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Emotional Intelligence as a Predictor of Job Satisfaction and Work Performance among Medical Representatives

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ABSTRACT: Medical representatives operate at the intersection of pharmaceutical organizations, healthcare professionals and competitive markets. Their work requires sustained interpersonal interaction, persuasive communication, ethical product information, territory management and the regulation of emotional responses to rejection, workload pressure and performance targets. Emotional intelligence (EI), defined as the capacity to perceive, understand, use and regulate emotions, may therefore represent an important individual resource associated with job satisfaction and work performance. This paper develops and examines a framework in which EI predicts job satisfaction and work performance among medical representatives, while job satisfaction is considered a potential explanatory pathway between EI and performance. The framework integrates ability-based and trait-based perspectives with job demands–resources and conservation-of-resources reasoning. A proposed quantitative, explanatory, cross-sectional design is specified for medical representatives employed by pharmaceutical companies. EI is operationalised through self-emotional appraisal, others' emotional appraisal, use of emotion and regulation of emotion. Job satisfaction is assessed through intrinsic and extrinsic facets, while performance is separated into task, contextual and adaptive dimensions. Because no primary dataset was provided, the numerical results are presented as a clearly labelled simulated demonstration using a hypothetical sample of 300 respondents. In this demonstration, EI is positively associated with job satisfaction ($r = .46$) and work performance ($r = .51$), while job satisfaction is positively associated with performance ($r = .43$). The illustrative regression model explains 34% of the variance in performance. These values are not empirical findings and must not be represented as such. The paper contributes a context-specific research model and a replicable methodology for testing the relationships with actual data. Managerial implications concern EI development, supportive supervision, realistic target-setting, ethical communication and performance assessment that combines sales indicators with professional conduct.

1. INTRODUCTION

1.1 Background and context

Medical representatives are specialists in the pharmaceutical field whose job is to sell medicines and build relationships with doctors and other healthcare professionals. The duties typically involve ensuring that information on approved products is disseminated to the healthcare professional, keeping good working relationships, managing territories, answering product related enquiries, being aware of market trends and meeting performance targets of the organization. The position involves commercial goals and the need to convey scientific and regulatory information in an accurate manner. Performance is not,

therefore, purely a number of sales. Other indicators that are relevant include product knowledge, compliance, reliability, quality of relationships, responsiveness, and ethical conduct.

Occupations require frequent and regular interactions between people with bounded time and unknown results. A representative can plan for an event, reschedule a meeting, follow up on a product or proposal if it's cancelled, negotiate access to a healthcare professional, and report afterwards. The interactions involve interpreting verbal and non-verbal cues and regulating frustration, anxiety or disappointment. Emotional needs are further amplified if there are high targets, geographically scattered territories, limited market access, and fast changing product portfolios.

The relevance of EI to these conditions is related to individuals' identification of emotional information, understanding of emotional causes and consequences, and their response regulation. In recent years, EI has been linked to career outcomes and employee attitudes (Harter et al., 2008; Petrides and Yarkoni, 2013; Lim, 2016); and in the healthcare (Vives et al., 2013; Rana et al., 2023; García del Castillo-López and Pérez Domínguez, 2024) and sales sectors (Miao et al., 2023), it has been investigated in connection to job satisfaction and work engagement and performance. Research based on the insights of salespeople also indicates that emotional resources are correlated with salesperson well-being and organizational outcomes (Salesperson emotional intelligence at work, 2025).

1.2 Problem statement

Drug companies often evaluate the performance of medical representatives by quantifiable business metrics including growth in prescriptions, call volume, territory development and coverage. These are useful indicators but not necessarily representative of the processes of behavior that leads to results for representatives. Peers who have the same product expertise and have the same territory potential can also exhibit varying abilities when it comes to handling challenging interactions, managing professional relationships and coming back from rejection. These differences might be related to EI, job satisfaction and job performance.

The issues presented in this paper are the failure to integrate EI, job satisfaction, and multidimensional performance in the medical-representative context. Studies conducted with nurses, pharmacists, medical secretaries and general salespeople provide relevant data, but the tasks and performance requirements of these jobs are different. In the case of pharmacists, for instance, research into EI has focused on its relationship with job performance and job satisfaction (Alcogel et al., 2024; Ulutaş Deniz et al., 2025), whereas in the medical representative field, communication and EI have been identified as soft skills which are highly valued in the job performance (Soft Skills, Strong Results, 2025). The results of the study cannot be extrapolated to other medical representatives or organizational situations.

