31) and social skills (28.93.88–36.12, 28.93–35.22) show a significant increase in EI. Since EI skills can be learned, it follows that a suitable EI training during the CPE could go a long way to increase the EI of healthcare chaplains. Adibsereshki et al. (2016) pointed out that post-tests were
moderately higher than the follow-up score; additionally, the average scores for life skills show some improvement from “pre-test to post-test and pre-test to follow-up (30.00–31.75, 30.00–30.77)” (p. 248) although the difference is not significant. According to Adibsereshki et al. (2016), “the scores in adaptive behavior ($F (1.28)58.44, p < 0.001$) and its components: communication skills ($F (1.28)59.58, p < 0.001$) and social skills ($F (1.28)58.82, p < 0.001$) are significant, but for the life, skills are not ($F (1.28)50.580, p <0.861$)” (p. 48). As defined by Bar-On (1997a), development of social skills and effective communication are significant components of EI. Social skills are relevant in the field of healthcare chaplaincy.

However, Adibsereshki et al. (2016) remarked that the experimental group failed to show improvement in daily living skills. This study had two limitations: there was no appropriate instrument that was tailored to students with intellectual disabilities. Therefore, it is important that future researchers should formulate an instrument that could appropriately measure EI of children with intellectual behavior before redoing this study. In this current study, the application of EQ-i 2.0 on healthcare chaplains should suffice because of its’ robust validity and reliability. In addition, the researchers may have failed to control all the confounding variables that may have affected the outcome. Therefore, for future studies, researchers should ensure that all the confounding variables should be controlled (Adibsereshki et al., 2016).

**Assertiveness.** As a component of Bar-On EI, assertiveness consists of an individual’s ability to give expression to thoughts, feelings, and personal beliefs, while expressing personal views and rights in a non-disrespectful manner (Bar-On, 1997a). In addition, assertiveness can also be conceived as an individual’s ability to acknowledge
weaknesses; give expression to unfavorable opinions; turn down a request; accept the need to change behavior, embrace compliments, and vent out positive emotions (Aoki, Mearns, & Robinson, 2017). Green (2016) disclosed that assertiveness is demonstrated through an individual’s ability to communicate their opinion respectfully while showing sufficient courage to stand up for their rights and the rights of others. Assertiveness can be a valuable skillset for a healthcare chaplain.

The previous studies addressing the impact of assertiveness on social acceptance have produced mixed results (Lee, 2014). Lee (2014) reported that a failure occurred with negating the assumption that assertiveness facilitates peer acceptance. To show the inconsistencies in the previous literature, Lee maintained that there was a distinction between proactive and reactive assertiveness, hence stressing the role of social interest as a moderating factor. In applying correlational design, Lee used Korean versions of the Child Assertiveness Scale (to assess assertiveness) and social interest scale.

In this study, positive and negative procedures were applied in the measurement of peer acceptance – the degree to which peers like a participant. Participants were required to write down three names of classmates they would either like to play with. On the contrary, participants were also tasked to write three names of classmates with whom they would not like to play with. Therefore, Lee (2014) stated, “Positive values indicate higher peer acceptance and negative values lower peer acceptance” (p. 918). Healthcare chaplains should be accepted by those they work for or work with (i.e., other healthcare care personnel, patients, and their families).

Recruiting from a broad range of elementary school students from middle socioeconomic classes, 441 students from fifth and sixth graders were recruited from
Gyeonggi Province, South Korea. Among the participants were 232 boys and 209 girls, with an average age of 10.6 years. For recruitment, the researcher reached out to the teachers and authorities who were in charge of the students from the school of interest. Basically, the letter sought for the corporation of the authorities, while explaining the reason for the study and procedure for data analysis. Through phone calls, the researcher also made several attempts to contact the elementary school teachers for the fifth and sixth graders. All the teachers agreed to corporate, but one. The teachers were asked to administer the Child Assertiveness Scale (CAS). This instrument consists of two subscales: reactive and proactive assertiveness. In all, there were 13 items: seven for proactive assertiveness and six for reactive assertiveness. Respondents were also required to indicate their responses on a 5-point scale (Lee, 2014).

The teachers were also required to administer the Korean version of the Social Interest Scale (SIS). The assessment has 15 pairs of traits designed to assess respondent’s concern and regard for others’ well-being (Lee, 2014). One trait in each pair referred to social interest (considerate, cooperative, and generous), while the other trait is not pertinent to social interest (ambitious, efficient, and individualistic). Each participant was required to choose one trait from each pair. Before administration, three teachers examined and certified the content and readability level content of SIS (Lee, 2014).

The fifth and sixth graders were also required to participate in the positive and negative nomination procedures (Lee, 2014). The positive and negative nomination procedures were used to assess peer acceptance. Bar-On (1997a) argued that EI facilitated peer acceptance. Here, each participant was required to write three names of peers whom he or she would like to play with; and three names that he or she would not like to play
with. Higher negative scores are an indication of peer rejection, while higher positive values connote peer acceptance.

Lee (2014) disclosed that proactive and reactive assertiveness positively correlated with peer acceptance; conversely, social interest negatively correlated with peer acceptance. Lee assessed two hypotheses in this study: The positive relationship between peer acceptance and assertiveness would be moderated by social interest, and the effects of reactive assertiveness over peer acceptance would be moderated by social interest. In this research, social interest exerted a significant effect over-reactive assertiveness. When social interest was low, reactiveness assertiveness was not welcome (i.e., negatively correlated); when social interest was high, even reactive assertiveness was accepted (i.e., positively correlated). Emotional intelligence has the capacity to improve the social skills of healthcare chaplains, hence facilitating their social interests toward the patients, families, and staff.

The study did not support the first hypothesis because interaction proactive assertion and social interest were insignificant (Lee, 2014). However, there was a significant correlation between proactive assertion and social acceptance ($B = 0.32, p < .01$). The second hypothesis was supported by the study because there was a significant interaction between reactive assertiveness and social interest. Further, there was a positive correlation between reactive assertion and social acceptance granted that social interest was high; however, there was a negative correlation between reactive assertiveness and social acceptance when social interest was low. Therefore, to explore whether positive assertiveness, negative assertiveness, peer acceptance, and social interest were a function of sex of the participants, Lee’s (2014) multivariate analysis of variance demonstrated that
there was no significant effect (Pillai's trace = 0.01; $F_{4, 436} = .74$, $p > .05$, $\eta^2 = 0.01$). Further, hierarchical regression analysis indicated that reactive assertiveness, proactive assertiveness, social interest accounted for 11% of the variance in peer acceptance ($F_{3, 437} = 18.70$, $p < .01$). The interaction effect accounted for 3% of variance ($\Delta F_{2, 435} = 7.30$, $p < .01$; Lee, 2014).

Since social interest and assertiveness were measured by self-report, there is a high possibility that respondents could have a fake response; hence disrupting the outcome (Lee, 2014). In this case, it is possible for respondents to respond to insincerely. Future researchers should endeavor to use a methodology that is not self-report. In addition, Lee (2014) stressed the preference scores fail to differentiate between neglected and controversial students. Lee recommended that, as an alternative to self-report, trained observers should be used to make an evaluation. Role-play tests, such as Behavioral Assertiveness Test for Children and Social Skills Test for Children, should be utilized.

**Emotional self-awareness.** As a component of Bar-On EI, emotional self-awareness consists of an individual’s ability to perceive and comprehend personal emotions (Gill et al., 2015). Perez (2011) stated that emotional self-awareness is manifested in an individual’s emotional abilities and regulatory patterns. Emotional self-awareness is a product of self-reflection. Gill et al. (2015) disclosed that the journey of becoming emotionally intelligent begins with self-awareness.

As a product of self-reflection, self-awareness, according to Whiteside and Barclay (2016), can help managers with low trait empathy to commit to higher degrees of justice. The concept of empathy is important to this current study because healthcare chaplains need empathy to do well in their responsibilities. Since less attention has been dedicated to
understanding how to promote fairness, especially among people in the managerial positions, Whiteside and Barclay argued that with the help of self-awareness theory, it is possible to motivate managers who are on the lower end of trait empathy to show a higher commitment to practicing justice. Whiteside and Barclay stated that 77 participants from a North American University were recruited for this experimental study. Among the participants, (51%) were males, while (49%) were females who received course credit for their participation.

Whiteside and Barclay (2016) used an experimental design to test one hypothesis, that is, the interaction of trait empathy with the self-awareness to produce interactional justice. Dealing with patients and their families requires empathy; therefore, as healthcare personnel, healthcare chaplains need EI to help them to be more empathic. Whiteside and Barclay argued that self-awareness will interact with trait empathy to yield interactional justice. In this interaction, Whiteside and Barclay disclosed that the relationship between interactional justice and empathy trait will be positive if self-awareness is not high, but negative if self-awareness is higher. Self-awareness was measured using Govern and Marsch’s Situational Self-Awareness Scale (GMSSS), while trait empathy was measured with Cloninger Temperament and Character Inventory (CTCI; Whiteside & Barclay, 2016).

For the interactional justice, a transcribed copy of the participants’ feedback was used. Interactional justice was evaluated on six factors (Whiteside & Barclay, 2016). The six factors were contingent on the quality of the communicator: how the communicator was polite; how the communicator treated the test-taker (respect); was the test-taker treated with dignity; was the test result clearly explained; was the explanation thorough
and detailed; and finally, were the remarks decent and proper? Provided with identical mocked GMAT test, in which participants performed poorly, the raters were given a grading rubric to grade the respondents (Whiteside & Barclay, 2016). Participants were assigned to two groups: high self-awareness condition and low self-awareness condition. Both groups were obliged to offer feedback to the test-taker (Whiteside & Barclay, 2016).

Whiteside and Barclay (2016) pointed out that participants who were in high self-awareness group reported a high degree of self-awareness ($M = 4.05$, $SE = 0.11$), while participants in low self-awareness reported lower degree of self-awareness, $F(1, 75) = 9.09, p < 0.01$ ($M = 3.61$, $SE = 0.11$). The interaction between self-awareness and trait empathy predicted interactional justice ($b = -0.37, p < 0.05$). In the current study, this researcher argued that healthcare chaplains with a high level of self-awareness and empathy would treat his or her patients, families of the patients, and staff justly. Whiteside and Barclay (2016) insisted that the interaction between trait empathy and interactional justice was significantly positive when participants were not self-aware ($b = 0.39, p < 0.01$); but was not significant on occasions when participants were self-aware ($b = -0.20, p = 0.21$; Whiteside & Barclay, 2016).

Whiteside and Barclay (2016) did not explore facial expressions and nonverbal behaviors. Thus, future studies should be focused on exploring whether self-awareness can affect nonverbal behavior, especially when an individual is communicating negative feedback. As a component of EI, self-awareness can enable a healthcare chaplain to regulate their nonverbal behavior. Whiteside and Barclay stated that it is possible that participants may have been more influenced by the need to communicate clearly and effectively so as to meet the criteria of effective communication, rather than meet standard...
criteria of fairness. Hence future studies should focus on exploring the mechanism that underlies communication of fairness (Whiteside & Barclay, 2016).

In future studies, Whiteside and Barclay (2016) recommended that researchers should endeavor to explore the relationship between the variables (interactional justice, trait empathy, and self-awareness) in the field, instead of the utilization of experimental design. Whiteside and Barclay encouraged the use of a different sample and the application of other methodologies. In addition, the feedback task in the study by Whiteside and Barclay is not a miniature representation of the range of feedback task managers face i.e., it is different from what managers deal with on a day-to-day basis. Hence, future research should explore the possible moderating effect of responsibility. Perhaps, responsibility could be a significant boundary condition against the influence of self-awareness on fairness (Whiteside & Barclay, 2016).

The medium of feedback in this study was audio and video feedback, which is limited in scope (Whiteside & Barclay, 2016). However, in the real world, managers may use another medium of communication, such as face-to-face, which may create room for further clarification as questions may arise. Future researchers should examine perspective and contextual elements that may be lacking in the use of audio and video feedback (Whiteside & Barclay, 2016). Finally, participants were not given an option whether to avoid communication in the feedback task. Hence, future researchers should focus on whether the ability to avert relaying bad news is a limiting condition for the impacts of self-awareness on fairness.

**Empathy.** Empathy consists of one’s ability to connect emotionally, show a genuine sense of understanding and appreciation of the emotions and feelings of others.
Empathy is an essential attribute in the healthcare profession. Healthcare chaplain needs empathy to establish a meaningful connection with patients and their families, especially during moments of crisis. Olderbak and Wilhelm (2017) posited that there are two categories of empathy, namely: affective and cognitive components. Affective empathy is the degree to which an individual feels the emotions of the other, while cognitive empathy is the extent to which an individual is able to deduce the thought, emotions, and feelings of the other (Olderbak & Wilhelm, 2017). Emotional intelligence is an integral part of empathy (Bar-On, 1997a).

According to Bertram et al. (2016), there is a need for medical personnel to understand the emotional, psychological, and physical conditions of their patients. It is even more important for a healthcare chaplain to understand the emotional, psychological, and physical conditions of their patients because the fabric of their work depends on it. This objective is often fulfilled by interacting with the patient during encounters. In this study, Bertram et al. set out to evaluate the different levels of empathy among 4-year podiatric doctoral students. Bertram et al. ascertained whether personality trait, EI, and demographic variables correlated with observable patterns of empathy.

The ability of healthcare personnel to demonstrate empathy and EI toward their patients has been shown to yield many positive outcomes; thereby, improving the well-being of patients (Bertram et al., 2016). In this cross-sectional and observational study, the participants were exclusively students from the New York College of Podiatric Medicine (NYCPM; Bertram et al., 2016). The participants were required to complete an anonymous online survey. A total of 150 out of 368 students who were enrolled in the program participated in this study anonymously (Bertram et al., 2016). Fifty-three percent
of the participants identified as women, and (47.3%) identified as Caucasians. The researcher collected data from three data sources: demographical information, empathy, using Jefferson Scale of Physicians’ Empathy (medical student version), EI, using Assessing Emotions Scale, and personality trait, using NEO-Five-Factor Inventory-3 (Bertram et al., 2016).

Bertram et al. (2016) reported a significant correlation between empathy and EI scores ($r = 0.62, p < 0.0001$). Emotional intelligence is a good resource for healthcare care chaplains to improve the quality of their empathy. In addition, there was a significant positive correlation between empathy, EI, and four personality traits. Bar-On (1997a) argued that a mixed model of EI is intermingled with personality characteristics. Neuroticism was an exception. Neuroticism is associated with subpar levels of EI. Furthermore, Bertram et al. (2016) stated empathy decreased by year of enrollment (first to the fourth-year student; $p = 0.68$). Bertram et al. (2016) added that females were found to be more empathetic than males. The researchers also indicated that Asian American participants had the lowest empathy score ($F = 6.63, p = 0.0018$). Bertram et al. (2016) disclosed that there was no significant correlation between empathy and graduate grade point average. Religion, ideological group, and self-reported stress level were found to have no relationship empathy scores.

Since this study was based on a cross-sectional design, future study should be focused on collecting longitudinal data, since cross-sectional data is characterized by a single time point. Bertram et al. (2016) further added that cultural factors might limit this study. Similar studies in China and Japan failed to yield the same outcome, whereas a similar study in the UK among medical students yielded similar outcomes. In addition,
Bertram et al. (2016) failed to understand why the participants who had GPA within the category (3.75 to 4.0) experienced a lower score of empathy than participants in the (3.5 to 3.74) grade point average. This puzzle presents a need to explore the causes of this in future research.

Furthermore, there might have been a cultural bias, as evident in the analysis of the correlation of empathy by race (Bertram et al., 2016). The empathy score of Asian-American were found to be significantly lower than other races. Perhaps cultural prejudice may have been a factor in how empathy was not only measured in this study but other studies as well. It is also important to stress the fact that the anonymity of how the survey was collected impeached the credibility of the data. It is important to also stress that a response rate of (40.8%) is low. Hence, future researchers should strategize efforts to increase the response rate. Finally, the study only focused on a single podiatric medical school; so, future studies should involve other medical schools at another geographical location (Bertram et al., 2016).

**Impulse control.** Bar-On (1997a) stressed that impulse control consists of one’s ability to put up a resistance or delay an urge (gratification), impulse, and temptation, especially if such a drive is counter-productive. Fox, Bergquist, Casey, Hong, and Sinha (2011) pointed out that emotional comprehension and management are integral ingredients of impulse control. Fox et al. (2011) further maintained that poor stress tolerance is associated with negative impulse control in cocaine addicts. Therefore, it is essential for a healthcare chaplain to exercise a good impulse control amidst the stress of working with patients, family, and staff.
Further, emotional support, need to cope with illness, and spiritual/religious needs were reported by Urs and Kevin (2013) to be the most desired elements patients yearn for in their healthcare chaplains. As such, healthcare chaplains need some level of impulse control to offer notable emotional support. Meert, Briller, Schim, Myers, Thurston, and Kabel (2009) warned that bereavement is not just the time of anger, but also a time of searching for answers amidst perhaps guilt and confusion.

Impulse control is characterized by one’s ability to exercise self-control over their actions, thoughts, and emotions (Hernández-Vargas & Dickinson-Bannack, 2014). On this note, Fox et al. (2011) sought to define EI in the context of individuals that are dependent on cocaine as opposed to individuals that exercise healthy control over the use of cocaine. Essentially, the lack of impulse control among drug-dependent individuals is occasionally triggered by perceived stress. Therefore, to verify the differences in impulse between the two groups, Fox et al. used the online version of Mayer et al.’s (2004a) Emotional Intelligence Test (MSCEIT) to measure the participants’ levels of emotional intelligence.

In the first group (i.e., abstinent treatment-seeking cocaine patients), there were 74 participants (37 males and 37 females) who were required to respond to MSCEIT, IQ (Shipley Institute of Living Scale [Shipley]), impulse control (Difficulties in Emotion Regulation Scale [DERS]), and perceived stress (Perceived Stress Scale [PSS]). In the second group, there were 52 (26 males and 26 females) participants (i.e., the healthy control group). The second group was also administered the same test as the first group (Fox et al., 2011). The assessments were self-reports.

To meet the criteria for this study, participants were required to be 18- to 50-year-olds and capable of reading and writing English at a sixth-grade level. The researchers
used the Structured Clinical Interview for the Diagnostic and Statistical Manual of Mental Disorders IV (SCID IV) as the criteria for the determination of cocaine dependency (Fox et al., 2011). Further, each potential participant was required to be tested for cocaine through a urine toxicology test for 3 to 4 weeks and a breathalyzer test regularly during inpatient treatment. Fox et al. (2011) argued that participants from both groups would be ineligible to participate in the study if the following: meet the criteria for any psychiatric disorder; meet lifetime dependency for illegal drugs save cocaine, alcohol, and nicotine; and are in the alcohol abuse detoxification program. Furthermore, females who were on any form of birth control (per/postmenopausal) were excluded from the study. Additionally, any participants taking prescribed medication for psychiatric disorders were excluded. Ultimately, any participant who was in bad health (suffers from chronic health problems) was deem unfit for this study.

Yale Medical School beforehand approved this study. The participants were locally recruited through advertisement. Most of the respondents had various degrees of a college education. Three days were dedicated to assessing the impact of the early stages of cocaine abstinence on stress responses. Therefore, to account for the possible influence of acute withdrawer symptoms on some contingent measures, diagnostics and demographic assessments were conducted during the second week of treatment.

The statistical analyses were conducted using SAS software (Version 9.1). Fox et al. (2011) reported that chi-squares and \( t \)-tests were applied to determine the demographic and drug variables. ANCOVA was used to determine the variance in the group on all MSCEIT tests (Fox et al., 2011). Pearson’s coefficient was also used to assess the following relationships: IQ, stress, MSCEIT, and impulse control. However, as a result of
the positive skewness of drug use data, Spearman Rho was administered for correlation. Bonferroni correction was applied to all correlation (Fox et al., 2011).

Fox et al. (2011) mentioned that the two groups (cocaine-dependent and control participants) differed significantly in the following ways: racial status, IQ, and years of education. A high proportion of the participants were ethnic minorities, less educated, and had a low intelligent quotient. Fox et al. disclosed that the cocaine dependents were on the higher end of the anxiety disorder spectrum, perceived as more stressful, and exhibited a higher rate of alcohol addiction than the control group. Without covariates, $F(1, 123) = 14.20; p < .0001$, the dependent group was found to show a significant deficit in performance on overall EI scores when contrasted with the healthy control group. In this current study, this researcher looks forward to assessing the relationship between overall EI and job satisfaction.

Additionally, the performance of the dependent group was significantly low on the third and fourth sub-branches (understanding and managing emotions) of the MSCEIT (i.e., strategic emotional intelligence quotient-SEIQ; Fox et al., 2011). There were no further group differences in the other sub-branches of MSCEIT [i.e., perceiving and facilitating emotions and experiential emotional intelligence quotient (EEIQ)]. Without covariates, $F(1, 123) = 3.09; p = .08$, Fox et al. (2011) pointed out that the difference between the cocaine control and dependent groups is that there is a statistically significant relationship for the sub-scale of management of emotions. In the current study, this researcher assessed the statistical relation between stress management and job satisfaction. Emotional management is closely related to stress management. But with the inclusion of covariates into MSCEIT, the differences between the two groups were insignificant.
Without covariates, Fox et al. reported the cocaine control group outperformed the dependent group on emotional management, $F(1, 123) = 13.71, p < .0001$. Upon secondary analysis, Fox et al. (2011) disclosed that there was no difference between the participants who were comorbid with alcohol and cocaine dependency over those who are solely dependent on cocaine.

All the MSCEIT subscales (perceiving emotions, facilitating emotions, understanding emotions, and management of emotions) were positively correlated with IQ (vocabulary subscale) among cocaine-dependent samples (Fox et al., 2011). Fox et al. (2011) stated that the scores of the sub-scale of block design of IQ were positively correlated with the overall EI, especially in the emotional management and understanding subscale. Ultimately, the increase in IQ was positively correlated with an increase in MSCEIT. In the control group consisting of cocaine users, Fox et al. (2011) added that IQ moderately correlated with perception of emotion (WAIS Vocabulary: $r = .30, p = .03$; Shipley: $r = 0.45, p = .0009$).

Fox et al. (2011) pointed out that an increase in perceived stress negatively correlated with all facets of MSCEIT scores. In the same vein, an increase in impulse control negatively correlated with MSCEIT (i.e., emotional understanding and management subscale). Upon correction, all the scores related to cocaine-dependent sample were insignificant. On the contrary, Fox et al. indicated that there was no significant correlation found between MSCEIT, perceived stress, and impulse control scores among healthy cocaine control sample. Fox et al. (2011) indicated that emotional relations test ($r = -.23, p = .05$) and emotional management test ($r = -.23, p = .05$) scores were correlated with regularity of cocaine usage; therefore, the longer an individual uses
cocaine, the unlikely such an individual exercises a good control over emotional relations and management. Fox et al. (2011) pointed out that the overall EI score \( r = -0.23, p = 0.05 \) decrease with more years of cocaine usage. Furthermore, the perception of emotion test scores \( r = -0.23, p = 0.05 \) decreased as the years of cocaine usage increased.

Fox et al. (2011) followed the standard rigors of research; however, there were few limitations to this study. Fox et al. (2011) stated, “32% of the cocaine-dependent sample met lifetime criteria for alcohol dependence, and 88.9% were cigarette smokers, indicating that findings may reflect the combined chronic effects of these drugs on MSCEIT performance” (p. 159). In the future, researchers should ensure that the cocaine-dependent sample should not smoke and consume less alcohol in the last three months leading to their treatment (Fox et al., 2011). In addition, this study was also limited because the samples of the cocaine-dependent group were made of individuals with a lifetime anxiety disorder. A lifetime anxiety disorder may have affected the performance of the cocaine-dependent group on MSCEIT score. Therefore, future researchers should focus on a sample that does meet the criteria of a lifetime anxiety disorder (Fox et al., 2011). Finally, the cross-sectional design nature of this study failed to adequately provide information about the causal connection between EI, perceived stress, and impulse control (Fox et al., 2011).

**Stress management.** Stress is an emotional state that is almost inevitable (Dierolf et al., 2018). As adverse as it may be, stress is not always a bad thing (Dierolf et al., 2018). An emotional and socially intelligent individual can use stress appropriately to generate a positive outcome (Bar-On, 1997a). Despite the benefits of stress, Li et al. (2017) categorically stated that stress could be at the root of some chronic illnesses such as
heart disease, depression, and musculoskeletal diseases. Li et al. reported that work stress related-liabilities cost Europe and America up to Eur 619 and $219 billion, respectively. Therefore, to limit the negative effect of stress, health care chaplains will need to manage their stress properly by developing higher levels of stress tolerance and impulse control. This is the function of developing self-knowledge and using that expertise to manage stress appropriately.

In one study, Shahid, Stirling, and Adams (2018) insisted that burnout is commonplace among U.S. physicians. However, physicians with a high degree of EI may be equipped to deal with burnout because of their resiliency and ability to manage stress efficiently. Perhaps, a healthcare chaplain with good EI could manage stress well, hence mitigating the chances of burnout and job dissatisfaction. Shahid et al. (2018) recommended that educating doctors in EI skills may equip physicians to maximize their well-being and avoid burnout. Training pastors in EI skills can also help the pastors to deal with pastoral stress better (West, 2016). Thus, considering the effectiveness of EI, Shahid et al. (2018) proposed that educational intervention in the form of EI may provide residents with coping skills to manage stress and improve wellness standards.

Before completing the EI survey, residents were required to provide demographic information: age, gender, postgraduate year (PGY) of training, and specialty. Via an online self-assessment survey, Shahid et al. (2018) collected data from med-peds and pediatric Residency programs at a university teaching hospital. The EQ-i 2.0 is revised from the Bar-On EQ-i (MHS, 2011). The EQ-i 2.0 composed of 133 items. This researcher used EQ-i 2.0 to collect data in the current study. Participants responded to a 5-point Likert scale: 1 (very seldom or not true of me), 2 (seldom true of me), 3 (sometimes
true of me), 4 (often true of me), and 5 (very often true of me or true of me). The participants were required to respond to short questions, such as “I expect the worst” or “I tend to worry about a problem rather than try to solve it” (MHS, 2011). Raw scores were converted into standard scores based on a mean of 100 and a standard deviation of 15 (Shahid et al., 2018). According to Shahid et al. (2018), EQ-i 2.0 was preferred because it generates overall EI and composite scales such as wellness and stress management. EQ-i 2.0 is also suitable for the current study because EQ-i 2.0 facilitates the collection of data on stress management and overall EI. Stress management and overall EI are two out of the four variables in the current study.

Prior to the proposed educational intervention, the participants completed EI surveys by May 2015 (Shahid et al., 2018). Participants received a comprehensive report of their EI pointing out their strengths and areas where growth was needed. Subsequently, the residents took part in the educational intervention that comprised of 4 hours (two separate two-hour educational workshops). The educational intervention workshop was centered on improving the EI skills of the residents. Shahid et al. (2018) revealed that the educational curriculum was not only focused on Goleman’s (1995) model of social skills, self-management, social awareness, and self-awareness. As a didactic workshop, the educational intervention was delivered as a discussion as each component defined and an example shared from the text EI 2.0 (Shahid et al., 2018). In addition, relevant videos from the internet highlighting the importance of the relevant and specific concepts (Shahid et al., 2018).

In May 2015, 31 pediatric residents and 14 med-ped residents participated, while in May 2016, 30 pediatric and 16 med-ped residents completed (Shahid et al., 2018). A
total number of 31 residents (20 pediatric and 11 med-peds residents) were available for analysis because 14 senior residents graduated. Out of the 31 residents analyzed (81%), 25 attended all the educational workshops, three attended one educational workshop, and three did not attend any of the workshops; thus, the presented educational materials were sent to residents that did not attend the two workshops. The demographical data disclosed the following: 20 were pediatric residents, and 22 were females.

A comparative change in overall EI as a function of gender and PGY advancement indicated no statistically significant difference (Shahid et al., 2018). Shahid et al. (2018) indicated a statistically significant increase in overall EI of med-ped residents after the educational workshop in the following:

Self-perception composite ($Mdn = 6$ vs $1$, $p = 0.04$, $r = 0.368$), emotional self-awareness ($Mdn = 7$ vs $2$, $p = 0.02$, $r = 0.483$), interpersonal composite ($Mdn = 5–1$, $p = 0.03$, $r = 0.382$), and reality testing ($Mdn = 13$ vs $3$, $p = 0.03$, $r = 0.458$). After the analysis of the data collected from the survey (31 residents), Shahid et al. (2018) reported a significant increase in the median of the total EI scores from before pre to post educational interventions ($110$ vs $114$, $p = 0.004$, $r = 0.376$). Further, Shahid et al. (2018) indicated a significant increase in the sub-scores of the following:

Self-regard ($104$ vs $109$, $p = 0.01$, $r = 0.382$); self-expression composite ($106$ vs $109$, $p = 0.03$, $r = 0.282$); independence ($101$ vs $107$, $p = 0.03$, $r = 0.334$); and decision-making composite ($112$ vs $113$, $p = 0.03$, $r = 0.269$). (p. 683)

For the median stress management and its subcomponents, Shahid et al. (2018) presented the following outcomes respectively: “flexibility ($105$ vs $111$, $p = 0.02$, $r = 0.330$), stress tolerance ($104$ vs $110$, $p = 0.003$, $r = 0.449$), and optimism ($103$ vs $108$, $p =$
Finally, the total wellness scores of the residents significantly improve after the educational intervention (104 vs 111, \( p = 0.003, r = 0.380 \)). The suitability of EQ-i 2.0 in Shahid et al.’s (2018) study presupposes that EQ-i 2.0 may be suitable and appropriate for the current study because medical students and healthcare chaplains work in the same environment. It implies that EQ-i 2.0 is a good fit for the current study.

There are several limitations to this study. Shahid et al. (2018) insisted that there was no control group; hence, it is likely that the observed improvement in EI may be due to other factors such as normal maturation, life experiences, medical training, and the increased self-awareness that comes from EI testing other than the educational intervention. Shahid et al. further argued that practice effect might have been responsible for the increase in EI scores since the pre-test and post-test were separated by a year; hence participants became familiar with the questions. Shahid et al. added that, because the sample was from pediatric and med-peds residents, it was not plausible to generalize the study to other residency specialties. Even though pediatric and med-peds residents are trained to work in the healthcare setting,

Finally, there is no guarantee that residents from community hospitals or larger programs may have the same degrees of EI and wellness. Thus, the limitations necessitate further studies. Shahid et al. (2018) stated that since the same curriculum had a significant effect on one group of residents (med-ped residents) than the other (pediatric residents), given that the baseline EI scores, the two specialties were not significantly different.

**Impact of emotional intelligence.** Emotional intelligence is understood in a wider context as the degree to which emotions are processed, identified, and proficiently
managed to realize goals, cope with challenging situations, and suitably adapt to various situations (Zysberg, Orenshtein, Gimmon, & Robinson, 2017). There is another side of the debate surrounding the emergence of EI (Zeidner et al., 2013). The research on EI is at its early stages. There are still many unanswered questions. Zeidner et al. (2013) contended that the conceptual framework and the real-life applications of the construct remain elusive. The consensus around the construct has generated multiple and divisive opinions (Rada-Florina, Simona, Rita-Monica, & Michaela, 2012).

