The principal concern of the current research is to analyze the impact of Emotional Intelligence on Job Performance. Moreover, some other variables are also included in the study, that are Job Satisfaction, Turnover Intention and Job Emotional Requirement. The study is also intended to study the association of all these defined variables with each other. Various research questions, objectives and hypothesis have been framed based on the gaps that exist in the literature while its review. Areas covered under this chapter include scope of research, justification of the study, objectives and hypothesis, research design and data collection procedures. This chapter further discusses several techniques used in the study such as Confirmatory Factor Analysis, Exploratory Factor Analysis, Structural Equation Modelling etc.

Previous chapters provide the basic context of the study and evaluate the greater role played by Emotional Intelligence in enhancing the efficiency of people at work by providing high psychological and mental content in several fields of study. It shows a level of association with Job Emotional Requirements, Turnover Intentions, Job Performance and Job Satisfaction in varying fields along with health industry in particular. This chapter provides various objectives (broad and specific), hypothesis framed, conceptual model and research methodology adopted in the current study. The various objectives under current study put a focus on all the research issues and aspects that have been proposed in this current study. Hypothesis framed represents the assumptions and suppositions that are based on research objectives and review of literature under consideration. The theoretical model explains several variables which act as determining factors of Emotional Intelligence level and its impact on Job Satisfaction, Job Emotional Requirements, Turnover Intentions and Job Performance. Research methodology section focuses on outlining and development of questionnaire, framing of sample, collection of data from primary and secondary sources and several statistical measures and techniques used in the study for evaluation of results and findings.

3.1 SCOPE OF THE STUDY

The research has firstly characterized and exemplified the general methodology for catching the key issues and trends and constructs from the alienated writing base of Emotional Intelligence (EI) in Medical Profession (female Health Workers) and
generally examined zones and areas of Emotional Intelligence, Job Performance and Turnover Intentions.

The research further explored the views under five different categories – Emotional Intelligence, Turnover Intentions, Job Satisfaction, Job Performance and Job Emotional Requirements.

This research also has elaborated and brought about an understanding by considering the investigation of following questions,

- What is the present (future) orientation of EI in medical profession?
- Will genuine vertical combination be an alternative for enhancing the general Job Performance among medicinal experts?
- Do Job Performance in medical profession need to consider Job Satisfaction, Turnover Intentions and Job Emotional Requirements as moderators?
- What is the sensitivity of EI for providing Job Performance among medical professionals?
- What is the sensitivity of Job Emotional Requirements factors for medical professionals?

The best effect of this research was to the academicians who mean to examine and evaluate the outcome of EI for medical experts (female health workers). As highlighted in the discussion above, EI's work with progressive methodology for nearby profits has constrained their extension and development of execution among medical connoisseurs and experts.

The introduced research has given a valuable output to the intrigued analysts of the Emotional Intelligence (EI) understanding for the female health workers working in various health centers situated at rural areas in Jammu division of Jammu and Kashmir State (India).
3.2 JUSTIFICATION

✓ In J&K State there are about 3,500 Female Health Workers, who provide support for medical facilities in rural areas of Jammu and Kashmir State. But there is dearth of research dealing with the problems faced by these Female Health Workers. Out of these about 1,600 Female Health Workers are offering their services rural areas of Jammu division.

✓ This exploration has comprehended the issue of Job Satisfaction and Job Performance in totality through an extensive survey of the thoughts and ideas of Emotional Intelligence (EI) for Female Health Workers working in diverse clinics/nursing homes of provincial territories in the State of Jammu and Kashmir, with the goal that high mortality rate among the staff can be figured out.

✓ Tentatively, the research was initiated to address the following issues with respect to Emotional Intelligence (EI) around J&K State in general and Jammu Division in particular:

- What is the present level of mindfulness or introduction/readiness of restorative experts towards EI and Job Satisfaction?

- What needs are presently agreed to Job Performance inside the association?

