STUDY OF EMOTIONAL COMPETENCE, RESILIENCE, JOB SATISFACTION AND MENTAL HEALTH OF MEDICAL PROFESSIONALS IN PUBLIC AND PRIVATE HOSPITALS

A Thesis

Submitted in partial fulfillment of the requirements for the

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in

Psychology

By

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DECLARATION

I do declare that the thesis entitled "Study of Emotional Competence, Resilience, Job Satisfaction and Mental health of Medical Professionals in Public and Private Hospitals" has been prepared and submitted by me under the guidance of **Dr. Hariom Sharma**, Associate Professor, School of Social Sciences & Languages, Lovely Professional University, Phagwara, Punjab, as per the full requirement for the award of the degree of Doctor of Philosophy (Ph.D.) in Psychology is entirely my original work and all ideas and references have been duly acknowledged. It does not contain any work that has been submitted for the award of any other degree or diploma of any university.

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CERTIFICATE

This to certify that **Ms. Samreen Naz** has completed Doctor of Philosophy (Ph.D.) in Psychology thesis entitled "Study of Emotional Competence, Resilience, Job Satisfaction and Mental health of Medical Professionals in Public and Private Hospitals" under my supervision and guidance. To the best of my knowledge, the present work is the result of her original investigation and study. No part of the thesis has ever been submitted for any other degree or diploma to any other university. The thesis is fit for the award of Doctor of Philosophy (Ph.D.) degree.

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ABSTRACT

The present study objective is to investigate emotional competence, resilience, job satisfaction and mental health of medical professionals in public and private hospitals. The sample of present study consisted of the public and private hospital employees who were selected from the J&K, Punjab and Rajasthan. For measuring emotional competence a four point emotional competence assessment scale developed by Paiva and Kumar (2009) was used, for measuring resilience a seven point resilience scale developed by Wagnild & Young, (1993) was used, for job satisfaction a six point job satisfaction survey developed by Spector (1994) was used and for mental health employee's mental health inventory developed by Dr. Jagdish Kumar (2001) was used. For collecting biographical information of responders a demographic scale was prepared and used.

Following statistical techniques were employed in this study: correlation analysis, ANOVA, and SPSS regression process mediation analysis. The results have been showed in chapter-4, summarized in different Tables and Figures.

The major findings of the study are presented below:

Interrelationship among emotional competence and resilience, emotional competence and job satisfaction, emotional competence and mental health, resilience and job satisfaction, resilience and mental health, and job satisfaction and mental health are positively correlated and significant among all hospital employees. Interrelationship among emotional competence and mental health, emotional competence and job satisfaction, emotional competence and resilience, resilience and job satisfaction, resilience and mental health, and job satisfaction and mental health are significant and positive among male hospital employees. Interrelationship among emotional competence and resilience, emotional competence and mental health, resilience and job satisfaction, resilience and mental health, and job satisfaction and mental health, are positive relationships and significant among female hospital employees. Further, statistics show insignificant negative correlation stuck between emotional competence and job satisfaction amongst female hospital workers. Interrelationship among mental health and emotional competence, mental health and job satisfaction, mental health and resilience, emotional competence and job satisfaction, emotional competence and resilience, and job satisfaction and resilience are significant and positive among

private hospital employees. Interrelationship among mental health and emotional competence, mental health and job satisfaction, mental health and resilience, emotional competence and job satisfaction, emotional competence and resilience, and job satisfaction and resilience are significant and positively correlated among public hospital employees. Interrelationship among emotional competence and resilience, emotional competence and job satisfaction, emotional competence and mental health, resilience and job satisfaction, resilience and mental health, and job satisfaction and mental health are significant and positive among medical employees. Interrelationship among emotional competence and resilience, emotional competence and mental health, resilience and job satisfaction, resilience and mental health, and job satisfaction and mental health are significant and positively related to each other among paramedical employees. However, correlation amid emotional competence and job satisfaction is positive and significant among paramedical employees.

Emotional competence found significant predictor of resilience. These results support the mediation hypothesis as lower limit and upper limit class interval range is within positive scores and this states that resilience could not mediate significantly the relationship between emotional competence and employees' mental health. Resilience found significant predictor of mental health. Emotional competence found significant predictor of mental health. Results revealed that indicated significant total coefficient of emotional competence on mental health. Direct coefficient of emotional competence on mental health was significant and indirect coefficient of emotional competence on mental health results indicated significant. Higher emotional competence was associated with mental health scores, approximately 0.023 points higher as mediated by resilience. Partially standardized indirect coefficient of emotional competence on mental health results indicated significant. Higher emotional competence connected with mental health scores that were around 0.0053 points high as mediated by resilience. Completely standardized indirect coefficient of emotional competence on mental health results indicated significant. Higher emotional competence was linked with mental health score that were around 0.074 points high as mediated by resilience.

Resilience found out significant predictor of job satisfaction. Emotional competence found significant predictor of job satisfaction. Findings indicated the total coefficient of emotional competence on job satisfaction at significant level. Direct coefficient of

emotional competence on job satisfaction found significant and indirect coefficient of emotional competence on job satisfaction results indicated significant. Higher emotional competence was connected with job satisfaction score that were around .1700 points high as mediated by resilience. Partially standardized indirect coefficient of emotional competence on job satisfaction results indicated significant. Higher emotional competence was connected with job satisfaction score that were around .0066 points high as mediated by resilience. Completely standardized indirect coefficient of emotional competence on job satisfaction results indicated significant. Higher emotional competence was connected with job satisfaction score that were around .0922 points high as mediated by resilience.

Public hospital employees have higher level of mental health, emotional competence, job satisfaction and resilience than private hospital employees. Male medical employees have higher level of mental health, resilience, job satisfaction and emotional competence than female medical employees. Male private hospital employees have lower level of emotional competence, resilience, job satisfaction and mental health than medical male public hospital employees. Medical female private hospital employees have lower level of emotional competence, resilience, job satisfaction and mental health than medical female public hospital employees. Male paramedical employees and female paramedical employees have scored almost same on emotional competence. Male paramedical employees have higher level of resilience and job satisfaction than female paramedical employees. Male paramedical employees have lower level of mental health than female paramedical employees.

Medical profession employees have scored higher level of mental health, emotional competence, job satisfaction and resilience than paramedical profession employees. Male and female hospital employees have scored almost same mean scores that means there is no mean difference have found among gender. Male hospital employees reported little higher level of emotional competence than female hospital employees. Male hospital employees showing little lower mean value than female hospital employees on job satisfaction. Male hospital employees showing little higher mean value of resilience than female hospital employees on resilience.

Male private hospital employees have scored lower than male public hospital employees and female private hospital employees have scored lower than female

public hospital employees on mental health. Male private hospital employees have scored lower than male public hospital employees and female private hospital employees have scored lower than female public hospital employees on emotional competence. Male private hospital employees have scored lower than male public hospital employees and female private hospital employees have scored lower than female public hospital employees on job satisfaction. Male public hospital employees have higher level of resilience than male private hospital employees and female public hospital employees have higher level of resilience than female private hospital employees. Male medical profession employee have scored higher than male paramedical profession employees and female medical profession employees have scored higher than female paramedical profession employees on mental health. Male medical profession employees have higher emotional competence level than male paramedical profession employees and female medical profession employees have higher emotional competence level than female paramedical profession employees. Male medical profession employees have scored higher than male paramedical profession employees and female medical profession employees have scored higher than female paramedical profession employees on job satisfaction. Male medical profession employees have scored higher than male paramedical profession employees and female medical profession employees have scored higher than female paramedical profession employees on resilience.

Fifth chapter consists of conclusion, suggestions as well as implications of current research. It has been emphasized that the obtained result patterns of present study will provide current status of public and private hospital employees and will also provide a helping hand to the policy makers in carrying out to improve the above mentioned variables.

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Dated: …… **Samreen Naz**

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CHAPTER 1

INTRODUCTION

"Imagination is more important than knowledge. For knowledge is limited to all we now know and understand, while imagination embraces the entire world and all there ever will be to know and understand." – Albert Einstein

In India the national debate regarding the state of the healthcare organization is decades old. The most recent government and several administrations have targeted healthcare reform as a top initiative. The WHO's (World Health Organization) issue "Strengthening health systems to improve health outcomes" (2007) describes wellness organizations as "all organizations, people and actions whose primary intent is to promote, restore or maintain health." In expanding upon meaning, "The WHO (World Health Organization) emphasises the role of the health workforce in health systems strengthening, as navigators to help patients access care and as advocates for healthcare policy improvements." The World Health Organization provides six building up blocks for healthcare organizations becoming stronger: service delivery, healthcare employees, information, medicinal goods, vaccines and technology, funding and headship. A review of healthcare systems strengthening efforts in Indian state Tamil Nadu, and other countries like, Ethiopia, Thailand, Bangladesh, recorded noteworthy progresses in healthcare predictors, strategies while matched with neighbouring nations (Balabanova et al., 2013).

Psychology research has witnessed a change in its focus on negative to positive emotions during recent decades. There is evidence that positive aspects of psychological constructs play significant role in humans' personal and professional lives. Like other fields, health care field has all time importance of its existence. It is evident that in health care sector there is ever increasing demand of quality of services in addition to the increment in number of patients and type of diseases in last few decades. Medical and paramedical employees remain directly concerned to the patients and responsible for the services being offered by the hospitals. On one hand, these workers are influenced by several employment-related components as similar as in other industries and experience psychological and emotional turbulence. On the other hand, there are many psychological constructs which may prove helpful towards

the support to these employees to perform better. Some of these are emotional competence, resilience, job satisfaction and mental health.

Beaman et al. (2018) found a change in focus amid worldwide health actors on the way to becoming stronger of local health systems through worldwide service learning efficaciously, expeditiously and sustainably deliver healthcare and shape capability to produce. There have been smaller numbers of researches carried to determine the influence that healthcare services worldwide service-learning experiences have on the host nation healthcare organizations. Beaman et al. (2018) did a consolidative literature review to analyse the connections amongst worldwide service-learning and healthcare systems strengthening. Results revealed that there was not unlimited evidence on being sustainable and healthcare systems strengthening. To conclude, healthcare employees of the coming era are actually eager to meet the challenges confronting healthcare systems across worldwide.

EMOTIONAL COMPETENCE (EC)

Emotional competence construct is stock-still within the cognitive condition of someone who understands of emotions as being traditional, helpful features of being human. Emotional competency could be a generic term that has been applied to several kinds of feelings connected skills. Competence is the term refers to mastering abilities to do task. It is the term accustomed describes an individual's ability to freely specific to their own emotions. Competency is learned and determines a person's potential to move constructively with others. It arises from emotional intelligence, that is that the ability to spot emotions. EC is an important set up of psychological abilities that relate to life success. EC will result in better wellbeing through keep away from stress that will in other ways result from inhibiting emotions. EC can also result in better relations since inappropriate feelings are fewer seemingly to be spoken and acceptable behaviour isn't kept away through concern of activating some emotion.

Ellis (1987) states "emotional competence as the ability to understand, manage and express the emotional aspect of one's life in ways that enable the successful management of life tasks such as learning, forming relationships, solving everyday problems and adopting to the complex demands of growth and development."

Sharma (1994) states that "emotional competence refers to a person's ability to express or release his/her inner feelings (emotions). It implies an ease around other and determine our ability to effectively and successfully lead and express."

Allport (1961) describes that “to achieve and maintain a feeling of adequacy, the individual has to acquire a few workable assumptions about the world, where need for competence emerges as most of the fundamental motives of life, because we survive through competence-grow through competence and actualize ourselves through competence.”

Emotional Competency is cognitive and developmental. It is realistic and logical on the basis that work performance can be enhanced when workers ‘EC is sharpened (Carson et al., 2002).

Concept of Emotional Competence

“A learned capability is based on emotional intelligence that results in outstanding performance at work. Our emotional intelligence determines our potential for learning the practical skills based on the five elements: self-awareness, motivation, self-regulation, empathy, and a depth in relationships. Our EC shows how much of that potential we have translated into on-the-job capability,” (Goleman, 1995).

EC is able to be learned skill grounded on emotional intelligence (Goleman, 1998). Emotional intelligence impacts the existing in possibility for finding out the sensible emotional competencies. Emotional intelligence also helps to developing the emotional acquisition important for quality of life, life satisfaction and general happiness.

Complying other researchers, studies describe “emotional competence as an interrelated set of skills used to perceive, understand and regulate affective information toward the self and others,” (Salovey, 1997, Cherniss, 2000; Giardini & Frese, 2008).

Coleman (1970) examined carefully EC along with made known that it is the proficiency that a person obtains to carry on through emotional circumstances as well as numerous other separable merely connected procedures furthermore is a merger of fundamentally 5 competencies. The unlike competencies possibly will be understood as explicated herewith.

(i) Ample Deepness of emotion- it is an emotion of being able with wholly realness assumption might be called as ample deepness of emotion. It is specially connected through effectual decision and personality consolidation, which guarantees energetic contribution in existing.

(ii) Ample Expression and management of Feeling-it denotes to a propensity noticeable by having the requisite qualities of emotional expressiveness grounded on fulsome expression might lead to unrestrained and muddled emotionalism.

(iii) Ability to Function with Emotions- when an individual finds him/herself to face highly emotional situations at that time it is very problematic to carryout daily work. For enough modes of emotions able to perform its regular function that helps individuals to perform activities of day-to-day routine properly, EC necessitates that the person should acquire characteristics design of emotionally responsive to stimulation which should not let him be influenced.

(iv) Ability to Cope with Problem Emotions-destructive role play by certain problem emotions and introduce a possible hurt to the life the act of orienting of the person's course of living. Consequently, EC necessitates a realizing of the part of sensibility also the harmful impact of such feelings in the commencement in addition to also a progress of the capability to elude their damaging impacts afterward.

(v) Encouragement of Positive Emotions-The suitable to your needs evolution of personality demands the predomination of optimistic feelings reveal a positive effect fits the dynamic of behavior. The grounding vitality an emotion of completeness thru an incessant capability to produce for mental and divine emergence is connected with a go through of optimistic feelings. The boost of optimistic feelings cites to the capacity of the individual to grow a preponderance of optimistic feelings in the personal appeal matte-up of him to guarantee having a meaning with honestly healthy combined life.

EC marked as a 'working self' that is a mode of living in the earth by means of distinct abilities that control feelings. An individual should be aware of his feelings and the means to regulate his feelings in social settings. There are two reasons which

emphasize that a person should be very active and careful about himself and his display of emotions. First, emotion management in society or publicly is filled with doubts and vagueness i.e., it is impossible and impractical to find a suitable and generalized emotion coping approach for every circumstance (Weigert, 1991; Erickson, 1997) and Second, managing emotion has individual in consistency, i.e., an individual may react genuinely in some situations, but his emotions may vary individual‘s other circumstances (King & Emmons, 1990; Erickson, 1997).

EC helps persons efficiently manage others' undesirable responses to their taking charge behaviours. EC make reference to persons' perception of their particular emotional capabilities on four proportions: (i) to understand one's own feeling (i.e. experiencing a person sense about him/herself), (ii) to understand others' feeling (i.e. experiencing the feelings of individual about them), (iii) regulation of person's feeling (i.e. capability towards switch feelings as well as recuperate from mental suffering), furthermore (iv) to utilize of one's feeling (i.e. capability to straight towards constructive actions). In distinct from others, EC is suitable for a particular person for utilize in self-report method that evaluate perception of the responders own emotional abilities, as an alternative of assessing cognitive skill. Individual with higher EC importantly realize the feeling of other persons and they utilize their influence connected skill to extenuate stress and efficaciously improve social associations (Giardini & Frese, 2008).

EC is a capability to describe and deal one's feelings. It includes experiencing how to nurture your arousing state, alternate, delay satisfaction, and manage with failure. It is as well educated how to control impulsions, apply fine assessment and adjust emotions in response to others' emotions and response. It entails a relief about others and find out one's skill to efficiently and productively direct and express.

Emotional competency is logical and liberal, it is logical in the sense that when workers' EC is heightened then performance can be improved. Emotional competency is an acquired capacity that is grounded on emotional intelligence that outcome in superior presentation at work. In industrial contexts, EC is sent back in accepting the emotional society and atmosphere connected by one's own feelings along with being able and eager to shape them and their appearance, as needed, for own and organizational ambitions; and perfectly assessing the feelings of super ordinate, co-

workers, customers and other people and being competent as well as ready to answer correctly for others', private, and organisational goal by dispel destructive feelings and encouraging optimistic ones.

It is depicted as the crucial social skill to distinguish, understand, and react constructively to feelings in yourself and other people. EC of an individual depicts how a lot of that potential we have translated into employed capacities. At a mental degree, superior trait EC is related to better wellbeing and high self-esteem, in addition to a lower risk to develop mental disorders or burnout. Communally, high ability trait EC is associated to greater cultural and married relations. Work intelligent, high trait EC is related with better academic success and high job performance. Ability trait EC is also linked to the possibility of adopting unwholesome behaviours such as smoke, drinking, and irresponsible driving (Kamboj, et al., 2015).

EC is collective word for abilities that relate the exact insight, understanding, regulation and use of affective information. This can be defined as leadership ability of individual with regard to his emotions in societal surroundings. Researches on EC generally spotlight on organisational outcomes such as, service quality, client satisfaction, job satisfaction and public presentation (Aykan & Aksoylu, 2015).

In the opinion of (Saarni & Buckley, 2002) cited in (Andrade et al., 2016) person who can manage their feelings endorsing particular communication and thus attain the determination that is planned that is emotionally competent person. "The context of end of life is full of feelings, sensations and difficult emotions to manage by health professionals. It has become fundamental to signify important emotional scenario in providing comfort care during this phase of the life cycle" (Xavier, Nunes & Basto, 2014) cited in (Andrade et al., 2016).

Palliative attention is realized "as an approach to improve the quality of life of patients and their families facing problems arising from an incurable disease and limited prognosis, through the prevention and relief of suffering by means of early identification and rigorous treatment of not only physical problems such as pain, but also of psychosocial and spiritual issues" (WHO, 2002). It is also seen as "active, coordinated and comprehensive care, including family support, provided by teams and

specific units in hospital or at home in accordance with differing levels" (Bragança, 2011) cited in (Andrade et al., 2016).

Healthcare professionals are competent to deal with fatal patients along with their family members, at that time the emotional connection amongst healthcare professionals, patients and family members is quite closer (Andrade et al., 2016). Henceforth, the necessity for organisation' directors to be involved in with healthcare professionals obtaining skills emerged. In order to the healthcare professionals are very much expert and competent in their line of work, information and individual available source of wealth are required to permit them to turn out to be conscious of their personal feelings as well as also able to recognize other people's feelings, consequently serving patients they offer attention for, to be able to handle their feelings competently. Several emotional intelligence models are given below:

Ability Model

Following their ongoing investigation, their early meaning of emotional intelligence was brought up to date towards "The ability to perceive emotion, integrate emotion to facilitate thought, understand emotions and to regulate emotions to personal growth". Nevertheless, following subsequent study, meaning of emotional intelligence works out keen on "the capacity to reason about emotions, and of emotions, to enhance thinking. It includes the abilities to accurately perceive emotions, to access and generate emotions so as to assist thought, to understand emotions and emotional knowledge, and to promote emotional and intellectual growth" (Mayer & Salovey, 1997).

Ability model regards any strong feeling as valuable source of info that assists person to make a general conscious awareness of and circumnavigate the social surroundings (Salovey & Grewal, 2005). Ability model recommends that persons differ in their capability to procedure info of a determined by emotion nature rather than reason and in their capability towards make a logical connection amid emotional processing to an extensive knowledge. This skill is having the power to perceive by sight to evidence itself in definite but not specified adaptative behaviours. Ability model rights that emotional intelligence comprises four types of ability:

1. Comprehending feelings- it is the skill to notice in addition to decode feelings inside face expressions, images, vocal sound and cultural artefacts, as well as

the skill to recognize individual's particular feelings. So, comprehending feelings represent a grounded feature of emotional intelligence.

2. Using emotions- it is the skill to join feelings to make easier cognitive actions, such as thoughts and trouble solving. An emotionally intelligent individual can draw advantage from completely in the lead his/her dynamic tempers in order to finest fit the chore at hand.
3. Understanding feelings- it is the skill to understand emotional linguistic. Understanding emotions is to appreciate complex relationships amongst emotions, e.g., it encompasses the capacity to be delicate to fewer disparities amongst emotions, and give a description of how emotions work out over time.
4. Managing emotions- it is the skill to adjust the feelings amid ourselves and other peoples. Consequently, the emotionally intelligent individual can join feelings, even undesirable emotions, and accomplish them to attain intended goals.

Mixed Model

This model has been propounded by Goleman (1998) here the focus of attention is a broad collection of competencies and abilities that drive leadership skills. The model has been taken as the spring-board for the concept of EC. Goleman (1998) has enumerated the five constructs of Emotional Intelligence and each construct consists of certain competencies. Goleman (1998) asserted that emotional competencies are not inborn capacities, rather can be learnt to excel.

Goleman's definition of EC has increased the applied utility of the concept. Emotional Intelligence is usually seen as an ability-based conception; to score higher on the Emotional Intelligence ability test of identifying feelings of other people does not essentially mean that the individual has a motivation to employ the ability in struggle circumstances. Goleman (1998) was criticized for side-lining the importance of intelligence quotient (IQ) in his book "Emotional Intelligence; why it matters more than IQ". But it became clear with the subsequent research that the emotional intelligence has immense importance as far as staying upright at the job is concerned. EC is a skill which is required while handling the real job situations and taking rational decisions with fruitful consequences.

According to Goleman (1998) every individual is born with general competencies. His framework of EC "The Consortium for Research on Emotional Intelligence in organizations"defines5 groups of competencies, with twenty-five underlying items. The model has been extensively researched and revised by "the consortium for Research on Emotional Intelligence in Organizations" by incorporating findings from top performance and leadership competence studies. The model has been described below.

SELF-AWARENESS

1. Emotional awareness: An individual is able to recognize their own feelings and their effects. Individual who are with this competence are aware about which emotions they are feeling and why. They cognizant the connections amid what they think and their feelings do and say. They are aware how their feelings have an effect upon their presentation. They have a supervisory consciousness of their morals and goals.

2. Exact self-assessment: An individual is able to know their strengths and limits. Individual who are with this competence are conscious about their intensities and weaknesses and are deeply thoughtful and gain skills from experiences.

3. Self Confidence: An individual is confident about their dignity and capabilities. Individual who are with this type of competence are presence and self-assurance, can give opinions about what is accurate, and conclusive.

SELF-REGULATION

1. Self-Control: An individual is able to manage descriptive emotions and instincts. Individual who are with this competence manage their impulsive emotional state and causing distress, worry or anxiety emotions as well, stay calm, optimistic, and imperturbable even in attempting moments and they stay focused.

2. Trustworthiness: An individual is able to maintain standards of honesty and integrating. Individual who are with this type of competence act morally and are

above criticism and build faith by their reliability and genuineness. They accept their own faults and faces immoral activities within others.

3. Painstakingness: An individual who is taking responsibility for individual performance. Individual who are with this type of competence can keep promises and meet commitments, grasp themselves, and cautious with their work and coordinated.

4. Adaptableness: An individual who is flexible in handling change. Individual who are with this type of competence easily manage demands, adapt their reactions, and flexible to see situations.

5. Originality: An individual being comfy with and unlock to original thoughts and novel info. Individual who are with this competence seeking out new thoughts, consider novel ideas to troubles, produce novel thoughts and take new view points and dangers in their thinking.

SELF-MOTIVATION

1. Achievement drive: they are result oriented to achieve their aims, fix demanding goal and also learn to make improved performance.
2. Commitment: An individual who bring into line with the aims of the organization. Individual who are with this competence are willingly make group sacrifice to achieve a bigger and try to reach out chances to accomplish the organizational aim.
3. Initiative: An individual who are ready to act on opportunity. Individual who are with this competence are prepared to grab chances, follow goals out there what's compulsory and mobilize other people by rare, enterprising hard work.
4. Optimism: An individual who is persistence in following goals regardless of difficulties and hindrances. Individuals who are with this competence they persist in search of goals in spite of difficulties and hindrances. They function from courage of achievement rather than anxiety of disappointment. They see hindrances as due to control label condition rather than an individual fault.

SOCIAL-AWARENESS

1. Empathy: An individual who are able to sense other's emotional state and viewpoint, and taking a lively curiosity in their concerns. Individual with this competence give attention to emotive signals and pay attention well. They demonstrate sensitivity and comprehend other's viewpoint. They help out grounded on understanding other individual's requirements and emotional state.

2. Service Orientation: An individual who are anticipating, recognizing, and meeting customer's requirements. Individuals who are with this competence they understand client's requirements and match them to service products. They try to find ways to upsurge client's satisfaction and loyalty. They gratefully offer suitable support. They clench a client's viewpoint, acting as a reliable consultant.

3. Developing Others: Individuals sensing others accept and reward person's strengths. Valuable responses are provided by them and recognize individual's requirements for improvements.

4. Leveraging Diversity: An individual who cultivate opportunities by varied individuals. Individuals who are with this competence report individuals from diverse settings. They see variety as chance, making an atmosphere where varied individuals can flourish and they challenge prejudice and intolerance.

5. Political Awareness: An individual who understand a team's emotional currents and authority associations. Individual who are with this competence they precisely understand writing key authority associations. They notice vital social connections.

SOCIAL SKILLS

1. Influence: An individual who exerting effectual tactics for persuasion. Individuals who are with this competence they are trained at persuasion. They are perfect by polishing presentation to request to the attenders. They apply complicated strategy similar to not direct authority towards construct consensus as well as support. They write democratic events to efficiently create an aim.

2. Communication: An individual who transfer understandable and convincing contents. Individual who are with this capability they are effectual in provided and get, registering emotional signs in adjusting their content. They deal with problematic

matters with firmness and conviction. They attend well; seek shared clear, and greeting sharing of info completely. They promote the growth of unwrap communication and stay open to awful information in addition to good.

3. Leadership: An individual who inspire and guide groups and persons. Individuals who are with this capability they articulate and stimulate ebullience for a communal vision and assignment. They are overconfident, guide the performance and lead by example.

4. Conflict Management: An individual who negotiate and resolve conflict of people's opinions. Individual who are with this competence they handle problematic persons and circumstances by diplomacy and tact. They spot potential conflicts bring conflict of people's opinions. They promote seminar and open conversation and answer win-win mastermind.

5. Building Bonds: An individual who nurture instrumental relations. Individuals who are with this competence they cultivate and assert extensive informal connections. They make relations that are parallel helpful, keep others in the circle and among colleagues share personal friendship.

6. Collaboration and Cooperation: An individual who work with other people toward shared goals. Individual who are with this competence they equilibrium a focus on job with attention to relations. They work together, sharing strategy, info, and resources. They endorse a friendly and helpful environment. They spot and take care of opportunities for teamwork.

7. Team capabilities: An individual who create group synergism in pursuing collective goals. Individual who are with this competence they model team virtues like esteem, cooperation, and help. They illustrate all members into lively and passionate contribution. They construct squad identity, team spirit, and promise.

Saarni and Crowley (1990) has summarized the concept of EC into 'Resilience and Self-efficacy'. Being resilient might refer to one's ability of staying robust even at the face of disruptive emotional set back. According to Saarni and Crowley (1990) the very notion of EC is comprised of two elements i.e., the elements of resilience and self-efficacy.

Mixed model was shaped and changed to forecast the efficiency and individual consequences in the place of work and in organisational ground (Goleman, 1998). Mixed model is grounded on numerous competencies, recognized via investigators carried in more than hundred of organisations; this kind of competency is considered features of the magnificent and productive workers (Goleman, 1998).

Trait Model

A theoretical differentiation amongst the ability model and trait model of emotional intelligence has been emerging done several years in many scientific journals (Petrides & Furnham, 2000; Furnham & Petrides, 2003). Trait emotional intelligence can be merely determined as an individual's own-perception of their emotional skills. Behavioural dispositions and self-perceived skills are included in the explanation of trait emotional intelligence and it is assessed through self-report. It is total opposite to the ability model which denotes real skills which proven extremely immune to scientific measurement. Within the personality framework trait model should be examined (Furnham & Petrides, 2003). Another tag for the similar concept is "trait emotional self-efficacy". The conceptualisation of Emotional Intelligence as a personality characteristic leads to build that lies on the outside the classification of individual cognitive skill.

In the light of above discussion, amid the emotional intelligence and EC it is imperative that there is a quality of being dissimilar. Emotional Intelligence in particular cites to the cognitive part of our emotions, whereas EC is the behavioural aspect of our emotions. Emotional Intelligence is the power to discern an individual's useful emotions from that of the futile emotions, being able to recognize the emotions of one-self and that of the others at the same time. EC is the capacity to execute individual's emotion carefully according to the situational demands. In other words, it is the skill of proper utilization of one's emotions. Being the core component of our social interaction, EC is very much required at the work place. Being emotionally competent leads to the successful interaction with our superiors, colleagues and subordinates at work place. Thus, an individual must capitalize on this important skill of EC.

RESILIENCE

World without resilience would be broken into pieces, its every aspect from human beings to the various institutions that they build. Even the minor setback could have been mighty enough to set us off. But as soon as the man experiences touch of adversity, he develops resilience in order to come out of it (Luther, Cicchetti & Becker, 2000). Resilience is joyful approach of being proficient towards bungee cord jump by the hazard of living (Fuller, 1998).

This emphasis on strength-based approach has led to move upward in study on resilience (Hunter, 2012). It is well-defined in the Oxford Dictionary as "being able to withstand or recover quickly from difficult conditions". Resilience described the capacity to bounce back from bad emotional experiences and flexibleness adapt to the changing demands of nerve-racking experiences when used in the field of psychology (Hu et al., 2015). English Language New Twentieth Century Webster's Dictionary distinct resilience as "the capability to jump or bounce back after stretched or constrained or recovering strength or spirit," Dictionary of American Heritage distinct "resilience as the capacity to make progress quickly from poor health, change, or misfortune."

Richardson et al. (1990) asserted that resilience is "the process of coping with disruptive, stressful, or challenging life events in a way that provides the individual with additional protective and coping skills than prior to the disruption that results from the event". Although several definitions of resilience have been propounded so far, yet there is no consensus on a single one fit all definition. After the careful perusal of several definitions the following seems to be worth mentioning:

"Resilience refers to the process of overcoming the negative effects of risk exposure, coping successfully with traumatic experiences, and avoiding the negative trajectories associated with risks" (Fergus & Zimmerman, 2005).

"Psychological resilience is viewed as a comparatively stable personality trait characterized by the ability to bounce back from bad experience and by flexible adaptation to the ever-changing stresses of life" (Lazarus, 1993).

Resilience as a psychological concept came into lime light with the efforts of Garmezy (1971). The first research findings on resilience published by Garmezy

(1971) identified ‘protective factors’ that now explain the whole concept of resilience. The concept gained momentum around 1960’s when researches began to investigate possible problems (drug abuse, delinquency etc.) among the youth who were at risk (poverty, illness or natural disasters). It was found that the youth who were at risk actually developed themselves into healthy personalities. They could do it with the help of some protective factors (family support, perseverance, positive emotions and peer support). This tendency of developing into healthy beings with the help of some protective factors was termed as resilience by Garmezy (1971).

Garmezy (1971) conceived the scientific study of resilience his compeers and a pupil has metamorphosed science and practice of manifold disciplines. From the molecular level to the worldwide ecosystem, infusing a strength founded and recovery-oriented method within psychology, education, welfare work, and psychiatry. Present study on resilience ambits from analyses of plasticity in brain development to effectual preparation for resilience in the context of ruin and misfortune (Masten, Nuechterlein & Wright, 2011). Resilience philosophers usually approve that existence of one or more than one defensive factor can decrease consequences of exposure to adversity. Bernard (1995) claimed that children who are resilient normally having four types of dimensions in common:

Social Competence: it is the skill to arouse optimistic replies from other people, thus founding optimistic relationship by means of grownups and compeers.

Problem Solving Skills: Preparation that amenities having vision of oneself in control and the quality of being able to cope with a difficult situation in quest of assistance from other people.

Autonomy: A sense of person’s particular individuality and a skill to act self-sufficiently and use some power over individual’s atmosphere.

A sense of purpose and future: Aims, learning ambitions, perseverance, full of hope and a general conscious awareness of a bright future.

Werner and Smith (1992) found resilient kid is one “who loves well, works well, plays well, and expects well”. Resilience most of the time seen as an asset because it helps individual bounce back from adversity and stress that benefits the person as well as the organization they work for (Wilson et al., 2014). Several individuals faced

negative circumstances and face many difficulties and trauma but they recover easily from the bad events, while other people's susceptible to attack to disorders and sickness.

Lots of individual presume that resilience is just about coping however examination confirmation suggests a more complex depiction; there are numerous methods of coping with strain, with some additional healthy than others. Other elements that donate to resilience comprise self-assurance, hope, and having a powerful sense of motive. Possess good judgement about when to try to get support from executive and fellow-workers and when not to try to get support is also very important (Wilson et al., 2014).

Resilience relates to resistor in contact with stress. Resilience is not merely confrontation against any threatening condition or a lacking in energy or will state in argument with life-threatening state, other than it is fighting with positive contribution of the individual in the surroundings and it is measured as a form of remedial procedure with helpful emotional and cognitive effects. Spirited individuals show higher private adaptation to demanding surroundings components in their real lives (Amanati, 2014).

Employee Resilience

In order to emphasis the experimental investigation of person's resilience in organizational surroundings to the perspective of "work-specific" resilient behaviors, the conception "employee resilience" has been suggested. Employee resilience can be distinct as "employee capability, facilitated and supported by the organisation, to utilise resources to continually adapt and flourish at work, even if/when faced with challenging circumstances". Employee resilience adds to key presentation, with optimistic worker viewpoint and behaviors (Näswall et al., 2013). Furthermore, worker resilience seen as a defensive feature on workers' responses towards modify in place of work. In the perspective of well-being at employment, investigation point's flexible staffs are much receptive towards essential organizational transform as well as own a better competence for revival from place of work disturbances than not resilient staffs (Shin et al., 2012).

Polk (1997) has synthesized four forms of resilience. Dispositional Pattern– This type of pattern associate to bodily and ego related to psychosocial attributes that encourage

resilience. These involve those features of a person that encourage a resilient disposition on the way to life stressors, and can comprise a sense of liberty/self-sufficiency, basic self-worth, good bodily health and good bodily appearance. Relational Pattern– This type of pattern relates a person‘s roles in societal and their associations with other people. These types of characters and associations can range from close to friendly relations to those with the broader society system. Situational Pattern - This type of pattern covers those features relating a linking among a person and a nerve-racking situation. This can comprise a person‘s problem solving ability, the ability to assess circumstances and responses, and the capability to take action in reply to a status quo. Philosophical Pattern - This type of pattern denotes to a person’s weltanschauung (world view). This can comprise numerous beliefs that encourage resilience, such as the faith that optimistic meaning can be found in wholly experiences, the faith that self-development is vital, the faith that life is purposeful.

Process approach to resilience

Resilience has enthused from being carefully weighed a permanent personality characteristic to being a temporal procedure. Study advises that resilience is non unmoving however might wax and grow smaller all over the lifetime (Luthar& Cicchetti, 2000). Resilience is a heterogeneous, multiple procedure that includes person, household and community level danger and defensive factors. Person defensive factors might comprise self-efficacy, self-determination and self-regulation (Cicchetti, 2010). Community components might contain public societal assets such as institutes, organizations and sporting clubs, in addition to sensation a sense of being connected (Dean & Stain, 2007).

Masten (1994) discussed resilience has to be considered as a procedure. He declared that resilience ought to be perceived as interaction amid definite but not specified features of a person and the wider atmosphere, equilibrium amid strain and the skill to handle, and a dynamic and constituting development procedure that is significant at life changes. There has been an immense debate regarding the fact whether to treat resilience as an inborn quality/product or dynamic process.

Most researchers have found that resilience is the outcomes of persons are able to act together with their surroundings and the procedures that moreover endorse wellbeing or guard them in contradiction of the awe-inspiring effect of risk factors.

These procedures can be person handling schemes, or might be assisted along by decent households, institutes, societies, and societal guidelines that make resilience additional probable to happen. Researches depict that there are numerous factors which grow and withstand an individual's resilience, and these factors are unnecessarily congenital nonetheless can be developed in whatever person:

1. Being able of taking the essential steps and ability to make real strategies to go after by them.

2. An optimistic own-concept and self-assurance in individual's fortes and capacities.

3. Communicating and difficulty-solving accomplishments.

4. Capacity to be able to robust impulses and emotional state.

Strength based practice

Strength based method is a societal work practice and this approach emphases on the physically and mentally strong person (Saleebey, 1996). Strength based method is constructed on the assumption that the usual man development procedure is in the direction of well development and completion, and that every person has fortes that will help them in this procedure. With the finding in resilience that maximum of individuals will accomplish well in spite of contact to greater difficulty (Masten, 2001). Theory and practice type of association amid the resilience theory and strength-based approach. The significance of defensive components and competences are identified by resilience theory. Strength-based approach is the application part of resilience theory and also includes other theories such as empowerment, curing and health (Saleebey, 1996).

Trauma Theory

Trauma theory advises experience in the direction of any mental or bodily shock might have existing for a long-time negative effect for kids and grownups. Trauma and experiences to higher levels of hardships are quite alike concepts, even though hardships might contain things such as existing in circumstances of long-lasting poverty in addition to another household and communal factor. Trauma is frequently talked about in combination by resilience. Approximately ideologues propose the two

can co-occur as well as a kid might exhibition signs of being extremely disturbed and resilient at the similar period (Bromfield, Lamont, Parker & Horsfall, 2010).

Attachment Theory

Attachment theory is frequently talked about within combination through resilience and alike ideas. Secure attachment by at minimum one of the most shared defensive factors found in resilient kids. Even though there is intersect amongst these theories, resilience varies in that it includes defensive components beyond attachment association, such as those inside the individual kid, household and broader community. A robust association with a main adult greatest certainly delivers defence for the kid from hardship but resilience theory proposes that there is an extensive variety of other components that might in addition be comprised. This might be chiefly significant if the kid has experienced shock connected to the loss of the main attachment figure (Hunter, 2012).

Producing very lengthy list of risk and protecting factors resilience investigators have been criticized because these risks and protective factors are of lesser practical use. Recently it has been suggested that, instead of concentrating on what make an individual resilient, it might be extra helpful to concentrate on what specific procedures have a tendency to cultivate resilience for specific individual (Luthar, 2000).

From the above discussion it becomes quite evident that most of the researchers treat resilience as a process not as a product. Besides one of the important outcomes of treating resilience as a process is the fact that it can be developed within the individuals. In this respect American Psychological Association (2014) suggested ten ways to develop resilience which include, Make networks: “Accepting help and support from those who care about you and will listen to you strengthens resilience.”, Avoid seeing crises as surmountable problems: “Try looking beyond the present to how future circumstances may be a little better.”, Agree to take that change is a part of living: “Accepting circumstances that cannot be changed can help you focus on circumstances that you can alter.”, Move in the direction of your ambition: “Do something regularly even if it seems like a small accomplishment that enables you to move toward your goals.”, Take decisive activities: “Rather than detaching completely from problems and stresses and wishing they would just go away, act on

adverse situations as much as you can.", Look for opportunity for self-discovery: "People often learn something about them and may find that they have grown in some respect as a result of their struggle with loss.", Nurture an optimistic view of yourself: "Developing confidence in your ability to solve problems and trusting your instincts helps build resilience.", Keep things in outlook: "Even when facing very painful events, try to consider the stressful situation in a broader context and keep a long-term perspective.", Uphold a hopeful outlook: "Try visualizing what you want, rather than worrying about what you fear.", Take care of yourself: "Pay attention to your own needs and feelings. Engage in activities that you enjoy and find relaxing."

JOB SATISFACTION (JS)

Humans found evaluative creatures as suggests everyday experience. In terms of liking and disliking humans look at much of their experiences. Many of us, e.g., have already developed actual clear strong liking concerning the person we socialise with, actions we involve in, and foods we pick to eat. In the organization, this inclination for assessment conducts staffs to grow state of mind of liking / disliking on the way to the occupations they are doing. Maximum persons have some judgement, be it optimistic or undesirable, about their occupation and the organisation in which they employed (Jex, 2002).

Hoppock (1935) delineate "job satisfaction as a combination of psychological, physiological and environmental circumstances that causes a person truthfully to say I am satisfied with my job". Bullock (1952) viewed "job satisfaction as an attitude which results from balancing and summation of specific likes and dislikes experienced in connection with the job – their evaluations may rest largely upon one's success or failure in the achievement of personal objectives and upon the perceived combination of the job and company towards these ends". Locke (1976) delineates "job satisfaction is a pleasurable or positive emotional state resulting from the appraisal of one's job or job experiences".

Delineate job satisfaction

An employee's level of optimistic affect in the direction of their occupation or occupation situation is typically defined as JS. We can add cognitive and behavioural element to this explanation along with the positive affect. Adding of these two

elements is dependable through the direction social psychologists describe attitudes. An employee's attitude in the direction of their occupation in reality is JS. Job satisfaction's cognitive aspect signifies a worker's beliefs about their occupation; a worker might have faith in that their occupation is thought-provoking, inspiring, and dull to name an insufficient choice. Note that even though these signify cognitive beliefs, they are not wholly independent of the beforehand labelled affective element. E.g., a statement or belief that "My job is interesting" is probable to be powerfully connected to emotional state of optimistic affect. Job satisfaction's behavioural element signifies a worker's behaviours, behavioural propensities in the direction of their occupation. A worker's level of occupation satisfaction might be showed by the fact that they try to be present at work on a regular basis, works hard, and have in mind as a purpose to continue a representative of the organisation for a longer time period. To compare the affection and cognitive elements of occupation satisfaction, the behavioural element is frequently lesser explanatory for the reason that individual's attitudes are not ever reliable with individual's behaviour. It is possible, e.g., for a worker to hate their occupation but then still continue working there for the reason that of financial considerations (Jex, 2002).

Theoretical approaches to JS:

A significant share of the investigation conducted on occupation satisfaction is dedicated to explicating accurately what controls worker's JS. To understand the development of occupation satisfaction is definitely of theoretic quality of being important and worthy of note to organizational psychologists.

There are three approaches to explain the JS development: (i) job characteristics, (ii) social information processing, and (iii) dispositional approaches.

(i) Job Characteristics: JS is characterized by great determination of chiefly thru the nature of workers to a person's occupations or thru the features of the organisations in which they do work. Workers intellectually assessed their occupation and organisation and make some conclusion of their comparative level of fulfilment. In organizational psychology the job characteristics method to a person's occupation satisfaction is powerfully deeply rooted. Characteristics of the job and job situation are strong forecasters of worker's level of occupation satisfaction and empirically

researches robustly support this idea. Job characteristics approach dug in as the leading method to JS inside the organisational psychology by the mid-1970s (Jex, 2002).

(ii) **Social Information Processing:** in the late 1970s job characteristics method faced a first main challenge in the shape of Social Information Processing theory (Salancik & Pfeffer, 1977, 1978) cited by (Jex, 2002). Social Information Processing theory theorists criticize the job characteristics method. First, they criticised that job characteristics was based on assumptions. According to Social Information Processing theory theorists, jobs are "social constructions" that be in the minds of workers. Second, they criticised that job characteristics method was founded on the concept of need fulfilment. According to Social Information Processing theory theorists, there is very few evidences have supported the usefulness of needs in the forecast of worker outcomes. Employees develop attitudes with the help of social information processing theory from the social environment such as JS the above view is largely based on (Festinger, 1954 cited by Jex, 2002) Social Comparison Theory. Social Comparison Theory states that individual frequently look to other people to understand and make sense of the atmosphere.

(iii) **Dispositional Approaches:** dispositional approach is the most recent approach to explaining JS. Basic postulation of this approach is JS is that some workers have a propensity to be fulfilled with their jobs, in spite of everything of the nature of the job or organisation in which they employed. A very recent phenomenon is frequently depicted is the use of dispositions to explain behaviour and attitudes. Dispositional method to JS can in actual fact be discovering back to the work of (Weitz, 1952 cited by Jex, 2002). Interest of Weitz in to impact turnover whether a person's general affective propensities would act together with JS. For the dispositional approach to JS the most interesting evidence was provided in a research conducted by (Arvey, Bouchard, Segal, and Abraham, 1989 cited by Jex, 2002). In the present study, the authors investigated JS amongst pairs of monozygotic twins, and assessed the degree to which JS was alike inside pairs of monozygotic twins. With the use of statistic called the intra class correlation coefficient, it was found by these authors that approximately 30

percent of the variance could be attributed to genetic factors. On methodological grounds this study was criticized (Cropanzano & James, 1990 cited by cited by Jex, 2002), it is nonetheless consistent with a dispositional method to JS.

JS Correlates:

Even though "JS" is thought-provoking for its particular sake, investigators and administrators are interested in JS chiefly for the reason that of it is possible association to other variables of concern. Therefore, this segment defines relationship amongst JS and variables of four types that actually have theoretic and applied importance: attitudinal variables, absenteeism, employee turnover, and job performance.

(i) **Attitudinal Variables:** it has been found that JS is to correlate most powerfully with other attitudinal variables. These attitudinal variables reflect some degree of like or dislike and they are affective in nature. Attitudinal variables common examples that are used in organisational investigation comprise job involvement, organisational commitment, frustration, strain, and emotional state of anxiety. All of these attitudinal variables to a larger degree reflect levels of affect. Organisational commitment and job involvement affect are positive. Other attitudinal variables reflect feelings of negative effect.

(ii) **Absenteeism:** for theoretical and practical reasons the investigation of absenteeism is significant. Absenteeism is an overpriced problem to numerous organisations; this is a practical perspective. Whenever workers are absent, that work might not get done or might be done by not as much of experienced workers. It is surely instinctively reasonable that a worker's absenteeism from work would be one response to a higher level of job dissatisfaction.

(iii) **Employee Turnover:** Some turnover in organisations is unavoidable and, in some cases, might even be necessary. Nevertheless, greater levels of turnover can be overpriced to organisations since they necessity begin the procedure of employing, choosing, and socializing a novel worker. Greater levels of turnover might too have an opposing influence on the public

picture of an organisation, and henceforth upsurge the difficulty of employing.

(iv) **Job Performance:** Job performance correlate has the longest history with JS. As a matter of fact, the effort to associate JS with job performance can really be drawn back as far as the Nathaniel Hawthorne Studies. Founded on their findings, Nathaniel Hawthorne investigators came to the comparatively inexperienced conclusion that there is one way to make workers extra productive was to make them extra fulfilled. Stated in a different way, "A happy worker is a productive worker."This idea that JS wedged job performance turns into broadly accepted and aided to usher.

Aykan and Aksoyly (2015) explained JS is determined as an arousing reply of a worker formed throughout assessment of the occupation and working atmosphere. Work satisfaction is particularly important in business with extreme working terms, surroundings and psychological exhaustion. So, the interaction between working surrounding and individual experiences results in either work satisfaction or dissatisfaction. JS is positively affecting among employees' bodily and psychological states but too their positive emotions reveal improved performances and as a result yield enhanced service quality.

JS is a feeling of a person toward his/her effort and diverse aspects of the task responsibilities. JS is unique and different for each and every person. Recent researches in JS has focused its attention to the cognition process that shaping feeling aspects (Rahmawati, 2013).

JS plays a vital role for any organization. It is a kind of motivational feeling on the job among workers. Employees' satisfaction in their job is especially vital for any organization's development and growth. The type of society that dominates in health care organisations is reliant ahead the individual resource strategies being experienced by the topmost management. So, these policies, in turn will form the exact individual resource exercises, being acquired. However, JS of workers, particularly at entire levels, is impacted to a great degree. Out of individual and organisational components, as determining factor of work satisfaction, it has been seen that among the two sets of components, organisational components play an important part in influencing occupation satisfaction (Rana, 2014).

Jayashree (2015) explained that hospital employee's job dissatisfaction is extremely connected with employee's aim to leave, substandard health care delivery and deprived clinical outcomes for example due to contrary events and reduced patient adherence, and inferior patient satisfaction. For the hospital employees themselves, low level of JS is also connected with high degree of anxiety as well as exhaustion. Most of the researches suggested that JS and job performance are optimistically associated. Medical employees with high degree JS are more probably to deliver additional satisfactory facilities and they can produce improved therapeutic consequence than those with lower level of occupation satisfaction. Hospital employee's higher degree of JS results in higher patient satisfaction and lowest medical charges, thereby making a hospice additional competitive.

In actual fact, humans are born to relish a good healthy life. Nature has restricted with countable range of resources. For all such type of ecological disturbances only people are responsible that give upsurge to countless diseases. But with the unlimited knowledge humans has not been able to find a lasting medicine for an improved and less sick prone life. Henceforth, there is no doubt, in this current epoch and for epochs to come the demand for healthcare employees' services will only be enhancing. So, healthcare employees' service is an unavoidable one. In actual fact, healthcare employees require extra patience to attend these patients because the patients who come to public hospitals are mostly uneducated and deprived. And these kinds of patients are not giving any charges excluding for some examinations (CT scan & MRI). These patients need special care, kind and quality service from the healthcare employees (Jayashree, 2015).

In the present time workers are getting good salary and most of them are satisfied with their salaries. They are living a decent life, but likewise to get some private satisfaction out of their occupation. Employees are concerned only about the superiority of their employed experience. Employee who is satisfied with their job is a full employee. It is very true that all employees think they want to do finest to their organisation but unluckily due to some conditions they are not able to do so and at this situation employee feel really very bad. In fact, an employer only gets satisfaction by their outstanding and effective work, when he is fully understood by his fellow workers or administrators. An employee needs to be satisfied with what he is doing and how he is doing it that is JS. Investigation has commonly found that fulfilled

employees are extra productive and dedicated to their occupations, however dissatisfied one's experience absenteeism, complaints and turn over in the medical profession. Furthermore, JS was found to be extremely connected with a number of variables as well as patient satisfaction and excellence of care (Jayashree, 2015).

MENTAL HEALTH

Wellness is an essential superiority in human being. It is a wide conception as defined by "Preamble of the World Health Organization charter" – a condition of whole bodily, psychological as well as societal eudemonia, not just absenteeism of illness or debility.

In the current epoch of globalisation, denationalisation and liberalisation, the whole world's complete scenario twisted into a universal village but the societal attitudes, value designs, behaviour of individual have been drastically altered in the opposite way. Nowadays people living in a money idolising the world which is filled with competition. Insecurities of all kinds like bodily, psychological, societal etcetera are have devote fully to the individual who are affected with madness for extra and extra money-oriented self-possessions in order to living lavishly and they also leave the similar concept of living luxurious for the coming generations. Present day's men are unneeded doing hard work like running from the initial morning to till late-night for making money. Present day's men are collecting wealthiness with their continuing forever lust. Resulting lack of emotional-social support to fellow being has created nervousness, frustration, strain, pressure, being unable to adapt properly with numerous personal and societal difficulties and have distressed overall health of the human being to a huge extent.

Wellness is an essential character in human. Wellness has been depicted as soil from which the premium flowers produce. Wellness designates psycho-somatic wellbeing of an individual and is a broad in content concept which includes bodily, societal, and psychological health. Individual in a state of emotional, bodily, and societal wellbeing fulfil lifetime responsibilities, function efficiently in day-to-day life and are fulfilled with their interpersonal associations and in themselves. Looking at the divesting scenario of the modern society, vitally important found mental health, as in mind the entire thought process takes place, all ambitions developed by our mind, and all

directions given by our mind which guides us, shape us and control our communication, control conduct of behaviour and decide our individual and societal performance along with adjustment.

Desirable behaviour exists only if the mind is wellness. Healthy mind will allow the person to lead within society and economically fruitful living. Psychological wellness is a sense of wellbeing, and person experience. It determines person's means of living, working and leisure time actions. It develops joy, constancy, and safety. It is the capacity of a person to make private and societal adjustment.

"Mental health" is usually applied to explain a degree of cognitive or emotional eudaemonia or nonappearance of psychological disorder. World Health Organization (2005) distinct mental health as "a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully and is also able to make contribution to his/her community". The concept of 'mental health' includes immanent wellbeing, sensed self-efficacy, competence, liberty, intergenerational reliance and recognition of the ability towards understand person's rational as well as emotional potentiality. It has also been delineate "state of well-being, whereby individuals recognize their abilities, are able to cope with the normal stresses of life, work productively and fruitfully, and make a contribution to their communities."

It can also be defined in terms of nonappearance of mental sickness, but the numerous psychologists perceive about in a particular way this definition as too narrow. Psychologists have named an amount of not alike proportions of psychological wellness that comprise self acceptance, self-pride, optimistic assessment of individual and individual's previous experiences.

Mental health is one of the vital inseparable parts of an individual's living as well bodily, divine and fiscal wellbeing. It is believed that a healthy mind is a key of a person reaching fulfilment in life (Swami et al., 2007). It too comprises individual's skill to relish life to reach equilibrium amongst life doings and hard work to attain mental resilience. Psychologically healthy individual has all types of his well-being, bodily, mental, societal, and well-coordinated within an impartial and proportionate entire in relation with whole surroundings (Kaur, 2015). Menninger (1945) defined "mental health as the adjustment of human beings to the world and to each other with

a maximum of effectiveness and happiness". Hadfield (1950) stated, "Mental health in terms of a dynamic state which is not static, it is the functioning of the whole organism towards an end, it is a harmony of movement being active and living. "

Bernard (1957) pointed out that "mental health is a normal state of wellbeing, a positive but relative quality of life. It is a condition which is characteristic of the average person who meets the demands of life on the basis of his/her own capabilities and limitations, mental health is not only absence of illness but it is an active quality of individual's daily effective living."

Jahooda (1958) noted "six aspects of positive mental health such as attitude of an individual towards his own self, growth, development or self-actualization, integration, autonomy, perception of reality, and environmental mastery."

The Encyclopaedia of Education (Deighton, 1971) emphasises, "mental health has more than simply the absence of mental illness." Rather mental health is seen as optimal functioning of the person and societal group in all emotional and intellectual areas." Hilgard et al. (1971) described as "a mentally healthy person has a philosophy which gives direction to his life while keeping in view the demands of the changed situations and circumstances." Bhatia (1982) defined, "Mental health in terms of the ability to balance feelings, desires, ambitions and ideals in one's daily living, it means the ability to face and accept the reality." Longman's Dictionary of Psychology and Psychiatry (Goldenson, 1984) defined as, "Mental health is a state of mind characterised by emotional well- being, relative freedom from anxiety and disabling symptoms, and coping with ordinary demands and stresses of life."

Larry (1998) explained, "Mental health as absence of mental illness, appropriate social behaviour, freedom from worry and guilt, personal competence and control, self-acceptance and self-actualization, unification, and organization of personality, open mindedness, and flexibility".

Pollard and Davidson (2001) defined, "mental health as a state of successful performance throughout the life course indicating physical, cognitive and socio emotional functions that result in productive activities deemed significant by one's cultural community, fulfilling social relationships and the ability to transcend moderate psychosocial and environmental problems".

Mental health is very important in each phase of life and giving attention to it in every aspect of life's' including individual, social and job. Considering employees' occupational surroundings and working conditions in recent decades in order to heighten their excellence of work, wellbeing and wellness and to use their experience to a greater degree and better has been of interest to many researchers (Shirazi et al., 2016).

Proper take care of an individual's mind is as important as proper take care of a person's body, for a successful and manageable life on the whole health, psychological health and emotional health or wellbeing is very important. Psychological health is directly related to the emotional and spiritual resilience that permit an individual to take pleasure in existence and to survive pain, distress and dissatisfaction. Psychological health is an optimistic intellect of wellbeing in addition to a fundamental faith is one's own and others decorum and importance. Psychological health is a way how an individual believes, behaves and feels when confronted with every day's lives situations. Overall psychological health is about how individuals seem at themselves, their life and other individuals in their life assess their challenges and struggle, discover choices, managing pressure and making decisions (Khudaniya & Kaji, 2014).