Despite the controversies about some aspects of EI, claims have been made about its applicability (Mayer et al., 2004a). Szczygieł and Mikolajczak (2017) disclosed that EI correlates with subjective well-being (SWB) of an individual. The SWB is facilitated by positive self-evaluation. A good SWB and positive self-evaluation are components of happiness. Emotional intelligence can also facilitate the processes and coordination of emotion into productive and proficient behavior patterns. On the contrary, the lack of effective EI can lead to burnout, which can further result in poor job satisfaction (Petrides, 2011). To improve job satisfaction, this researcher deems it fit to explore whether there is a relationship between EI and job satisfaction among healthcare chaplains in the United States. As stated by Petrides (2011), a lack of EI may lead to job dissatisfaction. Grant, Kinman, and Alexander (2014) argued that EI fundamentally consists in the management of emotion in the most effective way. This researcher hopes that the possession of EI may help healthcare chaplains to manage their stress levels effectively. There is no denying that emotion correlates to how an individual feels and reacts. Consequently, the emotional state of an individual may exert a negative or positive influence on the quality of their life (Bar-On, 1997a; Petrides, 2011).
Lawal and Idemudia (2017) reported that nurses in Ibadan, Nigeria who have higher levels of EI experience relatively lesser degrees of work-stress than those who reported lesser degrees of EI (Lawal & Idemudia, 2017). In addition, Lawal and Idemudia (2017) maintained that the nurses’ ability to comprehend, logically reason, and positively channel emotion further enhance the readiness and mental concentration that is required to function efficiently as a nurse. Regarding the current study, EI may enable healthcare chaplains to enjoy their work and perhaps avoid burnout.

In dealing and sharing in the pain and suffering of patients, families, and staff on day-to-day bases could potentially exert a negative effect on healthcare chaplains. Flannelly, Roberts, and Weaver (2005) described the negative impact of working day-to-day with disaster trauma victims and families as compassion fatigue and burnout. Flannelly et al. (2005) reported that working as a chaplain with trauma victims of 911 had negative and positive repercussions. While Flannelly et al. (2005) reported that chaplains were prone to suffer compassion fatigue; on the contrary, chaplains were also reported to experience notable levels of compassion satisfaction. Therefore, EI may moderate the healthcare chaplaincy existential experience.

**Critique of emotional intelligence.** The construct of emotional intelligence may have been suddenly known by more people outside the realm of the professionals in the field of psychology, a consequence of the publication of Goleman’s (1995) publication. The origin of EI predated the writings of Goleman (1995). Goleman’s (1995) publication on EI certainly inspired greater curiosity and interest from society. The indisputable place of cognitive intelligence in society further inspired a plethora of research that emerged following Goleman’s (1995) publication (Zeidner et al., 2013). The publicity of EI
initially came through a series of newspaper and magazine publications (Mayer et al., 2004a). Some professionals in the field of psychology viewed newspapers and magazines as potentially blighted with myopic misrepresentation of ideas.

One should not be carried away by the unmitigated adulations of findings associated with EI (Landy, 2005; Mayer et al., 2004b). Additionally, Rada-Florina et al. (2012) claimed that EI had not been well accepted in Romania's management sectors. According to Rada-Florina et al. (2012), poor reception of EI is largely due to a lack of the following question: a comprehensive understanding of the construct, operationalization of EI as an ability, its reliability, its generalization (ecological validity), content validity, factorial validity, discriminant validity.

Mayer et al. (2004a) were aware of the plethora of criticisms and controversies that are casting a shadow over the credibility of the study of EI. Firstly, Mayer et al. (2004a) stated that the definition of EI as a mental ability is indispensable; secondly, the construct needs to attain the correlational criterion that will demonstrate that it is a unitary ability such as measures of intelligence and personality dispositions. In addition, this construct is directly proportional to age. Spector (2005) maintained that the critics of EI are found among researchers of the construct (EI) and researchers that are indirectly involved in studying the construct. Woyciekoski and Hutz (2009) stated that there are questions to be answered about the conceptual framework of the construct, measurement, and scale.

Furthermore, Thorndike’s (1920) idea of social intelligence may have failed to make substantial ground, perhaps because of its lack of theoretical and conceptual validity (Landy, 2005). From 1920 to 1937, research on the construct of social intelligence was minimal (Moss, 1929). During the next 17 years following the comment of Thorndike
(1920) in *Harper Magazine*, Moss’ (1929) social intelligence psychometric instrument, George Washington Social Intelligence Test (GWSIT), was one of the few meaningful publications in the field of social intelligence. However, the GWSIT lacked clarity about how social intelligence is distinctive from interest, abstract intelligence, and personality factors (Thorndike & Stein, 1937).

The GWSIT turned out to be nothing but a poor measure of the construct (Moss, 1929). It also failed to stand the crucible of experimental tests, and so, its items were characterized by verbal ability measures. There were other critiques of the GWSIT, stemming from Thorndike’s (1920) conceptualization of social intelligence. For instance, Burk (1937) reported that, in one study, the validation of GWSIT was found to be ambiguous. In that study, Burk (1937) recruited 50 sorority females from five different houses. There was no notable correlation between GWSIT and the rating of the participants in the following measures: the ability to inspire affection, social prestige, social knowledge, and social desire. Thus, the review of GWSIT generated a mixed result.

Landy (2005) was not enthusiastic about Thorndike’s (1920) conceptualization of social intelligence. According to Landy (2005), metaphor is the best way to view Thorndike’s (1920) classification of intelligence, that is, abstract, mechanical, and social intelligence. According to Landy (2005), Thorndike’s (1920) comments in the *Harper Magazine* were unsubstantiated; his comments came as public relations (PR) efforts to validate the relevance of applied psychology in public policy and consciousness. Therefore, according to Landy (2005), it is absurd to claim that modern-day theoretical models of EI are grounded on Thorndike’s (1920) *Harper Magazine* comments.
There are as many proponents of EI as there are critics. Valadez Sierra, Borges del Rosal, Ruvalcaba Romero, Villegas, and Lorenzo (2013) insisted that controversy still surrounded the distinction between emotional intelligence and high academic performance. Bastian, Burns, and Nettelbeck (2005) declared that measures of EI in academic performance were statistically insignificant. In another study, Bastian and Nettelbeck (2003) reported that the positive impact of EI on variables that were directly related to real life become marginal when personality and intelligence were controlled. Leimbach and Maringka (2010) further argued that some of the controversies about EI concerned conceptual and methodological inconsistencies.

**Job satisfaction.** Leite, de Aguiar Rodrigues, and de Albuquerque (2014) defined job satisfaction as a positive attitude or orientation through which a favorable outcome would be attained in relation to job or life in general. It is fitting to argue that the degree of one’s job satisfaction or dissatisfaction is proportional to how an individual is able and capable of meeting the objectives of their duties and responsibilities. McCormick and Hildebrand (2015) and Winter-Pfändler, Flannelly, and Morgenthaler (2011) specified some characteristics that hospital patients appreciate as well as do not appreciate during a chaplain’s visit. Furthermore, job satisfaction is the degree to which employees are happy at doing their jobs (Hoffman-Miller, 2014). Ellickson (n.d.) added that job satisfaction is the degree to which an employee shows a liking for their job. This is an attitude of the mind based on an employee’s perception and the reality of their job and environment.

Assessing job satisfaction is complex because of the subjectivity factor (Nikos & Kostantinos, 2010). This implies that an employee’s job satisfaction may be based on the subjective experience of a number of job measures. For instance, the criteria of job
satisfaction for individual A could be different from individual B. Hence, job satisfaction reflects an individual’s subjective job experience (Nikos & Kostantinos, 2010). Nikos and Kostantinos (2010) held that job satisfaction differs across national boundaries. The difference in employees’ job satisfaction is not limited by intrinsic factors. In fact, the differences also encompass extrinsic factors such as career development and financial reward.

Job satisfaction is not just a construct in organizational psychology (Cohrs et al., 2006). Goldstein (2013) disclosed that it is a complex construct. As a construct, job satisfaction can be analyzed from different theoretical approaches. The complexity of job satisfaction can be viewed through the many theoretical frameworks—situational approach, interactive approach, and dispositional approach (Judge et al., 1998). Employees have different proclivities and elements of their job that may be valued as important to them. It follows that the wide range in the number of theoretical approaches to job satisfaction demonstrates the diversity of approaches to the understanding of job satisfaction. The dispositional affect model is a composite of positive affectivity such as positive mood and negative affectivity (i.e., nervousness, low evaluation of oneself, distress) of job satisfaction will be applied (Goldstein, 2013; Watson & Tellegen, 1985).

**Disposition and job satisfaction.** The earliest writing on dispositional model goes back to the work of Munsterberg (1913). The discussion was in the context of personality. Proponents of a dispositional approach to job satisfaction disputed that job satisfaction is a product of personality research (Paul, 2005). The dispositional approach to job satisfaction implies job satisfaction is an inborn characteristic. Different individuals have proven to show broad variations in their responses to the same situation. Levin and Stokes (1989)
maintained that job satisfaction is stable over time; that is, job satisfaction is consistent across time and space.

Arvey et al. (1989) suggested that hereditary factors can influence job satisfaction. This implies that an individual’s disposition can exert a negative or positive influence on their job attitude; thus, becoming a determinant of job satisfaction. It is understood that a dispositional approach to job satisfaction has come under severe criticism (Davis-Blake & Pfeffer, 1989). Davis-Blake and Pfeffer (1989) disputed that individual difference has little or no influence on one’s job satisfaction; rather, situational factors play a pivotal role in job satisfaction. Davis-Blake and Pfeffer (1989) further argued that most studies about the dispositional approach to job satisfaction failed to control for situational factors.

The consistency of job satisfaction cannot be explained on the mere ground of personality disposition (Davis-Blake & Pfeffer, 1989). The human tendency to experience negative and positive affectivity consists of not just stable but a continuous and ongoing dispositional trait (Watson & Clark, 1984). Bouckenooghe et al. (2013) found dispositional trait positive affectivity (PA) and negative affectivity (NE) were positively and negatively correlated with job performance and turnover intention. Watson et al. (1988) defined NA and PA as the all-around tendency to experience and feel the impact of negative and positive emotions over time and across situations. Dispositional affect model is a composite of positive and negative affectivity (Goldstein, 2013).

Dysfunctional disposition of a leader is not only an essential component of any organization, but could account for job satisfaction, burnout, and employee’s engagement (Leary et al., 2013). Taking a view from the perspective of subordinates, Leary et al. (2013) explored the dysfunctional dispositions of leaders and how those dispositions may
affect employee engagement, job satisfaction, and burnout. In the same breath, a dysfunctional disposition of healthcare chaplains may negatively affect the degree of job satisfaction of a healthcare chaplain. In other words, Leary et al. (2013) explored how dysfunctional leaders may exert on their subordinates, thus contributing to employees’ burnout, job satisfaction, and employee engagement. To serve the patients, families, and staff appropriately, healthcare chaplains develop skills such as EI to help them exercise their duties effectively. Managerial lack of suitable competencies and abilities can affect employee engagement, hence disrupting employee’s job satisfaction and further generating unhealthy and dysfunctional psychological factors and dispositions that may incline subordinates to burnout (Leary et al., 2013). In some circumstances, superiors could become a source of debilitating stress on their subordinates.

To collect the data on dysfunctional leadership dispositions, Leary et al. (2013) used four online surveys to capture the data. In the survey, the researchers obtained three types of dysfunctional inclinations from superiors (moving away, moving toward, and moving against) and three employee variables from employees (employee engagement, job satisfaction, and burnout) in a context of a one-on-one relationship with superiors (Leary et al., 2013). As a self-report assessment with 168-items, the Hogan Development Survey (HDS) was used to assess 11 dysfunctional dispositions classes in three global categories (i.e., moving away, moving toward, and moving against). According to Leary et al. (2013), moving away, moving against, and moving toward are consistent with the concept of flawed interpersonal proclivities proposed by Horney in 1950.

As an assessment consisting of three scales, Leary et al. (2013) used the Utrecht Work Engagement Scale (WES) to assess vigor, dedication, and absorption. Each of the
scales has several items (17 items). In computing the employee engagement, the total employee engagement was determined by computing the average of all the items on the three scales (Leary et al., 2013). A high score on the three scales is indicative of the high degree of employee engagement, and lower scores on vigor, dedication, and absorption are indicative of low employee engagement. Furthermore, Leary et al. (2013) also used Brayfield and Rothe’s (1951) assessment to assess job satisfaction. Using a Likert scale (ranging from 1 for never to 6 for strongly agree), Leary et al. (2013) scored five items. For instance, one of the items read as follows: “I feel fairly well satisfied with my present job” (p. 20).

For burnout, Leary et al. (2013) applied Maslach’s Burnout Inventory-General Survey (MBI-GS; Maslach et al., 2005) to assess the degree of burnout of the respondents. Like HDS, the MBI-GS also consists of three subscales: exhaustion, cynicism, and professional efficacy. To determine the total burnout scores, Leary et al. (2013) computed the score by obtaining the mean from all items. One of the items states: “I feel burnout from my work” (Leary et al., 2013, p. 20).

A convenience sample of 150 students was recruited from three southern universities. Among the participants, 110 were undergraduates, and 40 were MBA graduate students (male 62% and female 38%). For participation eligibility, subjects were required to be committed to at least 30 hours per week and needed to have been reporting to a superior for a period of at least six months on a job. To eliminate the impact of cultural differences pertaining to what consists of dysfunctional dispositions, participation was restricted to individuals who were born in the United States (Leary et al., 2013).
All the data were collected online through a survey. Hogan Assessment Systems (HAS) provided the avenue through which the four instruments were used to collect data (Leary et al., 2013). Before the data was collected, appropriate approvals were secured from the three universities. Through the instructors, eligible students were invited to participate in the online survey from three southern universities (Leary et al., 2013). The focal point of the data collection was based on the participant’s assessment of his or her superior’s dysfunctional dispositions (Leary et al., 2013).

To test the nine hypotheses, Leary et al. (2013) applied multiple regression analysis to determine whether there was any relationship between dysfunctional behaviors (moving away, moving against, and moving toward) and burnout, employee engagement, and job satisfaction. Leary et al. (2013) insisted that Horney’s model (1950) of dysfunctional dispositions was fairly buttressed in this study (i.e., a predictor of burnout, job satisfaction, and employee engagement). Leary et al. (2013) also discovered that the Moving Away category was shown to correlate with employee engagement, job satisfaction, and burnout. Hence, from the employees’ point of view, leaders’ dysfunctional dispositions are consistent with Excitable, Skeptical, Cautious, Reserved, and Leisurely behaviors, thus having consequences on job satisfaction, employee engagement, and burnout.

According to Leary et al. (2013), dysfunctional dispositions include but are not limited to yelling, outburst, procrastination, nonspecific directives, passive avoidance, aloofness, insensitivity, passive aggression. The moving away category negatively correlated with employee engagement ($\beta = -0.63; p$-value $< 0.01$) and job satisfaction ($\beta = -0.81; p$-value $< 0.01$). Moving away shares a positive relationship with burnout.
Conversely, the Moving against and moving toward categories were not significant. Leary et al. (2013) also reported the squared multiple correlations (employee engagement = 0.38, job satisfaction = 0.63, and burnout = 0.43). Burnout can also be the cause of job dissatisfaction among healthcare personnel (Shahid et al., 2018). As disclosed by Petrides (2011), a lack of EI may lead to job dissatisfaction. Hence the possession of a high degree of EI may increase job satisfaction among healthcare chaplains.

The first limitation of this study, according to Leary et al. (2013), was the usage of students as the participants. However, this limitation was partially mitigated by the inclusion of students who worked at least 30 hours a week and reported directly to a manager for at least six months (Leary et al., 2013). In addition, the mean age of 31.8 years of the participants indicated that there were participants (mostly MBA graduate students) who had more employee experience, thus, providing evidence for external validity (Leary et al., 2013).

Second, since the data were collected from the same source, it is hard to argue against a common method bias (Leary et al., 2013). As a self-report bias, common method bias could cause a false correlation, thus, maintaining consistency between cognition and attitude that erroneously yields a relationship that has no bearing in real-life. Hence in future research, Podsakoff (2003) recommended deriving variables from different sources. For instance, the leader may rate the employees, while the subordinates rate the leaders’ dysfunctional dispositions.

**Positive affectivity.** PA is a function of an individual’s differences, as reflected in pleasurable, pleasant emotions and feelings (Stanton et al., 2016). Positive affectivity is closely correlated to the Five-Factor Model (FFM) of personality trait-extroversion. At a
minimum, positive affectivity is characterized by (a) high arousal (liveliness and boldness), (b) calmness (serenity); and (c) need for social affiliation. Nuran (2017) added that positive affectivity is positively correlated with job satisfaction and organizational identification. Cohrs et al. (2006) stated that a positive correlation exists between job satisfaction and core-self evaluations (self-esteem, generalized self-efficacy, internal locus of control, and emotional stability).

On the contrary, negative affectivity is negatively correlated to job satisfaction and organizational identification (Nuran, 2017). Emotional-social intelligence EI could be a prescriptive intervention that can mitigate negative affectivity, trait anxiety, depression, and psychological distress (Butt, 2014). Bouckenooghe et al. (2013) reported that positive and negative affectivity are correlated to key organizational behaviors and attitudes such as job satisfaction, contemplation of turnover, and job performance. Employees that are not satisfied with their job are apt to abandon their position.

Like healthcare chaplains, geriatric care employees encounter factors that may not only affect their job satisfaction but increase occupational stress (Rouzel, Michinov, & Dodeler, 2016). Since there is a paucity of research about specific attributes of geriatric care nurses, Rouxel et al. (2016) embarked on a study to fill the gap. Rouxel et al. (2016) examined how work characteristics such as depersonalization, emotional exhaustion (burnout), negative affectivity, and perceived emotional display rules affect the population of geriatric care nurses.

Among the five assessment instruments, Maslach Burnout Inventory-Human Services Survey (MBI-HSS) was used as an assessment to measure burnout (Rouxel et al., 2016). The researchers used two subscales to assess burnout: depersonalization (five
items) and exhaustion (nine items). With a Cronbach alpha of 0.88 for emotional exhaustion and 0.66 for depersonalization, Rouxel et al. (2016) argued that the 13 items for depersonalization and emotional exhaustion were computed on a 7-point rating scale. Among the combined 13 items on two subscales, two items were eliminated because of weak item-total scores correlations (Rouxel et al., 2016).

To assess job satisfaction, Rouxel et al. (2016) applied a 10-item adaptation of the Work Design Questionnaire (WDQ; Morgeson & Humphrey, 2006). On a 7-point scale, participants were required to indicate the degree to which they were satisfied with various facets of their job. This following is a sample item: “The support and guidance of my supervisor” (Morgeson & Humphrey, 2006, p. 20). For job satisfaction, Rouxel et al. (2016) reported a Cronbach alpha of 0.80.

Rouxel et al. (2016) used an 18-item Job-Content Questionnaire, validated for the use in France. With nine items each, job demands and job control were measured. The 18-item Job-Content Questionnaire was scored on a 4-point scale (1 for strongly agree to 4 for strongly disagree). Rouxel et al. (2016) reported a Cronbach alpha that is within the range of 0.79 for job demands and 0.68 for job control. Furthermore, Rouxel et al. used a 7-item Emotion Work Requirements Scale (EWRS) to assess perceived emotional display rules. Rouxel et al. (2016) disclosed that a 5-point scale was used by the participants (0 for not at all required to 4 for always required). The rating measures the degree to which participants were obliged to display positive emotions and suppress negative emotions to be effective on the job. The Cronbach alpha of perceived positive display (four items) and perceived negative display rules (three items) were 78% and 66% respectively (Rouxel et al., 2016).
A healthcare chaplain with a high degree of EI may possess the emotional skills that will enable him or her to display emotions effectively. A good display of emotional skills may facilitate the duties and responsibilities of a healthcare chaplain. The consequences of a high degree of EI may be job satisfaction of a healthcare chaplain.

Finally, Rouxel et al. (2016) used the Positive and Negative Affect Scale (PANAS; Watson et al., 1988). On a 5-point scale, respondents were required to state the degree to which they experience the following emotions: irritable or enthusiastic on a scale of 1 (for very slightly or not at all) to 5 (very often). Rouxel et al. reported a Cronbach alpha value of 0.81 for negative affectivity scale (10 items) and 0.78 for the positive affectivity scale (10 items). The researchers also used the occupational group as a control variable.

According to Rouxel et al. (2016), 79 geriatric centers in the Northwest of France were invited to take part in the study. Among the 79 geriatric centers, 32 agreed to be part of the study (40%). A total number of 891 questionnaires were sent to geriatrics care nurses in 32 centers, but only 371 were returned. In the end, 363 returned questionnaires met the requirements. However, to balance the scale, only 343 participants who were females were analyzed because of the need to homogenize the sample. Hence, the male participants (16) were excluded altogether alongside four other participants whose sex was unspecified. This decision (the exclusion of 20 participants), according to Rouxel et al. (2016), did not affect the outcome. Most of the respondents were married (74.90%) with at least one child (74.6%). With a mean age of 39.24 years, most of the participants were full-time employees (68.20%), low job status (76.70%), and working flexible hours (62.8%). Rouxel et al. (2016) disclosed that 11.89 years was the average years of the participants.
Participants returned the paper-and-pencil questionnaire with their responses back to the Centre de Gestion de la Fonction Publique Territoriale via a prepaid envelope. In total, there were five questions that assessed job satisfaction, job control, demands, burnout, negative affectivity, and perceived emotional display rules with sufficient psychometric characteristics (Rouxel et al., 2016). In addition, Rouxel et al. (2016) obtained some demographic data pertaining to sex, age, number of children, marital status, type of shift work, and duration of employment as a geriatric care nurse. In the proposed study, like Rouxel et al.’s (2016) research, this researcher assessed job satisfaction. Burnout and negative affectivity are among some of the variables that can adversely affect job satisfaction. On the contrary, this researcher hopes that the possession of EI by the healthcare chaplains may help to mitigate the effect of job dissatisfaction.

Rouxel et al. (2016) posited that important relationships between the variables came out as expected. For instance, there were positive correlations between job control with positive affectivity and job satisfaction. On the contrary, depersonalization, job demands, negative affectivity, emotional exhaustion, and requirement to hide negative emotions were negatively correlated with job satisfaction. Further, Rouxel et al. (2016) disclosed that emotional exhaustion and depersonalization (scales of burnout) positively correlate with the requirement to hide negative emotions, negative affectivity, and job demands. Expression of negative affectivity is contrary to the behavior of an emotionally intelligent healthcare chaplain.

A healthcare chaplain with a good level of EI will understand how to deal with emotional exhaustion and depersonalization through emotional-awareness and regulation. Unexpectedly, depersonalization, instead of emotional exhaustion, negatively correlated
with job control. Rouxel et al. (2016) added that having low employee status comes with some significant consequences. For instance, low employee status comes with low job satisfaction, low job control ($\gamma = -.44; p < .01$), high depersonalization, and a high degree of perception of positive and negative display rules. The researchers used the occupational group as a control variable; hence, high job status and low job status were coded 1 and 2, respectively (Rouxel et al., 2016).

Furthermore, Rouxel et al. (2016) structurally analyzed and tested two models—a fully mediated model and a partially mediated model. As outcome variables, depersonalization, emotional exhaustion, and job satisfaction were analyzed for correlation, but the fully mediated model was discarded because it was incompatible with the data. Hence, Rouxel et al. (2016) argued that the way an employee perceives his or her work may partially mediate the impact of negative and positive emotions on job satisfaction and burnout. The way a healthcare chaplain perceives his or her job may partially mediate the impact of negative and positive emotions on job satisfaction and burnout. Items from the partially mediated model (i.e., job demands, job control and perceived emotional display rules) were also correlated among themselves after six nonsignificant paths ($\chi^2 = 15.31; df = 11; p = .17$; RMSEA = .034; CFI = .99; NNFI = .98) and were deleted as a result (Rouxel et al., 2016).

In a cross-sectional and correlational study, Rouxel et al. (2016) asserted that inferences of causality could not be made with certitude. By retrospective self-reporting, the contamination by self-report bias might occur. For further study, Rouxel et al. (2016) recommended a future study should incorporate real-time assessments of emotional
display rules, job control, job demand, and affectivity (positive and negative) variables to predict burnout and job satisfaction at work by using an experience-sampling approach.

Positive and negative affectivity are components of a dispositional approach to job satisfaction, which this researcher has explored in the current study. Rouxel et al. (2016) recommended a qualitative interview to decipher how geriatric care nurses perceive and understand emotional demand of their profession and how those negative or positive emotions affect job satisfaction and occupational well-being. The desire to assess how negative or positive affectivity affect job satisfaction is the essence of this current study. In addition, Rouxel et al. (2016) recommended that a mixed approach to qualitative analysis and quantitative methodology may yield a richer outcome. Finally, the lower sample of male participants necessitated a complete exclusion of a male sample; hence, further study should incorporate a large heterogeneous sample of males and females so that a comparison of the sexes will be analyzed (Rouxel et al., 2016).

**Negative affectivity.** NA is defined as a steady and pervasive individual variation distinguished by a proneness to experience negative emotional states (Staw et al., 1986; Watson & Clark, 1984). By reviewing a vast literature in personality and subjective emotional experience, Watson and Clark (1984) and Staw et al. (1986) observed consistent inter-correlation among a variety of measures of negative emotions such as irritability, neuroticism, self-depreciation, and anxiety. Individuals with a high degree of negative affectivity often report a feeling of distress, dissatisfaction, nervousness, and discomfort regardless of the circumstances (Staw et al., 1986; Watson & Clark, 1984).

Negative affectivity is also characterized by a higher degree of fear and frustration (Mena et al., 2017). Steffens et al. (2017) remarked that negative affectivity is an essential
attribute of neuroticism. Hence, it is plausible to suggest the fourth component of Bar-On’s (1997a, 1997b) EI could possibly be a strategic intervention to mitigate the effect of negative affectivity. As a personality trait, Talaei-Khoei et al. (2016) stated that negative affectivity could lead to low life satisfaction and psychological distress. Connolly and Viswesvaran (2000) disclosed that negative and positive affectivity correlates with job satisfaction.

In another study, Luo and Bao (2013) investigated the antecedent structures of rumination (i.e., positive and negative affectivity) and its outcomes (i.e., emotional exhaustion and service sabotage behavior). Negative and positive affectivities are predictors of general emotions. The study of how EI may affect job satisfaction is an important aspect of the general emotion. EI is a composite of the skillsets that could facilitate healthy navigation of general emotion. Healthcare chaplains deal with a variety of emotional moments; hence, it is suitable for a healthcare chaplain to be emotionally smart.

Luo and Bao (2013) revealed that individuals rich in positive affectivity are more inclined to experience higher job satisfaction than individuals with higher negative affectivity. In this current study, this researcher is convinced that healthcare chaplains with positive affectivity experience higher job satisfaction. In this study, the mediating role of emotional exhaustion and service sabotage behaviors. Luo and Bao proposed six hypotheses to test the mediating role of rumination on emotional exhaustion and service sabotage behavior. Luo and Bao insisted that burnout, frustration, and tension are related to emotional exhaustion.
Prior to the distribution of the assessment and collection of data, a member of the research team explained the objectives of the study through email. Luo and Bao (2013) collected the data for the study from a call center in China. The survey assessments were distributed to a population of 800 call center employees.

Data were collected at two different time points during the study. Luo and Bao (2013) argued that the strategy of collecting data at two different points would guarantee the lapse of time between measures. Demographics and measures of positive and negative affectivity data were collected at Time 1. After three months, participants responded to measures of emotional exhaustion, rumination, and service sabotage behavior at Time 2. By fluent bilingual students, Luo and Bao (2013) disclosed that English scales were translated into Chinese, and then a Chinese version was translated into English. Finally, a third fluent bilingual graduate student deliberated and settled the discrepancies between the two English versions.

Four different instruments were used to measure and obtain data. For positive and negative affectivity, Luo and Bao (2013) used 20 items (Watson et al., 1988) on job satisfaction. Ten items on this assessment measure positive affectivity, and the other ten items measure negative affectivity. Positive and negative affectivity are fundamental components of a dispositional approach to job satisfaction. In other words, a better understanding of the dispositional approach to job satisfaction encompasses positive and negative affectivity. Participants score the feelings evoked by the items on a 5-point scale. The Cronbach alpha score for positive affectivity is 0.75, with a negative affectivity of 0.84. Positive and negative affectivity are essential components of JDI/JIG, which this researcher used to collect data in the current study.
For rumination, an 8-item scale assessment developed by McCullough, Bono, and Root (2007) was used. On a 6-point scale, participant scores the items ranging from 0 (for *strongly disagree*) to 5 (for *strongly agree*). For instance, one of the sample items states, “I couldn’t stop thinking about what customers did to me” (McCullough et al., 2007, p. 20). The ability to conceptualize and deal with emotional encounters judiciously is an attribute of an individual with a high degree of EI. The 8-item scale assessment also has a Cronbach alpha of 0.92 (Luo & Bao, 2013).

Further, Luo and Bao (2013) assessed emotional exhaustion by using a 6-item item developed by Wharton. Respondents scored a 7-point scale assessment that ranged from 0 for *strongly disagree* to 6 for *strongly agree*. For instance, one of the samples stated, “I feel emotionally drained from my work” (p. 20). Feeling emotionally drained may result in negative job satisfaction. Luo and Bao (2013) added that the Cronbach alpha for this assessment was 0.94.

Finally, Luo and Bao (2013) used a 5-item scale to assess and collect data for service sabotage behavior. On a 5-point scale, participants responded appropriately (from 1 = *strongly disagree* to 5 = *strongly agree*). For example, a sample item states: “Intentionally put the customer on hold for a long period of time” (Luo & Bao, 2013, p. 20). The 5-item scale has a Cronbach alpha of 81%.

As expected, when positive affectivity diminishes, rumination increases; in other words, positive affectivity correlated negatively with rumination ($r = -.09, p < .05$). This researcher anticipates a high degree of EI from a healthcare chaplain who has good control over their rumination. On a contrary, negative affectivity correlated positively with rumination ($r = .15, p < .01$); hence supporting hypothesis 1a and 1b. Luo and Bao (2013)
disclosed that emotional exhaustion positively correlated with rumination \((r = .34, p < .01)\) and service sabotage behavior \((r = .27, p < .01)\), thereby supporting the second and third hypotheses. Further, service sabotage behavior correlated positively with emotional exhaustion \((r = .32, p < .01)\). The outcomes are consistent with the study’s hypotheses (Luo & Bao, 2013).

Luo and Bao (2013) added that negative and positive affectivity were significantly related to emotional exhaustion and service sabotage behavior through the mediating effect of rumination, thus, supporting Hypotheses 4a, 4b, 5a, and 5b. Hypothesis 6 was also supported when emotional exhaustion was found to be positively related to service sabotage (Luo & Bao, 2013). Emotional exhaustion, rumination, and negative affectivity are some of the variables that affect job satisfaction. Conversely, EI can be a viable skillset to deal with emotional exhaustion, rumination, and negative affectivity.

According to Luo and Bao (2013), rumination is considered a complex construct. Rumination is multidimensional; hence, it is hard to define it in simple terms. Therefore the 8-items assessment used in this study may not have captured the full characteristics of rumination. To capture the full spectrum of negative and positive affectivity, this researcher used EQ-i 2.0 and JDI/JIG. The psychometric properties of EQ-i 2.0 and JDI/JIG are robust. Luo and Bao (2013) stated future researchers should encompass the mechanisms of rumination and should be thoroughly explored; hence, measures of rumination should be capture along with its important attributes. Luo and Bao (2013) integrated outcomes and antecedents of rumination in a single model; however, the moderating mechanism of the effects of rumination was not assessed.
Chaplains and healthcare. Cunningham, Panda, Lambert, Daniel, and DeMars (2017) revealed that healthcare chaplains had many responsibilities, which included physical, psychological, and spiritual matters. Like nurses and physicians, healthcare chaplaincy also had domains of specializations, such as oncology, pediatrics, intensive care, neonatal, reconstructive, and infectious diseases. Cunningham et al. (2017) maintained that healthcare chaplains were on duty to support patients, families, and staff. The following are the reasons why chaplains are needed in healthcare: A significant number of patients are spiritual and/or religious, religion plays a role in patients’ capacity to cope with the sickness, and hospitalization could isolate people from the religious and/or spiritual group (Koenig, 2007). Koenig (2007) argued that religious creed may intertwine with medical decisions; moreover, religious influence on healthcare in the community and religious commitment may be associated with physical and mental health.