1.3 Research aim and objectives

To create a context-specific framework and empirical testing method to explore the relationship between emotional intelligence and job satisfaction and work performance among medical representatives.

The goals were to explore the relationship between EI and job satisfaction; to examine the relationship between EI and work performance; to test the relationship between job satisfaction and work performance; to quantify the relative influence of EI and job satisfaction on job performance after adjusting for pertinent work factors; and to suggest some organizational practices for building emotional competencies while maintaining ethical standards in the pharmaceutical promotion of products.

1.4 Research questions and hypotheses

RQ1: How is EI related to the job satisfaction for medical representatives? RQ2: How is EI connected with work performance? RQ3: Do levels of job satisfaction relate to levels of work performance? The RQ4 was whether job satisfaction, per se, statistically explained some of the relationship between EI and performance.

H2: EI is negatively associated with burnout.H3: EI is negatively associated with psychological distress. H2: EI has a positive relationship with work performance. H3: Job satisfaction is positively related to work performance. Researchers used a multiple-group mediation model with Bootstrapping to verify the results of the simple mediation models. A multiple-group mediation model with Bootstrapping was used to confirm the results of the simple mediation models. H4 is a proposed indirect-association hypothesis; cross-sectional data cannot prove temporal and causal mediation.

2. LITERATURE REVIEW AND THEORETICAL FRAMEWORK

2.1 Conceptualizing emotional intelligence

Ability and trait and mixed models of EI are commonly used. Ability perspectives define EI as a collection of cognitive skills and abilities that are applied to thinking about emotions, whereas trait perspectives are based on the self-perceived emotional capabilities and attitudes. Emotional skills and social and motivational skills are used together. The Wong and Law Emotional Intelligence Scale (WLEIS) is commonly used in organizational research to measure others' emotional appraisal, use of emotion, regulation of emotion and self-emotional appraisal. The instrument used should be justified in terms of the theoretical position of the study and validated for the study's language and occupation.

Self-emotional appraisal relates to the ability to identify and understand their own emotions. Others' emotional appraisal involves recognizing the emotions of others, colleagues and healthcare professionals. Emotional use involves accessing emotional information to facilitate goal-directed behavior. Emotion regulation refers to the ability to regulate emotions to maintain adaptive behaviors. These dimensions might impact on preparation, listening, handling objections, conflict resolution and recovery from adversarial situations for a medical representative.

There is a variety of career-related outcomes that have been linked to EI, with some showing larger effect sizes and others showing stronger relationships, depending on the type of EI model, the method used for measuring EI, and the type of career-related outcome (Miao et al., 2023). There is a difference between self-report EI and ability-based EI because self-reported competence may be related to confidence or self-concept, and performance-based measures may be related to the correctness of emotional reasoning. These are not methods that can be "written off" as interchangeable.

2.2 Emotional intelligence and job satisfaction

Job satisfaction is the response of evaluation of the employee about the job and its environment. It consists of intrinsic elements like achievement, autonomy, task variation and meaningfulness, and extrinsic elements like salary, incentives, supervision, security, workload and promotion. Medical representatives can get satisfaction from professional recognition, from being able to build positive relationships with health care professionals, from the confidence of the products, from having the autonomy of their territories as well as the ability to achieve realistic goals. Dissatisfaction can come when monitoring is too intense, expectations are not clear, land is not fairly apportioned, resources are insufficient, or when competing with commercial goals and ethical practice.

There is more than one way that EI can be related to satisfaction. Staff members who are able to identify and manage emotions are likely to have a reduced number of continuing interpersonal conflicts and are more likely to view difficult interactions positively. Empathy is believed to help with relationship quality and emotional self-management is believed to help lessen the impact of a difficult encounter on subsequent work. The relevance of interpersonal processes in emotionally demanding healthcare work has been investigated in the context of nurses as a predictor of job satisfaction (Soriano-Vázquez et al., 2023). Studies among staff also have explored work climate and job stress as mediators between EI and satisfaction (García del Castillo-López and Pérez Domínguez, 2024).

There are indications from pharmacists that EI is positively related to job satisfaction, but generalization is restricted due to the occupational context, sample size and methods of measurement (Ulutaş Deniz et al., 2025). The study of EI with nurse managers in the first line of care has also focused on emotional competencies in the context of job satisfaction and organizational commitment (Othman et al., 2024), showing the importance of emotional competencies in the environment of healthcare professionals' leadership.