- How the Job Emotional Requirements effect Job Performance?

- Can the current learning or models of EI be connected on a scale down methodology to Female Health Workers for enhancing their employment execution?

✓ This research has henceforth helped to formulate the underlying constructs and issues for Emotional Intelligence (EI) and Job Performance in medical professionals(Female Health Workers), further scrutiny was then carried out to understand the relevance of the following questions:
 Level to investigate utility of EI and extent of different issues for Female Health Workers in the State?

 Level to create/propose some technique for enhancing Job Performance of Female Health Workers in the State?

 Level to explore role of enabling moderators for streamlining the Job Performance related factors in the State?

3.3 OBJECTIVES OF THE STUDY

Broad Objectives:

Current research proposed to study the standards (Emotional Intelligence, Job Emotional Requirements, Turnover Intentions and Job Performance), as outlined,

- **Emotional Intelligence**: The capacity to screen one and other individual’s feelings, to separate between distinctive feelings and understand them properly, and to utilize the emotionally equipped data for guiding future research aspirants.

- **Job Satisfaction**: It is a uni-dimensional subjective construct that addresses the general enthusiastic feeling people possesses at their place of work.

- **Turnover Intentions**: It represents intention of an employee to voluntarily change their jobs or organizations due to some reason.

- **Job Performance**: it is defined as work related activities expected of an employee and how well those activities are executed.

- **Job Emotional Requirements**: The degree of emotional content required in an employee to perform a job in an operative manner.

Specific Objectives:

In framing the research targets, all forethought has been started to the careful that the key standards distinguished in above exchanges are not comprehensive.
❖ **Objective-1:** Understand the extent of EI for Female Health Workers;

❖ **Objective-2:** Present an exhaustive writing survey to distinguish present phase of exploration and standards that are heading up;

❖ **Objective-3:** Formulate a set of suggestions for dissecting the issues as an issue of further research;

❖ **Objective-4:** To suggest an integrated (EI-Job Performance) model for Female Health Workers in J&K State in general and Jammu Division in particular.

The methodology had been devised to concentrate on more extensive and famous ideal models that are broadly recognized and reported in the different works of Emotional Intelligence (EI) in order to obtain an inside and out understanding of the predominating circumstance and systems received by medical experts (female Health Workers).

3.4 **HYPOTHESES**

This exploration proposed to consider Emotional Intelligence as an issue to enhance the occupation execution of Female Health Workers. On this premise, exploration recommendations (speculation) characterized is/are:

\( H_1: \) Emotional Intelligence will specifically and absolutely impact Job Satisfaction.

\( H_2: \) Emotional Intelligence will specifically and contrarily impact Turnover Intention.

\( H_3: \) Emotional Intelligence will be specifically and absolutely identified with Job Performance.
**H4:**  *Job Emotional Requirements will administer the effect of Emotional Intelligence on Task Performance.*

### 3.5 DATA SOURCES

The proposed research was aimed to collect data from both the primary data sources as well as from secondary data sources.

- **Primary Data Source:** 'Organized Questionnaire' and 'Individual Interviews' was utilized for gathering the essential information for the research study. The surveys/meetings were composed into two stages. In the **first phase** the questionnaire/interview was designed in such a manner so as to gather major information relating to Female Health Workers (FHW) and its adoption in the medical sector and also as regard to the present government policies and its satisfaction level with the job towards it. In the **second phase** the questionnaire/interview has been designed in such a manner so as to collect the concrete information related to exact position of female health workers profession with regard to Emotional Intelligence, Job Satisfaction, Job Performance and Turnover Intentions.

- **Secondary Data Source:** As proposed that the research has also accumulated secondary data for reference and analysis from various Journals/Periodicals published from time to time by reputed Journals worldwide. Also the secondary data has been accumulated from various regional and Zonal Health department wings spread all over in J&K and also from various other published documents at District Level and Sub-district level.