Flannelly, Weaver, and Handzo (2003) stressed that the function of healthcare chaplains is to help the patients’ family members and patients to deal with their emotional burdens of loss and grief. Flannelly et al. (2003) reported that healthcare chaplains addressed a range of emotional reactions, such as loneliness, depression, and anxiety. Because healthcare chaplains address these and other range of emotional reactions, they may become susceptible to burnout themselves. Mindful self-care and compassion satisfaction are enhancers of well-being; conversely, burnout, compassion fatigue, and secondary traumatic stress are not enablers of well-being (Hotchkiss & Lesher, 2018).

asserted that the purpose of this research was to assess the relationship between professional quality of life of chaplains and their self-care. Because healthcare chaplains deal with these and other range of emotional reactions, they may become susceptible to burnout themselves (Flannelly et al., 2003). The hypotheses that were proposed included the following:

H₁: Education, board certification status, age, employment status, years of experience, and practice setting would be predictors of burnout.

H₂: The practice of several regular self-care actions and experiencing compassion satisfaction may decrease burnout risk, while secondary traumatic stress may increase burnout risk.

H₃: Mindful self-care scale practices and secondary traumatic stress will mediate a relationship between compassion satisfaction and burnout (Hotchkiss & Lesher, 2018).

Hotchkiss and Lesher (2018) proposed sub hypotheses to test each component independently. The sub hypotheses included the following: mindful self-care scale and compassion satisfaction will be positively correlated, mindful self-care scale and second traumatic stress will be negatively correlated, mindful self-care scale and burnout will be negatively correlated, and mindful self-care scale practices and second traumatic stress will predict burnout.

Hotchkiss and Lesher (2018) used a synthesis of Maslow’s (1943) hierarchy of needs, mindful self-care, compassion fatigue, and compassion satisfaction as a theoretical foundation for the understanding of motivations and needs. According to Maslow, lower needs (physiological, safety, belonging, esteem) must be met before higher needs will be
realized (self-actualization; Hotchkiss & Lesher, 2018). Mindful self-care and compassion satisfaction are enhancers of well beings; conversely, burnout, compassion fatigue, and secondary traumatic stress are not enablers of well-being.

As a self-care measure, the Mindful Self-Care Scale (MSCS) has a 33-item scale measuring the regularity of self-care behaviors. Hotchkiss and Lesher (2018) stated that the measure of internal consistency reliability of the total scale was 0.89 and subscales were as follows: physical care (0.78), supportive relationships (0.83), mindful awareness (0.87), self-compassion and purpose (0.86), mindful relaxation (0.78), and supportive structure (0.77). For compassion satisfaction, secondary traumatic stress, and burnout, Professional Quality of Life (ProQOL) was used to collect data. With a 30-item scale, ProQOL has strong internal consistency reliability (CS $\alpha = 0.87$, STS $\alpha = 0.82$ and BO $\alpha = 0.82$). Each of the three variables (i.e., compassion satisfaction, secondary traumatic stress, and burnout compose of 10 items). The ProQOL is a 5-point Likert measure (Hotchkiss & Lesher, 2018).

Hotchkiss and Lesher (2018) defined stress as a challenge in the field of hospice chaplaincy. Occupation stress can be a source and cause of job dissatisfaction. On the contrary, EI is a range of skillsets and abilities that can help healthcare chaplains to deal with stress. Considering the high potential for stress in the healthcare environment, this researcher believed it necessary to explore whether there might be a statistical relationship between interpersonal EI, stress management, overall EI, and job satisfaction.

Hotchkiss and Lesher (2018) sent out invitations to 5,361 chaplains associated with the Association of Professional Chaplains (APC). Participants were from the 50 states, Australia, Canada, Hong Kong, and the Netherlands. A total of 534 (10.1%)
respondents provided a complete survey. With 55.8%, females were the majority. Among the respondents, 74.9% were fulltime, 12.7% were part-time, 62.4% worked at the hospital, 16.2% in hospices, and the average age was 56.6 years (Hotchkiss & Lesher, 2018). Hotchkiss and Lesher (2018) obtained the demographical information, such as age, gender, ethnicity, highest education attained, employment status, board certification status, practice setting, and years of experience in spiritual to analyze the data. The participants were required to respond to two survey assessments: MSCS and ProQOL (Hotchkiss & Lesher, 2018).

Hotchkiss and Lesher (2018) suggested several limitations and recommendations for future research. Hotchkiss and Lesher argued that confounding variables, such as other personal factors, the degree of client demands, or organizational changes, were not taken into consideration. Future studies should account for these and other possible confounding variables that may have influenced responses (Hotchkiss & Lesher, 2018). In addition, social desirability may have played a part in the self-assessment measures; in other words, chaplains who did not practice mindful self-care may not have participated in the study. Future researchers should be focused on applying a procedure that could attract the chaplains that are not into mindful self-care practices. Participants’ well-being was measured at a single moment in time; thus, future researchers should endeavor to measure participants’ well-being at various moments in time.

Finally, the response rate of 10.1% was low, hence affecting validity and ability to generalize the results. Therefore, in a future study, researchers should find ways to increase participation of the chaplains (Hotchkiss & Lesher, 2018). In the current study,
this researcher collected data from the major U.S. healthcare chaplaincy organizations in the United States.

**Methodologies used in prior research on the topic.** In this study, the participants, who are exclusively healthcare chaplains across the United States, responded to the survey questions from Job Descriptive Index/Job in General (JDI/JIG) and Emotional Quotient Inventory (EQ-i 2.0). These two instruments are not only validated but are reliable. The variables in the current study are interpersonal EI, stress management, overall EI, and job satisfaction.

According to Nelson and Low (2003), the following are various types of job satisfaction assessment: the Minnesota Satisfaction Questionnaire, Brayfield Rothe Index, the Job Descriptive Index, Kunm Faces Scale, Stogdill Job Description Questionnaire, Porter Need Satisfaction Questionnaire, Bullock Job Satisfaction Scale, Stogdill Job Expectation Questionnaire, Vroom Satisfaction Scale, Ivancevich Job Satisfaction Scale, and Hoppock Job Satisfaction. Furthermore, Bennett (2009) added that the major EI assessments include but are not limited to the Mayer and Salovey (1997) model, the Bar-On (1997a) model, and the Emotional and the Social Competence Inventory (ESCI). However, for the sake of the current study, this researcher chose to use EQ-i 2.0 and JDI/JIG because of the robust and impressive validity and reliability figures of the assessments.

The EQ-i 2.0 is composed of 133 items and is also suitable for individuals with sixth-grade reading levels. MHS generates an overall EI score, which includes the five composite scores and 15 corresponding subscale scores: (a) interpersonal components (interpersonal relationship, empathy, and social responsibility); (b) self-perception
components (self-regard, self-actualization, and emotional self-awareness); (c) stress management components (flexibility, stress tolerance, and optimism); (d) self-expression scale (emotional expression, assertiveness, and independence); and (e) decision-making scales (problem-solving, reality testing, and impulse control).

Respondents in this current study responded to a 5-point Likert scale: 1 = very seldom or not true of me, 2 = seldom true of me, 3 = sometimes true of me, 4 = often true of me, and 5 = very often true of me or true of me. The participants were required to respond to short questions such as “I expect the worst” and “I tend to worry about a problem rather than try to solve it” (MHS, 2011, para. 2).

As a single assessment, it is recommended that the job descriptive index (Brodke et al., 2009; Smith et al., 2009; Appendix D) be administered prior to the job in general JIG. The JDI/JIG was used in this current study to collect data on job satisfaction from chaplaincy organizations such as APC, NACC, NAJC, and SCA. JIG is part of JDI. The JDI measures the five discrete components of job satisfaction: work itself, the opportunity for promotion, supervision, coworkers, and pay. In addition, the JIG measures total job satisfaction (Brodke et al., 2009; Smith et al., 2009).

The Job Descriptive Index measures five discriminant components of job satisfaction (Brodke et al., 2009; Smith et al., 2009) and has 72 items: work itself (18 items), pay (9 items), the opportunity for promotion (9 items), supervision (18 items), and coworkers (18 items). The participants select three optional responses, such as yes (coded as 3), no (coded as 0), or cannot decide (coded as 1; Brodke et al., 2009; Ironson, Smith, Brannick, Gibson, & Paul, 1989). Three corresponds to job satisfaction, 0 represents job dissatisfaction, and “cannot decide” is an option closer to job dissatisfaction. On the JDI
survey, a participant may indicate yes, no, or cannot decide on whether his or her coworker may be considered boring, lazy, or supportive. On the JIG survey, participants may indicate yes, no, or cannot decide on whether their overall job satisfaction may be considered undesirable, worthwhile, or acceptable. Furthermore, Balzer et al. (1997) stated that JIG is composed of 18 self-report items that were specific to global, long-term job satisfaction.

The target population in the current study are members of the chaplain organizations (ACPE, APC, NACC, NAJC, and SCA), while the population of interest in this current study includes the healthcare chaplains. Barber (2013) stated, “A hospital chaplain is a person who has been designated, appointed and authorized to provide religious, pastoral and spiritual support to patients” (p. 332). This researcher collected data that has objective implications for healthcare chaplains within the United States.

**Summary**

Chapter 2 started with an introduction and background to the problem. The introduction and background contained a panoptic summary of the entire content of Chapter 2. Using a quantitative methodology, this researcher applied a correlational design to explore whether interpersonal EI, stress management, and overall EI correlate with job satisfaction among healthcare chaplains in the United States. Caruso, Bhalerao, and Karve (2016) stated that many complex issues existed when trying to define EI.

This current researcher based the current study on research conducted by West (2016). West used qualitative research to explore the relationship between EI and job satisfaction in pastoral care ministry in general; in the current study, this researcher
applied a quantitative methodology. This study’s theoretical foundation was based on Bar-On’s (1997a) model of EI and dispositional approach to job satisfaction.

In the literature review section, this researcher discussed the Bar-On (1997a) model of EI and other major models of EI: the mixed model of Goleman (1995), trait model (Petrides & Furnham, 2000), and the integrative ability model (ability model) (Holt & Jones, 2005; Mayer, DiPaolo, & Salovey, 1990; Salovey & Mayer, 1989). This researcher presented descriptions, definitions, and literature review of the following important concepts: adaptability, assertiveness, emotional self-awareness, empathy, impulse control, stress management, the importance of EI, a critique of EI, job satisfaction, disposition, positive affectivity, negative affectivity, and chaplain and healthcare.

Additionally, Landy (2005) reported that it was unscientific to claim that Thorndike’s (1920) position on social intelligence served as a foundation for any meaningful scholarly work. By making this claim, Landy (2005) intended to challenge the theoretical foundation on which EI is established. Further, Conte (2005) argued that the five composite scales of Bar-On (1997a, 1997b) do not have a clear-cut conceptual link. Emotional intelligence is found to have numerous positive outcomes such as teamwork and leadership (Nelson, Sucher, Fierke, & Janke, 2015), well-being (Dolores, Saúl, & Clemente, 2015; Teques, Carrera, Ribeiro, Teques, & Ramon, 2016), transformational leadership (Ugoani & Amu, 2015), self-efficacy and social skills (Salavera, Usán, & Jarie, 2017), school adjustment in adolescent girls (Nikooeyeh, Zarani, & Fathabadi, 2017), and academic achievement (Ranjbar, Khademi, & Areshtanab, 2017). Finally, Rastogi et al. (2015) stated that scientific understanding of EI facilitates the training of emotional and
cognitive skills so that individuals can experience a productive, fulfilling, and multi-dimensional lifestyle.

There are four variables in this study: interpersonal EI, stress management, overall EI, and job satisfaction. According to Hoffman-Miller (2014), job satisfaction is the degree to which employees are happy at doing their jobs. Ellickson (n.d.) stated that job satisfaction is the range at which employees show a liking for their job. This is an attitude of the mind based on the model of job satisfaction (dispositional affect model) that informed the understanding of the same variable in this research. The job satisfaction model is a composite of positive affectivity (i.e., positive mood, enthusiasm, high energy, enthusiastic engagement) and negative affectivity (i.e., nervousness, low evaluation of oneself, distress) (Goldstein, 2013). Additionally, this researcher utilized Chapter 2 as a solid background for Chapter 3, which contained the methodology for this study. Through quantitative methodology, this researcher explored whether there is a statistical relationship between interpersonal EI, stress management, overall EI, and job satisfaction.
Chapter 3: Methodology

Introduction

The purpose of this quantitative correlational study is to determine if or to what degree a relationship exists between interpersonal EI, stress management, overall EI, and job satisfaction among U.S. healthcare chaplains. To date, no researcher has addressed the quantitative relationship between EI and job satisfaction in the field of healthcare chaplaincy. The current study fills a literature gap suggested by West (2016). Using qualitative methodology, West (2016) claimed pastors’ open-ended descriptions of their EI were subjective. West posited that the personal paradigm of the pastors, as evident in their descriptions of their EI, was subjective. Thus, West suggested assessing pastors’ EI more objectively. In the current study, the researcher explored whether EI and job satisfaction are related to healthcare chaplains. The EQ-i 2.0 (MHS, 2011) components (interpersonal, stress management, and overall EI) served as the variables, along with total job satisfaction.

Hotchkiss and Lesher (2018) maintained that high levels of stress were commonplace with hospice chaplains; therefore, researchers should conduct qualitative and quantitative studies in the field of healthcare chaplaincy to study the phenomenon (Shields & Emanuel, 2014). Shields and Emanuel (2014) made this recommendation after a thorough review of the literature in relevant palliative journals. Amidst the volume of studies in palliative care journals, Shields and Emmanuel found only 6% focused on chaplains.

This researcher begins Chapter 3 with the statement of the problem. In the research questions and hypotheses sections, this researcher delineates the research questions and
hypotheses. In the research methodology section, this researcher substantiates the reasons why quantitative methodology is suitable for the current study. In the research design, the population and sample are presented. In the instrumentation, validity, and reliability sections, this researcher concentrates on presenting suitable instruments with robust but valid validity and reliability. In the data collection and management, data analysis procedures, and ethical considerations, the focus was on ways to analyze the data while ensuring that all ethical standards remain properly maintained. Finally, this researcher listed the limitations and delimitations and then summarized the entire chapter.

**Statement of the Problem**

It is not known if or to what degree a relationship exists between interpersonal EI, stress management, overall EI, and job satisfaction among U.S. healthcare chaplains. Although researchers have explored the relationship between EI and job satisfaction in nursing (Jang et al., 2015), teaching (Singh & Kumar, 2016; Sun et al., 2017), and the medical field (Hollis et al., 2017), but no research has been conducted among healthcare chaplains in the United States. Exploring the relationship between EI and job satisfaction among healthcare chaplains is important because emotional exhaustion is at the root of compassion fatigue and burnout (Lewis et al., 2007). With $r = -.31$, $p < .001$, Jang et al. (2015) maintained that nurses’ job satisfaction correlated negatively to job stress. Furthermore, with $r = 0.53$, $p < .001$, Jang et al. (2015) stressed that the emotional leadership experienced by the nurses was correlated to job stress. Jang et al. disclosed that there was a mediating effect that emotional leadership of nurse leaders exacted on job satisfaction and stress of the nurses.
Relationship building is an integral aspect of EI (Bar-On, 1997a). Healthcare chaplains may have to explain their roles to their healthcare counterparts in their workplaces, which can be emotionally and psychologically stressful (de Vries et al., 2008; Taylor et al., 2015). Such reality could influence ways that chaplains administer their duties (Taylor et al., 2015). According to Taylor et al. (2015), “Participants in the study indicated that when healthcare chaplains are not comfortable in certain units, they become more manualized and less personal. This serves to reduce referrals and hospital-based healthcare providers’ (HBHP) confidence in the healthcare chaplain service” (p. 104).

When the role of the chaplain is not valued in the team, the chances of chaplains’ burnout and compassion fatigue may become more likely (Doolittle, 2015). Taylor et al. (2015) stressed that healthcare chaplain’s personality and relationship building abilities enable them to endear and gain contact with patients and staff. Therefore, when hospital-based healthcare providers lack confidence in the work of healthcare chaplains, this skepticism may affect the chaplains’ job satisfaction.

Doolittle (2015) disclosed that healthcare chaplains’ duties might involve compassion fatigue, secondary trauma, and disenfranchised grief; such stress may affect the well-being of healthcare chaplains’ work health. Doolittle stated that when chaplains perceived warm and positive reception in the healthcare team, they were more resilient against burnout and compassion fatigue. Doolittle added that spiritual care and hospice were indispensable, hence stressing that meager research was done in the field of healthcare compassion fatigue, burnout, and job satisfaction. Hotchkiss and Lesher (2018) argued that high levels of stress were common with hospice chaplains; therefore, researchers should conduct qualitative and quantitative studies in the field of healthcare
chaplaincy (Shields & Emanuel, 2014). Shields and Emanuel (2014) made this recommendation after a thorough review of the literature in relevant palliative journals. Amidst the volume of studies in palliative care journals, only 6% included chaplains.

McCormick et al. (2017) reported incidences of resiliency and growth among VHA chaplains; however, many VHA chaplains disclosed adverse changes in their emotional well-being and spirituality; consequently, these group of chaplains reported secondary traumatic stress and burnout. McCormick et al. posited that some chaplains face intrapersonal struggles. Furthermore, McCormick et al. suggested some VHA chaplains reported struggles in their spiritual beliefs, relationships with God, and faiths.

Additionally, O’Mahony et al. (2017) tested whether the state of mindfulness might be helpful to pediatric palliative professional caregivers, such as chaplains, especially in the context of stressful circumstances and end-of-life. O’Mahony et al. (2017) intended to generate strategies to strengthen the resilience of pediatric palliative care professionals using mindfulness. Testa and Sangganjanavanich (2016) disclosed that EI and mindfulness correlate with various coping, emotional awareness, self-care, and stress management. Furthermore, Testa and Sangganjanavanich (2016) stated evidence indicates a direct relationship between EI and mindfulness, burnout and EI, and mindfulness and burnout. O’Mahony et al. (2017) added, “Objective measures of stress and work performance outcomes should be assessed in future studies” (p. 842). The objective measures of stress and healthcare chaplain’s job satisfaction include compassion fatigue and burnout (emotional exhaustion and depersonalization; Doolittle, 2015).
Research Questions and/or Hypotheses

Using the Bar-On (1997a, 1997b) model of EI, the current study involves exploring (a) interpersonal emotional intelligence, (b) stress management, and (c) overall EI. Job satisfaction is also a variable. Job-descriptive index/job in general (JDI/JIG; Smith et al., 2009) was used to measure job satisfaction. To answer the research questions and hypotheses, the researcher explained the variables. The researcher measured all the variables as interval level data.

**Emotional intelligence.** The Bar-On (1997a) theory of EI is a set of intertwined and interrelated skills, such as the ability to control the self, precisely perceive emotional situations, appraise emotions, express emotion in oneself, access and propagate emotions when emotions foster, and enable feelings and thought processes (Bar-On, 1997a). EI is one among other similar aspects of broad intelligence, such as verbal and spatial intelligence (Caruso et al., 2016). Emotional intelligence consists of a person’s capacity to perceive, understand, and utilize emotion to maximize thought processes (Caruso et al., 2016). In addition, Caruso et al. (2016) defined EI as a set of competencies that could facilitate leadership or personality traits.

**Interpersonal emotional intelligence.** Interpersonal EI is made up of social awareness and interpersonal relationships (Bar-On, 1997a). Good interpersonal skills are important attributes in the healthcare professions (Da Vega & Miranda, 2006). According to Borg and Johnston (2013), interpersonal skills consist of a person’s ability to cope with and resolve differences proficiently while dealing with another individual. Jin Nam Choi et al. (2015) defined emotion as an integral aspect of the interpersonal relationship. Thus, the ability to invest the right amount of emotion in interpersonal communication is an
essential element of EI. Bar-On (1997b) defined the interpersonal component of EI as a composite of social responsibility, empathy, and interpersonal relationship. Interpersonal EI (i.e., social awareness and interpersonal relationship) is an essential attribute required in the CPE program. A healthcare chaplain with a good balance of social awareness and interpersonal relationship skills can use his or her personal experience to connect with the patient on a deeper level.

**Stress management.** Stress management includes emotional management and regulation (Bar-On, 1997a). Stress is an emotional state that is almost inevitable. As adverse as it may be, stress is not always a bad thing (Dierolf et al., 2018). An emotionally and socially intelligent individual can use stress appropriately to generate a positive outcome (Goleman, 1995). Despite the benefits of stress, Li et al. (2017) defined stress as the cause of some heart disease, depression, and musculoskeletal diseases. Li et al. reported that work stress-related liabilities cost Europe and America up to Eur. 619 and $219 billion, respectively. Therefore, to limit the negative effects of stress, health care chaplains need to manage their stress properly by developing higher levels of stress tolerance and impulse control. Stress management refers to a person developing self-knowledge and using that expertise to manage stress. The ability of an individual to manage stress is a good skill to possess in the healthcare profession (Mars & Oliver, 2016), and healthcare chaplaincy is not an exception.

**Job satisfaction.** Leite et al. (2014) defined job satisfaction as a positive attitude or orientation through which a person could obtain a favorable outcome in relation to job or life in general. The degree of a person’s job satisfaction or dissatisfaction is proportional to how individuals can meet the objectives of their duties and responsibilities.
The dispositional approach to job satisfaction implies job satisfaction is an inborn characteristic. Different individuals demonstrate broad variations in their responses to similar situations (Levin & Stokes, 1989; Staw et al., 1986). Staw et al. (1986) maintained that job satisfaction is consistent across time and space, while Arvey et al. (1989) suggested that hereditary factors could influence job satisfaction.

Heredity implies that an individual’s disposition can exert a negative or positive influence on his or her job attitude, thus becoming a determinant of job satisfaction (Staw et al., 1986). Davis-Blake and Pfeffer (1989) disputed that individual differences had little or no influence on a person’s job satisfaction; rather, situational factors play a pivotal role in job satisfaction. Davis-Blake and Pfeffer (1989) argued that most studies about the dispositional approach to job satisfaction failed to control for situational variables. The consistency of job satisfaction over time cannot be explained by personality disposition (Davis-Blake & Pfeffer, 1989). The human tendency to experience negative and positive affectivity is not only stable but is also a continuous and ongoing dispositional trait (Staw et al., 1986; Watson & Clark, 1984).

The three research questions guiding the proposed study and associated hypotheses are as follows:

**RQ1:** To what extent is there a statistically significant relationship between interpersonal emotional intelligence and job satisfaction among healthcare chaplains in the United States?

**H01:** There is no statistical relationship between interpersonal emotional intelligence and job satisfaction among healthcare chaplains in the United States.
**H₁a:** There is a statistical relationship between interpersonal emotional intelligence and job satisfaction among healthcare chaplains in the United States.

**RQ2:** To what extent is there a statistically significant relationship between stress management and job satisfaction among healthcare chaplains in the United States?

**H₀₂:** There is no statistical relationship between stress management and job satisfaction among healthcare chaplains in the United States.

**H₂a:** There is a statistical relationship between stress management and job satisfaction among healthcare chaplains in the United States.

**RQ3:** To what extent is there a statistically significant relationship between overall emotional intelligence and job satisfaction among healthcare chaplains in the United States?

**H₀₃:** There is no statistical relationship between overall emotional intelligence and job satisfaction among healthcare chaplains in the United States.

**H₃a:** There is a statistical relationship between overall emotional intelligence and job satisfaction among healthcare chaplains in the United States.

There are several healthcare chaplaincy organizations across the country. For instance, ACPE, APC, NACC, NAJC, and SCA memberships are open to board-certified and non-board-certified chaplains. Before the collection of data, the researcher obtained permission from IRB. Before gaining the approval of the IRB, the researcher contacted the communication and research departments of ACPE, NACC, APC, NAJC, and SCA (see Appendix A) for approval before collecting data through an online link sent through email. After the data were obtained, the researcher sent a letter of gratitude to the
chaplaincy organizations that granted the researcher permission to collect data. The EQ-i 2.0 and JDI/JIG were the primary sources of obtaining data in this current study.

After permission was granted from the ACPE, APC, NACC, NAJC, and SCA, this researcher set up an EQ-i 2.0 and JDI/JIG scoring accounts, and then the participants were sent a link to take the EQ-i 2.0 and JDI/JIG. The instruments from the EQ-i 2.0 and JDI/JIG provide the raw data, which was transferred to SPSS software to be analyzed statistically. This process began with the collection of EQ-i 2.0 data from participants, and then data were sent to MHS and organized; the researcher collected data from MHS. The JDI/JIG scales can be administered in paper-and-pencil format or electronically distributed through e-mail or online survey. For this current study, this researcher electronically distributed the survey through the chaplaincy associations.

After the participants completed the JDI/JIG measures, this researcher compiled the data. Because the JDI/JIG was electronically administered, this researcher downloaded an electronic data file. The electronic file had a .xls / .dat file extension; hence, it can be opened in Microsoft Excel or other statistical analysis software, such as SPSS. When the EQ-i 2.0 and JDI/JIG were completed, this researcher logged into the accounts associated with this current study to score items. This researcher conducted statistical tests to explore the relationship between the variables. Participation was voluntary, and participants were able to quit the study at any time. To maintain confidentiality, participants were asked not to provide personally identifying information and were assigned numerical codes corresponding to their responses.

In the current study, the participants, who are exclusively healthcare chaplains across the United States, responded to the survey questions from JDI/JIG and EQ-i 2.0.
The EQ-i 2.0 is revised from the Bar-On (1997a) EQ-i (MHS, 2011). The foundation of EQ-i 2.0 is built on the Bar-On (1997a) EQ-i assessment and model. The EQ-i 2.0 is composed of 133 items, and it is suitable for individuals with a sixth-grade reading level (Bar-On, 1997a).

The EQ-i 2.0 uses declarative statements presented in the first-person singular. The score on each of the five components (i.e., interpersonal EI, stress management, self-perception, self-expression, and decision making) was summed-up to arrive at the overall EI score. The scores on the higher-order composite dimensions (i.e., interpersonal EI, stress management, self-perception, self-expression, and decision making) and the scores of the 15 subscale components (e.g., emotional self-awareness, assertiveness, self-regard, self-actualization, independence, empathy interpersonal relationship, social responsibility, problem-solving, reality testing flexibility, stress tolerance, impulse control, happiness, and optimism) both yield the overall EI. MHS generated overall EI scores, the five composite scores, and 15 subscale scores. Respondents in this current study responded to a 5-point Likert scale: 1 (very seldom or not true of me), 2 (seldom true of me), 3 (sometimes true of me), 4 (often true of me), and 5 (very often true of me or true of me). The participants were required to respond to short questions, such as “I expect the worst” and “I tend to worry about a problem rather than try to solve it” (MHS., 2011).

Raw scores were converted into standard scores based on a mean of 100 and a standard deviation of 15. Multi-Health automatically scored the assessment. The overall EI scores and its five components were scored by MHS. This researcher collected EQ-i 2.0 data from participants; after the participants completed the survey, the data was sent to MHS and organized. For the subscales, MHS (2011) stated that the alpha reliability of
EQ-i 2.0 ranged from 0.77 to 0.91. While using Cronbach’s alpha, MHS examined the internal consistency measures of the composite scales. The figures of the internal consistency measure of the composite scales ranged from 0.88% to 0.93%. For the total EI scale, MHS reported an alpha level of 0.97%.

According to MHS (2011), EQ-i 2.0 is a reflection of the Bar-On concept of EI. In other words, Bar-On (1997a) conceptualization of EI operationalized the EQ-i 2.0. Using exploratory analysis and confirmatory factor analysis, MHS (2011) disclosed that subscales and composite scales of EQ-i 2.0 reflected EI; hence, exploratory factor analysis and confirmatory factor analysis indicated that EQ-i 2.0 validly measured EI. As evident in *Buros Mental Measurement Yearbook* (Sandilos & DiPerna, 2014) and the psychometric studies from South Africa (van Zyl, 2014), EQ-i 2.0 validly reflects EI. van Zyl (2014) argued that the result of the independent study (psychometric study) further supported the “construct validity and good fit” (p. 7) of the subscales. van Zyl (2014) stated the study of 1,144 adult employees from South Africa supported the validity of EQ-i 2.0 assessment.

As a single assessment, Brodke et al. (2009) recommended the JDI/JIG should be administered prior to the job in general JIG. The JDI measures the five discrete components of job satisfaction (work itself, the opportunity for promotion, supervision, coworkers, and pay). In addition, the JIG measures total job satisfaction. The JDI measures five discriminant components of job satisfaction (Brodke et al., 2009; Smith et al., 2009). The job descriptive index has 72 items: work itself (18 items), pay (9 items), the opportunity for promotion (9 items), supervision (18 items), and coworkers (18 items).
The participants were required to select three optional responses, such as yes (coded as 3), no (coded as 0), or cannot decide (coded as 1; Brodke et al., 2009; Ironson et al., 1989). Three corresponds to job satisfaction, 0 represents job dissatisfaction, and “cannot decide” is an option closer to job dissatisfaction. On the JDI survey, a participant may indicate yes, no, or cannot decide on whether their coworker may be considered boring, lazy, or supportive. On the JIG survey, participants indicated yes, no, or cannot decide on whether their overall job satisfaction may be considered undesirable, worthwhile, or acceptable. Furthermore, Balzer et al. (1997) stated that JIG is composed of 18-item self-report that were specific to global, long-term job satisfaction.

Ironson et al. (1989) stated that the discriminant validity of JDI (specific scales) is measured as 0.79 for work itself, 0.81 for pay, 0.87 for promotion, 0.87 for supervision, and 0.88 for coworkers. Further, the coefficient alpha for the global scale (JIG) is reported as 0.92. Ironson et al. mentioned that the internal consistency of JIG was $r = 0.91$, while the internal consistency of JDI subscales were as follows: work: $r = 0.78$, pay: $r = 0.28$, promotion: $r = 0.43$, supervision: $r = 0.40$, and coworker: $r = 0.42$. Furthermore, the subscales of JDI were measured relative to JDI with a $p$-value of 0.01.

There is a high internal consistency for each of the subscales of JDI and JIG. McIntyre and McIntyre (2010) argued that the Portuguese version of the instrument further demonstrates that JDI and JIG have good reliability. Balzer et al. (1997) remarked that the coefficient alpha reliability of each individual sample from Bowling Green State University (BGSU) data pool is above 0.90. Balzer et al. (1997) pointed out that in any sample of $N > 100$, an alpha range of 0.91 to 0.95 is obtained. To confirm the reliability of JDI and JIG further, Brodke et al. (2009) indicated that the subscales of JDI, work itself
0.90, payment on the present job 0.88, opportunities for promotion 0.91, supervision 0.92, and people on your job 0.92, and job in general 0.92 are robust.

The cumulative score ranges from 0 to 54 on JDI/JIG (Balzer et al., 1997). Each respondent received an overall score that was derived from adding their point totals on the individual facet of the JDI or their overall points on the JIG. It takes approximately 7 to 12 minutes to administer the JDI/JIG assessment. The readability of JDI/JIG is at the third-grade level, with a minimal administration time (Balzer et al., 1997). The JIG/JDI has been widely used in many organizations and in a variety of different jobs. The range of job satisfaction is 27 to 54, while the range of dissatisfaction is 0 to 26. Therefore, a score of 54 represents the highest level of job satisfaction, and a score of 0 is the lowest level of job satisfaction.

EQ-i 2.0 and JDI/JIG were the instruments through which the raw data were transferred to SPSS software and statistically analyzed; this process began with the collection of EQ-i 2.0 data from participants. Data were sent to MHS and organized. The researcher collected data from MHS and pair the variables together for correlational analysis. After the participants completed the JDI/JIG measures (SurveyMonkey), this researcher compiled and score the data. Because the JDI/JIG was electronically administered, this researcher downloaded an electronic data file.

The electronic file was a .xls/dat file extension; hence, it can be opened in Microsoft Excel or other statistical analysis software such as SPSS. When the data collection of EQ-i 2.0 and JDI/JIG were completed, this researcher logged into the accounts associated with this current study to pair the variables for statistical analysis. This researcher conducted statistical tests to explore the relationship between the variables
(i.e., the relationships between interpersonal EI, stress management, and overall EI with job satisfaction).