Psychological disorders related with depression, nervousness, sleep commotion and associated signs depicted dominant in the society and place of work. Job-related mental health is importantly linked to the production and other desirable organizational results such as promise and satisfaction. Particularly lot of researches have recovered an accurate connection among psychological health and work satisfaction. Bad psychological health impairs work presentation and interpersonal discussion, and it also sound effects on the security and excellence of services (Lee, et al., 2009).

Deprived mental wellness damages occupation performance and communicating interpersonally. Consequently, it might have harmful effects not only on occupation fulfilment but then also on the security and excellence of facilities. The healthcare workplace is a multifaceted atmosphere.

Individual, interpersonal and organisational issues have been found to be use in occupation fulfilment, strain and exhaustion in the healthcare environment (Shigemi, et al., 1997 & Evans, et al., 2006). Evans, et al., (2006); Ofili, et al., (2004) and Kerschen, et al., (2006) focused on doctors, nurses, druggists and welfare employees than on medical experts employed in clinical laboratories.

Error rate in medical field is attracting attention of medical experts and common public. Mistakes resultant by employees' deprived devotion and undesirable behaviour produced by mental distress or occupation dissatisfaction can happen all over the work procedure, as well as during execution tests, data entering and report writing. Wrong report findings of a vital test done by laboratory may lead to wrong diagnosis and faulty treatment decisions by doctor (Shigemi, et al., 1997; Evans, et al., 2006; Ofili, et al., 2004; Kerschen, et al., 2006; Bennett, et al., 2005; Ozyurt, et al., 2006 & Scott, et al., 2006).

Work-related mental wellness is shown to be significantly connected to organisational outcomes, for example, fulfilment and commitment. In specific, researchers have found a close connection amid mental wellness and occupation satisfaction (Cheng, 1988 & Hwu, et al., 1989).

CHARACTERISTICS OF MENTALLY HEALTHY PERSON

According to Damakle (2014) mentally healthy individuals have following characteristics:

- "A sense of contentment."
- "A zest for living and the ability to laugh and have fun."
- "The ability to deal with stress and bounce back from adversity."
- "A sense of meaning and purpose, in both activities and relationships."
- "The flexibility to learn new things and adapt to change."
- "A balance between work and play, rest and activity etc."
- "The ability to build and maintain fulfilling relationships."
- "Self-confidence and high self-esteem."

INDICES OF MENTAL HEALTH

After reviewing the literature in the field of mental health (Singh & Gupta, 1983) defined 6 popular indices of mental health: -

(i) **Emotional Stability:** Emotional stability denotes to go through the immanent unchanging emotions which have optimistic or bad values for the person.

(ii) **Overall Adjustment:** When an individual achieves an in general harmonious equilibrium amongst the requirements of numerous features of atmosphere, such as household, wellness, societal, emotional, and institute on the one hand and thought on the other.

(iii) **Autonomy:** Autonomy is a phase when an individual reach independency along with self-determining in thoughts.

(iv) **Security-Insecurity:** security-insecurity denotes a higher or lower feel of security, self-assurance, liberty from horror, nervousness, chiefly with respect to satisfying the individual's current or upcoming desires.

(v) **Self-Concept.** Self-concept denotes to summation of the individual's attitudes and information in the direction to him/herself and assessment of his/her accomplishments.

(vi) **Intelligence:** Intelligence denotes to overall mental skill which aids the individual in thinking logically, and in acting in a purposeful manner in his/her atmosphere.

Damakle (2014) absence of mental illness considered as mental health by some psychologists. Damage of a person's normal cognitive, emotional functioning or behavioural functioning is known as mental illness and it is caused by social factor, psychological factor, biochemical factor, genetic factor or can be other factors like infection or head trauma. It can be also called as emotional sickness, mental sickness and mental disorder. Mental health as a continuum as considered by some experts. Therefore, a person's mental health possibly will have numerous different possible values.

For every society's growth and development mental health is very essential and for a fit and joyful life. The explanation of wellness comprises psychological wellness along by it is bodily, emotional, societal, and religious mechanisms. Nevertheless, it is quite ordinary to detect individual in all society suffering from psychological wellness

difficulties. Much person and their households face massive challenges in their everyday living due to social favouritism and underprivileged opportunities. These individuals and families face silent suffering and that is not only a problematic situation, but these types of persons are neglected ones due to numerous biases that actually occur at different stages in each and every society. Now, this is the right time to alter this scenario at an international level where societal, high-tech and economic advances are happening at a quicker pace (Gururaj et al., 2016).

Nevertheless, numerous challenges have thrown up in the past because of the complexity of mental health difficulties and their assessment; not likely to be solved in the near future. Mental disorders and mental illnesses known to be begun through a complicated intact of biological, societal, cultural and financial reasons and are frequently observed in the risk appraisal and act of causing of these problems (Gururaj et al., 2016).

The "National Mental Health Survey 2015 – 2016" has showed vast load of psychological disorders in India. The survey results are grounded on scientific, uniform, and standardized methodology. Around 11 percent of Indian population suffering from the mental disorders and above the age of 18 years, most of them are not receiving any care. In an enormous amount it is arousing affect their quality of life, productivity and earning potentials in all the areas of person and their family. This survey's data can be used as a proof to strengthen and implement to mental health guidelines and programmes (Gururaj et al., 2016).

MODELS OF MENTAL HEALTH

Basic mental health models are as follows:

Medical or Biological Model: Maher (1966) cited by Damakle (2014) has noted "Deviant behaviour is termed pathological and is classified on the basis of symptoms the classification being called diagnosis. The progress designed to change the behaviour are called therapies and are applied to patients in mental hospitals. If the deviant behaviour ceases, the patient is described as cured". The model of physical

illness was the basis for defining deviant behaviour. However in later years, this model has undergone a barrage of criticism initiated by Damakle (2014). Ullman and Kranser (1965) cited by Damakle (2014) have also questioned the validity of the medical model.

Psycho-Analytical Model: Balanced personality is described to be related with concept of mental health. Keeping ego with firm grip on reality of the external environment balanced id-ego-superego triad is essential for mental health. According to psychoanalytical school personality development is linked to the expression of biological or sexual energy (libido). Further, it is dependent on the gratification sources towards which biological energy is directed. Thus, psychological development was explained through psychosexual stages. These stages were on the basis place of the expression of libidinal energy (i.e. oral anal and genital areas) for gratification. Individual psychology of the analytic psychology of Jung (1953), interpersonal theory of psychiatry of Sullivan (1953), humanistic psychoanalysis of Fromm (1941) as cited by Damakle (2014) are some other psychoanalytic systems. This model is also known as dynamic model. The critics of this approach came through the behaviourist that concepts in dynamic approach neither be proved or disproved and these can't be empirically tested (Damakle, 2014).

Statistical Model: Specific characteristics of people like personality traits, ways of behaving are explained by statistical approach. Majority of the people with these characteristics are in middle of the population curve. Limited amount of people fall in at either of the population curve extremes. Eysenck (1960) cited by Damakle (2014) described three dimensions of personality namely, introversion-extroversion, neuroticism and psychotics on the basis of use of statistical approach. Damakle (2014) explained type factor approach. To define behaviour patterns and syndromes applied factor analytic techniques were used. But statistical methods just analyse data and do

not decide what type is to be observed and therefore inadequate to describe the concepts qualitatively.

Learning Theory Model: Psychopathology is described as a set of learned maladaptive behaviour and because the environment reinforces these, person develops them. As neurotic behaviour is based on persistent habits of learnt behaviour acquired in situations generating anxiety (Damakle, 2014). Dollard and Miller (1950) cited by Damakle (2014) synthesized Freud's dynamic model with learning theory. Maher (1966) cited by Damakle (2014) in "principles of psychopathology" successfully linked learning model to psychopathology. Further, Damakle (2014) described social learning theory in development of maladaptive behaviour. Critics disagree on the basis of failure to include data on subjective experience, failure to interpret complex behaviours like, love, hope, despair etc.

Humanistic Model: Oriented towards individuals and their potentials this approach focused on principles of personality development and functioning. Psychopathology is the blocking of personal growth due to one of the following factors.

1. Ego-defence mechanisms increment in individual, which further increase the distance from reality.
2. Faculty learning and non-favourable social circumstances.
3. Too much stress.

Critics disagree due to lack of scientific rigor in conceptualizations of humanistic approach.

Socio-Cultural Model: Coleman (1976) cited by Damakle (2014) states that by the commencement of the present hundred years, anthropology and sociology had come

out of as free scientific fields. Role of socio-cultural factors in human development is recognized. Association among socio-cultural factors and mental disorders was established. Patterns of bodily and psychological disorders in a particular society may change overtime because socio-cultural conditions change.

Existential Model: Illogical tendency of person nature and the problems innate in self-fulfilment, primarily, dehumanising impersonalizing collective society were accepted as cause of pathology. This model focused on the internal experience of the human being, than modern science, while trying to understand human problems. Furthermore, existential theory of anxiety was constituted by Thorne (1963) cited in Damakle (2014).

Moral Model: This approach concentrated on psycho-pathological behaviour. According to Mowrer (1966) "so long as well subscribe to the view that, neurosis is a bonafide illness, without moral implications or dimension our position will, of necessity, continue to be an awkward one. And it is here that I suggest that as between the concept of sin (however unsatisfactory it may be in some ways) and that of sickness, sin is indeed lesser of the two evils".

Over the period of time there has been a change in the negativistic view of the philosophy for basic human nature. Psychoanalysis contributed for maladaptive behaviour study which is caused by inaccessible factors. On the other side, behaviourist and existential approaches concentrated on coping with everyday problems. Models of humanistic and existential focused on problems of contemporary life with regard to values. A global approach incorporating all models is more beneficial to interpret the pathological behaviour.

The policy of W.H.O. emphasized guiding principle of a “sound mind in a sound body, and a sound body in a sound society”. Interdisciplinary view is in need of unified synergetic view of man. Miller (1965) cited by Damakle (2014) described a “general system theory”, which does not find individuals as distinct from their environment. He explained the individual as integral and interacting part of a whole, more strong than its elements. This approach not only deals with current problems but also forecasts future. Explanatory principles and capabilities for prediction and control are the features of above interdisciplinary approach (Bertalanffy, 1967, Barrien, 1968, Buckley 1968 cited by Damakle, 2014).

CHAPTER 2

LITERATURE REVIEW

The essence of every research endeavour is determined by the depth and quality of literature review that every researcher undertakes with great care and responsibility. It is the touchstone where from emanates the whole research process. It familiarizes the researcher with the vast knowledge pertaining to research topic that he/she wishes to investigate. The researcher gets the opportunity to fill the gaps if there are any in the vast array of knowledge that has been accumulated so far. Shields and Rangarajan (2013) distinguished amongst the procedure of studying literature and a complete work or product known as literature review. Procedure of studying the review of literature needs different types of activities and styles of thinking (Baker, 2000). With the help of literature review researcher finds a new and innovative questions for research, recognize as yet, unidentified research gap in the literature or create astonishing associations.

As stated by the World Health Organization (WHO, 2013), the deficiency worldwide around 7.2 million of healthcare workers found, and this 7.2 million is predictable to upsurge to around 12.9 million in 2035. In healthcare the major group of employees in hospitals is nurses (McMullin & Cooke, 2004). According to the WHO (2006) approximately one third of nations worldwide affected workers' satisfaction with their fellow workers. As stated by Tsai and Huang (2008), to increase JS amongst nurses hospitals need to encourage participation of nurses, abundantly empower the nurses, upsurge educational training, and endorse the development of the nurses. Therefore, review of literature has been accomplished while keeping the above things in mind.

Emotional Competence Related Literature

Bahrami et al. (2018) defined the mechanisms of EC in Iranian hospitals. Total sample of the study was 25 respondents selected through purposive and snowball sampling technique. Analysis revealed that EC of an individual associated with optimistic attitude, religious maturity, and self-control on emotions, faithfully following professional ethics, creativeness and invention. On the other side, social EC associated with compassionate care and relationship management. It was concluded

that EC was recognized amid nurses as an important skill when nurses care for older people.

Aleksandrovna et al. (2018) revealed that developed EC allows building an effective interaction between workers in the course of their functional duty performance, increasing labour productivity. Findings revealed that the dependence of the relations rethinking by an employee and the development of the EC affecting the efficiency of the business.

Bhagat et al. (2018) promoted awareness of emotional development to endorse EC. The present study based on developmental perspective of emotion and its linkage with emotional regulation through the developmental stages and emerging competencies that upholds emotional wellbeing. In nutshell, views of this article indicate that promoting emotional competency may help in endorsing the abilities which help effectively to cope in specific conditions, endorsing features connected with optimistic developing results, self-efficacy, prosocial behaviour and helpful associations in social life.

Matute et al. (2018) analysed the effect of workers' EC on trust, loyalty and rapport. The sample of the study was 296 clients. Findings revealed that loyalty, rapport and trust directly affected by employees 'EC. Nevertheless, higher levels of EC are not significantly connected with loyalty.

Latif et al. (2017) analyzed effect of emotional intelligence and competency to work satisfaction of employee's general hospital centre. Analysis of the data used in this study by Structural Equation Modelling (SEM-22). Result revealed that emotional intelligence contributes to increase the JS. This gives an indication that higher emotional intelligence will make higher employee satisfaction. Result also showed that competence does not contribute indirectly to employee performance through JS. This shows that competence has no effect through JS, but it directly affects performance.

Beckham and Riedford (2017) examined component behaviours of EC and nurse development of an action plan to demonstrate performance of these behaviours. The

results revealed that critical impact of EC on professional role satisfaction and on success of an organization was explored.

Andrade et al. (2016) examined the EC among hospital employees. Results revealed oldest females hospital employees are with higher EC skills. Results showed that job and the relationships type at place of work determine the employees' EC with their experience.

Kozub et al. (2016) explored that EC increases an individual's JS and work engagement and decreases burnout. As clinical nurse specialists lead and facilitate teams, EC is required to achieve desired outcomes and create lasting change. Development of EC, starting with self-assessment, therefore, is a worthwhile endeavour for achieving success in the clinical nurse specialist role. Furthermore, from an organizational perspective, interviewing for EC by using behaviourally based questions is one tactic to ensure a good fit within the organization. As with ongoing competency development in nursing staff, using a leadership competency that includes the tenets of EC also facilitates development of EC in the newly hired clinical nurse specialist. In these ways, individuals and the organization in which they function can foster EC and contribute to successful role implementation of the clinical nurse specialist.

Lamothe et al. (2016) identified consequence of mindfulness-based stress reducing in healthcare providers. Analysis of the review of literature revealed that evidence regarding the special effects of heedfulness-based strain reduction in specialists recommends this treatment is connected through advances in burnout, strain, anxiousness and depression. Advances in empathy are also recommended but no clear proof is presently accessible on emotional competencies. Nizielski and Rindermann (2016) analysed the relations between the Big Five and EC. The total sample was 92 employed persons. Results revealed that the Big Five only forecast some of the EC facets.

Kim and Liu (2015) revealed that EC and JS showed significant relationship. Findings revealed those new joiners who are sensitive to their emotions and those who efficiently manage their feelings enjoying their professions and extremely committed

to their organizations. Interaction results showed that EC and taking charge was not statistically significant correlated to occupation satisfaction. Effect analysis revealed that emotional competency disclosed a statistically significant addictive effect on occupation satisfaction. Interaction analysis revealed that EC and amongst taking charge was statistically significant associated to work presentation. So, overall findings revealed that when new joiners are extremely skilled of handling their feelings, employees can take pleasure in doing their professions and employees experience extremely dedicated to their organisations.

Kamboj et al. (2015) assessed a sample of 130 male and female workers. Results indicated that females are less emotionally competent than male employees. Results showed that male employees reported work life with higher status in comparison to their counterparts.

Galal et al. (2012) examined social and EC amongst pharmacy students. Total sample of the study was 212 students of pharmacy who enrolled in the course. Analysis did in analysis of pupils' achievement within the clinical cases employing a patient subject matter assessment kind showed that pupils' social emotional competencies significantly enhanced.

Nelis et al. (2011) examined whether increase in the level of EC can improves mental and bodily wellbeing, employability and social relationships. Findings revealed that control group 1 who trained for 18 hours with the help of electronic mail carry out was adequate to significantly to make better understanding of feeling, regulation of feeling and overall EC. Findings of control group 2revealed that EC growth brought about optimistic changes in mental wellbeing, individual health, excellence of social relationships and employability.

Doas (2011) explored conception of EC among working registered nurses. Findings revealed that to build powerful teams and interdisciplinary networks emotionally competent behaviours are as being required and important. Kim et al. (2009) investigated EC influences work performance. Findings revealed that EC was connected positively with task efficiency and social integration. Findings also showed that association among EC and work performance significantly mediated by proactive behaviours. Giardini and Frese (2008) revealed that workers' EC was related to client assessments through a direct link to the client assessments of the encounter.

Wakeman (2006) proposed that without the factors of emotional intelligence ECs cannot exist, which support the development of these competences. Therefore, an individual who is competent of appropriately determining the personal emotions has the potential to formulating EC by self-control. Likewise, an individual who can properly recognize own feelings has the potential to developing emotional competence in empathy. In both cases, for developing emotional competence it is very obvious that components of emotional intelligence offer the bases. Kernbach and Schutte (2005) findings revealed optimistic association amongst worker EC and client satisfaction.

Goleman (1998) yielded no gender differences in EC, whereas men and women may have various areas of EC, as well as overall levels of EC are equal. Goleman (1998) suggests that social skills in part depend on more fundamental EC. When a supervisor finds it difficult to deal with a "problem employee," lack of listening skill on the supervisor's part manage well contribute to the difficulty. However, it is likely that the supervisor's emotional reactions (anger, resentment, anxiety) also play a role. In order to listen well, the supervisor must be able to monitor and regulate his or her own emotional reactions. The concept of emotional intelligence thus suggests that training may be needed to help such a supervisor develop greater emotional self-awareness, self-management, and empathy, as well as social skills.

EC is observed as significant construct in the place of work in above research literature. It is recommended that EC is significant part in forecasting place of work success **(**Goleman, 1995). Goleman views EC as one's own awareness of his environment, ability to manage own and other emotions and motivate others and oneself, connecting and maintaining a relationship.

Salovey and Mayer (1990) propose the theory of EC which was illustrated as the act of managing people with their emotions. EC (EC) is a division of social intelligence, which is an act of managing your own feelings and the one of other, ability to distinguished all these emotions and apply them as information, then act upon it, to build positive climate and gain customer trust and loyalty.

Resilience Related Literature

Jatchavala and Pitanupong (2019) depicted normal level of resilience amongst medical doctors. McKinley et al, (2019) systematically reviewed and highlight the complex nature of resilience. Factors influence resilience is personality and can improve by counselling health care employees with regard to their particular personality trait. Nevertheless, resilience is not only influenced by doctors personal resources, but some studies also highlighted that resilience also influenced by load of work, environment of work, social support and free time activities.

Naz and Sharma (2018) reviewed resilience among medical professionals. This study provides important information on concept of resilience inside the workplace surroundings for medical and paramedical professionals. Recent literature shows the importance of resilience in the health care organization that higher level of resilience pushes the medical and paramedical professionals to keep doing their work with full concentration. It is very vital for medical and paramedical professionals to realize why some medical and paramedical professionals are with bounce back ability and others are not with such ability. Presence of bounce back ability or resilience among employees may improve constructive organizational work culture, and to develop different kind of programmes to help medical and paramedical professionals become and remain resilient within healthcare surroundings.

Guo et al. (2017) explored condition of resilience and its forecasters among female paramedical professionals. The results showed that female paramedical professionals used a positive coping style while experiencing resilience and self-efficacy at moderate level. Results revealed through multiple linear regression model that paramedical professionals with high self-efficacy and educational qualification used optimistic coping in place of pessimistic coping. Further, doing exercise on a regular basis, not using cigarette smoking and alcohol estimated high level of resilience.

Frajo-Apor et al. (2016) inspected emotional intelligence and resilience amongst psychological well-being specialists. Results revealed that both of the groups revealed an average level of emotional intelligence in all classes of the Mayer-Salovey-Caruso-Emotional-Intelligence Test and indicated high levels of resilience in Resilience Scale. Both groups did not vary significantly from each other, neither in terms of emotional intelligence and not resilience. Findings of the study showed that a positive

association amongst emotional intelligence and resilience, even though small in magnitude. The current study's results suggested that psychological well-being specialists are even not much resilient and hence not more saved from stressors than the overall populace.

Rushton et al. (2015) investigated resilience and burnout between female paramedical professions working in high-intensity environment. Results revealed that the relationship among resilience and burnout was strong. Higher the resilience in nurses protected from emotional exhaustion and contributed to personal accomplishment. Results also revealed that religious wellbeing cut down emotional exhaustion and depersonalization; and bodily health was linked with personal accomplishment. Results also showed that higher level of resilience was linked with improved hope and cut down stress among nurses. So, the resilience scores were comparatively flat over years of work experience.

Lee and Cha (2015) analysed the features of the workplace atmosphere and resilience of welfare workers. Findings showed that organisational workplace environment had statistically significant effects on occupation satisfaction and organisational commitment of welfare workers. Findings revealed that welfare workers, who reported higher level of resilience, also reported higher level of occupation satisfaction and organisational commitment.

Thompson et al. (2016) investigated resilience among medical students with special reference to coping style and social support. Findings revealed that 17% of the students falling in the category of moderate to intense depression, 49% faced burnout and 81% depressed respondents were undiagnosed. Terrific danger of depression was connected with not adequate support from family, friends and comrade medical students. Strategies in higher use of approach-oriented coping was connected with importantly reduced the danger of burnout and was contrary wise associated with depression.

Eatebarian and Khoozani (2016) examined association amongst resilience, procrastination and JS amid non-physician staff of the hospital. The total sample of the study was 930 non-physician staff. Results indicated that non-physician staff showed higher level of resilience. Results also showed high level of JS and

satisfaction of work among non-physician staff. Findings indicated that resilience is the best forecaster of JS. Findings showed that there is an important optimistic association amongst resiliency and work, supervisors and colleagues from JS.

Treglown et al. (2016) tested ambulance employees for establishing and upholding resilience through unique dark-side traits. Results showed that burnout was negatively predicted resilience amongst ambulance employees. Findings revealed that behavioural tendencies of emotional instability as seen within excitable and cautious. Behavioural tendencies of emotional instability upsurge the tendency to burnout and also weaken the capacity of resilience. Findings showed that resilience can be positively predicted by the bold personality.

Kutluturkan et al. (2016) studied nurses for their scores on burnout and resilience scales. In findings number of working years was one factor that affected resilience of nurses. Findings showed that higher median scores for resilience found amid nurses who had children. Results revealed that nurses who having an associates' degree had better levels of resilience. Increment in number of working years supported the ability to cope with stress by nurses. It was summarised that by adding specialized experience over the years nurses improved on self-confidence. In turns, nurses were aware of their competence ability or any lack in this ability.

Bacchi and Licinio (2016) investigated psychological distress and resilience amid psychology and medical students. It was found that medical and psychology students showed similar mean resilience. It was also found that 47% of medical pupils were psychologically distressed and 55% of psychology pupils were mentally distressed. Results showed that high levels of resilience were connected through low levels of distress.

Zou et al. (2016) revealed that psychological distress and burnout was negatively related to resilience. Findings showed that psychologically distress experienced by 85.5% female nurses. Results showed that resilience can partially mediate the association amongst the proportions of psychological distress, emotional exhaustion and depersonalization revealed through mediation analysis.

Brown (2016) determined association amongst JS and resilience of nurses. Total sample of this research was 535 hospital staff nurses. Results revealed that a significant difference found amid new nurses and experienced staff nurses in JS, change fatigue and resilience. Findings revealed that experienced staff nurses reported high level of change fatigue, occupation satisfaction and resilience. Findings revealed that amid change fatigue along with JS reported an important negative relationship. Results showed that amid change fatigue and resilience reported a significant negative association. Results also showed that amongst resilience and JS reported a significant positive association.

Hu et al. (2015) reviewed the association amongst resilience and mental health. Researcher found that resilience was in a negative way connected to negative indicators of psychological health and optimistically associated to positive indicators of mental health. Findings revealed that gender moderated the association amid mental health and resilience. Results showed adversity moderated the association amid mental health and resilience.

Sull et al. (2015) explored resilience of health care workers. Results revealed that there is an important association amid gender and resilience and found higher level of resilience among females. Findings revealed that older employees showing higher level of resilience. Findings showed that there is no correlation amid absence rates and resilience. To conclude all the findings, results indicated that levels of resilience might not be a mediating factor for the healthiness and wellbeing.

Kim and Windsor (2015) examined first-line nurse managers for their resilience and perceived work-life balance which was noted to be formed by active reflective processes. Findings showed that resilience containing characteristics comprised assuming responsibility, elasticity, optimistic thinking and act as a barrier between work and life.

Khordzanganeh et al. (2014) studied correlation amongst resiliency, happiness and emotional intelligence with respect to mental health. A sample of 365 was selected by multistage cluster sampling method. Results revealed that amongst resiliency, happiness and emotional intelligence with mental health reported a statistically

significant. Results further revealed that mental health can be strongly predicted by resiliency than happiness and emotional intelligence.

Amanati (2014) found that resiliency has a statistically significant optimistic effect on employee's JS. Findings also revealed that JS can be significantly predicted by the psychological empowerment mechanisms including self-determination, meaning and competence. At last, employee's resilience can be significantly predicted by the meaning and self-determination.

Mase and Tyokyaa (2014) found that work engagement has a statistically significant relationship with resilience. Findings revealed that work engagement did not statistically significantly relate with organizational trust. A finding showed high level of resilience is possibly to lead to high level of work engagement. Findings showed that resilient employees are psychologically linked to their work even in the time of challenges that would serve as barriers to those who lack this virtue. Resilient employees are always hopeful and believe that nothing can hinder them from achieving administrative goal. The study's findings concluded strong positive relationship amongst resilience and work engagement.

Eley et al. (2013) revealed that medium to strong positive associations were found among stress-resilience and self-directedness, persistence, and cooperativeness and negative with harm avoidance. Results showed that resilience through individual differences in personality explained thirty-nine percent of the variance. At last results showed that in doctors' wellbeing the addition of resilience support as a part of finest performance. Systematic plans for increasing resilience must give careful consideration to the key qualities that make or damage it.

McCann et al. (2013) reviewed resilience in the health professions. Every healthcare professional faces many stressors amongst clinical practice, including shortage of time, amount of work, manifold roles and emotional matters. Findings showed that there were four factors which associated to resilience. (1) laughter or humour (for psychologists it was unpredictable and in doctors laughter has not been examined), (2) self-reflection/insight (in social workers self-reflection has not been examined), (3) beliefs/spirituality (for psychologists it was unpredictable and in counsellors it has not been examined), and (4) professional identity (in doctors professional identity has not

been examined). Findings showed differences amongst counsellors and psychologists and amongst doctors and nurses.

Rahmawati (2013) examined the correlation amongst resilience and JS. The sample of the research was fifty-two employees. Results showed that male employees reported lower level of resilience as compared with the female employees. Findings showed that male workers depicted low level of satisfaction with job and on the other side female workers reported high level of satisfaction with job. Overall findings showed that resilience and JS have a positive relationship.

Stevenson et al. (2011) described resilience among doctors. Results revealed that healthcare professionals have belief and they were motivated to help deprived people. They were continuous through a profound acknowledgement as well as honour for society they helped, a thoughtful commitment with the job itself, and the capability to rule their own employed hours. In their clinical job, they identified and widely known and esteemed small achievements and were not overcame by the bigger background of social detriment.

Matos et al. (2010) examined psychiatric nurses' relationship amongst JS and resilience. Results revealed that nurses depicted a higher level of resilience and higher level of occupation satisfaction. Results also revealed that the association amid resilience and occupation satisfaction was significant.

Cameron and Brownie (2010) identified nurses' resilience employed in aged care amenities. Results showed in aged care nurses that clinical expertness, sense of aim in holistic concern surroundings, an optimistic attitude as well as work–life equilibrium are vital factors of resilience.

Zander et al. (2010) studied paediatric nurses for coping and resilience and results yielded that existence of resilience amongst paediatric nurses is capable of happening. The review has revealed that although research suggested particular resilience amid nurses, even link between resilience and efficacy of coping schemes needs to be explored. It was summarized that with upcoming research into this construct of resilience for paediatric nurses, more suitable treatment by these nurses can be provided in practice. Especially, in paediatric oncology, nursing education may be capable to support the nurses in their upcoming works requirements.

Gillepsie et al. (2007) examined resilience in the nurses. The results revealed that hope did the sturdiest unique contribution to develop resilience. Results suggested that teamwork, date of birth, professional qualification, years of experience along with duration of service were not statistically significant in the elucidation of resilience in operating room nurses. Amid hope and resilience showed extremely statistical important organization. Amongst coping and resilience showed moderate association. Amongst self-efficacy and resilience revealed strong association. Between competence and resilience showed modest association. Amid control and resilience revealed modest statistical association.

Job Satisfaction Related Literature

Malik et al. (2019) depicted emotional intelligence and JS showed significant relationship. Health care employees who are emotionally intelligent were found JS level high. Obeta et al. (2019) depicted health care employees are not at their satisfaction level with pay, remuneration, working equipments, number of colleagues in the department, conferences allowance, policies practice, management teams' professional presence, while doing job chance to do research and training on the job. Findings revealed significant positive correlation amongst JS and motivations for improved professional with regard to management team's professional presence.

Dinc et al. (2018) revealed that JS influenced by affective and normative commitments among private and public infirmary. While on the contrary JS has a robust effect on job performance. Findings revealed that occupation satisfaction mediate the association amongst job performance, continuance commitment, normative commitment and affective commitment. On the other hand, the research does not find relationship support for the JS and continuance commitment. The study also does not support for the association amongst job performance and normative and affective commitment.

Lorga et al. (2017) examined JS amongst infirmary employees. Sample of the research was 78% hospital pharmacists. Results revealed that employees showed low degree of satisfaction with regard to pay along with promotion subscale. Findings revealed that with regard to management and social connection dimension a high degree of satisfaction was found amid employees. Again, findings showed a high

level of satisfaction with regard to organization and communication subscale. Findings showed that 74% of respondents are not satisfied about the annual budget, and 86% are totally dissatisfied with present legislation.

Naz and Sharma (2017) reviewed JS among unlike working organisations. Results showed that on the basis of literature analysis, among healthcare organizations women hospital employees reported the problem of job dissatisfaction as compared to men. Some investigators revealed that in every public and private organisation JS is important for each and every level employee.

Lu et al. (2016) found JS and its connected factors amongst healthcare employees. The level of satisfaction with work is affected by the socio-demographic variables such as profession, educational qualification, and professionals' status, working years, yearly income and night shift frequency. JS is also significantly affected by job stress, job-family conflict and doctor-patient relationship. To sum up all, the overall JS exceeded somewhat not satisfied and move towards to a small extent satisfied.

Nemmaniwar and Deshpande (2016) reviewed literature of hospital employees' JS. On the basis of past researches findings, it has been found that for JS some motivational factors were positively correlated such as recognition, autonomy, achievement, and chances for development and growth and these are apart from monetary benefits.

Meneghel et al. (2016) found that person's occupation satisfaction fully mediates the association amongst perceptions of social context and person's occupation performance. Findings also showed that person's occupation satisfaction fully mediates the association amongst person work resilience and person's job presentation. On actual level, findings suggested that treatments on combined perceptions of societal perspective may improve job resilience, work satisfaction as well as work presentation over time at the person level.

Shirazi et al. (2016) studied the association amid resilience, JS with mental health of female women practicing at primary schools in Kermanshah. The findings revealed negative and significant relationship found among resilience components (personal merit, social merit, social support, familial cohesion and personal structure with

(mental health). The results indicated negative and significant connection amongst occupation satisfaction (job and colleagues) and mental health, and also there is an important and optimistic association amid the component namely “supervisor” and mental health. Nevertheless, there was no significant association among job promotion and pay.

Suárez et al. (2016) analysed work satisfaction amongst emergency staff. Total sample of the study was 104 (nurses, doctors and managerial staff) were admitted. The study was attempted in emergency department clinic of Spain. Results revealed that greater stress, work pressure and worse physical working environment reported by nurses and physicians than administrative employees. Results also revealed that nurses, physicians and administrative staff obtained the highest score in interpersonal relationships. To conclude all, findings showed that nurses and physicians reported lower JS in an emergency department than the administrative employees.

Montero-Marin et al. (2015) showed that heedfulness and resilience bestowed moderately high associations. Links were found amid heedfulness and overload; resilience and neglect; heedfulness and resilience, and negative have an effect on; resilience and positive have an effect on; pessimistic affect and excess; optimistic affect and lack of development. To conclude all findings interventions addressing each heedfulness and resilience will influence burnout subtypes, however their impact could happen in numerous ways in which, doubtless mediate by positive and negative have an effect on. Each style of trainings may represent potential tools against burnout; but whereas heedfulness appears an acceptable intervention for preventing its initial stages, resilience is also simpler for treating its advanced stages.

Aykan and Aksoylu (2015) found JS positively and significantly correlated with EC at 0.01 level. Findings revealed that EC have major positive consequence on JS at 0.01 level. Findings showed that JS indicated the partial mediator role amongst EC.

Platis et al. (2015) analysed the association amid occupation satisfaction and occupation performance. The total number of samples of 246 nurses was collected. The worldwide literature showed that employee performance influenced by numerous factors such as profession satisfaction, environment of job, compensation policies and

so on. Results revealed the most significant parameters for JS are: satisfied from manager, satisfied from manager management, satisfied of ways of working, satisfied with recognition, satisfied with working hours and satisfied with working security. Findings also revealed the self-job performance most significant parameters are: self-satisfied with amount of work, self-satisfied with productivity, self-satisfied with initiatives, self-satisfied with working targets and self-satisfied with quality improvements.

Giauque et al. (2014) tested different person-environment fit proportions in order to measure work consequences such as satisfaction with job, commitment with organization, and stress perception. Results revealed that the chief finding of the study was forecasting JS. Those who are nurses or medical directors' state emphatically greater level of satisfaction than administrative, financial and technical directors. Overall findings showed that person-environment fit proportions have distinguished consequences on its dependent variables.

Naqbi et al. (2014) identified and quantified main factors of employee satisfaction. Total sample of 600 employees was selected from health institutes; nevertheless, 310 responses were received. Results showed that overall healthcare employees reported slightly lower in employee satisfaction. Findings showed that women reported somehow satisfaction and on the other hand men reported significantly more dissatisfied by the organization components. Both married and not married reported dissatisfied with the services provided.

Khudaniya and Kaji (2014) compared job-related stress, occupation satisfaction and psychological health among government and private workers. Total sample of the research was 100 employees. Findings revealed no major difference showed amongst job-related stress, occupation satisfaction along with psychological health with respect to public and private sectors. Findings also showed no major difference found amid job-related stress, occupation satisfaction as well as psychological health with respect to men and women. Findings showed that occupation satisfaction and psychological health were found positively associated. Findings revealed that occupation satisfaction and psychological health were found negatively associated with occupational stress.

Yao et al. (2014) explored relationship amid general self-efficacy, violence at work and doctors' employment-related attitudes. Sample of the research was 758 specialists employed. Results showed that witnessing and experiencing job place violent behaviour were importantly optimistically connected with the degree of job stress. Findings showed that witnessing and experiencing job place violence were significantly pessimistically associated with occupation satisfaction, occupation initiative, and self-efficacy. General self-efficacy importantly modified associations amongst experiencing and witnessing job place violent behaviour with job anxiety for facing violence for witnessing violence and with occupation satisfaction and severally. The degree of job strain grows worse importantly with the upsurge of general self-efficacy, whereas occupation satisfaction enhanced importantly along with its upsurge. The consequences of general self-efficacy on job stress and occupation satisfaction reduced as the occurrence of violence enhanced.

Saif and Saleh (2013) empirically tested the impact of psychological empowerment have a positive impact on worker satisfaction in hospices. Results revealed that workers in private hospitals reported extremely empowered and fully satisfied with their jobs. The findings too sustained the proposal that mental empowerment contributes to high satisfaction with job in hospices. The research distinguishes hospital employees require to resume the execution of mental empowerment.

Khamlub et al. (2013) examined occupation satisfaction between healthcare employees and factors associated with their complete occupation satisfaction. The sample of the study was 164 healthcare workers. Findings revealed that healthcare employees were satisfied with all factors and showed dissatisfaction merely with salary factor. Findings showed that in general JS of healthcare workers reported around 79.88 percent satisfied with their job, 15.85 percent moderately satisfied with their job, and 4.27 percent dissatisfied with their job. The chief components that associate with their general satisfaction with job were clash resolutions at job, dealings with other fellow workers, and organisational structure.

Kumar et al. (2013) determined components effecting work satisfaction amongst government health professionals. Sample size remained 73 of public health professionals. Results showed that 41% only satisfied with their jobs, 45% health

professionals reported somewhat satisfied with their jobs and 14% health professionals reported highly job dissatisfaction. The reason and major causes behind job dissatisfaction was job surroundings, job description and work time pressure. Some other factors also influencing work satisfaction were lowest salaries, not providing appropriate training opportunities, not suitable supervision and not adequate financial rewards. To sum up all, overall government health professionals reported relatively low level of work satisfaction.

Xuan Tran et al. (2013) examined JS amongst health workers in Vietnam. The sample of the stud remained 252 health workers including specialists, nurses and technicians were interviewed. Findings showed that healthcare workers reported least satisfied with their jobs with the subsequent categories: pay and bonuses (24 percent), benefit packages (25 percent), instrumentality (35 percent), and surroundings (42 percent). Lumanlan (2013) found that resilience and disengagement were statistically and significantly associated to JS, but not exhaustion. Nevertheless, resilience and disengagement explained only 17% of the variance.

Mariappan (2013) revealed that 66% of the overall nurses detected the profession they are doing is significant. Findings showed that 64.5% of the nurses feel the design of the job supports JS significantly. Singh (2013) examined factors explaining occupation satisfaction between hospital workers. The study's sample remained 129 private hospital employees of Manipur. The findings revealed that there is a statistically significant association found amongst satisfaction by occupation of workers and the key components is composed of occupation satisfaction.

Nwankwo et al. (2013) examined the association amongst JS and emotional intelligence. Sample of the study remained 116 healthcare professionals including doctors and nurses from orthopaedic hospital. In findings amongst emotional intelligence along with JS discovered that there was a noteworthy positive association amid healthcare employees. Findings showed that JS will increase as emotional intelligence increases.

Carrillo-García et al. (2013) analysed the influence of gender and age on healthcare professional's quality of life. Overall number of questionnaires distributed among

sample of 546 healthcare professionals. Results showed that 77% of healthcare professionals reported satisfied with their job. Findings showed that, with regards to gender, women health professionals reported higher levels of JS than men health professionals. Findings revealed that health professionals between the age 20-30 years and over 61 years reported high level of occupation satisfaction than middle aged health professionals. Health professionals amid 41-50 years stated higher levels of occupation dissatisfaction. To sum up all the findings, age and gender vary along level of JS.

Chaulagain et al. (2012) determined the components influence work satisfaction amongst health professionals. The total sample of the study was 75 health professionals. Findings revealed that 76 percent of health professionals reported satisfied with their job. Findings showed that amid socio-demographic characteristics and JS reported no association.

Jathanna et al. (2011) examined determinants of occupation satisfaction between health-care workers. Total number of samples was 1104 collected for the data analysis. Results revealed that employees who are young reported more satisfaction with their jobs and feeling filled with satisfaction and interested to work as they were adding to the family.

Bahalkani et al. (2011) examined JS and factors influencing amongst nurses. Total sample of 56 nurses employed in a hospital was selected. Results showed that 86% nurses were not satisfied by their occupations and about 26 percent of nurses showed higher level of dissatisfaction with their occupation. Reasons for the job dissatisfaction were the work surroundings, poor brink benefits, dignity, workplace responsibility and pressure of time. The responders reported deprived work environment, lowest pay, absence of training opportunities, improper supervision, and pressure of time and lack of financial rewards.

Meeusen et al. (2011) findings showed that satisfaction with job mediated the association of occupation environment and occupation context components to turnover purpose. Khan and Nemati (2011) examined the association amongst employee satisfaction and job involvement. Total sample of the study was collected

from 127 medical specialists. Findings revealed that occupation involvement has an important strike on medicinal specialists' satisfaction at workplace.

Jahrami et al. (2011) examined occupation satisfaction survey of hospital employees. The sample of the research was 261 clinical mental health staff. Findings revealed that the clinical mental health staff reported satisfied with their job. Findings revealed that the clinical mental health staff reported highly satisfied with nature of job but not satisfied with job benefits.

Korac et al. (2010) identified JS amongst healthcare professionals. Results revealed that primary healthcare workers reported an average level of occupation contentment. Results revealed that general hospitals healthcare workers reported average level of occupation contentment. Results also revealed that primary center health professionals reported higher JS level than hospital professionals. To conclude all results, doctors and nurses reported relatively low level of JS. Bhandari et al. (2010) examined occupation satisfaction in hospital employees. Total sample of 250 healthcare providers were interviewed. Results of this research revealed that occupation satisfaction level were not very high in the hospital employees who were questioned.

Alam and Mohammad (2010) examined JS and intention to go away from hospital among Malaysian nurses. Result revealed that nurses reported moderately satisfied with their job and low level of their intent to go away from the job. Ramasodi (2010) examined the components influence work satisfaction amongst hospital employees. Results showed that healthcare professionals reported lower level of JS. Findings showed that 80 percent of hospital employees reported dissatisfied with their profession. Amongst JS and socio-demographic features showed no association.

Kalisch et al. (2010) revealed that when nurses rated higher teamwork, they reported higher levels of JS with current position. Furthermore, educational qualification, sex and occupation designation determined satisfaction with job but not with current position. To sum up all, results of the current research determine that inside nursing squads on patient units, an advanced level of squad work and insights of sufficient provide with staff leads to better employment satisfaction by existing position and employment.

Lambrou et al. (2010) findings revealed that doctors reported lower level of JS than nurses' staff. Findings showed that nurses working in surgical sector and more than fifty five years of age showed higher level of occupation satisfaction. Larrabee et al. (2010) findings revealed that the ultimate model has given an extremely good fit to the data. Result revealed JS had the most prominent standardized path coefficient on intent to stay.

Kaur et al. (2009) examined JS and work environment perception amid doctors. Results revealed that 49 percent of doctors reported dissatisfied with their working hours per day. Employees who worked more than 8 hours for every day and more than 8 night-time shift for every month reported job dissatisfaction. Forty five percent of the medical employees reported they are not satisfied with their salary and it is more amid unmarried doctors. Results showed that 55 percent of doctors reported not satisfied with their choice of profession.

Lee et al. (2009) found that most of the respondents reported they were satisfied with their profession. Results showed respondents with more extremely bad mental distress described poorer level of occupation satisfaction. Overall findings showed that preponderance of psychiatric morbidity in the place of work is high. JS is negatively associated with the severity of psychological distress.

Ommen et al. (2009) analysed JS amid physicians. Findings revealed that with age, gender and professional experience JS increased slightly. Findings showed that overall JS of physicians can be predicted by social capital of an organization, professional experience and workload. Mache et al. (2009) compared physicians working for both public and private hospitals. The Sample of the study remained 203 physicians. Findings revealed that JS of physicians does not differ amongst dissimilar types of infirmary ownership. Findings revealed that JS is connected with job demands and resources, while type of ownership is not.

Labiris et al. (2008) examined JS in Greek mental NHS hospitals. Total sample who responded was 133 employees of the public mental health hospital. Findings revealed

that nurses reported lowest possible level of work satisfaction in contrast to the rest of the hospital employees. Lu et al. (2007) detected that more than fifty percent of nurses reported JS and 15 percent reported extreme job stress. Findings revealed that nurses showed a high level of occupation commitment and 10%, correspondingly described role conflict and role vagueness often. Results also showed that the nurses reported greater job commitment, lower level of role conflict who having diploma/associate degree.

Gagnon et al. (2006) findings revealed that nurses reported moderate to strong significant relationships amongst their perception of the practice environment and psychological experience at work. Kerschen et al. (2006) findings revealed that all pharmacists showed that they were satisfied with their jobs. To conclude all findings, integrated and clinical pharmacists were both more satisfied than staff pharmacists. Judkins and Rind (2005) revealed that high-hardy nurses found with greater JS than low-hardy nurses.

Ofili et al. (2004) depicted level of JS as well as its relationship to psychological disorder amid doctors. Total sample of the study was 190 doctors. Results revealed that fifty-four percent were not contented by their employment, while thirty percent were contented with their employment. To sum up, findings showed that high rate of job dissatisfaction found amongst doctors.

Tyson and Pongruengphant (2004) examined JS in Thailand hospitals. Findings revealed that private hospital nurses drew high level of JS than government infirmary nurses. Findings revealed that nurses in government and private hospitals became progressively satisfied with their social status. Findings revealed that nurses in private hospitals reported higher social status than government hospital nurses. Findings showed that nurses reported less satisfied with extrinsic factors than intrinsic factors. Results showed that Nurses reported satisfaction with their pay, working conditions and job security. Mehra and Mishra (1991) found that mental health has a moderating

effect on the association amongst intrinsic occupation satisfaction and occupational stress.

Mental Health Related Literature

People working in the healthcare sector provide services every day at a given time for physically and psychologically sick individuals. Caring for sick people is demanding job and internal as well as external factors can make works quite stressful.

Zhao et al. (2018) studied a cross sectional survey on preponderance of workplace violence in contradiction of nurses and its influence on nurse's mental health. Workplace violence is a major threat towards nurses. Workplace violence has a negatively influence on the psychological health as well as wellbeing of the nurses. Present research revealed that novel paramedical staff and especially woman paramedical professionals were more likely to be affected by workplace violence. Results showed that 67.2% of paramedical professionals reported having experience varying degrees of workplace violence. Workplace violence showed a positive correlation with anxiety and depression; additionally, anxiety showed close relation with depression. Results also revealed that workplace violence was a statistically significant predictor of anxiety and depression. Moderating effects showed that years of job and sex played a moderate position in the relationship amid place of work violence, anxiety, and depression.

Kevric et al. (2018) did research on load of work associated compromises to healthcare clinician's mental health and it is becoming more apparent. Subordinate clinicians showed most common mental ill health problem and they may lead to deprived output and found major medical errors. Study's results showed presently surgical trainees suffered worse psychological health as equated to the universal population. Furthermore, it was found that rising hours of working, extra time and not paid extra time hours are connected with the worse consequences amid beginners. Lastly, results showed that poor JS and security are the forecasters of worse psychological health. Furthermore, the research study indicated that people on average better mental health are those who are more physically active.

Naz and Sharma (2018) identified a theoretical perspective on the existing literature and summarize qualitative research that solely focused on mental health of healthcare employees from different specialities. The studies included perspectives from paramedical professionals, medical professionals, and allied workers of hospitals. Themes emerged from the review is workplace violence, work related mental ill health, positive mental health, occupational stress, depression, anxiety, depressive symptoms and low quality of life. Medical professionals and paramedical professionals both are facing severe kind of mental health problems. Psychiatrists have positive mental health rather than surgeons and physicians. Women's are more mentally ill than male medical professionals.

Hoben et al. (2017) investigated health of healthcare workers. The studies aim to do a comparison among physical health and mental health amid healthcare workers. Results revealed that home worker nursing and nurses in paediatric infirmary found poor mental health. Doctors in paediatric infirmary and joined hospital workers in nursing homes have healthier bodily health.

Zhou et al. (2017a) investigated disparity describing of related jobs mental-ill wellness within medical professionals and main aim is to equate disparity describing forms in the occurrence of related jobs mental-ill wellness distressing medical professionals by particular comparison job related groups. Results revealed that higher incidences of occupation associated mental ill health were found in healthcare employees in comparison with other occupations. Evidences has actually showed that healthcare employees are mainly unenthusiastic to take specialized health check-up when they are unwell due to particularly to pertains over confidentiality and the possible repercussions on occupation progression. So, there is a stigmatization linked found with taking medical check-up assist for mental-illnesses and the setback of the doctor-patient relationship can also influence the decision to take specialized assist since this can be sensed as a breakdown. Healthcare employees can also prefer their selves to take help from psychiatrist or psychologist using private healthcare, instead of going to take self-medication due to confidentiality concerns. Interventions such as counselling and mentoring for medical professionals can also be beneficial.

Zhou et al. (2017b) revealed that higher rates of incidence for occupation associated ill health as well as occupation associated mental ill health were observed in

ambulance staff and paramedical professionals, respectively, medical professionals showed an yearly average incidence rates increase for work associated ill health along with work associated mental ill health, especially in women medical professionals, whereas the other professions such as staff of ambulance, paramedical professionals and teachers demonstrated a decreasing the trend. So, overall the dissimilarity in trends among the occupations was statistically significant.

Picco et al. (2017) revealed that there are statistically important differences in positive mental health whole and area exact score across demographic characteristics amongst doctors, nurses and joined staff on the job in a tertiary psychiatric infirmary. Results also revealed that date of birth and ethnicity were significantly linked by means of positive mental health. JS was also found to be an importantly linked amid total positive mental health as well as strongly related with higher optimistic mental health.

Cheung, Lee, and Yip (2017) examined workplace violence among physicians and nurses. Results revealed that physicians and nurses had suffered workplace violence. Workplace violence were used in the organisations are verbal abuse, physical assault, sexual and racial harassment. Most of the workplace aggression was devoted by the relatives of the patients and by the patients, fellows, and supervisors. Results also showed that rotation of work shifts are the main reasons of harassment than those on regular day duty among medical and paramedical professionals. Study showed that those medical and paramedical professionals who working in maternity wards, children wards, psycho geriatric wards, disability wards and psychiatrical wards depicted oral abuse.

Adler et al. (2017) found that female doctors and beginners are at mainly high risk of depression, suicidal ideation and death cases. Findings revealed that burnout is more common amongst physicians. Some physicians might decide to singly manage their psychological state symptoms. Self-prescribing of medicines is unprincipled and amerceable.

A research study was conducted on medical professionals' job-related anxiety, depressed symptoms and employment capability within working surroundings to examine and equate differences within mental health consequences, perceived distress along with working conditions amongst healthcare employees (Bernburg, et al., 2016). The sample size was relatively large of four thirty-five physicians from

different medical specialties. Results revealed that 17% (seventeen percent) of the physicians were reported greater level of work-related distress; on the other side 9% (nine percent) showed greater levels of depressive symptoms. Another finding shows that 11% (eleven percent) of physicians reported low scores in work ability. Results showed statistically important differences among medical professionals' specialities were established for work-related psychological suffering, depressed symptoms, employment capability, occupation requirements and occupation resources. Specialist's surgeons reported systematically the greatest degree of perceived distress but on other side too greatest degree of employment ability and lowest score for depression. Specialist's anaesthesiologists showed highest levels of depressive symptoms. Overall, this study's results showed important differences between specifically work-related stressors, requirements and resources. Applicable relations found among employment factors and physicians' overall healthiness and job capability. This quality research suggested planning hospital management, ensuring physician's health, and implementing suitable mental health promotion strategies.

Koinis et al. (2015) found that strategies for dealing with stressful events can be influenced healthcare workers' emotional health. Findings revealed that health employees who use problem solving and positive re-assessment do not report any health problems, and their emotional state seems to be better. Findings revealed that health workers who worked for 20-30 years can solve problems actively than who worked for 10-20 years. To conclude all findings experienced healthcare workers showed good mental health than less experienced.

A review-based research paper discusses and concluded occupational health issues amongst doctors from different specialities. Most of the studies were cross-sectional without any randomized unnatural trials/meta-analyses establish. The main mental ill-health issue found burnout were extensively described and were assigned in the direction of superior occupation restraints, professional issues, and find complexity with patients and increasing job dissatisfaction. Secondly main issue found in doctors is substance abuse was described to be a risk of showing faulty adaptation coping mechanisms. Surgeon's specialists were described to be at higher threat of needle-stick hurts and muscles and skeleton pain (Vijendren et al., 2015).Orthopaedic specialist's operating surgeon was showing higher threat of noise-induced deafness as

an outcome of the use of air powered as well as power drills. So, to conclude all review of literature mental ill health's had adverse effects on both person and the condition of patient care. This review research also suggested further investigations required related to doctors that is epidemiology of noise-induced hearing failure, originating in a hospital infection, membrane related disorders and employment related malignancies.

A research concluded a literature review on mental health of medical professionals. So, they mentioned contradictory results regarding the preponderance of poor mental health in medical professionals other than it is normally agreed that medical professionals face a great amount of jeopardy factors, work-related and individual; as well as seeking aid is very hard for doctors because doctor's becoming a patient is looks very unreal kind of thing for others. But specialist services developed for doctors and specifically for intervention to give doctors with suffering with mental health effort tend to demonstrate hopeful solutions in medical professionals other than again additional research is required for doctor's well mental health (Brooks et al. 2011).

Chang et al. (2007) examined role stress, coping and health in Australian and New Zealand hospital nurses. Findings showed that mental health mean score were effectively equal for Australian and New Zealand. Results revealed that job stress forecasted inferior physical and mental health. Findings revealed that better mental health was connected with problem-focused coping strategy. Findings showed that reduced mental health was connected with emotion-focused coping. Lastly, findings suggested that nurses using problem-solving coping rather than emotion-focused coping to cope with stress have better mental health.

Lambert et al. (2004) revealed that main four types of coping strategies (self-control, seeking social support, planful problem solving and positive reappraisal) ranked the uppermost amongst all coping modalities. Findings showed for physical and mental nurses had comparable scores except Thai nurses. Findings revealed that Thai nurses reported low level of mental health than the nurses from Japan, South Korea, Thailand and USA. Findings revealed that there were a numerous of forecasters of mental health that were in all four countries similar. Likelihood to leave present nurse job is

recognized as the pessimistic forecaster of mental health amid USA, Thailand, South Korea and Japan nurses. Lack of support is recognized as the pessimistic forecaster of mental health amid USA, Thailand and Japan nurses. Coping modality and escape avoidance is recognized as the pessimistic forecaster of mental health amid USA, Thailand and Japan nurses.

Travers and Cooper (1993) investigated psychological health, occupation satisfaction and job-related stress among educators. Results through univariate analysis showed that educators reported lower level of occupation satisfaction and low level of psychological health. Results showed that the chief forecasters of job dissatisfaction were the administration of the school and lack of status and endorsement. Psychological ill-health was forecasted b a variety of work pressure and personal factors but preponderantly connected to work pressure from ambiguity of the educator's role. Psychological ill-health was most highly related with intention to leave in educators.

SIGNIFICANCE OF THE STUDY

Health care industry is in all time importance due to its relevancy to valuable human life. Therefore, the employees working in this industry are also expected to be emotionally competent, having sound amount of resilience capacity and keeping good mental health to discharge their duties competently. The present research signifies its importance in understanding the complex mutual relationships among EC, resilience, JS and mental health of these medical as well as paramedical health care employees. The study also attempts to inquire into the JS level in the presence of EC and resilience constructs. Furthermore, to strengthen the knowledge on contribution of these psychological construct, this study also attempts to compare amid male and female workers with regard to the above variables, who are working in public and private health care industry in our country.

RATIONALE OF THE STUDY

Healthcare industry and its services are very vital for any society. There has been a continuous research on behaviour of health care personnel. Pertaining to the nature of work, health care employees have high rates of psychological and emotional

disturbance. It is observed from the above review of literature that researches have concentrated on numerous psychological constructs including EC, resilience, JS and mental health of employees across different occupations. However, there is least amount of research work on these variables among health care industries employees working at different levels. Also, investigators focused on one or the other variable at a time. There are attempt by researchers to measure the EC, resilience, JS and mental health of employees separately but research could not produce the empirical evidence of any relationship among these variables, especially for employees working in health care industry.