2.3 Emotional intelligence and work performance

Work performance is a multi-dimensional phenomenon. Task performance relates to the successful completion of formally mandated tasks. Contextual performance relates to behaviors which are related to the organizational and social setting of the job and this involves cooperation, reliability and initiative. Adjustment to changing products, expectations of customers, conditions of the territory and organizational systems are the areas of adaptive performance. In the pharmaceutical sales context, a well-balanced performance model should account for the commercial results and the behavior of the salesperson. A representative could meet the short time goal and fall short on product claims or interactions that do not meet compliance standards.

EI can enhance listening, emotional regulation, negotiation, conflict management and relationship maintenance as support to performance. These skills can assist representatives in addressing objections without taking offense, present information to an audience in a way that's suitable for that specific audience, and persist after a rejection. Research on salespersons has yielded positive correlations between EI and job performance, including work conducted in India (Rana et al., 2023); however, variations in sampling and measurement need to be taken into account. Besides, boundary-spanning behavior has been found to be associated with sales research and the EI of employees who bridge their organizations with stakeholders outside of them (Yi and Amenuvor, 2024).

The relevance of evidence from the pharmaceutical sector is especially important. Research about pharmacists in Saudi Arabia found EI and job performance to be studied (Muhannad, 2018) and in Saudi Arabia, medical representatives, EI and communication were identified as top soft skills by the sector leaders (Alcogel et al., 2024; Soft Skills, Strong Results, 2025). The study on the pharmaceutical sales control systems also shows that the control practices affect the role stressors, satisfaction and performance, which means that the individual competence should be examined in conjunction with the organization's conditions (Cho and Nam, 2024).

2.4 Job satisfaction and work performance

There is a logical but not necessarily one-way relationship between job satisfaction and performance. Satisfaction can help sustain performance, discretionary effort and co-operation. At the other end of the spectrum, good performance can create recognition, rewards and feelings of accomplishment that can enhance satisfaction. The relationship can also be a function of the quality of supervision, the availability of resources, incentive design and the fairness of performance measurement. Medical representatives should therefore use performance indicators in conjunction with the territory potential, product maturity, market access and promotional ethical guidelines.

In a recent study on the relationship between EI and medical secretary job satisfaction and self-reported performance, positive cross-sectional relationships were found between EI and both job satisfaction and self-reported performance; however, the authors of this study noted that simultaneous self-report measures cannot be used to determine temporal ordering or causal mediation (Demir, 2026). This is a different occupational group but it does show that care must be taken to separate statistical association from causal explanation.

2.5 Theoretical foundations

2.5.1 Ability and trait perspectives of EI

The ability and the trait views account for various components of emotional functioning. Ability-based EI is associated with the ability to perceive and reason about emotional information, and trait EI is associated with perceived emotional abilities that are part of the personality. This study considers EI as a multi-dimensional personal resource, and suggests the use of a validated scale, whose theory orientation is clearly expressed. Researchers should report reliability, construct validity and discriminant validity rather than assuming that a scale is valid because it has been used in another population.

2.5.2 Job demands–resources theory

The job demands–resources perspective separates work demands that demand a high level of effort from work resources that enable employees to meet the demands and lower the costs of the demands. Medical representatives are subjected to both workload and travel demands, to target pressure and to role ambiguity and emotionally challenging interactions. These resources can be autonomy, supervisor support, product training, realistic targets, and territory information and EI-related competencies. EI can be viewed as an individual resource which can be used alongside job resources and interpersonal demands. This framework suggests that the EI–satisfaction relationship could be stronger when there is appropriate organizational support.

2.5.3 Conservation of resources theory

Conservation of resources theory suggests that people try to gain, defend and augment resources. Emotional regulation, supportive relationships and meaningful work can help employees ward off resource depletion. Multiple rejections, excessive travel and unrealistic goals can be emotionally draining. Research studies of Salespersons have used resource-based approaches to elucidate the link between emotional resources and well-being and organizational outcomes (Salesperson emotional intelligence at work, 2025).

2.6 Research gap and proposed model

The relevance of EI to employee attitudes and performance is supported by the literature, but there are three gaps. Firstly, the medical representative is not as well studied as nurse, pharmacists or general sales employees as an occupational group. Second, performance is usually assessed based on self-report or global ratings, instead of the four types of indicators: task, contextual, adaptive and objective. Thirdly, there is need for further testing of the interaction between individual EI conditions and organizational conditions. Based on the proposed model, EI is conceived as the antecedent of job satisfaction and job performance, job satisfaction as the antecedent of job performance, and organizational conditions as the control variables and/or moderators.