**Research Methodology**

Using the Bar-On (1997a, 1997b) model of EI, the current study involves exploring (a) interpersonal emotional intelligence, (b) stress management, and (c) overall EI. Job satisfaction is also a variable. Job-descriptive index/job in general (JDI/JIG; Smith et al., 2009) was used to measure job satisfaction. To answer the research questions and hypotheses, the researcher explained the variables. The researcher measured all the variables as interval level data.

**Emotional intelligence.** The Bar-On (1997a) theory of EI is a set of intertwined and interrelated skills, such as the ability to control the self, precisely perceive emotional situations, appraise emotions, express emotion in oneself, access and propagate emotions when emotions foster, and enable feelings and thought processes (Bar-On, 1997a). EI is one among other similar aspects of broad intelligence, such as verbal and spatial intelligence (Caruso et al., 2016). Emotional intelligence consists of a person’s capacity to perceive, understand, and utilize emotion to maximize thought processes (Caruso et al., 2016). In addition, Caruso et al. (2016) defined EI as a set of competencies that could facilitate leadership or personality traits.

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et al. (2015) defined emotion as an integral aspect of the interpersonal relationship. Thus, the ability to invest the right amount of emotion in interpersonal communication is an essential element of EI. Bar-On (1997b) defined the interpersonal component of EI as a composite of social responsibility, empathy, and interpersonal relationship. Interpersonal EI (i.e., social awareness and interpersonal relationship) is an essential attribute required in the CPE program. A healthcare chaplain with a good balance of social awareness and interpersonal relationship skills can use his or her personal experience to connect with the patient on a deeper level.

**Stress management.** Stress management includes emotional management and regulation (Bar-On, 1997a). Stress is an emotional state that is almost inevitable. As adverse as it may be, stress is not always a bad thing (Dierolf et al., 2018). An emotionally and socially intelligent individual can use stress appropriately to generate a positive outcome (Goleman, 1995). Despite the benefits of stress, Li et al. (2017) defined stress as the cause of some heart disease, depression, and musculoskeletal diseases. Li et al. reported that work stress-related liabilities cost Europe and America up to Eur. 619 and $219 billion, respectively. Therefore, to limit the negative effects of stress, health care chaplains need to manage their stress properly by developing higher levels of stress tolerance and impulse control. Stress management refers to a person developing self-knowledge and using that expertise to manage stress. The ability of an individual to manage stress is a good skill to possess in the healthcare profession (Mars & Oliver, 2016), and healthcare chaplaincy is not an exception.

**Job satisfaction.** Leite et al. (2014) defined job satisfaction as a positive attitude or orientation through which a person could obtain a favorable outcome in relation to job
or life in general. The degree of a person’s job satisfaction or dissatisfaction is proportional to how individuals can meet the objectives of their duties and responsibilities. The dispositional approach to job satisfaction implies job satisfaction is an inborn characteristic. Different individuals demonstrate broad variations in their responses to similar situations (Levin & Stokes, 1989; Staw et al., 1986). Staw et al. (1986) maintained that job satisfaction is consistent across time and space, while Arvey et al. (1989) suggested that hereditary factors could influence job satisfaction.

Heredity implies that an individual’s disposition can exert a negative or positive influence on his or her job attitude, thus becoming a determinant of job satisfaction (Staw et al., 1986). Davis-Blake and Pfeffer (1989) disputed that individual differences had little or no influence on a person’s job satisfaction; rather, situational factors play a pivotal role in job satisfaction. Davis-Blake and Pfeffer (1989) argued that most studies about the dispositional approach to job satisfaction failed to control for situational variables. The consistency of job satisfaction over time cannot be explained by personality disposition (Davis-Blake & Pfeffer, 1989). The human tendency to experience negative and positive affectivity is not only stable but is also a continuous and ongoing dispositional trait (Staw et al., 1986; Watson & Clark, 1984).

The three research questions guiding the proposed study and associated hypotheses are as follows:

RQ1: To what extent is there a statistically significant relationship between interpersonal emotional intelligence and job satisfaction among healthcare chaplains in the United States?
H₀¹: There is no statistical relationship between interpersonal emotional intelligence and job satisfaction among healthcare chaplains in the United States.

H₁ᵃ: There is a statistical relationship between interpersonal emotional intelligence and job satisfaction among healthcare chaplains in the United States.

RQ₂: To what extent is there a statistically significant relationship between stress management and job satisfaction among healthcare chaplains in the United States?

H₀²: There is no statistical relationship between stress management and job satisfaction among healthcare chaplains in the United States.

H₂ᵃ: There is a statistical relationship between stress management and job satisfaction among healthcare chaplains in the United States.

RQ₃: To what extent is there a statistically significant relationship between overall emotional intelligence and job satisfaction among healthcare chaplains in the United States?

H₀₃: There is no statistical relationship between overall emotional intelligence and job satisfaction among healthcare chaplains in the United States.

H₃ᵃ: There is a statistical relationship between overall emotional intelligence and job satisfaction among healthcare chaplains in the United States.

There are several healthcare chaplaincy organizations across the country. For instance, ACPE, APC, NACC, NAJC, and SCA memberships are open to board-certified and non-board-certified chaplains. Before the collection of data, the researcher obtained permission from IRB. Before gaining the approval of the IRB, the researcher contacted the communication and research departments of ACPE, NACC, APC, NAJC, and SCA (see
Appendix A) for approval before collecting data through an online link sent through email. After the data were obtained, the researcher sent a letter of gratitude to the chaplaincy organizations that granted the researcher permission to collect data. The EQ-i 2.0 and JDI/JIG were the primary sources of obtaining data in this current study.

After permission was granted from the ACPE, APC, NACC, NAJC, and SCA, this researcher set up an EQ-i 2.0 and JDI/JIG scoring accounts, and then the participants were sent a link to take the EQ-i 2.0 and JDI/JIG. The instruments from the EQ-i 2.0 and JDI/JIG provide the raw data, which was transferred to SPSS software to be analyzed statistically. This process began with the collection of EQ-i 2.0 data from participants, and then data were sent to MHS and organized; the researcher collected data from MHS. The JDI/JIG scales can be administered in paper-and-pencil format or electronically distributed through e-mail or online survey. For this current study, this researcher electronically distributed the survey through the chaplaincy associations.

After the participants completed the JDI/JIG measures, this researcher compiled the data. Because the JDI/JIG was electronically administered, this researcher downloaded an electronic data file. The electronic file had a .xls / .dat file extension; hence, it can be opened in Microsoft Excel or other statistical analysis software, such as SPSS. When the EQ-i 2.0 and JDI/JIG were completed, this researcher logged into the accounts associated with this current study to score items. This researcher conducted statistical tests to explore the relationship between the variables. Participation was voluntary, and participants were able to quit the study at any time. To maintain confidentiality, participants were asked not to provide personally identifying information and were assigned numerical codes corresponding to their responses.
In the current study, the participants, who are exclusively healthcare chaplains across the United States, responded to the survey questions from JDI/JIG and EQ-i 2.0. The EQ-i 2.0 is revised from the Bar-On (1997a) EQ-i (MHS, 2011). The foundation of EQ-i 2.0 is built on the Bar-On (1997a) EQ-i assessment and model. The EQ-i 2.0 is composed of 133 items, and it is suitable for individuals with a sixth-grade reading level (Bar-On, 1997a).

The EQ-i 2.0 uses declarative statements presented in the first-person singular. The score on each of the five components (i.e., interpersonal EI, stress management, self-perception, self-expression, and decision making) was summed-up to arrive at the overall EI score. The scores on the higher-order composite dimensions (i.e., interpersonal EI, stress management, self-perception, self-expression, and decision making) and the scores of the 15 subscale components (e.g., emotional self-awareness, assertiveness, self-regard, self-actualization, independence, empathy interpersonal relationship, social responsibility, problem-solving, reality testing flexibility, stress tolerance, impulse control, happiness, and optimism) both yield the overall EI. MHS generated overall EI scores, the five composite scores, and 15 subscale scores. Respondents in this current study responded to a 5-point Likert scale: 1 (very seldom or not true of me), 2 (seldom true of me), 3 (sometimes true of me), 4 (often true of me), and 5 (very often true of me or true of me). The participants were required to respond to short questions, such as “I expect the worst” and “I tend to worry about a problem rather than try to solve it” (MHS., 2011).

Raw scores were converted into standard scores based on a mean of 100 and a standard deviation of 15. Multi-Health automatically scored the assessment. The overall EI scores and its five components were scored by MHS. This researcher collected EQ-i
2.0 data from participants; after the participants completed the survey, the data was sent to MHS and organized. For the subscales, MHS (2011) stated that the alpha reliability of EQ-i 2.0 ranged from 0.77 to 0.91. While using Cronbach’s alpha, MHS examined the internal consistency measures of the composite scales. The figures of the internal consistency measure of the composite scales ranged from 0.88% to 0.93%. For the total EI scale, MHS reported an alpha level of 0.97%.

According to MHS (2011), EQ-i 2.0 is a reflection of the Bar-On concept of EI. In other words, Bar-On (1997a) conceptualization of EI operationalized the EQ-i 2.0. Using exploratory analysis and confirmatory factor analysis, MHS (2011) disclosed that subscales and composite scales of EQ-i 2.0 reflected EI; hence, exploratory factor analysis and confirmatory factor analysis indicated that EQ-i 2.0 validly measured EI. As evident in Buros Mental Measurement Yearbook (Sandilos & DiPerna, 2014) and the psychometric studies from South Africa (van Zyl, 2014), EQ-i 2.0 validly reflects EI. van Zyl (2014) argued that the result of the independent study (psychometric study) further supported the “construct validity and good fit” (p. 7) of the subscales. van Zyl (2014) stated the study of 1,144 adult employees from South Africa supported the validity of EQ-i 2.0 assessment.

As a single assessment, Brodke et al. (2009) recommended the JDI/JIG should be administered prior to the job in general JIG. The JDI measures the five discrete components of job satisfaction (work itself, the opportunity for promotion, supervision, coworkers, and pay). In addition, the JIG measures total job satisfaction. The JDI measures five discriminant components of job satisfaction (Brodke et al., 2009; Smith et
The job descriptive index has 72 items: work itself (18 items), pay (9 items), the opportunity for promotion (9 items), supervision (18 items), and coworkers (18 items). The participants were required to select three optional responses, such as *yes* (coded as 3), *no* (coded as 0), or *cannot decide* (coded as 1; Brodke et al., 2009; Ironson et al., 1989). Three corresponds to job satisfaction, 0 represents job dissatisfaction, and “cannot decide” is an option closer to job dissatisfaction. On the JDI survey, a participant may indicate *yes, no, or cannot decide* on whether their coworker may be considered *boring, lazy, or supportive*. On the JIG survey, participants indicated *yes, no, or cannot decide* on whether their overall job satisfaction may be considered *undesirable, worthwhile, or acceptable*. Furthermore, Balzer et al. (1997) stated that JIG is composed of 18-item self-report that were specific to global, long-term job satisfaction.

Ironson et al. (1989) stated that the discriminant validity of JDI (specific scales) is measured as 0.79 for work itself, 0.81 for pay, 0.87 for promotion, 0.87 for supervision, and 0.88 for coworkers. Further, the coefficient alpha for the global scale (JIG) is reported as 0.92. Ironson et al. mentioned that the internal consistency of JIG was $r = 0.91$, while the internal consistency of JDI subscales were as follows: work: $r = 0.78$, pay: $r = 0.28$, promotion: $r = 0.43$, supervision: $r = 0.40$, and coworker: $r = 0.42$. Furthermore, the subscales of JDI were measured relative to JDI with a $p$-value of 0.01.

There is a high internal consistency for each of the subscales of JDI and JIG. McIntyre and McIntyre (2010) argued that the Portuguese version of the instrument further demonstrates that JDI and JIG have good reliability. Balzer et al. (1997) remarked that the coefficient alpha reliability of each individual sample from Bowling Green State University (BGSU) data pool is above 0.90. Balzer et al. (1997) pointed out that in any
sample of \( N > 100 \), an alpha range of 0.91 to 0.95 is obtained. To confirm the reliability of JDI and JIG further, Brodke et al. (2009) indicated that the subscales of JDI, work itself 0.90, payment on the present job 0.88, opportunities for promotion 0.91, supervision 0.92, and people on your job 0.92, and job in general 0.92 are robust.

The cumulative score ranges from 0 to 54 on JDI/JIG (Balzer et al., 1997). Each respondent received an overall score that was derived from adding their point totals on the individual facet of the JDI or their overall points on the JIG. It takes approximately 7 to 12 minutes to administer the JDI/JIG assessment. The readability of JDI/JIG is at the third-grade level, with a minimal administration time (Balzer et al., 1997). The JIG/JDI has been widely used in many organizations and in a variety of different jobs. The range of job satisfaction is 27 to 54, while the range of dissatisfaction is 0 to 26. Therefore, a score of 54 represents the highest level of job satisfaction, and a score of 0 is the lowest level of job satisfaction.

EQ-i 2.0 and JDI/JIG were the instruments through which the raw data were transferred to SPSS software and statistically analyzed; this process began with the collection of EQ-i 2.0 data from participants. Data were sent to MHS and organized. The researcher collected data from MHS and pair the variables together for correlational analysis. After the participants completed the JDI/JIG measures (SurveyMonkey), this researcher compiled and score the data. Because the JDI/JIG was electronically administered, this researcher downloaded an electronic data file.

The electronic file was a .xls/dat file extension; hence, it can be opened in Microsoft Excel or other statistical analysis software such as SPSS. When the data collection of EQ-i 2.0 and JDI/JIG were completed, this researcher logged into the
accounts associated with this current study to pair the variables for statistical analysis. This researcher conducted statistical tests to explore the relationship between the variables (i.e., the relationships between interpersonal EI, stress management, and overall EI with job satisfaction).

**Research Design**

This researcher applied a correlational design to explore the possible statistical relationship between interpersonal EI, stress management, overall EI, and job satisfaction. The researcher explored whether EI is statistically related to job satisfaction among hospital chaplains. A correlation design presupposes a measure to which one variable is related to another (Gravetter & Wallnau, 2013). For instance, when an increase in one variable corresponds with an increase in another variable, such a relationship is considered a positive correlation.

Conversely, if a decrease in one variable corresponds with an increase in another variable, then such a relationship is considered a negative correlation (Gravetter & Wallnau, 2013; Kerlinger & Lee, 2000; Meyers et al., 2013). The correlational analysis allows for a collection of data to determine the direction and strength of a relationship between two variables. In this current study, correlation signifies an association between interpersonal EI, stress management, overall EI, and job satisfaction. If an association between EI and job satisfaction does not prompt an increase or decrease in neither EI and job satisfaction, there may be no relationship between EI and job satisfaction.

The unit of analysis for the current study is healthcare chaplains. Barber (2013) stated, “A hospital chaplain is a person who has been designated, appointed and
authorized to provide religious, pastoral and spiritual support to patients” (p. 332). The units of observation are healthcare chaplains in the United States.

In the current study, the variables were derived from Bar-On’s (2006) model of EI, while the other variable is job satisfaction. The researcher used these variables to ascertain the relationship between interpersonal EI, stress management, overall EI, and job satisfaction. A correlational design is an appropriate design because it allows for statistical testing of the hypotheses (Gravetter & Wallnau, 2013; Kerlinger & Lee, 2000). The correlational design is also one of several designs compatible with a quantitative methodology (Kerlinger & Lee, 2000; Meyers et al., 2013). With the correlational design, a researcher can use assessments, such as EQ-i 2.0 and JDI/JIG.

Bar-On’s (1997a) model of EI refers to a set of interrelated skills, such as the ability to control the self, perceive emotional situations, appraise emotions, express emotion in oneself, access and propagate emotions when these foster, and enable feelings and thought processes (Bar-On, 1997a). Leite et al. (2014) defined job satisfaction as a positive attitude or orientation through which a person could obtain a favorable outcome in relationship to job or life in general. The degree of a person’s job satisfaction or dissatisfaction is proportional to how he or she meets the objectives of their duties and responsibilities. In this current study, this researcher explored whether there is a statistical relationship between EI and job satisfaction. This researcher also explored whether there was a positive, negative, or absent statistical relationship between EI and job satisfaction.

Furthermore, the researcher used a correlational design to determine whether there is a statistical relationship between interpersonal EI, stress management, overall EI, and job satisfaction. In addition, by employing a correlational design, the researcher
determined the direction and the strength of the relationship between interpersonal EI, stress management, overall EI, and job satisfaction. The rationale underpinning this researcher’s choice of design is consistent with the previous body of research in the field of EI (Caramanica, 2017).

For instance, Dabke (2014), Buyukbayram and Gurkan (2014), Fatemeh et al. (2015), and Waruwu (2015) used correlational design to ascertain various degrees of strength and direction of the relationship of EI to other variables. The two variables observed in a correlational study are free from external control (unlike experimental design); therefore, the two variables are not manipulated. In the current study, this researcher explored the degree and direction of the relationship between EI and job satisfaction of U.S. healthcare chaplaincies. During the study, EI and job satisfaction remained free from external control.

Because this study was not experimental, the objective was not an exploration of causality. This research is not about exploring the causal link between EI and job satisfaction. Instead, this researcher considered the correlational design as appropriate for exploring a possible statistical relationship between EI and job satisfaction.

**The threats to internal validity.** The researcher must ensure that the interactive relationship between the two variables is not attributable to extraneous or confounding variables. The threat to external validity is a situation where it is hard to assert confidently that a relationship exists between two related variables (Gundry & Deterding, 2018; Simmerman & Swanson, 2001). Halperin, Pyne, and Martin (2015) stated, “Internal validity refers to the degree to which observed changes in a dependent variable can be ascribed to changes in the independent variables facilitating trustworthy interpretations
about causal relationships” (p. 823). The factors that affect internal validity are history
(unexpected events that may happen during the course of the study), maturation (changes
that may occur during the course of the study-biological or emotional), testing (changes of
behavior due to the current study), instrumentation (alterations in the study
instrumentation), regression toward the mean (the effect of extreme conditions), selection
(pertains to the quality of the participants), mortality (pertains to the dropout from the
study), and selection interaction (pertains to how the selection procedure interact with
other threats to validity to affect the internal validity; Campbell & Stanley, 1966;
Simmerman & Swanson, 2001).

This researcher required all participants to be at least 18 years old. It is common to
come across healthcare chaplains of all age categories. Hadia (2017) stated that age had a
moderating effect on EI. All respondents must respond to the items with honesty and
senses of high integrity; therefore, this researcher assumes that respondents are
emotionally mature and honest in their responses: “An important consideration for anyone
employing self-report questionnaires or scales is the extent to which such measures are
free from response bias, even more so in health psychology” (Caputo, 2017, p. 1). Social
desirability is the inclination to give in a certain manner that is acceptable. However, this
researcher assumes that respondents remained honest in their responses, thereby
mitigating response bias.

Respondents may adjust or change their behaviors during the research (Caputo,
2017). This phenomenon can happen when participants want to impress or are not
interested in the study (Caputo, 2017). In this current study, ethical guidelines required the
researcher to reveal the essence of the study to the respondents. Thus, foreknowledge of
the study may influence the responses of the participants, hence distorting the outcome of the study (Caputo, 2017). Because this is an ethical requirement, this researcher cannot control for the potential changes of behavior. However, this researcher encouraged the respondents to respond honestly.

To contain the threat to internal validity, this researcher chose instruments (EQ-i 2.0 and JDI/JIG) with long records of accomplishment of good validity (Brodke et al., 2009; MHS, 2011). The recent revision of EQ-i 2.0 further consolidated the validation of the instrument. JDI/JIG has gone through multiple revisions, hence mitigating measurement bias (Wu, Percus, & Lerman, 2018). Crites (1985) and Parsons (1995) evaluated the JDI/JIG positively.

Random sampling controls for biases may be introduced by convenient sampling. Unlike random sampling, convenient sampling may introduce bias that may affect the outcome of a study. To minimize the biases of convenience sampling, this researcher recruited from various U.S. healthcare chaplaincies. The intention was to recruit across the board (APC, NACC, NAJC, and SCA), so the outcome may be generalizable. The attrition rate can hardly be predicted. MHS (2011) stated that EQ-i 2.0 is made in such a way that respondents responded to all questions. Sometimes, the attrition rate during a study may influence the outcome. Participants without a personal agenda may not complete the survey, while those with some form of personal agendas may complete the survey and possibility may influence the purity of the outcome (Branion-Calles et al., 2019).

**The threat to external validity.** The threat to internal validity pertains to a compromise to the generalizability of a study. Threats to external validity compromise the ability of a researcher to apply the results of a study to different settings, times, and
populations (Kerlinger & Lee, 2000). The following pertains to a threat to the external validity of a correlational design: selection bias. Naturally, the experimental design has good internal validity but is vulnerable to threats to external validity (Kerlinger & Lee, 2000). Conversely, the correlational study may be built against the threats to external validity but not threats to internal validity.

As a nonexperimental design, the interactive effect of testing, multiple treatment interference, and the reactive effect of experimental testing are not applicable to correlation design. Random sampling controls for biases that may be introduced by convenient sampling. Unlike random sampling, convenient sampling may introduce bias that may affect the outcome of a study. To minimize the biases of convenient sampling, this researcher recruited from the associations of U.S. healthcare chaplaincies. The intention is to recruit across the board (ACPE, APC, NACC, NAJC, and SCA), so the outcome may be generalizable.

The participants included U.S. healthcare chaplains who must respond to the survey questions from JDI/JIG and EQ-i 2.0 (MHS, 2011). This researcher collected EQ-i 2.0 data from participants; after the participant completed the survey, these data were sent to MHS to be organized. For the subscales, MHS (2011) asserted that the alpha reliability of EQ-i 2.0 ranged from 0.77 to 0.91 percent. While using Cronbach’s alpha, MHS also examined the internal consistency measures of the composite scales. The figures of the internal consistency measure of the composite scales ranged from 0.88 to percent. For the total EI scale, MHS (2011) reported an alpha level of 0.97 percent.

While using exploratory and confirmatory factor analysis, MHS (2011) pointed out that subscales and composite scales of EQ-i 2.0 reflect EI; hence, exploratory factor
analysis and confirmatory factor analysis indicate that EQ-i 2.0 validly measured EI. As evident in *Buros Mental Measurement Yearbook* (Sandilos & DiPerna, 2014) and the psychometric studies from South Africa (van Zyl, 2014), EQ-i 2.0 validly reflected EI. van Zyl (2014) argued that the result of the independent study (psychometric study) further supported the “construct validity and good fit” (p. 7) of the subscales. van Zyl (2014) argued that the study of 1,144 adult employees from South Africa supported the validity of the EQ-i 2.0 assessment.

Ironson et al. (1989) remarked that the discriminant validity of JDI (specific scales) is measured as 0.79 for work itself, 0.81 for pay, 0.87 for promotion, 0.87 for supervision, and 0.88 for coworkers. Further, the coefficient alpha for the global scale (JIG) is reported as 0.92. Ironson et al. added that the internal consistency of JIG was \( r = 0.91 \), while the internal consistency of JDI subscales is as follows: work \( (r = 0.78) \), pay \( (r = 0.28) \), promotion \( (r = 0.43) \), supervision \( (r = 0.40) \), and coworker \( (r = 0.42) \). The subscales of JDI are measured relative to JDI with a \( p \)-value of 0.01.

There is a high internal consistency for each of the subscales of JDI and JIG. McIntyre and McIntyre (2010) argued that the Portuguese version of the instrument further demonstrated that JDI and JIG have good reliability. Balzer et al. (1997) stated the coefficient alpha reliability of each individual sample from the BGSU data pool was above 0.90. Balzer et al. (1997) mentioned that in any sample of \( N > 100 \), an alpha range of 0.91 to 0.95 was obtained. To confirm the reliability of JDI/JIG further, Brodke et al. (2009) defined the findings as robust and presented the subscales of JDI as follows: work itself (0.90), payment on the present job (0.88), opportunities for promotion (0.91), supervision (0.92), people on your job (0.92), and job in general (0.92).
Population and Sample Selection

The target population in this study included members of the chaplain organizations (ACPE, APC, NACC, NAJC, and SCA), while the population of interest in this current study was healthcare chaplains. Barber (2013) stated, “A hospital chaplain is a person who has been designated, appointed and authorized to provide religious, pastoral and spiritual support to patients” (p.332). This researcher collected data that have objective implications for U.S. healthcare chaplains. Before the collection of data, the permission of the IRB was obtained. The data was collected from several healthcare chaplaincy organizations in the United States. For instance, participation was open to the ACPE, APC, NACC, NAJC, and SCA.

Authorization and approvals are integral parts of academic research, and the current study is not an exception to the rule. For the healthcare chaplaincy organizations that granted site authorization, this researcher maintained appropriate contacts (i.e., with individuals responsible for research and communication, such as a director for health services research and quality) within those organizations. Through emails and phone calls, this researcher contacted the healthcare chaplaincy organizations.

This researcher sought site authorization by explaining the criteria of eligibility, benefits of the research, and the meaning of the study to the appropriate authorities within the healthcare chaplaincy organizations. Hence, before the collection of data, this researcher obtained permissions from the ACPE, APC, NACC, NAJC, and SCA to collect data. Thus, a valid site authorization on letterhead was the official document from a designated representative who represented ACPE, APC, NACC, NAJC, or the SCA. With
the initial site approval, this researcher presented the IRB approval to the chaplaincy organizations before actual data collection was commenced.

Before gaining the approval of the IRB, this researcher contacted the communication and research department of ACPE, APC, NACC, NAJC, and SCA for approval to collect data (see Appendix A). To secure site authorization, this researcher contacted the individuals who lead the research departments of APC, NACC, NAJC, and SCA. The letter contained the potential benefits to healthcare chaplains, and a request to use members of ACPE, APC, NACC, NAJC, and SCA for research purposes were sent. The healthcare chaplaincy organizations’ memberships are open to board- and non-board-certified chaplains. The ACPE, APC, NACC, NAJC, and SCA provided access to the participants, but the approval came through GCU’s IRB. The ACPE, APC, NACC, NAJC, and SCA provided access to participants because the participating healthcare chaplains were members of these organizations. The call for participation was sent to healthcare chaplains through their various organizations. The involvement of these associations was inspired by this researcher’s desire to achieve an outcome that has far-reaching relevance among U.S. healthcare chaplains.

The selection of healthcare chaplaincies for data collection was based on the collective spiritual ethos of U.S. healthcare chaplaincy. In addition, this researcher considered the theological and philosophical vision, mission, and values of the organizations. Importantly, the participating organizations all share common objectives of providing spiritual comfort and care, regardless of religious and denominational diversity (Woodland, Sawatzky, Peverall, Reimer-Kirkham, & Pesut, 2012).
Through the healthcare chaplaincy, flyers were sent out to members of ACPE, APC, NACC, NAJC, and SCA, urging them to participate in the research. Participation remained voluntary (see Appendix C), and participants were able to quit the study at any time. To maintain anonymity, participants were assigned numerical codes, rather than using their names in association with responses. On the recruiting flyers, participants were assured of confidentiality. This researcher assured the healthcare organizations that identifying information was not revealed when communicating the results. After these data are collected, a letter of gratitude was sent to individual participants and the organizations that granted permission to collect data. A self-report survey of EQ-i 2.0 and the JDI/JIG assessments were the primary sources of data in this current study.

The participants were healthcare chaplains who were at least 18 years of age (male and female). The participants worked as a healthcare chaplain for at least a year, and the participants’ work statuses were either full-time or part-time. Using convenience sampling, a demographic questionnaire was used to collect the chaplains’ ages, sexes, ethnicities, races, educational qualifications, social-economic statuses (SES), marital statuses, chaplaincy memberships, and years of experience in healthcare chaplaincy in the profession. In addition, all participants had at least one CPE unit.

Quantitative sample size. Using the G* Power Release 3.1.9.2 (see Appendix E) statistical software and applying Pearson correlation, a minimum sample of 84 chaplains would have been sufficient to attain a power of (80%), with a medium effect size of .30, and an alpha error of .05 (Faul et al., 2009). This researcher assumed that by allowing for a sample size of 100 participants, the anticipatory decision was to safeguard against the inevitable dropout rates that may change the outcome of the study. The attainment of the
desired sample size minimized Type I and II errors (Faul et al., 2009). The G*Power calculation is determined by the power level, effect size, statistical procedure (Pearson correlation), and alpha level (Faul et al., 2009).

Even though this researcher anticipated 100 participants, the survey ended when this researcher obtained 100 complete responses from participants. However, when the targeted number of participants (84 to 100) fail short, this researcher went back to the healthcare chaplaincy across the United States to collect more data. When these data did not meet the assumptions for correlation, this researcher used the nonparametric equivalent of correlation (Spearman Ranking).

Plans do not always work as anticipated; hence, there were some challenges that came along with collecting data. Schmeets (2010) observed that scholars faced a constant decline in survey responses. Schmeets (2010) added that there was a trend in the rapid decreases in reactions to surveys. This researcher anticipated the possibility of low responses to the surveys of the current study. Low response rates can result in a low sample size, thereby directly affecting the ability of this researcher to generalize the outcome of the study (e.g., Bartlett, Kotrlik, & Higgins, 2001).

**Instrumentation**

In this current study, U.S. healthcare chaplains answered survey questions from JDI/JIG (Brodke et al., 2009) and EQ-i 2.0 (MHS, 2011). The JDI/JIG and EQ-i 2.0 instruments were not only valid but reliable. The variables included interpersonal EI, stress management, overall EI, and job satisfaction.

**The Emotional Quotient inventory 2.0 (EQ-i 2.0).** The EQ-i 2.0 was revised from the Bar-On (2007) EQ-i (MHS, 2011). The foundation of EQ-i 2.0 is built on the
Bar-On (2007) EQ-i assessment and model. Simplified language, extensive online scoring report, and culturally acceptable answers were some reasons why Bar-On (2007) EQ-i was revised to EQ-i 2.0 (MHS, 2011). In the revision of the EQ-i 2.0, MHS emphasized the following five indices: time to completion, inconsistency index, positive and negative impressions, item 133, and inconsistencies (MHS, 2011). The EQ-i 2.0 was used to measure the EI of respondents. A respondent takes approximately 8-15 minutes to complete the instrument. In this current study, EQ-i 2.0 was used to obtain the EI of the members of ACPE, APC, NACC, NAJC, and SCA.

The EQ-i 2.0 is composed of 133 items, and it is also suitable for individuals with sixth-grade reading levels (Bar-On, 1997a). MHS generates an overall EI score, which includes the five composite scores and 15 corresponding subscale scores: (a) interpersonal components (interpersonal relationship, empathy, and social responsibility), (b) self-perception components (self-regard, self-actualization, and emotional self-awareness), (c) stress management components (flexibility, stress tolerance, and optimism), (d) self-expression scale (emotional expression, assertiveness, and independence), and (e) decision-making scales (problem-solving, reality testing, and impulse control).

Respondents in this current study responded to a 5-point Likert scale: 1 = very seldom or not true of me, 2 = seldom true of me, 3 = sometimes true of me, 4 = often true of me, and 5 = very often true of me or true of me. The participants responded to short questions, such as “I expect the worst” and “I tend to worry about a problem rather than try to solve it” (MHS, 2011).

Raw scores were converted into standard scores based on a mean of 100 and a standard deviation of 15. MHS automatically scored the assessment. MHS scored the total
EI scores and its five components. This researcher collected EQ-i 2.0 data from participants; after the participant completed the survey, the data was then sent to MHS. Finally, this researcher logged into the account and collected data from MHS to pair EI data with job satisfaction data. The respondents were urged to answer the questions as honestly as possible.

To investigate the research questions pertaining to the relationship between interpersonal EI, stress management, overall EI, and job satisfaction, health care chaplains had the choice of completing the EQ-i 2.0 survey to provide a self-report. This researcher’s choice of EQ-i 2.0 was substantiated because of its extensive application over the years. The EQ-i 2.0 assessment tool was selected for this research because of its suitability (Dawda & Hart, 2000). It is the first and the most widely used scientifically validated measure of EI. All data regarding the participants were obtained through EQ-i 2.0 from the participants.