**Research Tools**

The data accumulated from the various authentic sources (primary and secondary) was subjected to various statistical tools for verification and interpretations, such as Descriptive Statistics (Mean, Standard Deviation and Percentile) have been used to have an understanding on the basis of the respondents group. This had helped to characterize the female health workers profession on the basis of their categories/type parameters. Also differences in the categories/type parameters have been administered using t-test.
Also inter-correlations between different variables / items / statements were evaluated.

Apart from the standard statistical tools special (advanced) statistical tools had also been deployed for the concise and updated investigation and interpretation of the data sources. As proposed that Structural Equation Modeling (SEM) had been used for model building and meeting the objectives of the study.

**Study Area / Region and Sample Size**

The research has been conducted for female health worker professionals located in the rural areas of Jammu division of Jammu and Kashmir State. Since there were around 1600 female Health Workers working in bucolic (rural) ranges of Jammu division, thus the determination had been done on the premise of Random Sampling Technique, with the perspective to offer need to all rural regions of Jammu division in Jammu and Kashmir State.

### 3.6 RESEARCH DESIGN

The purpose of a research design is to ensure that data collection from various sources whether primary or secondary and analysis have been conducted in a well-structured and rational manner and also by following a logical sequence so that research objectives could be easily achieved. An effective research design mechanism shows the alignment of research questions framed along with sources of data and methods of research (Jupp, 2006). Research design used in this study comprises of four phases linked to four specific objectives. The first phase consists of pilot research of exploratory nature with the respondents (female health workers) in order to evaluate the role and prominence of Emotional Intelligence in the health sector. The pilot study comprised of a total of one hundred and twenty respondents from different districts of Jammu division. The findings at this stage showed that Emotional Intelligence bears a greater capacity to influence the work culture of health employees especially female health workers and it was verified that a deep investigation related to studying role of Emotional Intelligence and its impact on Job Performance and Job Satisfaction must be analyzed and furthermore how Emotional Intelligence maintains ways for reducing Turnover Intentions and maintaining a level of Job Emotional Requirements. The second phase consisted of a detailed collection of data pertaining to level of Emotional Intelligence possessed by female health workers in different districts of Jammu division of Jammu
and Kashmir State. Assessment of Emotional Intelligence level was further based on assessment of various Emotional Intelligence dimensions which include Self Awareness, Self-Management, Social Awareness and Relationship Management. These dimensions were further categorized into sub dimensions which include Self Confidence, Initiative, Service Orientation, Conflict Management, Change Catalyst and Influence. The third phase was to investigate about the level of Job Satisfaction and Job Performance among female health workers working in rural areas of Jammu division. This phase further collected information regarding inclination of female health workers towards moving for Turnover Intentions and also what level of Job Emotional Requirements are possessed by them. The number of respondents in this phase was three hundred and seventy three. The final phase was to analyze the results and propose an integrated model of Emotional Intelligence and Job Performance which could be used at times for improving the Job Performance level of female health workers using Emotional Intelligence parameters. The phase also accounts for formulating and proposing of various recommendations so that work culture could be modernized and developed further in an organized manner. Figure 3.1 represents phase wise logical sequences of processes being taken up in the current research.
RESEARCH OBJECTIVES

LITERATURE REVIEW

RESEARCH DESIGN

PILOT STUDY

QUESTIONNAIRE SURVEY
(Emotional Intelligence)

QUESTIONNAIRE SURVEY
(Job Satisfaction, Job Performance, Job Emotional Requirements & Turnover Intentions)

CONCLUSION, RECOMMENDATIONS & EI-JOB PERFORMANCE INTEGRATED MODEL

Figure 3.1 Research Design Overview
3.7 ETHICAL CONCERNS OF RESEARCH

Ethical concerns of research represent a set of rules or principles that help in the assessment of right or wrong. They are responsible for accessing difference amongst conventional and obnoxious comportments. They come up with multiple objectives that include identification of ethical issues pertaining to research, describing the real purpose of research, ethical rules in association with social themes etc. Ethical considerations preclude against the fabrication of data and information, endorses the recreation of knowledge, skills and veracity, which is the actual aim of research. Some of the concerns are given as follows:

Well-versed Consensus:
All the respondents involved in this research study were completely cognizant about the purpose and nature of research study and the way it is being conducted, irrespective of their workplace mechanism, qualification, age, marital status, experience etc. Moreover none of the practice who could affect the real response of respondents was used or applied. A clear demonstration of the entire questionnaire was put in place to each respondent independently along with description of each variable and questions related to them and purpose of study.

Confidentiality:
During entire data collection process none of the respondent was forced to answer or answer in a particular way and they were free to withdraw their contribution at any time. More over the information collected from every respondent was kept under high confidentiality and results were only applied to achieve the research purpose. In addition to it, privacy was established to all contributors.

Neutrality and Integrity:
Neutrality and integrity are the backbones of a valid research study. Higher level of neutrality and integrity mechanism have been adopted in this research study in order to avoid any type of bias in investigational scheme, analysis of data, interpretation of data, self-deception, private concern and also ways have been designed to promote assurances, covenants, genuineness, objectivity, promptness, concealment, comprehensible contrivance, genuineness and high consistency.
3.8 DESIGNING OF QUESTIONNAIRE

The overall survey was aimed at analyzing the level of Emotional Intelligence among female health workers working in various rural areas of different districts of Jammu division under Jammu and Kashmir State and to check the impact of level of Emotional Intelligence on Job Satisfaction and Job Performance of these female health workers. Moreover it was also considered that how Emotional Intelligence shapes the behavior of female health workers that reduces their interest towards going for Turnover Intentions. Job Emotional Requirement level of female health workers was also analyzed and its association with Emotional Intelligence level of respondents. The complete questionnaire based on items of Emotional Intelligence, Job Satisfaction, Job Performance, Job Emotional Requirements and Turnover Intentions was distributed independently among female health workers. A total of four hundred questionnaires were distributed and out of which three hundred and seventy three were marked as completely responded which shows response rate of 93.25 percent. The questionnaire was designed by taking into consideration the standard questionnaires designed by Mayer Salovey and Caruso (MSCEIT v.2.0), Silver and Claret (2013), Brayfield & Rothe (1951), Krishna K. S. (2008), Wayne et al (1997), Hochwarter et al (2006), Witt & Carlson (2006), Van Scotter & Motowidlo (1996) and Miller (2004). First sub dimension is named as Self Confidence which comprises of a total of seven questions from one to seven. It shows the degree of self-assurance possessed by female health workers. The second sub dimension under Emotional Intelligence is Initiative ranging from questions eight to thirteen and it represents how a person initiates a specific action. Third sub dimension is the Service Orientation which accounts for presenting positioning and coordinating segment among female health workers and it is presented from questions fourteen to twenty in the questionnaire. Conflict management is the fourth sub dimension under Emotional Intelligence used to evaluate the trait possessed by female health workers in resolving conflicting situations and it is account from questions 21 to 25. The other two remaining sub dimensions under Emotional Intelligence are Change Catalyst and Influence. These are responsible for measuring responsiveness towards change and capacity of dominance. These range from questions twenty six to thirty two and thirty three to thirty nine in the questionnaire.

Job Performance comportments have been measured by using 16 items. This measure internment the numerous types of performance associated comportments including both task as well as contextual performance. The first eight items analyze task
based performance while remaining eight captures results related to contextual performance. The questions for this measure ranges from forty to fifty five. Turnover Intention dimension have been analyzed by using five items. It helps in analyzing the ways that leads female health workers towards adopting turnover intents. The question series for Turnover Intention ranges from fifty six to sixty. Job Emotional Requirements is a dimension which has been measured by using seventeen items. It is used to analyze the required level of positive emotions to be possessed by the female health workers at work place. The questions for Job Emotional Requirements range from sixty one to seventy seven. The last dimension under consideration in this study is Job Satisfaction which consists of a total of eleven items. These items evaluate a person’s level of satisfaction towards various activities related to job. The questions for this dimension ranges from seventy eight to eighty eight. The measures of all the dimensions have been given in the table 3.1.

