Analysis of the Influence of Emotional Intelligence and Job Stress on Organizational Commitment of General Practitioners in Private Hospitals in Mataram City, Indonesia

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Abstract. This study aims to analyse the influence of emotional intelligence and work stress on organisational commitment in general practitioners of private hospitals in Mataram City. This type of research is included in the category of causal research. The data collection method used in this study is a census method with a population of 63 general practitioners working at private hospitals in Mataram City. This study uses structural equation model analysis (SEM analysis) with Smart-PLS analysis tools. The results of this study show that emotional intelligence does not affect organisational commitment in general practitioners of private hospitals in Mataram City. Work stress significantly negatively affects organisational commitment in the general practitioner position at a private hospital in Mataram City.

Keywords: Emotional Intelligence; Work Stress; Organisational Ability

INTRODUCTION

Human Resources (HR) is the primary key to organisational success. Good quality in human resources is vital to achieving the vision and mission of the organisation. HR management has its challenges because it involves diverse dynamics. Humans have biological, psychological, and social aspects that require knowledge and skills in implementing HR management; this also emphasises the importance of managing HR potential effectively and efficiently to achieve organisational goals by the author [1].

Organisational commitment is essential in running an organisation. Organisational commitment plays a significant role in the success of general practitioners in providing quality health services. Organisational commitment refers to a state in which staff are loyal, motivated, and want to remain part of the organisation by the author [2]. Individuals with high levels of organisational commitment generally display tremendous enthusiasm and make clear contributions to achieving organisational goals by authors [3]. Organisational commitment can result in job satisfaction, a sense of belonging, emotional bonds, and a close relationship between employees and the organisation that impacts better job performance and goal achievement and increases organisational productivity and efficiency by authors [4, 5]. The organisational commitment of a general practitioner plays a significant role in improving the quality of care for patients because the work of general practitioners involves long-term doctor-patient relationships by authors [6].

Emotional intelligence is an essential skill for general practitioners. This skill can improve GP performance and the quality of patient care by authors [7, 8]. General practitioners often encounter patients with emotional disturbances, and their emotional intelligence influences their ability to identify and manage them by author [9]. Therefore, developing emotional intelligence skills should be a priority in GP training and professional development. It is a critical element in maximising effective patient care that will ultimately improve patient satisfaction and clinical outcomes of treatment authors [10]. Emotional intelligence plays a vital role in shaping organisational commitment. Authors [11] revealed that emotional intelligence has the potential to increase commitment to the organisation by creating a positive work atmosphere; this is because individuals feel valued and supported in a posi-

tive work environment, ultimately improving organisational commitment.

Job stress results from the interaction between individuals and work, which can potentially affect worker effectiveness and performance by authors [12]. Job stress refers to a situation in which workers have difficulty adapting to job tasks, and the impact can be seen in biological and psychological aspects by authors [13, 14]. General practitioners often experience occupational stress due to high job pressure, great responsibility, strict time demands, and patient interactions that can present difficult emotional situations to authors [15, 16]. General practitioners face stressful work situations, often with difficult decisions involving patients' lives and recovery. The rapid development of technology, accompanied by the high expectations of patients and families of the general practitioner profession, has an impact on increasing the pressure experienced by general practitioner authors [17]. Research by authors [18] found that 13.2% of doctors had moderate or severe levels of depression, while 80.2% experienced moderate or high levels of stress.

The emergence of the COVID-19 pandemic since December 2019 has increased this work stress vulnerability. A study in Wuhan showed that out of 1257 health workers who handled COVID-19, around 50.4% experienced symptoms of depression, 44.6% experienced symptoms of anxiety, 34.0% experienced symptoms of insomnia, and 71.5% experienced distress by authors [19]. Another study involving 422 doctors involved in handling COVID-19 in India showed that 63.5% of doctors experienced symptoms of depression, and 45% experienced symptoms of stress by authors [20]. Authors [2] mentioned that excessive workplace stress can result in reduced commitment to the organisation. Authors [2] emphasise the importance of having good stress management in maintaining employee commitment levels.

Many previous studies have reported a positive relationship between emotional intelligence and organisational commitment. Authors [21, 22] found that emotional intelligence significantly increases organisational commitment. Authors [23] also saw something similar, showing that emotional intelligence affects organisational commitment and extra-role behaviour. Authors [24] also found a positive relationship between emotional intelligence, organisational commitment, and extra-role behaviour. These findings suggest that emotional intelligence plays a vital role in organisational commitment. However, research conducted by authors [25] found that emotional intelligence has no significant effect on organisational commitment. Another study by authors [26] also found that emotional intelligence does not impact organisational commitment. The difference in research results indicates that more in-depth studies are needed to understand these varying outcomes.

General practitioners (GPs) are human resources with a high workload due to their direct responsibility for patient safety. GPs can diagnose diseases and medical conditions with their knowledge and expertise, allowing authors to treat patients appropriately [27, 28]. Additionally, GPs know various treatments and therapies that can be performed, such as specific procedures or minor surgeries, according to their competencies and providing care for patient recovery by authors [27]. GPs also play an essential role as decision-makers in determining the appropriate course of treatment based on the patient's medical condition by authors [29].

Field observations suggest a diversity of organisational commitment phenomena among GPs in private hospitals. Organisational commitment is influenced by various factors such as motivation, internal marketing, leadership style, compensation, career development, organisational culture/climate, work-life balance, self-esteem, and the work environment by authors [30, 31]. This research directly relates to management practices in private hospitals, which often have more freedom in setting their policies and management practices than public hospitals. Human resource policies such as compensation, career development, and performance management, which may differ between private and public hospitals, can affect GPs' perceptions of organisational justice and their level of commitment. Furthermore, private hospitals, which focus on efficiency and financial profit, have different workplace dynamics than public hospitals, which tend to be influenced by government policies and serve a broader population. These differences can affect the perceptions and commitment of GPs towards the organisations they work for, making the study of this topic increasingly essential and exciting.