There are several areas in which the validity of EQ-i 2.0 has been demonstrated in relationship with other constructs. The validity of the EQ-i 2.0 was demonstrated by its significant positive correlation with subjective well-being (Sánchez-Álvarez, Extremera, & Fernández-Berrocal, 2016). Using a multiple regression analysis over a large sample of 3,571 North American participants, Bar-On (2005) reported that EI and subjective well-being were correlated \( r = .76 \). Bar-On (2005) conducted a multiple regression analysis on a subset of 67 South African university students to ascertain the correlation between EI and self-actualization and discovered that EI correlated with self-actualization \( r = .56 \). The Bar-On’s (1997a) EQ-i operationalizes EI. The Bar-On (1997a) model of EI is typically called the mixed model because it encompasses noncognitive and personality.
variables. The Bar-On (1997a) EI encompasses capabilities, competencies, and skills essential in coping and adapting to pressures and environmental challenges. Further, the EQ-i 2.0 uses declarative statements that are presented in the first-person singular.

The score on each of the five components (i.e., interpersonal EI, stress management, self-perception, self-expression, and decision making) was summed to arrive at the overall EI score (Dawda & Hart, 2000). The scores on the higher-order composite dimensions (i.e., interpersonal EI, stress management, self-perception, self-expression, and decision making) and the scores of the 15 subscale components (e.g., emotional self-awareness, assertiveness, self-regard, self-actualization, independence, empathy, interpersonal relationship, social responsibility, problem-solving, reality testing flexibility, stress tolerance, impulse control, happiness, and optimism) yield the overall EI.

The EQ-i 2.0 is widely used in financial, academic, and clinical settings with a great deal of success (Parker, Keefer, & Wood, 2011). It is the most widely used measure of EI (Parker et al., 2011). The EQ-i 2.0 has an objective capacity to measure EI (Parker et al., 2011). The EQ-i 2.0 assessment is focused on the EI. The EQ-i 2.0 is multifactorial in its nature. The instrument was used in various previous research (Parker et al., 2011).

**Job Descriptive Index/Job in General (JDI/JIG).** As a single assessment, the JDI/JIG should be administered prior to the job (see Appendix D; Brodke et al., 2009; Smith et al., 2009). The JDI/JIG was used in this current study to collect data on job satisfaction from chaplaincy organizations, such as ACPE, APC, NACC, NAJC, and SCA. JIG is part of JDI. The JDI measures the five discrete components of job satisfaction (work itself, the opportunity for promotion, supervision, coworkers, and pay). In addition, the JIG measures overall job satisfaction (Brodke et al., 2009; Smith et al., 2009).
The JDI measures five discriminant components of job satisfaction (Brodke et al., 2009; Smith et al., 2009). The job descriptive index has 72 items: work itself (18 items), pay (9 items), the opportunity for promotion (9 items), supervision (18 items), and coworkers (18 items). The participants were required to select three optional responses, such as yes (coded as 3), no (coded as 0), or cannot decide (coded as 1; Brodke et al., 2009; Ironson et al., 1989). Three corresponds to job satisfaction, 0 represents job dissatisfaction, and “cannot decide” is an option closer to job dissatisfaction. On the JDI survey, a participant may indicate yes, no, or cannot decide on whether their coworker may be considered boring, lazy, or supportive. On the JIG survey, participants may indicate yes, no, or cannot decide on whether their overall job satisfaction may be considered undesirable, worthwhile, or acceptable. Furthermore, Balzer et al. (1997) stated that JIG is composed of 18-item self-report that are specific to global, long-term job satisfaction.

Crites (1985) and Parsons (1995) evaluated the JDI/JIG positively. The JIG questionnaire was constructed to complement the JDI. The JDI lacks the ability to measure the general levels of job satisfaction; unlike the JDI, the JIG (subscale) can measure a broader range of job satisfaction. The JDI has five discriminant facets, which include satisfaction with coworkers, the work itself, pay, opportunities for promotion, and supervision (Brodke et al., 2009; Smith et al., 2009). In other words, JDI assesses the five facets of job satisfaction separately, while JIG offers a general perception of job satisfaction that is global in perspective (Lopes, Chambel, Castanheira, & Oliveira-Cruz, 2015). The JDI/JIG can be used to track changes in job circumstances, diagnose problems, and evaluate the outcome of favorable job programs (Lopes et al., 2015).
Ironson et al. (1989) disclosed that the discriminant validity of JDI (specific scales) is measured as 0.79 for work itself, 0.81 for pay, 0.87 for promotion, 0.87 for supervision, and 0.88 for coworkers. Further, the coefficient alpha for the global scale (JIG) is reported as 0.92 (Brodke et al., 2009). Ironson et al. (1989) pointed out that the internal consistency of JIG is $r = 0.91$, while the internal consistency of JDI subscales are work ($r = 0.78$), pay ($r = 0.28$), promotion ($r = 0.43$), supervision ($r = 0.40$), and coworker ($r = 0.42$). The subscales of JDI were measured relative to JDI with a $p$-value of 0.01.

While reporting on the 1997 revision, McIntyre and McIntyre (2010) stressed that the internal consistency for the five subscales of the English version is as follows: 0.90 for work itself, 0.86 for pay, 0.87 for the opportunity for promotion, 0.91 for supervision, and 0.91 for coworkers. Furthermore, McIntyre and McIntyre stated that Cronbach’s alpha value for JIG is 0.92. McIntyre and McIntyre (2010) added that the Cronbach’s alpha for the Portuguese version subscales of JDI and JIG include the following: work itself (0.87), payment on the present job (0.75), opportunities for promotion (0.82), supervision (0.90), and job in general (0.85) (Brodke et al., 2009).

Finally, the cumulative score for job satisfaction ranges from 0 to 54 on JDI/JIG (Balzer et al., 1997). Each respondent received an overall score from adding their point totals on the individual facet of the JDI or their overall points on the JIG (Brodke et al., 2009; Smith et al., 2009). It took approximately 7 to 12 minutes to administer this assessment. The readability of JDI/JIG is at the third-grade level, with a minimal administration time (Balzer et al., 1997). JIG/JDI has been widely used in many organizations and in a variety of different jobs. The range score for job satisfaction is 27 to 54, while job dissatisfaction ranges from 0 to 26 (Brodke et al., 2009). Therefore, a score
of 54 represents the highest level of job satisfaction, and a score of 0 is the lowest level of job satisfaction. The EQ-i 2.0 and the JDI/JIG questionnaires (Brodke et al., 2009; Goldstein, 2013) were used to collect data on the EI and job satisfaction, respectively. It takes between 8 to 15 minutes to respond to instruments.

Validity

Validity pertains to the degree that an assessment or instrument accurately or specifically assesses ideas or concepts that a researcher sets out to measure (Babbie, 2013). There are various aspects of validity measurement, such as face validity, criterion-related validity, construct validity, content validity, internal validity, and external validity (Babbie, 2013). In this section, this researcher reports and presents an objective view of the validity of EQ-i 2.0 and JDI/JIG.

The Emotional Quotient inventory (EQ-i 2.0). Many validity studies have been conducted in several nations to measure divergent, factorial, construct, discriminant, predictive, and criterion validity of Bar-On (1997a) EQ-i. The confirmatory, exploratory, and second-order confirmatory factor analyses give credence to the 1-5-15 stratified configuration of the EQ-i; hence, the theoretical foundation of EQ-i is firmly justified. Construct analyses were carried out to evaluating whether EQ-i assessed what it was formulated to measure (Bar-On, 1997a).

By correlating the EQ-i subscales scores with different scales scores of other measures, the construct validity was determined. Hence, the following studies included the measure upon which EQ-i validity was evaluated: the Eysenck Personality Questionnaire, the Personality Orientation Inventory, the Zung Self-Rating Depression Scale, the Sixteen Personality Factor Questionnaire, the Minnesota Multiphasic Personality, the Ninety
Symptom Check List, the Beck Depression Inventory, the Kirkcaldy Quality of Life, the Short Acculturation Scale, and the Personality Assessment Inventory (Bar-On, 1997a). Along with EQ-i, the above-mentioned measures were conducted in Argentina, Canada, Germany, Israel, South Africa, and the United States during 12-years (Bar-On, 1997a). Hence, the instrument is a valid measure of emotional-social intelligence (Bar-On, 1997a).

This researcher used the EQ-i 2.0 to measure interpersonal EI, stress management, and overall EI. However, to substantiate the validity of EQ-i, construct validity was explored to ascertain the relationship between EQ-i and various constructs. Bar-On (1997a) presented abundant evidence in support of face and content validity. The total EQ-i scores show a positive correlation with measures of emotional stability but a negative correlation with neuroticism (Dawda & Hart, 2000). Dawda and Hart (2000) stressed that the final scores of the validity measurements were not affected by the response style of the participants. Dawda and Hart (2000) reported the correlations among composite scales were moderate, ranging from 0.32 to 0.83 ($Mdn = 0.57$).

The pattern of correlation among the scales of EQ-i was found similar for women and men (Dawda & Hart, 2000). The validity of EQ-i was further confirmed by the infusion of positive impression, negative impression, inconsistency index, and omission rate (Dawda & Hart, 2000). After measuring the construct-related validity of EQ-i against the Big Five personality traits, Dawda and Hart (2000) reported the following outcomes: men-neuroticism ($r = -0.62$), women ($r = -.72$), men-extroversion ($r = 0.52$), women ($r = 0.56$), men-openness to experience ($r = .12$), women ($r = .17$), men agreeableness ($r = 0.43$), women ($r = 0.43$), men-conscientiousness ($r = 0.5$), and women ($r = .33$).
The essence of the negative and positive impression scales is to eradicate any form of bias a participant may put forward to alter the EQ-i scores by faking responses. The positive impression indicator detects participants that want to fake a positive impression. Positive impression scores above 130 may be considered a fake outcome (Bar-On, 2004). Bar-On (2004) insisted that a participant score would be discarded if the participant failed to respond to at least 6% of the items. In addition, the inconsistency index ensures that participants do not have similar responses. Bar-On (2004) added that an inconsistency score of greater than 12 was included in data analysis. Bar-On (2004) disclosed that the criterion and construct validity of EQ-i was robust. The correlation between EQ-i and IQ tests indicated an overlap of 4% for IQ tests and a 15% overlap with a personality test. The overlap implied that Bar-On’s (2004) EQ-i measured EI.

The validity of EQ-i has been demonstrated in several correlational studies with other constructs. The validity of the EQ-i was demonstrated by its significant positive correlation with subjective well-being. Using multiple regression analysis on a large sample of 3,571 North American participants, Bar-On (2005) reported that EI and subjective well-being were correlated \( r = 0.76 \). Bar-On (2005) conducted a multiple regression analysis on a subset of 67 South African university students to ascertain the correlation between EI and self-actualization and discovered that EI correlated with self-actualization \( r = 0.56 \).

The EQ-i assessment was revised in 2011 into the EQ-i 2.0 assessment (MHS, 2011). During the revision of the EQ-i 2.0, the emphasis was on the five indices: time to completion, inconsistency index, positive and negative impressions, item 133, and inconsistencies (MHS, 2011). The EQ-i 2.0 also has an inconsistency index embedded in
the survey. An inconsistency score of 3 or higher indicates a possible invalidation; thus, suggesting a higher degree of inconsistency in the response pattern. When responding to EQ-i 2.0, if an individual completes the assessment in less than seven minutes, it is acceptable to assume that the individual responded randomly or in a rushed manner (MHS, 2011). In addition, if an individual uses more than 90 minutes to complete the survey, it raises a question about time completion.

For the positive and negative impression, Multi-Health System intends to identify an individual who may indicate an overly negative or positive impression of themselves with the items on EQ-i 2.0. Hence, scores above 3 on negative or positive index indicates that a respondent may have overly negative or positive views of their EI. By indicating “my response to the preceding sentences were open and honest” (MHS, 2011, p. 79), MHS (2011) wanted to gauge the honesty and sincerity to which respondents answered the entire assessment. MHS (2011) observed that responses with a score of 3 or less might indicate all responses to EQ-i 2.0 were invalid. The EQ-i 2.0 is formulated in such a way that respondents should not omit any item. The final scored report considers the total composite and subscale level omission rate. With an omission rate of (8%) or higher, the EQ-i 2.0 result will be flagged as not valid (MHS, 2011).

According to MHS (2011), EQ-i 2.0 reflects Bar-On’s concept of EI. In other words, Bar-On’s (2005) conceptualization of EI operationalized the EQ-i 2.0. Using exploratory factor analysis and confirmatory factor analysis, MHS (2011) maintained that subscales and composite scales of EQ-i 2.0 reflected EI; hence, exploratory factor analysis and confirmatory factor analysis indicated that EQ-i 2.0 is a valid measure of EI. As evident in Buros Mental Measurement Yearbook Sandilos, and DiPerna (2014) and the
psychometric studies from South Africa (van Zyl, 2014), EQ-i 2.0 validly reflected EI. van Zyl (2014) argued that the result of the independent study (psychometric study) further supported the “construct validity” and “good fit” (p. 7) of the subscales. van Zyl (2014) disclosed a sample size of 1,144 adult employees from South Africa supported the validity of the EQ-i 2.0 assessment.

**Job Descriptive Index/Job in General (JDI/JIG).** JDI/JIG has a long history of usage in the measurement of job satisfaction. Although first published and validated in (Smith, Kendall, & Hulin, 1969), Smith et al. (2009) stated that the validity, reliability, and development of norms of JDI/JIG were given more attention in the revisions of the manual since its first publication. Smith et al. (2009) stressed that the authors of the 1985 revision of JDI/JIG employed a wide range of analytical devices, such as factor analyses, items theory model, and correlation of the measures of job satisfaction.

In addition, construct validity was evident, and these assessments were found not only to correlate with job satisfaction scales but also a variety of job attitudes and behavior (Smith et al., 2009). McIntyre and McIntyre (2010) argued that the confirmatory factor analyses and exploratory approach further confirmed the work of the original authors of JDI and the Portuguese health professionals’ sample. McIntyre and McIntyre (2010) added that JDI had five subscales shown to have low to moderate correlation (\( r \) range .07 to 0.41), and JIG showed low to moderate correlations to the five subscales of JDI (\( r \) range .13 to .35). Ironson et al. (1989) stated that the convergent validity of JIG ranged from \( \alpha = 0.66 \) to 0.80 relative to the BrayfieldRothe scale.

Ironson et al. (1989) asserted that the discriminant validity of JDI (specific scales) is measured as 0.79 for work itself, 0.81 for pay, 0.87 for promotion, 0.87 for supervision,
and 0.88 for coworkers. Further, the coefficient alpha for the global scale (JIG) was reported as 0.92. Ironson et al. (1989) stated that the internal consistency of JIG is $r = 0.91$, while the internal consistency of JDI subscales are as follows: work ($r = 0.78$), pay ($r = 0.28$), promotion ($r = 0.43$), supervision ($r = 0.40$), and coworker ($r = 0.42$), respectively. The subscales of JDI were measured relative to JDI with a $p$-value of 0.01.

**Reliability**

Reliability is an important element of measurement. Reliability entails the consistency of measurement as reflected in test-retest (Hall, Mehta, & Fackrell, 2017). In other words, reliability refers to the degree of consistency of instrument to measure the same construct. In this section, this researcher reported and presented an objective view of the reliability of EQ-i 2.0 and JDI/JIG.

**Emotional Quotient inventory (EQ-i 2.0).** Dawda and Hart (2000) maintained that EQ-i is highly reliable, and its development took place over several years. Using Cronbach’s alpha and inter-item correlation, Dawda and Hart (2000) disclosed that internal consistency of 0.96 and mean inter-item ($M = 90.18$) were tested respectively and found to meet the criteria of reliability. Despite the variability in the internal consistency of the subscales, Dawda and Hart (2000) stressed that the internal consistency and mean inter-item guarantees that EQ-i meets the criteria of reliability (Bar-On, 2004).

According to Bar-On (2004), the assessment and conceptual model is reliable, stable over time, and consistent. From a sample of five countries (United States, Canada, the Netherlands, South Africa, and Israel), Bar-On (2004) reported an internal consistency coefficient of 0.97. Bar-On (2004) further consolidated the reliability of EQ-i. Bar-On (1997a) insisted that the reliability research on EQ-i is predominantly centered on test-
retest stability and internal consistency. Bar-On (1997a) disclosed that the range of an average Cronbach alpha coefficient is significantly high on all subscales (i.e., social responsibility, 0.69, and self-regard, 0.86). Additionally, the range of the EQ-i Cronbach’s alpha (internal consistency coefficient) for the EQ-i subscales consists of emotional self-awareness (0.79), assertiveness (0.76), self-regard (0.86), self-actualization (0.76), independence (0.72), empathy (0.74), interpersonal relationship (.076), social responsibility (0.69); problem solving (0.77), reality testing (0.73), flexibility (0.70), stress tolerance (0.80), impulse control (0.80), happiness (0.79), and optimism (0.79). The average internal consistency coefficient is \( r = 0.86 \) (Bar-On, 1997a).

The above outcomes are a product of two studies (Bar-On, 1997a, 2004). From six countries, Bar-On (1997a) collected the 2,500 subjects’ preliminary normative data from Argentina, Germany, India, Israel, Nigeria, and South Africa. Using another North American sample (51,623), Bar-On (1997a, 2004) obtained a consistency coefficient that agreed with the previous finding. Bar-On (2004) added that the retest reliability of EQ-i is 0.72 for males and 0.80 for females at six months. Petrides and Furnham (2000) also revealed similar findings of the reliability of Bar-On (1997a). In measuring the internal consistency using Cronbach’s alpha (\( \alpha \)), item homogeneity, and mean inter-item correlation (MIC) for male and female, Dawda and Hart (2000) presented the following figures: men interpersonal intelligence (0.86), MIC (.22), and women (0.85), MIC (.20); men intrapersonal intelligence (0.93), MIC (.26), and women (0.94), MIC (.29); men adaptability (0.87), MIC (.20), and women (0.86), MIC (.19); men stress management (0.86), MIC (.25), and women (0.81), MIC (.19); and men general mood (0.91), MIC (.36), and women (0.90), MIC (.36).
Furthermore, the EQ-i manual indicated that a robust body of research points to good test-retest reliability and internal consistency of EQ-i (Dawda & Hart, 2000). The test-retest reliability coefficients ranged for EQ-i range from 0.85 after 1 month and 0.74 after 4 months (Bar-On, 1997a). Bar-On (1997a) maintained the result of the internal consistency and test-retest supported the reliability of the EQ-i. Dawda and Hart (2000) further reported that the EQ-i’s total and composite scales have excellent internal consistency.

The EQ-i assessment was revised in 2011 into the EQ-i 2.0 assessment (MHS, 2011). van Zyl (2014) reported that the study of 1,144 adult employees from South Africa supported the reliability of the EQ-i 2.0 assessment. No less than 10,000 EQ-i 2.0 assessments were used to assess the standardization of EQ-i 2.0 (MHS, 2011). A sample of 4,000 participants was used as the normative sample. By using the same respondents to answer the survey at different time frames, the test-retest reliability was calculated between two different scores. At 2 to 4 weeks, the test-retest data scores ranged from 0.78 to 0.92; between 8 to 16 weeks, the test-retest data scores ranged from 0.70 to 0.84 (van Zyl, 2014).

The numbers give credence to test-retest correlation. Over an extended period, test-retest numbers show a good consistency rate (MHS, 2011). For the subscales, MHS (2011) disclosed that the alpha reliability of EQ-i 2.0 ranged from 0.77 to 0.91. While using Cronbach’s alpha, MHS (2011) examined the internal consistency measures of the composite scales. The figures of the internal consistency measure of the composite scales ranged from 0.88 to 0.93. For the total EI scale, MHS (2011) reported an alpha level of 0.97. In the EQ-i version, Bar-On (2004) presented an internal consistency coefficient of
0.97. Hence, an alpha value of 0.97 presupposes a good measure of reliability for EQ-i and EQ-i 2.0.

The figures reported by Bar-On (2004) and MHS (2011) are a demonstration of all-around robust levels (subsamples, composite scales, and total scale) of reliability of EQ-i 2.0. While reviewing Buros Mental Measurement, Sandilos and DiPerna (2014) stated that EQ-i 2.0 is a reliable instrument. In an independent review, while using a total of 1,144 respondents from South Africa, van Zyl (2014) stressed that the psychometric properties of EQ-i 2.0 (subsamples, 0.71 to 0.85; composite scales, 0.84 to 0.88) support the reliability of EQ-i and EQ-i 2.0.

**Job Descriptive Index/Job in General (JDI/JIG).** Cronbach’s alpha is a measure of the degree to which items in facet scales are related to other items on the same scale (Brodke et al., 2009). Cronbach’s alpha confirmed that all the items on the same scale or subscale of JDI/JIG measure the same overarching construct. Brodke et al. (2009) regarded a Cronbach’s alpha coefficient of 0.80 and above as possessing a required degree of reliability.

The reliability of JDI and JIG is evident in its use in the military sector (Lopes et al., 2015), in the academic profession (Ghanizadeh & Jalal, 2017), and in the mental health sector (Lee & Carmen Montiel, 2011). Smith et al. (2009) observed that when the previous revision was computed using the 1,600 participants, Cronbach alpha coefficients ranged from 0.86 to 0.91. Smith et al. (2009) also indicated that the 18 items of JIG show a high level of reliability and a low standard error measurement. McIntyre and McIntyre (2010) mentioned that the internal consistency of the previous version for the five subscales of the English version was as follows: 0.90 for work itself, 0.86 for pay, 0.87 for
the opportunity for promotion, 0.91 for supervision, and 0.91 for coworkers. In addition, McIntyre and McIntyre argued that the Cronbach’s alpha value for JIG is 0.92. McIntyre and McIntyre added that the Cronbach’s alpha for the Portuguese version subscales of JDI and JIG include the following: work itself (0.87), payment on the present job (0.75), opportunities for promotion (0.82), supervision (0.90) of people on your job, and JIG (0.85), respectively (Brodke et al., 2009).

There is a high internal consistency for each of the subscales of JDI and JIG. McIntyre and McIntyre (2010) argued that the Portuguese version of JDI/JIG further demonstrates that JDI/JIG has good reliability. Balzer et al. (1997) declared that the coefficient alpha reliability of each individual sample from the BGSU data pool is above 0.90. Balzer et al. (1997) added that in any sample of \( N > 100 \), an alpha range of 0.91 to 0.95 was obtained. To confirm the reliability of JDI and JIG further, Brodke et al. (2009) indicated the subscales of JDI, such as work itself (.90), payment on the present job (.88), opportunities for promotion (.91), supervision (.92), and people on your job (.92) and JIG (.92), were robust.

**Data Collection and Management**

**Site authorization and approvals.** There are several healthcare chaplaincy organizations across the United States from whom this researcher collected data. Authorization and approvals are integral parts of academic research, and the current study was not an exception to the rule. On a letterhead paper, this researcher secured site authorization and approval from ACPE, APC, NACC, NAJC, and SCA. For the healthcare chaplaincy organizations that grant site authorization, this researcher requested legitimate contacts within the chaplaincy organizations (i.e., the individuals responsible for research
and communication) within those organizations. This researcher sought site authorization by explaining the criteria of eligibility, benefits of the research, and meaning of the study to the point of contacts of the healthcare chaplaincy organizations.

Before the collection of data, this researcher obtained permission from the ACPE, APC, NACC, NAJC, and SCA to collect data. A valid site authorization on a letterhead was an official document from a designated representative of the ACPE, APC, NACC, NAJC, and SCA. After initial site approval, this researcher presented the IRB approval to the chaplaincy organizations before the actual data collection commenced. Obtaining site authorization and approval before the collection of data is an ethical responsibility of this researcher.

This researcher initiated the process of site authorization by making initial contacts with various healthcare chaplaincy organizations. This researcher initiated the site authorization process by writing emails and making phone calls. Those initial contacts were initiated through the designated individuals from those organizations that were responsible for research and communications. In those conversations and email messages, this researcher explained the meaning of the current study and the benefits it held for U.S. healthcare chaplaincy. After granting the initial approval, the healthcare chaplaincy organizations may request that after the IRB approval was obtained, this researcher then sent the electronic surveys (EQ-i 2.0 and JDI/JIG) to the healthcare chaplaincy organizations for distribution to their members. At that point, this researcher commenced data collection.

**Participant recruitment.** The ACPE, APC, NACC, NAJC, and SCA memberships are open to board- and non-board-certified chaplains. The ACPE, APC,
NACC, NAJC, and SCA were the chaplaincy organizations from which the study sample was drawn. The members were from the ACPE, APC, NACC, NAJC, and SCA, and they met the criteria of the population and the unit of data analysis. The ACPE, APC, NACC, NAJC, and SCA healthcare chaplains were the target population. In addition, the ACPE, APC, NACC, NAJC, and SCA were the major associations of healthcare chaplains in the United States. The unit of analysis in the current study is healthcare chaplains across the United States.

The participants included adults (male and female) who are at least 18 years of age. The healthcare chaplains had at least one unit of CPE and were in the healthcare profession for a year as a full- or part-time professional. Participation in this study remained voluntary and left solely to the discretion of the individual healthcare chaplain. This researcher provided the link in the flyer and ask the organization to send the link to its members.

In addition, the Belmont Report on the principles of beneficence, respect, and justice regarding the research on human subjects were adhered to during assessment and samplings procedures. The Belmont Report on principles of beneficence, respect, and justice regarding the research on human subjects was abided by during the survey and samplings procedures (Fisher, 2011). To ensure high ethical standards, this researcher completed the training on the Collaborative Institutional Training Institute (CITI).

**Informed consent and link to the survey.** The participants were required to read and agree to the terms of the informed consent before proceeding with the survey. The invitation to participate in the research included the recruitment flyers, informed consent forms, and a link to the surveys. In the informed consent document, the participants were
assured of confidentiality, respect for their privacy, and informed of how these data will be protected. The informed consent form and recruitment flyer included the following information: a brief explanation of the study, the procedures that were involved in the study, criteria for eligibility, a pledge of confidentiality, anonymity, and the voluntary nature of the study.

This researcher ensured the respect of respondents, respect of their autonomy, respect of their decision-making, and dignity of the participants. The link to informed consent, EQ-i 2.0, and JDI/JIG was sent only to the chaplaincy organizations, so that ACPE, APC, NACC, NAJC, and SCA can send the links to members who meet eligibility. The informed consent was attached to each of the instruments. The process occurred after the IRB approval was obtained.

As an ethical requirement, informed consent was required of all the respondents. An informed consent form gave each participant an option of whether to participate in the study. Participants chose to participate or withdraw at any given point during the research. This researcher made available vital pieces of information that enabled the participants to make autonomous decisions. In this current study, participants had to possess the capacity to make informed choices. Participating healthcare chaplains were required to sign the letter of informed consent before taking part in the surveys and/or questionnaires. The informed consent had the researcher’s address case any issue occurred. Informed consent and respect for privacy are the product of the principle of human rights.

Data collection. The EQ-i 2.0 and JDI/JIG were used to gather data related to the research question and hypotheses. Each respondent read and agreed to the informed consent before proceeding to respond to the two surveys: EQ-i 2.0 and JDI/JIG. In the EQ-
i 2.0, there were 133 items, and there are 90 items in the JDI/JIG. Each respondent was asked to complete a demographic questionnaire as part of the current study. The time estimate for completion of EQ-i 2.0 was 8 to 15 minutes, and the estimated completion for time for JDI/JIG is 7 to 12 minutes. Each participant signed the informed consent before responding to the survey. With informed consent, each participant had the autonomy to decide whether to be part of the research. The link to informed consent, EQ-i 2.0, and JDI/JIG were sent to the chaplaincy organizations ACPE, APC, NACC, NAJC, and SCA so that they could send the links to members who met eligibility. During data collection, identifying information was collected to ensure the anonymity of the participants.

**Scoring of instruments.** After permission was granted from the ACPE, APC, NACC, NAJC, and SCA, this researcher set up EQ-i 2.0 and JDI/JIG scoring accounts. Afterward, the participants were sent a link to take the EQ-i 2.0 and JDI/JIG through the chaplaincy organizations. These data were collected through EQ-i 2.0 (MHS, 2011) and JDI/JIG (BGSU), respectively. BGSU has the exclusive rights to JDI/JIG. Data were collected electronically, as opposed to pencil-and-paper. The online means of data collection were confidential and secured. This researcher secured permission from MHS and BGSU before using the survey instruments.

After two weeks of collection of data, a follow-up reminder was sent to all participants through the various chaplaincy organizations. The e-mails reminded the participants to complete the assessments through the electronic link. The goal was to keep the participants active for at least three weeks. All willing participants must click the survey link to answer the survey questions.
MHS (2011) is the agency with the rights to the EQ-i 2.0 survey. MHS generated the raw data for EQ-i 2.0 and forward an Excel file with the raw scores, component scores, and standard scores to this researcher. The results generated from the EQ-i 2.0 were delivered as Excel data sets. The Excel datasets contained standard scores, response distributions, validity information, raw scores, average item scores, confidence intervals, and inconsistency index pair information (MHS, 2011). EQ-i 2.0 has a built-in correction factor that automatically addresses the omission rate, inconsistency index, and positive and negative impression. These factors ensured the outcome was reflective of the sample that took the survey. When EI data are collected through the EQ-i 2.0 assessment, it was sent to the MHS website, where the data was organized as the raw data set through Microsoft Excel format by MHS. The raw data report for each of the variables for EI was structured in its own independent column. The raw score is classified into composite scores. Each of the composite scales was made of an average of the three subscale scores. For the purposes of this study, this researcher analyzed the statistical relationship between interpersonal EI, stress management, and overall EI with job satisfaction.

EQ-i 2.0 and JDI/JIG provided the raw data, which were transferred to SPSS software to be statistically analyzed; the process began with the collection of EQ-i 2.0 data from participants; data were sent to MHS and organized, and then the researcher collected data from MHS and pair the variables together for correlational analysis. After the participants completed the JDI/JIG measures (SurveyMonkey), this researcher compiled and score the data. Because the JDI/JIG was electronically administered, this researcher downloaded an electronic data file. The electronic file either has a .xls or .dat file extension; hence, it can be opened in Microsoft Excel or other statistical analysis software,
such as SPSS. When the data collection was completed, this researcher logged into the accounts associated with the current study to pair the variables for statistical analysis. This researcher conducted statistical tests to explore the relationship between variables (i.e., the relationship between interpersonal EI, stress management, overall EI, and job satisfaction).

The response survey items were numerically coded where a female is coded as 0, male as 1, yes as 3, no as 0, and 1 as undecided. Raw scores from the JDI/JIG were generated by SPSS Automated Scoring Syntax, as operated by SurveyMonkey. The syntax file automatically processed the recoding of data, thereby giving rise to each participant score and generating outcomes that are representative of the attributes of the sample (Brodke et al., 2009). Subsequently, the EQ-i 2.0 and JDI/JIG processed data were transferred into SPSS 26 for correlational analysis. As soon as this researcher receives the Excel file from MHS, the scores were imported into SPSS, thereby merging it with the JDI/JIG blank save file. Because the JDI/JIG assessment can be administered electronically (Brodke et al., 2009), this researcher downloaded the electronic file. Usually, the SPSS syntax can record scores in SPSS.

Brodke et al. (2009) recommended that the straight-lined response should not be computed: “To check for straight-line responses, sum the items for each facet of the JDI and JIG” (p. 8). If a researcher sums all the 18 items on the facets of work, supervision, coworker, and JIG and the outcome (sum) is a score of 54, and then an individual has straight-lined a “yes” response. On the same note, if the sum is 0, it implies that an individual has straight-lined 0. For the nine item facets (pay and promotion), the sum
amassed to 27. Brodke et al. (2009) did not stipulate a definitive recommendation for a 
straight-lined response.

Before the survey data were cleansed, each JDI facet and JIG were scored 
separately. JIG is a measure of global job satisfaction, while the JDI is a measure of five 
discrete facets of job satisfaction. When scoring a negatively worded item, such as boring 
or stupid, Brodke et al. (2009) recommended that researchers reversed the score of items.
Any action contrary to this recommendation rendered JDI and JIG scores null and void. In 
keeping with the assumption that higher scores are a function of higher job satisfaction, 
Brodke et al. (2009) stated, “Negatively worded items must be reverse scored” (p. 11). For 
instance, 3 should convert to 0, while 0 should convert to 3.