<table>
<thead>
<tr>
<th>Emotional Intelligence</th>
<th>Self-Awareness</th>
<th>Self Confidence</th>
<th>Items 01 - 07</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Self-Management</td>
<td>Initiative</td>
<td>Items 08 – 13</td>
</tr>
<tr>
<td></td>
<td>Social Awareness</td>
<td>Service Orientation</td>
<td>Items 14 - 20</td>
</tr>
<tr>
<td>Relationship Management</td>
<td>Conflict Management</td>
<td>Change Catalyst</td>
<td>Items 21 - 25</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Influence</td>
<td>Items 33 - 39</td>
</tr>
<tr>
<td>Job Performance</td>
<td>Task Based Performance</td>
<td>---------------------</td>
<td>Items 40 - 47</td>
</tr>
<tr>
<td></td>
<td>Contextual Performance</td>
<td>---------------------</td>
<td>Items 48 - 55</td>
</tr>
<tr>
<td>Turnover Intentions</td>
<td>---------------------</td>
<td>---------------------</td>
<td>Items 56 – 60</td>
</tr>
<tr>
<td>Job Emotional Requirements</td>
<td>Contextual Source</td>
<td>---------------------</td>
<td>Items 61 – 62</td>
</tr>
<tr>
<td></td>
<td>Task Source</td>
<td>---------------------</td>
<td>Items 63 – 66</td>
</tr>
<tr>
<td></td>
<td>Emotional Dissonance</td>
<td>---------------------</td>
<td>Items 67 – 73</td>
</tr>
<tr>
<td></td>
<td>Job Source</td>
<td>---------------------</td>
<td>Items 74 - 77</td>
</tr>
<tr>
<td>Job Satisfaction</td>
<td>---------------------</td>
<td>---------------------</td>
<td>Items 78 – 88</td>
</tr>
</tbody>
</table>