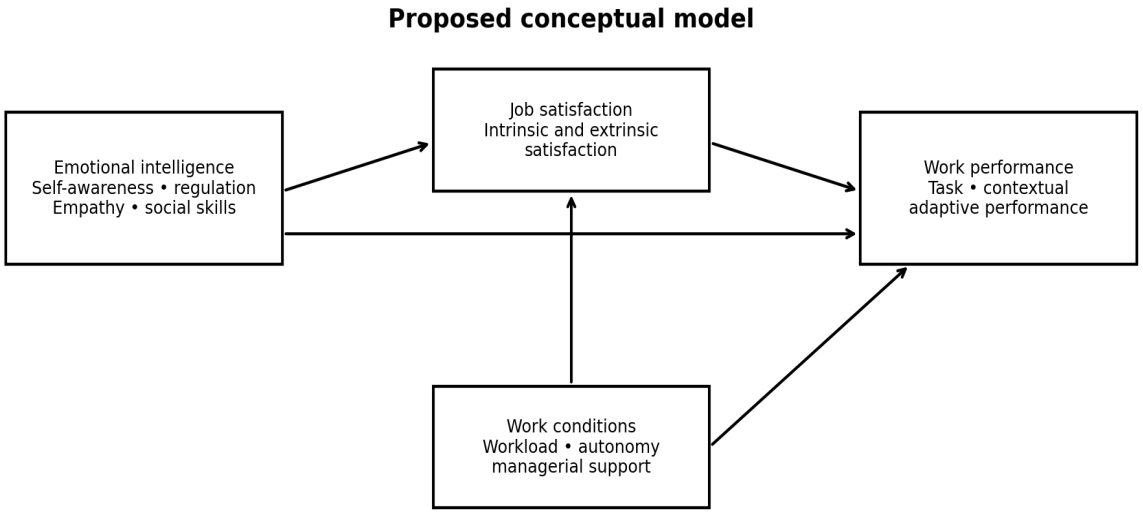


Figure 1. Proposed conceptual framework. Arrows indicate hypothesised associations, not established causal effects.

3. METHODOLOGY

3.1 Research design

A quantitative, explanatory, cross section survey is suggested as the design of the initial survey. The unit of analysis is the individual medical representative working for a pharmaceutical company. It is better to have a multi-company design as this provides variation in organizational practice and minimizes reliance on a single employer. Answers on the surveys should be tied to supervisor ratings and objective measures on the same time frame as long as this is feasible, provided there are measures to protect answers and confidentiality.

3.2 Population, sampling and sample size

The target population is medical representatives working full-time in medical product promotion and professional relationship management in the pharmaceutical industry. Requirements include at least 6 months of experience in the position, and direct responsibility for a specific territory or account portfolio. There may be instances where staff or employees who are temporarily working for the organization, or interns, are not included as representatives. Company type, geographic region and experience band can be used to create a stratified sampling strategy. The sample size needs to be calculated a priori using a power analysis on the smallest effect of substantive interest, number of predictors, statistical power and non-response assumed. The number of completed responses may be realistic for a model having a relatively small number of predictors, but this has to be determined by formal power analysis, not by a fixed rule.

3.3 Measures and operational definitions

Construct	Suggested operationalization	Illustrative indicators
Emotional intelligence	Validated WLEIS or equivalent, 5- or 7-point Likert response	Self-appraisal; others' appraisal; use of emotion; regulation
Job satisfaction	Validated short job-satisfaction measure	Intrinsic satisfaction; pay and incentives; supervision; autonomy; workload
Work performance	Multi-source scale and objective indicators	Task; contextual; adaptive performance; compliance; territory outcomes
Control variables	Demographic and work characteristics	Age band; tenure; education; territory type; company; workload; training

Where a self-report measure is appropriate, the WLEIS may be chosen, as long as it is licensed and validated. An existing scale with subdimensions that are relevant in the local working context can be used to measure job satisfaction. Ideally, performance should be based on a combination of supervisor ratings, validated self-report items and objective indicators. However sales volume alone doesn't work, since the market size, product availability, territory potential and promotion restrictions have an impact on performance regardless of the individual.