Research on organisational commitment among GPs can provide insights for developing human

resource policies and performance management strategies in the healthcare field. This study also aims to fill the knowledge gap and contribute new insights to the human resource management literature in the healthcare sector. The research seeks to analyse the influence of emotional intelligence and work stress on organisational commitment among GPs in private hospitals in Mataram City.

METHODS

This research falls under the category of causal research, which aims to identify cause-and-effect relationships between the studied variables. In this causal approach, independent variables are considered the cause, and dependent variables are the effects of the independent variables. The primary goal of this research is to determine the extent of the influence of the independent variables on the dependent variables, which is in line with the explanation provided by the authors [32].

This research will collect data from general practitioners actively practising in private hospitals within the Mataram City area, including Metromedika Hospital, Tresna RSIA, Antonius Ampenan Hospital, Permata Hati RSIA, Risa Hospital, Harapan Keluarga Hospital, Biomedika Hospital, Siloam Mataram Hospital, and Siti Hajar Islamic Hospital. The study was conducted from April to May 2024 to obtain representative and up-to-date results.

The population of this research consists of 68 general practitioners working in private hospitals in Mataram City.

The data collection method used in this research is the census method. Census research involves taking an entire population as the sample or respondents and using a structured questionnaire as the primary data collection tool to obtain specific information from the authors [33]. The data collection techniques for this research are: 1) Questionnaire, 2) Interview, and 3) Documentation. The data collection tools include: 1) Questionnaire and 2) Electronic Media.

The data type used in this research is quantitative, recorded in numbers that can be counted or measured precisely. The quantitative data in this study are collected through the distribution of questionnaires to the respondents using a Likert scale. We will convert the information obtained about the research variables from the subjects into quantitative data based on their responses to the distributed questionnaires. The data sources used in this research include both primary and secondary data.

The research variables consist of three types: dependent variable, independent variable, and mediating variable. The dependent variable is a variable that is influenced by the independent variable [32]. In this research, the dependent variable is organisational commitment. The independent variables (X), which affect other variables [32], are emotional intelligence (X1) and work stress (X2). Meanwhile, the mediating variable is an intermediary in the relationship between the independent and dependent variables [32]. This research uses job satisfaction as the mediating variable.

Data Analysis Procedure

Variable Measurement. Variable measurement in this study uses a questionnaire as a data collection tool. Each statement in the questionnaire under investigation will be evaluated using a score based on a Likert scale (in the form of scores ranging from 1 to 5). Author [32] explains that the Likert Scale assesses individuals' or groups' attitudes, views, and perceptions towards social phenomena. Table 1 shows the class interval for each variable being studied.

Table 1 – Class intervals for each variable [32]

Interval	Emotional intelligence	Job Stress	Organisational Commitment	Job Satisfaction
1,00-1,79	Very low	Very low	Very low	Very Dissatisfied
1,80-2,59	Low	Low	Low	Dissatisfied
2,60–3,39	Medium	Medium	Medium	Moderate
3,40–4,19	High	High	High	Satisfied
4,20–5,00	Very high	Very high	Very high	Very satisfied

Validity and Reliability Testing of the Questionnaire. Validity and reliability testing is conducted before distributing the questionnaire to respondents. The validity test ensures that the measurement instrument used in the study can be relied upon as an accurate data collection tool. Meanwhile, the reliability test indicates that the research instrument is sufficiently trustworthy for use as a data collection tool if the instrument is of good quality by the authors [34]. The level of reliability is reflected by the Cronbach's alpha value above 0.60. Validity and reliability tests for this study use SPSS for Windows version 25.0.

Descriptive Analysis. Descriptive statistical analysis provides an overall summary of the respondents and research variables. This summary includes measures of data central tendencies, such as the mean, median, and mode, and measures of dispersion, such as range and standard deviation. The purpose of descriptive statistics is to provide a deeper explanation of the characteristics of the respondents and the research variables.

PLS Analysis. Data analysis and hypothesis testing in this study use the Partial Least Square (PLS) method with the help of Smart PLS version 3.0 software. PLS is a form of structural equation modelling (SEM) focusing on components or variance. Wold (1985, cited in authors [35] explains that PLS is considered a robust analytical method because it is not heavily reliant on many assumptions. PLS operates with two main components in its model structure: the measurement and structural models. The structural model consists of latent or unobservable constructs, while the measurement model consists of observable indicators used to measure the latent variables. The data processing and analysis follow two main stages, as explained by authors [35]: Assessment of the Measurement Model: This model relates to the reliability and validity of the research variables, including the relationship between the indicators and the latent variables. Assessment of the Structural Model: This is evaluated based on the R-squared value for each endogenous latent variable, which indicates how well the model explains variation in the latent variables. The R-squared value is used to measure the model's goodness of fit.

Additionally, the evaluation of the model includes significance testing to identify the effects between variables using bootstrapping or jackknifing methods. The bootstrap approach is a non-parametric method used to estimate the precision of PLS estimates. The bootstrap procedure involves repeatedly sampling from the original sample to generate a statistical distribution of authors [36].

The estimation output provides the basis for hypothesis testing in this study. Hypothesis testing involves using the t-test and p-values. In this context, the criterion for accepting or rejecting a hypothesis is when the t statistic is greater than the t table value. If the test result shows a p-value < 0.05 (α 5%), the test is considered significant, whereas if p > 0.05 (α 5%), the test is considered insignificant. If the hypothesis testing results for the measurement model (outer model) are significant, the indicators can be regarded as reasonable measures of the latent variables. Conversely, if the structural model (inner model) test results are substantial, they show a significant effect between one latent variable and another.

Validity and reliability testing was conducted before the questionnaire was given to respondents. The validity test is carried out to ensure that the measurement instrument used in research can be relied upon as an accurate data collection tool. Meanwhile, the reliability test can show whether a research instrument is reliable enough to be used as a data collection tool and whether the instrument is good (Arikunto, 2007). The high and low reliability is reflected by the Cronbach alpha value above 0.60. This study's validity and reliability test used SPSS for Windows 25.0 version.