Table 3.1: All Dimension Measures
3.9 DEMOGRAPHIC VARIABLES

Demographic variables are very essential for study as they generate different types of directions for a research study. They could be analyzed in the form of age, qualification, experience, marital status, gender etc. In the current research the various demographic variables that have been adopted are qualification, posting, age and marital status and experience of female health workers. Qualification of female health workers have been coded as 1, 2 and 3 where 1 represents Diploma, 2 as Bachelor degree and 3 as Others (Qualification). Qualification is one of the real determinants of emotional content among individuals (Brackett et al, 2011). Posting have been coded as 1, 2, 3, 4 and 5 where 1 is for CHC, 2 for PHC, 3 for Medical Aid Centers, 4 for Sub Centers and 5 for Others (Any other medical center). Age variable plays an important role in developing emotionally intelligent skills (Mayer et al, 2003). Age variable have been assigned into 4 categories coded as 1, 2, 3 and 4. 1 is a code for respondents having age between 21 to 30 years, 2 is for 31 to 40 age group, 3 is assigned to 41 to 50 age group and 4 is for respondents having age between 51 to 60. Marital status has been coded under two numbers 1 and 2. 1 is assigned to married female health workers whereas 2 are for unmarried female health workers. (Madahi et al, 2012), Emotional Intelligence and marital status has a significant level of association with each other. Work experience plays an important part in shaping the emotional content of an individual (Shipley et al, 2012). Experience has been assigned 5 categories in this study with codes as 1, 2, 3, 4 and 5. 1 represents female health workers with an experience of less than one year whereas codes 2 are given to those having experience between one to two years. 3 codes are for female health workers having experience between 2 to 3 years while 4 represents experience between 3 to 5 years. Code 5 is assigned to those female health workers who have experience of five years and above in medical sector. From the results collected there were 131 respondents who fall under the age group ranging from 21 to 30 years showing total contribution of 35% and 203 falls under the category of representing age between 31 to 40 years which means they have 54.5% contribution. 37 respondents have the age between 41 to 0 years which is 10% of the total number of respondents whereas only 02 respondents have age between 51 to 60 years which is only 0.5% of the total sample. In terms of qualification a total of 13 female health workers work in CHCs and 35 offer their services in various PHCs, resulting into a total contribution of 3.5% and 9.5%. None of the female health work in the sample works in Medical Aid Centers or any other health center while greater portion of female health workers i.e. 325 offer their
services in Sub Centers which is 87% of the total sample size. In terms of marital status 256 female health workers considered in this study are married while 117 are unmarried showing individual contribution of 68.5% and 31.5%. Qualification variable shows 247 female health workers are Diploma holders while 126 are Bachelor Degree holders showing individual contribution of 66% and 34%. No female health worker has been witnessed as having any other type of qualification. A total of 25 female health workers considered in this study have an experience of less than 01 year whereas 39 have experience between 01 and 02 years showing contribution of 07% and 10%. Moreover 51 and 110 respondents have experience between 2 and 03 years and 03 and 05 years which shows 13% and 30% involvement. The remaining 148 female health workers i.e. 40% of the total sample size have experience of 05 years and above. The demographic profile of various female health workers that have been considered for this research study is also shown in table 3.2.

<table>
<thead>
<tr>
<th>DEMOGRAPHIC</th>
<th>N</th>
<th>PROPORTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td></td>
<td></td>
</tr>
<tr>
<td>21-30</td>
<td>131</td>
<td>35%</td>
</tr>
<tr>
<td>31-40</td>
<td>203</td>
<td>54.5%</td>
</tr>
<tr>
<td>41-50</td>
<td>37</td>
<td>10%</td>
</tr>
<tr>
<td>51-60</td>
<td>2</td>
<td>0.5%</td>
</tr>
<tr>
<td>Posting</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CHC</td>
<td>13</td>
<td>3.5%</td>
</tr>
<tr>
<td>PHC</td>
<td>35</td>
<td>9.5%</td>
</tr>
<tr>
<td>Medical Aid Centers</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Sub Centers</td>
<td>325</td>
<td>87%</td>
</tr>
<tr>
<td>Others (Centers)</td>
<td>0</td>
<td>0%</td>
</tr>
</tbody>
</table>


<table>
<thead>
<tr>
<th>Marital Status</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Married</td>
<td>256</td>
<td>68.5%</td>
</tr>
<tr>
<td>Unmarried</td>
<td>117</td>
<td>31.5%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Qualification</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Diploma</td>
<td>247</td>
<td>66%</td>
</tr>
<tr>
<td>Bachelor Degree</td>
<td>126</td>
<td>34%</td>
</tr>
<tr>
<td>Others</td>
<td>0</td>
<td>0%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Experience</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 01 year</td>
<td>25</td>
<td>7%</td>
</tr>
<tr>
<td>Between 01 and 02 years</td>
<td>39</td>
<td>10%</td>
</tr>
<tr>
<td>Between 02 to 03 years</td>
<td>51</td>
<td>13%</td>
</tr>
<tr>
<td>Between 03 to 05 years</td>
<td>110</td>
<td>30%</td>
</tr>
<tr>
<td>05 years and Above</td>
<td>148</td>
<td>40%</td>
</tr>
</tbody>
</table>