3.4 Questionnaire development and pilot testing

A participant information statement, consent confirmation, demographic, role, EI and job satisfaction and performance items should be included in the questionnaire. Modification of items should be done only when necessary, and should not change the original construct meaning. Content relevance may be addressed by a panel of an organizational behavior researcher, a pharmaceutical sales manager and a measurement specialist. Ambiguous wording can be discovered by cognitive interviews with a small sample of representatives. Completion time, clarity of items, and preliminary internal consistency should be evaluated in a pilot study. If significant changes are made to instruments, then the pilot participants should not be included in the final data set.

3.5 Data collection procedure

Data should be collected by a secure online questionnaire or sealed paper survey. There should be no compulsion to participate and managers should not be able to see individual responses. Invitations to be sent should include an explanation of the purpose of the study, the approximate amount of time that will be required, how personal data will be protected, and conditions for withdrawing from the study. If supervisor ratings or company performance data are to be used, linkage should be based on coded identifiers that do not form part of the survey, but are stored separately. Before recruitment the study should be given institutional ethics approval and should meet appropriate data protection and pharmaceutical promotion guidelines.

3.6 Data analysis strategy

Data screening, assessment of missing values, and response-pattern checks and examination of univariate and multivariate outliers are among the critical statistical analyses that should be conducted initially. Descriptive statistics should be used to summarize respondent characteristics and to create scores. Cronbach's alpha and composite reliability can be used to assess internal consistency; average variance extracted for convergent validity; and the heterograft–monotrait ratio (or another technique) for discriminant validity. Measurement model should be tested using confirmatory factor analysis before the interpretation of the structural paths.

Pearson correlation can be used to measure bivariate associations when assumptions are met. Multiple regression or structural equation modelling can be used to predict the direct links between EI and job satisfaction and performance. Bootstrapped 95% confidence intervals can be used to explore the indirect association suggested for job satisfaction. Longitudinal design will provide more temporal evidence with EI measured at Time 1, satisfaction at Time 2 and performance at Time 3. Cross-sectional mediation should be interpreted as an indirect statistical association, rather than as evidence of a causal mechanism.

3.7 Common method and robustness considerations

Common method variance can potentially result from all constructs being measured from a single source of information using one instrument at one time. Procedural remedies include separating predictor and outcome sections, assuring anonymity, using neutral wording and incorporating multiple data sources. Common method bias should not be assumed to be absent based on statistical diagnostics. Additional robustness checks could involve alternative EI specifications, subgroup analysis according to tenure and type of territory and including models with and without self-reported performance, and sensitivity analysis of influential observations.

3.8 Ethical considerations

The study should be conducted with informed consent, confidentiality, and voluntary participation and secure data storage. The following should not be disclosed to an employer in a manner that could impact employment decisions: The study should not lead representatives to the use of emotional methods for influencing healthcare professionals. Development of EI should facilitate accurate communication, empathy, professional integrity and ethical behavior, not coerced persuasion.

4. RESULTS AND ANALYSIS: SIMULATED DEMONSTRATION

This section provides simulated values, only for the purpose of illustrating how a result can be presented – IMPORTANT! The sample of 300 is a hypothetical sample and a field survey is not performed for this manuscript. The academic submission/publishing of this document requires replacing the numerical values with actual outputs.

4.1 Illustrative respondent profile

Characteristic	Category	Hypothetical n	Hypothetical %
Gender	Women	108	36.0
Gender	Men	186	62.0
Gender	Prefer not to say	6	2.0
Experience	Below 2 years	72	24.0
Experience	2–5 years	126	42.0
Experience	Above 5 years	102	34.0
Company type	Domestic	174	58.0
Company type	Multinational	126	42.0

In the illustrative profile, 42% of respondents have between two and five years of experience. This distribution is included to demonstrate a descriptive table and should not be interpreted as a profile of the medical-representative workforce.

4.2 Descriptive statistics and reliability

Construct	Mean	SD	Cronbach's α	Interpretation (illustrative)
Emotional intelligence	3.62	0.64	0.88	Acceptable internal consistency
Job satisfaction	3.48	0.71	0.86	Acceptable internal consistency
Work performance	3.71	0.59	0.9	Acceptable internal consistency

The simulated means are above the midpoint of a five-point scale. The illustrative reliability coefficients exceed commonly used preliminary thresholds, but actual reliability depends on the observed item covariance matrix and must be calculated from collected data. Reliability alone does not establish construct validity.