Also, researches in health care industry are undertaken but there is no such study ever made for the comparison of EC, resilience, JS and mental health across the public and private sector healthcare employee having medical and paramedical types of profession.

Thus, the role of EC, resilience, JS and mental health is highly relevant for health care employees, whereas the literature search revealed relatively lack of empirical work on these variables for health care employees, particularly keeping all in consideration simultaneously. Also, there are gaps in terms of sample size, region of study or types of expertise. The present research work is an attempt to fill up these gaps and add the empirical evidence on contributions of EC, resilience, JS and mental health psychological aspects of the employees working in public and private health care industry.

After presenting comprehensive details of the variables undertaken for the present investigation, it is imperative to describe the objectives of the present investigation. The objectives are given below:

OBJECTIVES OF THE STUDY

The present research aims to study the psychological constructs of emotional competency, resilience, JS and mental health among employees of health care industry. A good positive mutual relationship between these variables may support each other. However, these variables may also vary across the individuals or groups. Considering the limitations and gaps cited in the review, the current research puts forward the following major objectives to achieve:

1. To examine the nature of relationships among EC, resilience, JS and mental health psychological constructs of the employees in hospitals.
2. To investigate the mediating effect of resilience on relationship between EC and mental health of employees.
3. To determine the mediating effect of resilience on relationship between EC and JS of employees.
4. To compare the EC, resilience, JS and mental health of private and public hospitals.
5. To study the differences between medical and paramedical employees with regards to their EC, resilience, JS and mental health scores.
6. To analyse the differences between male and female employees for their EC, resilience, JS and mental health scores.
7. To examine the group differences with regard to their EC, resilience, JS and mental health scores across the medical, paramedical male and female dimensions of employees working in public and private hospitals.

After a careful perusal of literature review it was found that most of the studies have not been conducted with the medical and paramedical employees among government and private hospitals, particularly within Indian context. Psychological variables like, EC, resilience, JS and mental health, are seeking greater attention of researchers these days. Therefore, present study is aimed at exploring the relationships investigate mediating effect, compare, differences and group differences of EC, resilience, JS and mental health of medical professionals in public and private hospitals. Generally null hypotheses are formulated when there is dearth of studies describing the relationship among variables to be investigated or when an exploratory study is planned to be entertained. Overall discussion above on EC, resilience, JS and mental health of medical and non-medical professionals in public and private hospitals provides us paucity of literature. Therefore, to formulate null hypothesis was the only option for empirical testing. In the light of objectives and literature review of the present study, following hypotheses were framed for empirical testing.

HYPOTHESES

- $H_0$1: There will be no significant correlation among EC, resilience, JS and mental health of the employees in hospitals.

- $H_0$2: There will be no statistically significant mediating effect of resilience on the relationship between EC and mental health of employees.
- $H_0$3: Resilience is likely to have no statistically significant mediating effect on the relationship between EC and JS of employees.
- $H_0$4: There will be no significant differences between employees of public and private hospitals with regard to their EC, resilience, JS and mental health scores.
- $H_0$5: Medical and paramedical employees are likely to have no significant differences with regard to their EC, resilience, JS and mental health responses.
- $H_0$6: Male and female employees are likely to have insignificant differences with regard to their EC, resilience, JS and mental health scores.
- $H_0$7: Groups are likely to have no statistically significant differences with regard to their EC, resilience, JS and mental health scores across the medical, paramedical male and female employees working in public and private hospitals.

Delimitations

1. Study is delimited to the three states of India i.e., Jammu & Kashmir, Punjab and Rajasthan.

2. Study is limited to medical and paramedical professionals from hospitals.

3. Study is limited to only public and private hospitals in Jammu & Kashmir, Punjab and Rajasthan.

4. Due to limitation of time it was delimited along several dimensions. There are numerous context variables affecting medical professionals' effectiveness, but the present study covered EC, resilience, JS and mental health.

5. Study remained restricted to the sample of 487 from public and private hospitals in Jammu & Kashmir, Punjab and Rajasthan.

CHAPTER 3

RESEARCH METHODOLOGY

Methodology in simple terms means the method or the procedure used by the researcher to accomplish the purpose of research. Research methodology is a important step in any study and always has its significance in scientific research because objectivity of any research study cannot be obtained if not, except when it is carried out in a extremely systematic and planned manner. That is why methodology is called the backbone of any research. Redman & Mory (1923) is explaining "research" contented that it is "a systematized effort to find out the solution of the problem". Mouton and Marais (1988) viewed methodology as "the logic of the applications of scientific methods to the investigation of the phenomena." This is a type of decision-making procedure, where researcher has to select the model that is most appropriate, sampling techniques, measuring tools and appropriate methods for data analysis. Nevertheless, the objectiveness of scientific examination is depending on the correctness of research methodology chosen and follow by the investigator. It is a form of suitable structural design ready in advance by the researcher with minimal spending of time, price and other necessities. According to Mohsin (1984) "research design contains a built-in system of checks against all factors that might affect the validity of the research outcomes". Scientific examination includes cautious and right adoption of research design, usage of standardized scales, recognizing enough sample by using suitable sampling techniques, thorough procedure for data collection and then afterwards cautious examination, tabulation of the data and the use of suitable statistical techniques for data analysis. The above-mentioned steps are essential in carrying out investigation and improve the findings value. Detailed description of the participants, tools and statistical tests used for the analyses of data is given below.

Research design

A research design is the overall draft of any research study, clearly drawing the boundaries within which all activities with defined ways are carried out. This study involves four variables, EC, resilience, JS and mental health is studied. Quantitative method of research has been applied; survey has been conducted to collect data. According to Cavana et al. (2001) utilizing quantitative methods to the verification of hypotheses delivers results with strong reliability and validity. Further, Amaratunga et

al. (2002) claimed quantitative methods are of great assistance to researchers to found statistical evidences of associations between independent and dependent variables.

The main aim of the study was to get filled basic demographic information and questionnaires of EC, resilience, JS and mental health from public and private healthcare employees. The collected data has been analysed using software package Statistical Package for Social Sciences (SPSS). Techniques used to analyse data to arrive on meaningful results were ANOVA, Correlation using SPSS.

Participants

Behavioural science investigations, sample is a fraction of population. To take entire population for investigation is not possible. Kerlinger (1983) believe that "sampling is taking any portion of a population or universe as representative of that population or universe". Therefore, sampling process is to select small number of participants for investigation. By making observations on the suitable sample, it is possible to draw reliable and valid illations on the population as an entire from where the sample is drawn.

In the current sample frame healthcare professionals with minimum 2 years' experience were considered. Further, the participants were specialized in medical and paramedical profession working in the public and private hospitals in their fields. To collect target data questions forms were distributed among the permitted medical and paramedical employees in public and private sector hospitals of North India, specifically three states (Jammu & Kashmir, Punjab and Rajasthan). The inclusion of participants was on the basis of convenient sampling after due consent from the participants. The researcher visited many hospitals and collected data from where permission was granted officially. In some case researcher found problem while taking official permission from higher authorities (medical superintendent, Chief Medical officer and head of the hospitals), then researcher also used doctor's personal references for data collection because some higher authorities don't want to mention their hospitals name. Participants were selected through purposive and convenience sampling technique. The response sheets duly filled by respondents were checked and scored to obtain results of the study. 487 data sets for all the three questionnaires (emotional competence, resilience and job satisfaction questionnaires) were completely answered, and on mental health questionnaire 519 complete response

sheets were collected and processed. Incomplete response data sheets were omitted in the final analysis. The participants were assured of complete confidentiality of their responses.

Following is the final distribution of male and female respondents (employees in hospitals) on different scales and data of which were analysed. Tabulated results are presented in the following section. These participant respondents (mean age = 36.05 ± 9.27years) were from public and private hospitals located in J&K, Punjab and Rajasthan states of India. Among these hospital employees there were medical and paramedical staff members who answered on the scales after duly collected permission from their respective administrative authorities.

Emotional Competence	Male(n)	Female(n)	Total(N)
Total	237	250	487

Job Satisfaction	Male(n)	Female(n)	Total(N)
Total	237	250	487

Resilience level	Male(n)	Female(n)	Total(N)
Total	237	250	487

Mental health	Male(n)	Female(n)	Total(N)
Total	242	277	519

Description of Tools

To understand human behaviour numerous psychological tools have been developed. There is no solitary psychological tool available which can tell about all aspects of an individual because of its elaborateness and unstableness. Consequently, for every specific objective and purpose psychological tool is developed. Among the various methods for data collection, the questionnaire method is the most suitable and favourable. Pertaining to questionnaire, standardization of the psychological tools is necessarily a prerequisite. In this regard, it is equally vital to talk about that in quest of studying the current problem the standardized psychological tools were administrated. The verbal description of the tools used in the present research study follows:

- **Emotional Competence Assessment Scale (ECAS) by Paiva and Kumar (2009).** It is a 35-items scale measuring an individual on the emotional competence level. The ECAS is applicable on all age groups. Reliability Coefficients is shown as 0.72.

Content: The inventory contains 35 items in eight different dimensions which are distributed as Happiness, Love, Interest, Sympathy, Fear, Anger, Sad and Jealousy. The higher the score the greater the level of EC is reflected.

Scoring: It is a four point scale and each item in the tool has four response options (always (3), sometimes (2), rarely (1) and never (0)). The maximum score of this scale is 105 and minimum is 0. There is average time limit is 35 minutes for answering it. Scores below 38 considered as low level of EC; scores range 39-76 considered average level of EC; and above 76 indicates high level of EC.

ECAS Scores and Interpretation Classification:

Scores	Levels of EC	Interpretation
Below 38	**Low level**	**Low level of EC**
39 – 76	**Average level**	**Average level of EC**
Above 76	**High level**	**High level of EC**

- **Resilience Scale (RS) by Wagnild & Young, (1993).** It depicts a mental ability that allows a person to cope effectively with life stress. It is a 25-items scale. Cronbach's alpha coefficients for resilience range from 0.72 to 0.94. Test-retest reliability for resilience scale range between 0.67 to 0.84

Scoring: It is a seven point inventory ranges from strongly disagree to strongly agree. The maximum score of this scale is 175 and the minimum is 25, greater resilience representing by higher scores. Interpretations of scores are, more than 145 is moderately high, 125 to 145 are moderately low and 120 and below is low level of resilience. Resilience scale is suitable for younger, middle-aged and older adults.

- **Job satisfaction survey (JSS) by Paul E. Spector (1994).** It is a 36 item scale with nine facet inventory. It is applicable to all organizations and on both private and public sector. Reliability coefficients for the JS Survey: 0.91.

Scoring: It is a six-point scale and each item in the tool has six response options (Disagree very much to agree very much). The maximum score of this scale is 216 and minimum is 36. No time limit to complete this test. Scores ranges 36 to 108 for dissatisfaction; scores ranges 144 to 216 for satisfaction, and among 108 and 144 for ambivalent.

Scoring instructions:

To score the Job Satisfaction Survey, first needs to reverse score all negatively-worded items are: 2, 8, 10,12,14,16, 18, 19, 4, 6, 21, 23, 24, 32, 34, 26, 29, 31, and 36. Note the reversals are NOT every other one.

To recode these items are as: 1=6, 2=5, 3=4, 4=3, 5=2, and 6=1.

Next, total responses to 4 items for all facet score and all items for total score. Subscales items are as shown below.

- **Employee's mental health inventory (EMHI) by Dr. Jagdish Kumar (2001):**

Inventory consists of 24 items commonly approved by the experts and possessing significant discriminative power. The items of the inventory were small and easy having two response alternatives 'yes' and 'no'. This inventory is designed to measure the mental health of personnel working in organization.

Reliability

The obtained reliability coefficient, corrected with Spearman-Brown Prophecy formula, and index of reliability have been presented below.

Reliability of the Employee's Mental Health Inventory

Reliability Co-efficient (R.C.)	R.C. Corrected with Spearman Brown Formula	Index of Reliability
.66	.79	.89

Validity

Since each statement of inventory was selected after the agreement of the expert's opinions, which is why the inventory possesses content validity. Besides, content validity, the inventory measures the psychological construct of the employee's mental health, hence, it can be said that the inventory possess construct validity.

Scoring

Scoring of positive and negative items

Items	Responses	Score
Positive items (4, 14, 18, 22)	'Yes' marked 'No' marked	1 0
Negative items (Except the above items)	'Yes' marked 'No' marked	0 1

Norms

Range	Explanation
23 and above	Very High
22	High
16 – 21	Medium
13 – 15	Low
12 and below	Very Low

Demographic Information

This section included general questions on the age, gender, occupation type, hospital type studied as demographic variables.

Procedure to collect data

Before data collection, the prior permissions from the chief medical officer/ medical superintendent/ head of the hospital of the selected hospitals were taken. The medical and paramedical employees were employed in public and private hospitals asked to fill all the four scales, EC Assessment Scale (35 items), Resilience Scale (25 items),

Job satisfaction survey (36 items) and, Employee's mental health inventory (24 items) along with personal information sheet. The instructions about scales were made clear to the employees.

Statistical Techniques

The purpose of research was to study EC, resilience, JS and mental health of medical professionals. Almost everywhere statistics are basics to all research activities. The role of statistics in research is analysing its data and drawing conclusions there from. Following statistical techniques were employed in the present study: correlation analysis, ANOVA, and SPSS regression process mediation analysis.

CHAPTER 4

ANALYSIS AND INTERPRETATION

The following section pertains to the findings and discussion of present study. It provides a glimpse of descriptive and inferential statistics. Data thus obtained have been summarised in the Tables given below. Each Table is followed by a detailed description and interpretation of the data given in the Table. The results of the study have been discussed in the light of the objectives. The objectives of the present research are to analyze EC, resilience, JS and mental health of health care professionals in public and private hospitals. In order to achieve the aim of this study, standardized tools were used to gather the data. After data collection, analysis of the same has been done quantitatively with the help of both descriptive and inferential statistics. Descriptive statistical techniques like, mean, median, standard deviation, percentage and inferential statistics techniques like, ANOVA, and correlation analyses have been executed for data analysis. Finally, 487 respondents answered in complete on emotional competence, resilience and job satisfaction questionnaires, and 519 answered in complete on mental health questionnaire and data of which were executed to analyses by using SPSS software.

The following acronyms have been used throughout the different chapters.

ACRONYM	DESCRIPTION
EC	Emotional Competence
ECAS	Emotional Competence Assessment Scale
RS	Resilience Scale
JS	Job Satisfaction
JSS	Job Satisfaction Survey
EMHI	Employee's Mental Health Inventory
SE	Standard error
LLCI	Lower limit of class interval
ULCI	Upper limit of class interval
t	Student's 't' statistics

F	F value in ANOVA
df	degree of freedom
p	Probability value
Sig.	Significance
M	Mean
SD	Standard Deviation
N	Number of participants

Following distribution of participants under different levels of all the four scales was observed which is discussed in details at the last of this chapter.

Emotional Competence	Male(n)	Female(n)	Total(N)
Average	97	121	218
High	140	129	269
Total	237	250	487

Job Satisfaction	Male(n)	Female(n)	Total(N)
Dissatisfaction	34	6	40
Ambivalent	116	157	273
Satisfaction	87	87	174
Total	237	250	487

Resilience level	Male(n)	Female(n)	Total(N)
Very Low	6	6	12
Low	11	15	26
Moderately Low	47	49	96
Moderate	78	93	171
Moderately High	80	73	153
High	15	14	29
Total	237	250	487

Mental health	Male (n)	Female(n)	Total (N)
Very Low	45	34	79
Low	35	45	80
Medium	97	131	228
High	24	29	53
Very High	41	38	79
Total	242	277	519

CORRELATION ANALYSIS

Objective 1 To examine the nature of relationships among EC, resilience, JS and mental health psychological constructs of the employees in hospitals.

(a) To study the interrelationship among EC, resilience, JS and mental health of the male employees in hospitals.

(b) To study the interrelationship among EC, resilience, JS and mental health of the female employees in hospitals.

(c) To study the interrelationship among EC, resilience, JS and mental health of the private hospitals employees.

(d) To study the interrelationship among EC, resilience, JS and mental health of the public hospitals employees.

$H0_1$, There will be no significant correlation among EC, resilience, JS and mental health of the employees in hospitals.

(a) There will be no significant interrelationship among EC, resilience, JS and mental health of the male employees in hospitals ($H0_i$).

(b) There will be no significant interrelationship among EC, resilience, JS and mental health of the female employees in hospitals ($H0_{ii}$).

(c) There will be no significant interrelationship among EC, resilience, JS and mental health of the private hospitals employees ($H0_{iii}$).

(d) There will be no significant interrelationship among EC, resilience, JS and mental health of the public hospitals employees ($H0_{iv}$).

In order to evaluate the interrelationship among EC, resilience, JS and mental health of the employees (Medical and Para-Medical professionals) in hospitals statistics were calculated on overall gathered data by removing some incomplete response data sheets.

Table 4.1: Correlations between EC, resilience, JS and mental health among all hospital employees

Variable		RS	JSS	EMHI
ECAS	Pearson Correlation	.33**	.18**	.29**
	Sig. (2-tailed)	.00	.00	.00
	N	487	487	487
RS	Pearson Correlation		.31**	.29**
	Sig. (2-tailed)		.00	.00
	N		487	487
JSS	Pearson Correlation			.40**
	Sig. (2-tailed)			.00
	N			487
**significant at the 0.01 level (2-tailed)				

Table 4.1 is describing the inter-correlation matrix of EC, resilience, JS and mental health of hospital employees. The matrix has shown that EC and resilience (r = 0.33), EC and JS (r = 0.18), EC and mental health (r = 0.29), resilience and JS (r = 0.31), resilience and mental health (r = 0.29), and JS and mental health (r = 0.40) are positively correlated and significant at 0.01 level. Therefore, the proposed null hypothesis ($H0_1$) that there will be no significant correlation among EC, resilience, JS and mental health of the employees in hospitals, is rejected.

DISCUSSION ON RESULTS

It has been found that EC and resilience, EC and JS, EC and mental health, resilience and JS, resilience and mental health, and JS and mental health are positively correlated and significant at 0.01 level among hospital employees. This result is similar with other studies such as Sporrle and Welpe (2005) revealed that EC is positively related to JS. Bhat and Khan (2018) reviewed and found that significant correlates and predictors of EC emerged as mental health and resilience. Kaur (2017) revealed that mental health and JS positively correlated. Gheshlagh et al. (2017) found that positive correlation between resilience and mental health. Relationships between variables have been demonstrated in the following graphical representations:

Figure 4.1

Relationship between resilience and EC among hospital employees

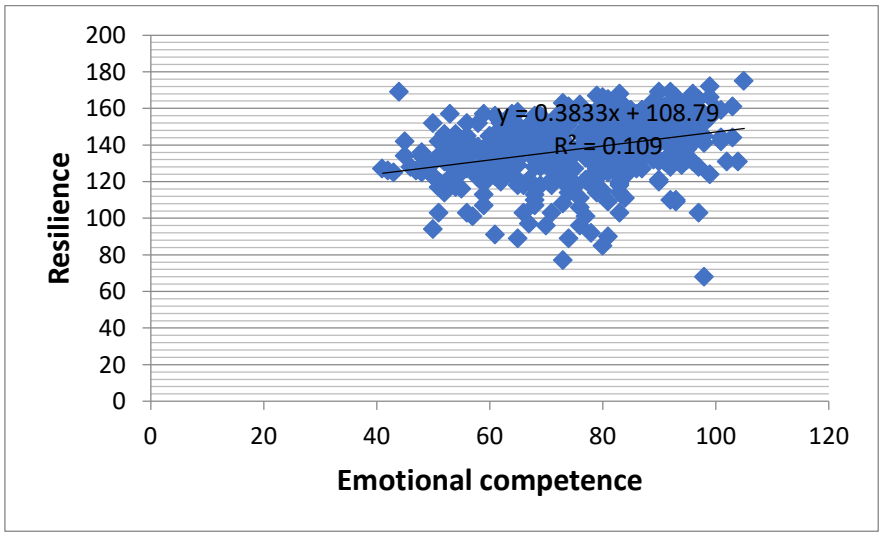


Figure 4.2

Relationship between JS and EC among hospital employees

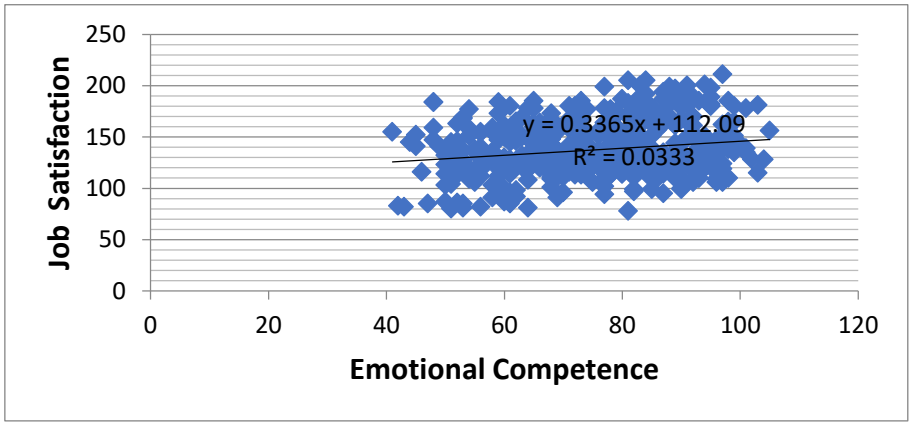


Figure 4.3

Relationship between mental health and EC among all hospital employees

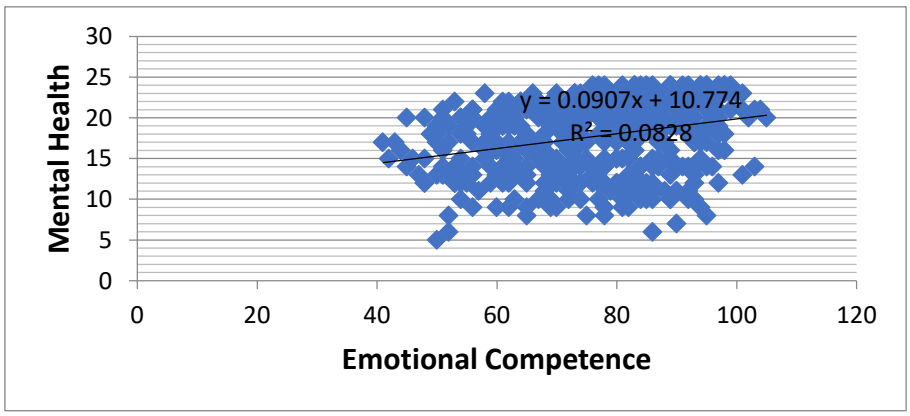


Figure 4.4

Relationship between JS and resilience among all hospital employees

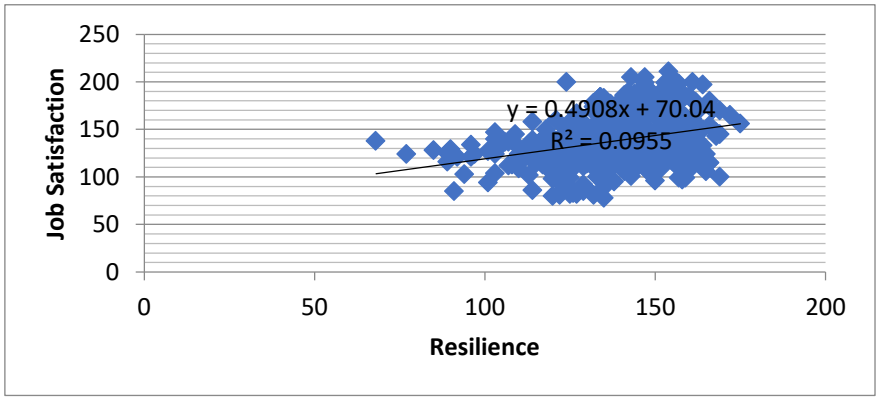


Figure 4.5

Relationship between mental health and resilience among all hospital employees

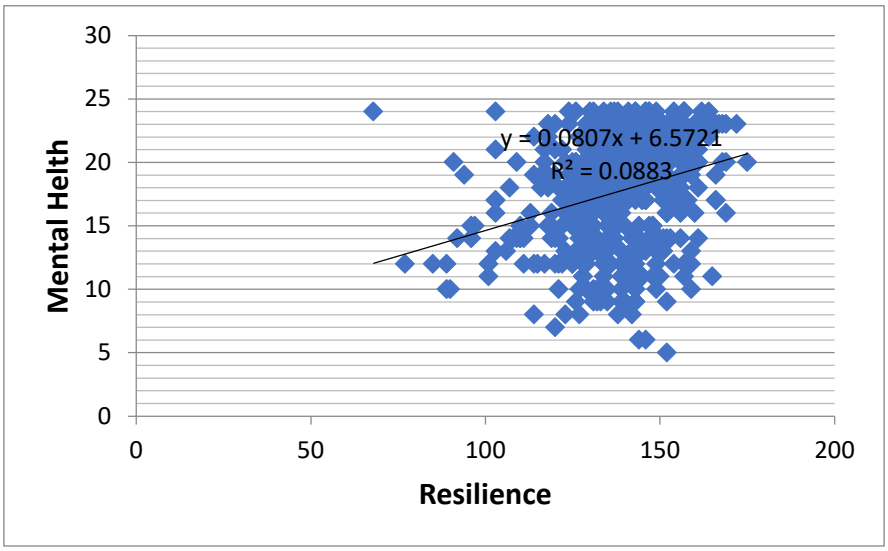


Figure 4.6

Relationship between mental health and JS among all hospital employees

Table 4.2: Correlation between EC, Resilience, JS and mental health of male employees in hospitals

Variable		RS	JSS	EMHI
ECAS	Pearson Correlation	.38**	.33**	.33**
	Sig. (2-tailed)	.00	.00	.00
	N	237	237	237
RS	Pearson Correlation		.39**	.31**
	Sig. (2-tailed)		.00	.00
	N		237	237
JSS	Pearson Correlation			.45**
	Sig. (2-tailed)			.00
	N			237
**significant at the 0.01 level (2-tailed)				

Table 4.2 is describing the inter-correlation matrix of EC, resilience, JS and mental health of male hospital employees. The matrix has shown that the relationships between EC and mental health (r=0.33), EC and JS (r =0.33), EC and resilience (r =0.38), resilience and JS (r =0.39), resilience and mental health (r =0.31), and JS and mental health (r =0.45) are significant at 0.01 level and positive. Therefore, the proposed null hypothesis ($H0_1$) that there will be no significant correlation among EC, resilience, JS and mental health of the employees in hospitals, is rejected.

DISCUSSION ON RESULTS

It has been found that relationships between EC and mental health, EC and JS, EC and resilience, resilience and JS, resilience and mental health, and JS and mental health are significant at 0.01 level and positive among male hospital employees. This result is similar with the study conducted by Ciarrochi et al. (2003) found that most of the correlations between EC and mental health were significant and all significant correlations were in the expected direction, with higher competence being associated with better psychological health. The present result is similar with the study conducted by Rahmawati (2013) found that resilience has positive relationship with JS level. The present result of the study found contradictory with the study conducted by White (2014) determined that there was no relationship between JS and resilience. The present result is similar with the study conducted by Rudwan and Alhashimia (2018) results indicated a positive correlation between mental health and resilience. The present result is similar with the study conducted by Nahar et al. (2013) describing a positive relationship between JS and mental health on government and

non-government employees but not significant. The present result is contradictory with the study conducted by Nadinloyi et al. (2013) which found positive relationship among job unsatisfaction of employees and mental health global index, depression and social action. Relationships between variables have been demonstrated in the following graphical representations:

Figure 4.7

Relationship between resilience and EC among male employees in hospitals

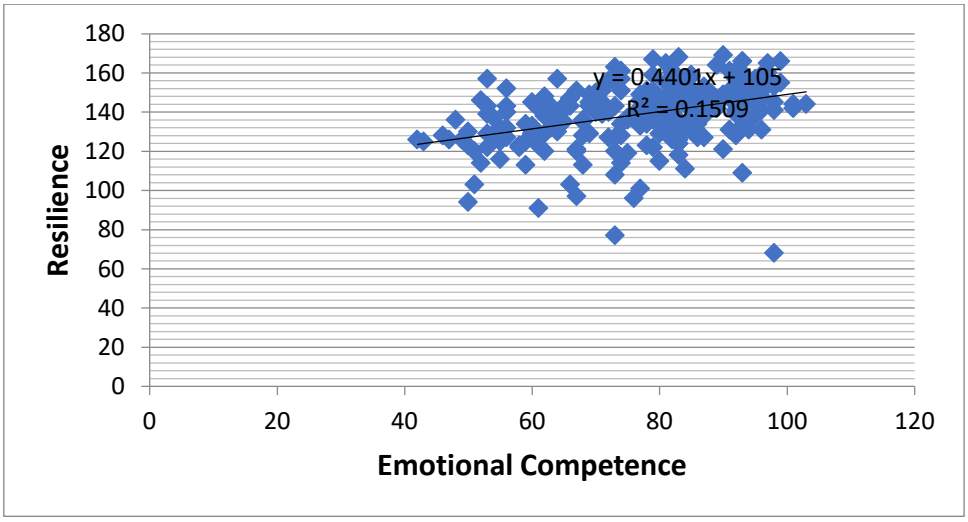


Figure 4.8

Relationship between JS and EC among male employees in hospitals

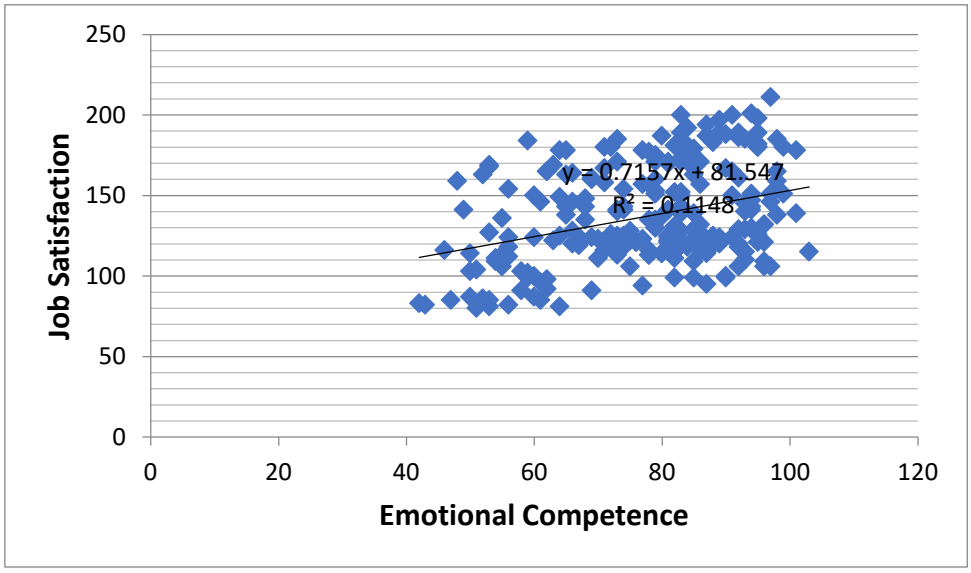


Figure 4.9: Relationship between mental health and EC among male hospital employees

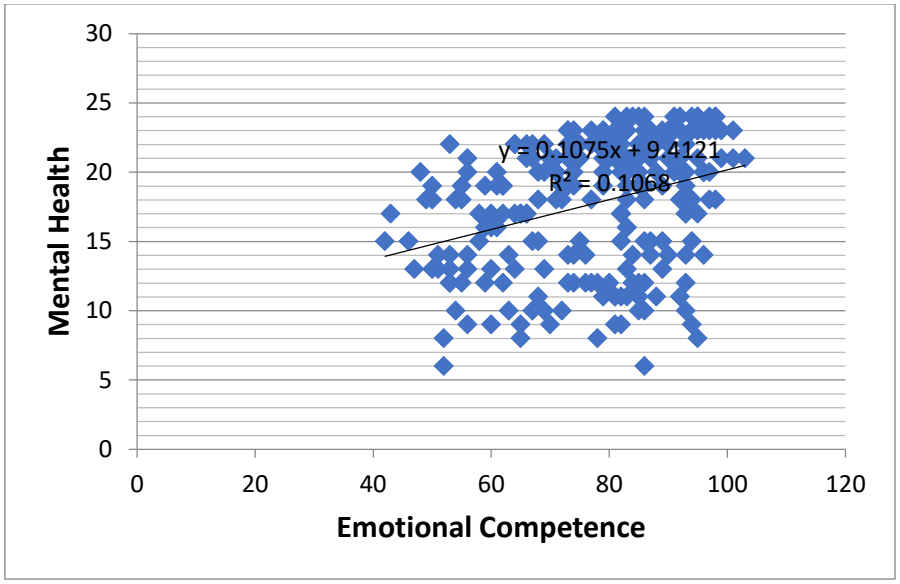


Figure 4.10: Relationship between JS and resilience among male hospital employees

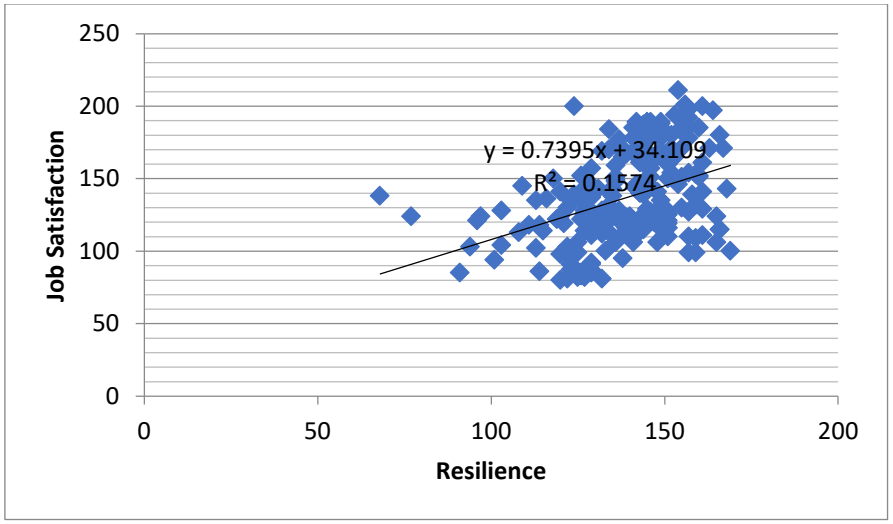


Figure 4.11: Relationship between mental health and resilience among male hospital employees

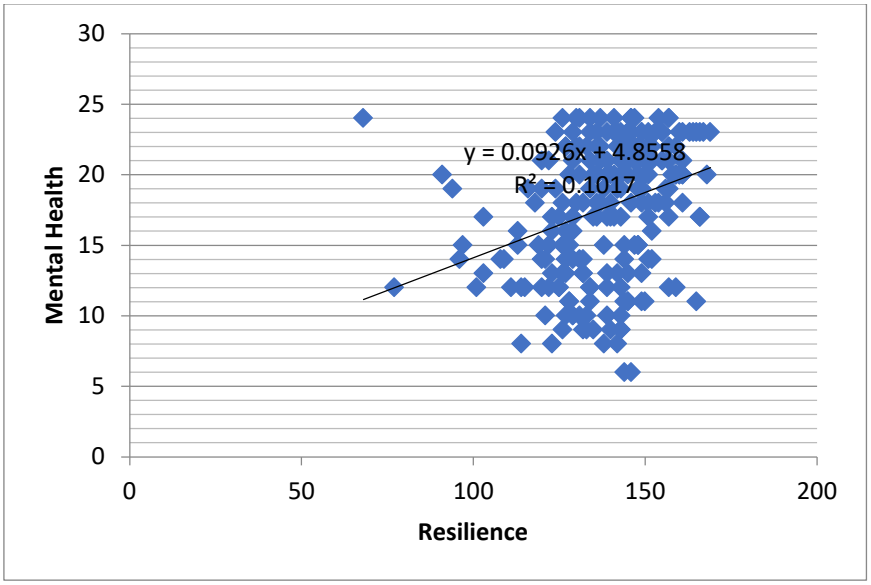


Figure 4.12

Relationship between mental health and JS among male hospital employees

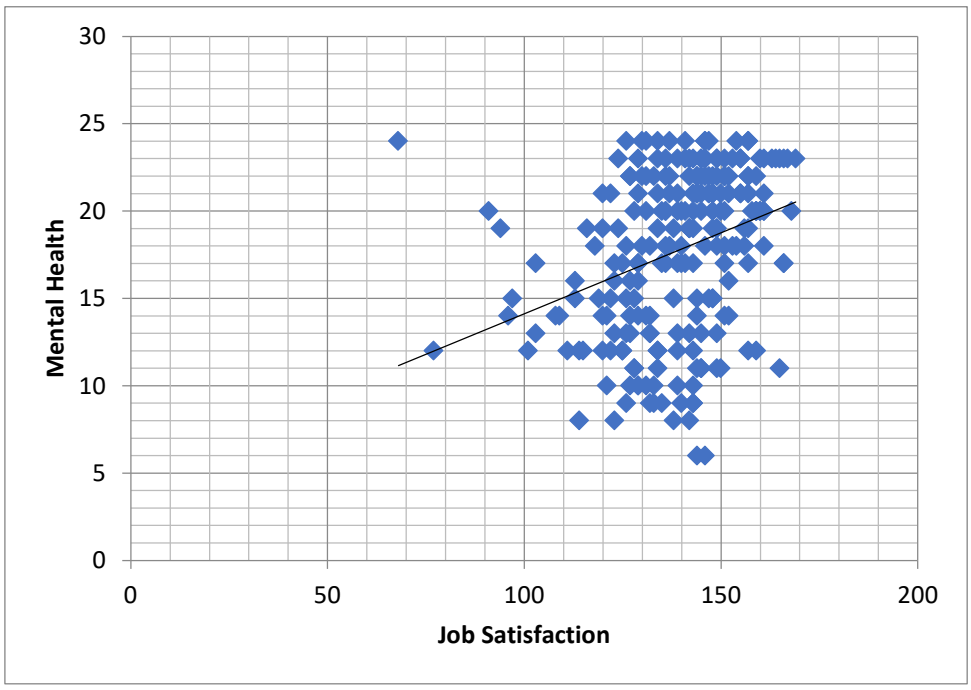


Table 4.3

Correlations between EC, resilience, JS and mental health among female employees in hospitals

Variable		RS	JSS	EMHI
EC	Pearson Correlation	.27**	-.02	.24**
	Sig. (2-tailed)	.00	.74	.00
	N	250	250	250
RS	Pearson Correlation		.21**	.27**
	Sig. (2-tailed)		.00	.00
	N		250	250
JSS	Pearson Correlation			.32**
	Sig. (2-tailed)			.00
	N			250
**significant at the 0.01 level (2-tailed)				

Table 4.3 is describing the inter-correlation matrix of EC, resilience, JS and mental health of female hospital employees. The matrix has shown that relationships among EC and resilience (r=0.27), EC and mental health (r =0.24), resilience and JS (r =0.21), resilience and mental health (r =0.27), and JS and mental health (r =0.32), are positive relationships significant at 0.01 level. Further, statistics show insignificant negative relationship among EC and JS (r = -.02). Therefore, the proposed null hypothesis ($H0_1$) that there will be no significant correlation among EC, resilience, JS and mental health of the employees in hospitals is partially rejected.

DISCUSSION ON RESULTS

It has been found that relationships between EC and resilience, EC and mental health, resilience and JS, resilience and mental health, and JS and mental health, are positive relationships significant at 0.01 level among female hospital employees. Findings revealed negative relationship found between EC and JS among female hospital employees. This result is same with the research carried by Mohammadi and Khedmatian (2017) which showed a high correlation positively among the JS and resilience. This result is also similar with the research carried by Gheshlagh et al. (2017) revealing overall a positive correlation among resilience and mental health. The present result is contradictory of the result by Nadinloyi et al. (2013) who revealed that women employees were more satisfied than male employees with their

job. Results of relationships have been plotted in the following graphical representations:

Figure 4.13

Relationship between resilience and EC among female hospital employees

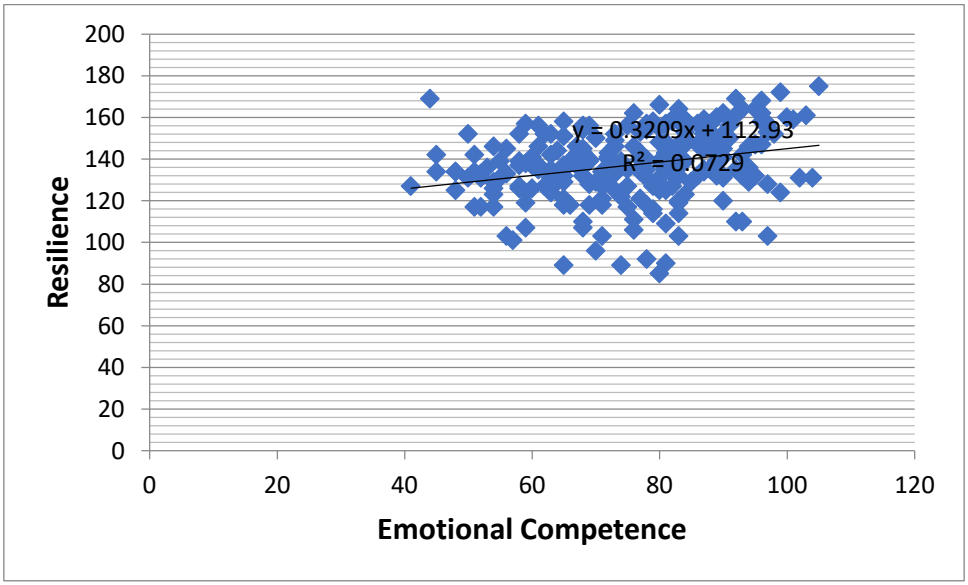


Figure 4.14

Relationship between mental health and EC among female hospital employees

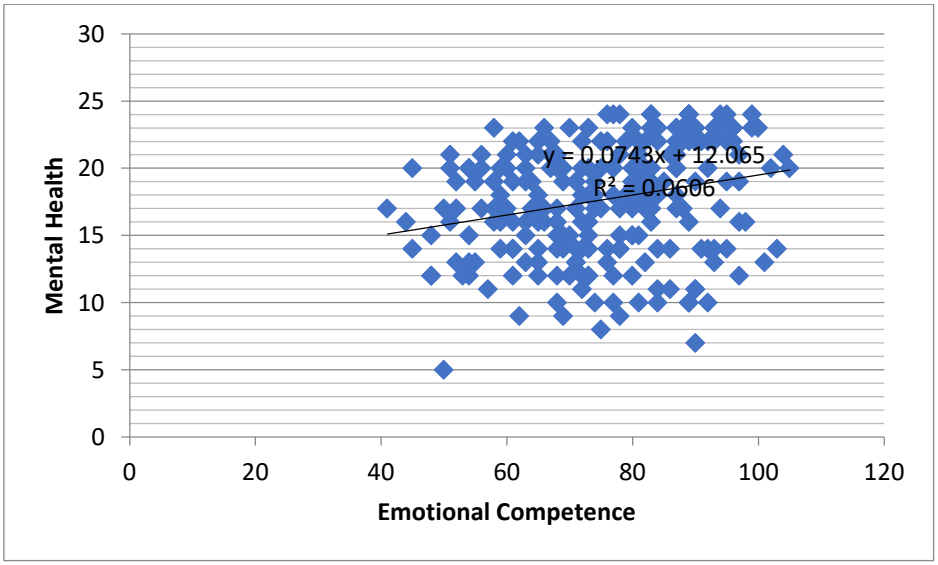


Figure 4.15

Relationship between JS and resilience among female hospital employees

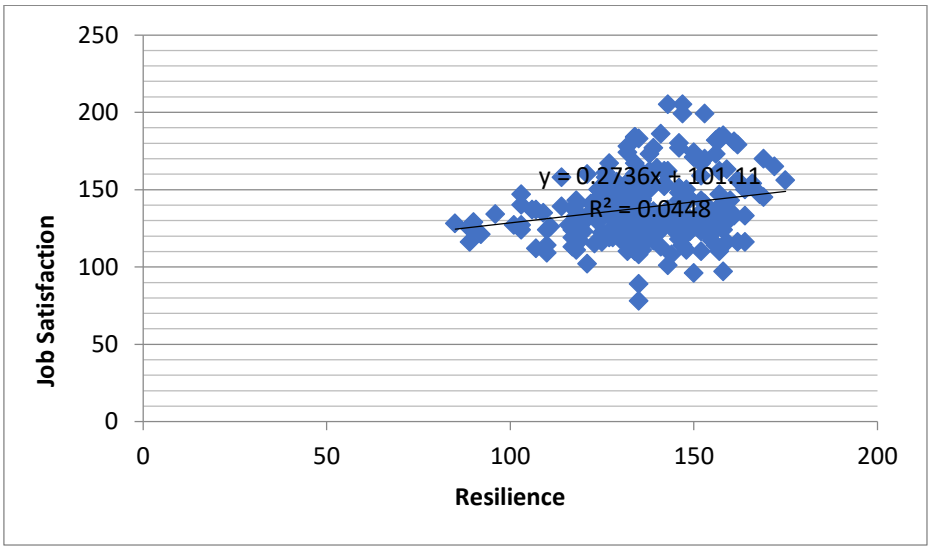


Figure 4.16

Relationship between mental health and resilience among female hospital employees

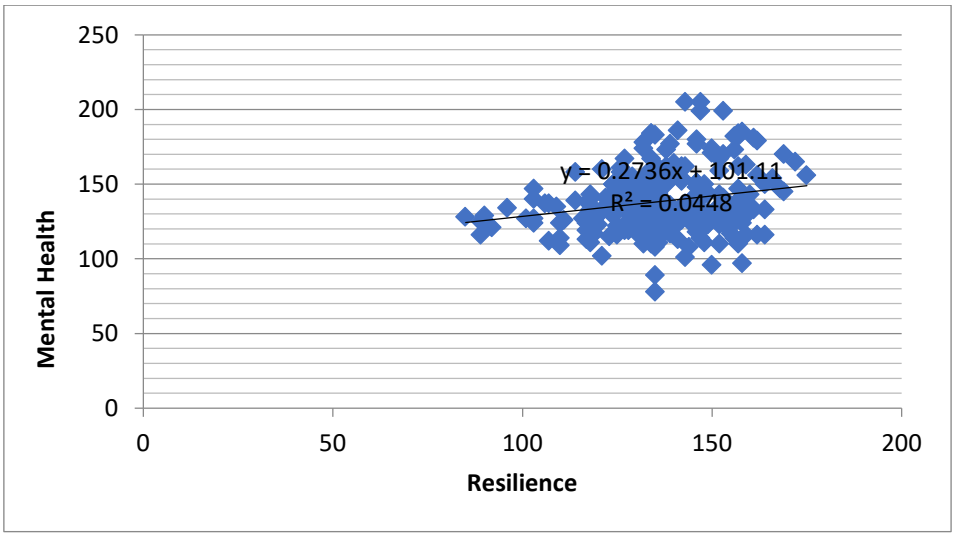


Table 4.4

Correlations between EC, resilience, JS and mental health among private hospital employees

Variable		RS	JSS	EMHI
ECAS	Pearson Correlation	.28**	.09	.31**
	Sig. (2-tailed)	.00	.13	.00
	N	246	246	246
RS	Pearson Correlation		.26**	.13*
	Sig. (2-tailed)		.00	.03
	N		246	246
JSS	Pearson Correlation			.33**
	Sig. (2-tailed)			.00
	N			246
*significant at the 0.05 level (2-tailed) **significant at the 0.01 level (2-tailed)				

Table 4.4 is describing the inter-correlation matrix of EC, resilience, JS and mental health of private hospital employees. The matrix has shown that the relationship between mental health and EC (r = 0.31), mental health and JS (r = 0.33), mental health and resilience (r = 0.13), EC and JS (r = 0.09), EC and resilience (r = 0.28), and JS and resilience (r = 0.26) are significant at 0.01 level and positive. Therefore, the proposed null hypothesis ($H0_1$) that there will be no significant relationship among EC, resilience, JS and mental health of the employees in hospitals, is rejected.

DISCUSSION ON RESULTS

Results revealed that relationship between EC and mental health, JS and mental health, resilience and mental health, EC and JS, EC and resilience, and JS and resilience are significant at 0.01 level and positive among private hospital employees. Similar results revealed by Gandharva (1998) found a significant relationship among JS and mental health of private organization employees. Similar results revealed by Orhan & Dincer (2012) showed significant and positive correlation among emotional intelligence competency and JS among private employees however the relationship is not rather strong. Similar results revealed by Israa & Suneel (2018) indicated a weak correlation between JS and resilience. Above relationships have been plotted in the following Figures:

Figure 4.17

Relationship between resilience and EC among private hospital employees

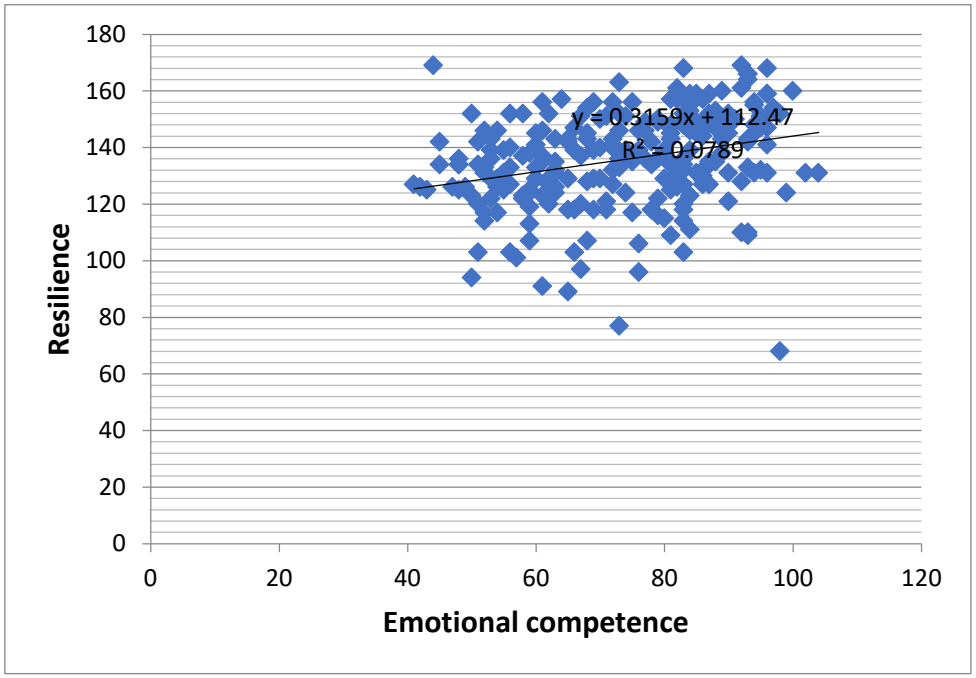


Figure 4.18: Relationship between mental health and EC among private hospital employees

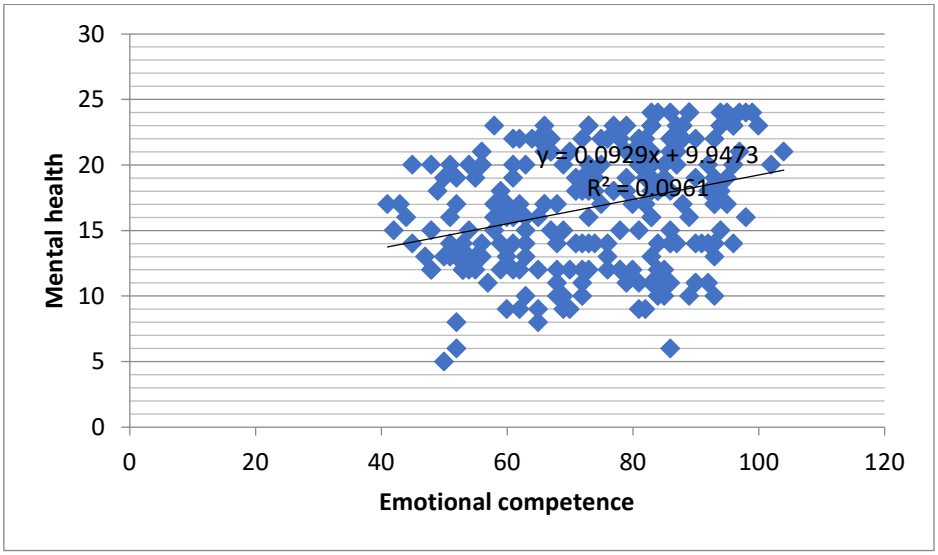


Figure 4.19: Relationship between JS and resilience among private hospital employees

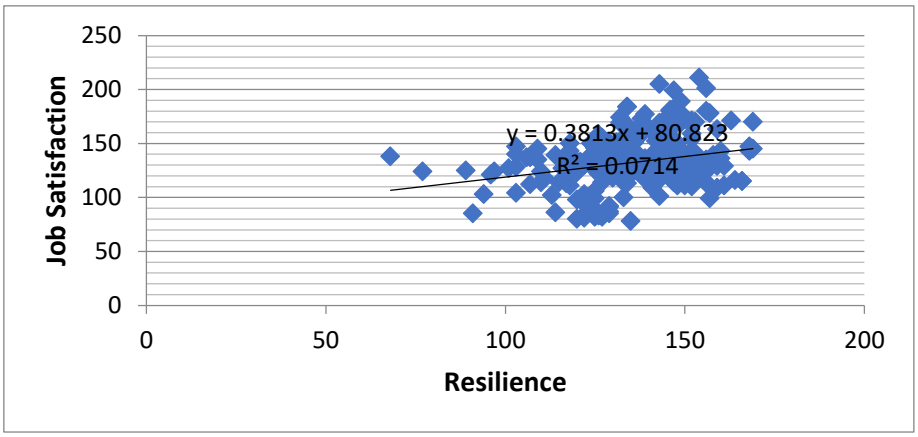


Figure 4.20: Relationship between mental health and resilience among private hospital employees

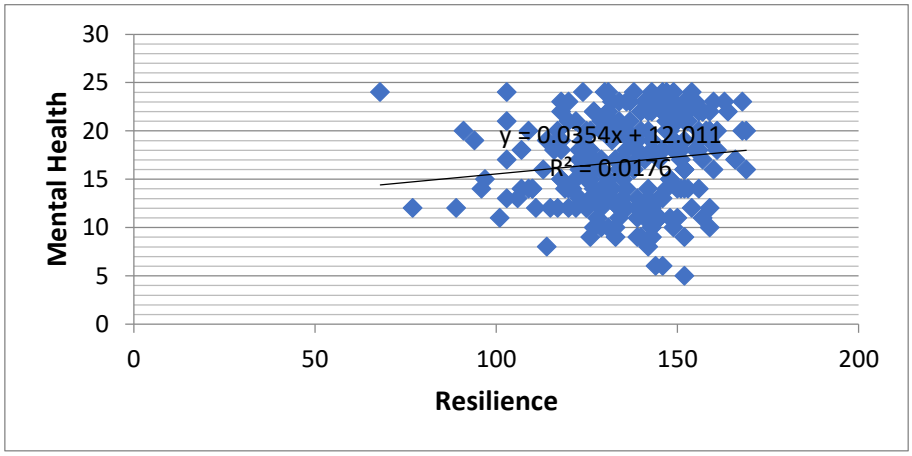


Figure 4.21: Relationship between mental health and JS among private hospital employees

Table 4.5

Correlations between EC, resilience, JS and mental health among public hospital employees

Variable		RS	JSS	EMHI
ECAS	Pearson Correlation	.35**	.21**	.20**
	Sig. (2-tailed)	.00	.00	.00
	N	241	241	241
RS	Pearson Correlation		.31**	.44**
	Sig. (2-tailed)		.00	.00
	N		241	241
JSS	Pearson Correlation			.41**
	Sig. (2-tailed)			.00
	N			241
**significant at the 0.01 level (2-tailed)				

Table 4.5 is describing the inter-correlation matrix of EC, resilience, JS and mental health of public hospital employees. The matrix has shown that the relationship between mental health and EC (r = 0.20), mental health and JS (r = 0.41), mental health and resilience (r = 0.44), EC and JS (r = 0.21), EC and resilience (r = 0.35), and JS and resilience (r = 0.31) are positively correlated at .01 significance level. The interrelationship among EC, resilience, JS and mental health of public hospital employees is found positive and at significant level. Therefore, the proposed null hypothesis ($H0_1$) that there will be no significant correlation among EC, resilience, JS and mental health of the employees in hospitals, is rejected.