**Table 3.2 Demographic Profiles**

### 3.10 RELIABILITY AND VALIDITY

Reliability estimation assesses the permanence of measures, internal consistency of measurement instruments, and predictor consistency of apparatus scores. Validity is the level to which elucidation of the outcomes of a test are acceptable, which is based on the meticulous use the test is anticipated to serve. The receptiveness of the measure to alter is of greater importance in a lot of the relevance in health care settings where development in results as an outcome of conduct and treatment is a prime objective of performing research. Numerous concerns may influence the accurateness of records collected, such as those associated to self-reporting and secondary data resources. Self-reporting of patient is necessary for a lot of the measurements performed in health care settings, but self-reports of conduct and manners are predominantly linked to tribulations
with societal attractiveness prejudice. Data that were initially collected for a dissimilar reason are recurrently used to respond a research query, which can influence the various applications linked to the study. The overall score of reliability for Emotional Intelligence was $r = 0.812$ and the score for various sub dimensions of Emotional Intelligence have been estimated as $r = 0.768$ for Self Confidence, $r = 0.849$ for Initiative, $r = 0.846$ for Service Orientation, $r = 0.836$ for Conflict Management, $r = 0.854$ for Change Catalyst and $0.877$ for Influence. The overall reliability score for Job Performance Scale has been accessed as $r = 0.812$ while individual reliability score for Task Based Performance and Contextual Performance is $r = 0.851$ and $r = 0.898$. Job Emotional Requirement Scale possesses an overall reliability score of $r = 0.797$ whereas its individual sub dimensions score is $r = 0.858$ for Contextual Source, $r = 0.859$ for Task Source, $r = 0.873$ for Emotional Dissonance and $r = 0.881$ for Job Source. Moreover, overall reliability score for Turnover Intention was $r = 0.941$ The last variable for consideration in this study is Job Satisfaction and overall reliability score for Job Satisfaction is $r = 0.877$. From the current figures, it has been witnessed that all the reliability score are very good that justifies that reliability and validity of data collected is satisfactory and free from any biasness.

### 3.11 LIMITATIONS OF THE STUDY

Limitations are the impacts that the investigator cannot rheostat. They are inadequacies, circumstances or influences that cannot be well-ordered by the investigator that puts up constraints to your analysis, conclusion or methodology. The current study has been conducted by considering data from three hundred and seventy three respondents which may not be sufficient for generalizations. The second limitation may be the reliability of data collected as some of the respondents may have not given actual facts because of any type of reason. Moreover only a few research studies have been carried out by considering the level of Emotional Intelligence of female health workers, so the basic foundation of the study may not have been as strong as it could have been with multiple research studies that witnesses much more results. The designing of questionnaire may have posed limitations in terms of its language, multiplicity or logical sequence. Some other factors that may have a role in putting a restriction on the study may be selective memory of respondents, telescoping and attribution pattern. At last but not the least as the researcher has to deal with female health workers there might be
chances that researcher could have lacked in proper understanding of job profile and related roles and activities linked to female health workers.

3.12 DATA ANALYSIS METHODS

The current session discusses the various techniques and tools adopted in this study for analysis and interpretation of gathered results. The data collected was analyzed by using various methods such as Exploratory Factor Analysis (EFA), Confirmatory Factor Analysis (CFA) and Structural Equation Modelling (SEM). Moreover, Microsoft Excel, AMOS Software and SPSS were also used for data analysis. The various methods used in this study are discussed below:

Exploratory Factor Analysis (EFA)

Exploratory Factor Analysis (EFA) is a statistical tool which has been used in this study to access the relationship between identified variables. Exploratory Factor Analysis (EFA) helps in identifying cluster of variables which possess higher level of co-relation among them. Those higher co-related variables can be then jointly grouped into factors. Structure of factors defined along with various variables will be the result of factor analysis.

Confirmatory Factor Analysis (CFA)

Confirmatory Factor Analysis (CFA) was used in the current study and is a very useful tool that represents all the constructs in the defined scale along with items which are there in the measurement models. The construct validity of the scale can be thus analyzed.