RESULTS AND DISCUSSION

This research was conducted by distributing questionnaires or surveys to general practitioners working in private hospitals in Mataram City. We targeted sixty-eight general practitioners across nine private hospital units in Mataram City, but only 64 respondents completed the questionnaire. We excluded one questionnaire because it was not fully completed. The total number of respondents in this study is 63. This study measures respondents' perceptions of four variables using a Likert scale of 1 to 5. These variables are Emotional Intelligence (X1), Work Stress (X2), Job Satisfaction (Y1), and Organizational Commitment (Z). The following are the average values of each variable.

Emotional Intelligence (X1). The average responses to each question item are presented in Table 2.

Table 2 – Average Emotional Intelligence

Operational Variables	Dimension	Indicator	Question Item Code	Average	Description
Emotional Intelligence (X1)	Emotional Dimension	Emotional Expression	KE1	3.63	High
			KE16	3.63	High
		Emotional Perception Emotional Regulation	KE9	3.97	High
			KE10	3.70	High
			KE23	3.71	High
		Empathy	KE4	3.78	High
			KE19	3.81	High
		Adaptability	KE2	4.14	High
			KE17	3.70	High
	Self-Control Dimension	Stress Management	KE14	3.87	High
			KE29	3.75	High
		Low Impulsivity	KE15	3.75	High
			KE25	3.63	High
		Assertiveness	KE22	3.81	High
			KE30	3.67	High
	Social Dimension	Relationships with others	KE9	3.97	High
			KE10	3.70	High
		Social Awareness	KE6	3.89	High
			KE26	3.81	High
			KE28	3.71	High
		Optimism	KE13	4.13	High
			KE21	3.87	High
	Well-Being Dimension	Happiness	KE12	3.73	High
			KE27	4.13	High
		Self-Esteem	KE5	3.81	High
			KE20	3.89	High
		Self-Motivation Emotional Expression	KE9	3.97	High
			KE24	3.70	High
			KE3	3.70	High
			KE18	3.78	High

The Emotional Intelligence (X1) variable consists of four dimensions: the emotional dimension, the self-control dimension, the social dimension, and the well-being dimension. The self-control dimension within emotional intelligence includes adaptability, stress management, and low impulsiveness. Each indicator has different question items. First, the adaptability indicator consists of 2 question items, each with a high average score. Second, the stress management indicator consists of 2 question items, each with a high average score. Third, the low impulsiveness indicator consists of 2 question items, each with a high average score; this indicates that general practitioners in private hospitals in Mataram City are good at self-control, such as adaptability, managing stress, and avoiding impulsiveness in their work and work environment.

Work Stress Variable (X2). The Work Stress (X2) variable consists of three indicators that describe the phenomenon of work stress among general practitioners working in private hospitals in Mataram City. These three indicators are psychological symptoms, physiological symptoms, and behavioural symptoms. Question items in the questionnaire represent each indicator. The detailed average values for each indicator are shown in Table 3.

The Psychological Symptoms Indicator consists of 4 question items. Each question item has an average score categorised as low. We can interpret that general practitioners in private hospitals in Mataram City generally have low work-stress levels and manage psychological symptoms well.

Table 3 – Average Job Stress

Operational Variables	Indicator	Question Item Code	Average	Description
Job Stress (X2)	Psychological Symptoms	SK3	2.08	Low
		SK5	1.98	Low
		SK8	1.94	Low
		SK12	1.94	Low
	Physiological Symptoms	SK1	2.00	Low
		SK6	1.86	Low
		SK7	2.08	Low
		SK9	1.98	Low
		SK14	1.94	Low
	Behavioural Symptoms	SK2	1.86	Low
		SK10	2.08	Low
		SK11	1.98	Low
		SK13	1.94	Low

The Physiological Symptoms Indicator consists of 5 question items, each with an average score categorised as low; this suggests that general practitioners in private hospitals in Mataram City are generally good at managing physiological symptoms. The Behavioral Symptoms Indicator consists of 4 question items, each with an average score categorised as low; this implies that general practitioners in private hospitals in Mataram City are generally effective in managing work stress regarding behavioural symptoms.

Organisational Commitment Variable (Z). The Organizational Commitment Variable (Z) consists of three indicators that reflect the general practitioners' level of organisational commitment to their workplaces in private hospitals in Mataram City. These three indicators include affective commitment, continuance commitment, and normative commitment. Each indicator is implemented in the questionnaire items. The detailed average score for each organisational commitment indicator is shown in Table 4.

Table 4 – Average Organisational Commitment

Operational Variables	Indicator	Question Item Code	Average	Description
Organisational Commitment (Y)	Affective Commitment	KO1	3.75	High
		KO2	3.59	High
		KO3	3.75	High
		KO4	2.22	High
		KO5	3.84	High
		KO6	3.67	High
		KO7	3.65	High
		KO8	3.81	High
	Continuing Commitment	KO9	3.73	High
		KO10	3.87	High
		KO11	3.60	High
		KO12	3.76	High
		KO13	3.83	High
		KO14	3.84	High
		KO15	3.70	High
		KO16	3.75	High
	Normative Commitment	KO17	2.29	Low
		KO18	3.87	High
		KO19	3.73	High
		KO20	3.87	High
		KO21	3.76	High

Operational Variables	Indicator	Question Item Code	Average	Description
		KO22	3.57	High
		KO23	3.71	High
		KO24	3.81	High

The Affective Commitment Indicator consists of 8 question items. Seven items are categorised as high, while 1 item falls into the low category; this indicates that general practitioners in private hospitals in Mataram City generally have a good level of affective commitment to their respective institutions. The Continuance Commitment Indicator consists of 8 question items, all with an average score categorised as high; this suggests that general practitioners in private hospitals in Mataram City are generally committed to their continued employment. The Normative Commitment Indicator also consists of 8 question items; seven are high, while one is low; this indicates that general practitioners in private hospitals in Mataram City generally have a good level of normative commitment to the rules and standards of their respective institutions.