**Data management.** The GCU IRB handbook and U.S. federal rules were 
reviewed, thereby enabling this researcher to keep abreast of the rules and regulations 
regarding the protection of human data. To ensure high ethical standards, this researcher 
completed the training on the CITI. After completion of this study, this researcher saved 
the data for 3 years, after which the data was not only deleted but also degaussed. During 
the 3 years of data storage, this researcher will save data on a password-protected 
computer kept in a double-locked safe in the researcher’s care.

**Data Analysis Procedures**

It is not known if or to what degree a relationship exists between interpersonal EI, 
stress management, overall EI, and job satisfaction among U.S. healthcare chaplains. This 
researcher explored whether there is a statistical relationship between interpersonal 
intelligence, stress management, and overall EI and job satisfaction among healthcare 
chaplains. The following are the research questions and hypotheses for the study:
RQ1: To what extent is there a statistically significant relationship between interpersonal emotional intelligence and job satisfaction among healthcare chaplains in the United States?

H₀₁: There is no statistical relationship between interpersonal emotional intelligence and job satisfaction among healthcare chaplains in the United States.

H₁ₐ: There is a statistically significant relationship between interpersonal emotional intelligence and job satisfaction among healthcare chaplains in the United States.

RQ2: To what extent is there a statistically significant relationship between stress management and job satisfaction among healthcare chaplains in the United States?

H₀₂: There is no statistical relationship between stress management and job satisfaction among healthcare chaplains in the United States.

H₂ₐ: There is a statistical relationship between stress management and job satisfaction among healthcare chaplains in the United States.

RQ3: To what extent is there a statistically significant relationship between overall emotional intelligence and job satisfaction among healthcare chaplains in the United States?

H₀₃: There is no statistical relationship between overall emotional intelligence and job satisfaction among healthcare chaplains in the United States.

H₃ₐ: There is a statistical relationship between overall emotional intelligence and job satisfaction among healthcare chaplains in the United States.
Data preparation and cleaning. This researcher collected raw data from the healthcare chaplains. The EQ-i 2.0 has a built-in correction factor, which automatically addresses the omission rate, inconsistency index, and positive and negative impression. These factors ensured the outcome is reflective of the sample that completed the survey.

This researcher imported the data from EQ-i 2.0 and JDI/JIG data into SPSS software. This technique brought all data in one dataset for analysis. Subsequently, demographical variables, such as age, gender, ethnicity, race, household income, marital status, education, and employment status, were numerically coded. This researcher initiated an analysis of the data using SPSS. The analysis involved the identification and evaluation of missing values (Meyers et al., 2013). The SPSS listwise data deletion procedures and identification of missing value were used to facilitate data preparation and cleaning.

The researcher applied a Pearson correlation to measure the linear correlation between the components of EI and job satisfaction. Usually, the value of positive to negative correlation ranges between +1.00 and -1.00, where +1.00 is a complete positive correlation, 0.00 signifies no linear correlation, and -1.00 represents a complete negative correlation (Meyers et al., 2013). This researcher determined whether there is a relationship between the EI of U.S. healthcare chaplains and job satisfaction.

Brodke et al. (2009) pointed out that a researcher must deal with missing data. For the individual facets that have 18 items (work, supervision, coworker, and JIG), and if a respondent misses 3 or fewer responses, Brodke et al. (2009) recommended that 1 should be supplied for each of the missing values. Brodke et al. (2009) stressed that when a respondent missed 4 responses, such respondents should be discarded. For the facets that
have 9 items (pay and promotion) and if an individual missed 2 or fewer responses, Brodke et al. (2009) recommended that 1 should be supplied for each of the missing values. Brodke et al. (2009) added that when a respondent missed 3 or more responses, such respondents will be discarded. For the purposes of this study, any respondent with a missing value was discarded. All participants with incomplete data for any of the study variables of interest were removed from the final dataset before analysis.

**Descriptive statistics.** The researcher collected demographic data on age, gender, ethnicity, academic attainment, marital status, years of service, chaplaincy organizational affiliation, and SES (see Appendix F). These demographic data were collected to describe the characteristics of the sample. The age, gender, ethnicity, marital status, chaplaincy, and organizational affiliation were assessed as a nominal measure, while SES and academic qualification were assessed as an ordinal measure. Demographical variables, such as age, gender, ethnicity, academic attainment, marital status, years of service, chaplaincy organizational affiliation, and SES, were transformed into numerical codes.

Consequently, this researcher used descriptive statistics to summarize and give a meaningful structure to the variables. According to Gravetter and Wallnau (2013), mean, median, range, standard deviation (SD), skewness, kurtosis, and correlation give a definite and predictable structure to analysis, hence facilitating a better comprehension of the data. By adding all the individual items, this researcher converted Likert scales of the instruments (i.e., EQ-i 2.0 and JDI/JIG) into composite scales, subscales, and total scale. The frequency tables, graphs, histograms, percentages, and skewness statistics enabled this researcher to determine the normality of distribution of the subscales, composites scales, and total scales of EQ-I 2.0 and JDI/JIG.
**Inferential statistics.** Because the variables (interpersonal EI, stress management, overall EI, and job satisfaction) in this current study were continuous, the Spearman correlation coefficient, \( r \), was a good fit for the statistical analysis. Therefore, this researcher determined whether all the assumptions of \( r \) were met, as assumptions must be met (Lund & Lund, 2013). The assumptions include the following: (1) the nature of the data must be an interval or ratio; (2) using scatter plot to determine the linearity of the relationship between the variables (the statistical relationship between interpersonal EI, stress management, and overall EI with job satisfaction) to facilitate the identification of the extreme outliers; (3) there is a need to demonstrate that the variables were continuously measured, for which a scatterplot was used; (4) by using a scatterplot, this researcher ensured that there were no extreme outliers; (5) residual scatterplot was used to test whether there is a violation of homoscedasticity; and (6) by investigating the P-P plots and standardized residuals plots using a scatterplot, normality test was conducted (Lund & Lund, 2013). The nonparametric statistical test was conducted because some assumptions were violated.

There are four variables in this current study: interpersonal EI, stress management, overall EI, and job satisfaction. The Bar-On (1997a) conceptualized EI as a set of intertwined and interrelated skills, such as the ability to control the self; the ability to precisely perceive emotional situations, appraise emotions, express emotion in oneself, access emotion and propagate emotions when these foster, and enable feelings and thought processes. Leite et al. (2014) defined job satisfaction as a positive attitude or orientation through which a favorable outcome would be attained in relation to job or life in general.
The degree of a person’s job satisfaction or dissatisfaction is proportional to how an individual meets the objectives of their duties and responsibilities.

This researcher explored whether an increase or decrease in EI corresponded to an increase or decrease in job satisfaction. If an association between interpersonal EI, stress management, overall EI, and job satisfaction does not prompt an increase or decrease in neither of the variables, then there may be no relationship between the variables. This researcher explored whether a positive, negative, or absent relationship exists between EI and job satisfaction.

This researcher used scatterplots, histograms, and Shapiro-Wilks (Meyers et al., 2013) to test assumptions. Using a scatterplot, this researcher ensured the datasets met the criteria of linearity and homoscedasticity. An outlier of any data value plus or minus 3.29 $SD$ from the mean were eliminated from the dataset. To deal with outliers, this researcher used scatter plots to pinpoint the outliers at a $p$-value of 0.05 Mahalanobis Distance analysis (Meyers et al., 2013). Because the raw data from EQ-i 2.0 and JDI/JIG were Likert in nature, these were on the ordinal scale. Hence, a statistical analysis, such as Spearman correlation, was applied (see Meyers et al., 2013). As a measure that is compatible and often used to determine the degree of correlation between variables, this researcher used Spearman product-moment correlation coefficient, $r$, to test the hypotheses (Meyers et al., 2013).

This researcher set the alpha value of $< 0.05$ as the significance level for testing the hypotheses. For an alpha value of $<.05$ or less, the outcome was determined significant for the alternative hypotheses, thus rejecting the null hypotheses. On the contrary, an outcome that yields an alpha value of $<.05$ was considered not significant; thus, the null hypotheses
may be considered. The sample of 84 healthcare chaplains may be enough to demonstrate whether a correlation exists between EI and job satisfaction for each of the hypotheses. SPSS was used for computation of the Spearman product-moment correlation coefficient. Each of the five composite scales had three subscales. Emotional intelligence was analyzed alongside job satisfaction; these were paired to ascertain whether there was a negative, or positive, or no correlation.

**Ethical Considerations**

After receiving organizational approval from ACPE, APC, NACC, NAJC, and SCA (see Appendix A), this researcher sought the approval of GCU IRB. In keeping with the research guidelines, the IRB ensured the design that this researcher applied was ethical. However, for those healthcare chaplains who participated, their privacy and identities were protected. Hence, participation in this study remained solely up to the discretion of the individual healthcare chaplain.

In addition, the GCU IRB handbook and U.S. federal rules were assessed and reviewed, thus enabling this researcher to keep abreast of the rules and regulations regarding the protection of human data. In addition, the *Belmont Report* on principles of beneficence, respect, and justice regarding the research on human subjects were considered during assessment and samplings procedures. The *Belmont Report* (National Commission, 1977) on principles of beneficence, respect, and justice regarding the research on human subjects were also considered and abided by during the survey and sampling procedures. To ensure high ethical standards, this researcher completed the training on the CITI. All these measures, rules, and regulations have been reviewed in the
CITI to protect the dignity and privacy of the healthcare chaplains and the other stakeholders.

The IRB drew an ethical conclusion by carrying out a risk-benefit analysis of the current study. This risk-benefit analysis determined whether this research should or should not be completed. If this study is directly harmful to participants, the IRB would not have approved the research. This researcher ensured no harm was done to the participating healthcare chaplains and the other stakeholders. After IRB approval, this researcher sent the informed consent form (confidentiality agreement; see Appendix C), the EQ-i 2.0, and the JDI/JIG survey electronically to the potential participants.

The participating healthcare chaplains were adults who were at least 18 years of age; these include any adult human being that is functioning in the capacity of a healthcare chaplain with at least one unit of the CPE. The invitation to participate in the research included an introductory letter stating the reason why the research was being conducted. In the introductory letter, the participating healthcare chaplains were assured of confidentiality, informed consent, respect for their privacy, and informed of how the data is being protected.

Eric (2000) defined benevolence as the intent to always do good and avoid harm to the participants in any form of academic research. Eric insisted that acting justly and respectfully regarding research is closely linked with an act of benevolence in research. Participants were well informed about the study (Eric, 2000).

In keeping with the issues of respect and justice, this researcher ensured that the responses of the participants are fairly presented without any form of distortion, hence protecting the dignity of the stakeholders. The principles of benevolence, justice, and
respect are essential to this current study. With strict adherence to the ethical regulations, this researcher did not foresee grave potential ethical issues. However, this researcher ensured respect for healthcare chaplains, respect for their autonomy, respect for their decision-making, and the dignity of the participants. High ethical standards are essential to human research, and the current study was not an exception.

Furthermore, participation was voluntary, and participants were able to quit the study at any time. Consequently, an informed consent agreement was obtained before the commencement of the survey. Confidential agreements were observed and upheld judiciously. As a self-reported study, informed consent agreements were also presented to the participating healthcare chaplains before completing any survey. To maintain privacy and confidentiality, participating healthcare chaplains were not asked to include their names on surveys, but each participant was assigned a code, thereby protecting all the stakeholders. This strategic decision ensured the anonymity of the participants, which further protect the healthcare chaplains and other stakeholders.

American Psychological Association (2002) recommended that the body in charge of research governance should make it mandatory for participants in scientific research to offer their informed consent (as cited in Abhyankar, Velikova, Summers, & Bekker, 2016). Because this research is about healthcare chaplains, this researcher collaborated with the research committees of ACPE, APC, NACC, NAJC, and SCA to abide by all their research protocols. This researcher saved data for 3 years, after which these data will not only be deleted but also be *degaussed*. This method of data destruction requires demagnetization of the hard drive and back-up tapes. During the three years of data
storage, this researcher will save the data on a password-protected computer, which will be solely accessible by the researcher.

Limitations and Delimitations

Limitations. Research limitations are elements that the researcher has no control over. Limitations are threats to the validity, reliability, and generalizability of research, which a researcher does not have control over (Creswell, 2009). Limitations are inevitable.

The following are the limitations of this study:

1. There are many types of analytical tools and techniques. Each of the various analytical techniques had its pros and cons. Hence, it is fitting to assume that the analytical approach of this study may have negatively influenced the result of this current study.

2. Participation in this type of study was strictly a voluntary choice. There was no binding obligation that any participant who started must finish the study. This state of affairs may have negatively affected the outcome of the study because of the high attrition rate.

3. Apart from the chaplaincy organizations, such as ACPE, APC, NACC, NAJC, and SCA, other healthcare chaplaincy organizations could have been utilized for data collection. Hence, this researcher was not able to access some healthcare chaplains who are not members of ACPE, APC, NACC, NAJC, and SCA.

4. All the study instruments in this current study were based on a self-report; therefore, respondents’ responses could have been biased by social desirability, and their responses may have been exaggerated.

5. Some participants may have had a level of computer skills that was subpar. Hence, it was hard to anticipate the true level of the participants’ computer literacy and expertise.

6. Another limitation of this current study was time constraints. This researcher did not have limitless time to collect data. The researcher could only collect data within the time limit that GCU permitted. Thus, the time limit for the collection of data was circumscribed by the duration of the GCU degree requirement.
7. Further, this study cannot be generalized beyond healthcare chaplains outside the target population. The participants were healthcare chaplains working in U.S. hospitals; hence, the reader should use caution when generalizing the results of this study.

**Delimitations.** Delimitation of a study are the boundaries that the researcher sets. Delimitations are variables that the researcher has control over, such as the location of the study. The following delimitations offered a reader an opportunity to comprehend the boundaries of a study. By applying a correlational design, this study was delimited by the scope of the design. Hence, the focus was an exploration of whether EI correlates with job satisfaction. This researcher was not exploring causation but exploring the relationship between EI and job satisfaction.

In addition, this researcher collected data exclusively from healthcare chaplains within the United States. There were different kinds of pastoral ministries, but the current study was exclusively focused on healthcare chaplains with at least one unit of the CPE. However, some individuals who did not meet the eligibility criteria may have participated. This researcher used a convenience sample of healthcare chaplains. Convenience sampling lacks the accuracy of probability sampling, so there may be a potential bias of the sampling technique. There was a possibility of disproportional participation from a different region of the United States.

**Summary**

In the introductory section, this researcher stated that the current study would fill a literature gap suggested by West (2016). Using qualitative methodology, West claimed pastors’ open-ended descriptions of their EI were subjective. West posited that the personal paradigm of the pastors, as evident in their descriptions of their EI, was subjective. Thus, this researcher assessed pastors’ EI more objectively. While discussing
the background to the problem, this researcher stated that it is not known if or to what degree a relationship existed between EI and job satisfaction among U.S. healthcare chaplains. When chaplains were perceived as warm and positive in the healthcare team, Doolittle (2015) stressed that such chaplains were more resilient against burnout and compassion fatigue.

In discussing the research questions and hypotheses, this researcher expanded on the variables (i.e., interpersonal EI, stress management, EI, and the components of the dispositional model of job satisfaction). For instance, stress management entails emotional management and regulation (Bar-On, 1997a). In the methodology section, this researcher discussed the deductive approach, which would include a quantitative methodology using empirical variables. Prediction and testing are essential attributes of quantitative methodology (Caramanica, 2017). The rationale underpinning this researcher’s methodological choice was consistent with the previous body of research in the field of emotional intelligence (Caramanica, 2017). Quantitative methodology is an appropriate methodology not only because the test design cannot be controlled but also because of its emphasis on structure (Campbell & Stanley, 1966). Frankfort-Nachmias and Nachmias (2007) stated that quantitative methodology allowed for statistical measures of validity and procedure.

In the research design section, this researcher discussed a correlational design to explore the possible relationship between EI and job satisfaction. Correlation design presupposed a measure to which one variable is related to another (Gravetter & Wallnau, 2013). For instance, when an increase in one variable corresponds with an increase in another variable, such a relationship is considered a positive correlation. Conversely, if a
decrease in one variable corresponds with an increase in another variable, such a relationship is considered a negative correlation (Gravetter & Wallnau, 2013; Kerlinger & Lee, 2000; Meyers et al., 2013). In addition, the internal and external threats to validity were explored.

In the population and sample selection section, healthcare chaplains were identified as the population of interest. The target population in this study were members of the following chaplain organizations (ACPE, APC, NACC, NAJC, and SCA), while the population of interest in this current study was the healthcare chaplains. Barber (2013) stated, “[a] hospital chaplain is a person who has been designated, appointed and authorized to provide religious, pastoral and spiritual support to patients” (p. 332). In the same section, the power analysis was discussed. For the instrumentations, the EQ-i 2.0 and JDI/JIG were comprehensively discussed. The EQ-i 2.0 is composed of 133 items and is suitable for individuals with a sixth-grade reading level (Bar-On, 1997a). As a single assessment, the JDI should be administered prior to the job in general JIG. The JDI/JIG was used in this current study to collect data on job satisfaction from ACPE, APC, NACC, NAJC, and SCA. Furthermore, the validity and reliability of EQ-i 2.0 and JDI/JIG were thoroughly discussed. The instruments have good reliability and validity scores.

In the data collection and management section, this researcher rigorously followed a step-by-step approach to discussing site authorization and approvals, participant recruitment, informed consent and link to survey, data collection, scoring of instruments, and data management. Furthermore, data analysis procedures were discussed. In the data analysis procedures, the research questions were reiterated, while data preparation and cleaning, descriptive statistics, and inferential statistics were thoroughly presented.
Finally, Chapter 3 ended with the discussion of the ethical considerations, delimitations, and limitations. The participants were adults at least 18 years of age; these included any adult human functioning in the capacity of a healthcare chaplain with at least one unit of the CPE. In Chapter 4, the current study continued with data collection, analysis, and presentation of the results of the survey.
Chapter 4: Data Analysis and Results

Introduction

The purpose of this quantitative correlational study was to determine if or to what degree a relationship existed between interpersonal EI, stress management, overall EI, and job satisfaction among U.S. healthcare chaplains. The use of quantitative methodology facilitates the discovery of the relationship between two variables (i.e., EI and job satisfaction; Campbell & Stanley, 1966). The quantitative methodology also focuses on the analysis of numerical data (Meyers et al., 2013).

Gravetter and Wallnau (2013) argued that quantitative methodology has been used frequently in the study of whether EI was related to various variables. Furthermore, a correlational design implies a measure to which one variable is related to another (Gravetter & Wallnau, 2013). In addition, the correlational analysis allows for a collection of data to determine the direction and strength of a relationship between two variables. In this study, correlation meant a statistically significant relationship between interpersonal EI, stress management, overall EI, and job satisfaction.

The goal of this study was to explore whether an increase or decrease in EI corresponded to an increase or decrease in job satisfaction. Hence, if an association between EI and job satisfaction does not prompt an increase or decrease in neither EI and job satisfaction, there may be no relationship between EI and job satisfaction. By applying a correlational design, the researcher determined the direction and the strength of the relationship between interpersonal EI, stress management, overall EI, and job satisfaction. In this study, emotional intelligence was measured by the EQ-i 2.0 (MHS, 2011). Job satisfaction was measured by the JDI/JIG (Brodke et al., 2009; Smith et al., 2009).
The following research questions and hypotheses guided the analysis for this study:

**RQ1:** To what extent is there a statistically significant relationship between interpersonal emotional intelligence and job satisfaction among healthcare chaplains in the United States?

**H$_{01}$:** There is no statistical relationship between interpersonal emotional intelligence and job satisfaction among healthcare chaplains in the United States.

**H$_{1a}$:** There is a statistical relationship between interpersonal emotional intelligence and job satisfaction among healthcare chaplains in the United States.

**RQ2:** To what extent is there a statistically significant relationship between stress management and job satisfaction among healthcare chaplains in the United States?

**H$_{02}$:** There is no statistical relationship between stress management and job satisfaction among healthcare chaplains in the United States.

**H$_{2a}$:** There is a statistical relationship between stress management and job satisfaction among healthcare chaplains in the United States.

**RQ3:** To what extent is there a statistically significant relationship between overall emotional intelligence and job satisfaction among healthcare chaplains in the United States?

**H$_{03}$:** There is no statistical relationship between overall emotional intelligence and job satisfaction among healthcare chaplains in the United States.

**H$_{3a}$:** There is a statistical relationship between overall emotional intelligence and job satisfaction among healthcare chaplains in the United States.
The objective in Chapter 4 was to present the results of the quantitative analyses that tested the different research questions. The result of the study can be found in tables and graphs with descriptive narratives. This researcher used SPSS software for the data analysis. The first information presented included summaries of the demographic information of the sample and descriptive statistics of the study variables, which were emotional intelligence and job satisfaction. Results of the tests of the required assumption of the parametric statistical analysis, which included a test of linearity, outliers, normality, and homoscedasticity, are also presented in this section. The last information the researcher presented in this section was the results of the correlation analysis to address the research questions. In conclusion, this chapter ended with a summary of the results.

Descriptive Findings

**Summary of demographic information.** Initially, there were a total of 325 healthcare chaplains across the United States that participated in this study. In the end, 191 participants did not make it into the final analysis because of missing data. Thus, after eliminating all the participants with relevant missing data, the researcher was left with \((n = 134)\) participants in the final dataset. It should be noted that there were only 134 out of the 325 participants that had data for overall emotional intelligence and for each of the two components of emotional intelligence of interpersonal emotional intelligence, stress management and job satisfaction, which comprises the final sample that was used for assumption testing before analysis.

The following discussion summarizes the demographic information of the sample. The demographic information included the chaplain’s age, gender, ethnicity, race, socio-economic status (SES), marital status, educational qualifications, employment status, and
chaplaincy association. Although the researcher collected demographic data to create a profile of the sample, these demographics were not a part of the statistical analysis to address the research questions in the current study. The demographic information was summarized in Tables 4.1 and 4.2.

The mean age was 53.86 years old ($SD = 11.889$). The oldest was 77 years old and the youngest was 29 years old. For gender, there were more female ($n = 92; 68.7\%$) healthcare chaplains, compared to males ($n = 39; 29.1\%$). There were also ($n = 2; 1.5\%$) others who neither identified as female or male. For ethnicity, the majority of the 134 sample of healthcare chaplains were Non-Hispanics ($n = 131; 97.8\%$). There were ($n = 3; 2.2\%$) participants who did not answer the ethnicity item. For race, the majority of the 134 sample of healthcare chaplains were Caucasian/White ($n = 115; 85.8\%$). There were ($n = 10; 7.5\%$) African American Black healthcare chaplains; ($n = 3; 2.2\%$) were Asian/Asian American, ($n = 1; 0.7\%$) was Native Hawaiian/Pacific Islander, and ($n = 5; 3.7\%$) had other ethnicities. For SES, the yearly household income among the 134 healthcare chaplains were distributed in the ranges of less than $30,000 (n = 1; 0.7\%), $30,000-$50,000 (n = 18; 13.4\%), $51,000-$75,000 (n = 36; 26.9\%), $76,000-$100,000 (n = 33; 24.6\%), $101,000-$125,000 (n = 21; 15.7\%), more than $126,000 (n = 23; 17.2\%), and failed to disclose their income (n = 2, 1.5\%). For marital status, the majority of the 134 sample were married or in a domestic partnership (n = 92; 68.7\%). There were (n = 19; 14.2\%) single, 31 (n = 19; 14.2\%) divorced, (n = 2; 1.5\%) were separated, and (n = 2; 1.5\%) did not report marital status. For educational qualifications, the majority of the 134 participants had a master’s degree (n = 101; 75.4\%). There were (n = 18; 13.4\%) that had a doctorate degree, (n = 12; 9\%) have a Professional degree, and only (n = 2; 1.5\%)
obtained up to bachelor’s degree only. For employment status, the majority of the 134 participants are employed full time \((n = 108; 80.6\%)\), part time \((n = 22; 16.4\%)\), and some did not state their employment status \((n = 4; 3\%)\). For chaplaincy association, the majority of the 134 sample are from the Association of Professional Chaplains (APC; \(n = 106; 79.1\%\)). The rest were included in following association: Association of Clinical Pastoral Education (ACPE; \(n = 5; 3.7\%\)), National Association of Catholic Chaplains (NACC; \(n = 5; 5.2\%\)), National Jewish Association (NAJC; \(n = 6; 4.5\%\)), Spiritual Care Association (SCA; \(n = 4; 3\%\)), and others \((n = 2; 1.5\%)\) did not disclose their membership.

Table 4.1.

**Descriptive Statistics Summaries of Age of Sample**

<table>
<thead>
<tr>
<th>Demographics</th>
<th>N</th>
<th>Minimum</th>
<th>Maximum</th>
<th>Mean</th>
<th>Std. Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>134</td>
<td>29</td>
<td>77</td>
<td>53.86</td>
<td>11.89</td>
</tr>
</tbody>
</table>

Table 4.2.

**Summaries of Demographic Information of Sample**

<table>
<thead>
<tr>
<th>Demographics</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Decline to answer</td>
<td>1</td>
<td>0.7</td>
</tr>
<tr>
<td>Female</td>
<td>92</td>
<td>68.7</td>
</tr>
<tr>
<td>Male</td>
<td>39</td>
<td>29.1</td>
</tr>
<tr>
<td>Other</td>
<td>2</td>
<td>1.5</td>
</tr>
</tbody>
</table>
Table 4.3.

**Summaries of Ethnicity**

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic</td>
<td>1</td>
<td>.7</td>
</tr>
<tr>
<td>Not Hispanic</td>
<td>131</td>
<td>97.8</td>
</tr>
<tr>
<td>Unsure</td>
<td>2</td>
<td>1.5</td>
</tr>
</tbody>
</table>

Table 4.4.

**Summaries of Race**

<table>
<thead>
<tr>
<th>Race</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caucasian/White</td>
<td>115</td>
<td>85.8</td>
</tr>
<tr>
<td>African American/Black</td>
<td>10</td>
<td>7.5</td>
</tr>
<tr>
<td>Asian/Asian American</td>
<td>3</td>
<td>2.2</td>
</tr>
<tr>
<td>Native Hawaiian/Pacific Islander</td>
<td>1</td>
<td>0.7</td>
</tr>
<tr>
<td>Other</td>
<td>5</td>
<td>3.7</td>
</tr>
</tbody>
</table>

Table 4.5.

**Yearly Household Income**

<table>
<thead>
<tr>
<th>Yearly Household income</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than $30,000</td>
<td>1</td>
<td>0.7</td>
</tr>
<tr>
<td>$30,000-$50,000</td>
<td>18</td>
<td>13.4</td>
</tr>
<tr>
<td>$51,000-$75,000</td>
<td>36</td>
<td>26.9</td>
</tr>
<tr>
<td>$76,000-$100,000</td>
<td>33</td>
<td>24.6</td>
</tr>
<tr>
<td>$101,000-$125,000</td>
<td>21</td>
<td>15.7</td>
</tr>
<tr>
<td>More than $126,000</td>
<td>23</td>
<td>17.2</td>
</tr>
</tbody>
</table>
Table 4.6.

**Summaries Marital Status**

<table>
<thead>
<tr>
<th>Marital status</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single (never married)</td>
<td>19</td>
<td>14.2</td>
</tr>
<tr>
<td>Married/in a domestic partnership</td>
<td>92</td>
<td>68.7</td>
</tr>
<tr>
<td>Divorced</td>
<td>19</td>
<td>14.2</td>
</tr>
<tr>
<td>Separated</td>
<td>2</td>
<td>1.5</td>
</tr>
<tr>
<td>Missing</td>
<td>2</td>
<td>1.5</td>
</tr>
</tbody>
</table>

Table 4.7.

**Education Summaries**

<table>
<thead>
<tr>
<th>Highest degree or level of education completed</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bachelor’s degree</td>
<td>2</td>
<td>1.5</td>
</tr>
<tr>
<td>Master’s degree</td>
<td>101</td>
<td>75.4</td>
</tr>
<tr>
<td>Professional degree</td>
<td>12</td>
<td>9.0</td>
</tr>
<tr>
<td>Doctorate degree</td>
<td>18</td>
<td>13.4</td>
</tr>
</tbody>
</table>

Table 4.8.

**Employment Status**

<table>
<thead>
<tr>
<th>Employment status</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employed full time</td>
<td>236</td>
<td>79.7</td>
</tr>
<tr>
<td>Employed part time</td>
<td>52</td>
<td>17.6</td>
</tr>
<tr>
<td>unemployed</td>
<td>7</td>
<td>2.4</td>
</tr>
<tr>
<td>Missing</td>
<td>1</td>
<td>0.3</td>
</tr>
</tbody>
</table>
Table 4.9.

Chaplaincy Summaries

<table>
<thead>
<tr>
<th>Chaplaincy association</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACPE</td>
<td>5</td>
<td>3.7</td>
</tr>
<tr>
<td>APC</td>
<td>106</td>
<td>79.1</td>
</tr>
<tr>
<td>NACC</td>
<td>7</td>
<td>5.2</td>
</tr>
<tr>
<td>NAJC</td>
<td>6</td>
<td>4.5</td>
</tr>
<tr>
<td>SCA</td>
<td>4</td>
<td>3.0</td>
</tr>
<tr>
<td>Other</td>
<td>7</td>
<td>2.4</td>
</tr>
<tr>
<td>Missing</td>
<td>2</td>
<td>1.5</td>
</tr>
</tbody>
</table>

Descriptive statistics for study variables. In table 3, the researcher summarized the descriptive statistics of the scores for emotional intelligence. It should be noted that there were only 134 participants that had data for overall emotional intelligence and for each of the two components of emotional intelligence of interpersonal emotional intelligence, stress management, and job satisfaction. The raw scores of the two components of emotional intelligence: interpersonal emotional intelligence and stress management, and the overall emotional intelligence score was used. Scores were calculated using the total scores of the responses of each question item measuring each of the two components of emotional intelligence of interpersonal emotional intelligence and stress management and the summed scores of the responses in all question items of the EQ-i 2.0 to measure the overall emotional intelligence. It is important to stress that the scoring for the EQ-i 2.0 instrument was conducted by the owner of the instrument, Multi-Health System (MHS). The summarized scores were then provided to the researcher for analysis. The mean score of interpersonal emotional intelligence was 69.11 ($SD = 47.75$); while the mean score of stress management was 74.00 ($SD = 36.18$). In addition, the mean score of the overall emotional intelligence was 368.52 ($SD = 152.97$).
Table 4.10.

Descriptive Statistics of Scores of Overall Emotional Intelligence, Interpersonal Emotional Intelligence, and Stress Management

<table>
<thead>
<tr>
<th>Variables</th>
<th>N</th>
<th>Min</th>
<th>Max</th>
<th>Mean</th>
<th>Std. Deviation</th>
<th>Skewness</th>
<th>Kurtosis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall Emotional Intelligence</td>
<td>134</td>
<td>-99</td>
<td>581</td>
<td>368.52</td>
<td>152.97</td>
<td>-1.650</td>
<td>3.087</td>
</tr>
<tr>
<td>Interpersonal Emotional Intelligence</td>
<td>134</td>
<td>-99</td>
<td>115</td>
<td>69.11</td>
<td>47.75</td>
<td>-2.265</td>
<td>5.641</td>
</tr>
<tr>
<td>Stress Management</td>
<td>134</td>
<td>-99</td>
<td>120</td>
<td>74.00</td>
<td>36.18</td>
<td>-3.276</td>
<td>13.738</td>
</tr>
</tbody>
</table>

In Table 4.11, the researcher summarized the descriptive statistics of the scores for overall job satisfaction as measured by the JIG. There were items that were reverse coded before computation of the scores. Looking at the JIG score, the mean overall job satisfaction score was 46.99 (SD = 6.307) which was in the range of 24 to 54 for job satisfaction. This indicated that the 134 sample of healthcare chaplains were satisfied with their overall job.