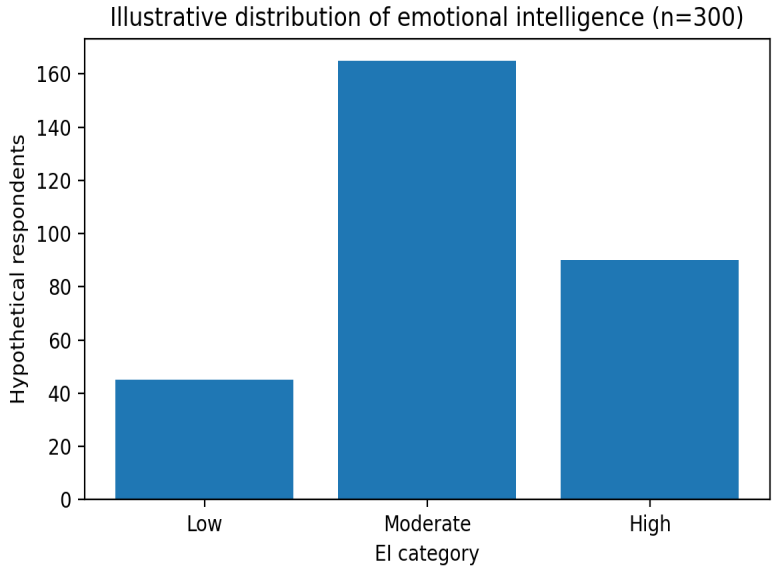


Figure 2. Hypothetical distribution of emotional-intelligence categories (n = 300).

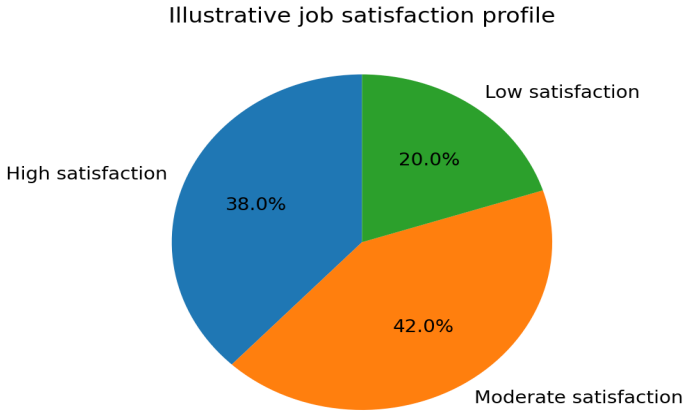


Figure 3. Hypothetical job-satisfaction profile. Percentages are illustrative.

4.3 Correlation analysis

Variables	1	2	3
1. Emotional intelligence	1.00		
2. Job satisfaction	0.46**	1.00	
3. Work performance	0.51**	0.43**	1.00

** p < .01 (simulated). The illustrative matrix shows positive associations among all three constructs. EI has the strongest bivariate association with work performance (r = .51), followed by EI with job satisfaction (r = .46). These correlations do not establish direction or causality.

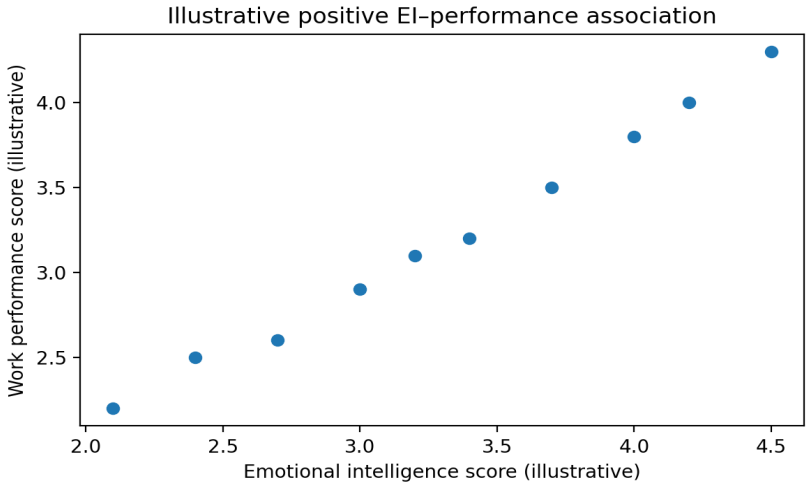


Figure 4. Illustrative positive association between EI and work performance; plotted points are simulated.