Job Satisfaction Variable (Y). The Job Satisfaction Variable (Y) is a mediating variable in this study. It consists of five indicators that reflect job satisfaction among general practitioners in private hospitals in Mataram City. These five indicators are satisfaction with the job itself, satisfaction with supervisory quality, satisfaction with salary or wages, promotion opportunities, and satisfaction with coworkers. Each indicator is implemented in the questionnaire items. The detailed average scores for each job satisfaction indicator are presented in Table 5.

Table 5 – Average Variance Extracted (AVE)

Variable	AVE	√AVE	Decision
Emotional Intelligence (X1)	0.646	0.977	Meets convergent validity
Job Stress (X2)	0.902	0.989	Meets convergent validity
Organisational Commitment (Y)	0.759	0.982	Meets convergent validity
Job Satisfaction (Z)	0.725	0.929	Meets convergent validity

PLS Analysis Results

The hypothesis testing in this study uses the Partial Least Square (PLS) method. PLS is an alternative variance-based analysis method within Structural Equation Modeling (SEM). Data analysis using the PLS approach is conducted by evaluating the measurement model (outer model) and structural model (inner model) as follows:

Evaluation of the Measurement Model (Outer Model). The measurement model includes convergent validity testing, reliability testing, the model's coefficient of determination, and path coefficients for the equation model. These aspects are elaborated as follows:

a) Average Variance Extracted (AVE). AVE is defined as the average commonality of the squared loadings of the indicators related to the construct. The evaluation criterion for AVE values in each research variable is more than 0.50. The AVE results for each research variable are presented in Table 5 below.

The discriminant validity test in the table above shows an AVE value above 0.5 for all constructs in the research model, allowing us to analyse the results further since the variables used are valid.

Cronbach Alpha. Cronbach Alpha is one of the testing criteria for the internal consistency of variables in research. Cronbach Alpha estimates reliability based on the intercorrelation of the observed indicator variables. The evaluation criteria for the Cronbach Alpha value are satisfactory if it is more than 0.70. The results of Cronbach's Alpha value for each research variable are presented in Table 6.

Table 6 – Cronbach's Alpha

Variable	Cronbach'alpha	Decision
Emotional Intelligence (X1)	0.975	Reliable
Job Stress (X2)	0.988	Reliable
Organisational Commitment (Y)	0.980	Reliable
Job Satisfaction (Z)	0.904	Reliable

Table 6 shows that the Cronbach's Alpha value for all variables in this study is more than 0.70. In this regard, the measurement model of the Emotional Intelligence (X1), Job Stress (X2), Organizational Commitment (Y), and Job Satisfaction (Z)

variables have all met internal consistency and reliability based on Cronbach's Alpha value.

Composite reliability. Composite Reliability also includes methods for testing the internal consistency of research variables. It considers the different external loads of the indicator variables. The evaluation criteria for the Composite Reliability value for each research variable are satisfactory if it is more than 0.70. The results of the Composite Reliability value for each research variable are presented in Table 7.

Table 7 – Composite Reliability

Variable	Composite Reliability	Decision
Emotional Intelligence (X1)	0.976	Meets internal consistency
Job Stress (X2)	0.989	Meets internal consistency
Organisational Commitment (Y)	0.982	Meets internal consistency
Job Satisfaction (Z)	0.915	Meets internal consistency

Table 7 shows that the composite reliability generated by all variables is excellent, above 0.70. So, it can be concluded that all construct indicators are reliable or meet the reliability test. In this regard, the measurement model of the Emotional Intelligence (X1), Job Stress (X2), Organizational Commitment (Y) and Job Satisfaction (Z) variables have all met internal consistency and reliability based on Composite Reliability.

a) Evaluation of the Measurement Model (Outer Model). In this section, the results of the measurement model of each research variable are presented, each of which will contain the outer loading value. Outer loading includes the factor load value and p-value, which shows the influence of each indicator on the variable it reflects. The level of importance of each indicator is indicated by the value of the factor load, where the value ranges from 0 to 1, and the most critical indicator has the most significant factor load value. Furthermore, the significance of the indicator's influence on the variable it reflects is indicated by the p-value. If the p-value on each indicator is <0.05, it can be said that it significantly reflects the research variable and vice versa. If the p-value on each variable indicator is >0.05, the indicator does not reflect the research variable, and no further research can be done. The outer loading value of the emotional intelligence variable is shown in Figure 1.

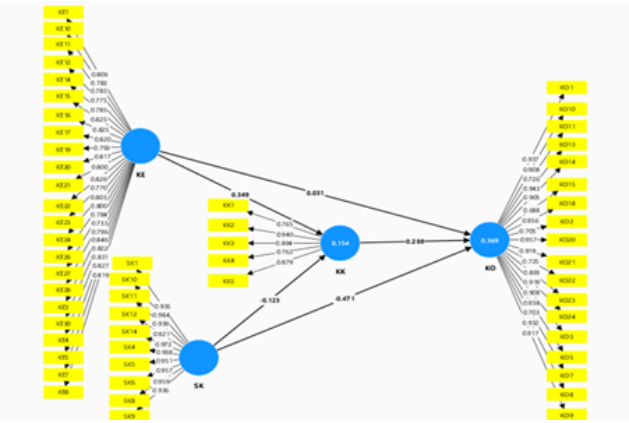
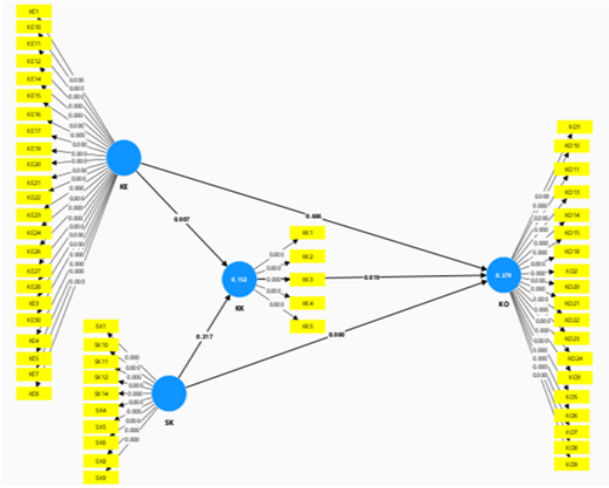