Table 4.11.

Descriptive Statistics of Scores of Job Satisfaction

<table>
<thead>
<tr>
<th>Variables</th>
<th>N</th>
<th>Min</th>
<th>Max</th>
<th>Mean</th>
<th>Std. Deviation</th>
<th>Skewness</th>
<th>Kurtosis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Job in General (JIG, Overall Job Satisfaction)</td>
<td>134</td>
<td>24</td>
<td>54</td>
<td>46.99</td>
<td>6.307</td>
<td>-1.125</td>
<td>1.072</td>
</tr>
</tbody>
</table>

Cronbach’s alpha values for each of the variables are summarized in Tables 4.12-4.15. The Cronbach’s alpha measures internal consistency and determines how closely related a set of items are. A reliability coefficient is considered acceptable if it is .70 or higher. Based on the sample, the Cronbach Alpha values of the variables were above the
threshold. Consistent with Cronbach Alpha of the authors of EQ-i 2.0 and JDI/JIG, this researcher can confirm scales used to measure the variables in the current study demonstrate acceptable internal consistency. The reliability and validity of the instruments used in the survey were already pre-established in Chapter 3. The Cronbach’s alpha values shown in Tables 4.11-4.15. demonstrated that sample data in this study attained the generally accepted heuristic of $\alpha \geq .70$.

Table 4.12.

*Internal Consistency Reliability Estimates for the Total Emotional Quotient Inventory*

<table>
<thead>
<tr>
<th>Cronbach's Alpha</th>
<th>N of Items</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.987</td>
<td>133</td>
</tr>
</tbody>
</table>

Table 4.13.

*Internal Consistency Reliability Estimates for Stress Management*

<table>
<thead>
<tr>
<th>Cronbach's Alpha</th>
<th>Cronbach's Alpha Based on Standardized Items</th>
<th>N of Items</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.920</td>
<td>0.920</td>
<td>24</td>
</tr>
</tbody>
</table>

Table 4.14.

*Internal Consistency Reliability Estimates for Interpersonal EI*

<table>
<thead>
<tr>
<th>Cronbach's Alpha</th>
<th>Cronbach's Alpha Based on Standardized Items</th>
<th>N of Items</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.934</td>
<td>0.933</td>
<td>22</td>
</tr>
</tbody>
</table>
Table 4.15.

Internal Consistency Reliability Estimates for Job Satisfaction

<table>
<thead>
<tr>
<th>Cronbach's Alpha</th>
<th>N of Items</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.895</td>
<td>18</td>
</tr>
</tbody>
</table>

**Data Analysis Procedures**

**Assumption testing.** Investigation of the data revealed outliers which are represented as boxplots for each variable found in Figures 1 through 4. Precisely, there were 13 outliers in the dataset for overall job satisfaction, five outliers in the dataset for interpersonal emotional intelligence, nine outliers in the dataset for stress management, and five outliers in the dataset for overall emotional intelligence. The researcher did not eliminate the outlier data in the final dataset that was used for analysis to address the research questions in the current study. Since the Spearman rank-order correlation does not have the same assumptions as the Pearson correlation, the researcher left the outliers in the dataset before analysis because Spearman rank-order correlation is robust and less sensitive to outliers (de Winter, Gosling, & Potter, 2016; Gravetter & Wallnau, 2013; Xiaoxia Li, Niansheng Tang, Jinhan Xie, & Xiaodong Yan, 2020).

The researcher planned to conduct a Pearson correlation analysis to address the research questions of this study. Prior to conducting the parametric statistical analysis of Pearson correlation analysis, the researcher conducted the required assumptions for Pearson correlation analysis. The assumptions included the following: level of measurement of the variables should be continuously measured, should have related pairs, should conform to linearity, should not have significant outliers, and should conform to normality. First, the assumption that the variables should be measured on a continuous
measure was satisfied, since the variables of overall job satisfaction, interpersonal
emotional intelligence, stress management, and overall emotional intelligence were all
continuously measured using the summed scores of the survey responses. It is an
acceptable practice to treat ordinal data as continuous for data analysis (Lubke & Muthen,
2004). Secondly, the assumption of related pairs was also satisfied since there were paired
observations for all study variables. Thirdly, normality of the data was tested using
Shapiro-Wilk test of normality. The Shapiro-Wilk test is the recommended test of
normality for a small sample size, which was the case in the study. Fourthly, linearity was
tested by using a scatterplot. The researcher created the scatterplots for each measure of
emotional intelligence versus the measures of overall job satisfaction. Fifthly, the
investigation significant outliers in the dataset was tested using boxplots to facilitate the
identification of the extreme outliers for each study variable of overall job satisfaction,
interpersonal emotional intelligence, stress management, and overall emotional
intelligence.

**Linearity.** Scatterplots were created for each measure of emotional intelligence
versus the measures of overall job satisfaction. These are shown in Figures 5 to 7. The
scatterplots showed that there were no clear linear relationships between interpersonal
emotional intelligence and job satisfaction (See Figure 5), between stress management and
job satisfaction (See Figure 6), and between overall emotional intelligence and job
satisfaction (See Figure 7). This was because there were no increasing or decreasing
straight-line pattern observed in each of the plots. Thus, the assumption of linearity was
violated.
Figure 1. Scatterplot of interpersonal emotional intelligence versus job satisfaction.

Figure 2. Scatterplot of stress management versus job satisfaction.
Figure 3. Scatterplot of overall emotional intelligence versus job satisfaction.

Outliers. Outlier investigation using the boxplots for each study variables of overall job satisfaction (See Figure 8), interpersonal emotional intelligence (See Figure 9), stress management (See Figure 10), and overall emotional intelligence (See Figure 11) showed that there were presence of outliers. Hence the assumption of outliers was violated based on the investigation of the boxplots.
Figure 4. Scatterplot of data of overall job satisfaction.

Figure 5. Scatterplot of data of interpersonal emotional intelligence.
A Shapiro-Wilk test was conducted to determine whether the data of the study variables of overall job satisfaction, interpersonal emotional intelligence, stress management, and overall emotional intelligence were normally distributed. Table 7 presents the results of the Shapiro-Wilk test. Based on the test conducted, the researcher determined that the data of the study variables of overall job satisfaction, $SW(134) = 0.89$, 

Figure 6. Scatterplot of data of stress management.

Figure 7. Scatterplot of data of overall emotional intelligence.

**Normality**: A Shapiro-Wilk test was conducted to determine whether the data of the study variables of overall job satisfaction, interpersonal emotional intelligence, stress management, and overall emotional intelligence were normally distributed. Table 7 presents the results of the Shapiro-Wilk test. Based on the test conducted, the researcher determined that the data of the study variables of overall job satisfaction, $SW(134) = 0.89$, 

Figure 6. Scatterplot of data of stress management.

Figure 7. Scatterplot of data of overall emotional intelligence.

**Normality**: A Shapiro-Wilk test was conducted to determine whether the data of the study variables of overall job satisfaction, interpersonal emotional intelligence, stress management, and overall emotional intelligence were normally distributed. Table 7 presents the results of the Shapiro-Wilk test. Based on the test conducted, the researcher determined that the data of the study variables of overall job satisfaction, $SW(134) = 0.89$, 

Figure 6. Scatterplot of data of stress management.

Figure 7. Scatterplot of data of overall emotional intelligence.

**Normality**: A Shapiro-Wilk test was conducted to determine whether the data of the study variables of overall job satisfaction, interpersonal emotional intelligence, stress management, and overall emotional intelligence were normally distributed. Table 7 presents the results of the Shapiro-Wilk test. Based on the test conducted, the researcher determined that the data of the study variables of overall job satisfaction, $SW(134) = 0.89$, 

Figure 6. Scatterplot of data of stress management.

Figure 7. Scatterplot of data of overall emotional intelligence.

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Figure 6. Scatterplot of data of stress management.

Figure 7. Scatterplot of data of overall emotional intelligence.

**Normality**: A Shapiro-Wilk test was conducted to determine whether the data of the study variables of overall job satisfaction, interpersonal emotional intelligence, stress management, and overall emotional intelligence were normally distributed. Table 7 presents the results of the Shapiro-Wilk test. Based on the test conducted, the researcher determined that the data of the study variables of overall job satisfaction, $SW(134) = 0.89$, 

Figure 6. Scatterplot of data of stress management.

Figure 7. Scatterplot of data of overall emotional intelligence.

**Normality**: A Shapiro-Wilk test was conducted to determine whether the data of the study variables of overall job satisfaction, interpersonal emotional intelligence, stress management, and overall emotional intelligence were normally distributed. Table 7 presents the results of the Shapiro-Wilk test. Based on the test conducted, the researcher determined that the data of the study variables of overall job satisfaction, $SW(134) = 0.89$, 

Figure 6. Scatterplot of data of stress management.

Figure 7. Scatterplot of data of overall emotional intelligence.

**Normality**: A Shapiro-Wilk test was conducted to determine whether the data of the study variables of overall job satisfaction, interpersonal emotional intelligence, stress management, and overall emotional intelligence were normally distributed. Table 7 presents the results of the Shapiro-Wilk test. Based on the test conducted, the researcher determined that the data of the study variables of overall job satisfaction, $SW(134) = 0.89$, 

Figure 6. Scatterplot of data of stress management.

Figure 7. Scatterplot of data of overall emotional intelligence.

**Normality**: A Shapiro-Wilk test was conducted to determine whether the data of the study variables of overall job satisfaction, interpersonal emotional intelligence, stress management, and overall emotional intelligence were normally distributed. Table 7 presents the results of the Shapiro-Wilk test. Based on the test conducted, the researcher determined that the data of the study variables of overall job satisfaction, $SW(134) = 0.89$, 

Figure 6. Scatterplot of data of stress management.

Figure 7. Scatterplot of data of overall emotional intelligence.

**Normality**: A Shapiro-Wilk test was conducted to determine whether the data of the study variables of overall job satisfaction, interpersonal emotional intelligence, stress management, and overall emotional intelligence were normally distributed. Table 7 presents the results of the Shapiro-Wilk test. Based on the test conducted, the researcher determined that the data of the study variables of overall job satisfaction, $SW(134) = 0.89$, 

Figure 6. Scatterplot of data of stress management.

Figure 7. Scatterplot of data of overall emotional intelligence.

**Normality**: A Shapiro-Wilk test was conducted to determine whether the data of the study variables of overall job satisfaction, interpersonal emotional intelligence, stress management, and overall emotional intelligence were normally distributed. Table 7 presents the results of the Shapiro-Wilk test. Based on the test conducted, the researcher determined that the data of the study variables of overall job satisfaction, $SW(134) = 0.89$, 

Figure 6. Scatterplot of data of stress management.

Figure 7. Scatterplot of data of overall emotional intelligence.

**Normality**: A Shapiro-Wilk test was conducted to determine whether the data of the study variables of overall job satisfaction, interpersonal emotional intelligence, stress management, and overall emotional intelligence were normally distributed. Table 7 presents the results of the Shapiro-Wilk test. Based on the test conducted, the researcher determined that the data of the study variables of overall job satisfaction, $SW(134) = 0.89$, 

Figure 6. Scatterplot of data of stress management.

Figure 7. Scatterplot of data of overall emotional intelligence.

**Normality**: A Shapiro-Wilk test was conducted to determine whether the data of the study variables of overall job satisfaction, interpersonal emotional intelligence, stress management, and overall emotional intelligence were normally distributed. Table 7 presents the results of the Shapiro-Wilk test. Based on the test conducted, the researcher determined that the data of the study variables of overall job satisfaction, $SW(134) = 0.89$, 

Figure 6. Scatterplot of data of stress management.

Figure 7. Scatterplot of data of overall emotional intelligence.

**Normality**: A Shapiro-Wilk test was conducted to determine whether the data of the study variables of overall job satisfaction, interpersonal emotional intelligence, stress management, and overall emotional intelligence were normally distributed. Table 7 presents the results of the Shapiro-Wilk test. Based on the test conducted, the researcher determined that the data of the study variables of overall job satisfaction, $SW(134) = 0.89$, 

Figure 6. Scatterplot of data of stress management.

Figure 7. Scatterplot of data of overall emotional intelligence.
$p < 0.01$, interpersonal emotional intelligence, $SW(134) = 0.74$, $p < 0.01$, stress management, $SW(134) = 0.64$, $p < 0.01$, and overall emotional intelligence, $SW(134) = 0.82$, $p < 0.01$, were not normally distributed. Normal distribution was based on having a $p$-value greater than the level of significance set at 0.05. Thus, the assumption of normality was violated based on the investigation of the Shapiro-Wilk test.

Table 4.16.

**Shapiro-Wilk Test of Normality**

<table>
<thead>
<tr>
<th>Measure</th>
<th>Statistic</th>
<th>df</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Job in General (Overall Job Satisfaction)</td>
<td>0.897</td>
<td>134</td>
<td>.000</td>
</tr>
<tr>
<td>Overall emotional intelligence</td>
<td>0.820</td>
<td>134</td>
<td>.000</td>
</tr>
<tr>
<td>Interpersonal emotional intelligence</td>
<td>0.736</td>
<td>134</td>
<td>.000</td>
</tr>
<tr>
<td>Stress Management</td>
<td>0.643</td>
<td>134</td>
<td>.000</td>
</tr>
</tbody>
</table>

**Summary of assumption testing results: Pearson correlation.** As a summary, the results of the different assumption testing showed that the most required assumptions of the parametric statistical analysis of Pearson correlation analysis were violated. There was a violation in linearity, presence of outliers and normality. With this, a non-parametric version of the correlation analysis, which is the Spearman rank-order correlation analysis, was conducted instead to address the research questions. A Spearman rank-order correlation analysis is an alternative statistical test that is used instead of Pearson's correlation when there is no linear relationship between variables and when the normal distribution assumption is violated, which was the case in the dataset of this study.

**Assumption testing of Spearman Correlation analysis.** There are several required assumptions that should be satisfied before running a Spearman rank-order correlation analysis. These assumptions include (a) having two variables that are measured on
a continuous and/or ordinal scale, (b) those two variables representing paired observation, and (c) the need for a monotonic relationship between the two variables. The first assumption of having two variables that are measured on a continuous and/or ordinal scale was satisfied since the variables of overall job satisfaction, interpersonal emotional intelligence, stress management, and overall emotional intelligence are all continuously measured using the summed scores of the survey responses.

The second assumption was also met as overall EI, interpersonal EI, and stress management were paired with job satisfaction. The third assumption that there should be a monotonic relationship existing between variables was also satisfied based on the scatterplots in Figures 5 to 7. Hauke and Kossowski (2011) stated that Spearman rank-order correlation assesses and evaluates how well an arbitrary monotonic function can explain a relationship between variables, while not making any assumptions about the frequency distribution of the two variables. Figure 5 reveals that, when interpersonal emotional intelligence increases, job satisfaction also increases. In Figure 6, it is evident that, when stress management increases, job satisfaction also increases. Figure 7 shows that, when overall emotional intelligence increases, job satisfaction also increases. Although there exists a weak monotonic relationship, a Spearman correlation analysis can be conducted (Silveira, 2020). Despite the weak monotonic relationship demonstrated in the current study (Figures 5-7), the researcher decided to proceed with the Spearman rank-order correlation.

**Data preparation.** In terms of the actual matching of survey responses collected, there were 134 responses obtained from JDl/JIG (job satisfaction) and EQ-i 2.0 (emotional intelligence). Twenty-four respondents were considered as outliers based on the
investigation in the boxplots (See Figures 1 to 4). The researcher did not eliminate the outlier data in the final dataset that was used for analysis to address the research questions in the current study. Since the spearman ranked-order correlation does not have the same assumptions as the Pearson correlation, so, in theory, the researcher left the outliers in the dataset before analysis because Spearman rank-ranked correlation is robust and less sensitive to outliers (de Winter et al., 2016; Gravetter & Wallnau, 2013; Xiaoxia Li et al., 2017). Thus, the final sample included in the correlation analysis was only 134 out of the 325 participants’ filtered data. There were only 134 EQ-i 2.0 datasets for overall emotional intelligence and for each of the two components of emotional intelligence, that is, interpersonal emotional intelligence, stress management, and job satisfaction. The final sample size of 134 is still more than the planned sample size of 100. The researcher found no issue with regards to missing data in the final dataset for all study variables (interpersonal EI, stress management, overall EI, and job satisfaction), as respondents with missing valuable responses were removed before analysis of the final dataset. For the purposes of this study, any respondent with a missing value was discarded. All participants with incomplete data for any of the study variables of interest were removed from the final dataset before analysis.

In terms of the scoring of the variables, the total scores of the different survey items measuring each of the study variables of interpersonal EI, stress management, overall EI, and overall job satisfaction were obtained and used as measures for each of this study variables. Again, it is important to stress that the scoring for the EQ-i 2.0 instrument to measure emotional intelligence was conducted by the MHS. The summarized scores were then provided to the researcher by the MHS. The computation of overall job satisfaction
was computed by the researcher. Some response items in the JDI used to measure overall job satisfaction were first reverse coded before the summarization of scores. These included five out of the 18 items for the measure of overall job satisfaction of routine, boring, repetitive, dull, and uninteresting. Negatively worded items, such as statements of “boring or stupid,” were reversed scored. The researcher conducted this by converting scores of 3 to 0, while 0 was converted to 3. The overall job satisfaction was measured by computing the total scores of the 18 items under the “work on present job” component of the JDI.

**Post-hoc power analysis.** The actual sample size of the study included in the Spearman rank-order correlation analysis were 134 healthcare chaplains. The researcher conducted a post-hoc power analysis to check if the actual sample size of 134 was enough to reach a minimum of 80% power. The researcher conducted a post-hoc power analysis using the actual statistical analysis applied in this study, which was a correlation analysis. According to a G*power post-hoc power analysis with a total sample size of 134, a two-tailed test, medium effect size of 0.30 for a correlation analysis, and a level of significance of 0.01 resulted to a computation power of 0.9518 or 95.18% (See Appendix E). Hence, the use of the actual sample size of 134 resulted in a power more than the minimum of 80%. With the data not meeting the assumptions of a parametric test (Pearson Correlation), a nonparametric test (Spearman Ranks-order correlation) was applied, which required a 15% increment of sample size. Hence, the researcher needed \( n = 97 \) participants.

**Inferential analysis.** The analysis for this study was a correlation analysis. This was the correct analysis since the correlational analysis allows for a collection of data to
determine the direction and strength of a relationship between two variables (Gravetter & Wallnau, 2013). The planned analysis was a Pearson correlation analysis that served to test the three research questions and hypotheses, testing if there was a significant relationship between interpersonal EI, stress management, overall EI and job satisfaction among U.S. healthcare chaplains. However, due to the violation of the required assumptions of a parametric test of linearity, presence of outliers and normality, the researcher ran the non-parametric version of the Pearson correlation analysis, which is the Spearman rank-order correlation analysis instead. With this violation of the required assumptions, there was a discrepancy in the planned analysis as discussed in the data analysis section of the methodology chapter.

Spearman rank-order correlation analysis was used to address research question one to determine whether there was a statistical relationship between interpersonal emotional intelligence and job satisfaction among healthcare chaplains in the United States. Spearman rank-order correlation analysis was used to address research question two to determine whether there was a statistical relationship between stress management and job satisfaction among healthcare chaplains in the United States. Spearman rank-order correlation analysis was used to address research question three to determine whether there was a statistical relationship between overall emotional intelligence and job satisfaction among healthcare chaplains in the United States. The correlation coefficient produced in the Spearman rank-order correlation analysis indexed the strength and direction of the relationships among the variables of this study. In the correlation test, the researcher used a two-tailed test and a level of significance of 0.05. Significant correlation
between variables exists when the \( p \)-value of the \( r \) statistic of the correlation test is less than or equal the critical value of the level of significance set at 0.05.

**Results**

**Results of Spearman Correlation analysis for RQ 1.** Spearman rank-order correlation analysis was conducted to address research question one, that is to examine the correlation between interpersonal emotional intelligence and job satisfaction among healthcare chaplains in the United States. Table 4.10 summarized the results of the Spearman rank-order correlation analysis for all the research questions.

The results of the Spearman rank-order correlation analysis showed that interpersonal EI is significantly positively related to the overall job satisfaction, \( r (132) = 0.41, p < 0.01 \), among healthcare chaplains in the United States. In other words, the results of the Spearman rank-order correlation indicates that there was a significant medium positive relationship between interpersonal EI and job satisfaction \((r = 0.41, p < 0.01)\). The significant positive correlation meant that the higher the levels of interpersonal emotional intelligence among the healthcare chaplains, the higher was their overall job satisfaction with their current job. With this result, the null hypothesis for research question one, which stated, “there is no statistical relationship between interpersonal emotional intelligence and job satisfaction among healthcare chaplains in the United States” was rejected. Instead, the alternative hypothesis one, which stated that “There is a statistical relationship between interpersonal emotional intelligence and job satisfaction among healthcare chaplains in the United States,” was retained.

**Results of Spearman Correlation analysis for RQ 2.** Spearman correlation analysis was also conducted to address research question two, that is, to examine the
correlation between stress management and job satisfaction among healthcare chaplains in the United States. Table 10 summarized the results of the Spearman rank-order correlation analysis for research question two.

The results of the Spearman rank-order correlation analysis showed that stress management is significantly positively related to the overall job satisfaction, \( r(132) = 0.37, p < 0.01 \), among healthcare chaplains in the United States. In other words, the results of the Spearman rank-order correlation indicate that there was a statistically significant medium positive relation between interpersonal EI and job satisfaction \( (r = 0.37, p < 0.01) \).

The strength of the correlation is also moderate. The significant positive correlation meant that the higher the levels of stress management among the healthcare chaplains, the higher their overall job satisfaction with their current job. With this result, the null hypothesis for research question two, which stated, “There is no statistical relationship between stress management and job satisfaction among healthcare chaplains in the United States,” was rejected. Instead, the alternative hypothesis two, which stated that “There is a statistical relationship between stress management and job satisfaction among healthcare chaplains in the United States,” was retained.

Results of Spearman Correlation analysis for RQ 3. Spearman rank-order correlation analysis was also conducted to address research question three, which is to examine the correlation between overall emotional intelligence and job satisfaction among healthcare chaplains in the United States. Table 10 summarized the results of the Spearman correlation analysis for research question three. The results of the Spearman rank-order correlation analysis showed that overall EI is significantly positively related to
the overall job satisfaction, \( r(132) = 0.47, p < 0.01 \), among healthcare chaplains in the United States. In other words, the results of the Spearman rank-order correlation indicates that there was a statistically significant medium positive between Overall EI and job satisfaction (\( r = 0.47, p < 0.01 \)).

The strength of the correlation is also moderate. The significant positive correlation means that the higher the levels of overall emotional intelligence among the healthcare chaplains, the higher is their overall job satisfaction with their current job. With this result, the null hypothesis for research question three, which stated, “There is no statistical relationship between overall emotional intelligence and job satisfaction among healthcare chaplains in the United States,” was rejected. Instead, the alternative hypothesis three, which stated, “There is a statistical relationship between overall emotional intelligence and job satisfaction among healthcare chaplains in the United States” was retained.
Table 4.17.

Results of Spearman Rank-Order correlation Analysis of Relationship Between Overall EI, Interpersonal EI, Stress Management and Job Satisfaction

<table>
<thead>
<tr>
<th>Spearman's rho</th>
<th>Job in General (Overall Job Satisfaction) Correlation Coefficient</th>
<th>Overall emotional intelligence (Raw Score)</th>
<th>Interpersonal emotional intelligence (Raw Score)</th>
<th>Stress Management (Raw Score)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Job in General (Overall Job Satisfaction)</td>
<td>1.000</td>
<td>.479**</td>
<td>.416**</td>
<td>.377**</td>
</tr>
<tr>
<td>Sig. (2-tailed)</td>
<td>.</td>
<td>.000</td>
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<tr>
<td>N</td>
<td>134</td>
<td>134</td>
<td>134</td>
<td>134</td>
</tr>
<tr>
<td>Overall emotional intelligence</td>
<td>Correlation Coefficient</td>
<td>.479**</td>
<td>1.000</td>
<td>.943**</td>
</tr>
<tr>
<td>Sig. (2-tailed)</td>
<td>.000</td>
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<td>N</td>
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</tr>
<tr>
<td>Interpersonal emotional intelligence</td>
<td>Correlation Coefficient</td>
<td>.416**</td>
<td>.943**</td>
<td>1.000</td>
</tr>
<tr>
<td>Sig. (2-tailed)</td>
<td>.000</td>
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<tr>
<td>N</td>
<td>134</td>
<td>134</td>
<td>134</td>
<td>134</td>
</tr>
<tr>
<td>Stress Management</td>
<td>Correlation Coefficient</td>
<td>.377**</td>
<td>.911**</td>
<td>.828**</td>
</tr>
<tr>
<td>Sig. (2-tailed)</td>
<td>.000</td>
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<td>N</td>
<td>134</td>
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</table>

** Correlation is significant at the 0.01 level (2-tailed).

Summary

The purpose of this quantitative correlational study was to determine if or to what degree a relationship existed between interpersonal EI, stress management, overall EI, and job satisfaction among U.S. healthcare chaplains. This chapter presented the data summary and data analysis, including descriptive statistics, parametric assumption testing, non-parametric assumption, and Spearman rank-order correlation analysis to address the research questions and hypotheses of this study. Perhaps, the use of Pearson Correlation may have resulted in a different outcome.
Before conducting the main analysis to address the research questions, the researcher conducted data screening and preparation. The initial sample size was 325. However, the 325-person dataset included missing responses and outliers. The missing data were removed in the final dataset, resulting in a final sample of 134 U.S. healthcare chaplains. With the data not meeting the assumptions of a parametric test (Pearson Correlation), a nonparametric test (Spearman rank-order correlation) was applied, which required a 15% increment of sample size. Hence, the researcher needed \( n = 97 \) participants.

Initially, the planned analysis was a Pearson correlation analysis. However, due to the violation of the required parametric assumptions of linearity and normality, the researcher instead used the non-parametric version of the correlation analysis of Spearman rank-order correlation analysis. Thus, there was a discrepancy in the planned analysis due to the violation, as discussed in the data analysis section of the methodology chapter. The results of the Spearman rank-order correlation analysis resulted in the rejection of the null hypotheses of the three research questions of the study. Specifically, results showed that job satisfaction was significantly positively related to each of the emotional intelligence measures of interpersonal emotional intelligence, stress management, and overall emotional intelligence among healthcare chaplains in the United States.

Even though the outcome of the three research questions turned out to yield statistically significant correlations, perhaps the result could have been more auspicious with a far smaller number of missing values. The prevalence of missing data may have been partly due to subpar computer skills of some participants. In addition, inclusion of
other chaplaincy organizations apart from ACPE, APC, NAJC, NACC, and SCA perhaps could have boosted the participant numbers and changed the outcome.

There are many types of analytical tools and techniques. Each of the various analytical techniques has its pros and cons. Hence, it is fitting to assume that the analytical approach of this study (Spearman rank-order correlation) may have negatively influenced the result of this current study. Participation in this type of study was strictly a voluntary choice. There was no binding obligation that any participant who started must finish the study. This state of affairs may have negatively affected the outcome of the study because of the high attrition rate. Hence, it makes sense why there was missing data. All the study instruments in this current study were based on a self-report; therefore, respondents’ responses could have been biased by social desirability, and their responses may have been exaggerated. Another limitation in this current study was time constraints. This researcher did not have limitless time to collect data. The researcher could only collect data within the time limit that GCU permitted. Thus, the time limit for the collection of data was circumscribed by the duration of the GCU degree requirement. Self-report data collection has an implicit bias. This study was not an exception to the rule. A larger body of data may have generated a different outcome. Finally, this study cannot be generalized beyond healthcare chaplains outside the target population. The participants were healthcare chaplains working in U.S. hospitals; hence, the reader should use caution when generalizing the results of this study. Chapter 5 concludes this study be reporting study findings as they relate to the existing literature, implications for action, and recommendations for future research.
Chapter 5: Summary, Conclusions, and Recommendations

Introduction and Summary of Study

Relationship building is an integral aspect of both EI (Bar-On, 1997a) and healthcare chaplaincy pastoral experiences (Taylor et al., 2015). Existing studies that addressed the question of whether EI is related to job satisfaction were limited to professions such as banking (Pandey & Sharma, 2016), medicine (Ghoreishi et al., 2014; Hollis et al., 2017), and teaching (Choi Sang et al., 2016; Kassim et al., 2016; Singh & Kumar, 2016; Sun et al., 2017). Such studies were found to be lacking among healthcare chaplains in the United States. West (2016) reiterated the paucity of research pertaining to the relationship between EI and job satisfaction and highlighted the need for future researchers to conduct quantitative research to ascertain whether there was a relationship between EI and job satisfaction among healthcare chaplains.

The problem that was addressed in the current study was that it is not known if or to what degree a relationship existed between interpersonal EI, stress management, overall EI and job satisfaction among U.S. healthcare chaplains. The purpose of this quantitative, correlational study was to ascertain whether there was a relationship and, if so, the extent of the relationship between interpersonal EI, stress management, overall EI, and job satisfaction among U.S. healthcare chaplains. To address the gap identified, a quantitative methodology and a correlational design were used with interpersonal EI, stress management, overall EI, and job satisfaction as the variables. Data were collected from 325 healthcare chaplains across the United States who were members of the chaplain organizations ACPE, APC, NACC, NAJC, and SCA. Data were collected using surveys, which consisted of two instruments, namely EQ-i 2.0 (MHS , 2011), which was used to
measure emotional intelligence, and JDI/JIG (Brodke et al., 2009; Smith et al., 2009), which was used to measure job satisfaction.

The data collection process was guided by three research questions, which measured the statistical relationship between interpersonal EI and job satisfaction, stress management and job satisfaction, and overall EI and job satisfaction. In order to address these research questions and their corresponding hypotheses, the collected data was analyzed through the application of a Spearmen correlation to measure the linear correlation between the components of EI and job satisfaction. In addition to addressing the identified gap in the literature on the relationship between EI and job satisfaction among healthcare chaplains in the United States, the findings of the study added valuable knowledge to the field of pastoral care, especially in the field of healthcare chaplaincy where evidence-based practice in CPE remains necessary.

Chapter 5 consists of a summary of the research, the conclusions drawn from the research findings, and the recommendations that can be derived from the research findings. This chapter also includes a summary of the findings and their interpretation in relation to the existing research. Implications from the findings are discussed next, which include theoretical, practical, and future implications, in addition to a discussion of the strengths and weaknesses of the study. Finally, recommendations are made based on the results, which include recommendations for future research and practice.

**Summary of Findings and Conclusion**

The data were collected to address three research questions and their corresponding hypotheses. These research questions were used to collect data through surveys from 325 healthcare chaplains across the United States. The findings of the
research showed that job satisfaction was significantly related to interpersonal emotional intelligence, stress management, and overall emotional intelligence, among healthcare chaplains in the United States. The results of the study and their interpretation in relation to the existing literature are discussed in the current section.

**Research question 1.** The first research question of the current study was used to examine if there is a statistical relationship between interpersonal EI and job satisfaction among healthcare chaplains in the United States. The null hypotheses for the first research question stated that there is no statistical relationship between interpersonal emotional intelligence and job satisfaction among healthcare chaplains in the United States. The alternative hypothesis stated that there is a statistical relationship between interpersonal emotional intelligence and job satisfaction among healthcare chaplains in the United States. Results from the Spearman rank-order correlation analysis showed that interpersonal EI was significantly related to the overall job satisfaction and the five discrete components of job satisfaction, namely work itself, opportunity for promotion, supervision, coworkers, and pay, among healthcare chaplains in the United States. On the basis of this result, the null hypothesis was rejected, as job satisfaction was found to be significantly related, $r_s(110) = 0.39$, $p < 0.001$, to interpersonal emotional intelligence among healthcare chaplains in the United States.