4.4 Regression analysis

Predictor	Standardised β	SE	t	p	VIF
Emotional intelligence	0.38	0.06	6.33	< .001	1.42
Job satisfaction	0.24	0.06	4.0	< .001	1.36
Tenure	0.08	0.04	2.0	0.046	1.12
Workload	-0.13	0.05	-2.6	0.010	1.28

Illustrative model fit: $R^2 = .34$; adjusted $R^2 = .33$; $F(4, 295) = 38.0$; $p < .001$. The simulated coefficients suggest that EI and job satisfaction contribute positively to performance, while workload is negatively associated with performance. The values are included to demonstrate reporting conventions only; they do not constitute evidence for accepting or rejecting the hypotheses in a real population.

4.5 Hypothesis assessment

Hypothesis	Proposed relationship	Illustrative result	Status in demonstration
H1	EI → job satisfaction	β = .46; p < .001	Supported in simulated data
H2	EI → work performance	β = .38; p < .001	Supported in simulated data
H3	Job satisfaction → work performance	β = .24; p < .001	Supported in simulated data
H4	EI → job satisfaction → performance	Indirect effect = .11; 95% CI [.05, .18]	Supported in simulated data

The H4 interval is derived hypothetically, and is not based on a bootstrapping procedure using real data. In studies, the indirect effect should be estimated by resampling and be reported along with a confidence interval for the effect. Even if the cross sectional indirect effect is statistically significant, it does not imply causation of mediation.

4.6 Interpretation of the illustrative results

The demonstration offers a logical outline for analysis sequence that should be followed: respondent profile, construct descriptives, measurement reliability, bivariate associations and the multivariable regression and indirect-effect assessment. It also demonstrates the importance of considering EI and satisfaction together. If the observed pattern is different from the one

specified in the original discussion, then the discussion needs to be updated accordingly, even if there were no significant or negative relationships. Illustrative results should not be kept just to show that they fit the hypotheses.

5. DISCUSSION

5.1 Emotional intelligence and job satisfaction

The suggested positive relationship of EI and job satisfaction aligns with the idea that emotional competencies facilitate the demands of interpersonal relations and the regulation of strains in the workplace. Healthcare professionals often come into contact with stakeholders with different time, expectations and product preferences. Self-awareness can assist representatives in recognizing if they are feeling frustrated or anxious before it becomes an issue in their professional conduct. Emotional regulation might help to cope with rejection, and empathy might enhance professional communication. Such processes may be related to more positive attitudes towards work.

The relationship will be unlikely to be independent of the organisational context. An emotional competent representative can still be unhappy when it comes to targets that are unachievable, unclear incentives, inconsistent product supply and/or unsupportive supervisory practice. The work-climate and job-stress approach proposed by García del Castillo-López and Pérez Domínguez (2024) reinforces the key role of taking into account the work climate and job stress in relation to individual EI. EI should not, therefore, be used to pass the buck for structural issues.

5.2 Emotional intelligence and work performance

Relationship management, listening, communication and adaptive responses are ways in which EI can assist in performance. Medical representatives must be able to communicate information in an accurate, understandable manner, and answer questions, using the information and evidence approved by the government and keep professional boundaries. Emotional awareness can help to recognise when a health professional is unengaged and/or concerned, and regulation can help to avoid defensive or inappropriate responses. These capabilities could help achieve contextual or adaptive performance, as well as commercial outcomes.

There is a relevant evidence base to be drawn from studies of salespeople. Rana et al. (2023) find that EI is positively associated with salesperson performance, while Yi and Amenuvor (2024) study EI and boundary spanning behaviour. The study of 2025 salespersons and their relationship with their own EI and meaningful work, flow and salesperson well-being and organisational outcomes. This research reinforces the justification for assessing EI in the pharmaceutical field sales environment and differences exist in role, market and measurement.

5.3 Job satisfaction as an explanatory pathway

Job satisfaction could be a component of the link between EI and performance. Those who handle emotional demands may see improved relationships at work, increased satisfaction, and in turn, persistence and discretionary effort. The reverse is also true, however: the performance can lead to rewards and recognition which can make people more satisfied. These temporal possibilities cannot be distinguished in a cross sectional design. Future research to examine the effect of EI on satisfaction and the effect of satisfaction on performance (measured independently of satisfaction) should use both longitudinal and multi-source measures.

5.4 Implications for pharmaceutical organisations

EI competencies can be built into development programmes with scenario play for emotional self-awareness, emotion regulation, empathy listening, constructive response to objections and conflict de-escalation. Trainings should involve realistic interaction and should be measured by behaviour observation not just the self-reported confidence. Coaching should empower evidence-based product communication, compliance and respect for the clinical independence of healthcare professionals.