Figure 1 – Path Coefficient Results

b) Evaluation of the Structural Model (Inner Model). The structural (inner) model shows how the research hypothesis that shows the relationship between variables has been tested. The main results of evaluating this structural model are the path coefficient and p-value, which show how significant the relationship between variables is. The P-values of each question item are shown in Figure 2.



Picture 2 – P-Values

The significance of the prediction model in testing the structural model can be seen from the t-statistic value between the independent and dependent variables in the Path Coefficient Table in the SmartPLS output shown in Table 8.

Table 8 – Results of Path Coefficient

Influence between Variables	Coefficient	T-Statistic	P-Value	Des
Emotional Intelligence (X1) ->Organizational Commitment (Y)	0.031	0.266	0.791	No sig.
Job Stress (X2) -> Organizational Commitment (Y)	-0.471	3.902	0.000	Sig.
Emotional Intelligence (X1) -> Job Satisfaction (Z)	0.349	2.684	0.007	Sig.
Job Stress (X2) -> Job Satisfaction (Z)	-0.123	1.000	0.317	No Sig.
Job Satisfaction (Z) -> Organizational Commitment (Y)	0.288	2.271	0.023	Sig
Emotional Intelligence (X1) -> Job Satisfaction (Z) -> Organizational Commitment (Y)	0.100	1.588	0.112	No Sig.
Job Stress (X2) -> Job Satisfaction (Z) -> Organizational Commitment (Y)	-0.035	0.818	0.413	No Sig.

Based on Table 8 above, we can draw the following conclusions:

1) The path coefficient from emotional intelligence to organisational commitment is 0.031, with a t-value of 0.266 and a p-value of 0.791. Therefore, H1 is rejected; this means that emotional intelligence does not affect organisational commitment.

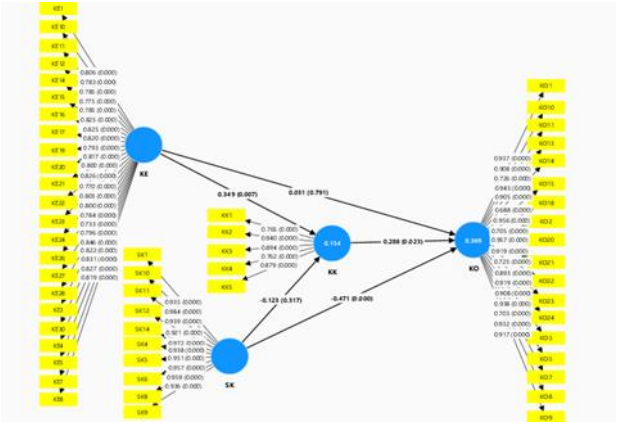
2) The path coefficient from work stress to organisational commitment is -0.471, with a t-value of 3.902 and a p-value of 0.000. Therefore, H2 is accepted, indicating that work stress significantly negatively affects organisational commitment; this means that if general practitioners have high work stress, their organisational commitment at private hospitals in Mataram City is low. Conversely, if work stress is low, organisational commitment is high.

3) The path coefficient from emotional intelligence to job satisfaction is 0.349, with a t-value of 2.684 and a p-value of 0.007. Therefore, H3 is accepted, suggesting that emotional intelligence has a significant positive effect on job satisfaction; this means that if general practitioners have high emotional intelligence, their job satisfaction at private hospitals in Mataram City is also high. Conversely, if emotional intelligence is low, job satisfaction is low.

4) The path coefficient from work stress to job satisfaction is -0.123, with a t-value of 1.000 and a p-value of 0.317. Therefore, H4 is rejected, indicating that work stress does not affect job satisfaction.

5) The path coefficient from job satisfaction to organisational commitment is 0.288, with a t-value of 2.271 and a p-value of 0.023. Therefore, H5 is accepted, suggesting that job satisfaction has a significant positive effect on organisational commitment; this means that if general practitioners have high job satisfaction, their organisational commitment at private hospitals in Mataram City is also high. Conversely, if job satisfaction is low, organisational commitment is low.

For a detailed view of the effects between variables through hypothesis testing, refer to Figure 3.



Picture 3 – Hypothesis Testing Results

The Impact of Emotional Intelligence on Organizational Commitment

The researcher's data analysis resulted in a path coefficient of 0.031 and a p-value of 0.791 between emotional intelligence and organisational commitment; this indicates no significant relationship between emotional intelligence and organisational commitment among general practitioners at private hospitals in Mataram City; this led to the rejection of Hypothesis 1. This finding is consistent with other studies, such as those by

authors [25, 26], which also found that emotional intelligence does not significantly impact organisational commitment.

According to the author [37], emotional intelligence consists of four main components: emotional awareness, emotion management, self-awareness, and relationship management. Emotional intelligence plays a role in enhancing performance, maintaining interpersonal relationships, and overall well-being. Developing emotional intelligence is critical to achieving success and sustained happiness in both personal and professional life [37]. Although Goleman's theory suggests that emotional intelligence significantly impacts organisational commitment, in practice, several factors may cause emotional intelligence not always to have a significant effect, such as work culture, variations in the work environment, and external factors.