DISCUSSION ON RESULTS

Results revealed that relationships of EC, JS, resilience with mental health, EC and JS, EC and resilience, and JS and resilience are positively correlated at 0.01 significant level among public hospital health care medical and paramedical employees. Same results are exhibited in Figure shown below:

Figure 4.22

Relationship between resilience and EC among public hospital employees

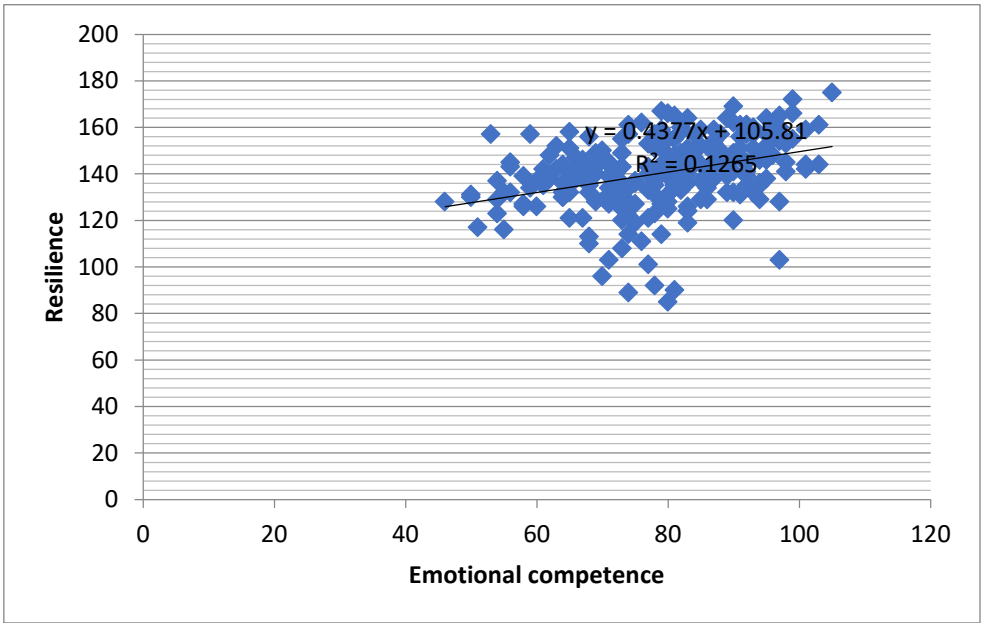


Figure 4.23: Relationship between JS and EC among public hospital employees

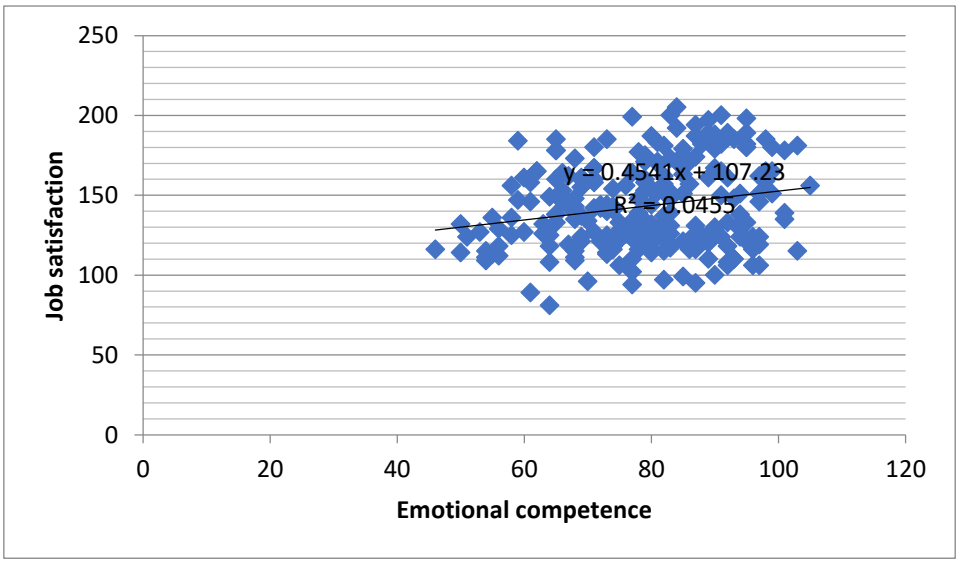


Figure 4.24: Relationship between mental health and EC among public hospital employees

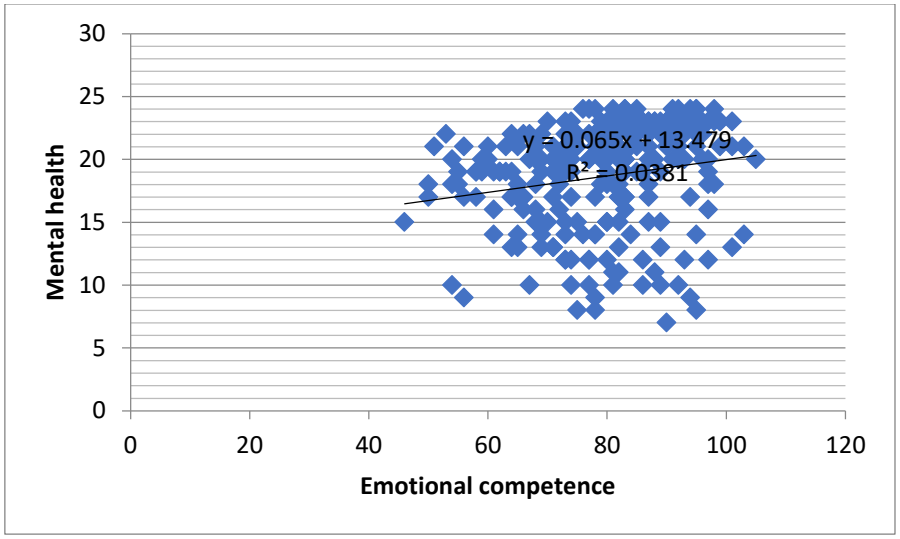


Figure 4.25: Relationship between JS and resilience among public hospital employees

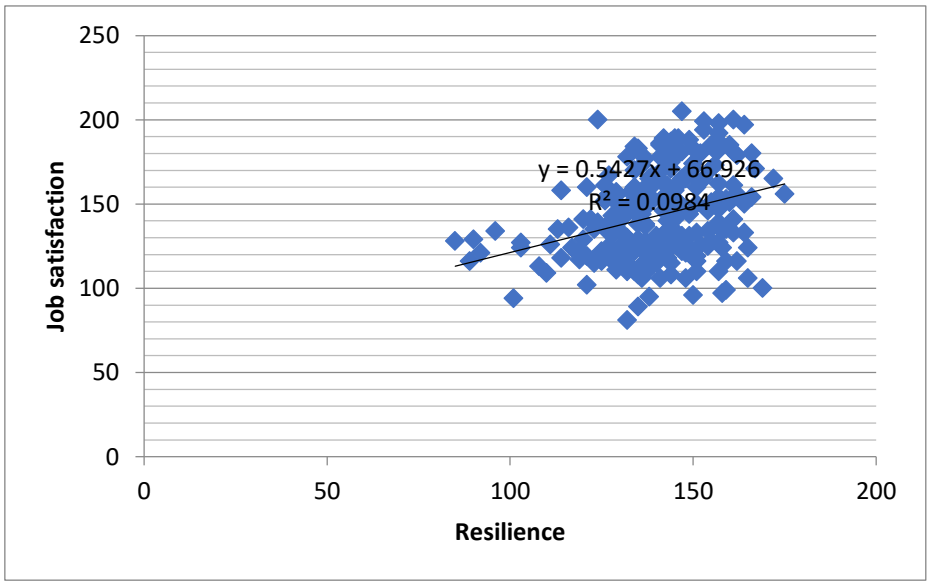


Figure 4.26

Relationship between mental health and resilience among public hospital employees

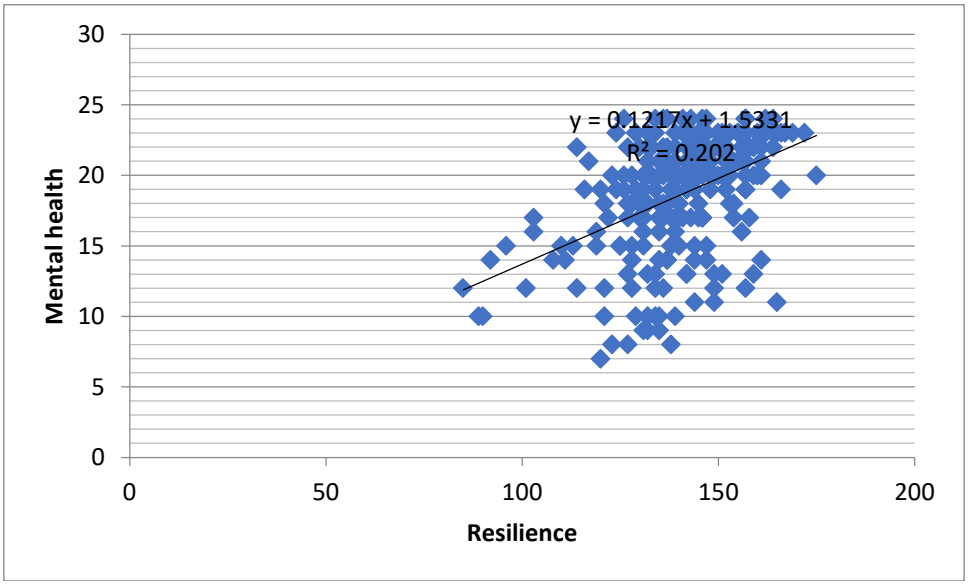


Figure 4.27

Relationship between mental health and JS among public hospital employees

Table 4.6
Correlations between EC, resilience, JS and mental health among female medical employees

Variable		RS	JSS	EMHI
ECAS	Pearson Correlation	.25*	.06	.31**
	Sig. (2-tailed)	.014	.531	.002
	N	94	94	94
RS	Pearson Correlation		.18	.19
	Sig. (2-tailed)		.081	.066
	N		94	94
JSS	Pearson Correlation			.41**
	Sig. (2-tailed)			.000
	N			94
**significant at the 0.01 level (2-tailed)				

Table 4.6 is describing the inter-correlation matrix of EC, resilience, JS and mental health of female medical employees. The matrix has shown that the relationships between EC and resilience ($r = 0.25$, $p < 0.05$), EC and mental health ($r = 0.31$, $p < 0.01$), and JS and mental health ($r = 0.41$, $p < 0.01$) are positively related. The interrelationships among EC and JS, resilience and JS resilience and mental health of female medical employees are positive but insignificant. Therefore, the proposed null hypothesis ($H0_1$) that there will be no significant correlation among EC, resilience, JS and mental health of the female medical employees in hospitals, is partially rejected.

DISCUSSION ON RESULTS

Results revealed that the relationship between EC and resilience, EC and mental health, and JS and mental health are positively related among female medical employees. On the other side, the interrelationships among EC and JS, resilience and JS resilience and mental health of female medical employees are positive but insignificant among female medical employees. The results of correlation statistics are also plotted in the graph as shown below:

Figure 4.28: Relationship between resilience and EC among female medical employees

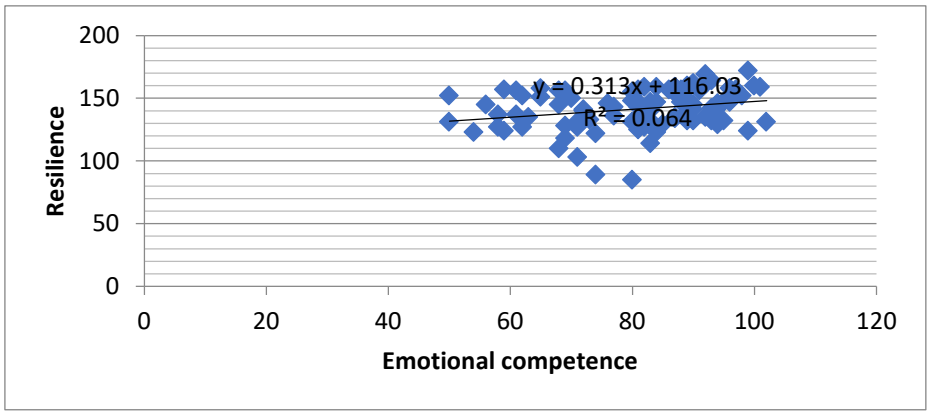


Figure 4.29: Relationship between mental health and EC among female medical employees

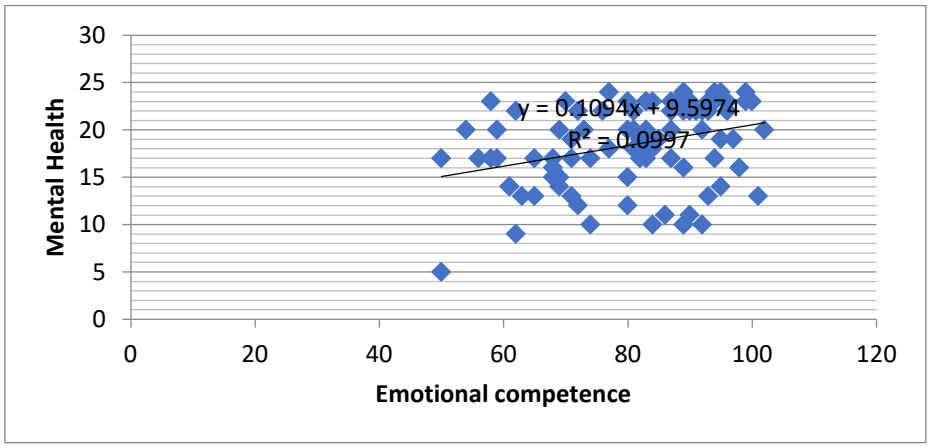


Figure 4.30: Relationship between mental health and JS among female medical employees

Table 4.7
Correlations between EC, resilience, JS and mental health among female paramedical employees

Variable		RS	JSS	EMHI
EC	Pearson Correlation	.21**	-.11	.15
	Sig. (2-tailed)	.00	.16	.05
	N	156	156	156
RS	Pearson Correlation		.21**	.30**
	Sig. (2-tailed)		.00	.00
	N		156	156
JSS	Pearson Correlation			.24**
	Sig. (2-tailed)			.00
	N			156
**significant at the 0.01 level (2-tailed)				

Table 1.7 is describing the inter-correlation matrix of EC, resilience, JS and mental health of female paramedical employees. The matrix has shown that the relationships between EC and resilience (r = 0.21), EC and mental health (r = 0.15), resilience and JS (r = 0.21), resilience and mental health (r = 0.30), and JS and mental health (r = 0.24) are significant at 0.01 level and revealed positive relationship. Further Table 1.3 shows the negative relationship between EC and JS (r = -0.11) which is not significant (p=0.167). Therefore, the proposed null hypothesis ($H0_1$) that there will be no significant correlation among EC, resilience, JS and mental health of the female paramedical employees in hospitals, is partially rejected.

DISCUSSION ON RESULTS

Findings showed correlation among EC and resilience, EC and mental health, resilience and JS, resilience and mental health, and JS and mental health are significant at 0.01 level and revealed positive relationship among female paramedical employees. On the other side, it was revealed negative correlation among EC and JS which is not at significant level. Correlation findings are depicted in the figure shown below:

Figure 4.31: Relationship between resilience and EC among female paramedical employees

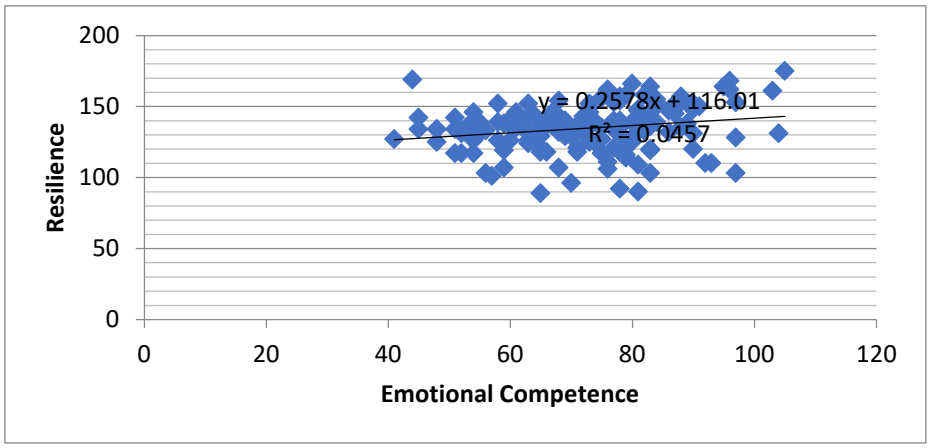


Figure 4.32: Relationship between JS and resilience among female paramedical employees

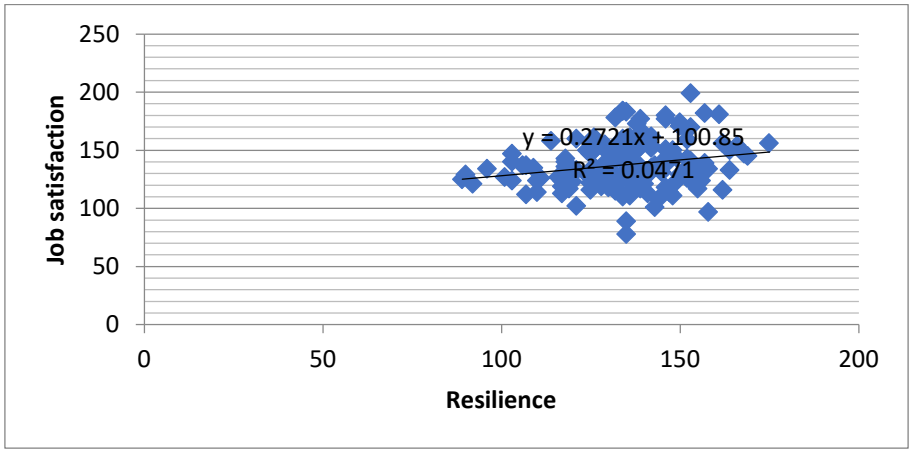


Figure 4.33: Relationship between mental health and resilience among female paramedical employees

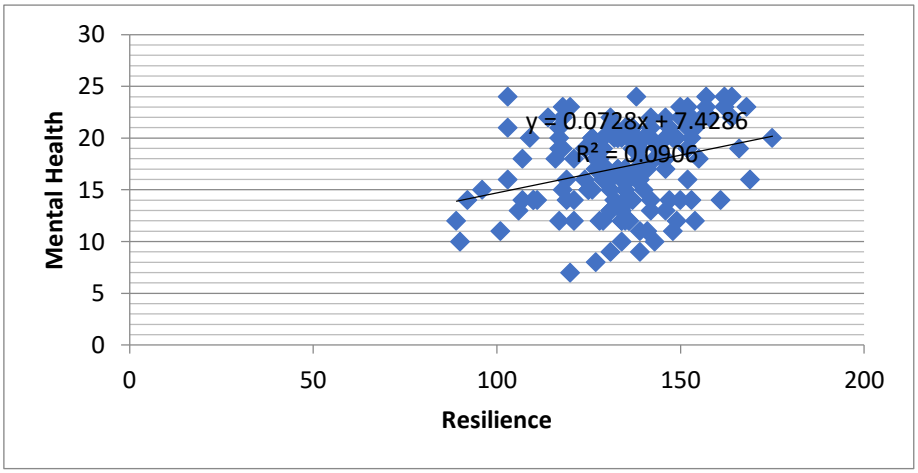


Figure 4.34: Relationship between mental health and JS among female paramedical employees

Table 4.8
Correlations between EC, resilience, JS and mental health among medical employees

Variable		RS	JSS	EMHI
ECAS	Pearson Correlation	.24**	.18**	.28**
	Sig. (2-tailed)	.00	.00	.00
	N	200	200	200
RS	Pearson Correlation		.24**	.20**
	Sig. (2-tailed)		.00	.00
	N		200	200
JSS	Pearson Correlation			.40**
	Sig. (2-tailed)			.00
	N			200
**significant at the 0.01 level (2-tailed)				

Table 4.8 is describing the inter-correlation matrix of EC, resilience, JS and mental health of medical employees. The matrix has shown that the relationship between EC and resilience (r = 0.24), EC and JS (r = 0.18), EC and mental health (r = 0.28), resilience and JS (r = 0.24), resilience and mental health (r = 0.20), and job satisfaction and mental health (r = 0.40) are significant at 0.01 level and positive. Hence, the proposed null hypothesis ($H0_1$) will be no significant relationship among EC, resilience, job satisfaction and mental health of the medical employees in hospitals, is rejected.

DISCUSSION ON RESULTS

Findings showed correlation among EC and resilience, EC and JS, EC and mental health, resilience and JS, resilience and mental health, and JS and mental health have positive relationship and significant at 0.01 level among medical employees. Findings are shown in the figure given below:

Figure 4.35

Relationship between resilience and EC among medical employees

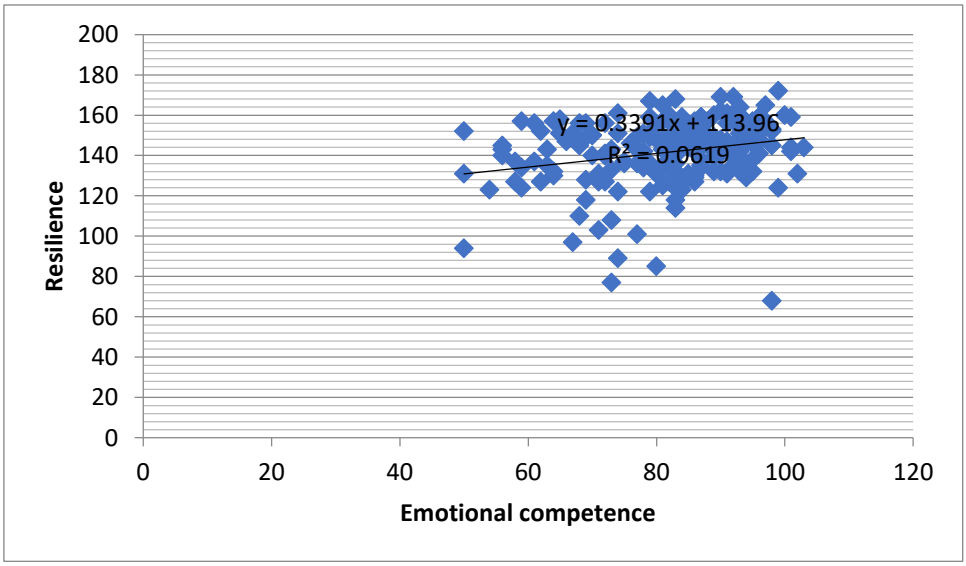


Figure 4.36

Relationship between JS and EC among medical employees

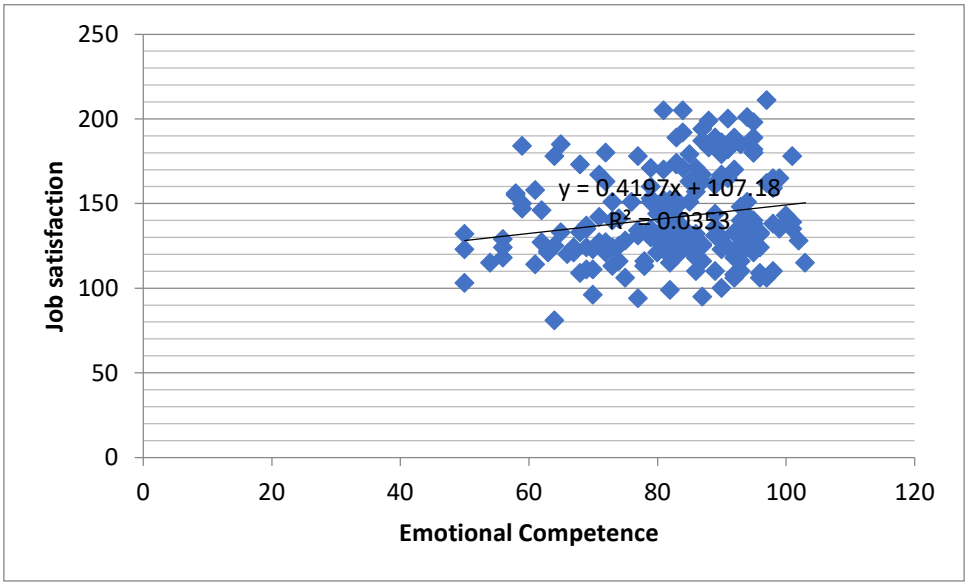


Figure 4.37: Relationship between mental health and EC among medical employees

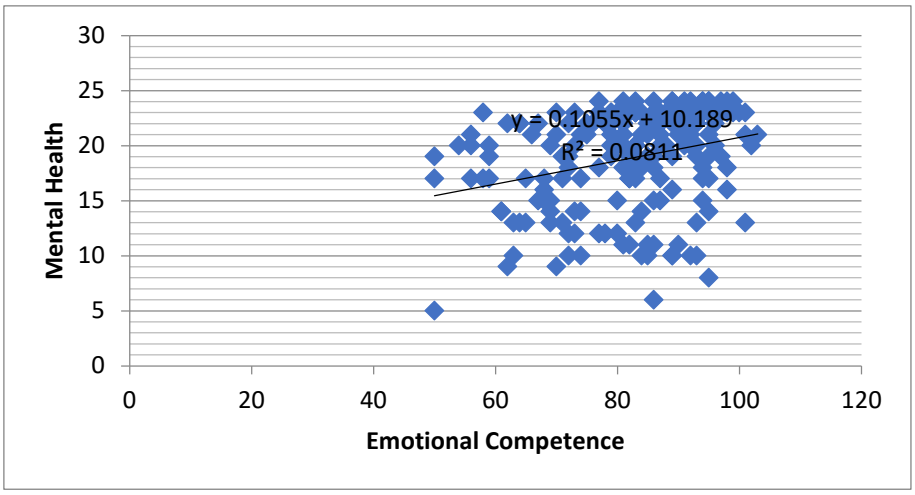


Figure 4.38: Relationship between JS and resilience among medical employees

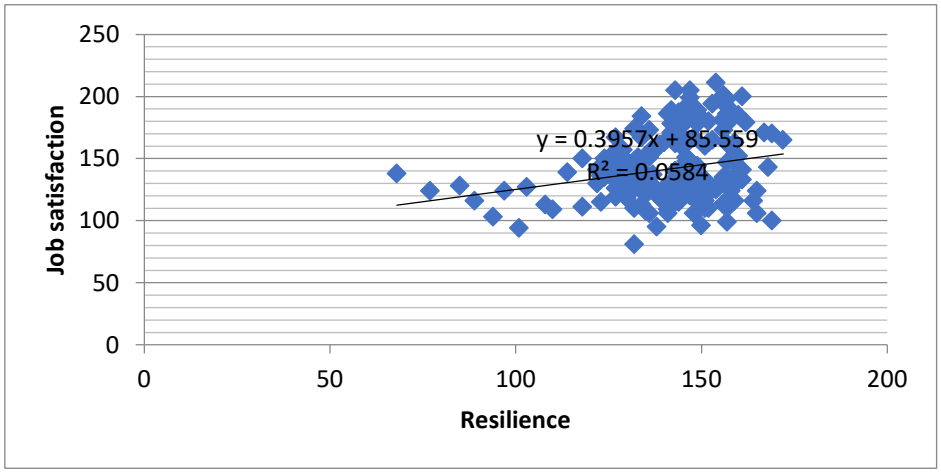


Figure 4.39: Relationship between mental health and resilience among medical employees

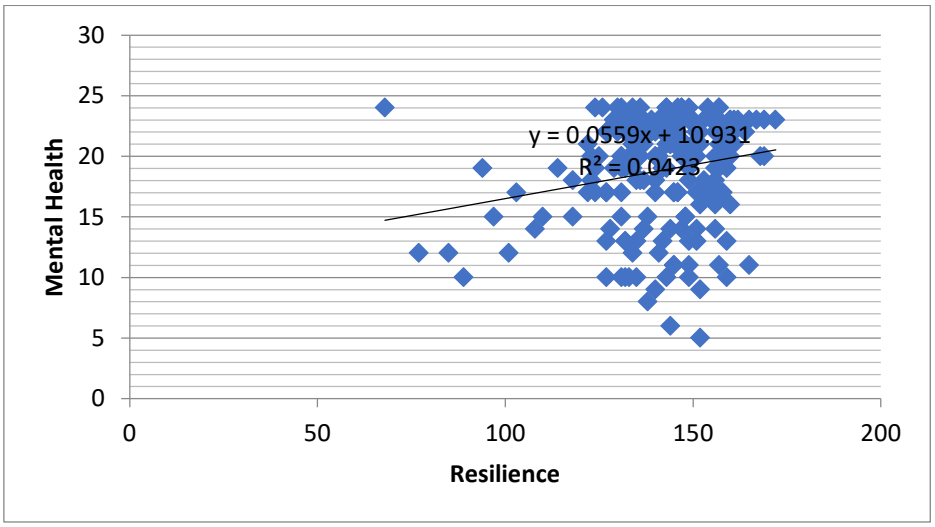


Figure 4.40

Relationship between mental health and JS among medical employees

Table 4.9
Correlations between EC, resilience, JS and mental health among paramedical employees

Variable		RS	JSS	EMHI
ECAS	Pearson Correlation	.31**	.12*	.20**
	Sig. (2-tailed)	.00	.03	.00
	N	287	287	287
RS	Pearson Correlation		.33**	.31**
	Sig. (2-tailed)		.00	.00
	N		287	287
JSS	Pearson Correlation			.36**
	Sig. (2-tailed)			.00
	N			287
**significant at the 0.01 level (2-tailed)				

Table 4.9 is describing the inter-correlation matrix of EC, resilience, JS and mental health of paramedical employees. The matrix has shown that the relationships between EC and resilience (r = 0.31), EC and mental health (r = 0.20), resilience and JS (r = 0.33), resilience and mental health (r = 0.31), and JS and mental health (r = 0.36) are significant at 0.01 level and positively related to each other. However, correlation between EC and JS (r = 0.12) is positive and significant at .05 level of significance. Therefore, the proposed null hypothesis ($H0_1$) that there will be no

significant correlation among EC, resilience, JS and mental health of the paramedical employees in hospitals, is rejected.

DISCUSSION ON RESULTS

Findings showed correlation among EC and resilience, EC and mental health, resilience and JS, resilience and mental health, and JS and mental health are significant at 0.01 level and positively related to each other among paramedical employees. On the other hand, it was found that correlation between EC and JS is positive and significant at .05 level among paramedical employees. Relationships are also shown in the following graphical representations:

Figure 4.41

Relationship between resilience and EC among paramedical employees

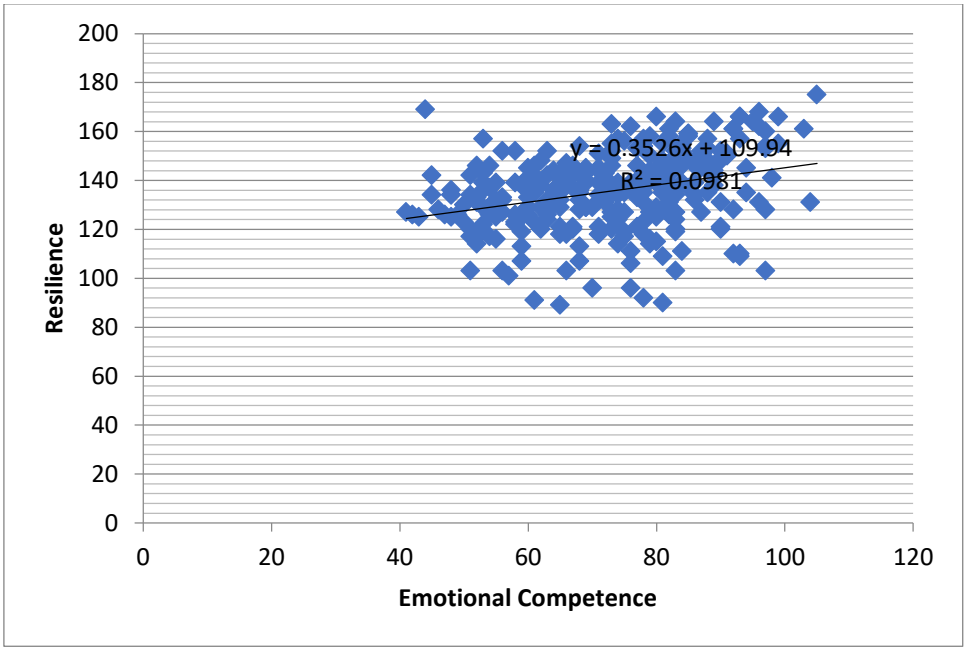


Figure 4.42: Relationship between JS and EC among paramedical employees

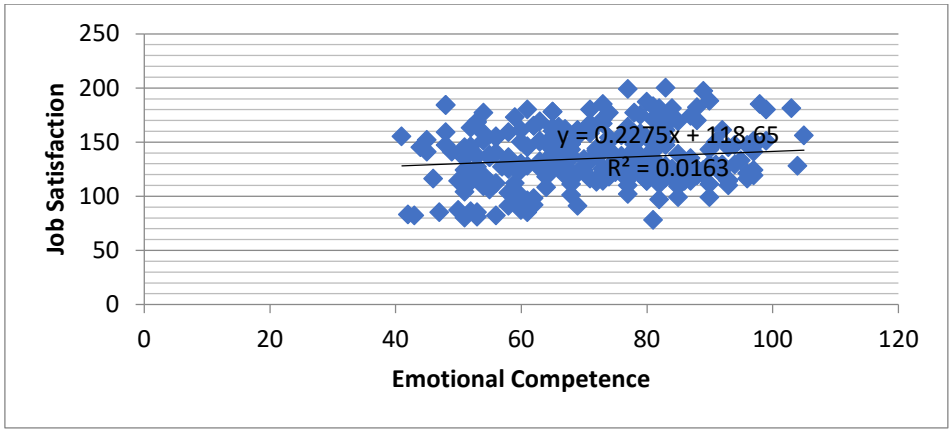


Figure 4.43: Relationship between mental health and EC among paramedical employees

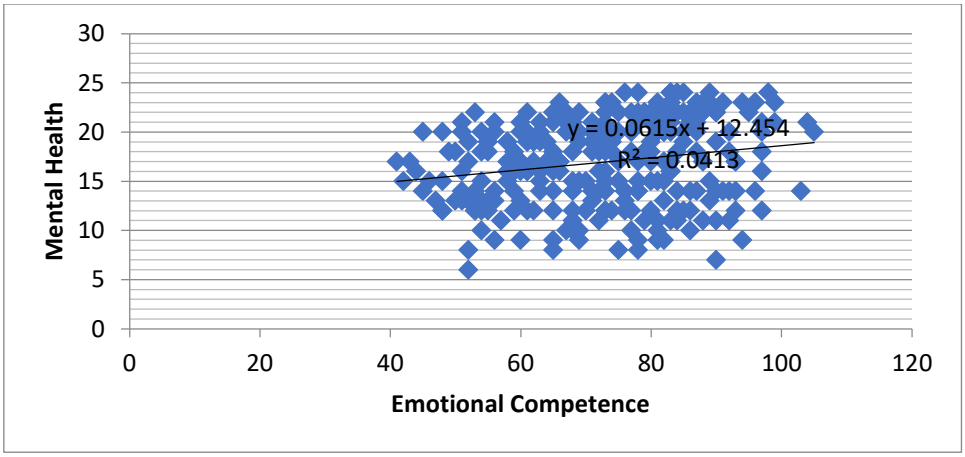


Figure 4.44: Relationship between JS and resilience among paramedical employees

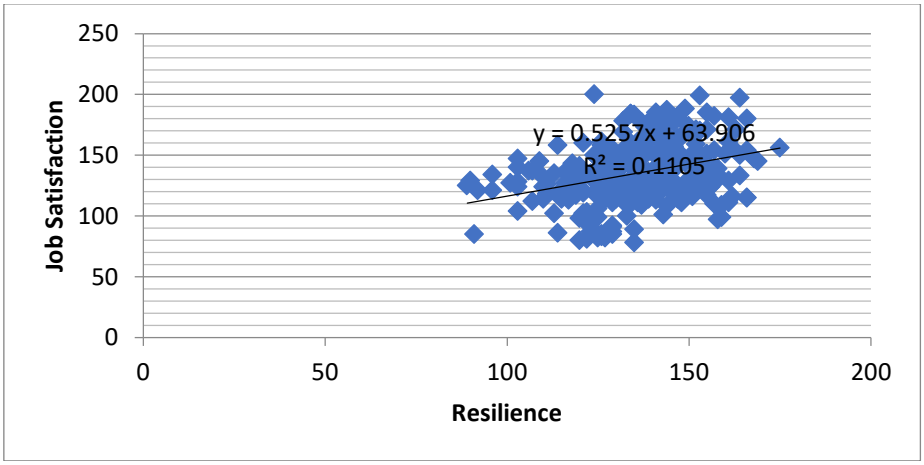


Figure 4.45

Relationship between mental health and resilience among paramedical employees

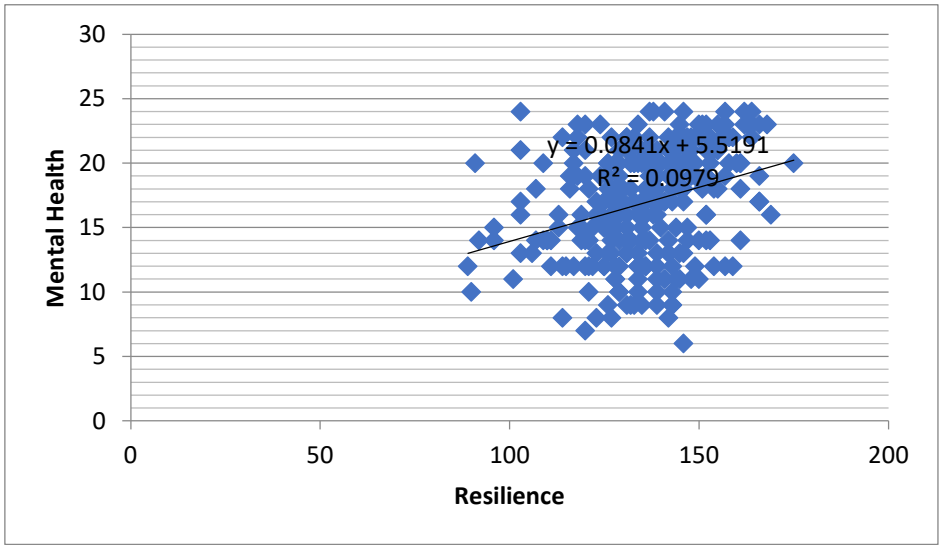


Figure 4.46

Relationship between mental health and JS among paramedical employees

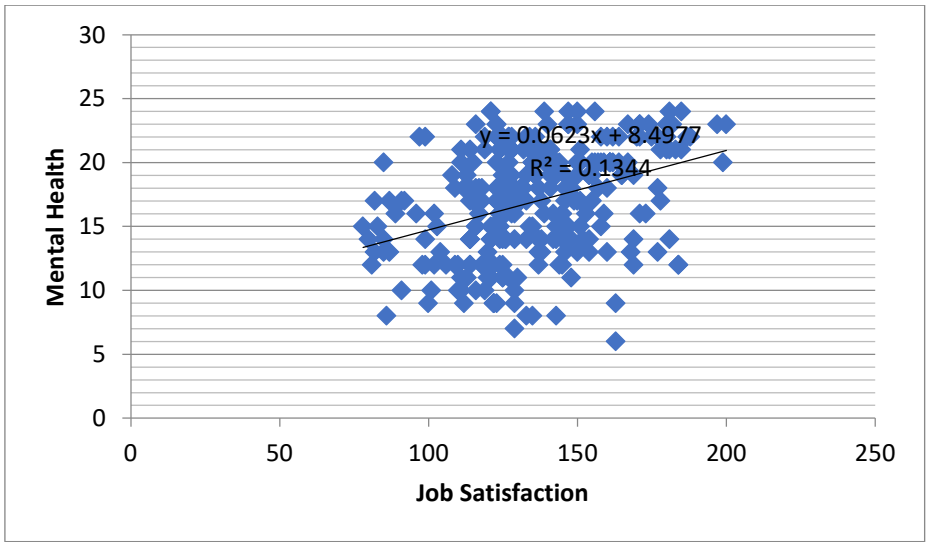


Table 4.10
Correlations between EC, resilience, JS and mental health among male medical employees

Variable		RS	JSS	EMHI
ECAS	Pearson Correlation	.24*	.28**	.23*
	Sig. (2-tailed)	.01	.00	.01
	N	106	106	106
RS	Pearson Correlation	1	.28**	.21*
	Sig. (2-tailed)		.00	.02
	N		106	106
JSS	Pearson Correlation		1	.39**
	Sig. (2-tailed)			.00
	N			106
**significant at the 0.01 level (2-tailed)				

Table 4.10 is describing the inter-correlation matrix of EC, resilience, JS and mental health of male medical employees. The matrix has shown that the relationships between EC and resilience (r = 0.24), EC and JS (r = 0.28), EC and mental health (r = 0.23), resilience and JS (r = 0.28), and JS and mental health (r = 0.39) are positive and significant at 0.01 level. Correlation between resilience and mental health (r = 0.21) was significant at .05 level. The relationships among EC, resilience, JS and mental health of male medical employees are found significantly positive. Therefore, the proposed null hypothesis ($H0_1$) that there will be no significant correlation among EC, resilience, JS and mental health of male medical employees in hospitals, is rejected.

DISCUSSION ON RESULTS

Findings showed correlation among EC and resilience, EC and JS, EC and mental health, resilience and JS, and JS and mental health are positive and significant at 0.01 level among male medical employees. Results revealed correlation between resilience and mental health was significant at .05 level among male medical employees. Overall, the relationships among EC, resilience, JS and mental health of male medical employees are found significantly positive. Correlations among variables are plotted in the following figure:

Figure 4.47: Relationship between resilience and EC among male medical employees

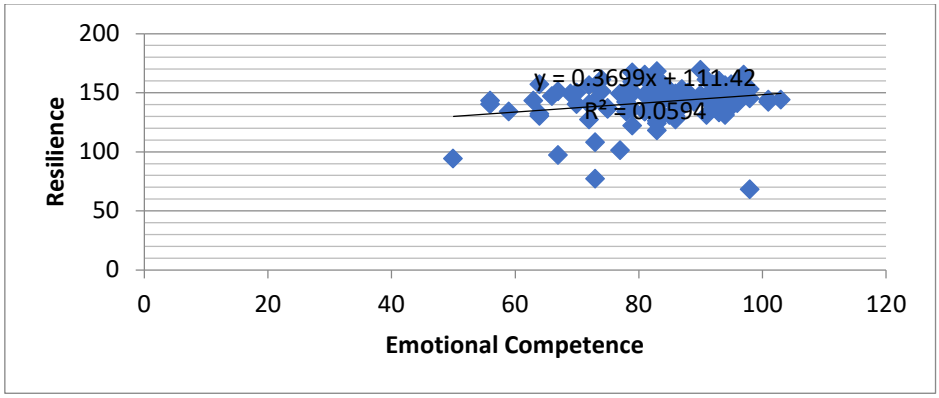


Figure 4.48: Relationship between JS and EC among male medical employees

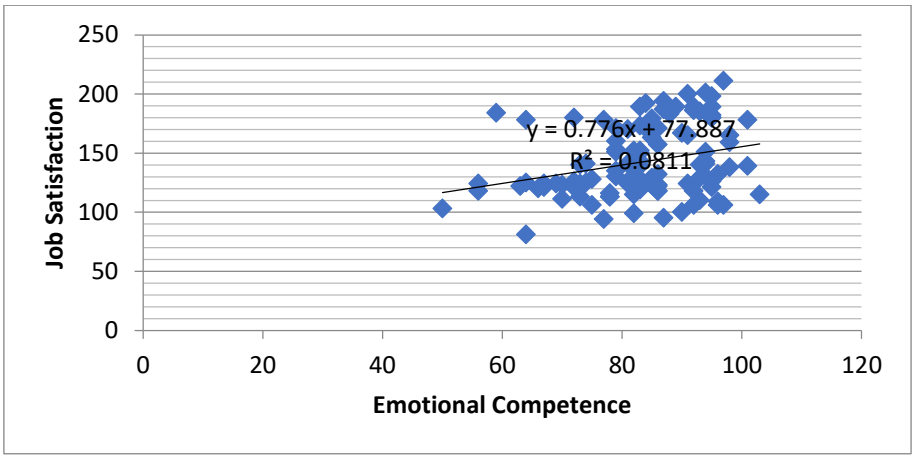


Figure 4.49

Relationship between mental health and EC among male medical employees

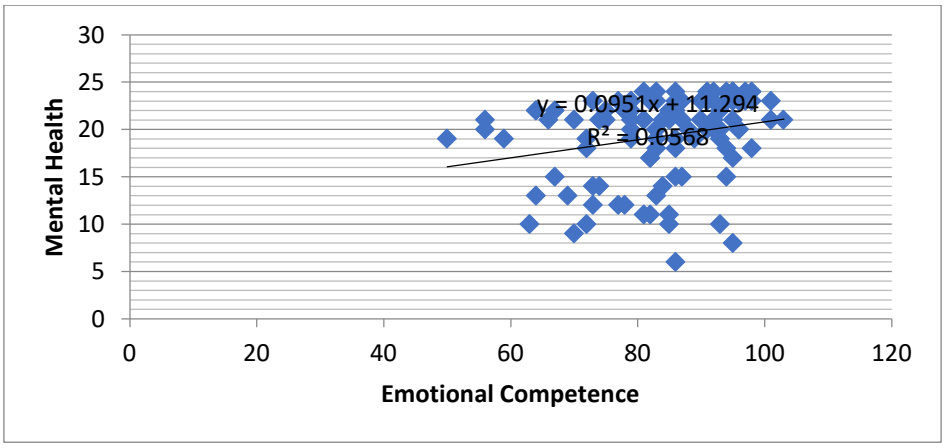


Figure 4.50: Relationship between JS and resilience among male medical employees

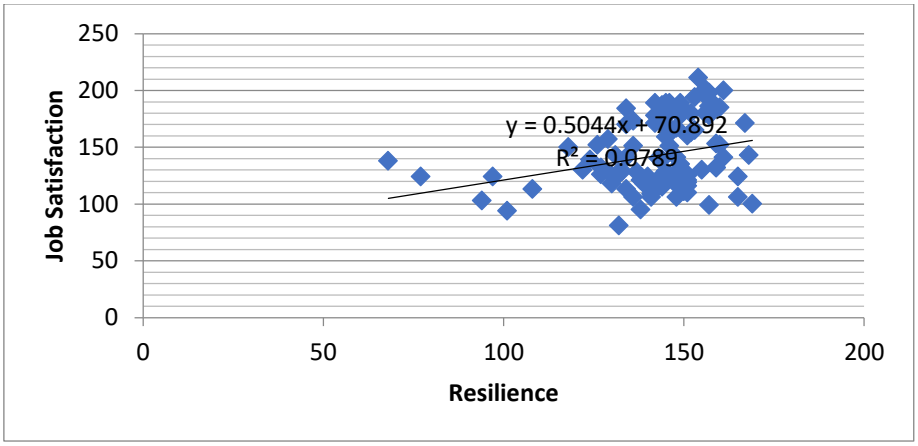


Figure 4.51: Relationship between mental health and resilience among male medical employees

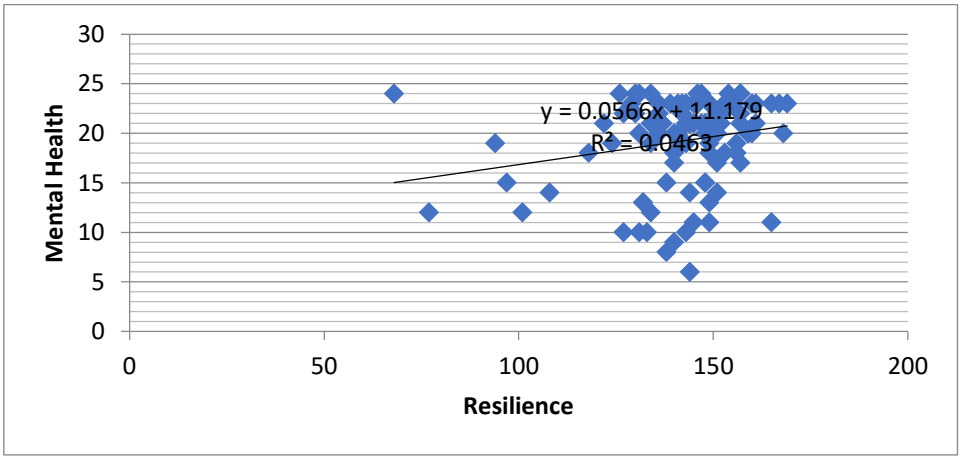


Figure 4.52: Relationship between mental health and JS among male medical employees

Table 4.11
Correlations between EC, resilience, JS and mental health among male paramedical employees

Variable		RS	JSS	EMHI
ECAS	Pearson Correlation	.43**	.31**	.25**
	Sig. (2-tailed)	.00	.00	.00
	N	131	131	131
RS	Pearson Correlation		.46**	.34**
	Sig. (2-tailed)		.00	.00
	N		131	131
JSS	Pearson Correlation			.44**
	Sig. (2-tailed)			.00
	N			131
**significant at the 0.01 level (2-tailed)				

Table 4.11 is describing the inter-correlation matrix of EC, resilience, JS and mental health of male paramedical employees. The matrix has shown that the relationship between EC and resilience (r = 0.43), EC and JS (r = 0.31), EC and mental health (r = 0.25), resilience and JS (r = 0.46), resilience and mental health (r = 0.34), and JS and mental health (r = 0.44) are positive and significant at 0.01 level of significance. Hence, the proposed null hypothesis ($H0_1$) will be no significant relationship among EC, resilience, JS and mental health of the male paramedical employees in hospitals, is hereby rejected.