Average Variance Extracted

It represents the average percentage of variance which is explained among the items of a construct (Hair et al. 2006).

Construct Reliability

It is used to measure the internal consistency of the measured variable that represents a latent construct (Hair et al. 2012).
Structural Equation Modelling (SEM)

Structural Equation Modelling (SEM) is a type of multivariate technique that is used to examine relationships on multiple basis between the variables simultaneously. With this reason, Structural Equation Modelling (SEM) has been considered as an advanced technique as compared to other multivariate techniques. It is a globally used tool for the analysis of data because it has a feature of accessing the structural model and fitness of measurement models.

Chi-Square Statistics

Structural Equation Modelling (SEM) uses the Chi-Square Statistics as a rational measure for estimating the differences among the observed and the estimated co-variance matrices. Greater value of Chi-Square relative to the degree of freedom depicts that there is a considerable difference between the observed and the estimated matrices. Statistical significance levels indicate the probability that these differences occur due to sampling variations. Thus, p-value of chi-square test should be large which indicates there is no statistical difference between the matrices.

Goodness-of-Fit Index (GFI)

Goodness-of-Fit Index (GFI) is a non-statistical measure whose value ranges from 0 to 1. 0 represents poor fit while 1 represents perfect fit. Moreover, it represents the overall degree of fit and better fit is indicated through higher values.

Adjusted GFI (AGFI)

Adjusted Goodness-of-Fit is an extension of GFI which is adjusted through the ratio of degree of freedom for null model. The higher acceptance level value is recommended to be ranging from 0.07-1.

Route Mean Square Error of Approximation (RMSEA)

RMSEA distinguishes itself from RMSR as in this the discrepancy is measured in terms of population and not just the sample is used for estimation. The acceptable values for Route Mean Square Error of Approximation (RMSEA) ranges from 0.05-0.08.
Comparative Fit Index (CFI)

Comparative Fit Index (CFI) is used to compare existing model fit with the null model to draw out the percentage of lack of fit. It is affected by the size of sample. The Comparative Fit Index (CFI) values that are considered to be well fit ranges from 0.7-1.

Normed Fit Index (NFI)

Normed Fit Index (NFI) has the values ranging from 0 to 1 where 1 represents the perfect fit. But the recommended values for NFI ranges from 0.7-1. Higher values depict higher levels of goodness of fit.

3.13 SUMMARY

This chapter has provided research design and methodology adopted in this research. The methodology has been formulated keeping in view various prepositions which were derived from various objectives of the current research. The current study is unique and distinctive in terms of the fact that it has analyzed Emotional Intelligence and its impact on various variables on female health workers who are offering their services in rural areas of Jammu division under Jammu and Kashmir State. The other variables include Job Satisfaction, Turnover Intention, Job Emotional Requirements and Job Performance. For achieving the desired objectives a full-fledged research design has been implemented by segmenting the whole research into multiple phases and then the work has been performed in a logical sequence. The research design has been fully associated with desired objectives which aims on analyzing the extent of Emotional Intelligence on female health workers, establishing a writing survey to access and differentiate the standards that have been taking pace in the research area, formulation of a set of desired recommendations and suggestions for current research and suggesting an integrated Emotional Intelligence and Job Performance Model for female health workers of Jammu and Kashmir State in general and Jammu division in particular. The established objectives were also aligned further in the form of various framed hypothesis. Theses hypothesis demonstrates the varying segments of research which includes Emotional Intelligence shall explicitly have an impact on Job Satisfaction, Emotional Intelligence shall have and explicit and defiant impact on Turnover Intention, Emotional Intelligence shall be explicitly and unconditionally identified with Job Performance and Job Emotional Requirements shall manage the effect of Emotional Intelligence on Task
Performance. The collected data has been analyzed using SPSS software and AMOS for quantitative and qualitative purposes. The next chapter shall provide the main findings and results of the research under consideration.