Authors [26] found that emotional intelligence does not significantly impact organisational commitment due to less supportive working conditions and organisational structure. The study noted that employees focus more on meeting basic needs than developing emotional intelligence and organisational commitment. It also showed that emotional intelligence is not a primary factor in enhancing organisational commitment, especially if employees' unmet basic needs and working conditions are unsupportive. The study mentioned that emotional intelligence will not significantly impact organisational commitment if employees feel unappreciated, insecure, and lack growth opportunities.

The author [25] found that emotional intelligence does not affect organisational commitment. Several factors contribute to this lack of significant impact, including: First, Variations in Organisational Environment: Diverse organisational environments can lead to differences in perception and application of emotional intelligence. When the work environment does not support or demand high emotional intelligence, it does not significantly impact organisational commitment. Second, Differences in Organisational Culture: An organisational culture that does not emphasise the importance of emotional intelligence in interactions and daily work can diminish its impact on organisational commitment. If the organisational culture focuses more on aspects like performance and efficiency rather than interpersonal relationships, emotional intelligence will not play a crucial role. Third, Differences in Individual Characteristics: Employee characteristics, such as education level, work experience, and personality, can influence how much emotional intelligence affects their commitment to the organisation. Employees with higher education or experience might rely more on technical and professional skills than emotional intelligence to build organisational commitment. Fourth, Type of Job: Jobs that do not require intensive interpersonal interaction may not need high emotional intelligence. In such roles, emotional intelligence does not significantly contribute to organisational commitment. Fifth, External Factors: External factors such as job pressure, economic situation, and labour market dynamics can also affect the relationship between emotional intelligence and organisational commitment. When employees feel threatened by external uncertainties, these factors might influence their commitment to the organisation more than their emotional intelligence.

The phenomenon where emotional intelligence does not significantly impact organisational commitment among general practitioners at private hospitals in Mataram City may be attributed to several factors.

First, the working environment in private hospitals emphasises efficiency and productivity more than emotional and interpersonal aspects; this may diminish the impact of emotional intelligence on organisational commitment.

Second, the policies and organisational culture in the hospital do not provide specific emphasis or space for emotional intelligence, so even if general practitioners have high emotional intelligence, it does not significantly affect their commitment to the organisation. The main focus is competent medical skills to deliver effective and efficient services.

Third, general practitioners may sometimes face high workloads and significant stress; this can reduce the impact of emotional intelligence on organisational commitment as their primary focus is on managing daily job demands, which are sources of work stress.

Fourth, career opportunities and economic well-being may influence the organisational commitment of general practitioners at private hospitals more than other factors, as these are priorities in their decision-making related to commitment to the organisation. General practitioners with opportunities for career advancement or better in-

come are likely to focus more on these aspects, as they directly affect personal life and serve as a foundation for future development in the professional medical field, especially for pursuing specific specialities.

Fifth, job satisfaction, such as feeling valued, receiving adequate support, and maintaining a healthy balance between professional and personal life, more significantly enhances general practitioners' motivation to commit to the organisation, regardless of their level of emotional intelligence.

The Impact of Work Stress on Organizational Commitment

Data analysis results show that the path coefficient from work stress to organisational commitment is -0.471 with a t-value of 3.902 and a p-value of 0.000. Thus, H2 is accepted, meaning work stress significantly negatively impacts organisational commitment among general practitioners at private hospitals in Mataram City; this means that when general practitioners experience high work stress, their organisational commitment tends to be low. Conversely, their organisational commitment tends to be high if work stress is low. Previous research by authors [38, 39, 40] found that work stress can lead to decreased organisational commitment. High job demands often trigger stress, resulting in burnout and the intention to leave the organisation. Work stress can also negatively impact job satisfaction and lead to counterproductive work behaviour.

Authors [2] describe concepts that help explain the impact of work stress on organisational commitment. Robbins states that dynamic conditions individuals face in work stress, such as task demands, role demands, and uncertain personal demands to achieve organisational goals, can affect organisational commitment. Individuals experiencing work stress tend to face discomfort, anxiety, and pressure that influence their perception of the organisation. When individuals feel burdened by excessive tasks or unable to meet assigned roles, it can lower their motivation or reduce their emotional attachment to the organisation. As a result, work stress can disrupt engagement, loyalty, and organisational contribution. This finding implies that hospital management needs to pay attention to work stress management to enhance the organisational commitment of doctors. By reducing work stress, hospitals can improve doctors' engagement, loyalty, and work quality, enhancing patient care and overall hospital efficiency.

Several studies indicate that work stress negatively affects organisational commitment. A study in Hungary found a strong correlation between work stress and decreased employee commitment by the author [41]. Research conducted among nurses in Iranian hospitals revealed a significant negative relationship between work stress and organisational commitment, including affective, normative, and continuance components by the author [42]. Another study on employees in Indonesia showed that work stress has a negative, though insignificant, effect on organisational commitment by the authors [43]. Factors contributing to work stress include tensions causing psychological imbalance and pressure in the work environment the authors [41, 43]. According to the author, long-term work stress can decrease commitment and negatively impact performance [41]. To mitigate these adverse effects, improving work stress management systems and increasing job satisfaction are crucial for maintaining employee organisational commitment, according to the authors [43].

The negative impact of work stress on organisational commitment among general practitioners at private hospitals in Mataram City can be attributed to several factors. First, high workloads and demands for optimal medical service often lead to excessive stress among general practitioners. Prolonged stress can reduce job satisfaction and decrease feelings of attachment to the organisation, resulting in lower organisational commitment. Second, tight deadlines and the need to always be prepared for medical emergencies can result in physical and mental exhaustion. This exhaustion often leads to decreased enthusiasm and work motivation, ultimately affecting organisational commitment. Third, a lack of support from management and colleagues in managing work stress can exacerbate the situation. General practitioners who feel unsupported or unappreciated by supervisors and colleagues will likely feel undervalued, reducing their loyalty and commitment to the hospital. Fourth, a competitive work environment and pressure to meet specific targets can add to the stress burden for general practitioners. Excessive focus on productivity and efficiency without considering employees' emotional well-being can lead to job dissatisfaction and work stress, ultimately negatively affecting organisational commitment. Fifth, the imbalance between work and personal life

also influences stress levels and organisational commitment. General practitioners who struggle to balance job demands with individual needs are likely to feel burdened and less committed to the organisation.