DISCUSSION ON RESULTS

Results revealed that the relationships between EC and resilience, EC and JS, EC and mental health, resilience and JS, resilience and mental health, and JS and mental health of male paramedical employees were positive and significant at 0.01 level of significance. Relationships between variables are demonstrated in the following figures:

Figure 4.53

Relationship between resilience and EC among male paramedical employees

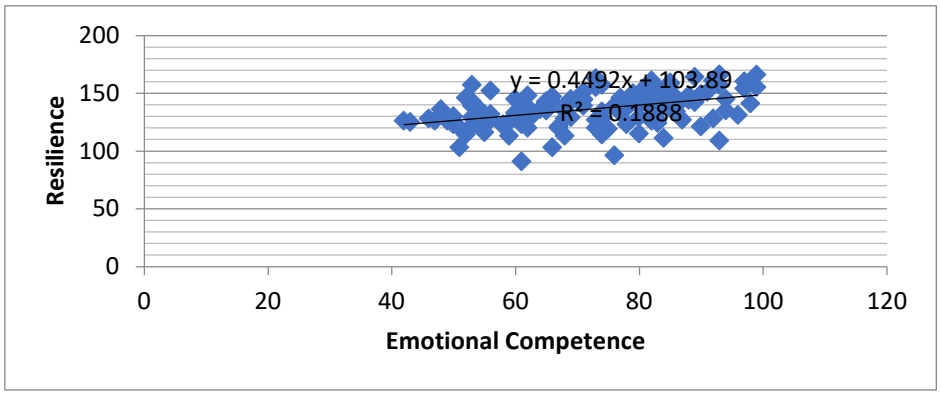


Figure 4.54

Relationship between JS and EC among male paramedical employees

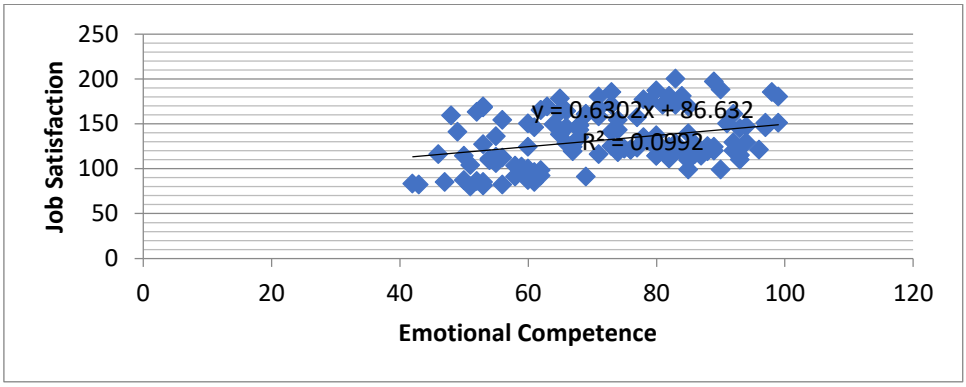


Figure 4.55

Relationship between mental health and EC among male paramedical employees

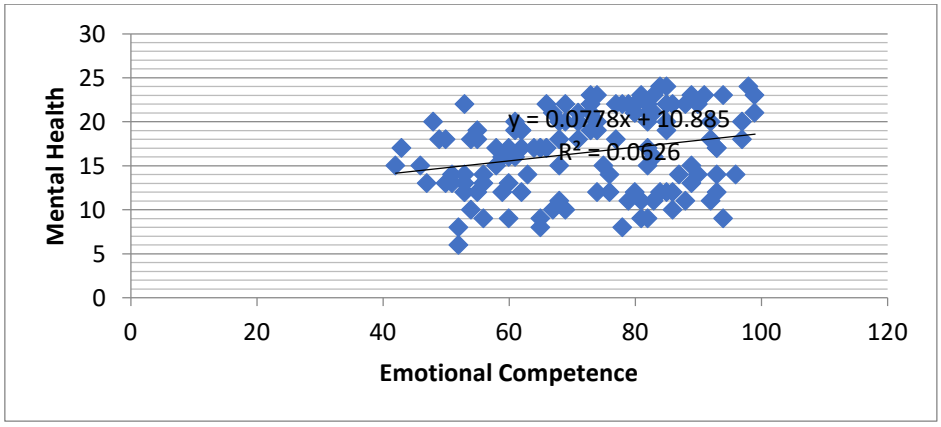


Figure 4.56: Relationship between JS and EC among male paramedical employees

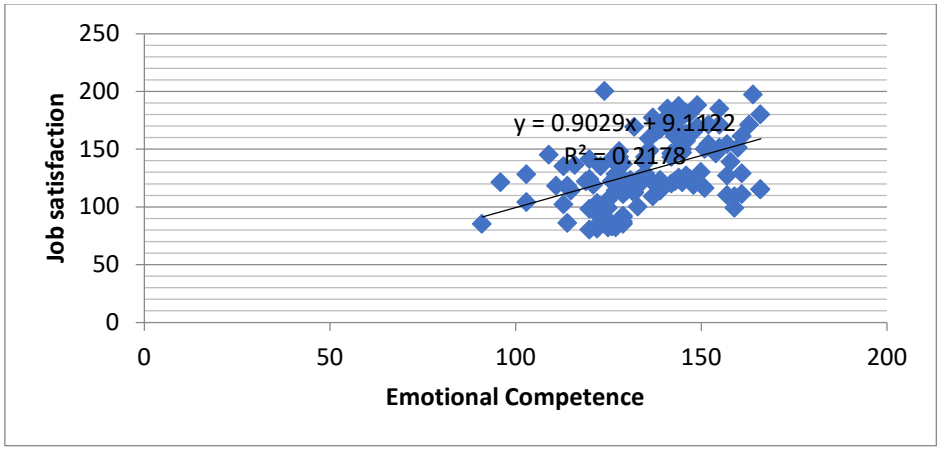


Figure 4.57: Relationship between JS and resilience among male paramedical employees

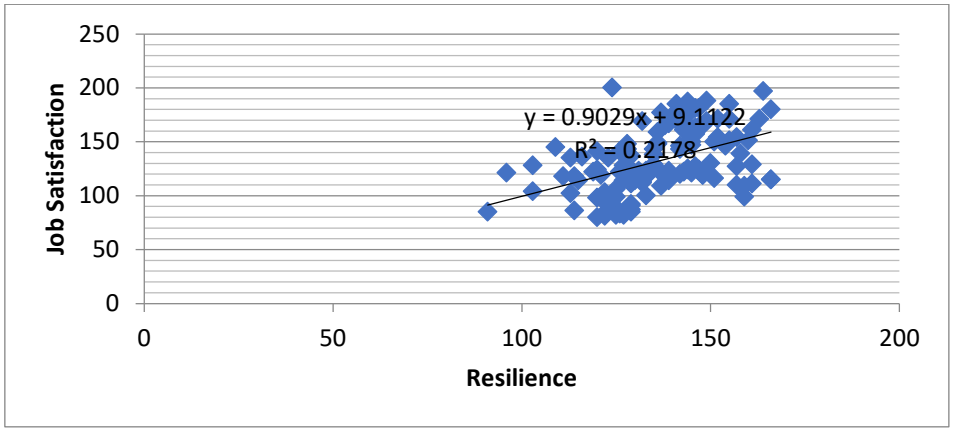


Figure 4.58: Relationship between mental health and resilience among male paramedical employees

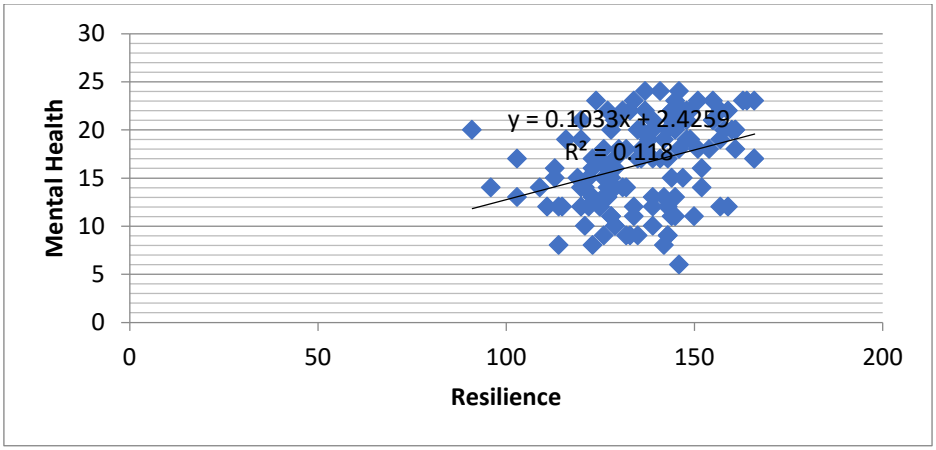
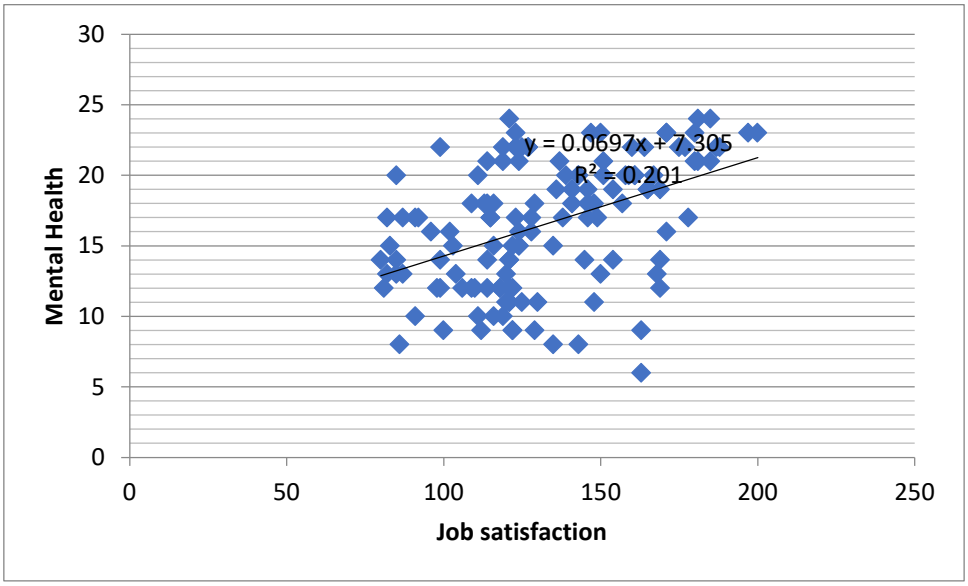


Figure 4.59

Relationship between mental health and JS among male paramedical employees



Objective 2. To investigate the mediating effect of resilience on relationship between EC and mental health of employees.

$H_0$2. There will be no statistically significant mediating effect of resilience on the relationship between EC and mental health of employees.

TABLE 4.12
Path coefficients for mediation effect of resilience on the relationship between EC and mental health of health care employees

Model :4						
Y :	**EMHI**					
X :	**ECAS**					
M :	**RS**					
Sample Size:	**487**					
OUTCOME VARIABLE: RS						
Model Summary						
R	**R-sq**	**MSE**	**F**	**df1**	**df2**	**P**
.33	.11	235.98	59.36	1.00	485.00	.00
Model						
	Coeff.	**Se**	**t-value**	**p**	**LLCI**	**ULCI**
Constant	108.79	3.87	28.12	.00	101.19	116.39
ECAS	.38	.05	7.70	.00	.29	.48

Process procedure for SPSS version 3.3 in regression analysis was used to model the mediation effect of resilience on the relationship among EC and mental health of

health care employees. Findings indicate that EC was a significant predictor of resilience, (b = 0.38, t = 7.70, P < .01). Approximately 11% of the variance in resilience was accounted for by the predictors (R^2 = .11).

DISCUSSION ON RESULTS

Results revealed that the EC was a significant predictor of resilience and approx. 11% variance in resilience scores was accounted for by EC of the participants. Hence, there is relationship between two variables and mediating effect can be traced out in further analysis of the relationship between related variables.

TABLE 4.13
Path coefficients for mediating effect of resilience on the relationship between EC and mental health of health care employees

Model :4:OUTCOME VARIABLE:EMHI						
Y :	**EMHI**					
X :	**ECAS**					
M :	**RS**					
Sample Size:	**487**					
OUTCOME VARIABLE: RS						
Model Summary						
R	**R-sq**	**MSE**	**F**	**df1**	**df2**	**P**
.36	.13	17.04	35.73	2.00	484.00	.00
Model						
	Coeff.	**Se**	**t-value**	**p**	**LLCI**	**ULCI**
Constant	4.08	1.69	2.42	.02	.76	7.39
ECAS	.07	.01	4.74	.00	.04	.09
RS	.06	.01	5.05	.00	.04	.09

Regression analysis process procedure in SPSS was used to investigate the hypothesis for mediating effect of resilience on the correlation among EC and mental health of health care employees. Findings indicate that resilience was a significant predictor of mental health, (b = .06, t = 5.05, P< .01). Also EC predicted the mental health of participants significantly (b = .07, t = 4.74, p =.01). The positive coefficient value tells that as EC and resilience increased mental health also increased. Model explained 13% of variance in mental health (R^2 = .13). These results could not support the null hypothesis that there will be no significant mediating effect of resilience on the correlation among EC and mental health of employees.

DISCUSSION ON RESULTS

Findings showed EC significantly predicted the mental health and similarly resilience was a significant predictor of mental health of health care employees. The values of coefficient values are positive and hence positive correlation among emotional competence and mental health as well as resilience and mental health of participating employees. With increment in resilience there is increment in mental health of the health care employees.

TABLE 4.14

Total effects for mediating effect of resilience on the relationship between emotional competence and mental health of health care employees

TOTAL EFFECT MODEL						
OUTCOME VARIABLE:EMHI						
Model Summary						
R	**R-sq**	**MSE**	**F**	**df1**	**df2**	**P**
.29	.08	18.26	44.81	1.00	485.00	.00
Model						
	Coeff.	**se**	**t-value**	**P**	**LLCI**	**ULCI**
Constant	10.77	1.07	10.11	.00	8.68	12.87
ECAS	.09	.01	6.62	.00	.06	.12

Process procedure for SPSS in regression analysis was executed to examine the mediating effect of resilience on the correlation among EC and mental health of health care employees. Results indicated that EC was a significant predictor of mental health, ($b = .09$, $t = 6.62$, $p < .01$). Approximately 8% of the variance in mental health was accounted for by the predictors ($R^2 = .08$).

DISCUSSION ON RESULTS

Results showed EC was a significant predictor of mental health. Since b value is positive it is concluded that with increment in EC there is also increment in mental health of the participants.

TABLE 4.15: Direct, indirect and total mediating effect of resilience on the relationship between EC and mental health of employees

TOTAL, DIRECT, AND INDIRECT EFFECTS OF X ON Y							
Total effect of X on Y							
Effect	**Se**	**t-value**	**P**	**LLCI**	**ULCI**	**c_psc**	**Cs**
.09	.013	6.62	.00	.06	.12	.02	.29
Direct effect of X on Y							
Effect	**Se**	**t-value**	**P**	**LLCI**	**ULCI**	**c_psc**	**Cs**
.07	.014	4.74	.00	.04	.09	.02	.21
Partially standardized indirect effect(s) of X on Y:							
	Effect	**BootSE**	**BootLLCI**	**BootULCI**			
RS	.0053	.0014	.0028	.0081			
Indirect effect(s) of X on Y:							
	Effect	**BootSE**	**BootLLCI**	**BootULCI**			
RS	.023	.01	.01	.04			
Completely standardized indirect effect(s) of X on Y:							
	Effect	**BootSE**	**BootLLCI**	**BootULCI**			
RS	.074	.02	.04	.12			
ANALYSIS NOTES AND ERRORS							
Level of confidence for all confidence intervals in output: 95.00							
Number of bootstrap samples for percentile bootstrap confidence intervals: 5000							

Regression analysis process procedure for SPSS was used to investigate the hypothesis that mediating effect of resilience on the correlation among EC and mental health of employees.

The indirect and direct effect were tested using a percentile bootstrap estimation approach with 5000 samples, implemented by Version 3.3 of process procedure for SPSS. These results indicated significant total coefficient of EC on mental health, b = .093, t= 6.62, p<.01, 95% CI = .0654, .1198. Direct coefficient of EC on mental health was significant, b = .07, t = 4.74, p<.01, 95% CI = .04, .09. Indirect coefficient of EC on mental health results indicated significant mediation effect, b = .02, t = .007, 95% CI = 0123, .0361. Higher EC was linked with mental health scores, approximately 0.023 points higher as mediated by resilience. The completely standardized b for the

indirect effect indicated significant b = .07, 95% BCa CI [.04, .12]. There is no zero in class interval and it is above zero which reflecting positive relationship between the variables.

DISCUSSION ON RESULTS

Results revealed that indicated significant total coefficient of EC on mental health. Direct coefficient of EC on mental health was significant and indirect coefficient of EC on mental health results indicated significant. Higher EC was linked with mental health scores, approximately 0.023 points higher as mediated by resilience. Partially standardized indirect coefficient of EC on mental health results indicated significant. Higher EC was linked with mental health scores that were approximately 0.0053 points higher as mediated by resilience. Completely standardized indirect coefficient of EC on mental health results indicated significant. Higher emotional competence was linked with mental health scores were approximately 0.074 points higher as mediated by resilience.

For indirect effect, b-value falls within .01 to .01. Hence, range is without zero in between, whereas, b=0 means that 'no effect. Thus, fact is that present confidence interval is without zero which states that genuine indirect effect is likely to be present. Put another way resilience is a mediator in the relationship between EC and mental health of the health care employees and null hypothesis is not accepted. Direct, indirect and total effects are demonstrated in the following pathways figure 4.60.

Figure 4.60: Pathways representation of direct, indirect and total effects in resilience, EC and mental health relationship

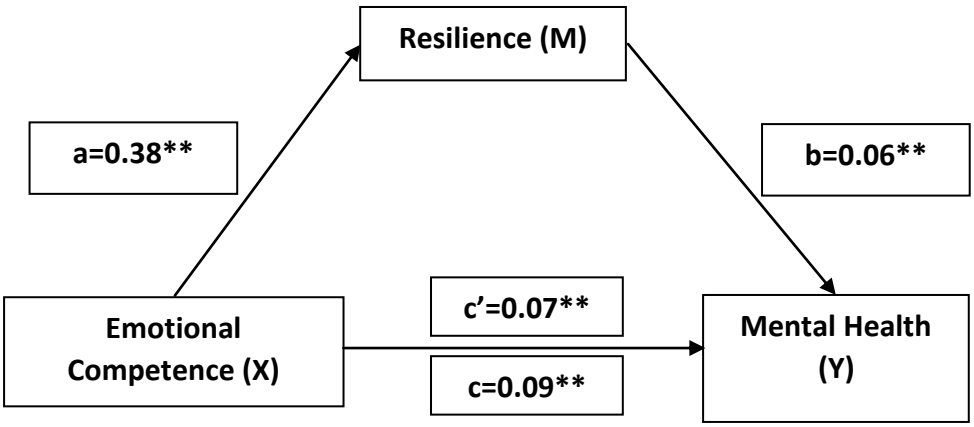


Figure details- Mediating effect of resilience in the correlation among EC and mental health of health care employees. Notes: $^{**}p < .01$, *a* is effect of EC on resilience, *b* is effect of resilience on mental health; *c'* is direct effect of EC on mental health; *c* is total effect of EC on mental health.

Objective 3. To determine mediating effect of resilience on relationship between EC and JS of employees.

$H_0$3, Resilience is likely to have no statistical significant mediating effect of resilience on the relationship between EC and JS of employees.

TABLE 4.16
Path coefficients for mediating effect of resilience on the relationship between EC and JS of health care employees

Model :4						
Y :	**JSS**					
X :	**ECAS**					
M :	**RS**					
Sample Size:	**487**					
OUTCOME VARIABLE: RS						
Model Summary						
R	**R-sq**	**MSE**	**F**	**df1**	**df2**	**P**
.3302	.1090	235.9769	59.3603	1.0000	485.0000	.0000
Model						
	Coeff.	**Se**	**t-value**	**p**	**LLCI**	**ULCI**
Constant	108.7891	3.8684	28.1226	.0000	101.1882	116.3899
ECAS	.3833	.0497	7.7046	.0000	.2855	.4810

Regression process analysis was used to investigate the hypothesis that mediating effect of resilience on relationship between EC and JS of health care employees. First the findings indicate that EC was a significant predictor of resilience, b = .38, t = 7.70, p< .01. Approximately 10.9% of the variance in resilience was accounted for by the predictors that is EC (R^2 = .109).

DISCUSSION ON RESULTS

Results showed that EC was a significant predictor of resilience. Means increment EC also facilitate the increment in resilience increment and establishes a relationship between both the variables. Hence, mediating effect can be detected in further analysis of relationship of related variables.

TABLE 4.17
Path coefficients for mediating effect of resilience on the relationship between EC and JS of health care employees

OUTCOME VARIABLE: JSS						
Model Summary						
R	**R-sq**	**MSE**	**F**	**df1**	**df2**	**P**
.3205	.1027	601.0284	27.7045	2.0000	484.0000	.0000
Model						
	Coeff.	**Se**	**t-value**	**p**	**LLCI**	**ULCI**
Constant	63.8442	10.0133	6.3759	.0000	44.1693	83.5191
ECAS	.1666	.0841	1.9802	.0483	.0013	.3318
RS	.4434	.0725	6.1191	.0000	.3010	.5858

Process procedure for SPSS in regression analysis was used to investigate the hypothesis that mediating effect of resilience on the relationship among EC and JS of employees. Findings indicate that resilience was a significant predictor of JS, b = .443, t = 6.11, p< .01. Approximately 10.27% of the variance in JS was accounted for by the predictors (R^2 = .1027).

DISCUSSION ON RESULTS

Results revealed that resilience was a significant predictor of JS. Since the b coefficient value is positive it is concluded that as the resilience increased JS also increased. Both the variables have relationship and hence mediating effect may be possible in further analysis.

TABLE 4.18
Path coefficients and total effects for mediating effect of resilience on the relationship between EC and JS of health care employees

TOTAL EFFECT MODEL						
OUTCOME VARIABLE: JSS						
Model Summary						
R	**R-sq**	**MSE**	**F**	**df1**	**df2**	**P**
.1825	.0333	646.1904	16.7099	1.0000	485.0000	.0001
Model						
	Coeff.	**se**	**t-value**	**p**	**LLCI**	**ULCI**
Constant	112.0851	6.4014	17.5095	.0000	99.5072	124.6630
ECAS	.3365	.0823	4.0878	.0001	.1748	.4983

Regression analysis process procedure for SPSS was used to investigate the hypothesis that mediating effect of resilience on the correlation among EC and JS of employees. Findings indicate that EC was a significant predictor of JS, B = .337,t = 4.08, p< .01. Approximately 3.33% of the variance in JS was accounted for by the predictors (R^2 = .034).

DISCUSSION ON RESULTS

Results showed that EC was a significant predictor of JS. This means that as EC increases, JS would also have increment. Both the variables have relationship to each other; therefore, mediating effect of third variable, resilience may be possible to account for in further analysis.

TABLE 4.19
Direct, indirect and total mediating effects of resilience on the relationship between EC and JS of health care employees

TOTAL, DIRECT, AND INDIRECT EFFECTS OF X ON Y							
Total effect of X on Y							
Effect	**Se**	**t-value**	**P**	**LLCI**	**ULCI**	**c_psc**	**Cs**
.3365	.0823	4.0878	.0001	.1748	.4983	.0130	.1825
Direct effect of X on Y							
Effect	**Se**	**t-value**	**P**	**LLCI**	**ULCI**	**c_psc**	**Cs**
.1666	.0841	1.9802	.0483	.0013	.3318	.0064	.0903
Indirect effect(s) of X on Y:							
	Effect	**BootSE**	**BootLLCI**	**BootULCI**			
RS	.1700	.0336	.1110	.2418			
Partially standardized indirect effect(s) of X on Y:							
	Effect	**BootSE**	**BootLLCI**	**BootULCI**			
RS	.0066	.0012	.0044	.0092			
Completely standardized indirect effect(s) of X on Y:							
	Effect	**BootSE**	**BootLLCI**	**BootULCI**			
RS	.0922	.0174	.0613	.1292			
ANALYSIS NOTES AND ERRORS							
Level of confidence for all confidence intervals in output: 95.0000							
Number of bootstrap samples for percentile bootstrap confidence intervals: 5000							

Process procedure for SPSS in regression analysis was used to investigate the hypothesis that mediating effect of resilience on the relationship among EC and JS of employees. The indirect and direct effect was tested using a percentile bootstrap estimation approach with 5000 samples, implemented process procedure for SPSS Version 3.3. These results indicated the total coefficient of EC on JS was significant, b = .337, t value = 4.08, 95% CI = .1748, .4983.Direct coefficient of EC on JS was significant, b value = .167, t value =198, 95% CI = .0013, .3318.Indirect coefficient of EC on JS results indicated significant, b coefficient = .170, SE = .034, 95% CI = .1110, .2418. Higher emotional competence was linked with JS scores that were approximately .170 points higher as mediated by resilience. Partially standardized indirect coefficient of emotional competence on JS results indicated significant, b value = .007, SE = .0012, 95% CI = .0044, .0092. Higher emotional competence was

linked with JS scores that were approximately .006 points higher as mediated by resilience. Completely standardized indirect coefficient of EC on JS results indicated significant, b coefficient = .092, SE = .017, 95% CI = .0613, .1292.Higher EC was linked with JS scores that were approximately .092 points higher as mediated by resilience. Thus, examination of the mediation effects of resilience, b = .09, 95% BCa CI [.0613, .1292] shows that resilience mediated the relationship between EC and JS. There is no zero in class interval and it is above zero which reflecting positive relationship between the variables.

DISCUSSION ON RESULTS

Results indicated that the total coefficient of EC on JS was significant. Direct coefficient of EC on JS was significant and indirect coefficient of EC on JS results indicated significant. Higher EC was linked with JS scores that were approximately .170 points higher as mediated by resilience. Partially standardized indirect coefficient of EC on JS results indicated significant. Higher EC was linked with job satisfaction scores that were approximately .006 points higher as mediated by resilience. Completely standardized indirect coefficient of EC on job satisfaction results indicated significant. Higher EC was linked with job satisfaction scores that were approximately .092 points higher as mediated by resilience. Results of direct, indirect and total effect are shown in the following figure 4.61.

Figure 4.61: Pathways representation of direct, indirect and total effects of resilience, EC and mental health

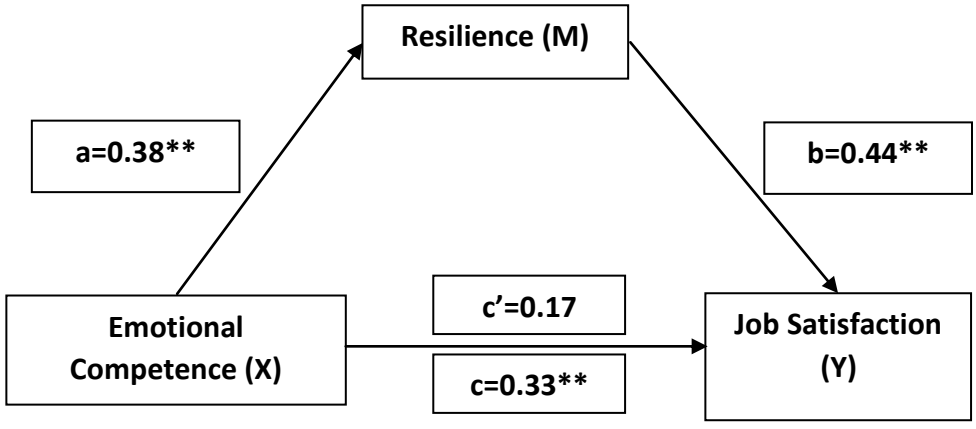


Figure details. Mediating effect of resilience in the correlation among EC and JS of health care employees. Notes: **$p < .01$, *a* is effect of EC on resilience, *b* is effect of resilience on JS; *c'*(a*b) is direct effect of EC on JS; *c* is total effect of EC on JS.

- **Obj4,** To compare the EC, resilience, JS and mental health of private and public hospitals.

  H04, There will be no significant differences between employees of public and private hospitals with regard to their EC, resilience, JS and mental health scores.

Table 4.20: Mean and SD of Private and Public hospital employees' Mental Health

Descriptive statistics				
Hospital		**N**	**Mean**	**SD**
Mental Health	**Private**	255	16.90	4.47
	Public	264	18.67	4.09
	Total	519	17.80	4.37

The Table 4.20 shows from the mean analysis that private hospital employees have scored (M = 16.90, SD = 4.47) lower than public hospital employees (M = 18.67, SD = 4.09) on mental health. This means that public hospital employees have good mental health than private hospital employees. Mean scores on the mental health of private and public hospital employees are shown in below given Figure 4.62.

DISCUSSION ON RESULTS

Results revealed that private hospital employees have scored lower than public hospital employees on mental health. It means public hospital employees have good mental health than private hospital employees. Zhao et al. (2018) noticed that psychological health as well as wellbeing of the nurses was influenced by workplace violence. Further they revealed that novel paramedical staff and especially woman paramedical professionals were more likely to be affected by workplace violence. In current findings some employees in private health care industry have scored low on mental health scale.

Figure 4.62: Mean Scores of Private and Public hospital employees' mental health

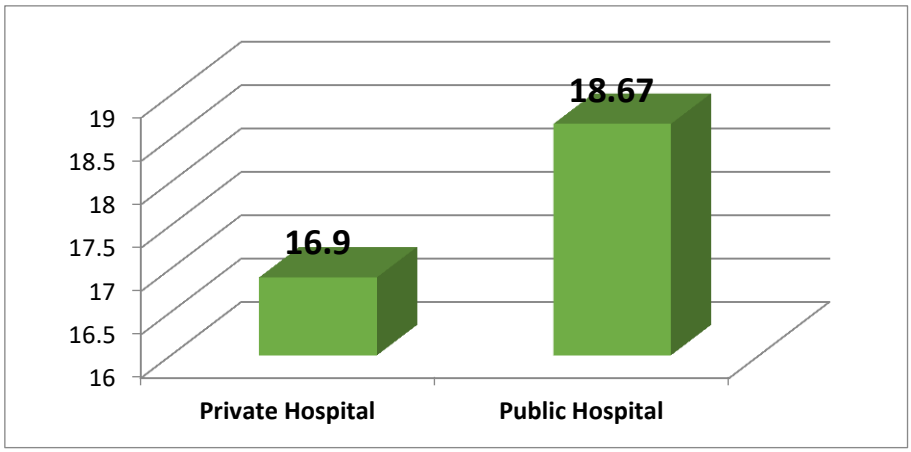


Table 4.21: Summary of ANOVA for Mental health among Private and Public Hospital Employees

ANOVA						
		Sum of Squares	df	Mean Square	F	Sig.
Mental health	Between Groups	405.742	1	405.742	22.165	.000
	Within Groups	9464.016	517	18.306		
	Total	9869.757	518			

The Table 4.21 shows F-value 22.165 (P-value = .000) found to be statistically significant which indicates that private and public hospital employees differ significantly on the scores of mental health. Hence, the proposed hypothesis ($H0_4$) for "there will be no significant differences between employees of public and private hospitals with regard to their mental health scores" is rejected.

DISCUSSION ON RESULTS

Results found to be statistically significant which indicates that private and public hospital employees differ significantly on the scores of mental health. Private hospitals' employees scored low on mental health sale than public hospitals' employees. The obtained results are in line with of the findings of Kevric et al. (2018) which showed that surgical trainees suffered worse psychological health as equated to the universal population.

Table 4.22: Mean and SD of Private and Public hospital employees' EC

Descriptive statistics				
	Hospital	**N**	**Mean**	**SD**
Emotional competence	**Private**	246	73.95	14.94
	Public	241	79.09	12.49
	Total	487	76.49	14.00

The Table 4.22 shows from the mean analysis that private hospital employees have scored (M = 73.95, SD = 14.94) lower than public hospital employees (M = 79.09, SD = 12.49) on mental health. Meaning thereby public hospital employees have higher EC than private hospital employees. Mean scores on the EC of private and public hospital employees is shown in below given Figure 4.63.

DISCUSSION ON RESULTS

Results revealed that private hospital employees have scored lower than public hospital employees on mental health. It means public hospital employees have higher EC than private hospital employees. In the study by Kim et al. (2009) revealed that EC was connected positively with task efficiency and social integration. Similarly, among public hospital employees it needs to study relevant dimensions contributing to higher score on emotional competence than by the private sector hospitals' employees.

Figure 4.63

Mean Scores of Private and Public hospital employees' EC

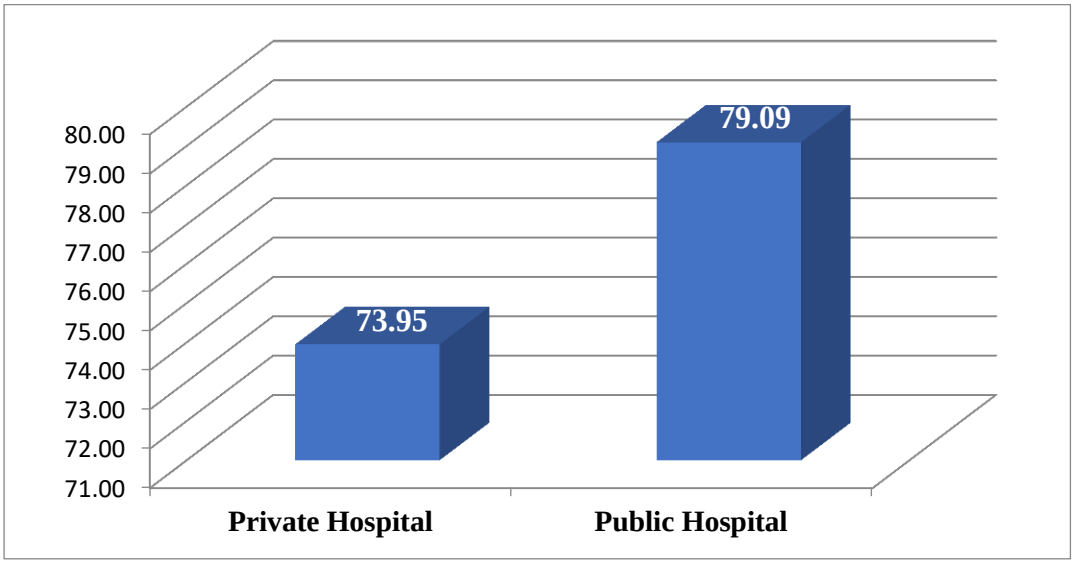


Table 4.23

Summary of ANOVA for EC among Private and Public Hospital Employees

ANOVA						
		Sum of Squares	df	Mean Square	F	Sig.
Emotional competence	**Between Groups**	3221.420	1	3221.420	16.958	.000
	Within Groups	92134.305	485	189.968		
	Total	95355.725	486			

The Table 4.23 shows F-value 16.958 (P-value = .000) found to be statistically significant which indicates that private and public hospital employees differ significantly on the scores of EC. Hence, the proposed hypothesis ($H0_4$) for "there will be no significant differences between employees of public and private hospitals with regard to their EC scores" is rejected.

DISCUSSION ON RESULTS

Results found to be statistically significant which indicates that private and public hospital employees differ significantly on the scores of EC. Public hospital health care employees were superior in emotional competency whereas private hospital health care employees were comparative lower in their EC scores. In a separate study Giardini and Frese (2008) revealed that workers' EC was related to client assessments through a direct link to the client assessments of the encounter. Similarly, in present finding of lower emotional competence of private hospitals' employees related factors may be explored in future research.

Table 4.24

Mean and SD of Private and Public hospital employees' Job satisfaction

Descriptive Statistics				
	Hospital	**N**	**Mean**	**SD**
JS	**Private**	246	132.62	23.98
	Public	241	143.14	26.60
	Total	487	137.83	25.82

The Table 4.24 shows from the mean analysis that private hospital employees have scored (M = 132.62, SD = 23.98) lower than public hospital employees (M = 143.14, SD = 26.60) on JS. Findings mean that public hospital employees have higher JS than

private hospital employees. Mean scores on the JS of private and public hospital employees is shown in below given Figure 4.64.

DISCUSSION ON RESULTS

Results revealed that private hospital employees have scored lower than public hospital employees on JS. It means public hospital employees have higher JS than private hospital employees. In different studies job satisfaction differences were found to be linked to many factors as Dinc et al. (2018) revealed that JS influenced by affective and normative commitments among private and public infirmary. Similarly, private and public hospitals' work environment and organizational commitment might have their role in differences on job satisfaction scores which need to be validated in future explorations.

Figure 4.64: Mean Scores of Private and Public hospital employees' job satisfaction

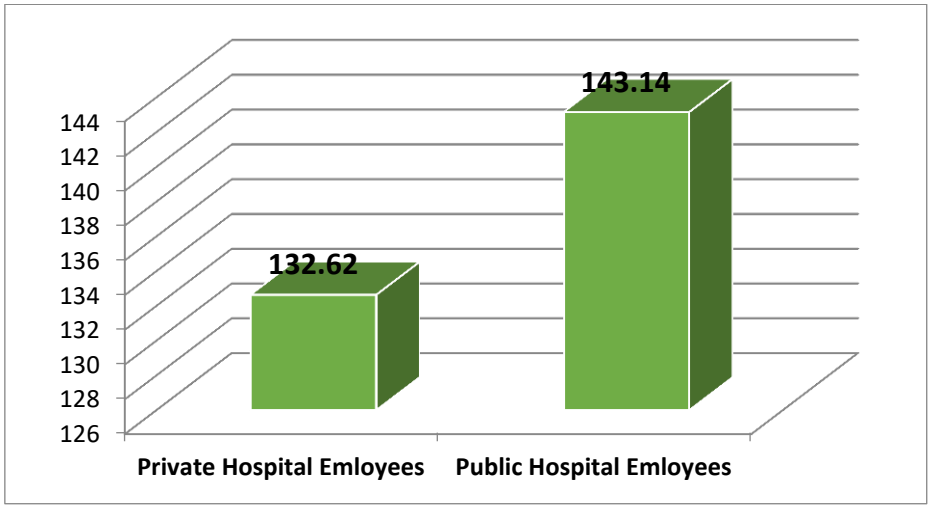


Table 4.25

Summary of ANOVA for JS among Private and Public Hospital Employees

ANOVA						
		Sum of Squares	**df**	**Mean Square**	**F**	**Sig.**
JS	**Between Groups**	13480.88	1	13480.88	21.04	.00
	Within Groups	310719.28	485	640.65		
	Total	324200.16	486			

The Table 4.25 depicts F-value 21.04 (P-value = .00) which is statistically significant indicating that private and public hospital employees differ for their job satisfaction. Hence, the proposed hypothesis ($H0_4$) for "there will be no significant differences between employees of public and private hospitals with regard to their JS scores" is rejected.

DISCUSSION ON RESULTS

Results found to be statistically significant which indicates that private and public hospital employees differ significantly on the scores of JS. The current results are not supporting the findings obtained by Khudaniya and Kaji (2014) revealing no major difference amongst job-related stress, occupation satisfaction along with psychological health with respect to public and private sectors. However, the findings are in line with the results described by Kumar et al. (2013) that 41% only satisfied with their jobs, 45% health professionals reported somewhat satisfied with their jobs and 14% health professionals reported highly job dissatisfaction. Thus, there is further need to study the conditions responsible for lower satisfaction towards job among private hospitals' employees.

Table 4.26

Mean and SD of Private and Public hospital employees' Resilience

Descriptive Statistics				
	Hospital	**N**	**Mean**	**SD**
Resilience	**Private**	246	135.83	16.80
	Public	241	140.43	15.37
	Total	487	138.11	16.25

The Table 4.26 depicts from the mean analysis that private hospital employees have scored (M = 135.83, SD = 16.80) lower than public hospital employees (M = 140.43, SD = 15.37) on resilience. This means that public hospital employees have higher resilience ability than their counterparts, i.e., private hospital employees. Mean scores on the Resilience of private and public hospital employees is shown in below given Figure 4.65.

DISCUSSION ON RESULTS

Results revealed that private hospital employees have scored lower than public hospital employees on JS. It means public hospital employees have higher resilience

than their counterparts, i.e., private hospital employees. Results obtained in case of public hospital employees are similar to the findings of Eatebarian and Khoozani (2016) who indicated that non-physician staff showed higher level of resilience. The higher level of resilience ability enables the person to combat the setbacks effectively.

Figure 4.65

Mean Scores of Private and Public hospital employees' Resilience

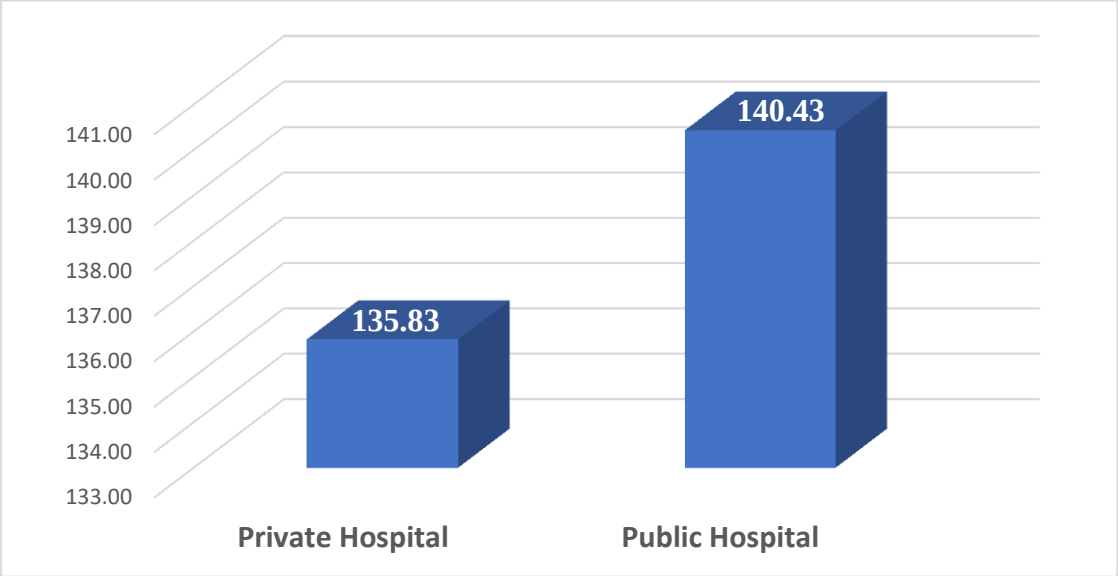


Table 4.27

Summary of ANOVA for Resilience among Private and Public Hospital Employees

ANOVA						
		Sum of Squares	df	Mean Square	F	Sig.
Resilience	Between Groups	2578.498	1	2578.498	9.935	.002
	Within Groups	125877.950	485	259.542		
	Total	128456.448	486			

Table 4.27 Depicts F-value 9.935 (P-value = .002) found to be statistically significant which indicates that private and public hospital employees differ significantly on the scores of Resilience. Hence, the proposed hypothesis ($H0_4$) for "there will be no significant differences between employees of public and private hospitals with regard to their Resilience scores" is rejected.

DISCUSSION ON RESULTS

Results found to be statistically significant which indicates that private and public hospital employees differ significantly on the scores of Resilience.

Table 4.28

Mean and SD of medical male and female employees' Mental Health

Descriptive Statistics			
Dependent Variable: EMHI			
Gender	**Mean**	**SD**	**N**
Male	19.24	4.398	106
Female	18.43	4.444	94
Total	18.86	4.427	200

Table 4.28 shows from the mean analysis that male medical employees have scored (M=19.24, SD=4.39) higher than female medical employees (M=18.43, SD=4.45) on mental health. Findings meaning thereby that male medical employees have good mental health than female medical employees. Mean scores on the mental health of male and female medical workers are shown in below given Figure 4.66.

DISCUSSION ON RESULTS

Results revealed that male medical employees have scored higher than female medical employees on mental health. It means male medical employees have good mental health than female medical employees.

Figure 4.66

Mean Scores of medical male and female employees' Mental Health

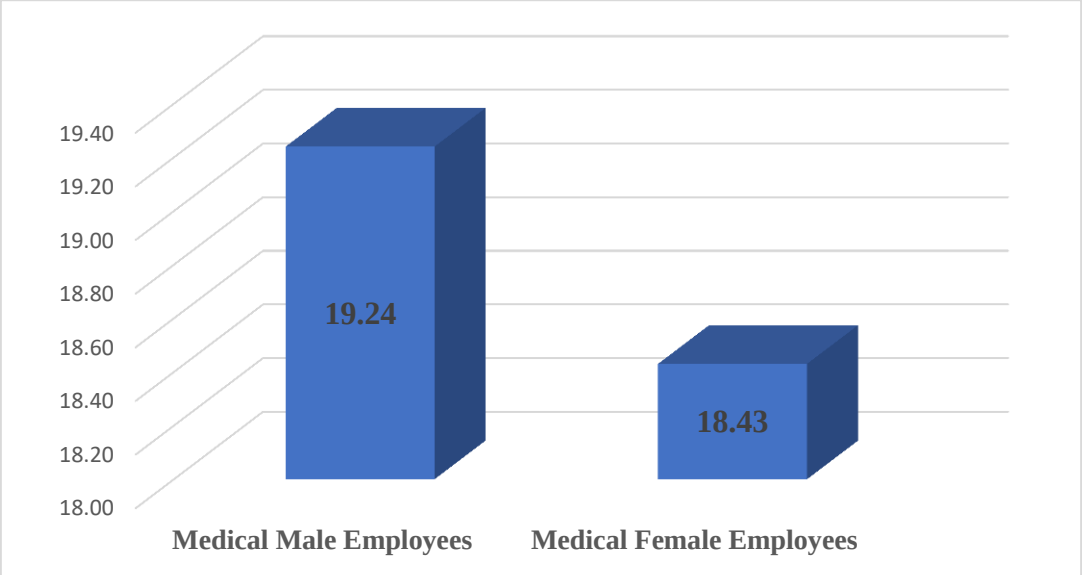


Table 4.29

Summary of ANOVA for Mental Health among medical male and female Employees

Tests of Between-Subjects Effects					
Dependent Variable: EMHI					
Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Gender	32.71	1	32.71	1.67	.197
Error	3868.08	198	19.53		
Total	75003.00	200			
Corrected Total	3900.79	199			
a. R Squared = .008 (Adjusted R Squared = .003)					

Table 4.29 shows F-value 1.67 (P-value = .197) found to be not statistically significant which indicates that medical male and female employees not differentiated significantly on the scores of mental health. Hence, the proposed hypothesis ($H0_4$) for "there will be no significant differences between medical male and female employees with regard to their mental health scores" is accepted.

DISCUSSION ON RESULTS

Results found to be not statistically significant which indicates that medical male and female workers not differentiated significantly on the scores of mental health.

Table 4.30

Mean and SD of medical male and female employees' Resilience

Descriptive Statistics			
Dependent Variable: RS			
Gender	**Mean**	**SD**	**N**
Male	142.29	16.718	106
Female	141.30	15.874	94
Total	141.83	16.294	200

Table 4.30 shows from the mean analysis that male medical employees have scored (M=142.29, SD=16.72) higher than female medical employees (M=141.30, SD=15.88) on resilience. Findings meaning thereby that male medical employees have higher level of resilience than female medical employees. Mean scores on the resilience of male and female medical employees are shown in below given Figure 4.67.

DISCUSSION ON RESULTS

Results revealed that male medical employees have scored higher than female medical employees on resilience. It means male medical employees have higher level of resilience than female medical employees. Current findings are different than to the findings noticed by Sull et al. (2015) that there is an important association amid gender and resilience and found higher level of resilience among females. Here, male doctors reported higher on resilience scale which may be due to cultural aspects of Indian society for male members in the family or society.

Figure 4.67

Mean Scores of medical male and female employees' Resilience

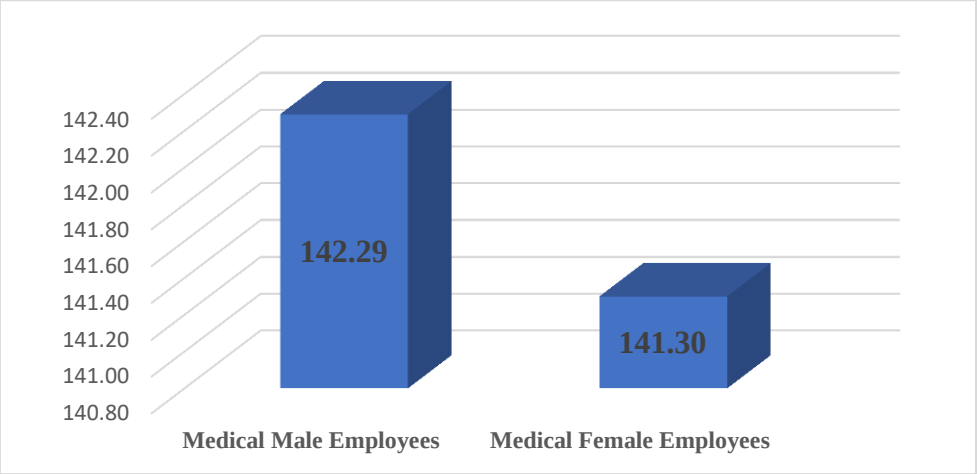


Table 4.31

Summary of ANOVA for Resilience among medical male and female Employees

Tests of Between-Subjects Effects					
Dependent Variable: RS					
Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Gender	49.281	1	49.281	.185	.668
Error	52781.594	198	266.574		
Total	4075697.000	200			
Corrected Total	52830.875	199			
a. R Squared = .001 (Adjusted R Squared = -.004)					

Table 4.31 depicts F-value 0.185 (P-value = .668) found to be not statistically significant which indicates that medical male and female workers not differentiated significantly on the scores of resilience. Hence, the proposed hypothesis ($H0_4$) for "there will be no significant differences between medical male and female employees with regard to their Resilience scores" is accepted.

DISCUSSION ON RESULTS

Results found to be insignificant which indicates that medical male and female workers not differentiated significantly on the scores of resilience. In present research male doctors showed a slight higher ability of resilience which is not as the findings

revealed by Rahmawati (2013) that male employees reported lower level of resilience as compared with the female employees. Though male and female doctors were not significantly different on resilience but patterns of higher scores by male doctors indicate input of psychosocial and cultural aspects for male and female members in the society and needs further exploration.

Table 4.32

Mean and SD of medical male and female employees' Job Satisfaction

Descriptive Statistics			
Dependent Variable: JSS			
Gender	**Mean**	**SD**	**N**
Male	142.67	30.019	106
Female	140.55	22.456	94
Total	141.68	26.688	200

The Table 4.32 shows from the mean analysis that male medical employees have scored (M=142.67, SD=30.02) higher than female medical employees (M=140.55, SD=22.46) on JS. Meaning thereby male medical employees have higher level of JS than female medical employees. Mean scores on the JS of male and female medical employees are shown in below given Figure 4.68.

DISCUSSION ON RESULTS

Results revealed male medical employees have scored higher than female medical employees on JS. It means that male medical employees have higher level of JS than female medical employees. However, in a study by Suárez et al. (2016) nurses and physicians reported lower JS in an emergency department than the administrative employees. In current research male doctors with comparative higher level of job satisfaction than to the female doctors might be due to dominant nature of gender role in Indian society but it needs to be validated in the empirical research.

Figure 4.68

Mean Scores of medical male and female employees' Job Satisfaction

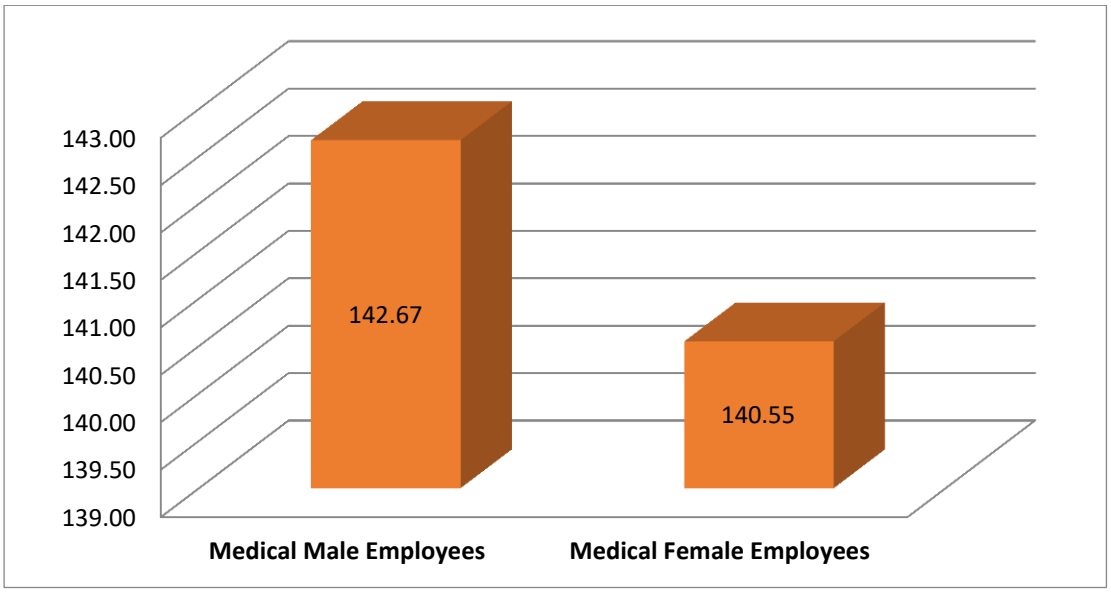


Table 4.33

Summary of ANOVA for JS among medical male and female Employees

Tests of Between-Subjects Effects

Dependent Variable: JSS

Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Gender	223.198	1	223.198	.312	.577
Error	141514.677	198	714.721		
Total	4156099.000	200			
Corrected Total	141737.875	199			

a. R Squared = .002 (Adjusted R Squared = -.003)

Table 4.33 depicts F-value 0.312 (P-value= .577) found to be not statistically significant which indicates that medical male and female employees did not differ significantly on the scores of JS. Hence, the proposed hypothesis ($H0_4$) for "there will be no significant differences between medical male and female employees with regard to their JS scores" is accepted.

DISCUSSION ON RESULTS

Results found to be not statistically significant which indicates that medical male and female employees did not differ significantly on the scores of JS. Naqbi et al. (2014) observed that overall healthcare employees reported slightly lower in employee satisfaction. Their findings showed that women reported somehow satisfaction and on the other hand men reported significantly more dissatisfied by the organization components. However, in current research result male medical employees are performing slightly better than female employees on job satisfaction.

Table 4.34

Mean and SD of medical male and female employees' EC

Descriptive Statistics			
Dependent Variable: ECAS			
Gender	**Mean**	**SD**	**N**
Male	83.48	11.015	106
Female	80.71	12.830	94
Total	82.18	11.953	200

Table 4.34 shows from the mean analysis that male medical employees have scored (M=83.48, SD=11.02) higher than female medical employees (M=80.71, SD=12.83) on EC. Findings meaning thereby that male medical employees have higher level of EC than female medical employees. Mean scores on the EC of male and female medical employees are shown in below given Figure 4.69.

DISCUSSION ON RESULTS

Findings revealed that male medical employees have scored higher than female medical employees on EC. It means that male medical employees have higher level of EC than female medical employees. The results of current research are in line with the findings of Kamboj et al. (2015) results indicating that females are less emotionally competent than male employees. They showed that male employees reported work life with higher status in comparison to their counterparts.

Figure 4.69

Mean Scores of medical male and female employees' EC

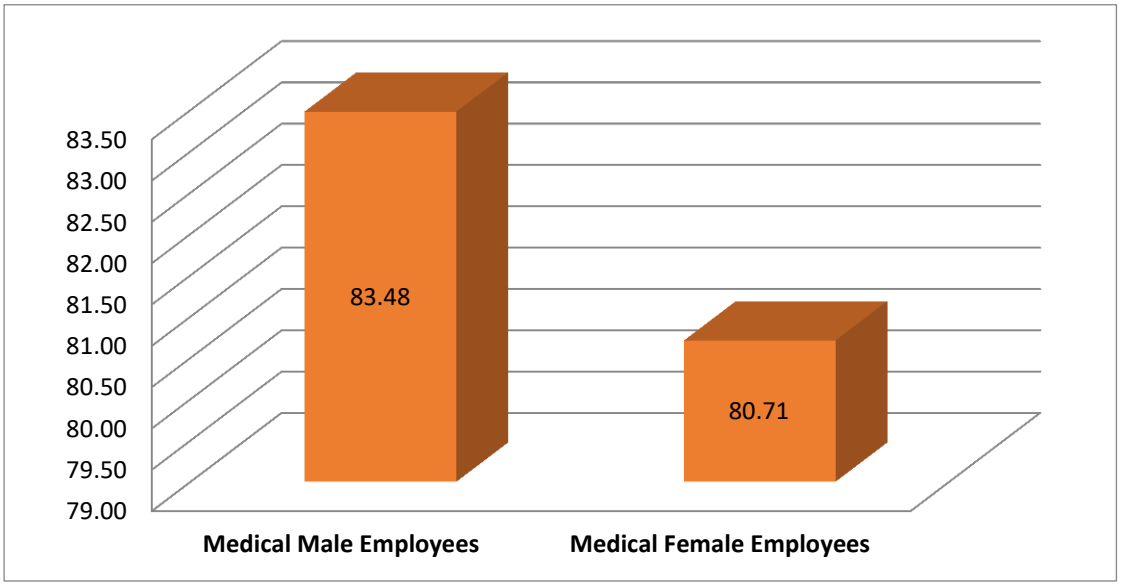


Table 4.35

Summary of ANOVA for EC among medical male and female Employees

Tests of Between-Subjects Effects					
Dependent Variable: ECAS					
Source	**Type III Sum of Squares**	**df**	**Mean Square**	**F**	**Sig.**
Gender	381.813	1	381.813	2.695	.102
Error	28049.707	198	141.665		
Total	1379142.000	200			
Corrected Total	28431.520	199			
a. R Squared = .013 (Adjusted R Squared = .008)					

Table 4.35 shows F-value 2.695 (P-value = .102) showed to be not statistically significant which indicates that medical male and female workers not differentiated significantly on the scores of EC. Hence, the proposed hypothesis ($H0_4$) for "there will be no significant differences between medical male and female employees with regard to their EC scores" is accepted.

DISCUSSION ON RESULTS

Results found to be not statistically significant which indicates that medical male and female employees not differentiated on the scores of EC. However, these findings could not support the results of Andrade et al. (2016) results revealing oldest females hospital employees with higher EC skills. They showed that job and the relationships type at place of work determine the employees' EC with their experience.

Table 4.36

Mean and SD of Private and Public medical male employees' EC, Resilience, JS and Mental Health

Descriptive Statistics				
	Hospital Type	**Mean**	**SD**	**N**
ECAS	Private	81.11	11.746	44
	Public	85.16	10.232	62
	Total	83.48	11.015	106
RS	Private	138.45	20.835	44
	Public	145.02	12.527	62
	Total	142.29	16.718	106
JSS	Private	135.18	24.879	44
	Public	147.98	32.337	62
	Total	142.67	30.019	106
EMHI	Private	17.93	4.967	44
	Public	20.16	3.716	62
	Total	19.24	4.398	106

Table 4.36 shows from the mean analysis that medical male private hospital employees have scored (M = 81.11, SD = 11.75) lower than medical male public hospital employees (M = 85.16, SD = 10.24) on EC, medical male private hospital employees have scored (M=138.45, SD=20.84) lower than medical male public hospital employees (M=145.02, SD=12.53) on resilience, medical male private hospital employees have scored (M=135.18, SD=24.88) lower than medical male public hospital employees (M=147.98, SD=32.34) on JS, medical male private hospital employees have scored (M=17.93, SD=4.97) lower than medical male public hospital employees (M=20.16, SD=3.72) on mental health. This means that medical male private hospital employees have lower level of EC, resilience, JS and mental

health than medical male public hospital employees. Mean scores on the EC, resilience, JS and mental health of medical male private and medical male public hospital employees are shown in below given Figure 4.70.

DISCUSSION ON RESULTS

Findings revealed that medical male private hospital employees have scored lower than medical male public hospital employees on EC, male private hospital employees have scored lower than medical male public hospital employees on resilience, medical male private hospital employees have scored lower than medical male public hospital employees on JS, medical male private hospital employees have scored lower than medical male public hospital employees on mental health. Results revealed that medical male private hospital employees have lower level of emotional competence, resilience, JS and mental health than medical male public hospital employees. The obtained results are similar to the findings of Khudaniya and Kaji (2014) who revealed no major difference amongst job-related stress, occupation satisfaction along with psychological health with respect to public and private sectors.