This outcome contradicts the finding of Petrides (2011) that showed that lack of effective interpersonal EI did not result in poor job satisfaction. On the contrary, this current research demonstrated a moderate correlation between job satisfaction and components EI. The findings of Bouckenooghe et al. (2013) and Luo and Bao (2013), suggesting a correlation between EI components like positive and negative affectivity and
job satisfaction were also supported in the context of healthcare chaplains in the United States.

In relation to the conceptual framework of the dispositional approach to life and job satisfaction, the research showed that the dispositional approach to job satisfaction implied job satisfaction is an inborn characteristic that is stable over time (Levin & Stokes, 1989) and influenced by hereditary factors (Arvey et al., 1989). If so, then the current findings may be interpreted as showing that EI, if viewed as an acquired characteristic, may be correlated to job satisfaction. Thus, the findings from the current study regarding the relationship between interpersonal EI and job satisfaction among healthcare chaplains in the United States did align with the findings in the existing literature, suggesting that healthcare chaplains in the United States are not a unique population group in relation to interpersonal EI and job satisfaction.

**Research question 2.** The second research question of the current study was used to examine if there is a statistical relationship between stress management and job satisfaction among healthcare chaplains in the United States. The null hypotheses for the second research question stated that there is no statistical relationship between stress management and job satisfaction among healthcare chaplains in the United States. The alternative hypothesis stated that there is a statistical relationship between stress management and job satisfaction among healthcare chaplains in the United States. Results from the Spearman rank-order correlation analysis showed that stress management is significantly related, $r_s(110) = 0.36, p < 0.001$, with the overall job satisfaction and other five discrete components of job satisfaction, namely work itself, opportunity for promotion, supervision, coworkers, and pay, among healthcare chaplains in the United States.
States. On the basis of this result, the null hypothesis was rejected, as job satisfaction was found to be significantly related to stress management among healthcare chaplains in the United States.

Stress management was included in the current study in alignment with the Bar-On (1997a) model in which stress management is one of the five major components. In the existing literature, Shahid et al. (2018) noted physicians in the United States with a high degree of EI may be equipped to deal with burnout because of their resiliency and ability to manage stress efficiently. Based on this, it was speculated that a healthcare chaplain with good EI could manage stress well, hence mitigating the chances of burnout and job dissatisfaction. Consistent with those claims, the findings of the current study did support this speculation in the context of healthcare chaplains, as the results showed a significant relationship between job satisfaction and stress management among healthcare chaplains in the United States. Hotchkiss and Lesher’s (2018) assertion that occupational stress can be a source and cause of job dissatisfaction was supported by the findings of the current study. The relation between the current study to the findings of Hotchkiss and Lesher (2018) is particularly significant for the current study because it was also focused on chaplains.

The assertion that training pastors in EI skills can help the pastors to deal with pastoral stress better (West, 2016) was also supported in the context of healthcare chaplains in the United States. Based on the relation between of EI and job dissatisfaction (Choi Sang et al., 2016; Kassim et al., 2016; Singh & Kumar, 2016; Sun et al., 2017) and the relation between EI and management of emotion (Grant et al., 2014), the researcher in the current study is convinced that the possession of EI would help healthcare chaplains to
manage their stress levels effectively, hence leading to job satisfaction. This was supported by the results of the study as a significant relation was found between job satisfaction and stress management among healthcare chaplains in the United States. Thus, as with the first research question, the findings from the current study regarding the relationship between stress management and job satisfaction among healthcare chaplains in the United States did align with the findings in the existing literature.

**Research question 3.** The third research question of the current study was used to examine if there is a statistical relationship between overall emotional intelligence and job satisfaction among healthcare chaplains in the United States. The null hypotheses for the third research question stated that there is no statistical relationship between overall EI and job satisfaction among healthcare chaplains in the United States. The alternative hypothesis stated that there is a statistical relationship between overall EI and job satisfaction among healthcare chaplains in the United States. Results from the Spearman rank-order correlation analysis showed that overall EI is significantly related, $r_s(110) = 0.45$, $p < 0.001$, with the overall job satisfaction and with the other five discrete components of job satisfaction, namely work itself, opportunity for promotion, supervision, coworkers, and pay, among healthcare chaplains in the United States. On the basis of this result, the null hypothesis was rejected, as job satisfaction was found to be significantly related to overall emotional intelligence among healthcare chaplains in the United States.

Overall, EI was considered in a study on burnout among U.S. physicians by Shahid et al. (2018), who found that physicians with a high degree of overall EI may be equipped to deal with burnout and thus job dissatisfaction. The researcher speculated that such
findings could extend to healthcare chaplains as well, resulting in those with high overall EI being able to manage stress and mitigating the chances of job dissatisfaction. Consistent with Shahid et al. (2018), the current finding showed that job satisfaction was significantly related to overall EI among healthcare chaplains in the United States, hence provided support for that speculation. Thus, as with the first two research questions, the findings from the current study regarding the relationship between overall emotional intelligence and job satisfaction among healthcare chaplains in the United States did align with the findings in the existing literature.

Implications

The current section consists of a discussion of the implications of the current research. The implications will be discussed in three categories, namely theoretical implications, practical implications, and future implications. Additionally, the section also includes a discussion regarding the strengths and weaknesses of the current study.

Theoretical implications. The current research contributed to filling a gap in the existing literature on EI and job satisfaction. It was noted that current studies examining EI and job satisfaction had been limited to professions such as teaching (Choi Sang et al., 2016; Kassim et al., 2016; Singh & Kumar, 2016; Sun et al., 2017), medicine (Ghoreishi et al., 2014; Hollis et al., 2017), and banking (Pandey & Sharma, 2016). By examining the relationship between interpersonal EI, stress management, overall EI, and job satisfaction among U.S. healthcare chaplains, the current study expanded that literature through the inclusion of an under-researched population group. The use of the quantitative research method directly addressed West’s (2016) recommendations for future research in which
pastors’ EI is assessed more objectively, prompted by the observation that qualitative research involving pastors’ open-ended descriptions of their EI was biased and inaccurate.

The quantitative correlational research design was adopted for the current study based on two facts. First, the review of the literature presented in chapter 2 showed that multiple researchers studying similar variables had used a correlational research design. For instance, Lee (2014) used a correlational research design in examining the impact of assertiveness on social acceptance. Rouxel et al. (2016) used the correlational research design to examine how work characteristics such as depersonalization, emotional exhaustion, negative affectivity, and perceived emotional display rules affected the population of geriatric care nurses. Thus, the use of quantitative correlational research design in the field of EI and among the population of healthcare workers had precedence. Additionally, while discussing the criticisms regarding the credibility of the study of EI, Mayer et al. (2004a) highlighted the need for EI to attain the correlational criterion that will demonstrate that it is a unitary ability such as measures of intelligence and personality dispositions. By using the correlational research design to ascertain whether there was a relationship and, if so, the extent of the relationship between EI and job satisfaction among U.S. healthcare chaplains, that recommendations were addressed in the current study. Additionally, by using the correlational research design to study EI and job satisfaction among U.S. healthcare chaplains, the current study extended the research on EI towards an under-researched population.

The Bar-On (1997a) EI model and dispositional approach to life and job satisfaction were used as conceptual framework. As the dispositional affect model consisted of a composite of positive affectivity such as positive mood and negative
affectivity (i.e., nervousness, low evaluation of oneself, distress of job satisfaction) (Goldstein, 2013; Watson & Tellegen, 1985), it was found to be appropriate for all research questions, as they had job satisfaction as a variable. Further, the findings of the study did contradict the much criticized dispositional approach to life and job satisfaction (Davis-Blake & Pfeffer, 1989). The research showed that the dispositional approach to job satisfaction implied job satisfaction is an inborn characteristic that is stable over time (Levin & Stokes, 1989) and influenced by hereditary factors (Arvey et al., 1989). If so, then the current findings may be interpreted as showing that EI, if viewed as an acquired characteristic as per the dispositional approach to job satisfaction is correlated to job satisfaction.

**Practical implications.** The findings of the current study have practical implications in the context of healthcare. The findings, if they can be replicated, would suggest that teaching profession (Choi Sang et al., 2016; Kassim et al., 2016; Singh & Kumar, 2016; Sun et al., 2017), medicine (Ghoreishi et al., 2014; Hollis et al., 2017), and banking (Pandey & Sharma, 2016) share commonality with healthcare chaplains in the United States. The findings of the current study align with the research findings from studies conducted on a different population of healthcare professionals. Consistent with the findings from the previous research on other healthcare professionals, the findings showed a significant relationship between job satisfaction and any of the emotional intelligence measures, namely interpersonal EI, stress management, and overall EI, among healthcare chaplains in the United States. Together with Crossley’s (2002) finding suggesting high professional satisfaction among US healthcare chaplains, it may be speculated that healthcare chaplains in the United States, and perhaps other countries as
well, may use interpersonal EI, stress management, and overall EI as a means to attain job satisfaction. Given that, in the field of healthcare chaplaincy, evidence-based practice remains necessary, healthcare practitioners and policymakers may consider these facts and, if further research corroborates the proposed speculation, could consider initiatives to expand the involvement of healthcare chaplains in patient care given their resilience.

**Future implications.** The findings of the study have implications for the future, mostly because healthcare chaplains represent an under-researched population group in the context of EI. While previous researchers have examined EI and job satisfaction in the field of banking (Pandey & Sharma, 2016), medicine (Ghoreishi et al., 2014; Hollis et al., 2017), and teaching (Choi Sang et al., 2016; Kassim et al., 2016; Singh & Kumar, 2016; Sun et al., 2017), the current study expanded that research among healthcare chaplains. The current research may influence future researchers to further explore other subgroups as palliative chaplains, psychiatric chaplains, hospice chaplains, military chaplains, pediatrics chaplains especially given the fact that the findings of the study did align with existing literature on EI and job satisfaction conducted among other healthcare professionals. Whether the findings are corroborated by future researchers or not, such inquiries would be of significant interest not only for healthcare industry researchers and practitioners, but also for patients receiving care.

Thus, it is recommended that, in addition to replicating the findings of the current study, future researchers should expand the research on job satisfaction, stress management, and EI among healthcare chaplains through the adoption of different research designs or analysis techniques as well as through the inclusion of different healthcare chaplain population, especially from outside the United States. Furthermore,
researchers should explore the possibility of a correlation between other components of EI such as self-expression, self-perceptions, and decision making as related to job satisfaction (MHS, 2011).

**Strengths and weaknesses of the study.** The current study was correlational, and its variables were limited to emotional intelligence and job satisfaction. The population was limited to healthcare chaplains in the United States, while the sample was limited to healthcare chaplains across the United States who were members of the chaplain organizations ACPE, APC, NACC, NAJC, and SCA. The data collection was limited by the constraints of time, financial resources, and the researcher’s experience. The study’s strength involved the use of a quantitative research method, which researchers note has more rigor compared to qualitative research method. However, while the methodology adopted directly addressed West’s (2016) recommendations for future research in which pastors’ EI is assessed more objectively, the use of self-reporting in the data represented a weakness, as the findings remained contingent on the participating healthcare chaplains’ perceptions and comprehension levels of the survey items. Participation in the study included responding to an online survey, which required participating healthcare chaplains to have minimal computer skills. While this data collection method enabled anonymity and security, participants who did not possess sufficient computer skills were excluded from the study. Among those healthcare chaplains who did participate, it may be possible that they lacked adequate computer skills, which may have affected their responses. However, future research is necessary to ensure whether the findings of the study are replicable.
Recommendations

Multiple recommendations can be made on the basis of the research findings. The recommendations for future researchers. These recommendations cover factors that future researchers may consider when examining job satisfaction and EI among healthcare chaplains. Additionally, recommendations for practice are also presented.

**Recommendations for future research.** Based on the findings of the study, the following recommendations for future research are made. Although the current study used quantitative surveys, the responses still depended on the participating healthcare chaplains’ perceptions and comprehension levels of the survey items due to the use of self-reporting in the data. Future researchers may consider addressing the methodological limitations of the study using a more objective data collection method.

Another weakness of the current study was related to the use of online surveys, which limited the participant pool to only those healthcare chaplains who had computer skills and may have affected the responses of those who did participate. Future researchers may consider offline data collection methods to ensure the inclusion of those healthcare chaplains who do not possess sufficient computer skills or adequate computer skills. The population in the current study was limited to healthcare chaplains in the United States, while the sample was limited to healthcare chaplains across the United States who were members of the chaplain organizations ACPE, APC, NACC, NAJC, and SCA. Future researchers may consider expanding the research on EI and job satisfaction among healthcare chaplains through the inclusion of healthcare chaplains from outside the United States as well as from those who are not members of the organizations that were used in the current study. Furthermore, researchers should explore the possibility of a correlation
between other components of EI such as self-expression, self-perceptions, and decision making as related to job satisfaction (MHS, 2011).

**Recommendations for future practice.** Based on the findings of the study, the following recommendations for future practice are made. The findings of the current study agreed with those from previous research on EI and job satisfaction conducted in fields such as banking (Pandey & Sharma, 2016), medicine (Ghoreishi et al., 2014; Hollis et al., 2017), and teaching (Choi Sang et al., 2016; Kassim et al., 2016; Singh & Kumar, 2016; Sun et al., 2017). The results did show a significant relationship between job satisfaction and other EI measures. The outcome of this study could be a resourceful tool for the U.S. human resource departments as they seek future chaplains.

Leadership can use the emotional quotient inventory (EQ-i 2.0) as a tool to facilitate recruiting and hiring new healthcare chaplains. The outcome of this research provides evidence for further applicability of EQ-i 2.0 in the training of future U.S. healthcare chaplains will be a possibility. Furthermore, an embrace of EI may be most evident in healthcare chaplains’ development of good communication skills and the enhancement of relationship building abilities. Positive correlation between EI and job satisfaction can enhance productive working relationships among chaplains, patients, families, and staff while increasing social capital (El Khouly et al., 2011). For future practice, healthcare policymakers may utilize EI factors to delineate those factors among healthcare chaplains that do have relation to job satisfaction and use them to help health care chaplains properly manage their stress. As an action-reflection model of education, CPE program leaders can include EI.
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Appendix A.

Site Authorization Letters

Site permission letter(s) are on file at Grand Canyon University.
Appendix B.

IRB Approval Letter

DATE: November 26, 2019

TO: Paul Nomsule
FROM: Grand Canyon University Institutional Review Board

STUDY TITLE: A Correlational Study of Emotional-Social Intelligence and Job Satisfaction among Healthcare Chaplains in the United States

IRB REFERENCE #: IRB-2019-1561

SUBMISSION TYPE: Submission Response for Initial Review Submission Packet

ACTION: Determination of Exempt Status

REVIEW CATEGORY: Category 2

Thank you for your submission of study materials.

Grand Canyon University Institutional Review Board has determined this study to be EXEMPT FROM IRB REVIEW according to federal regulations. You now have GCU IRB approval to collect data.

If applicable, please use the approved recruitment script and informed consent that are included in your published documents.

We will put a copy of this correspondence on file in our office.

If you have any questions, please contact the IRB office at irb@gcu.edu or 602-639-7804. Please include your study title and reference number in all correspondence with this office.
ADVANCEMENT TO CANDIDACY

Congratulations!

On behalf of the College of Doctoral Studies, we are pleased to inform you that you have now advanced to the Candidacy stage of your Doctoral journey. This means you have completed all of the required proposal phases of the dissertation and you are now ready to move into the research portion of the dissertation work.

This is an important step in the doctoral process. Through advancing to candidacy, you are now among an elite group of learners who are doing academic research. This also means you are representing yourself and Grand Canyon University as an independent doctoral researcher and with that comes a great deal of responsibility. We wish you the best in your endeavors! Congratulations on this important step in your doctoral journey and welcome to Candidacy!

Dr. Michael Berger
Dean, College of Doctoral Studies

Dr. Cynthia Bainbridge
Assistant Dean, Research and Dissertations
Director, Institutional Review Board
College of Doctoral Studies
Appendix C.

Informed Consent

**INFORMED CONSENT FORM**
Exploring whether there is a relationship and, if so, the extent of the relationship between EI (interpersonal EI, stress management, and total EI) and job satisfaction among healthcare chaplains in the United State.

**INTRODUCTION**
The purposes of this form are to provide you (as a prospective research study participant) information that may affect your decision as to whether to participate in this research and to record the consent of those who agree to be involved in the study.

**RESEARCH**
Mr. Paul S. Nomsule, a doctoral student, invites you to participate in this study.

I am completing this research as part of my doctoral degree.

**STUDY PURPOSE**
The purpose of the proposed quantitative, correlational study is to ascertain whether there is a relationship and, if so, the extent of the relationship between EI (interpersonal EI, stress management, and total EI) and job satisfaction among healthcare chaplains in the United States.

**ELIGIBILITY**
You are eligible to participate in this research if you:

- >18 years old
- The participating healthcare chaplains must have at least one unit of clinical pastoral education (CPE).
- A participating healthcare chaplain must have been in the healthcare chaplaincy profession for at least a year in a status of either a full-time or part-time.
- Participation in this study will be voluntary and solely up to the discretion of the individual healthcare chaplain.

You are not eligible to participate in this research if you:

- < 18 years old
- You are not a healthcare chaplain
- You do not have at least one unit of clinical pastoral education (CPE).
- You have not been in the healthcare chaplaincy profession for at least a year in a status of either a full-time or part-time.

**DESCRIPTION OF RESEARCH ACTIVITY**
If you decide to participate, then as a study participant you will be asked to:
Responding to the Emotional Quotient Inventory 2.0 (EQ-i 2.0) survey. The EQ-i 2.0 has 133 short items. It takes a respondent between 20-30 minutes to respond to the 133 items. Attend to the survey items in a single sitting. You can a

• Responding to Job Descriptive Inventor/Job in General (JDI/JIG) survey. The JDI/JIG has 90 short items. It takes a respondent between 10-15 minutes to respond to the 90 items.
• Those who wish to participate in the study will do so by filling out the two surveys (EQ-i 2.0 and JDI/JIG) through the links provided below.
• Attend to the two surveys items in a single sitting.
• Attend to the two surveys items at any location of your comfort.

Respond to the survey and answer the questions as honestly as possible. Participants can skip questions.
Approximately 84 of subjects will be participating in this research study.

### RISKS
If you decide to participate in this research study, then you may face some risks such as: None

To decrease the impact of these risks, you can:

However, you can skip any item in the survey, and/or, stop participation at any time, and/or, refuse to answer any interview question, etc.).

### BENEFITS
If you decide to participate direct benefits to you are: None
If you decide to participate indirect benefits to you are: This research may add valuable knowledge to the field of pastoral care, especially in the field of healthcare chaplaincy that is ever keen to incorporate evidence-based practice in CPE. A possible correlation between EI and job satisfaction could be resourceful to healthcare human resource departments across the U.S who could use EQ-i 2.0 as a tool to facilitate recruitment and hiring of new healthcare chaplains. This study could possibly play a role in enhancing job satisfaction of healthcare chaplains through the effective use of EI. Via the application of EI, this study may also provide self-care resources in dealing with issues such as burnout, compassion fatigue, and impulse control that may affect job satisfaction.

### ANONYMITY
All information obtained in this study is anonymous unless disclosure is required by law. What you say and how you answer the questions in this survey cannot be connected to you. The results of this research study may be used in reports, presentations, and publications, but the researchers will not identify you. In order to maintain the anonymity of your records, Paul S. Nomsole will keep the names of the participants anonymous by the use of subject numerical identifiers. "Anonymity will be maintained" and disclosure of identity is not acceptable).

The people who will have access to your information are: (myself and my dissertation committee).

I will secure your information with these steps: This researcher will save the data for a period of three years after which the data will be deleted. During the three years of data storage, this researcher will save the data on a password-protected computer that will be kept in a double-locked safe.
**WITHDRAWAL PRIVILEGE**

It is ok for you to decline to participate in this research study. Even if you say yes now, you are free to say no later and stop participating at any time, there will be no penalty to you.

If you decide to stop participation, you may do so by logging out of the website. If so, I will not use the information I gathered from you.

Your decision will not affect your relationship with Grand Canyon University or otherwise cause a loss of benefits to which you might otherwise be entitled.

---

**COSTS AND PAYMENTS**

There is no financial cost to you as a participant in this study, nor is there a payment for your participation.

---

**COMPENSATION FOR ILLNESS AND INJURY**

If you agree to participate in the study, then your consent does not waive any of your legal rights. However, no funds have been set aside to compensate you in the event of injury.

---

**VOLUNTARY CONSENT**

Any questions you have concerning the research study or your participation in the study, before or after your consent, will be answered by Paul S. Nomsule, pnomsule@my.gcu.edu.

If you have questions about your rights as a subject/participant in this research, or if you feel you have been placed at risk, you can contact the Chair of the Human Subjects Institutional Review Board, through the College of Doctoral Studies at IRB@gcu.edu; (602) 639-7804.

This form explains the nature, demands, benefits and any risk of the research study. By clicking ‘I Agree’ you confirm that you are 18 years or older, understand the content of this form, and agree to participate in this study.

----I Agree ---- I Do Not Agree
RECRUITMENT

Date:

I am a doctoral learner. I am under the supervision of Dr. Warrick Stewart. Dr. Stewart is a member of College of doctoral studies at Grand Canyon University. My name is Paul S. Nomsule. I can be reached at 4127084041. I am conducting a research study to ascertain whether there is a relationship relationship between Emotional intelligence and job satisfaction among healthcare chaplains in the United States.

I am recruiting healthcare chaplains that meet these criteria:
• >18 years old;
• have at least one unit of clinical pastoral education (CPE); and
• have been in a healthcare chaplain for at least a year in a status of either a full-time or part-time.

You are not eligible to participate in this research if you:
• < 18 years old;
• are not a healthcare chaplain;
• do not have at least one unit of clinical pastoral education;
• are less than a year as either a full-time or part-time healthcare chaplain.

The activities for this research project will include:

• Responding to the Emotional Quotient Inventory 2.0 survey (EQ-i 2.0). The EQ-i 2.0 has 133 short items. It takes a respondent between 20-30 minutes to respond to the 133 items. Attend to the survey items in a single sitting.
• Respond to Job Descriptive Inventor/Job in General (JDI/JIG) survey in a single sitting. The job satisfaction survey has 90 short items. It takes a respondent between 10-15 minutes to respond to the 90 items.
• Those who wish to participate in the study will do so by filling out the two surveys (EQ-i 2.0 and JDI/JIG) through the links provided below.
• Attend to the two surveys items in a single sitting.
• Attend to the two surveys items at any location of your comfort.

Respond with honesty as you answer the survey questions.
Participants can skip questions.
Eighty-four subjects will be in this research study.
Taking part in this study is voluntary. There is no financial compensation for being part of this study.

All data in this study will be protected by:
I will secure your information with these steps: This researcher will save the data for a period of three years. After a period of three years, the data will be deleted and destroyed. This researcher will save the data on a password-protected computer that will be kept in a double-locked safe.

If you are interested in participating in this study, please respond.

Thank you!
Appendix D.

Copy of Instruments and Permissions Letters to Use the Instruments

June 14, 2018

The Job Descriptive Index (JDI) and family of measures – including the Job In General scale (JIG), abridged Job Descriptive Index (aJDI), abridged Job In General scale (aJIG), Trust in Management scale (TiM), Intent to Quit (ITQ), Stress in General (SiG) scale, Scale of Life Satisfaction (SOLS), and Survey of Work Values, Revised, Form U. (SWV) are owned by Bowling Green State University, copyright 1975-2012.

Permission is hereby granted to Paul Nomsule to use these measures in his/her research.

The aforementioned scales may be administered to as many participants as deemed necessary.

Claire Smith

Claire Smith
JDI Research Assistant
Tel: 419.372.4400
Fax: 419.372.6013
jdi_ra@bgsu.edu
Hello Paul.

I am able to approve the discount now, so that you can begin your research. I will be out of the office for 1 week and I did not want to cause any delays for you.

MHS is pleased to approve your research discount for the EQ-I 2.0 for use in your research titled "The correlation between emotional intelligence and job satisfaction amount healthcare chaplains in the United States."
You will be able to purchase the EQ-i 2.0 Scored Data Set Reports for $6.00 each.

This discount will be valid until July 12, 2020. Please expect an email from our Client Services Team with information on how to access the EQ-I 2.0 Scoring Portal. As soon as you are set up in the portal, you may begin administering the EQ-I 2.0. However, before you score these, you must purchase the reports.

If you have any questions about using the EQ-i 2.0 Portal, and to purchase the EQ-i 2.0, please contact our Client Services Team – 1-800-268-6011 or customerservice@mhs.com. Please reference your MHS account number which is 229055.

Thank you,

Betty

Please complete one of the following (First/Last Name or ID):

<table>
<thead>
<tr>
<th>First Name:</th>
<th>Gender (optional): F/M</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name:</td>
<td>Age (optional):</td>
</tr>
<tr>
<td>ID Number:</td>
<td>Today's Date: <em><strong>/</strong></em>/___</td>
</tr>
</tbody>
</table>

The EQ-i 2.0 provides you with an opportunity to describe yourself by indicating the frequency with which you feel, think, or act in the way described by each statement. There are five response options for each statement: Never/Rarely, Occasionally, Sometimes, Often, and Always/Almost Always.

Read each statement and decide which one of the five response options best describes the frequency of your thoughts, feelings, or actions. Indicate your response choice by circling the appropriate number.

If a statement does not apply to you, respond in such a way that will give the best indication of how you would possibly feel, think, or act. Although some of these statements may seem unclear or vague to you, choose the response option that seems to describe you best. There are no “right” or “wrong” answers and no “good” or “bad” choices. Answer openly and honestly by indicating how you actually are, and not how you would like to be or how you would like to be seen. Although there is no time limit, work at a steady pace and make sure that you consider and try to respond to each statement. This assessment must be completed in a single session.
<table>
<thead>
<tr>
<th></th>
<th>Rarely</th>
<th>Never</th>
<th>Occasionally</th>
<th>Sometimes</th>
<th>Almost Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I keep calm in difficult situations.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>2. I make rash decisions when I’m emotional.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>3. I back down even when I know I am right.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>4. It’s hard for me to make decisions on my own.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>5. I interrupt when others are speaking.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>6. It’s difficult for me to change my opinion.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>7. I say “no” when I need to.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>8. I accomplish my goals.</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<td>5</td>
</tr>
<tr>
<td>9. It’s easy for me to make friends.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>10. Looking at both my good and bad points, I feel good about myself.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>11. I act in an environmentally friendly way.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>12. It’s hard for me to enjoy life.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>13. I’m aware of how others feel.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>14. I see situations as they really are.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>15. I cling to others.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>16. I pay attention to how I’m feeling.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>17. When I’m really upset, I can’t decide what to do.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>18. I try to make a difference in society.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>19. I feel sure of myself.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>20. I like helping people.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>21. I am assertive without being offensive.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>22. I enjoy talking to people.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>23. When I disagree with someone, I say so.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>24. I am empathic.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>25. I make mistakes.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>26. I can’t think clearly when I’m under stress.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>27. I’m aware of the impact of my mood on others.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>28. I am not happy with my life.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>29. I stay positive even when things get difficult.</td>
<td>1</td>
<td>2</td>
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<td>5</td>
</tr>
<tr>
<td>30. I am good at understanding the way other people feel.</td>
<td>1</td>
<td>2</td>
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<td>5</td>
</tr>
<tr>
<td></td>
<td>Rarely</td>
<td>Never</td>
<td>Occasionally</td>
<td>Sometimes</td>
<td>Almost</td>
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</tr>
<tr>
<td>31. I don’t feel good about myself.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>32. I am optimistic.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>33. I do not like being in unfamiliar situations.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>34. My impulsiveness creates problems for me.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>35. I expect the worst.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>36. I make realistic plans to achieve my goals.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>37. I tend to worry about a problem rather than try to solve it.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>38. I am easy to approach.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>39. It’s hard for me to share my feelings with others.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>40. I know what triggers my emotions.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>41. People confide in me.</td>
<td>1</td>
<td>2</td>
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<td>4</td>
<td>5</td>
</tr>
<tr>
<td>42. It’s hard for me to change my ways.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>43. I recognize my own biases.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>44. I am impulsive.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>45. I avoid dealing with problems.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>46. I am easily influenced by others.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>47. It’s easy for me to express my feelings.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>48. When I start talking, it’s hard to stop.</td>
<td>1</td>
<td>2</td>
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<td>4</td>
<td>5</td>
</tr>
<tr>
<td>49. I feel I have something to contribute.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>50. I tend to react hastily.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>51. I am enthusiastic.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>52. I avoid hurting the feelings of others.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>53. I am firm and direct when necessary.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>54. I prefer a job in which I’m told what to do.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>55. I thrive in challenging situations.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>56. It’s difficult for me to control my impulses.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>57. I have a good sense of my strengths and weaknesses.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>58. I seek out enriching experiences.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>59. I like everyone I meet.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>60. I am a contributing member of the groups to which I belong.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>61. I contribute to my community.</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td></td>
<td>Rarely</td>
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</tr>
<tr>
<td>62. I’m aware of how I feel.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>63. I am self-motivated.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>64. I lack self-confidence.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>65. It’s hard for me to do things on my own.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>66. I am fun to be with.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>67. It’s hard for me to resist temptation.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>68. It’s hard for me to decide on the best solution when solving a problem</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>69. It’s hard to express my intimate feelings.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>70. I’m in touch with other people’s emotions.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>71. I am happy.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>72. I get stuck when thinking about different ways of solving a problem.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>73. I make good use of my abilities.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>74. I’m a team player.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>75. I feel overwhelmed when I need to make a decision.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>76. I know when I need to be more objective.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>77. I relate to the emotions of others.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>78. I handle stress without getting too nervous.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>79. I am hopeful about the future.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>80. I need reassurance from others.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>81. It’s hard for me to compromise.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>82. I see the best in people.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>83. If I have trouble solving a problem, I get</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>84. I know when my emotions affect my objectivity.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>85. I stand up for what I believe in.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>86. I feel uneasy with last minute changes.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>87. I perform well under pressure.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>88. It’s hard for me to accept myself just the way I am.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>89. I have good thoughts about the future.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>90. I respect the way others feel.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>91. I am satisfied with my life.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Question</td>
<td>Rarely</td>
<td>Never</td>
<td>Occasionally</td>
<td>Sometimes</td>
<td>Almost</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
<td>--------</td>
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</tr>
<tr>
<td>93. When I am sad, I talk to people about it.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>94. I have bad days.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>95. I tell people what I think.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>96. It’s hard for me to make changes in my daily life.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>97. I need other people more than they need me.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>98. I expect things to turn out all right, despite setbacks from time to time.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>99. I cope well with stressful situations.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>100. I find it difficult to show people how I feel about them.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>101. I’m excited about my life.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>102. People think I am sociable.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>103. I find it difficult to show affection.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>104. I am driven to achieve.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>105. I recognize when I’m upset.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>106. When I wake up in the morning, I look forward to the day.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>107. Even when upset, I’m aware of what’s happening to me.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>108. It’s hard for me to describe my feelings.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>109. I try to make my life as meaningful as I can.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>110. I am sensitive to the feelings of others.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>111. I have a good sense of what is going on around me.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>112. I let my emotions get in the way when making decisions.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>113. I handle upsetting problems well.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>114. I am more of a follower than a leader.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>115. I care about social issues.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>116. I have a positive outlook.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>117. It’s hard for me to smile.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>118. I look for ways to improve myself.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>119. Things bother me.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>120. I need things to be predictable.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>121. I understand how the emotions of others affect me.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>122. Change makes me uneasy.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>Rarely</td>
<td>Never</td>
<td>Occasionally</td>
<td>Sometimes</td>
<td>Almost</td>
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</tr>
<tr>
<td>123. I do not react well to stressful situations.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>124. I care about other people’s feelings.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>125. I know which emotions affect my performance</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>126. I am content.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>127. I only care about what is best for others.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>128. I think highly of myself.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>129. I have good relationships with others.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>130. I respect myself.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>131. I know the right answer.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>132. I’m happy with who I am.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>133. My responses to the preceding sentences were open and honest.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>
Appendix E.

Power Analyses for Sample Size Calculation
Post-hoc power analysis from G*Power