Based on the collected data, it is known that 63.49% of general practitioners at private hospitals in Mataram City are between 21-30 years old, while 36.51% are between 31-40 years old. Other studies show that age is complex in the relationship between work stress and organisational commitment. According to the author, one study mentions that older employees require more organisational maintenance, support, and recognition than younger employees [44]. Research by authors [45] indicates that older employees are more prone to absenteeism if they feel no moral or emotional obligation to remain with the organisation. Older employees are more likely to feel bound to the organisation if external factors such as financial benefits or job insecurity exist elsewhere. Author [44] found that although age affects the relationship between work stress and organisational commitment, the impact is limited and highly context-dependent. In the context of private hospitals in Mataram City, most general practitioners are still under 40 years old. This phenomenon may occur because younger doctors have greater resilience to work stress and higher organisational commitment due to being in the early stages of their careers and being more motivated to build their professional reputation.

The Effect of Emotional Intelligence on Job Satisfaction

The data analysis shows that the path coefficient from emotional intelligence to job satisfaction is 0.349, with a t-value of 2.684 and a p-value of 0.007. Thus, H3 is accepted, meaning that emotional intelligence significantly positively affects job satisfaction; this implies that when general practitioners have high emotional intelligence, their job satisfaction tends to be high. Conversely, if emotional intelligence is low, job satisfaction among general practitioners at private hospitals in Mataram City tends to be low. These results are consistent with studies by authors [46, 47], which indicate that higher levels of emotional intelligence in individuals correlate with higher job satisfaction.

The Dispositional Positive Emotions Theory introduced by authors [48] provides a conceptual framework for understanding the relationship between emotional intelligence (EQ) and job satisfaction. This theory posits that individuals who frequently experience positive emotions tend to have higher levels of job satisfaction. It emphasises the importance of managing positive feelings in the workplace, where individuals who maintain a good mood are more likely to feel satisfied with their jobs. From this perspective, emotional intelligence is about recognising and managing emotions and maintaining a consistently positive attitude and feelings. Therefore, the theory highlights the importance of understanding the role of positive emotions in shaping individuals' perceptions and experiences of their work.

Other research also shows a strong positive relationship between emotional intelligence and job satisfaction by authors [49–52]. Higher emotional intelligence scores are linked to improved work performance, organisational commitment, and coping with workplace challenges by authors [49, 51]. Emotional intelligence contributes to maintaining a positive attitude toward work, enhancing job satisfaction by the author [52]. Job position does not significantly affect emotional intelligence or job satisfaction; factors such as work experience and marital status influence these variables authors [50]. The relationship between emotional intelligence and job satisfaction has been observed in various professional settings, including schools by the author [51] and international companies by the authors [50]. These findings suggest that organisations should consider emotional intelligence a key component in improving job satisfaction and overall workplace success by authors [49, 52].

The impact of emotional intelligence on job satisfaction among general practitioners at private hospitals in Mataram City can be explained by several factors. First, emotional intelligence helps general practitioners more effectively recognise and manage their own emotions and those of their patients. This ability allows general practitioners to handle stressful situations better, increasing job satisfaction. Second, general practitioners with high emotional intelligence tend to have better interpersonal relationships with colleagues and patients. Positive interactions enhance job satisfaction because they feel more supported and valued at work. Third, emotional intelligence helps general practitioners remain calm and focused under pressure, which is crucial in the high-stress environment of hospitals.

Managing stress and staying efficient in critical situations enhances job satisfaction. Fourth, general practitioners with high emotional intelligence are better able to maintain a balance between professional and personal life. Effectively managing emotions and time leads to greater job satisfaction, as employees are not overwhelmed by excessive job demands. Fifth, emotional intelligence enables general practitioners to self-motivate and maintain a positive attitude toward their work, even when facing challenges and difficulties. This positive attitude increases job satisfaction as they feel more energised and motivated to provide the best service.

The collected data shows that most general practitioners at private hospitals in Mataram City are female, with 35 individuals (55.56%). This finding can be linked to several studies indicating that women have higher emotional intelligence than men. According to the author [53], women score significantly higher in self-awareness, self-motivation, relationship management, integrity, and overall emotional intelligence than men; this suggests that female doctors may better understand and manage their emotions, which could positively contribute to their performance in a high-pressure work environment like a hospital. Author [54] also found that women excel in emotional intelligence in human relationships, language, emotional and artistic expression, aesthetic appreciation, verbal communication, and planned tasks; this supports the notion that female doctors may be better at communicating and interacting with patients and colleagues, which, in turn, can enhance the quality of healthcare services.

Authors [20] also reported that women have significantly higher emotional intelligence than men, likely due to being more emotionally expressive and understanding. Thus, female doctors might better handle complex emotional situations, such as providing emotional support to patients and families. Research has shown that emotional intelligence is crucial in enhancing job satisfaction by authors [55, 56]. Employees with high emotional intelligence are better at managing stress, interacting effectively with colleagues and patients, and feeling more satisfied with their work due to their ability to handle emotional challenges more effectively. With better emotional management skills, female doctors can create a more positive and supportive work environment, ultimately increasing job satisfaction.

The Effect of Work Stress on Job Satisfaction

The data analysis shows that the path coefficient from work stress to job satisfaction is -0.123, with a t-value of 1.000 and a p-value of 0.317. Thus, H4 is rejected, meaning that work stress does not significantly affect job satisfaction; this implies that whether general practitioners experience high or low levels of work stress does not affect their job satisfaction at private hospitals in Mataram City.