Figure 4.70

Mean Scores of EC, Resilience, JS and Mental Health of medical male employees working in private and public hospitals

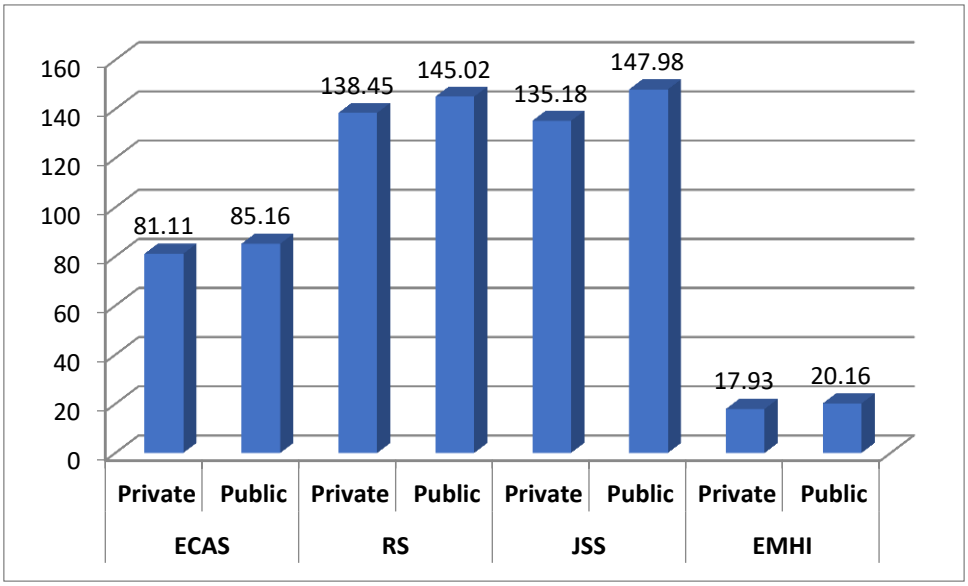


Table 4.37: Summary of ANOVA for EC, Resilience, JS and Mental Health among Private and Public medical male Employees

Tests of Between-Subjects Effects						
Source		**Type III Sum of Squares**	**df**	**Mean Square**	**F**	**Sig.**
Hospital Type	ECAS	421.643	1	421.643	3.560	.062
	RS	1108.041	1	1108.041	4.081	.046
	JSS	4217.914	1	4217.914	4.852	.030
	EMHI	127.921	1	127.921	6.990	.009
Error	ECAS	12318.819	104	118.450		
	RS	28239.893	104	271.537		
	JSS	90401.529	104	869.245		
	EMHI	1903.183	104	18.300		
Total	ECAS	12740.462	105			
	RS	29347.934	105			
	JSS	94619.443	105			
	EMHI	2031.104	105			

Table 4.37 depicts F-value 3.560 (p-value = .062) found to be not statistically significant which indicates that private and public medical male employees not differentiated significantly on the scores of EC. Hence, the proposed hypothesis ($H0_4$) for "there will be no significant differences between private and public medical male employees with regard to their EC scores" is accepted. Table 4.26 depicts F-value 4.081 (P-value = .046) for resilience, F-value 4.852 (P-value = .030) for JS, F-value 6.990 (P-value = .009) for mental health found to be statistically significant which indicates that private and public medical male employees differ significantly on the scores of resilience, JS and mental health. Hence, the proposed hypothesis ($H0_4$) for "there will be no significant differences between private and public medical male employees with regard to their resilience, JS and mental health scores" is rejected.

DISCUSSION ON RESULTS

Results found to be not statistically significant which indicates that private and public medical male employees not differentiated significantly on the scores of EC. On the other hand, results found to be statistically significant which indicates that private and public medical male employees differ significantly on the scores of resilience, JS and

mental health. The findings on resilience are in line with Stevenson et al. (2011) study which described resilience among doctors and revealed that healthcare professionals have belief and they were motivated to help deprived people. They were continuous through a profound acknowledgement as well as honour for society they helped, a thoughtful commitment with the job itself, and the capability to rule their own employed hours.

Table 4.38

Mean and SD of Private and Public medical female employees' EC, Resilience, JS and Mental Health

Descriptive Statistics				
Hospital Type		**Mean**	**SD**	**N**
ECAS	Private	81.27	12.729	45
	Public	80.20	13.034	49
	Total	80.71	12.830	94
RS	Private	142.89	13.320	45
	Public	139.84	17.917	49
	Total	141.30	15.874	94
JSS	Private	139.56	21.124	45
	Public	141.47	23.794	49
	Total	140.55	22.456	94
EMHI	Private	18.38	4.835	45
	Public	18.47	4.103	49
	Total	18.43	4.444	94

Table 4.38 depicts from the mean analysis that medical female private hospital employees have scored (M = 81.27, SD = 12.73) lower than medical female public hospital employees (M = 80.20, SD = 13.04) on EC, private hospital employees have scored (M = 142.89, SD = 13.33) lower than medical female public hospital employees (M = 139.84, SD = 17.92) on resilience, medical female private hospital employees have scored (M = 139.56, SD = 21.13) lower than medical female public hospital employees (M = 141.47, SD = 23.80) on JS, medical female private hospital employees have scored (M = 18.38, SD = 4.84) lower than medical female public hospital employees (M = 18.47, SD = 4.11) on mental health. This means that medical female private hospital employees have lower level of EC, resilience, JS and mental health than medical female public hospital employees. Mean scores on the EC,

resilience, JS and mental health of medical female private and medical female public hospital employees are shown in below given Figure 4.71.

DISCUSSION ON RESULTS

Results revealed that medical female private hospital employees have scored lower than medical female public hospital employees on EC, private hospital employees have scored lower than medical female public hospital employees on resilience, medical female private hospital employees have scored lower than medical female public hospital employees on JS, medical female private hospital employees have scored lower than medical female public hospital employees on mental health. Results revealed that medical female private hospital employees have lower level of EC, resilience, JS and mental health than medical female public hospital employees.

Figure 4.71

Mean Scores of EC, Resilience, JS and Mental Health of medical female employees working in private and public hospitals

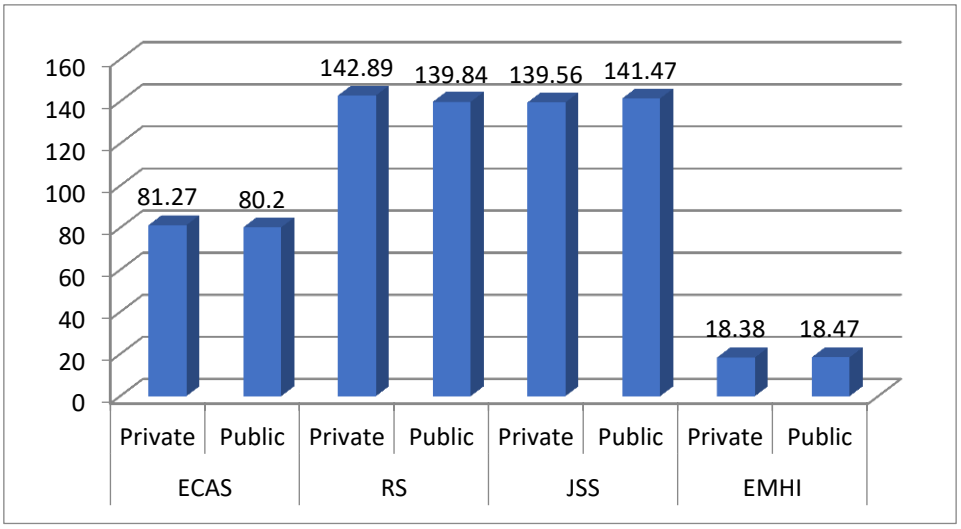


Table 4.39

Summary of ANOVA for EC, Resilience, JS and Mental Health among Private and Public medical female Employees

Tests of Between-Subjects Effects						
Source		Type III Sum of Squares	df	Mean Square	F	Sig.
Hospital Type	ECAS	26.485	1	26.485	.159	.691
	RS	218.521	1	218.521	.866	.355
	JSS	85.919	1	85.919	.169	.682
	EMHI	.197	1	.197	.010	.921
Error	ECAS	15282.759	92	166.117		
	RS	23215.138	92	252.338		
	JSS	46809.315	92	508.797		
	EMHI	1836.782	92	19.965		
Total	ECAS	15309.245	93			
	RS	23433.660	93			
	JSS	46895.234	93			
	EMHI	1836.979	93			

Table 4.39 shows F-value .159 (P-value = .691) for EC, F-value .866 (P-value = .355) for resilience, F-value .169 (P-value = .682) for JS, F-value .010 (P-value = .921) for mental health found to be not statistically significant which indicates that private and public medical female employees not differentiated significantly on the score of EC, resilience, JS and mental health. Hence, the proposed hypothesis ($H0_4$) for "there will be no significant differences between private and public medical female employees with regard to their EC, resilience, JS and mental health scores" is accepted.

DISCUSSION ON RESULTS

Results for EC, resilience, JS and mental health found to be not statistically significant which indicates that private and public medical female employees not differentiated significantly on the scores of EC, resilience, JS and mental health.

Table 4.40

Mean and SD of male and female paramedical employees' EC, Resilience, JS and Mental Health

Descriptive Statistics				
Gender		**Mean**	**SD**	**N**
ECAS	Male	72.53	14.603	131
	Female	72.53	13.494	156
	Total	72.53	13.986	287
RS	Male	136.47	15.099	131
	Female	134.71	16.279	156
	Total	135.52	15.749	287
JSS	Male	132.34	29.213	131
	Female	137.50	20.414	156
	Total	135.14	24.908	287
EMHI	Male	16.60	4.535	136
	Female	17.53	3.895	183
	Total	16.91	4.231	319

Table 4.40 shows from the mean analysis that male and female paramedical employees have equal level of emotional competence. Male paramedical employees have scored (M=72.53, SD= 14.60) and female paramedical employees also scored (M=72.53, SD=13.49) means no difference were found on emotional competence of male and female paramedical employees. Further, mean analysis of paramedical employees showed that male (M=136.47, SD = 15.09) employees have scored higher than female (M=134.71, SD=16.28) employees on resilience. But male paramedical (M=132.34, SD=29.21) employees scored lower than female (M=137.50, SD=20.41) paramedical employees on job satisfaction. Male (M=16.60, SD=4.54) paramedical employees also have scored lower than female (M=17.53, SD= 3.90) paramedical employees on mental health. Mean scores on the EC, resilience, JS and mental health of male and female paramedical employees are shown in below given Figure 4.72.

DISCUSSION ON RESULTS

Results revealed through mean analysis that male paramedical employees and female paramedical employees have scored almost same on EC it means no mean difference was found among male and female paramedical employees. Further, results revealed that male paramedical employees have scored higher than female paramedical

employees on resilience; male paramedical employees have scored higher than female paramedical employees on JS but male paramedical employees have scored lower than female paramedical employees on mental health. Similar patterns of findings were reported by Naz and Sharma (2017) on the basis of literature analysis that among healthcare organizations women employees in hospital reported the problem of job dissatisfaction as compared to men. However, different findings were observed by Carrillo-García et al. (2013) who published that women health professionals reported higher levels of JS than men health professionals.

Figure 4.72: Mean Scores of male and female paramedical employees' EC, Resilience, JS and Mental Health

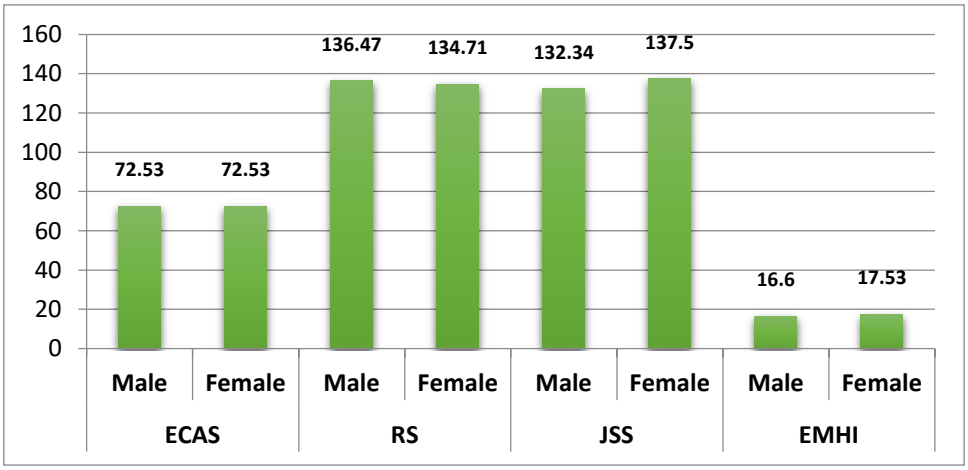


Table 4.41: Summary of ANOVA for EC, Resilience, JS and Mental Health among male and female paramedical Employees

Tests of Between-Subjects Effects						
Source		Type III Sum of Squares	df	Mean Square	F	Sig.
Gender	ECAS	.002	1	.002	.000	.997
	RS	221.004	1	221.004	.891	.346
	JSS	1898.921	1	1898.921	3.083	.080
	EMHI	67.060	1	67.060	3.838	.051
Error	ECAS	55947.496	285	196.307		
	RS	70712.676	285	248.115		
	JSS	175534.221	285	615.910		
	EMHI	5538.144	317	17.470		
Total	ECAS	55947.498	286			
	RS	70933.679	286			
	JSS	177433.143	286			
	EMHI	5605.204	318			

Table 4.41 shows F-value .000 (P-value = .997) for EC, F-value .891 (P-value = .346) for resilience, F-value 3.083 (P-value = .080) for JS found to be not statistically significant which indicates male and female paramedical employees not differentiated significantly on the scores of EC, resilience, JS. But F-value 3.838 (P-value = .051) for mental health shows significant differences among male and female paramedical employees. Hence, the proposed hypothesis ($H0_4$) for "there will be no significant differences between male and female paramedical employees with regard to their EC, resilience, JS and mental health scores" is partially accepted.

DISCUSSION ON RESULTS

Results for EC, resilience, JS found to be not statistically significant which indicates male and female paramedical employees not differentiated significantly on the scores of EC, resilience, JS. However, male and female paramedical employees differ to each other for their reported mental health status. Similar findings on emotional competence were reported by Goleman (1998) who noticed no gender differences in EC, whereas men and women might have various areas of EC, as well as overall levels of EC were equal.

Table 4.42

Mean and SD of private and public male paramedical employees' EC, Resilience, JS and Mental Health

Hospital Type		Mean	SD	N
ECAS	Private	69.94	15.226	69
	Public	75.40	13.419	62
	Total	72.53	14.603	131
RS	Private	133.16	16.485	69
	Public	140.16	12.518	62
	Total	136.47	15.099	131
JSS	Private	121.45	27.575	69
	Public	144.45	26.226	62
	Total	132.34	29.213	131
EMHI	Private	15.08	4.208	71
	Public	18.26	4.320	65
	Total	16.60	4.535	136

Table 4.42 shows that male (M = 69.94, SD = 15.226) paramedical employees in private hospitals have scored lower than male (M = 75.40, SD = 13.419) paramedical employees working in public hospitals on emotional competence. Paramedical male (M = 133.16, SD = 16.485) employees in private hospitals have also scored lower on resilience than male (M = 140.16, SD = 12.518) paramedical employees in public hospitals. Further, paramedical male employees (M = 121.45, SD = 27.575) in private hospitals showed lower job satisfaction than male paramedical (M = 144.45, SD = 26.226) in public hospitals. Male (M = 15.08, SD = 4.208) paramedical employees in private hospitals were noted to have lower scores on mental health than male (M = 18.26, SD = 4.320) paramedical employees in public hospitals. Mean scores on the EC, resilience, JS and mental health of male paramedical employees working in public and private hospitals are plotted in Figure 4.73 given below.

DISCUSSION ON RESULTS

Results revealed that private paramedical male employees have scored lower on EC, resilience, JS and mental health than public paramedical male employees.

Figure 4.73: Mean Scores EC, Resilience, JS and Mental Health of male paramedical employees working in private and public hospitals

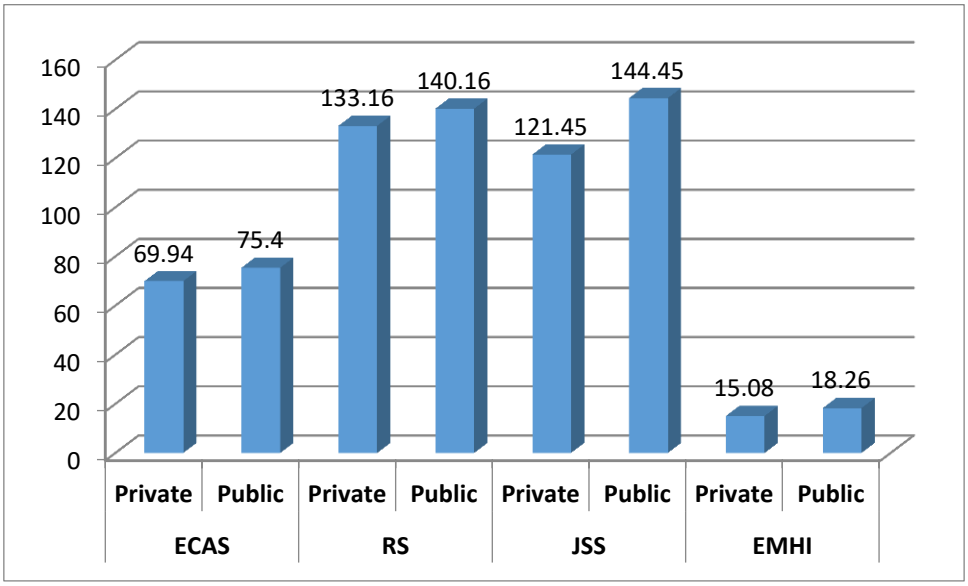


Table 4.43

Summary of ANOVA for EC, Resilience, JS and Mental Health scores of male paramedical employees working in private and public hospitals

Tests of Between-Subjects Effects						
Source		Type III Sum of Squares	df	Mean Square	F	Sig.
Hospital Type	ECAS	973.969	1	973.969	4.697	.032
	RS	1601.023	1	1601.023	7.366	.008
	JSS	17278.794	1	17278.794	23.798	.000
	EMHI	342.512	1	342.512	18.856	.000
Error	ECAS	26748.687	129	207.354		
	RS	28037.633	129	217.346		
	JSS	93662.427	129	726.065		
	EMHI	2334.047	134	18.165		
Total	ECAS	27722.656	130			
	RS	29638.656	130			
	JSS	110941.221	130			
	EMHI	2776.559	135			

Table 4.43 shows F-value 4.697 (P-value = .032) for EC, F-value 7.366 (P-value = .008) for resilience, F-value 23.798 (P-value = .000) for JS, F-value 18.856 (P-value = .000) for mental health found to be statistically significant which indicates that private male paramedical and public male paramedical employees differ significantly on the scores of EC, resilience, JS and mental health. Hence, the proposed hypothesis ($H0_4$) for "there will be no significant differences between public and private male paramedical employees with regard to their EC, resilience, JS and mental health scores" is rejected.

DISCUSSION ON RESULTS

Results for EC, resilience, JS and mental health found to be statistically significant which indicates that private male paramedical and public male paramedical employees differ significantly on the scores of EC, resilience, JS and mental health.

Table 4.44

Mean and SD of private and public female paramedical employees' EC, Resilience, JS and Mental Health

Descriptive Statistics				
Hospital Type		**Mean**	**SD**	**N**
ECAS	Private	69.76	14.600	88
	Public	76.12	11.016	68
	Total	72.53	13.494	156
RS	Private	133.00	15.340	88
	Public	136.93	17.282	68
	Total	134.71	16.279	156
JSS	Private	136.55	18.730	88
	Public	138.74	22.490	68
	Total	137.50	20.414	156
EMHI	Private	17.07	3.802	95
	Public	18.02	3.957	88
	Total	17.53	3.895	183

Table 4.44 depicts that female (M=69.76, SD=14.60) private paramedical employees have scored lower than female (M=76.12, SD=11.016) paramedical employees in public hospitals on EC. Female (M=133.00, SD=15.340) paramedical employees in private hospitals also scored lower on resilience than paramedical female (M=136.93, SD=17.282) employees in public hospitals. On job satisfaction scale female (M=136.55, SD=18.730) paramedical employees in private hospitals have scored lower than female (M=138.74, SD=22.490) paramedical employees in public hospitals. Similarly private hospital's female (M=17.07, SD=3.802) paramedical employees have scored lower on mental health than public hospital's female (M=18.02, SD=3.957) paramedical employees. Mean scores on the EC, resilience, JS and mental health of female paramedical employees are shown in below given Figure 4.74.

DISCUSSION ON RESULTS

Results revealed that female private paramedical employees have scored lower than female public paramedical employees have scored on EC, female private paramedical employees have scored lower than female public paramedical employees have scored on resilience, female private paramedical employees have scored lower than female

public paramedical employees have scored on JS and female private paramedical employees have scored lower than female public paramedical employees have scored on mental health.

Figure 4.74

Mean Scores of EC, Resilience, JS and Mental Health of female paramedical employees working in private and public hospitals

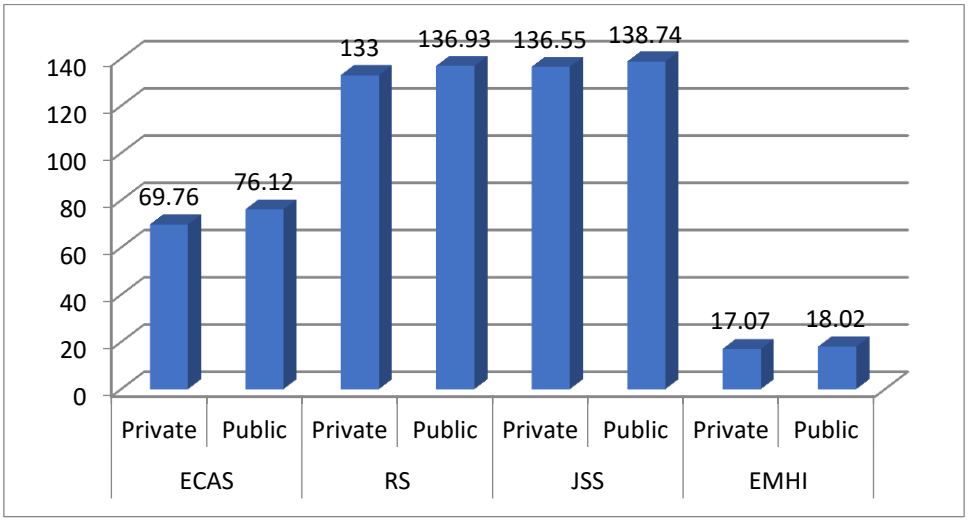


Table 4.45

Summary of ANOVA for EC, Resilience, JS and Mental Health of private and public female paramedical Employees

Tests of Between-Subjects Effects						
Source		**Type III Sum of Squares**	**df**	**Mean Square**	**F**	**Sig.**
Hospital Type	ECAS	1549.792	1	1549.792	8.947	.003
	RS	591.387	1	591.387	2.250	.136
	JSS	183.947	1	183.947	0.440	.508
	EMHI	41.146	1	41.146	2.738	.100
Error	ECAS	26675.047	154	173.215		
	RS	40482.632	154	262.874		
	JSS	64409.053	154	418.241		
	EMHI	2720.439	181	15.030		
Total	ECAS	28224.840	155			
	RS	41074.019	155			
	JSS	64593.000	155			
	EMHI	2761.585	182			

Table 4.45 depicts F-value 8.947 (P-value= .003) for EC found to be statistically significant which indicated that female paramedical employees in private and public hospitals differ significantly with regard to their emotional competence. Hence, the proposed hypothesis ($H0_4$) for "there will be no significant differences between private female and public female paramedical employees with regard to their EC scores" is rejected. Resilience, F-value 2.250 (P-value = .136), Job Satisfaction, F-value .440 (P-value= .508), and mental health, F-value 2.738 (P-value= .100) found to be not statistically significant which indicates that female paramedical employees working in private and public hospitals are not differentiated significantly on the scores of resilience, JS and mental health scales. Hence, the proposed hypothesis ($H0_4$) that "there will be no significant differences between private female and public female paramedical employees with regard to their resilience, JS and mental health scores" is accepted.

DISCUSSION ON RESULTS

Results for EC found to be statistically significant which indicated that private female and public female paramedical employees differ significantly. On the other hand, results for resilience, JS and mental health found to be not statistically significant which indicates that private female and public female paramedical employees not differentiated significantly on the score of resilience, JS and mental health.

Table 4.46

Mean and SD of EC, Resilience, JS and Mental Health of female employees working in medical and paramedical profession

Descriptive Statistics				
Occupation		**Mean**	**SD**	**N**
ECAS	Medical	80.71	12.830	94
	Paramedical	72.53	13.494	156
	Total	75.61	13.806	250
RS	Medical	141.30	15.874	94
	Paramedical	134.71	16.279	156
	Total	137.19	16.410	250
JSS	Medical	140.55	22.456	94
	Paramedical	137.50	20.414	156
	Total	138.65	21.212	250
EMHI	Medical	18.43	4.444	94
	Paramedical	17.53	3.895	183
	Total	17.83	4.104	277

Table 4.46 depicts from the mean analysis that female medical employees have scored (M=80.71, SD=12.830) higher than female paramedical have scored (M=72.53, SD=13.494) on EC, female medical employees have scored (M=141.30, SD=15.874) higher than female paramedical have scored (M=134.71, SD=16.279) on resilience, female medical employees have scored (M=140.55, SD=22.456) higher than female paramedical have scored (M=137.50, SD=20.414) on JS, female medical employees have scored (M=18.43, SD=4.444) higher than female paramedical have scored (M=17.53, SD=4.104) on mental health. Mean scores on the EC, resilience, JS and mental health of female medical and paramedical employees are shown in Figure 4.75 given below.

DISCUSSION ON RESULTS

Results revealed that female employees in medical profession have scored higher than female in paramedical profession on EC, resilience, JS, and mental health. Somewhat similar patterns were observed by Naz and Sharma (2018) in the existing literature revealing that medical professionals and paramedical professionals both are facing severe kind of mental health problems. Psychiatrists have positive mental health rather than surgeons and physicians. Females are with low mentally health than male medical professionals.

Figure 4.75

Mean Scores of EC, Resilience, JS and Mental Health of female employees working in medical and paramedical profession

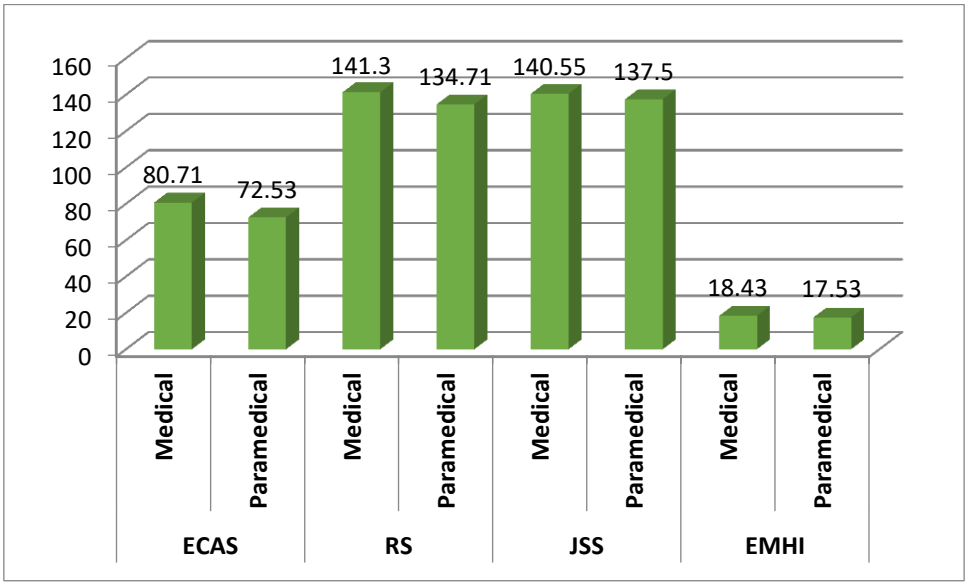


Table 4.47

Summary of ANOVA for EC, Resilience, JS and Mental Health of female Employees working in medical and paramedical profession

Tests of Between-Subjects Effects						
Source		**Type III Sum of Squares**	**df**	**Mean Square**	**F**	**Sig.**
Occupation	ECAS	3925.500	1	3925.500	22.362	.000
	RS	2544.485	1	2544.485	9.782	.002
	JSS	546.790	1	546.790	1.216	.271
	EMHI	49.798	1	49.798	2.978	.086
Error	ECAS	43534.084	248	175.541		
	RS	64507.679	248	260.112		
	JSS	111488.234	248	449.549		
	EMHI	4598.563	275	16.722		
Total	ECAS	47459.584	249			
	RS	67052.164	249			
	JSS	112035.024	249			
	EMHI	4648.361	276			

Table 4.47 depicts F-value 22.362 (P-value = .000) for EC, F-value 9.782 (P-value = .002) for resilience, F-value 2.978 (P-value = .08) for mental health found to be statistically significant which indicates that female employees who are working in medical and paramedical professions differ significantly on the scores of EC, resilience and mental health. Hence, the proposed hypothesis ($H0_4$) that "there will be no significant differences between medical and paramedical female employees with regard to their EC, resilience and mental health scores" is rejected. But for JS F-value 1.216 (P-value = .271) found to be not statistically significant which indicates that female employees in medical and paramedical professions not differentiated significantly on the score of JS. Hence, the proposed hypothesis ($H0_4$) that "there will be no significant differences between female medical and paramedical employees with regard to their JS scores" is accepted.

DISCUSSION ON RESULTS

Results for EC, resilience and mental health found to be statistically significant indicating that female medical and paramedical employees differ significantly on the scores of EC, resilience and mental health. But for JS statistics found to be not

statistically significant which indicates that female medical and female paramedical employees not differentiated significantly on the score of JS.

Table 4.48

Mean and SD of EC, Resilience, JS and Mental Health of male employees in medical and paramedical professions

Descriptive Statistics				
Occupation (Profession)		**Mean**	**SD**	**N**
ECAS	Medical	83.48	11.015	106
	Paramedical	72.53	14.603	131
	Total	77.43	14.186	237
RS	Medical	142.29	16.718	106
	Paramedical	136.47	15.099	131
	Total	139.08	16.073	237
JSS	Medical	142.67	30.019	106
	Paramedical	132.34	29.213	131
	Total	136.96	29.959	237
EMHI	Medical	19.24	4.398	106
	Paramedical	16.60	4.535	136
	Total	17.76	4.654	242

Table 4.48 shows from the mean analysis that male medical employees have scored (M=83.48, SD=11.015) higher than male paramedical (M=72.53, SD=14.603) employees on EC. On resilience male medical employees (M=142.29, SD=16.718) have scored higher than male paramedical employees (M=136.47, SD=15.099) and male medical employees have also scored (M=142.67, SD=30.019) higher than male paramedical employees have scored (M=132.34, SD=29.213) on JS. Mental health scores have also been noticed to be higher in case of male medical employees (M=19.24, SD=4.398) higher than male paramedical employees (M=16.60, SD=4.535). Mean scores on the emotional competence, resilience, job satisfaction and mental health of male medical employees and male paramedical employees are shown in Figure 4.76 given below.

DISCUSSION ON RESULTS

Results revealed that male medical employees have scored higher than male paramedical employees have scored on EC, male medical employees have scored higher than male paramedical employees have scored on resilience, male medical employees have scored higher than male paramedical employees have scored on JS.

Male medical employees have also scored higher than male paramedical employees on mental health.

Figure 4.76

Mean Scores of EC, Resilience, JS and Mental Health of male employees in medical and paramedical professions

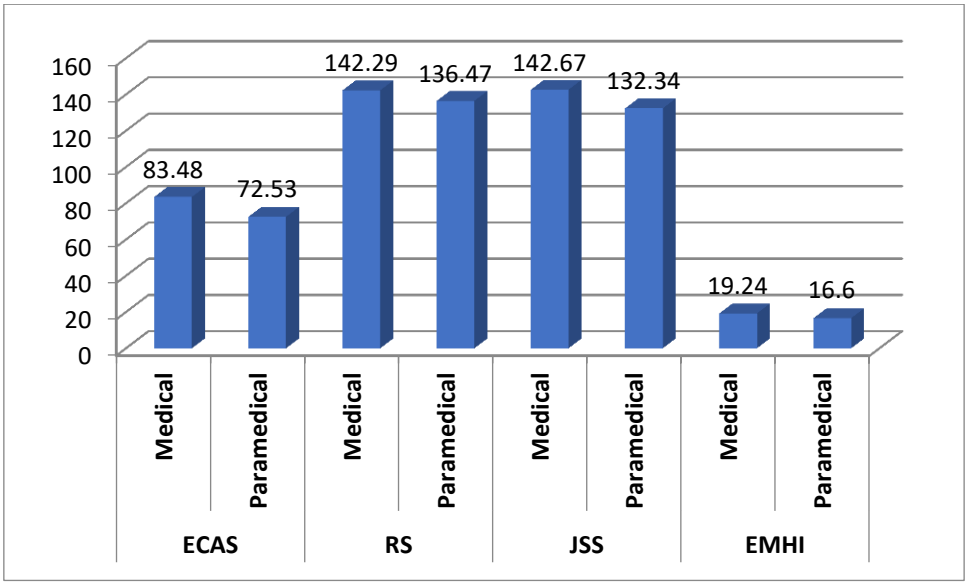


Table 4.49

Summary of ANOVA for EC, Resilience, JS and Mental Health of male medical and paramedical Employees

Tests of Between-Subjects Effects						
Source		**Type III Sum of Squares**	**df**	**Mean Square**	**F**	**Sig.**
Occupation	ECAS	7030.839	1	7030.839	40.833	.000
	RS	1984.042	1	1984.042	7.904	.005
	JSS	6256.913	1	6256.913	7.153	.008
	EMHI	412.953	1	412.953	20.615	.000
Error	ECAS	40463.119	235	172.183		
	RS	58986.590	235	251.007		
	JSS	205560.665	235	874.726		
	EMHI	4807.663	240	20.032		
Total	ECAS	47493.958	236			
	RS	60970.633	236			
	JSS	211817.578	236			
	EMHI	5220.616	241			

Table 4.49 shows F-value 40.833 (P-value = .000) for EC, F-value 7.904 (P-value = .005) for resilience, F-value 7.153 (P-value = .008) for JS, F-value 20.615 (P-value = .000) for mental health found to be statistically significant which indicate that male medical and paramedical employees differ significantly on the scores of EC, resilience, JS and mental health. Hence, the proposed hypothesis ($H0_4$) that "there will be no significant differences between male medical and paramedical employees with regard to their EC, resilience, job satisfaction and mental health scores" is rejected.

DISCUSSION ON RESULTS

Results for EC, resilience, JS and mental health found to be statistically significant which indicates that male medical and paramedical employees differ significantly on the scores of EC, resilience, JS and mental health.

- **Obj5,** To study the differences between medical and paramedical employees with regards to their EC, resilience, JS and mental health scores.

  H5, Medical and paramedical employees are likely to have no significant differences with regard to their EC, resilience, JS and mental health responses.

Table 4.50

Mean and SD of Medical and Paramedical profession employees' Mental Health

Descriptive statistics				
	Profession	**N**	**Mean**	**SD**
Mental Health	Medical	200	18.86	4.427
	Paramedical	319	17.13	4.198
	Total	519	17.80	4.365

Table 4.50 shows from the mean analysis that medical profession employees (M=18.86, SD=4.43) have scored higher than paramedical profession employees (M=17.13, SD=4.20) on mental health. Findings mean thereby that medical profession employees have good mental health in comparison to their counterparts, i.e., paramedical profession employees. Mean scores on the mental health of medical and paramedical profession employees are shown in Figure 4.77 below.

DISCUSSION ON RESULTS

Results revealed that employees in medical profession have scored higher than employees in paramedical profession on mental health. These findings indicate that medical profession employees have good mental health than employees in paramedical profession.

Figure 4.77

Mean Scores of Medical and Paramedical profession employees' mental health

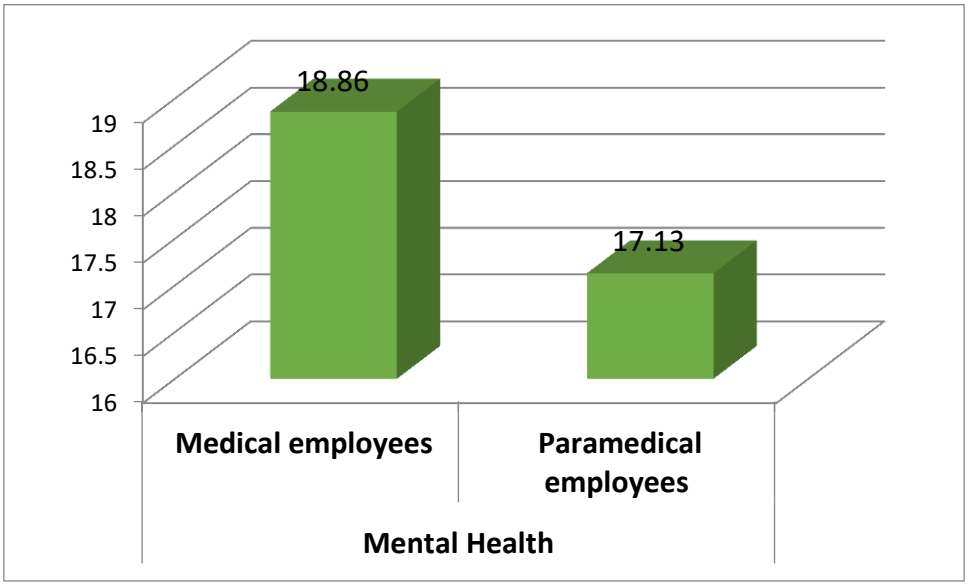


Table 4.51: Summary of ANOVA for Mental Health of Medical and Paramedical Profession Employees

ANOVA						
		Sum of Squares	**df**	**Mean Square**	**F**	**Sig.**
Mental health	Between Groups	363.758	1	363.758	19.784	.000
	Within Groups	9505.999	517	18.387		
	Total	9869.757	518			

Table 4.51 shows F-value 19.784 (P-value = .000) found to be statistically significant which indicates that medical employees and paramedical employees in hospitals differ significantly on the scores of their mental health. Hence, the proposed hypothesis ($H0_5$) that "medical and paramedical employees are likely to have no significant differences with regard to their mental health responses" is rejected.

DISCUSSION ON RESULTS

Results found to be statistically significant which indicates that medical and paramedical profession employees differ significantly on the scores of mental health.

Table 4.52

Mean and SD of Medical and Paramedical profession employees' EC

Descriptive statistics				
	Profession	**N**	**Mean**	**SD**
Emotional competence	Medical	200	82.18	11.953
	Paramedical	287	72.53	13.986
	Total	487	76.49	14.007

Table 4.52 shows from the mean analysis that medical profession employees have scored (M=82.18, SD=11.95) higher than paramedical profession employees (M=72.53, SD=13.98) on EC. Results mean thereby that medical profession employees have higher EC than paramedical profession employees. Mean scores on the EC of medical and paramedical profession employees is shown in below given Figure 4.78.

DISCUSSION ON RESULTS

Results revealed that medical profession employees have scored higher than paramedical profession employees on EC. Results mean thereby that medical profession employees have higher EC than paramedical profession employees.

Figure 4.78

Mean Scores of Medical and Paramedical profession employees' EC

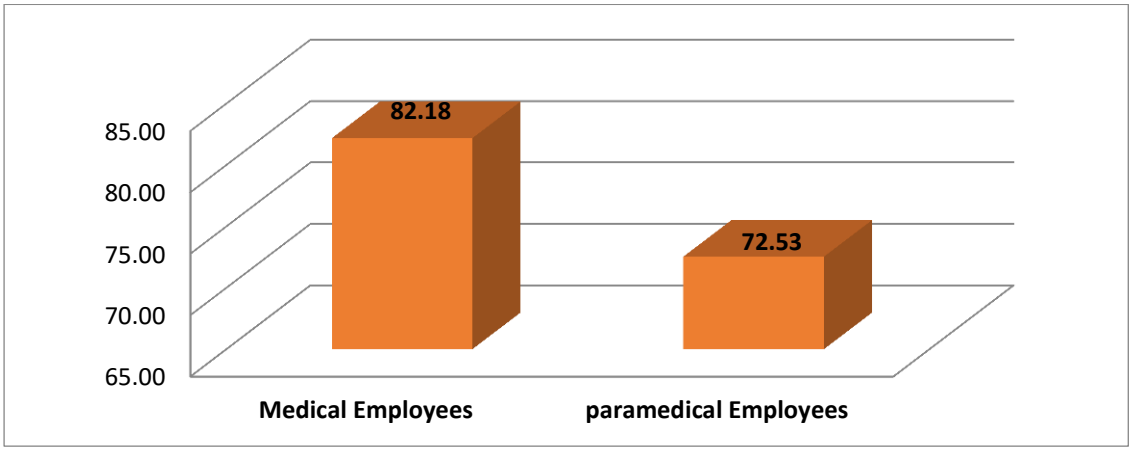


Table 4.53

Summary of ANOVA for EC of Medical and Paramedical profession Employees

ANOVA						
		Sum of Squares	**df**	**Mean Square**	**F**	**Sig.**
Emotional competence	Between Groups	10976.707	1	10976.707	63.093	.000
	Within Groups	84379.018	485	173.977		
	Total	95355.725	486			

Table 4.53 shows F-value 63.093 (P-value = .000) found to be statistically significant which indicates that medical and paramedical profession employees differ significantly on the scores of EC. Hence, the proposed hypothesis ($H0_5$) for "medical and paramedical employees are likely to have no significant differences with regard to their EC responses" is rejected.

DISCUSSION ON RESULTS

Results found to be statistically significant which indicates that medical and paramedical profession employees differ significantly on the scores of EC.

Table 4.54

Mean and SD of Medical and Paramedical profession employees' JS

Descriptive statistics				
	Profession	**N**	**Mean**	**SD**
JS	Medical	200	141.68	26.688
	Paramedical	287	135.14	24.908
	Total	487	137.83	25.828

Table 4.54 depicts from the mean analysis that medical profession employees have scored (M = 141.68, SD = 26.68) higher than paramedical profession employees (M = 135.14, SD = 24.90) on JS. Results mean thereby that medical profession employees have higher JS than paramedical profession employees. Mean scores on the JS of medical and paramedical profession employees is shown in below given Figure 4.79.

DISCUSSION ON RESULTS

Results revealed that medical profession employees have scored higher than paramedical profession employees on JS. Results mean thereby that medical profession employees have higher JS than paramedical profession employees.

Somewhat similar trends for job satisfaction were observed by Giauque et al. (2014) who revealed that the chief finding of the study was forecasting JS. Those who were nurses or medical directors stated emphatically greater level of satisfaction than administrative, financial and technical directors.

Figure 4.79

Mean Scores of Medical and Paramedical profession employees' JS

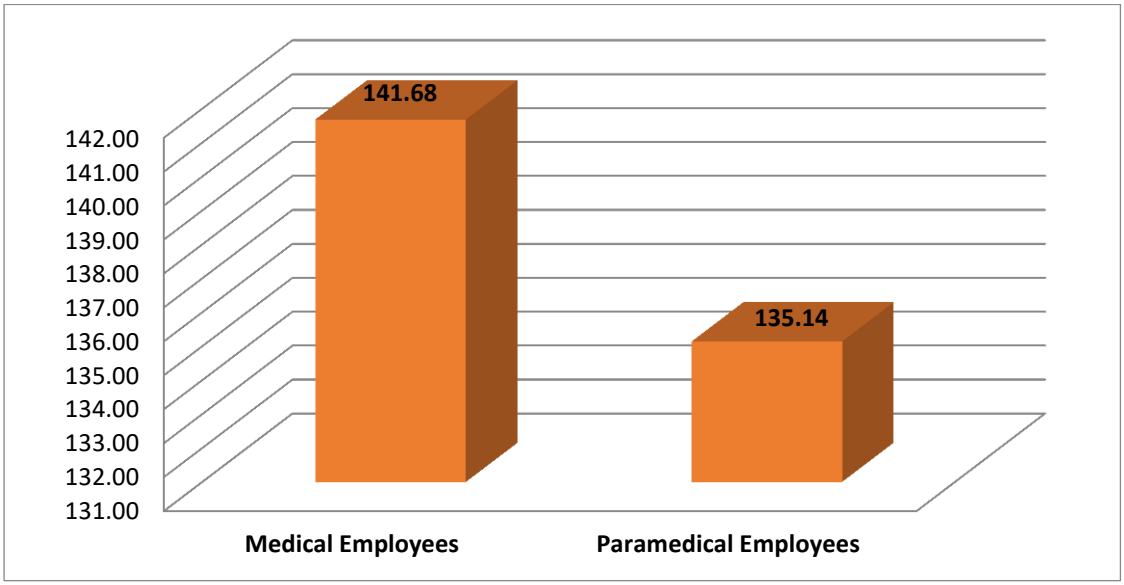


Table 4.55

Summary of ANOVA for JS among Medical and Paramedical profession Employees

ANOVA						
		Sum of Squares	df	Mean Square	F	Sig.
JS	Between Groups	5029.146	1	5029.146	7.642	.006
	Within Groups	319171.018	485	658.085		
	Total	324200.164	486			

Table 4.55 depicts F-value 7.642 (P-value = .006) found to be statistically significant which indicates that medical and paramedical profession employees differ significantly on the scores of JS. Hence, the proposed hypothesis ($H0_5$) for "medical and paramedical employees are likely to have no significant differences with regard to their JS responses" is rejected.

DISCUSSION ON RESULTS

Results found to be statistically significant which indicates that medical and paramedical profession employees differ significantly on the scores of JS.

Table 4.56: Mean and SD of Medical and Paramedical profession employees' Resilience

Descriptive statistics				
	Profession	**N**	**Mean**	**SD**
Resilience	Medical	200	141.83	16.294
	Paramedical	287	135.52	15.749
	Total	487	138.11	16.258

Table 4.56 shows from the mean analysis that medical profession employees have scored (M = 141.83, SD = 16.29) higher than paramedical profession employees (M = 135.52, SD = 15.74) on resilience. Findings mean thereby that medical profession employees have higher resilience than paramedical profession employees. Mean scores on the resilience of medical and paramedical profession employees is shown in below given Figure 4.80.

DISCUSSION ON RESULTS

Results revealed that medical profession employees have scored higher than paramedical profession employees on resilience. Findings mean thereby that medical profession employees have higher resilience than paramedical profession employees. However, these results could not support the findings of Jatchavala and Pitanupong (2019) which depicted normal level of resilience amongst medical doctors.

Figure 4.80: Mean Scores of Medical and Paramedical profession employees' Resilience

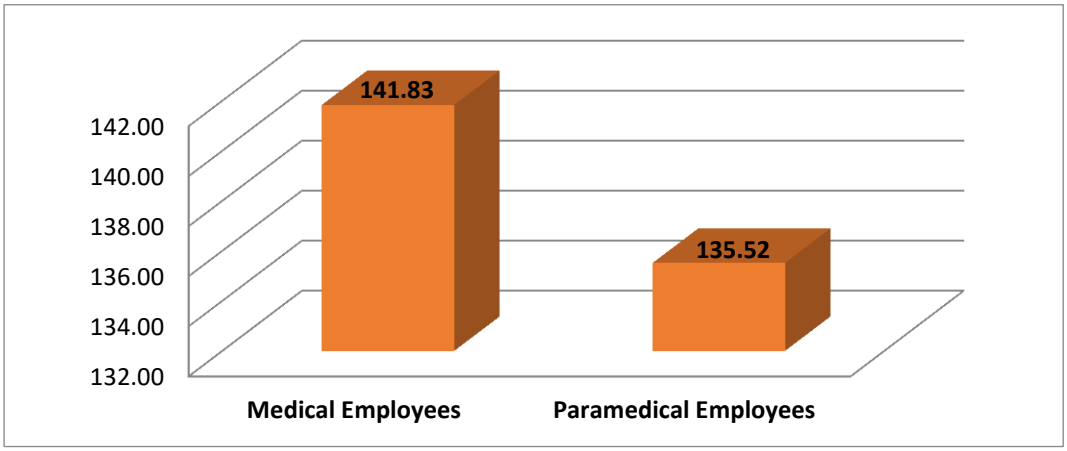


Table 4.57

Summary of ANOVA for Resilience among Medical and Paramedical profession Employees

ANOVA						
		Sum of Squares	df	Mean Square	F	Sig.
Resilience	Between Groups	4691.893	1	4691.893	18.386	.000
	Within Groups	123764.554	485	255.185		
	Total	128456.448	486			

Table 4.57 shows F-value 18.386 (P-value = .000) found to be statistically significant which indicates that medical and paramedical profession employees differ significantly on the scores of resilience. Hence, the proposed hypothesis ($H0_5$) for "medical and paramedical employees are likely to have no significant differences with regard to their resilience responses" is rejected.

DISCUSSION ON RESULTS

Results found to be statistically significant which indicate that medical and paramedical profession employees differ significantly on the scores of resilience. Similar results for paramedical employees were also noticed by Guo et al. (2017) showing that female paramedical professionals used a positive coping style while experiencing resilience and self-efficacy at moderate level.

- **Obj6,** To analyse the differences between male and female employees for their EC, resilience, JS and mental health scores.

  H6, Male and female employees are likely to have insignificant differences with regard to their EC, resilience, job satisfaction and mental health scores.

Table 4.58: Mean and SD of Male and Female hospital employees' Mental Health

Descriptive statistics				
		N	**Mean**	**SD**
Mental health	Male	242	17.76	4.654
	Female	277	17.83	4.104
	Total	519	17.80	4.365

Table 4.58 shows from the mean analysis that male employees (M = 17.76, SD=4.65) and female employees (M = 17.83, SD=4.10) have scored almost equal on mental health who work in the different hospitals. Meaning thereby that male and female hospital employees showing almost same mean scores that means there is no mean difference among gender. Mean performance on the mental health of male and female employees in hospitals is shown in below given Figure 4.81.

DISCUSSION ON RESULTS

Results revealed that male hospital employees and female hospital employees have scored almost same on mental health. Meaning thereby that male and female hospital employees showing almost same mean scores that means there is no mean difference have found among gender.

Figure 4.81

Mean Scores of male and female hospital employees' mental health

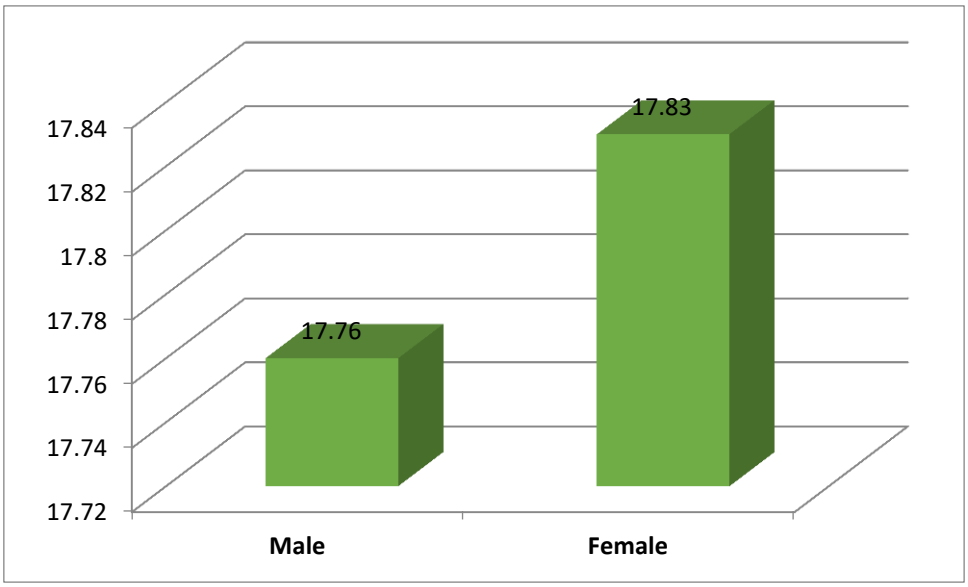


Table 4.59

Summary of ANOVA for Mental Health among Male and Female Hospital Employees

ANOVA						
		Sum of Squares	**df**	**Mean Square**	**F**	**Sig.**
Mental health	Between Groups	.781	1	.781	.041	.840
	Within Groups	9868.977	517	19.089		
	Total	9869.757	518			

The Table 4.59 shows F-value .041 (P-value = .840) found to be not statistically significant which indicates that male and female hospital workers not differentiated significantly on the scores of mental health. Hence, the proposed hypothesis ($H0_6$) for "male and female employees are likely to have insignificant differences with regard to their mental health scores." is accepted.

DISCUSSION ON RESULTS

Results found to be not statistically significant which indicates that male and female hospital workers not differentiated significantly on the scores of their mental health.

Table 4.60

Mean and SD of Male and Female hospital employees' EC

Descriptive statistics				
		N	**Mean**	**SD**
EC	Male	237	77.43	14.186
	Female	250	75.61	13.806
	Total	487	76.49	14.007

Table 4.60 depicts from the mean analysis that male hospital employees have scored (M=77.43, SD=14.18) and female hospital employees scored (M=75.61, SD=13.80) on EC. Result thereby male hospital employees showing little higher mean value than female hospital employees. Mean scores on the EC of male and female hospital employees is shown in below given Figure 4.82.

DISCUSSION ON RESULTS

Results revealed that male hospital employees showing little higher level of EC than female hospital employees. These findings are similar with the study conducted by Taruna & Mona (2017) which showed that male employees having higher EC than female employees.

Figure 4.82

Mean Scores of male and female hospital employees' EC

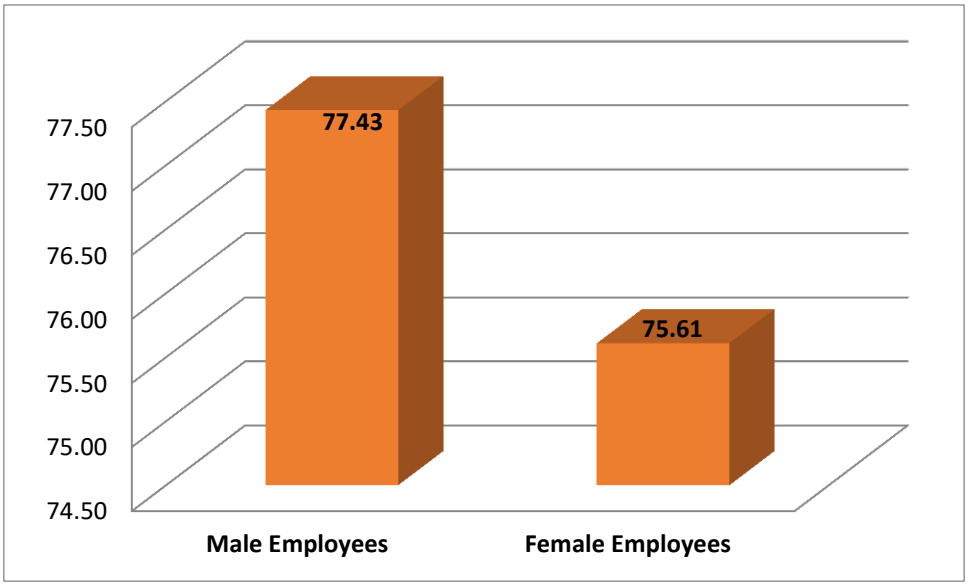


Table 4.61

Summary of ANOVA for EC among Male and Female Employees in Hospital

ANOVA						
		Sum of Squares	**df**	**Mean Square**	**F**	**Sig.**
EC	Between Groups	402.183	1	402.183	2.054	.152
	Within Groups	94953.542	485	195.780		
	Total	95355.725	486			

Table 4.61 depicts F-value 2.054 (P-value = .152) showed not statistically significant which indicates male and female hospital employees not differentiated significantly on the scores of EC. Hence, the proposed hypothesis ($H0_6$) for "male and female employees are likely to have insignificant differences with regard to their EC scores." is accepted.