Both quantitative indicators and quality measures should be included when evaluating performance. Product knowledge and accuracy of information, customer relationship quality, reliability and compliance with reporting can be related to sales attainment, territory coverage and planning calls. Objectives need to take into consideration the potential of the territory, the availability of the product and the market situation. Utilization of EI assessments for recruitment or promotion should be conducted with caution, transparency and validation; and should not be used as the sole screening method.

5.5 Implications for medical representatives

Structured reflection on work interactions, emotional triggers identification, preparation routines and feedback conversations are tools that representatives can utilize to build emotional competencies. These practices need to be seen as a way of training and developing rather than as a requirement to be able to control 'legitimate' feeling. Managerial support, having clear pathways for escalation and reasonable workloads will still be needed for sustainable performance.

5.6 Theoretical contribution

The proposed framework takes the EI study of a specific (pharmaceutical) field-sales occupation one step further by isolating task, contextual and adaptive performance. It includes person-resource explanations and job demands and organisational resources. It also accounts for satisfaction as a potential indirect pathway, and explicitly states that other temporal models exist. This specification provides a more detailed and specific empirical test relationship than an undifferentiated EI–performance relationship.

6. CONCLUSION

The differences among medical representatives in job satisfaction and work performance are theoretically explained by emotional intelligence. The occupation demands ongoing communication and interpersonal skills, emotional management, the ability to communicate ethically and to adjust to the commercial and professional requirements. EI can be linked with satisfaction by facilitating emotional demands management and may be linked with performance by communicating and with quality of relationships and adaptive behaviour. Job satisfaction is also statistically related to performance, but further research is needed to show the direction and mechanism.

The paper provides a conceptual model, measurement strategy and analysis plan for an empirical study of medical representatives. The numerical tables and visualisations are simulations, not empirical findings. Until a valid data set is gathered and analysed, no claim can be made about the prevalence, strength or significance of the relationships between real medical reps. Future studies should employ stratified sampling across pharmaceutical organisations, measures validated in the literature, supervisor assessment, and objective performance measures. The use of a time-lagged or longitudinal design would help to evaluate the temporal order and indirect effects.

7. LIMITATIONS AND FUTURE RESEARCH

The main drawback of this manuscript is the lack of original respondent data. The Results section is provided as an example of how results should be presented and should be deleted prior to submission. Even with a cross sectional survey, this would be limited in causal interpretation. Common method variance and social desirability can be an issue with self report measures. Findings may be generalised with caution due to regional or national differences in product portfolio, territorial potentials, organizational incentives, regulatory structures, and supervision. Future research should include self-report and ability-based EI measurement, multiple source of performance, pre- and post-intervention of EI development programmes, and test measurement invariance across regions and genders.

The wider labour and health-system context also applies to the proposed model. International labour-market reporting highlights continuing changes in employment conditions and work organisation (International Labour Organization, 2023; International Labour Organization, 2024). Context is provided to the healthcare environments in which pharmaceutical representatives work through comparative health-system indicators and health monitoring around the world (OECD, 2023; OECD, 2025; World Health Organization, 2024; World Health Organization, 2025). Employee experience, management practices and burnout prevention are also critical to workforce well-being and engagement, as highlighted by the following workforce well-being and engagement reports (Gallup, 2024; Gallup, 2025; McKinsey Health Institute, 2023; McKinsey Health Institute, 2024; Deloitte, 2024; Deloitte, 2025). These reports are not direct evidence of the effect of EI on job satisfaction or performance of medical representatives, but rather contextual sources. The WHO guidance on health workforce and responsible health technologies also highlights the significance of ethical principles and responsible communication in health-related activities (World Health Organization, 2023a; World Health Organization, 2023b).

There is further evidence of outcomes on the sector level that supports looking at EI in professional and commercial employment. Research on field-manager monitoring and sales performance (Baloch, 2023), pharmaceutical sales control systems (Cho and Nam, 2024), employee outcomes in Bangladesh (Karim et al., 2024), medical professionals in public and

private hospitals (Sahney et al., 2024), salesperson work engagement in the pharmaceutical industry (Al-Nami et al., 2025), and soft skills among medical representatives (Soft Skills, Strong Results, 2025) provides adjacent evidence for the variables and occupational context considered here. The salesperson well-being study (Salesperson emotional intelligence at work, 2025) also reinforces the value of the addition of well-being-related resources, when interpreting performance. These studies vary in terms of design and population and should not be combined as the same evidence.

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