This finding is consistent with the research by authors [57, 58], which found that work stress does not significantly impact job satisfaction; this suggests that even if it is present, its impact is not strong enough to decrease employee job satisfaction significantly. Authors [58] identified several reasons for this result. First, a balance between work and life can create a supportive work environment that minimises the negative impact of work stress. Second, a fair and satisfying compensation system helps mitigate the adverse effects of work stress. Third, sufficient organisational support assists employees in managing work stress.

Other studies have produced varied results regarding the relationship between work stress and job satisfaction. Some studies have found no significant impact of work stress on job satisfaction by authors [59, 60], while others report an adverse effect of work stress on job satisfaction by authors [61]. Authors [59] only observed a non-significant negative effect of work stress on job satisfaction. Authors [60] reported that work stress did not affect job satisfaction among traffic police officers. However, authors [61] found that job satisfaction had a significant adverse effect on work stress, which, in turn, negatively affected employee performance. These findings suggest that the relationship between work stress and job satisfaction can vary depending on the context and job variations.

In this study, several factors might explain why work stress does not affect job satisfaction. First, general practitioners possess medical and psychological knowledge and skills acquired during their medical education, which equips them with effective stress-coping mechanisms to manage work stress; this can reduce the negative impact of stress on job satisfaction. Second, social support from colleagues and hospital management can help reduce the work stress experienced by general practitioners. This support can influence the relationship between work stress and job sat-

isfaction. Third, management policies and practices that support work-life balance can help general practitioners handle work stress more effectively. With such policies, general practitioners can maintain job satisfaction despite high job pressures. Fourth, external factors such as intrinsic motivation to provide quality healthcare and dedication to the medical profession may play a more dominant role in determining job satisfaction than the level of work stress experienced. The medical oath binding doctors to cope with job pressures could also reduce the impact of work stress on job satisfaction.

Based on the collected data, it is noted that 63.49% of general practitioners at private hospitals in Mataram City are aged between 21-30 years, while 36.51% are aged between 31-40 years. Other studies indicate that age influences how work stress affects job satisfaction. Younger employees generally experience higher levels of work stress and burnout than older workers, as they face more significant challenges and pressures in adjusting to job demands [62]. However, younger employees show greater resilience to job uncertainty. Younger employees are often better at maintaining high levels of job satisfaction, work enthusiasm, and work-family balance in such situations, indicating that despite being more vulnerable to stress, they have influential stress adaptation mechanisms authors [63].

The Effect of Job Satisfaction on Organisational Commitment

The data analysis shows that the coefficient from job satisfaction to organisational commitment is 0.288, with a t-value of 2.271 and a p-value of 0.023. Thus, H5 is accepted, meaning that job satisfaction has a significant positive effect on organisational commitment; this implies that if general practitioners have high job satisfaction, their organisational commitment at private hospitals in Mataram City will also be high. Conversely, if job satisfaction is low, their organisational commitment is also likely low.

Frederick Herzberg's Two-Factor Theory, as introduced by the author [64], provides a new perspective on how the work environment affects employee motivation. This theory identifies two key factors: 1) hygiene factors that cause dissatisfaction; 2) motivator factors that contribute to employee satisfaction.

Herzberg views job satisfaction as a motivational driver encouraging individuals to perform better. When employees' needs and expectations are met through motivator factors in the work environment, they tend to feel more satisfied and motivated to contribute better; this indicates that job satisfaction plays a crucial role in shaping organisational commitment, as employees who are happy with their work environment are generally more engaged and actively support organisational goals.

Several studies have found that high levels of job satisfaction lead to increased organisational commitment among employees authors [65, 66, 67]. Contributing factors to job satisfaction include promotions, personal relationships, supportive working conditions authors [65], and intrinsic and extrinsic satisfaction authors [66]. Personality variables such as trust and locus of control can moderate this relationship authors [67]. However, some research also reports no significant relationship between job satisfaction and dimensions of organisational commitment by authors [68]. According to the authors [68], the intention to leave has a more significant relationship with organisational commitment than other factors.

Several factors explain why job satisfaction significantly and positively affects organisational commitment in this study.

First, high job satisfaction often reflects positive experiences regarding recognition of achievements, support from management, and perceptions of fair working conditions. These aspects can strengthen general practitioners' commitment to the organisation, as they feel valued and supported in achieving common goals.

Second, high job satisfaction can reduce the intention to seek employment elsewhere or leave the organisation. Satisfied general practitioners are likelier to remain in a work environment that provides satisfaction, increasing their commitment to the organisation.

Third, high job satisfaction affects general practitioners' perceptions of career stability and opportunities for professional development at the hospital. Feeling satisfied, they are more likely to invest in personal and long-term growth with the organisation, directly strengthening organisational commitment.

Fourth, the strong relationship between job satisfaction and organisational commitment can also be seen in general practitioners' active participation in organisational initiatives, such as research

projects or service development. High job satisfaction encourages them to be more active in achieving organisational goals, reinforcing their commitment to the hospital's roles and mission.

CONCLUSIONS

Based on the research results, it is concluded that:

1. Emotional intelligence does not affect organisational commitment in general practitioners of private hospitals in Mataram City. Thus, although general practitioners have high emotional intelligence, it does not affect organisational commitment.

2. Job stress significantly negatively affects organisational commitment in general practitioners of private hospitals in Mataram City. Thus, the higher the job stress, the lower the organisational commitment. Conversely, the lower the job stress, the higher the organisational commitment.

3. Emotional intelligence significantly affects general practitioners' job satisfaction in Mataram City private hospitals. Thus, the higher the emotional intelligence of a general practitioner, the higher the level of job satisfaction felt. Conversely, the lower the emotional intelligence, the lower the job satisfaction.

4. Job stress does not affect the job satisfaction of general practitioners in private hospitals in Mataram City; this means that the level of job stress experienced by general practitioners does not influence their job satisfaction.

5. Job satisfaction significantly positively affects the organisational commitment of general practitioners in private hospitals in Mataram City. Thus, the higher the job satisfaction of general practitioners, the higher the organisational commitment. Conversely, the lower the job satisfaction, the lower the organisational commitment.

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