DISCUSSION ON RESULTS

Results found to be not statistically significant which indicate male and female employees in the hospitals not differentiated significantly on the scores of EC. Similar results were obtained by Goleman (1998) who showed no gender differences in EC, whereas men and women may have various areas of EC, as well as overall levels of EC are equal.

Table 4.62

Mean and SD of male and female hospital employees' JS

Descriptive statistics				
		N	**Mean**	**SD**
JS	Male	237	136.96	29.959
	Female	250	138.65	21.212
	Total	487	137.83	25.828

Table 4.62 depicts from the mean analysis that male hospital employees have scored (M = 136.96, SD = 29.95) and female hospital employees scored (M = 138.65, SD = 21.21) on JS. Meaning thereby that male hospital employees showing little lower mean value than female hospital employees. Mean scores on the JS of male and female hospital workers is shown in below given Figure 4.83.

DISCUSSION ON RESULTS

Results revealed that male employees show little lower level of JS than female employees in hospitals. This study results are in line with the results shown by Okpara et al. (2004) who found female workers more satisfied with their work than male employees. Furthermore, Miao et al. (2017) also found that female doctors showed greater JS than male doctors.

Figure 4.83

Mean Scores of Male and Female hospital employees' JS

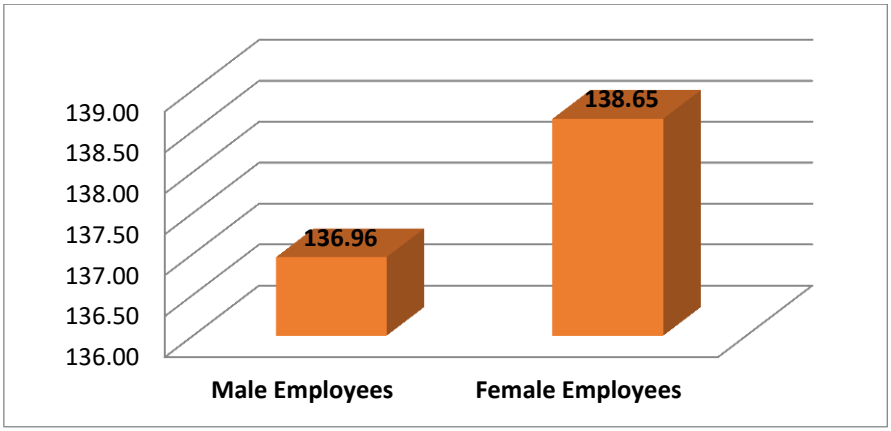


Table 4.63

Summary of ANOVA for JS among Male and Female Hospital Employees

ANOVA						
		Sum of Squares	**df**	**Mean Square**	**F**	**Sig.**
JS	Between Groups	347.562	1	347.562	.521	.471
	Within Groups	323852.602	485	667.737		
	Total	324200.164	486			

Table 4.63 shows F-value .521 (P-value = .471) found to be not statistically significant which indicates that male and female hospital workers not differentiated significantly on the scores of JS. Hence, the proposed hypothesis ($H0_6$) for "male and female employees are likely to have insignificant differences with regard to their JS scores." is accepted.

DISCUSSION ON RESULTS

Results found to be not statistically significant which indicate male and female hospital employees not differentiated significantly on the scores of JS in the present study. Both male and female employees are working in similar work condition under same organizational environment with similar job demands. In spite of female with slight higher scores could not reach to significant level of differences with their counterparts, i.e. male employees in different types of hospitals.

Table 4.64

Mean and SD of Male and Female hospital employees' Resilience

Descriptive statistics				
		N	**Mean**	**SD**
Resilience	Male	237	139.08	16.073
	Female	250	137.19	16.410
	Total	487	138.11	16.258

Table 4.64 shows from the mean analysis that male hospital employees have scored (M = 139.08, SD = 16.07) and female hospital employees scored (M = 137.19, SD = 16.41) on resilience. Findings mean thereby that male hospital employees showing little higher mean value of resilience than female hospital employees. Mean scores on the resilience of male and female hospital employees is shown in below given Figure 4.84.

DISCUSSION ON RESULTS

Results revealed that male hospital employees have scored a little higher than female employees on resilience. Findings mean thereby that males are superior to bounce back in stressful or setback conditions than female employees. But these findings could not support the results of Guo et al. (2017) who showed that female professionals used a positive coping style while experiencing resilience and self-efficacy at moderate level.

Figure 4.84: Mean Scores of Male and Female hospital employees' Resilience

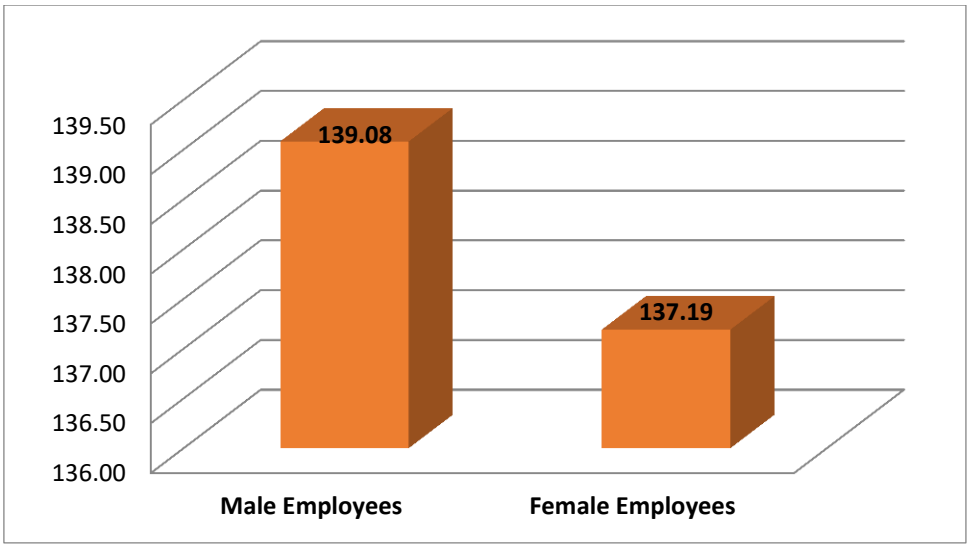


Table 4.65

Summary of ANOVA for Resilience among Male and Female Hospital Employees

ANOVA						
		Sum of Squares	**df**	**Mean Square**	**F**	**Sig.**
Resilience	Between Groups	433.651	1	433.651	1.643	.201
	Within Groups	128022.797	485	263.965		
	Total	128456.448	486			

Table 4.65 shows F-value 1.643 (P-value = .201) found to be statistically not significant which indicates that male and female hospital workers not differentiated significantly on the scores of resilience. Hence, the proposed hypothesis ($H0_6$) for "male and female employees are likely to have insignificant differences with regard to their resilience scores." is accepted.

DISCUSSION ON RESULTS

Results found to be statistically not significant which indicate male and female employees in the hospital not differentiated significantly on the scores of resilience. However, Rahmawati (2013) examined and revealed that male employees reported lower level of resilience as compared with the female employees.

- **Obj7.** To examine the group differences with regard to their EC, resilience, JS and mental health scores across the medical, paramedical male and female dimensions of employees working in public and private hospitals.

  H07. Groups are likely to have no statistically significant differences with regard to their EC, resilience, job satisfaction and mental health scores across the medical, paramedical male and female employees working in public and private hospitals.

Table 4.66

Mean and SD of Mental Health across Male, Female, Private and Public hospital employees

Descriptive Statistics				
Dependent Variable:	**EMHI**			
Gender		Mean	SD	N
Male	Private	16.17	4.702	115
	Public	19.19	4.132	127
	Total	17.76	4.654	242
Female	Private	17.49	4.189	140
	Public	18.18	4.000	137
	Total	17.83	4.104	277
Total	Private	16.90	4.467	255
	Public	18.67	4.088	264
	Total	17.80	4.365	519

The Table 4.66 depicts from the mean analysis that male private hospital employees have scored (M = 16.17, SD = 4.70) lower than male public hospital employees (M = 19.19, SD = 4.13) on mental health. Findings meaning thereby that male public hospital employees have good mental health than male private hospital employees. Table 4.66f also depicts from the mean analysis that female private hospital employees have scored (M = 17.49, SD = 4.18) lower than female public hospital employees (M = 18.18, SD = 4.00) on mental health. Findings meaning thereby that female public hospital employees have good mental health than female private hospital employees. Mean scores on the mental health of male and female private and male and female public hospital employees is shown in below given Figure 4.85.

DISCUSSION ON RESULTS

Results revealed that male private hospital employees have scored lower than male public hospital employees on mental health. Findings meaning thereby that male public hospital employees have good mental health than male private hospital employees. Results also shows from the mean analysis that female private hospital employees have scored lower than female public hospital employees on mental health. Findings meaning thereby that female public hospital employees have good mental health than female private hospital employees.

Figure 4.85

Mean Scores of Mental Health across Male, Female, Private and Public hospital employees'

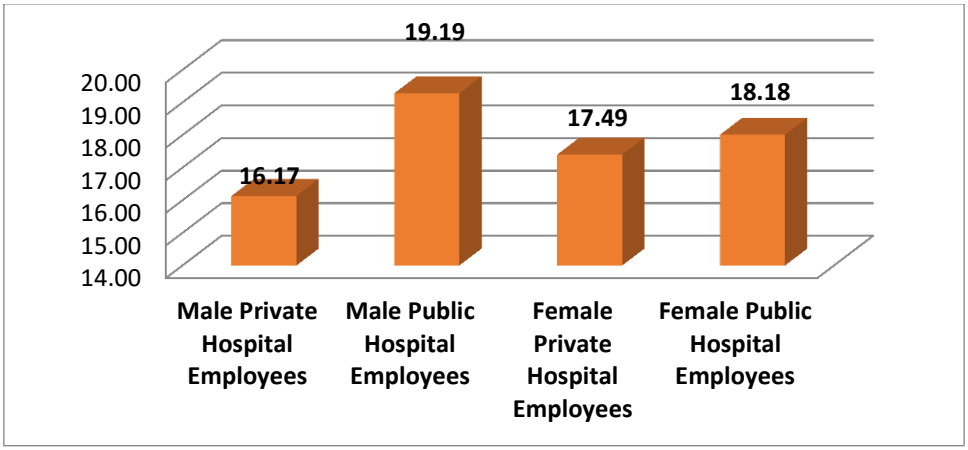


Table 4.67
Summary of ANOVA for Mental Health among Gender and Hospital Type

Tests of Between-Subjects Effects					
Dependent Variable:	EMHI				
Source	**Type III Sum of Squares**	**df**	**Mean Square**	**F**	**Sig.**
Gender	3.148	1	3.148	.175	.676
Hospital Type	442.564	1	442.564	24.541	.000
Gender * Hospital Type	174.374	1	174.374	9.669	.002
Error	9287.417	515	18.034		
Total	174267.000	519			
a. R Squared = .059 (Adjusted R Squared = .054)					

Table 4.67 depicts no significant difference among gender groups as determined by ANOVA, (F(1,515) = .175, p = .676). Findings depict significant differences among hospital type groups, (F (1,515) = 24.541, p = .000). Analysis depicts significant differences among interaction between hospital type (public and private) and gender (male and female) groups, (F (1,515) = 9.669, p = .002).

DISCUSSION ON RESULTS

Results found no significant difference among gender groups. Another finding revealed significant difference among hospital type groups. Further finding depicts that there were statistically significant differences among hospital type and gender groups.

Table 4.68

Mean and SD of EC across Male, Female, Private and Public hospital employees

Descriptive Statistics				
Dependent Variable: ECAS				
Gender		**Mean**	**SD**	**N**
Male	Private	74.29	14.955	113
	Public	80.28	12.854	124
	Total	77.43	14.186	237
Female	Private	73.65	14.978	133
	Public	77.83	12.020	117
	Total	75.61	13.806	250
Total	Private	73.95	14.940	246
	Public	79.09	12.491	241
	Total	76.49	14.007	487

The Table 4.68 shows from the mean analysis that male private hospital employees have scored (M = 74.29, SD = 14.95) lower than male public hospital employees (M=80.28, SD=12.85) on EC. Findings meaning thereby that male public hospital employees have higher level of EC than male private hospital employees. Table 4.68 also shows from the mean analysis that female private hospital employees have scored (M=73.65, SD = 14.97) lower than female public hospital employees (M=77.83, SD = 12.02) on EC. Findings meaning thereby that female public hospital employees have higher level of EC than female private hospital employees. Mean scores on the EC of male private, male public, female private and female public hospital employees is shown in below given Figure 4.86.

DISCUSSION ON RESULTS

Results revealed that male private hospital employees have scored lower than male public hospital employees on EC. Findings meaning thereby that male public hospital employees have higher level of EC than male private hospital employees. Results also shows from the mean analysis that female private hospital employees have scored lower than female public hospital employees on EC. Findings meaning thereby that female public hospital employees have higher level of EC than female private hospital employees.

Figure 4.86: Mean Scores of EC across Male, Female, Private and Public hospital employees

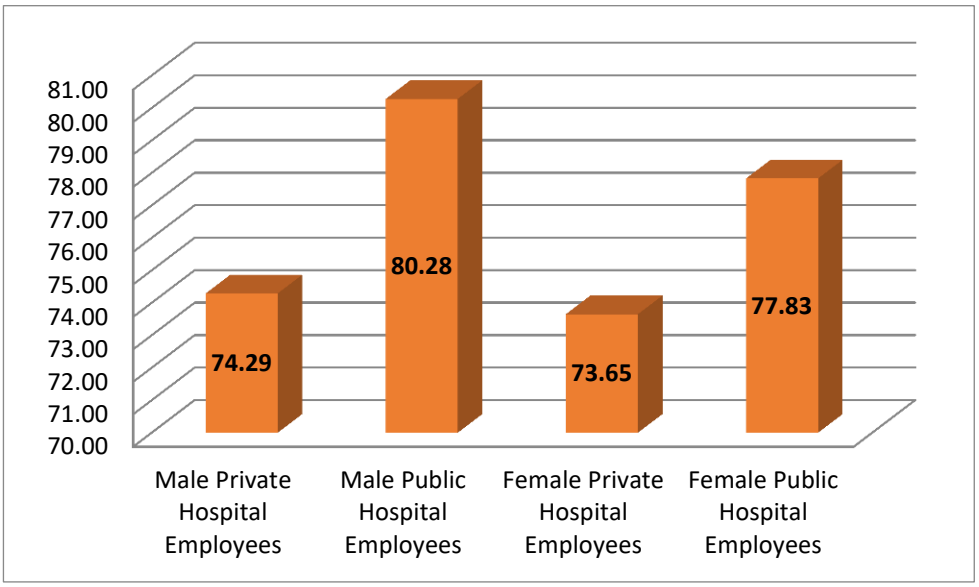


Table 4.69: Summary of ANOVA for EC among Gender and Hospital Type

Tests of Between-Subjects Effects					
Dependent Variable:	**ECAS**				
Source	**Type III Sum of Squares**	**df**	**Mean Square**	**F**	**Sig.**
Gender	289.719	1	289.719	1.525	.217
Hospital Type	3133.129	1	3133.129	16.494	.000
Gender * Hospital Type	99.919	1	99.919	.526	.469
Error	91747.155	483	189.953		
Total	2944866.000	487			
a. R Squared = .038 (Adjusted R Squared = .032)					

Table 4.69 shows no significant difference among gender groups, (F (1,483) = 1.525, p = .217). Analysis shows significant difference among hospital type groups, (F

(1,483) = 16.494, p = .000). Table 4.69 shows no significant difference among hospital type and gender groups, (F (1,483) = .526, p = .469).

DISCUSSION ON RESULTS

Results found no significant difference among gender groups. Findings depict statistically significant difference among hospital type groups. Results also depict no significant difference among hospital type and gender groups.

Table 4.70

Mean and SD of JS across Male, Female, Private and Public hospital employees

Descriptive Statistics				
Dependent Variable: JSS				
Gender		**Mean**	**Std. Deviation**	**N**
Male	Private	126.80	27.286	113
	Public	146.22	29.374	124
	Total	136.96	29.959	237
Female	Private	137.56	19.545	133
	Public	139.88	22.984	117
	Total	138.65	21.212	250
Total	Private	132.62	23.981	246
	Public	143.14	26.601	241
	Total	137.83	25.828	487

The Table 4.70 shows from the mean analysis that male private hospital employees have scored (M = 126.80, SD = 146.22) lower than male public hospital employees (M = 146.22, SD = 29.37) on JS. Meaning thereby male public hospital employees have higher level of JS than male private hospital employees. Table 4.70 also depicts from the mean analysis that female private hospital employees have scored (M = 137.56, SD = 19.54) lower than female public hospital employees (M = 139.88, SD = 22.98) on JS. Findings meaning thereby that female public hospital employees have higher level of JS than female private hospital employees. Mean scores on the JS of

male private, male public, female private and female public hospital employees is shown in below given Figure 4.87.

DISCUSSION ON RESULTS

Results revealed that male private hospital employees have scored lower than male public hospital employees on JS. Meaning thereby male public hospital employees have higher level of JS than male private hospital employees. Results also shows from the mean analysis that female private hospital employees have scored lower than female public hospital employees on JS. Findings meaning thereby that female public hospital employees have higher level of JS than female private hospital employees.

Figure 4.87: Mean Scores of JS across Male, Female, Private and Public hospital employees

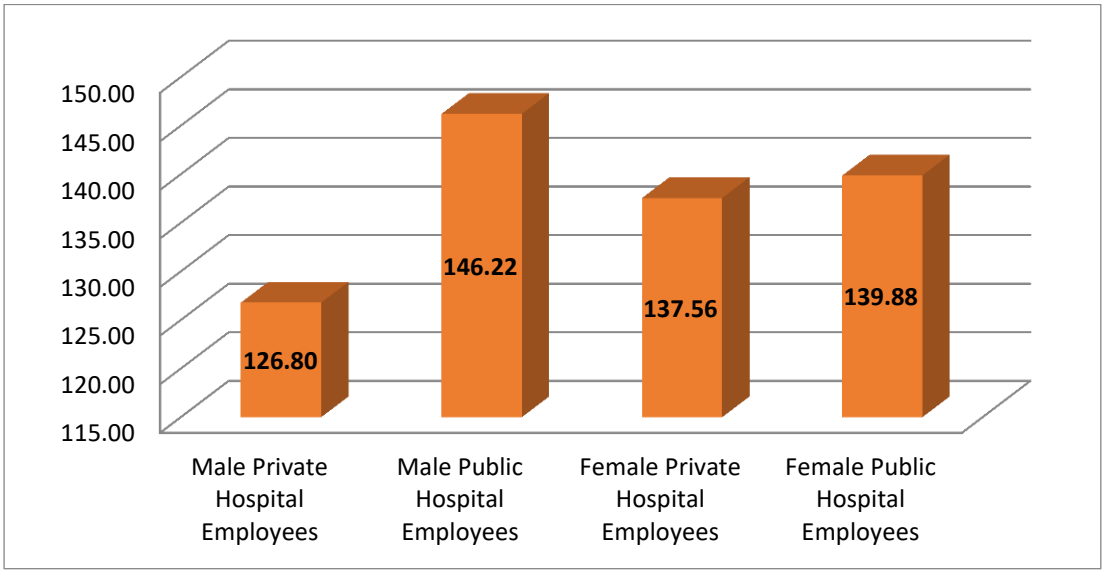


Table 4.71: Summary OF ANOVA for JS among Gender and Hospital Type

Tests of Between-Subjects Effects					
Dependent Variable: JSS					
Source	**Type III Sum of Squares**	**df**	**Mean Square**	**F**	**Sig.**
Gender	595.070	1	595.070	.954	.329
Hospital Type	14327.772	1	14327.772	22.974	.000
Gender * Hospital Type	8871.345	1	8871.345	14.225	.000
Error	301218.471	483	623.641		
Total	9575183.000	487			
a. R Squared = .071 (Adjusted R Squared = .065)					

Table 4.71 depicts no significant difference among gender groups as determined by ANOVA, (F (1,483) = .954, p = .329). Analysis shows significant difference among hospital type groups, (F (1,483) = 22.974, p = .000). Results show significant interaction effect for gender and hospital type, (F (1,483) = 14.225, p = .000).

DISCUSSION ON RESULTS

There are no significant differences among male and female (gender groups) on job satisfaction. However, public and private hospitals were observed to be significantly different which suggest different types of work environment or job related factors in these two types of hospitals. Interaction results were noticed to be significant male and female among two different types of hospitals were performing different on job satisfaction scale.

Table 4.72

Mean and SD of Resilience across Male, Female, Private and Public hospital employees

Descriptive Statistics				
Dependent Variable: RS				
Gender		**Mean**	**Std. Deviation**	**N**
Male	Private	135.22	18.395	113
	Public	142.59	12.707	124
	Total	139.08	16.073	237
Female	Private	136.35	15.372	133
	Public	138.15	17.533	117
	Total	137.19	16.410	250
Total	Private	135.83	16.802	246
	Public	140.43	15.372	241
	Total	138.11	16.258	487

The Table 4.72 shows from the mean analysis that male private hospital employees have scored (M = 135.22, SD = 18.39) lower than male public hospital employees (M = 142.59, SD = 12.70) on resilience. Findings meaning thereby that male public hospital employees have higher level of resilience than male private hospital employees. Table 4.72 also shows from the mean analysis that female private hospital employees have scored (M = 136.35, SD = 15.37) lower than female public hospital employees (M = 138.15, SD = 17.53) on resilience. Findings meaning thereby that female public hospital employees have higher level of resilience than female private

hospital employees. Mean scores on the resilience of male private, male public, female private and female public hospital employees is shown in below given Figure 4.88.

DISCUSSION ON RESULTS

Results revealed that male private hospital employees have scored lower than male public hospital employees on resilience. Findings meaning thereby that male public hospital employees have higher level of resilience than male private hospital employees. Results also shows from the mean analysis that female private hospital employees have scored lower than female public hospital employees on resilience. Findings meaning thereby that female public hospital employees have higher level of resilience than female private hospital employees.

Figure 4.88

Resilience mean scores across male, female employees working in private and public hospitals

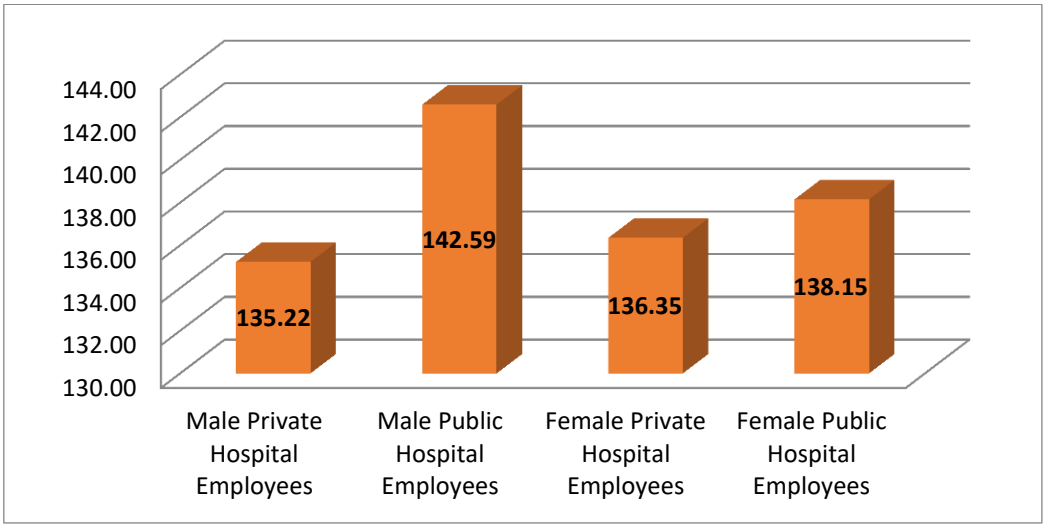


Table 4.73: Summary of ANOVA for Resilience among Gender and Hospital Type

Tests of Between-Subjects Effects					
Dependent Variable: RS					
Source	**Type III Sum of Squares**	**Df**	**Mean Square**	**F**	**Sig.**
Gender	333.971	1	333.971	1.294	.256
Hospital Type	2547.982	1	2547.982	9.876	.002
Gender * Hospital Type	940.059	1	940.059	3.644	.057
Error	124612.113	483	257.996		
Total	9417242.000	487			
a. R Squared = .030 (Adjusted R Squared = .024)					

Table 4.73 depicts no significant difference among gender groups as determined by analysis, (F (1,483) = 1.294, p = .256). Results depict significant difference among hospital type groups as determined by ANOVA, (F (1,483) = 9.876, p = .002). Interaction among hospital type and gender groups is also significant, (F (1,483) = 3.644, p = .057).

DISCUSSION ON RESULTS

Results found no significant difference among gender groups. Results found significant difference among hospital type groups. Results found significant difference among hospital type and gender groups.

Table 4.74

Mean and SD of Mental Health across Male, Female, Medical and Paramedical profession employees

Descriptive Statistics				
Dependent Variable:	**EMHI**			
Gender		**Mean**	**Std. Deviation**	**N**
Male	Medical	19.24	4.398	106
	Paramedical	16.60	4.535	136
	Total	17.76	4.654	242
Female	Medical	18.43	4.444	94
	Paramedical	17.53	3.895	183
	Total	17.83	4.104	277
Total	Medical	18.86	4.427	200
	Paramedical	17.13	4.198	319
	Total	17.80	4.365	519

The Table 4.74 shows from the mean analysis that male medical profession employees have scored (M = 19.24, SD = 4.39) higher than male paramedical profession employees (M = 16.60, SD = 4.53) on mental health. Findings meaning thereby that male medical profession employees have good mental health than male paramedical profession employees. Table 4.74 also shows from the mean analysis that female medical profession employees have scored (M = 18.43, SD = 4.44) higher than female paramedical profession employees (M = 17.53, SD = 3.89) on mental health. Findings meaning thereby that female medical profession employees have good mental health than female paramedical profession employees. Mean scores on the

mental health of male medical, male paramedical, female medical and female paramedical profession employees is shown in below given Figure 4.89.

DISCUSSION ON RESULTS

Results revealed that male medical profession employee have scored higher than male paramedical profession employees on mental health. Findings meaning thereby that male medical profession employees have good mental health than male paramedical profession employees. Results also shows from the mean analysis that female medical profession employees have scored higher than female paramedical profession employees on mental health. Findings meaning thereby that female medical profession employees have good mental health than female paramedical profession employees.

Figure 4.89: Mean Scores of Mental Health across Male, Female, Medical and Paramedical profession employees

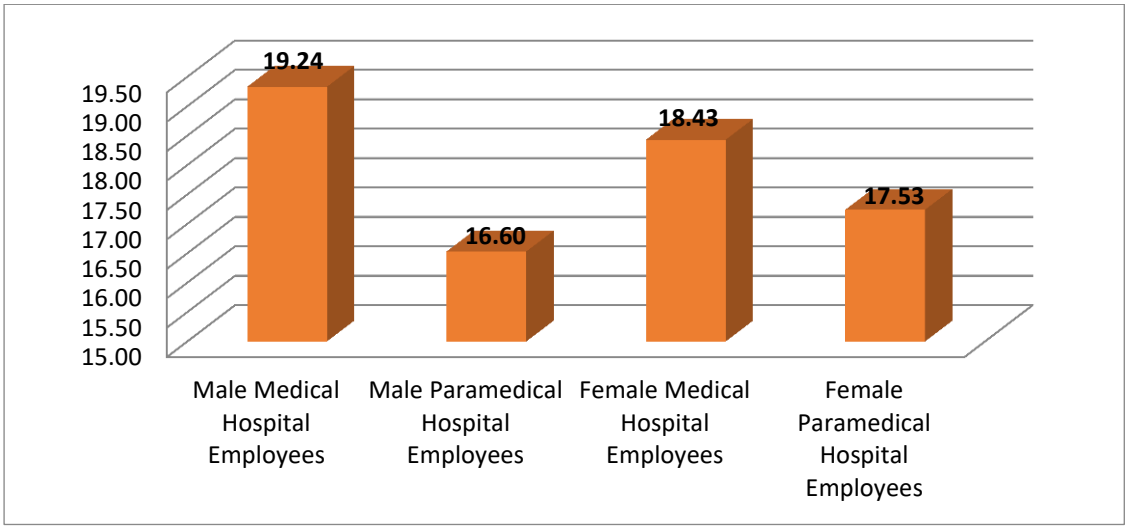


Table 4.75: Summary of ANOVA for Mental Health among Gender and Occupation Type

Tests of Between-Subjects Effects					
Dependent Variable:	**EMHI**				
Source	**Type III Sum of Squares**	**df**	**Mean Square**	**F**	**Sig.**
Gender	.415	1	.415	.023	.880
Occupation	378.523	1	378.523	20.725	.000
Gender * Occupation	91.782	1	91.782	5.025	.025
Error	9406.226	515	18.265		
Total	174267.000	519			
a. R Squared = .047 (Adjusted R Squared = .041)					

Table 4.75 depicts no significant difference among gender groups as determined by ANOVA, (F (1,515) = .023, p = .880). Analysis shows significant difference among occupation type groups, (F (1,515) = 20.725, p = .000). Table 4.75 shows significant difference among occupation type and gender groups, (F (1,515) = 5.025, p = .025).

DISCUSSION ON RESULTS

Results found no significant difference among gender groups. Results found significant difference among occupation type groups. Results found significant difference among occupation type and gender groups.

Table 4.76

Mean and SD of EC across Male, Female, Medical and Paramedical profession employees

Descriptive Statistics				
Dependent Variable: ECAS				
Gender		**Mean**	**Std. Deviation**	**N**
Male	Medical	83.48	11.01	106
	Paramedical	72.53	14.60	131
	Total	77.43	14.18	237
Female	Medical	80.71	12.83	94
	Paramedical	72.53	13.49	156
	Total	75.61	13.80	250
Total	Medical	82.18	11.95	200
	Paramedical	72.53	13.98	287
	Total	76.49	14.00	487

Table 4.76 depicts mean analysis that male medical profession employees have scored (M = 83.48, SD = 11.01) higher than male paramedical profession employees (M = 72.53, SD = 14.60) on EC. Findings meaning thereby that male medical profession employees have higher EC level than male paramedical profession employees. Results also depict from the mean analysis that female medical profession employees have scored (M = 80.71, SD = 12.83) higher than female paramedical profession employees (M = 72.53, SD = 13.49) on EC. Findings mean thereby that female medical profession employees have higher EC level than female paramedical profession employees. Mean scores on the EC of male medical, male paramedical, female medical and female paramedical profession employees is shown in below given Figure 4.90.

DISCUSSION ON RESULTS

Results revealed that male medical profession employees have scored higher than male paramedical profession employees on EC. Findings meaning thereby that male medical profession employees have higher EC level than male paramedical profession employees. Results also shows from the mean analysis that female medical profession employees have scored higher than female paramedical profession employees on EC. Findings meaning thereby that female medical profession employees have higher EC level than female paramedical profession employees.

Figure 4.90: Mean Scores of EC across Male, Female, Medical and Paramedical profession employees

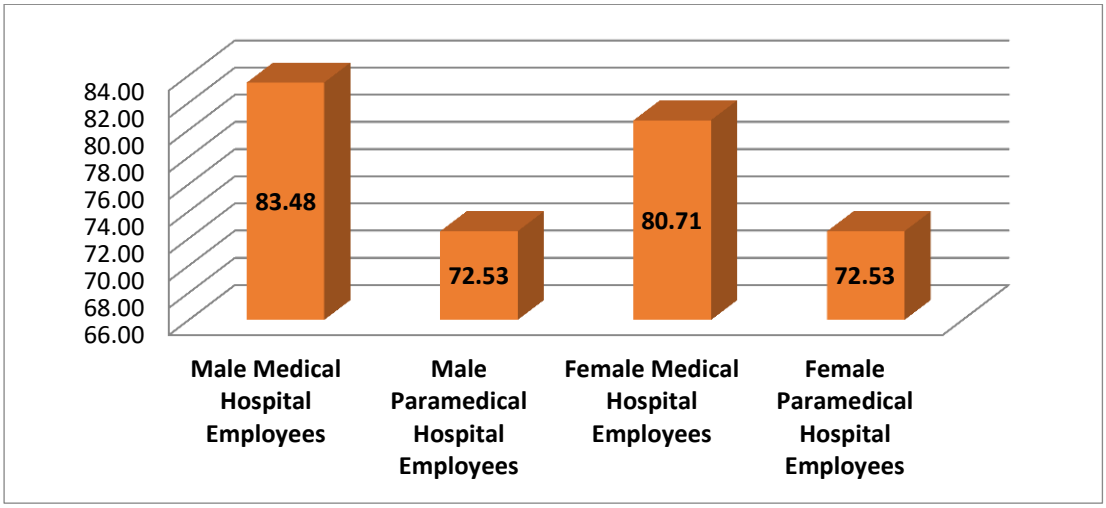


Table 4.77

Summary of ANOVA for EC among Gender and Occupation Type

Tests of Between-Subjects Effects					
Dependent Variable:	ECAS				
Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Gender	223.775	1	223.775	1.287	.257
Occupation	10732.561	1	10732.561	61.714	.000
Gender * Occupation	225.507	1	225.507	1.297	.255
Error	83997.203	483	173.907		
Total	2944866.000	487			
a. R Squared = .119 (Adjusted R Squared = .114)					

Table 4.77 depicts no significant difference among gender groups, (F (1,483) = 1.287, p = .257). Findings show significant difference among occupation type groups as determined ANOVA, (F (1,483) = 61.714, p = .000). Table 4.77 shows difference among occupation type and gender groups, (F (1,483) = 1.297, p = .255).

DISCUSSION ON RESULTS

Results found no significant difference among gender groups. Results found significant difference among occupation type groups. Results found significant difference among occupation type and gender groups.

Table 4.78

Mean and SD of JS across Male, Female, Medical and Paramedical profession employees'

Descriptive Statistics				
Dependent Variable:	**JSS**			
Gender		**Mean**	**Std. Deviation**	**N**
Male	Medical	142.67	30.019	106
	Paramedical	132.34	29.213	131
	Total	136.96	29.959	237
Female	Medical	140.55	22.456	94
	Paramedical	137.50	20.414	156
	Total	138.65	21.212	250
Total	Medical	141.68	26.688	200
	Paramedical	135.14	24.908	287
	Total	137.83	25.828	487

Table 4.78 depicts from the mean analysis that male medical profession employees (M = 142.67, SD = 30.01) have scored higher than male paramedical profession employees (M = 132.34, SD = 29.21) on JS. Findings mean that male medical profession employees have higher JS level than male paramedical profession employees. Table 4.78 also depicts from the mean analysis that female medical profession employees have scored (M = 140.55, SD = 22.45) higher than female paramedical profession employees (M = 137.50, SD = 20.41) on job satisfaction. Findings meaning thereby that female medical profession employees have higher level JS than female paramedical profession employees. Mean scores on the job satisfaction of male medical, male paramedical, female medical and female paramedical profession employees is shown in below given Figure 4.91.

DISCUSSION ON RESULTS

Results revealed that male medical profession employees have scored higher than male paramedical profession employees on JS. Meaning thereby is that male medical profession employees have higher JS level than male paramedical profession

employees. Results also shows from the mean analysis that female medical profession employees have scored higher than female paramedical profession employees on JS. Findings mean thereby that female medical profession employees have higher JS level than female paramedical profession employees.

Figure 4.91

Mean Scores of JS across Male, Female, Medical and Paramedical profession employees

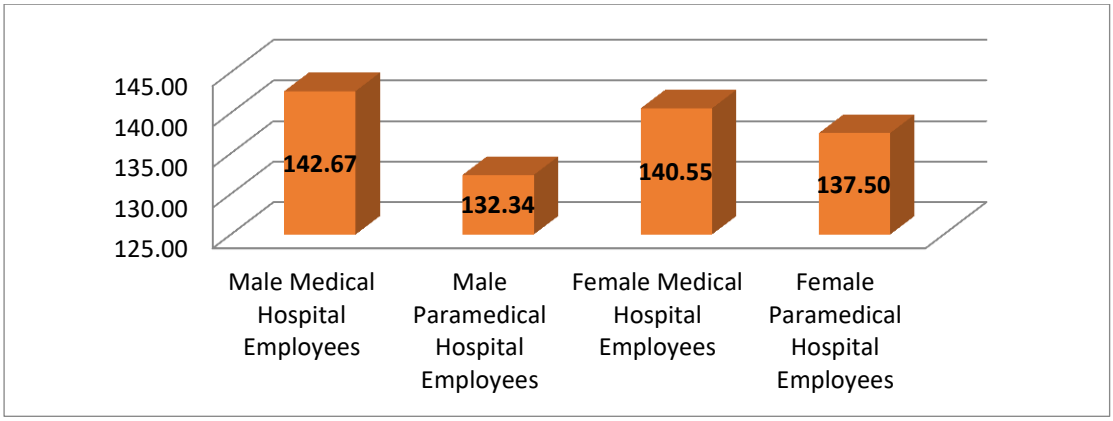


Table 4.79: Summary of ANOVA for JS among Gender and Occupation Type

Tests of Between-Subjects Effects					
Dependent Variable:	**JSS**				
Source	**Type III Sum of Squares**	**df**	**Mean Square**	**F**	**Sig.**
Gender	272.225	1	272.225	.415	.520
Occupation	5253.094	1	5253.094	8.003	.005
Gender * Occupation	1553.788	1	1553.788	2.367	.125
Error	317048.899	483	656.416		
Total	9575183.000	487			
a. R Squared = .022 (Adjusted R Squared = .016)					

Table 4.79 depicts no significant difference among gender groups as determined by ANOVA (F (1,483) = .415, p = .005). Results show significant difference among occupation type groups, (F (1,483) = 8.003, p = .005). Table 4.7.9 shows significant difference among occupation type and gender groups, (F (1,483) = 2.367, p = .125).

DISCUSSION ON RESULTS

Results found no significant difference among gender groups. Results found that significant difference among occupation type groups. Results found significant difference among occupation type and gender groups.

Table 4.80

Mean and SD of Resilience across Male, Female, Medical and Paramedical profession employees

Descriptive Statistics				
Dependent Variable:	**RS**			
Gender		**Mean**	**Std. Deviation**	**N**
Male	Medical	142.29	16.718	106
	Paramedical	136.47	15.099	131
	Total	139.08	16.073	237
Female	Medical	141.30	15.874	94
	Paramedical	134.71	16.279	156
	Total	137.19	16.410	250
Total	Medical	141.83	16.294	200
	Paramedical	135.52	15.749	287
	Total	138.11	16.258	487

Table 4.80 depicts the mean analysis that male medical profession employees have scored (M = 142.29, SD = 16.71) higher than male paramedical profession employees (M = 136.47, SD = 15.09) on resilience. Findings meaning thereby that male medical profession employees have higher level of resilience than male paramedical profession employees. Table 4.80 also shows from the mean analysis that female medical profession employees have scored (M = 141.30, SD = 15.87) higher than female paramedical profession employees (M = 134.71, SD = 16.27) on resilience. Findings meaning thereby that female medical profession employees have higher level of resilience than female paramedical profession employees. Mean scores on the resilience of male medical, male paramedical, female medical and female paramedical profession employees is shown in below given Figure 4.92.

DISCUSSION ON RESULTS

Results revealed that male medical profession employees have scored higher than male paramedical profession employees on resilience. Findings meaning thereby that male medical profession employees have higher level of resilience than male paramedical profession employees. Results also shows from the mean analysis that female medical profession employees have scored higher than female paramedical profession employees on resilience. Findings meaning thereby that female medical profession employees have higher level of resilience than female paramedical profession employees.

Figure 4.92

Mean Scores of Resilience across Male, Female, Medical and Paramedical profession employees

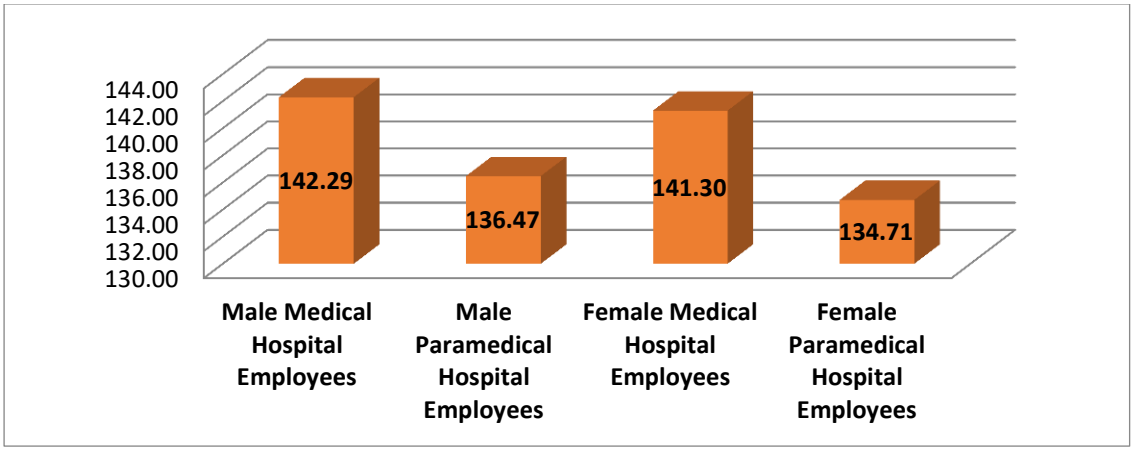


Table 4.81
Summary of ANOVA for Resilience among Gender and Occupation Type

Tests of Between-Subjects Effects					
Dependent Variable:	**RS**				
Source	**Type III Sum of Squares**	**df**	**Mean Square**	**F**	**Sig.**
Gender	222.690	1	222.690	.871	.351
Occupation	4510.965	1	4510.965	17.643	.000
Gender * Occupation	17.251	1	17.251	.067	.795
Error	123494.269	483	255.682		
Total	9417242.000	487			
a. R Squared = .039 (Adjusted R Squared = .033)					

Table 4.81 depicts no significant difference among gender groups as determined by ANOVA analysis (F(1,483)=.871, p= .351). Findings show significant difference among occupation groups (medical and paramedical) as determined by ANOVA, (F (1,483)=17.643, p= .000). However, interaction effect between gender and occupation types was not significant as determined by ANOVA, (F (1,483) = .067, p = .795).

DISCUSSION ON RESULTS

Results found that no significant difference among gender groups. Results found significant difference among occupation type groups. Results found that no significant difference among occupation type and gender groups.

Demographic Characteristic Wise Analysis

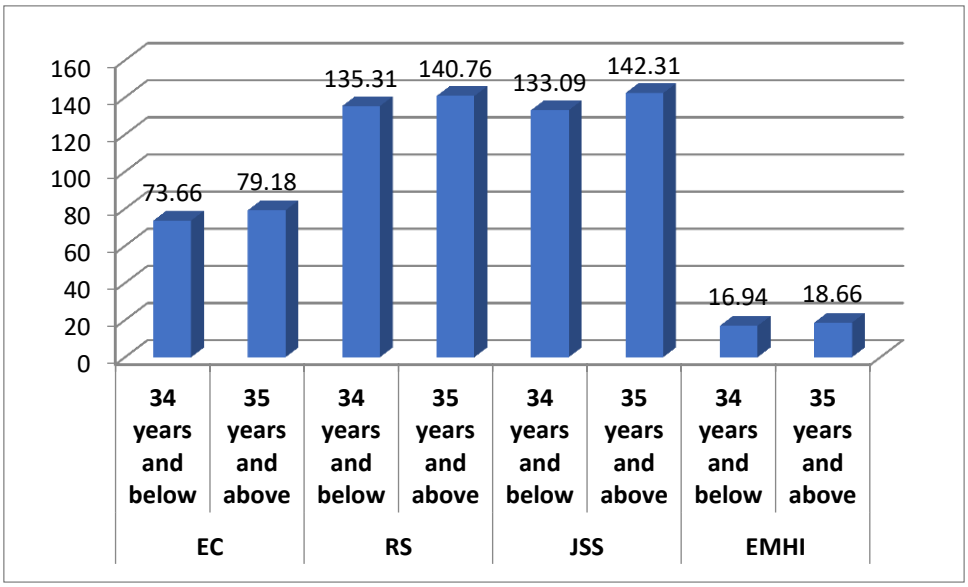
Data for all the four variables were analysed on age characteristics of the participants. All the participants were divided into two groups on the basis of median age (34 years) of the respondents. Following results were obtained on EC, RS, JS and mental health of employees of 34 years and below age and 35 years and above age.

Table 4.82: Mean, SD and F values of EC, RS, JS and Mental health with respect to age groups of healthcare employees

Variable	Age Group	N	Mean	SD	F value
EC	34 years and below	237	73.66	14.747	F(1,485) = 19.57, p<.01
	35 years and above	250	79.18	12.727	
	Total	487	76.49	14.007	
RS	34 years and below	237	135.31	16.469	F(1,485) = 14.01, p<.01
	35 years and above	250	140.76	15.631	
	Total	487	138.11	16.258	
JSS	34 years and below	237	133.09	25.015	F(1,485) = 15.98, p<.01
	35 years and above	250	142.31	25.834	
	Total	487	137.83	25.828	
EMHI	34 years and below	260	16.94	4.327	F(1,485) = 20.97, p<.01
	35 years and above	259	18.66	4.239	
	Total	519	17.80	4.365	

An observation of above Table 4.82 reflects that there are significant differences (p<.01) between the two groups of health care employees based on their age. Moreover it is observed that employees with older age have reported higher on emotional competence, resilience, job satisfaction as well as mental health scales. This shows that age of the employees contributes to improvements in psychological constructs. The patterns of findings are demonstrated in the following figure.

Fig. 4.93: EC, RS, JS and Mental health with respect to age groups of healthcare employees



Further to understand the relationship between employees' age and their psychological constructs correlation statistics was executed and the results are as given below.

Table 4.83: Relationship between age of the health care employees and their psychological constructs

Variable		EC	RS	JS	EMHI
Age	Pearson Correlation	.224**	.211**	.193**	.235**
	Sig. (2-tailed)	.00	.00	.00	.00
	N	487	487	487	519

The above correlation statistics (Table 4.83) produced significant positive relationship between age of the health care employees and their emotional competence, resilience, job satisfaction and mental health responses. These trends of positive and significant relationship give the indication about positive changes in psychological constructs with growing age of the employees. Now considering these findings management should constitute team of medical and paramedical employees accordingly for different types of project requirements in actual demanding situations in the hospitals.

For in-depth understanding of sample characteristics and response patterns demographic data analyses have been done with regard to EC, resilience, JS and mental health scores. These analyses are tabulated across the age group divided on the basis median age 34 years, gender dimensions of male and female, occupation type of medical and paramedical, and hospital type of private and public in which health care employees work.

Table 4.84: **EC with respect to age groups of healthcare employees**

EC		Age group		Total
		34 years and below	35 years and above	
Average	Count	127	91	218
	%	53.60%	36.40%	44.80%
High	Count	110	159	269
	%	46.40%	63.60%	55.20%
Total	Count	237	250	487
	%	100.00%	100.00%	100.00%

Table 4.84 is describing that total 218 healthcare employees reported average level of EC and in which there were 127 in the age group of 34 years and below and remaining 91 were in the age group of 35 years and above. 269 healthcare employees reported high level of EC in which 110 were in younger age group and rest 159 were there in older age group of employees. In this way majority who reported high EC were with more age as per the observed trends of responses.

Table 4.85: **Resilience with respect to age groups of healthcare employees**

Resilience level		Age group		Total
		34 years and below	35 years and above	
Very Low	Count	7	5	12
	%	3.0%	2.0%	2.5%
Low	Count	17	9	26
	%	7.2%	3.6%	5.3%
Moderately Low	Count	56	40	96
	%	23.6%	16.0%	19.7%
Moderate	Count	83	88	171

	%	35.0%	35.2%	35.1%
Moderately High	Count	64	89	153
	%	27.0%	35.6%	31.4%
High	Count	10	19	29
	%	4.2%	7.6%	6.0%
Total	Count	237	250	487
	%	100.0%	100.0%	100.0%

Table 4.85 is describing that total 12 healthcare employees reported very low level of resilience and in which 7 within the 34 years and below and 5 within the 35 years and above age group were recorded. 26 healthcare employees reported low level of resilience including 17 from 34 years and below age group and remaining 9 from 35 years and above age group. In moderate category of resilience there were 83 in younger age group and 88 were there in older age group of respondent. 153 reported moderately high resilience in which again older age group members were more (89) than to younger members (64). However, in high category of resilience there were only 29 healthcare employees in among these majority (19) were there in 35 years and above age group. In very low, low and moderately low resilience groups there was majority of younger employees but in moderate, high and very high resilience categories older employees showed their presence. This confirms contribution of age in psychological ability of bounce back among health care employees.

Table 4.86: **JS with respect to age groups of healthcare employees**

			Age group		
			34 years and below	**35 years and above**	**Age group**
JS	**Dissatisfaction**	Count	26	14	40
		%	11.0%	5.6%	8.2%
	Ambivalent	Count	139	134	273
		%	58.6%	53.6%	56.1%
	Satisfaction	Count	72	102	174
		%	30.4%	40.8%	35.7%
Total		Count	237	250	487
		%	100.0%	100.0%	100.0%

Table 4.86 is describing that total 40 healthcare employees reported dissatisfaction with their job and in which there were 26 in 34 and below age group and 14 were there in 35 years and above age group of employees. 139 health care employees in the age group of 34 years and below and 134 in the group of 35 years and above reported ambivalent level of job satisfaction in their job. 174 healthcare employees reported satisfaction with their job in which 72 were in 34 years or below age group and 102 were in 35 years and above age group of health care employees.

Table 4.87: Mental health with respect to age groups of healthcare employees

Mental health		Age group		Total
		34 years and below	35 years and above	
Very Low	Count	50	29	79
	%	19.2%	11.2%	15.2%
Low	Count	48	32	80
	%	18.5%	12.4%	15.4%
Medium	Count	116	112	228
	%	44.6%	43.2%	43.9%
High	Count	25	28	53
	%	9.6%	10.8%	10.2%
Very High	Count	21	58	79
	%	8.1%	22.4%	15.2%
Total	Count	260	259	519
	%	100.0%	100.0%	100.0%

Table 4.87 is describing that total 79 healthcare employees reported very low level of mental health and in which 50 were in first group of 34 years and below age whereas 29 were in second group of 35 years and above age. 80 healthcare employees reported low level of mental health in which there were 48 in 34 years and below age and 32 in 35 years and above age group. 228 healthcare employees reported medium level of mental health in which 116 were in first group of younger age group and 112 were in older age group of employees. 53 healthcare employees were there in high level of mental health category. 79 healthcare employees reported very high level of mental health in which there were 21 were in younger age group and remaining 58 were in older age employees.

Table 4.88: EC with respect to male and female healthcare employees

EC		Gender		Total
		Male	Female	
Average	Count	97	121	218
	%	44.5%	55.5%	100.0%
High	Count	140	129	269
	%	52.0%	48.0%	100.0%
Total	Count	237	250	487
	%	48.7%	51.3%	100.0%

Table 4.88 is describing that total 218 healthcare employees reported average level of EC and in which there were 97 male and 121 female employees. Total number of 269 healthcare employees reported high level of EC in which 140 were male and 129 were female employees.

Table 4.89: **Resilience with respect to male and female healthcare employees**

Resilience level		Gender		Total
		Male	Female	
Very Low	Count	6	6	12
	%	50.0%	50.0%	100.0%
Low	Count	11	15	26
	%	42.3%	57.7%	100.0%
Moderately Low	Count	47	49	96
	%	49.0%	51.0%	100.0%
Moderate	Count	78	93	171
	%	45.6%	54.4%	100.0%
Moderately High	Count	80	73	153
	%	52.3%	47.7%	100.0%
High	Count	15	14	29
	%	51.7%	48.3%	100.0%
Total	Count	237	250	487
	%	48.7%	51.3%	100.0%

Table 4.89 is describing that total 12 healthcare employees reported very low level of resilience and in which 6 male and 6 female employees were recorded. Total number of 26 healthcare employees reported low level of resilience in which 11 male and 15 female employees were distributed. Total number of 96 healthcare employees reported moderately low level of resilience in which 47 were male and 49 were

female employees. Total number of 171 healthcare employees reported moderate level of resilience in which 78 were male and 93 were female employees. Total number of 153 healthcare employees reported moderately high level of resilience in which 80 male and 73 female employees were noticed. Total number of 29 healthcare employees reported high level of resilience in which 15 were male and 14 were female employees. Hence, according to the norms of the resilience scale, about 2% of the sample had "very low" resilience, 5% "low", 20% "moderate low", 35% "moderate", 31% "moderately high" and 6% had high level of resilience.

Table 4.90: **JS with respect to male and female healthcare employees**

			Gender		
			Male	Female	Total
JS	Dissatisfaction	Count	34	6	40
		%	85.0%	15.0%	100.0%
	Ambivalent	Count	116	157	273
		%	42.5%	57.5%	100.0%
	Satisfaction	Count	87	87	174
		%	50.0%	50.0%	100.0%
Total		Count	237	250	487
		%	48.7%	51.3%	100.0%

Table 4.90 is describing that total 40 healthcare employees reported dissatisfaction with their job and in which there were 34 male and 6 female employees. Total number of 273 healthcare employees reported ambivalent JS in which 116 were male and 157 were female employees. Total number of 174 healthcare employees reported satisfaction with their job in which 87 were male and 87 were female employees.

Table 4.91: Mental health with respect to male and female healthcare employees

Mental health		Gender		Total
		Male	Female	
Very Low	Count	45	34	79
	%	57.0%	43.0%	100.0%
Low	Count	35	45	80
	%	43.8%	56.3%	100.0%
Medium	Count	97	131	228
	%	42.5%	57.5%	100.0%
High	Count	24	29	53
	%	45.3%	54.7%	100.0%
Very High	Count	41	38	79
	%	51.9%	48.1%	100.0%
Total	Count	242	277	519
	%	46.6%	53.4%	100.0%

Table 4.91 is describing that total 79 healthcare employees reported very low level of mental health and in which 45 were male and 34 were female employees. Total

number of 80 healthcare employees reported low level of mental health in which there were 35 male and 45 female employees. Total number of 228 healthcare employees reported medium level of mental health in which 97 were male and 131 were female employees. Total number of 53 healthcare employees reported high level of mental health in which 24 male and 29 female employees were recorded. Total number of 79 healthcare employees reported very high level of mental health in which there were 41 male and 38 female employees.

Table 4.92: EC with respect to J&K, Rajasthan and Punjab healthcare employees

			State			
			J&K	Rajasthan	Punjab	Total
EC	Average	Count	47	93	78	218
		%	21.6%	42.7%	35.8%	100.0%
	High	Count	65	53	151	269
		%	24.2%	19.7%	56.1%	100.0%
Total		Count	112	146	229	487
		%	23.0%	30.0%	47.0%	100.0%

Table 4.92 is describing that total 218 healthcare employees reported average level of EC and in which 47 were from J&K, 93 were from Rajasthan and rest 78 were from Punjab state. Total number of 269 healthcare employees reported high level of EC in which 65 were from J&K, 53 were from Rajasthan and 151 were from Punjab.

Table 4.93: Resilience with respect to J&K, Rajasthan and Punjab healthcare employees

			State			
			J&K	Rajasthan	Punjab	Total
Resilience	Very Low	Count	8	2	2	12
		%	66.7%	16.7%	16.7%	100.0%
	Low	Count	10	5	11	26
		%	38.5%	19.2%	42.3%	100.0%
	Moderately Low	Count	17	37	42	96
		%	17.7%	38.5%	43.8%	100.0%
	Moderate	Count	46	58	67	171
		%	26.9%	33.9%	39.2%	100.0%
	Moderately High	Count	25	40	88	153
		%	16.3%	26.1%	57.5%	100.0%
	High	Count	6	4	19	29
		%	20.7%	13.8%	65.5%	100.0%
Total		Count	112	146	229	487
		%	23.0%	30.0%	47.0%	100.0%

Table 4.93 is describing that total 12 healthcare employees reported very low level of resilience and in which 8 from J&K, 2 from Rajasthan and 2 from Punjab state were recorded. Total number of 26 healthcare employees reported low level of resilience in which there were 10 from J&K, 5 from Rajasthan and 11 from Punjab state. Total number of 96 healthcare employees reported moderately low level of resilience in which 17 were from J&K, 37 were from Rajasthan and 42 were from Punjab state. Total number of 171 healthcare employees reported moderate level of resilience in which 46 were from J&K, 58 were from Rajasthan and 67 were from Punjab state. Total number of 153 healthcare employees reported moderately high level of resilience in which 25 were from J&K, 40 were from Rajasthan and 88 were from Punjab state. Total number of 29 healthcare employees reported high level of resilience in which 6 from J&K, 4 from Rajasthan and 19 from Punjab state were recorded.

Table 4.94: JS with respect to J&K, Rajasthan and Punjab healthcare employees

			State			Total
			J&K	Rajasthan	Punjab	
JS	Dissatisfaction	Count	4	23	13	40
		%	10.0%	57.5%	32.5%	100.0%
	Ambivalent	Count	88	58	127	273
		%	32.2%	21.2%	46.5%	100.0%
	Satisfaction	Count	20	65	89	174
		%	11.5%	37.4%	51.1%	100.0%
Total		Count	112	146	229	487
		%	23.0%	30.0%	47.0%	100.0%

Table 4.94 is describing that total 40 healthcare employee's reported dissatisfaction with their job and in which 4 were from J&K, 23 were from Rajasthan and 13 were from Punjab state. Total number of 273 healthcare employees reported ambivalent JS in which 88 were from J&K, 58 were from Rajasthan and 127 were from Punjab state.

Total number of 174 healthcare employees reported satisfaction with their job in which 20 from J&K, 65 from Rajasthan and 89 from Punjab state were noticed.

Table 4.95: Mental health with respect to J&K, Rajasthan and Punjab healthcare employees

			State			Total
			J&K	Rajasthan	Punjab	
Mental health	Very Low	Count	37	27	15	79
		%	46.8%	34.2%	19.0%	100.0%
	Low	Count	21	32	27	80
		%	26.3%	40.0%	33.8%	100.0%
	Medium	Count	51	57	120	228
		%	22.4%	25.0%	52.6%	100.0%
	High	Count	11	15	27	53
		%	20.8%	28.3%	50.9%	100.0%
	Very High	Count	10	21	48	79
		%	12.7%	26.6%	60.8%	100.0%
Total		Count	130	152	237	519
		%	25.0%	29.3%	45.7%	100.0%

Table 4.95 is describing that total 79 healthcare employees reported very low level of mental health and in which 37 from J&K, 27 from Rajasthan and 15 from Punjab state. Total number of 80 healthcare employees reported low level of mental health in which 21 from J&K, 32 from Rajasthan and 27 from Punjab state. Total number of 228 healthcare employees reported medium level of mental health in which 51 from J&K, 57 from Rajasthan and 120 from Punjab state. Total number of 53 healthcare employees reported high level of mental health in which 11 from J&K, 15 from Rajasthan and 27 from Punjab state. Total number of 79 healthcare employees reported very high level of mental health in which 10 from J&K, 21 from Rajasthan and 48 from Punjab state.

Table 4.96: **EC with respect to private and public hospital healthcare employees**

			Hospital Type		Total
			Private	Public	
EC	Average	Count	126	92	218
		%	57.8%	42.2%	100.0%
	High	Count	120	149	269
		%	44.6%	55.4%	100.0%
Total		Count	246	241	487
		%	50.5%	49.5%	100.0%

Table 4.96 is describing that total 218 healthcare employees reported average level of EC and in which 126 from private hospital and 92 from public hospital. Total number of 269 healthcare employees reported high level of EC in which 120 from private hospital and 149 from public hospital.

Table 4.97: Resilience with respect to private and public hospital healthcare employees

			Hospital Type		
			Private	Public	Total
Resilience	Very Low	Count	7	5	12
		%	58.3%	41.7%	100.0%
	Low	Count	17	9	26
		%	65.4%	34.6%	100.0%
	Moderately Low	Count	59	37	96
		%	61.5%	38.5%	100.0%
	Moderate	Count	78	93	171
		%	45.6%	54.4%	100.0%
	Moderately High	Count	75	78	153
		%	49.0%	51.0%	100.0%
	High	Count	10	19	29
		%	34.5%	65.5%	100.0%
Total		Count	246	241	487
		%	50.5%	49.5%	100.0%

Table 4.97 is describing that total 12 healthcare employees reported very low level of resilience and in which 7 from private hospital and 5 from public hospital. Total number of 26 healthcare employees reported low level of resilience in which 17 from private hospital and 9 from public hospital. Total number of 96 healthcare employees reported moderately low level of resilience in which 59 from private hospital and 37 from public hospital. Total number of 171 healthcare employees reported moderate level of resilience in which 78 from private hospital and 93 from public hospital. Total number of 153 healthcare employees reported moderately high level of resilience in which 75 from private hospital and 78 from public hospital. Total number of 29 healthcare employees reported high level of resilience in which 10 from private hospital and 19 from public hospital.

Table 4.98: JS with respect to private and public hospital healthcare employees

			Hospital Type		
			Private	Public	Total
JS	Dissatisfaction	Count	27	13	40
		%	67.5%	32.5%	100.0%
	Ambivalent	Count	154	119	273
		%	56.4%	43.6%	100.0%
	Satisfaction	Count	65	109	174
		%	37.4%	62.6%	100.0%
Total		Count	246	241	487
		%	50.5%	49.5%	100.0%

Table 4.98 is describing that total 40 healthcare employee's reported dissatisfaction

with their job and in which 27 from private hospital and 13 from public hospital. Total number of 273 healthcare employees reported ambivalent JS in 154 from private hospital and 119 from public hospital. Total number of 174 healthcare employees reported satisfaction with their job in which 65 from private hospital and 109 from public hospital.

Table 4.99: Mental health with respect to private and public hospital healthcare employees

			Hospital Type		
			Private	Public	Total
Mental health	Very Low	Count	52	27	79
		%	65.8%	34.2%	100.0%
	Low	Count	48	32	80
		%	60.0%	40.0%	100.0%
	Medium	Count	104	124	228
		%	45.6%	54.4%	100.0%
	High	Count	21	32	53
		%	39.6%	60.4%	100.0%
	Very High	Count	30	49	79
		%	38.0%	62.0%	100.0%
Total		Count	255	264	519
		%	49.1%	50.9%	100.0%

Table 4.99 is describing that total 79 healthcare employees reported very low level of mental health and in which 52 from private hospital and 27 from public hospital. Total number of 80 healthcare employees reported low level of mental health in which 48 from private hospital and 32 from public hospital. Total number of 228 healthcare employees reported medium level of mental health in which 104 from private hospital and 124 from public hospital. Total number of 53 healthcare employees reported high level of mental health in which 21 from private hospital and 32 from public hospital. Total number of 79 healthcare employees reported very high level of mental health in which 30 from private hospital and 49 from public hospital.

Table 4.100: EC with respect to medical and paramedical employees

			Occupation		
			Medical	Paramedical	Total
EC	Average	Count	55	163	218
		%	25.2%	74.8%	100.0%
	High	Count	145	124	269
		%	53.9%	46.1%	100.0%
Total		Count	200	287	487
		%	41.1%	58.9%	100.0%

Table 4.100 is describing that total 218 healthcare employees reported average level of EC and in which 55 from medical and 163 from paramedical employees. Total number of 269 healthcare employees reported high level of EC in which 145 from medical and 124 from paramedical employees.

Table 4.101: **Resilience with respect to medical and paramedical employees**

			Occupation		
			Medical	Paramedical	Total
Resilience	**Very Low**	Count	6	6	12
		%	50.0%	50.0%	100.0%
	Low	Count	5	21	26
		%	19.2%	80.8%	100.0%
	Moderately Low	Count	23	73	96
		%	24.0%	76.0%	100.0%
	Moderate	Count	66	105	171
		%	38.6%	61.4%	100.0%
	Moderately High	Count	88	65	153
		%	57.5%	42.5%	100.0%
	High	Count	12	17	29
		%	41.4%	58.6%	100.0%
Total		Count	200	287	487
		%	41.1%	58.9%	100.0%

Table 4.101 is describing that total 12 healthcare employees reported very low level of resilience and in which 6 from medical and 6 from paramedical employees. Total number of 26 healthcare employees reported low level of resilience in which 5 from medical and 21 from paramedical employees. Total number of 96 healthcare employees reported moderately low level of resilience in which 23 from medical and 73 from paramedical employees. Total number of 171 healthcare employees reported moderate level of resilience in which 66 from medical and 105 from paramedical employees. Total number of 153 healthcare employees reported moderately high level of resilience in which 88 from medical and 65 from paramedical employees. Total number of 29 healthcare employees reported high level of resilience in which 12 from medical and 17 from paramedical employees.

Table 4.102: **JS with respect to medical and paramedical employees**

			Occupation		
			Medical	Paramedical	Total
JS	Dissatisfaction	Count	11	29	40
		%	27.5%	72.5%	100.0%
	Ambivalent	Count	114	159	273
		%	41.8%	58.2%	100.0%
	Satisfaction	Count	75	99	174
		%	43.1%	56.9%	100.0%
Total		Count	200	287	487
		%	41.1%	58.9%	100.0%

Table 4.102 is describing that total 40 healthcare employee's reported dissatisfaction with their job and in which 11 from medical and 29 from paramedical employees. Total number of 273 healthcare employees reported ambivalent JS in which 114 from medical and 159 from paramedical employees. Total number of 174 healthcare employees reported satisfaction with their job in which 75 from medical and 99 from paramedical employees.

Table 4.103: Mental health with respect to medical and paramedical employees

			Occupation		
			Medical	Paramedical	Total
Mental health	Very Low	Count	24	55	79
		%	30.4%	69.6%	100.0%
	Low	Count	22	58	80
		%	27.5%	72.5%	100.0%
	Medium	Count	80	148	228
		%	35.1%	64.9%	100.0%
	High	Count	23	30	53
		%	43.4%	56.6%	100.0%
	Very High	Count	51	28	79
		%	64.6%	35.4%	100.0%
Total		Count	200	319	519
		%	38.5%	61.5%	100.0%

Table 4.103 is describing that total 79 healthcare employees reported very low level of mental health and in which 24 were from medical and 55 were from paramedical

profession. 80 healthcare employees reported low level of mental health in which 22 were from medical and 58 were from paramedical employees. 228 healthcare employees reported medium level of mental health in which 80 from medical and 148 from paramedical profession were distributed. 53 healthcare employees reported high level of mental health in which 23 were from medical and 30 were from paramedical employees group. 79 healthcare employees showed very high level of mental health in which 51 were from medical and 28 were from paramedical profession.

Table 4.104: **EC with respect to experience of healthcare employees**

			Experience		Total
			Less than 5 Years	Above 5 Years	
EC	Average	Count	114	104	218
		%	52.3%	47.7%	100.0%
	High	Count	100	169	269
		%	37.2%	62.8%	100.0%
Total		Count	214	273	487
		%	43.9%	56.1%	100.0%

Table 4.104 is describing that total 218 healthcare employees reported average level of EC and in which 114 have less than 5 years experience and 104 have above 5 years experience. 269 healthcare employees reported high level of EC in which 100 have less than 5 years experience and 169 have above 5 years experience.

Table 4.105: Resilience with respect to experience of healthcare employees

			Experience		Total
			Less than 5 Years	Above 5 Years	
Resilience	Very Low	Count	7	5	12
		%	58.3%	41.7%	100.0%
	Low	Count	17	9	26
		%	65.4%	34.6%	100.0%
	Moderately Low	Count	48	48	96
		%	50.0%	50.0%	100.0%
	Moderate	Count	81	90	171
		%	47.4%	52.6%	100.0%
	Moderately High	Count	56	97	153
		%	36.6%	63.4%	100.0%
	High	Count	5	24	29
		%	17.2%	82.8%	100.0%
Total		Count	214	273	487
		%	43.9%	56.1%	100.0%

Table 4.105 is describing that total 12 healthcare employees reported very low level of resilience and in which 7 have less than 5 years experience and 5 have above 5 years experience. 26 healthcare employees reported low level of resilience in which 17 have less than 5 years experience and 9 have above 5 years experience. 96 healthcare employees reported moderately low level of resilience in which 48 have less than 5 years experience and 48 have above 5 years experience. 171 healthcare employees reported moderate level of resilience in which 81 have less than 5 years experience and 90 have above 5 years experience. 153 healthcare employees reported moderately high level of resilience in which 56 have less than 5 years experience and 97 have above 5 years experience. 29 healthcare employees reported high level of resilience in which 5 have less than 5 years experience and 24 have above 5 years experience in their job.

Table 4.106: JS with respect to experience of healthcare employees

			Experience		
			Less than 5 Years	Above 5 Years	Total
JS	Dissatisfaction	Count	25	15	40
		%	62.5%	37.5%	100.0%
	Ambivalent	Count	126	147	273
		%	46.2%	53.8%	100.0%
	Satisfaction	Count	63	111	174
		%	36.2%	63.8%	100.0%
Total		Count	214	273	487
		%	43.9%	56.1%	100.0%

Table 4.106 is describing that total 40 healthcare employees reported dissatisfaction with their job and in which 25 are having less than 5 years experience and 15 have above 5 years experience. Total number of 273 healthcare employees reported ambivalent JS in which 126 have less than 5 years experience and 147 have above 5 years experience in their job. Total number of 174 healthcare employees reported satisfaction with their job in which 63 have less than 5 years experience and 111 have above 5 years experience.

Table 4.107: **Mental health with respect to experience of healthcare employees**

			Experience		
			Less than 5 Years	Above 5 Years	Total
Mental health	Very Low	Count	43	36	79
		%	54.4%	45.6%	100.0%
	Low	Count	45	35	80
		%	56.3%	43.8%	100.0%
	Medium	Count	100	128	228
		%	43.9%	56.1%	100.0%
	High	Count	23	30	53
		%	43.4%	56.6%	100.0%
	Very High	Count	22	57	79
		%	27.8%	72.2%	100.0%
Total		Count	233	286	519
		%	44.9%	55.1%	100.0%

Table 4.107 is describing that total 79 healthcare employees reported very low level of mental health and in which 43 have less than 5 years experience and 36 have above 5 years experience. 45 having less than 5 years experience and 35 having above 5 years of experience a total number of 80 healthcare employees reported low level of mental health. 228 healthcare employees reported medium level of mental health in which 100 were having less than 5 years experience and 128 were having above 5 years of experience. 53 healthcare employees reported high level of mental health in which 23 having less than 5 years experience and 30 having above 5 years experience. Total number of 79 healthcare employees reported very high level of mental health in which 23 were having less than 5 years experience and 30 having above 5 years experience.

Table 4.108: EC with respect to monthly income of healthcare employees						
Variable			**Income**			**Total**
			Below 2 Lakhs	**2-5 Lakhs**	**Above 5 Lakhs**	
EC	**Average**	Count	191	18	9	218
		%	47.5%	33.3%	29.0%	44.8%
	High	Count	211	36	22	269
		%	52.5%	66.7%	71.0%	55.2%
Total		Count	402	54	31	487
		%	100.0%	100.0%	100.0%	100.0%

Table 4.108 is describing that total 218 healthcare employees reported average level of EC and in which 191 employees were with below 2 lakhs monthly income, 9 employees were with above 5 lakhs monthly income and 18 employees were with 2-5 lakhs monthly income. Total number of 269 healthcare employees reported high level of EC in which 211 employees were with below 2 lakhs monthly income, 22 employees were above 5 lakhs monthly income and 36 employees were 2-5 lakhs monthly income.

Table 4.109: Resilience with respect to monthly income of healthcare employees						
			Income			**Total**
			Below 2 Lakhs	**2-5 Lakhs**	**Above 5 Lakhs**	
Resilience	Very Low	Count	11	1	0	12
		%	2.7%	1.9%	0.0%	2.5%
	Low	Count	25	0	1	26
		%	6.2%	0.0%	3.2%	5.3%
	Moderately Low	Count	86	9	1	96
		%	21.4%	16.7%	3.2%	19.7%
	Moderate	Count	143	21	7	171
		%	35.6%	38.9%	22.6%	35.1%
	Moderately	Count	115	20	18	153
		%	28.6%	37.0%	58.1%	31.4%
	High	Count	22	3	4	29
		%	5.5%	5.6%	12.9%	6.0%
Total		Count	402	54	31	487
		%	100.0%	100.0%	100.0%	100.0%

Table 4.109 is describing that total 12 healthcare employees reported very low level of resilience and in which 11 employees were with below 2 lakhs monthly income and only 1 employee was having 2-5 lakhs monthly income. 26 healthcare employees reported low level of resilience in which 25 employees were earning below 2 lakhs

monthly income and 1 employee reported to have above 5 lakhs monthly income. 96 healthcare employees reported moderately low level of resilience in which 86 employees were earning below 2 lakhs monthly income, 1 employee was earning above 5 lakhs monthly income and 9 employees were earning 2-5 lakhs monthly income. 171 healthcare employees showed moderate level of resilience in which 143 employees were in the category of below 2 lakhs monthly income, 1 employee, 7 employees were earning above 5 lakhs monthly income and 21 employees were earning 2-5 lakhs monthly income. 153 healthcare employees reported moderately high level of resilience in which 115 employees were in the group of below 2 lakhs monthly income, 18 employees were earning above 5 lakhs monthly income and 20 employees were there in 2-5 lakhs monthly income group. 29 healthcare employees reported high level of resilience in which 2 lakhs monthly income group consists of 22 employees, 4 employees were earning above 5 lakhs monthly income and only 3 employees reported 2-5 lakhs monthly income.

Table 4.110: JS with respect to monthly income of healthcare employees

			Income			Total
			Below 2 Lakhs	2-5 Lakhs	Above 5 Lakhs	
JS	Dissatisfaction	Count	35	2	3	40
		%	8.7%	3.7%	9.7%	8.2%
	Ambivalent	Count	225	32	16	273
		%	56.0%	59.3%	51.6%	56.1%
	Satisfaction	Count	142	20	12	174
		%	35.3%	37.0%	38.7%	35.7%
Total		Count	402	54	31	487
		%	100.0%	100.0%	100.0%	100.0%

Table 4.110 is describing that total 40 healthcare employees reported dissatisfaction with their job and in which 35 employees were in the below 2 lakhs monthly income group, 3 employees were in above 5 lakhs monthly income group and only 2 employees were there in 2-5 lakhs monthly income group. 273 healthcare employees reported ambivalent JS in which 225 employees reported below 2 lakhs monthly

income, 16 employees were there in above 5 lakhs monthly income category and 32 employees reported 2-5 lakhs monthly income. Further, 174 healthcare employees reported satisfaction with their job in which 142 employees were in the below 2 lakhs monthly income group, 12 employees were there in above 5 lakhs monthly income group and 20 employees were in the 2-5 lakhs monthly income category.

Table 4.111: Mental health with respect to monthly income of healthcare employees

			Income			
			Below 2 Lakhs	2-5 Lakhs	Above 5 Lakhs	Total
Mental health	Very Low	Count	69	8	2	79
		%	16.3%	12.3%	6.5%	15.2%
	Low	Count	70	8	2	80
		%	16.5%	12.3%	6.5%	15.4%
	Medium	Count	190	28	10	228
		%	44.9%	43.1%	32.3%	43.9%
	High	Count	38	9	6	53
		%	9.0%	13.8%	19.4%	10.2%
	Very High	Count	56	12	11	79
		%	13.2%	18.5%	35.5%	15.2%
Total		Count	Count	65	31	519
		%	%	100.0%	100.0%	100.0%

Table 4.111 is describing that total 79 healthcare employees reported very low level of mental health in which 69 employees were in the group of below 2 lakhs monthly income, only 2 employees were in above 5 lakhs monthly income group and 8 employees reported 2-5 lakhs monthly income. 80 healthcare employees reported low level of mental health in which 70 employees were with below 2 lakhs monthly income, 2 employees were with above 5 lakhs monthly income and 8 employees were with 2-5 lakhs monthly income. 228 healthcare employees reported medium level of mental health in which 190 employees reported below 2 lakhs monthly income, 10 employees were there in above 5 lakhs monthly income group and 28 employees were in the 2-5 lakhs monthly income category. 53 healthcare employees reported high level of mental health in which 38 employees were there in below 2 lakhs monthly income, 6 employees were in above 5 lakhs monthly income group and 9 employees were there in 2-5 lakhs monthly income group. 79 healthcare employees reported very high level of mental health in which 56 employees were with below 2 lakhs monthly income, 11 employees were in the above 5 lakhs monthly income group and remaining 12 employees were in the 2-5 lakhs monthly income group.

CHAPTER 5

CONCLUSION, RECOMMENDATIONS, SUGGESTIONS AND LIMITATIONS

This chapter is divided into three sections. Firstly, it includes the conclusions of study. Second, recommendation based on the results of the study. Finally, it provides suggestions for further research and limitations of the study.

CONCLUSIONS

On the basis of the results, objective wise following conclusions have been drawn for the study:

Objective I: To examine the nature of relationships among EC, resilience, JS and mental health psychological constructs of the employees in hospitals.

To understand the direction and strength of relationships between the variables under study Pearson's correlation statistics was computed and it has been found that EC and resilience, EC and JS, emotional competence and mental health, resilience and JS, resilience and mental health, and JS and mental health are positively correlated and significant at 0.01 level among hospital employees.

When these relationships are analysed for male employees in the hospitals it is found that relationships between emotional competence and mental health, emotional competence and JS, emotional competence and resilience, resilience and JS, resilience and mental health, and JS and mental health are positive at 0.01 level of significance.

Relationships between EC and resilience, EC and mental health, resilience and JS, resilience and mental health, and JS and mental health are significant at 0.01 level and positive for female employees in the hospitals. However, findings revealed negative but insignificant relationship between EC and JS for female employees in hospitals.

For health care employees working in private hospitals the relationship between EC and mental health, JS and mental health, resilience and mental health, EC and JS, EC and resilience, and JS and resilience are positive and significant at 0.01 level.

Results revealed that the relationship between EC and mental health, JS and mental health, resilience and mental health, EC and JS, EC and resilience, and JS and

resilience are positively correlated at 0.01 significant level among public hospital health care medical and paramedical employees.

Findings showed the relationship among EC and resilience, EC and mental health, and JS and mental health are positively related among female medical employees. On the other side, the interrelationships among EC and JS, resilience and JS resilience and mental health of female medical employees are positive but insignificant among female medical employees.

Findings depicted the relationship among EC and resilience, EC and mental health, resilience and JS, resilience and mental health, and JS and mental health are significant at 0.01 level and revealed positive relationship among female paramedical employees. On the other side, it was found that negative relationship among EC and JS which is not at significant level.

Findings showed the relationship between EC and resilience, EC and job satisfaction, EC and mental health, resilience and job satisfaction, resilience and mental health, and job satisfaction and mental health have positive relationship and significant at 0.01 level among medical employees.

The relationships between EC and resilience, EC and mental health, resilience and JS, resilience and mental health, and JS and mental health are significant at 0.01 level and positively related to each other for paramedical employees. On the other hand, it was found that correlation between EC and JS is positive and significant at .05 level for paramedical employees.

Findings showed the relationship between EC and resilience, EC and JS, EC and mental health, resilience and JS, and JS and mental health are positive and significant at 0.01 level among male medical employees. Results revealed correlation among resilience and mental health was significant at .05 level among male medical employees.

Results revealed that the relationships between EC and resilience, EC and JS, EC and mental health, resilience and JS, resilience and mental health, and JS and mental health of male paramedical employees were positive and significant at 0.01 level of significance.

Objective II: To investigate the mediating effect of resilience on correlation among EC and mental health of employees.

Results depicted that the EC was a significant predictor of resilience and approx. 11% variance in resilience scores was accounted for by EC of the participants.

Results revealed that EC significantly predicted the mental health and similarly resilience was a significant predictor of mental health of health care employees. The values of coefficient are positive and hence positive relationship among EC and mental health as well as resilience and mental health of participating workers. With increment in resilience there is increment in mental health of the health care employees.

Results showed that EC was a significant predictor of mental health. Since b value is positive it is concluded that with increment in EC there is also increment in mental health of the participants.

Results revealed that indicated significant total coefficient of EC on mental health. Direct coefficient of EC on mental health was significant and indirect coefficient of EC on mental health results indicated significant. Higher EC was linked with mental health scores, approximately 0.023 points higher as mediated by resilience. Partially standardized indirect coefficient of EC on mental health results indicated significant. Higher EC was linked with mental health score that were approximately 0.0053 points higher as mediated by resilience. Completely standardized indirect coefficient of EC on mental health results indicated significant. Higher EC was linked with mental health scores that were approximately 0.074 points higher as mediated by resilience. Put another way resilience is a mediator of the correlation among EC and mental health of the health care employees and null hypothesis is not accepted.

Objective III: To determine the mediating effect of resilience on relationship between EC and JS of employees.

Results showed that EC was a significant predictor of resilience.

Findings showed that resilience was a significant predictor of JS. Since the b coefficient value is positive it is concluded that as the resilience increased JS also increased.

Results revealed that EC was a significant predictor of JS. Findings indicated total coefficient of EC on JS was significant. Direct coefficient of EC on JS was significant and indirect coefficient of EC on JS results indicated significant. Higher EC was linked with JS scores that were approximately .170 points higher as mediated by resilience. Partially standardized indirect coefficient of EC on JS results indicated significant. Higher EC was linked with JS scores that were approximately .006 points higher as mediated by resilience. Completely standardized indirect coefficient of EC on JS results indicated significant. Higher emotional competence was linked with JS scores that were approximately .092 points higher as mediated by resilience.

Objective IV: To compare the EC, resilience, JS and mental health of private and public hospitals.

Results showed that private hospital employees have scored lower than public hospital employees on mental health. It means public hospital employees have good mental health than private hospital employees. Results found to be statistically significant which indicates that private and public hospital employees differ significantly on the scores of mental health.

Analyses revealed that private hospital employees have scored lower than public hospital employees on mental health. It means public hospital employees have higher EC than private hospital employees. Results found to be statistically significant which indicates that private and public hospital employees differ significantly on the scores of EC.

Results depicted that private hospital employees have scored lower than public hospital employees on JS. It means public hospital employees have higher JS than private hospital employees. Results found to be statistically significant which indicates that private and public hospital employees differ significantly on the scores of JS.

Results revealed that private hospital employees have scored lower than public hospital employees on JS. It means public hospital employees have higher resilience than their counterparts, i.e., private hospital employees. Results found to be statistically significant which indicates that private and public hospital employees differ significantly on the scores of Resilience.

Results illustrated that male medical employees have scored higher than female medical employees on mental health. It means male medical employees have good mental health than female medical employees. Results found not statistically significant which indicates that medical male and female workers not differentiated significantly on the scores of mental health.

Results showed that male medical employees have scored higher than female medical employees on resilience. It means male medical employees have higher level of resilience than female medical employees. Results found to be not statistically significant which indicates that medical male and female workers not differentiated significantly on the scores of resilience.

Male medical employees have scored higher than female medical employees on JS. It means that male medical employees have higher level of JS than female medical employees. Results found to be not statistically significant which indicates that medical male and female workers not differentiated significantly on the scores of JS.

Male medical employees have scored higher than female medical employees on EC. It means that male medical employees have higher level of EC than female medical employees. Results found to be not statistically significant which indicates that medical male and female employees not differentiated significantly on the scores of EC.

Findings revealed that medical male private hospital employees have scored lower than medical male public hospital employees on EC, male private hospital employees have scored lower than medical male public hospital employees on resilience, medical male private hospital employees have scored lower than medical male public hospital employees on JS, medical male private hospital employees have scored lower than medical male public hospital employees on mental health. Results revealed that medical male private hospital employees have lower level of EC, resilience, JS and mental health than medical male public hospital employees. Results found to be not statistically significant which indicates that private and public medical male employees workers not differentiated significantly on the scores of EC. On the other hand, results found to be statistically significant which indicates that private and public medical male employees differ significantly on the scores of resilience, JS and mental health.

Results demonstrated that medical female private hospital employees have scored lower than medical female public hospital employees on EC, private hospital employees have scored lower than medical female public hospital employees on resilience, medical female private hospital employees have scored lower than medical female public hospital employees on job satisfaction, medical female private hospital employees have scored lower than medical female public hospital employees on mental health. Results revealed that medical female private hospital employees have lower level of EC, resilience, JS and mental health than medical female public hospital employees. Results for EC, resilience, JS and mental health found to be not statistically significant which indicates that private and public medical female employees did not differ significantly on the scores of EC, resilience, JS and mental health.

Male paramedical employees and female paramedical employees have scored almost same on EC it means no mean difference found among male and female paramedical employees. Furthermore, results revealed that male paramedical employees have scored higher than female paramedical employees on resilience, male paramedical employees have scored higher than female paramedical employees have scored on JS and male paramedical employees have scored lower than female paramedical employees have scored on mental health. Results for EC, resilience, JS and mental health found to be not statistically significant which indicates that male and female paramedical employees not differentiated significantly on the scores of EC, resilience, JS and mental health.

Results revealed that male private paramedical employees have scored lower than male public paramedical employees have scored on EC, male private paramedical employees have scored lower than male public paramedical employees have scored on resilience, male private paramedical employees have scored lower than male public paramedical employees have scored on JS and male private paramedical employees have scored lower than male public paramedical employees have scored on mental health. Results for EC, resilience, JS and mental health found to be statistically significant which indicates that private male paramedical and public male paramedical employees differ significantly on the scores of EC, resilience, JS and mental health.

Female private paramedical employees have scored lower than female public paramedical employees have scored on EC, female private paramedical employees have scored lower than female public paramedical employees have scored on resilience, female private paramedical employees have scored lower than female public paramedical employees have scored on JS and female private paramedical employees have scored lower than female public paramedical employees have scored on mental health. Results for EC found to be statistically significant which indicated that private female and public female paramedical employees differ significantly. On the other hand, results for resilience, JS and mental health found to be not statistically significant which indicates that private female and public female paramedical employees not differentiated significantly on the scores of resilience, JS and mental health.

Results revealed that female medical employees have scored higher than female paramedical have scored on EC, female medical employees have scored higher than female paramedical have scored on resilience, female medical employees have scored higher than female paramedical have scored on JS, female medical employees have scored higher than female paramedical have scored on mental health. Results for EC, resilience and mental health found to be statistically significant which indicates that female medical and paramedical employees differ significantly on the scores of EC, resilience and mental health. But for JS found to be not statistically significant which indicates that female medical and paramedical employees not differentiated significantly on the scores of JS.

Male medical employees have scored higher than male paramedical have scored on EC, male medical employees have scored higher than male paramedical have scored on resilience, male medical employees have scored higher than male paramedical have scored on JS, male medical employees have scored higher than male paramedical have scored on mental health. Results for EC, resilience, JS and mental health found to be statistically significant which indicates that female medical and paramedical employees differ significantly on the scores of EC, resilience, JS and mental health.

Objective V: To study the differences between medical and paramedical employees with regards to their EC, resilience, JS and mental health scores.

Medical profession employees have scored higher than paramedical profession employees on mental health. Findings mean thereby that medical profession employees have good mental health than paramedical profession employees. Results found to be statistically significant which indicates that medical and paramedical profession employees differ significantly on the scores of mental health.

Results revealed that medical profession employees have scored higher than paramedical profession employees on EC. Results mean thereby that medical profession employees have higher EC than paramedical profession employees. Results found to be statistically significant which indicates that medical and paramedical profession employees differ significantly on the scores of EC.

Medical profession employees have scored higher than paramedical profession employees on JS. Results mean thereby that medical profession employees have higher JS than paramedical profession employees. Results found to be statistically significant which indicates that medical and paramedical profession employees differ significantly on the scores of JS.

Findings revealed that medical profession employees have scored higher than paramedical profession employees on resilience. Findings mean thereby that medical profession employees have higher resilience than paramedical profession employees. Results found to be statistically significant which indicates that medical and paramedical profession employees differ significantly on the scores of resilience.

Objective VI: To analyse the differences between male and female employees for their EC, resilience, JS and mental health scores.

Male and female employees working in hospitals showing almost same mean scores that means there is no mean difference among gender groups. Results found to be not statistically significant which indicates that male and female hospital employees not differentiated significantly on the scores of mental health scale. Results found to be not statistically significant which indicates that male and female hospital employees not differentiated significantly on the scores of EC.

Results revealed that male hospital employees showing little lower level of JS than female hospital employees. Results found to be not statistically significant which indicates that male and female hospital employees not differentiated significantly on

the scores of JS. Further, results revealed that male hospital employees have scored and female hospital employees scored on resilience. Findings mean thereby that male hospital employees showing little higher mean value of resilience than female hospital employees. Results found to be statistically not significant which indicates male and female hospital employees not differentiated significantly on the scores of resilience.

Objective VII: To examine the group differences with regard to their EC, resilience, JS and mental health scores across the medical, paramedical male and female dimensions of employees working in public and private hospitals.

Results revealed that male private hospital employees have scored lower than male public hospital employees on mental health. Findings meaning thereby that male public hospital employees have good mental health than male private hospital employees. Results also show from the mean analysis that female private hospital employees have scored lower than female public hospital employees on mental health. Findings meaning thereby that female public hospital employees have good mental health than female private hospital employees. Results found no significant difference among gender groups. Another finding revealed significant difference among hospital type groups. Further, finding revealed significant group differences across hospital type and gender of health care employees.

Results demonstrated that male private hospital employees have scored lower than male public hospital employees on EC. Findings meaning thereby that male public hospital employees have higher level of EC than male private hospital employees. Results also show from the mean analysis that female private hospital employees have scored lower than female public hospital employees on EC. Results mean thereby female public hospital employees have higher level of EC than female private hospital employees. Results found no significant difference among gender groups. Findings revealed significant difference among hospital type groups. Results also depict no significant difference among hospital type and gender groups.

Male private hospital employees have scored lower than male public hospital employees on JS. Findings mean thereby male public hospital employees have higher level of JS than male private hospital employees. Results also show from the mean analysis that female private hospital employees have scored lower than female public hospital employees on JS. Findings meaning thereby that female public hospital

employees have higher level of EC than female private hospital employees. Results found no significant difference among gender groups. Results found significant difference among hospital type groups. Findings found significant difference among hospital type and gender groups.

Male private hospital employees have scored lower than male public hospital employees on resilience. Findings meaning thereby that male public hospital employees have higher level of resilience than male private hospital employees. Results also show from the mean analysis that female private hospital employees have scored lower than female public hospital employees on resilience. Findings meaning thereby that female public hospital employees have higher level of resilience than female private hospital employees. Results found no significant difference between gender groups. Results found that there was a significant difference among hospital type groups. Results found significant difference among hospital type and gender groups.

Findings revealed that male medical profession employee have scored higher than male paramedical profession employees on mental health. Findings meaning thereby that male medical profession employees have good mental health than male paramedical profession employees. Results also show from the mean analysis that female medical profession employees have scored higher than female paramedical profession employees on mental health. Findings meaning thereby that female medical profession employees have good mental health than female paramedical profession employees. Results found no significant difference among gender groups. Results found significant difference among hospital type groups. Results found significant difference among hospital type and gender groups.

Results showed that male medical profession employees have scored higher than male paramedical profession employees on EC. Findings meaning thereby that male medical profession employees have higher EC level than male paramedical profession employees. Results also show from the mean analysis that female medical profession employees have scored higher than female paramedical profession employees on EC. Findings meaning thereby that female medical profession employees have higher EC level than female paramedical profession employees. Results found no significant difference among gender groups. Results found significant difference among hospital

type groups. Results found significant difference among occupation type and gender groups.

Results revealed that male medical profession employees have scored higher than male paramedical profession employees on JS. This means that male medical profession employees are with high JS level than male paramedical profession employees. Results also show from the mean analysis that female medical profession employees have scored higher than female paramedical profession employees on JS. Findings meaning thereby that female medical profession employees have higher EC level than female paramedical profession employees. Results found no significant difference among gender groups. Results found significant difference among hospital type groups. Results found significant difference among hospital type and gender groups.

Results showed that male medical profession employees have scored higher than male paramedical profession employees on resilience. Findings meaning thereby that male medical profession employees have higher level of resilience than male paramedical profession employees. Results also show from the mean analysis that female medical profession employees have scored higher than female paramedical profession employees on resilience. Findings meaning thereby that female medical profession employees have higher level of resilience than female paramedical profession employees. Results found that no significant difference among gender groups. Results found significant difference between hospital type groups. Results found that there was no statistically significant difference between hospital type and gender groups.

The major contribution of the present study is in-depth understanding of EC, resilience, JS and mental health of Indian health care employees who are working in public and private hospitals. From the results it is evident that EC, resilience, JS and mental health are positively correlated to each other. Therefore, to improve the mental health and job satisfaction of health care personnel psychological constructs of emotional competence and resilience may be involved in training programme. Findings depicted that EC was a significant predictor of resilience, JS and mental health of hospital employees. Similarly, resilience was a significant predictor of mental health and JS among hospital employees. These findings can also be useful to health care management to create success oriented team of health care staff. Now, the

findings of this study can be considered by various stakeholders of health care industry to make the services better along with improved job satisfaction and mental health of employees in the industry itself. This will facilitate hospital employees to perform better in their field and also take care of them. EC, resilience, JS and mental health are playing very important role in life of employees and also for good services by them in hospital.

Findings showed that private hospital employees reported lower EC, resilience, JS and mental health as compared to public hospital employees. Now, with the help of these results private hospital policy makers, stake holders and head of private hospitals can develop some programmes and put some counselling sessions for their employees' better EC, resilience, JS and mental health. In this way private hospital employees may feel better and can perform better similar to public hospital employees.

It is clearly shown in results of this study that medical employees had higher level of EC, resilience, JS and mental health as compared to paramedical employees. So by considering such results hospital authorities can develop policies and programmes to enhance the EC, resilience, JS and mental health of paramedical employees. The training and workshops session may be designed to improve their psychological construct of resilience and emotional competence and thereby mental health.

It is clearly shown in findings that male and female hospital employees had almost similar level of EC, resilience, JS and mental health. These results convey that both are performing competently at equal level of the variables under study. It seems that in hospital work environment gender is not an issue anymore because female hospital employees are also doing their job with similar training, qualifications and experience as male hospital employees are doing. In this manner it can be concluded that both male and female hospital employees doing their jobs competently.

CONCLUSION OF RESEARCH HYPOTHESES

S. No.	HYPOTHESES	SIGNIFICANT/ INSIGNIFICANT	ACCEPTED/ REJECTED
$H_0$1	There will be no significant correlation among EC, resilience, JS and mental health of the employees in hospitals.	Significant	Rejected
	(a) There will be no significant interrelationship among EC, resilience, JS and mental health of the male employees in hospitals ($H0_i$).	Significant	Rejected
	(b) There will be no significant interrelationship among EC, resilience, JS and mental health of the female employees in hospitals ($H0_{ii}$).	Insignificant relationship among EC and JS/ rest of the relationships are significant	Partially rejected
	(c) There will be no significant interrelationship among EC, resilience, JS and mental health of the private hospitals employees ($H0_{iii}$).	Significant	Rejected
	(d) There will be no significant interrelationship among EC, resilience, JS and mental health of the public hospitals employees ($H0_{iv}$).	Significant	Rejected
$H_0$2	There will be no statistically significant mediating effect of resilience on the relationship between EC and mental health	Significant	Rejected

	of employees.		
$H_0$3	Resilience is likely to have no statistically significant mediating effect on the relationship between EC and JS of employees.	Significant	Rejected
$H_0$4	There will be no significant differences between employees of public and private hospitals with regard to their EC, resilience, JS and mental health scores.	Significant	Rejected
$H_0$5	Medical and paramedical employees are likely to have no significant differences with regard to their EC, resilience, JS and mental health responses.	Significant	Rejected
$H_0$6	Male and female employees are likely to have insignificant differences with regard to their EC, resilience, JS and mental health scores.	Insignificant	Accepted
$H_0$7	Groups are likely to have no statistically significant differences with regard to their EC, resilience, JS and mental health scores across the medical, paramedical male and female employees working in public and private hospitals.	Insignificant interaction effect between gender and occupation/rest groups have significant interaction effect	Partially rejected

RECOMMENDATIONS

In the light of conclusion drawn and the importance of the study, the following recommendations are put forth for different stakeholders i.e. counsellors, clinical psychologists, government officials, policy makers, as means to improve the work

environment conditions in public and private hospitals to strengthen the resilience abilities and to improve EC, JS and mental health of healthcare employees.

Results of this thesis have also implications for researchers in the field and human resource practitioners in healthcare organization both in public and private establishments. In private hospital, more one to one training can be useful with the help of a counsellor and in public more human resource departments can be considered in various hospitals so that they can focus on designing more coaching modules which can be coordinated with the help of superiors of each department.

IMPLICATIONS

The present research throws light on the scenario of EC, resilience, JS and mental health of medical professionals. Thus, the obtained findings have very clear implication for different stake holders i.e. policy makers, counselors, administrators and clinical psychologists. Findings may prove useful to health care management personnel to identify and implement different programs and policies designed to enhance EC, resilience, JS and mental health of medical professionals. Also they can create success oriented team of medical and paramedical employees based on relationship patterns between psychological construct undertaken in this research.

SUGGESTIONS AND FUTURE RESEARCH

Though the present researcher has taken every care to make the study as scientific as possible in terms of representativeness of the sample, validity of the tools and appropriateness of statistical design for the analysis of the data, yet there are many pitfalls and bottlenecks which have been beyond the control of the problem of the present researcher. Therefore, there are many aspects of the problem, which could be covered in the study. Although the results obtained are very enlightening in the light of the problem undertaken there is need for further research. Being cognizant of all such limitations, some personal and some related with space and time, the present researcher gives certain suggestions which can be helpful for more through investigations in the development of policies related to the public and private hospital employees.

a. Due to time limit the researcher could not cover more districts and states in the study. Therefore, further studies can be taken up choosing the sample from other districts and states of India.
b. Another similar study can be conducted as a comparative study of the states.
c. Work environment differences can be explored for their effects on psychological constructs of employees working in private and public health care industries.
d. Variables from social and cultural dimension can also be studied because the employees in hospitals come from the society with particular norms and culture shaping the way of living and working.
e. Studies should be conducted to explore the factors that enhance the emotional competence, resilience, job satisfaction and mental health of the healthcare employees.

LIMITATIONS

Research studies conducted in the domain of social sciences are not free from limitations or do not guarantee the absoluteness of findings. This is the fact where from emanates the basic principle of any social scientific study known by the name of 'scepticism', starting that there is always a scope for pointing out weaknesses in the generality of research findings. Having said that, researcher is of the firm conviction that all the proper steps have been taken in carrying out the present piece of research. The present research is limited to the medical professionals from public and private hospitals in Jammu & Kashmir, Punjab and Rajasthan only. The present research was carried on voluntary sample. Data collection from medical professionals was a very challenging job. During data collection lots of questionnaires were distributed in different public and private hospitals but all were not returned.

Contribution of the study

In the current research psychological constructs, EC, resilience, JS and MH of medical and paramedical professionals working in public and private hospitals of north India have been studied. This study is innovative in assessing the respective distributions of characteristics of health care employees on emotional competence, resilience, job satisfaction and mental health. The first major practical contribution of

the present research is that it provides much needed empirical data on the actual status on above psychological constructs of medical and paramedical employees working in different hospitals. It confirms that it is essential for health managers to offer adequate support to health professionals towards their own mental health and contributing psychological construct while they are busy with their works.

Significant correlation results indicated the strength of psychological constructs under study. One construct may facilitate the other one and therefore efforts on one will be multi-fold beneficial. Mediating effects of resilience on the relationship between EC and mental health and EC and JS of hospitals employees confirm the need to work continuously on resilience of employees so as to improve this bounce back ability, particularly in health care industry.

Findings of the study reveals the majority of the employees with middle level of mental health but at the same time a large number of health care employees also showed low level of mental health, particularly, youngsters who needs attention and efforts to improve the mental health. So far as male and female employees are concerned, both reported almost with equal numbers in low mental health category giving hint about equal challenges for both in their works. Further considering these findings future work is necessary to study cultural and organisational factors which might have role in mental health. There are employees in middle and high level of mental health categories who need to maintain the mental health status upwards in future as well and also need further level of research other than the psychological constructs under this study for their mental health supportive behaviour patterns.

Emotional competence was average among the majority of youngsters but again female employees were with higher numbers among them. Large number of employees were there in this average emotional competence category who were working in private hospitals and again from paramedical occupation. Thus present study suggests more efforts in private hospitals for female employees to help them on improving the emotional competence.

So far as resilience ability was reported employees with younger age were there in majority in low categories groups in comparison to counterparts of older age employees. Females were with a slight higher number in these categories and further more employees with low resilience were working in private hospitals, in paramedical

types of jobs. The finding clearly indicates the need for efforts by health care administrators and policy makers to manage the works and health care manpower accordingly.

On the measure of job satisfaction findings suggest that majority health care employees are there in satisfaction and ambivalent categories. But among the remaining more youngsters have dissatisfaction than older employees and further in comparison to female employees large number of males reported dissatisfaction which needs more in-depth research that being almost equal on other psychological constructs why male and female employees are different in their job dissatisfaction scores. Employees in Rajasthan and in private hospitals reported much dissatisfaction. Further, paramedical occupation was noticed with large number of dissatisfy employees with their job than to their counterparts in medical occupation. Thus, research makes it clear to work upon job satisfaction and related factors, particularly, in private hospitals considering the importance of health care services.

Present investigation has revealed many important findings which can be considered by all stakeholders in the health care industry in public and private sectors to develop successful team and projects for improved health services. The findings can help the governments and hospital administrations to develop strategies and plans so as to deploy the medical and paramedical employees with good resilient, emotional competence, job satisfaction and mental health in most demanding situations for the benefit of everyone in the situation and also arrange for supportive environment, training and workshop for employees with low level on the above psychological constructs and engage them in services accordingly.

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APPENDICES

Demographic Information

Date: .....

- Name:…….....
- Gender: Male / Female
- Year of Birth: …….....
- Residence: Urban / Rural
- Religion: Hindu / Muslim / Christian / Sikh, if any other please specify……
- Handedness: Left-handed / Right-handed / Ambidextrous
- Blood group.....
- Vision: 20/20 Uncorrected vision / Corrected with contact lenses / Corrected with glasses
- E-mail id..... Mobile.....
- State.....
- Hospital Name..... Type: Government/Private
- Occupation: Medical / Paramedical
- Specialization.....
- Work Experience.....
- Monthly Income: a) Below 2 Lakhs b) 2-5 Lakhs c) above 5 Lakhs
- Family type: Joint Family/Nuclear Family
- Marital status: Yes/No
- No. of Children.....

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EMOTIONAL COMPETENCE ASSESSMENT SCALE (ECAS)

S. No.	Statement	Always	Sometimes	Rarely	Never
1	After succeed, I express my happiness that won't hurt losers.				
2	After seeing my friend in a long period, I express my happiness according to the environment.				
3	After achieving my goal and getting respect or appreciation from other, I act politely.				
4	If my team mates win the game, I won't discourage or use abusive words against the opponent team.				
5	Without any partiality I love my family members.				
6	I behave politely with patients and won't verbally hurt them.				
7	Without any expectations I shower my love towards friends.				
8	Without self wish I act for the development of others.				
9	I won't do the activities interestingly that result bad thing to others.				
10	I am Interesting to remove the social partiality and misconceptions.				
11	I interested to wear dress that won't affect others.				
12	I interested to do the work for the social development.				
13	After identifying disabled, I try to help them best.				
14	I help those who lost their basic goods in the disaster.				
15	I help mentally disabled and socially deprived individual in kind way.				
16	I try to protect the forest because pros and cons of deforestation to the people.				
17	Without fear I help road accident met people.				
18	I won't develop unwanted fear among others.				
19	I won't accept and follow the words of the social thief.				
20	I involve the creative activities without fear.				
21	When human rights are overcooked I express my anger.				
22	I won't express anger that mentally hurt others.				
23	I won't use unwanted abusive words when face excessive anger.				
24	I try to involve the activities that are related to control my anger.				
25	When I see the social disparities I won't get angry but I try to search the solution to solve that problems.				
26	There is no use of sadness so, I won't feel sad.				
27	I won't feel sad for failure but I try to search the way to succeed.				
28	I won't feel inferior for present skill but I try to develop my skills.				
29	I use unnecessary gossip as a motivating stone for my development.				
30	When I Struggle to achieve my goal, I won't feel sad but try succeeding in my goal.				
31	When my friend succeeds in a competition I won't get jealous but congratulate him or her.				
32	I won't get jealous of others development but I concentrate on my personal development.				
33	Due to jealous, I won't do the activities that hurt others.				
34	I try to help others for their development without jealous.				
35	I won't name other in difficult situation due to jealous.				

RESILIENCE SCALE

SD: Strongly Disagree, DM: Disagree Moderately, DS: Disagree Slightly, N: Neither Agree nor Disagree, AS: Agree Slightly, AM: Agree Moderately, SA: Strongly Agree

S. No	Items	SD	DM	DS	N	AS	AM	SA
1	When I make plans I follow through with them.	1	2	3	4	5	6	7
2	I usually manage one way or another.	1	2	3	4	5	6	7
3	I am able to depend on myself more than anyone else.	1	2	3	4	5	6	7
4	Keeping interested in things is important to me.	1	2	3	4	5	6	7
5	I can be on my own if I have to.	1	2	3	4	5	6	7
6	I feel proud that I have accomplished things in my life.	1	2	3	4	5	6	7
7	I usually take things in stride.	1	2	3	4	5	6	7
8	I am friends with myself.	1	2	3	4	5	6	7
9	I feel that I can handle many things at a time.	1	2	3	4	5	6	7
10	I am determined.	1	2	3	4	5	6	7
11	I seldom/rarely wonder what the point of it all is.	1	2	3	4	5	6	7
12	I take things one day at a time.	1	2	3	4	5	6	7
13	I can get through difficult times because I've experienced difficulty before.	1	2	3	4	5	6	7
14	I have self-discipline.	1	2	3	4	5	6	7
15	I keep interested in things.	1	2	3	4	5	6	7
16	I can usually find something to laugh about.	1	2	3	4	5	6	7
17	My belief in myself gets me through hard times.	1	2	3	4	5	6	7
18	In an emergency, I'm someone people generally can rely on.	1	2	3	4	5	6	7
19	I can usually look at a situation in a number of ways.	1	2	3	4	5	6	7
20	Sometimes I make myself do things whether I want to or not.	1	2	3	4	5	6	7
21	My life has meaning.	1	2	3	4	5	6	7
22	I do not dwell on things that I can't do anything about.	1	2	3	4	5	6	7
23	When I'm in a difficult situation, I can usually find my way out of it.	1	2	3	4	5	6	7
24	I have enough energy to do what I have to do.	1	2	3	4	5	6	7
25	It's okay if there are people who don't like me.	1	2	3	4	5	6	7

	JOB SATISFACTION SURVEY **INSTRUCTIONS** PLEASE CIRCLE THE ONE NUMBER FOR EACH QUESTION THAT COMES CLOSEST TO REFLECTING YOUR OPINION ABOUT IT.	Strongly disagree	Disagree moderately	Disagree slightly	Agree slightly	Agree moderately	Strongly Agree
1	I feel I am being paid a fair amount for the work I do.	1	2	3	4	5	6
2	There is really too little chance for promotion on my job.	1	2	3	4	5	6
3	My supervisor is quite competent in doing his/her job.	1	2	3	4	5	6
4	I am not satisfied with the benefits I receive.	1	2	3	4	5	6
5	When I do a good job, I receive the recognition for it that I should receive.	1	2	3	4	5	6
6	Many of our rules and procedures make doing a good job difficult.	1	2	3	4	5	6
7	I like the people I work with.	1	2	3	4	5	6
8	I sometimes feel my job is meaningless.	1	2	3	4	5	6
9	Communications seem good within this organization.	1	2	3	4	5	6
10	Raises are too few and far between.	1	2	3	4	5	6
11	Those who do well on the job stand a fair chance of being promoted.	1	2	3	4	5	6
12	My supervisor is unfair to me.	1	2	3	4	5	6
13	The benefits we receive are as good as most other organizations offer.	1	2	3	4	5	6
14	I do not feel that the work I do is appreciated.	1	2	3	4	5	6
15	My efforts to do a good job are seldom blocked by red tape.	1	2	3	4	5	6
16	I find I have to work harder at my job because of the incompetence of people I work with.	1	2	3	4	5	6
17	I like doing the things I do at work.	1	2	3	4	5	6
18	The goals of this organization are not clear to me.	1	2	3	4	5	6
19	I feel unappreciated by the organization when I think about what they pay me.	1	2	3	4	5	6
20	People get ahead as fast here as they do in other places.	1	2	3	4	5	6
21	My supervisor shows too little interest in the feelings of subordinates.	1	2	3	4	5	6
22	The benefit package we have is equitable.	1	2	3	4	5	6
23	There are few rewards for those who work here.	1	2	3	4	5	6
24	I have too much to do at work.	1	2	3	4	5	6
25	I enjoy my co-workers.	1	2	3	4	5	6
26	I often feel that I do not know what is going on with the organization.	1	2	3	4	5	6
27	I feel a sense of pride in doing my job.	1	2	3	4	5	6
28	I feel satisfied with my chances for salary increases.	1	2	3	4	5	6
29	There are benefits we do not have which we should have.	1	2	3	4	5	6
30	I like my supervisor.	1	2	3	4	5	6
31	I have too much paperwork.	1	2	3	4	5	6
32	I don't feel my efforts are rewarded the way they should be.	1	2	3	4	5	6
33	I am satisfied with my chances for promotion.	1	2	3	4	5	6
34	There is too much bickering and fighting at work.	1	2	3	4	5	6
35	My job is enjoyable.	1	2	3	4	5	6
36	Work assignments are not fully explained.	1	2	3	4	5	6

EMPLOYEE'S MENTAL HEALTH INVENTORY

INSTRUCTIONS

Here are some statements relating to your health, emotional competence, resilience and job satisfaction. Selecting one choice indicate how often each of the statement below is related to you. As there is no right or wrong statement, please feel free to respond on all items without hesitation. All your responses would be kept confidential and will be only used for research purpose.

S. NO.	STATEMENTS	YES	NO
1	I often feel weak/ dull.		
2	I often get angry over little things while at work.		
3	I often have a headache.		
4	My family members feel very happy with this service.		
5	I often like to talk about things unconnected with my job.		
6	I often feel slight difficulty in breathing.		
7	I often seek doctor's help for illness.		
8	I am frequently bothered by night dreams.		
9	I usually remain normal at home but I feel uneasy/ tired on work.		
10	I often feel stomach pain.		
11	I am often worried with job-related problems while at home.		
12	I often feel trembling in my hand/leg while working at job.		
13	I often lose my temper over job related matters (subjects).		
14	I feel mental satisfaction with this service.		
15	Sometimes my blood-pressure tends to be very high or very low.		
16	I have started taking intoxicants too much.		
17	I frequently do not have sound sleep.		
18	I feel myself encouraged and happy in this service/job.		
19	I am losing appetite.		
20	I feel that my job is harming my health.		
21	My life has been dull owing to this service/job.		
22	I often feel fresh and happy after rise.		
23	I am losing weight.		
24	My job seems to me a burden.		

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