

Emotional Intelligence and Career Decision-Making among Healthcare Students and Professionals: A Cross-Sectional Study in Morocco.

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Abstract

Introduction. Healthcare settings put constant emotional strain on anyone working or training in such environments. As a result, the decision to pursue a career in this field is determined not only by cognitive evaluation but by emotional abilities, such as self-awareness, the ability to regulate emotions, and empathy. Emotional intelligence has received much attention in relation to clinical work, but its application in career choice has not been much researched so far, particularly in North Africa. Hence, this research investigates the relationship between emotional intelligence and career choice among healthcare students and professionals in Morocco, at the same time studying the link between emotional intelligence and life satisfaction.

Methodology. A descriptive-analytical cross-sectional design was employed. The sample consisted of 207 participants (124 men, 59.9%; 83 women, 40.1%) selected by purpose from public and private health care and health-training institutions in Morocco, representing ten disciplines and eleven levels of training or professional experience. Life satisfaction was measured using an Arabic version of the Satisfaction With Life Scale (5 items, $\alpha = .77$). Emotional intelligence (8 items, $\alpha = .84$) and career decision-making (10 items, $\alpha = .87$) were measured using purpose-built scales. Parallel analysis supported a single-factor structure for each of the scales. Data were analysed using SPSS v25 with one-sample t-tests, independent-samples t-tests, one-way ANOVA, Pearson correlation and linear regression.

Results. Emotional intelligence was positively associated with career decision-making, $r = .58$, $p < .001$, and accounted for 33% of its variance, $F(1, 205) = 102.32$, $p < .001$. Life satisfaction showed a weaker association, $r = .39$, $p < .001$, $R^2 = .15$. In a multiple regression including both predictors, emotional intelligence remained the stronger contributor ($\beta = .50$, $p < .001$) alongside life satisfaction ($\beta = .17$, $p = .006$), together accounting for 36% of the variance. Neither emotional intelligence nor career decision-making varied significantly by gender, age, discipline, training level, or place of residence. Life satisfaction fell significantly below the scale midpoint and varied by age, discipline, and training level.

Discussion. Emotional intelligence was positively correlated with career decision making, $r = .58$, $p < .001$ and accounted for 33% of the variance in career decision making, $F(1, 205) = 102.32$, $p < .001$. Life satisfaction was less strongly related, $r = .39$, $p < .001$, $R^2 = .15$. When both predictors were entered together in a multiple regression, 36% of the variance was explained, with emotional intelligence ($\beta = .50$, $p < .001$) and life satisfaction ($\beta = .17$, $p = .006$) remaining the stronger predictors. There were no significant differences in emotional intelligence and career decision

making by gender, age, discipline, training level or place of residence. Life satisfaction was significantly lower than the midpoint of the scale and varied by age, discipline and training level.

Keywords: emotional intelligence; career decision-making; life satisfaction; healthcare students; healthcare professionals; Morocco

1. Introduction

Healthcare work is emotionally demanding in ways that few other professions are. Clinicians manage their own reactions while attending to patients' distress, and they do so under time pressure, with incomplete information, and often with consequences that matter. The professional choices made in such settings — which specialty to enter, whether to remain in a post, how to navigate a training pathway — are shaped by more than technical knowledge or labour-market information.

Psychological resources that facilitate functioning under these conditions have been proposed, including emotional intelligence. Broadly defined as the ability to perceive, understand, regulate and use emotional information in oneself and others (Mayer et al., 2016), it has been widely studied in relation to clinical performance, burnout and patient outcomes. However, its association with career-related decision-making has received less attention and almost none of the available evidence is from North African settings.

This gap is of practical importance. Health training institutions are increasingly looking for ways to support students in the development of coherent professional projects, and the training choices impact the eventual practice locations of graduates. If emotional competencies are correlated with the confidence and clarity with which career decisions are made, that has implications for curriculum design and for the counselling services that are provided within these establishments.

The current study investigated the relationship between emotional intelligence and career decision-making among health care students and professionals in Morocco. It also investigates life satisfaction as a second psychological correlate, allowing an evaluation of whether emotional intelligence is related to career decision-making independently of general well-being. We expected that higher emotional intelligence would go with higher career decision-making scores, and that this link would still hold once life satisfaction was taken into account.

The article has eight sections. Following this introduction, Section 2 reviews the literature on emotional intelligence, on career decision-making and on how the two may be connected, and sets out the hypotheses. Section 3 describes the design, the participants, the instruments and the analyses. Section 4 reports the results, and Section 5 discusses them in light of previous work and

draws out the implications for health training institutions. The limitations are covered in Section 6, the conclusion in Section 7, and Section 8 suggests directions for future research.

2. Literature Review

2.1. Emotional Intelligence: Concept and Measurement

The construct has been operationalized in two broad traditions. In ability models, emotional intelligence as a set of cognitive capacities is defined and measured with performance tasks that have right and wrong answers (Mayer et al., 2016). Trait models, instead, see it as a constellation of self-perceived emotional dispositions, measured through self-report (Petrides et al., 2016). The difference is not just technical: the two approaches are only moderately correlated with each other, and they predict different things. More in line with the trait tradition, Goleman's (1995) framework clusters emotional competencies into self-awareness, emotion regulation, empathy and relationship management and has been influential in applied and educational contexts. Its accessibility has led to widespread use in professional training contexts, but it has been critiqued for its conceptual breadth. The present study draws on this framework, and the measurement implications of that choice are addressed in the limitations.

Meta-analytic evidence suggests that emotional intelligence is associated with job performance across occupational sectors and these effects remain significant after controlling for cognitive ability and personality (O'Boyle et al., 2011; Vîrgă et al., 2021). The size of these associations is moderate, not large, and varies widely depending on how the construct is measured.

2.2. Emotional Intelligence in Healthcare Settings

Interest in emotional intelligence in health professions has burgeoned over the last 20 years. Cherry et al. (2014) conducted a systematic review of the literature on physicians, residents and medical students and found consistent, but methodologically uneven evidence. Much of the literature is based on small samples and cross-sectional designs. The authors noted that the field "has produced more correlational than explanatory findings."

In the context of nursing education, integrative reviews have identified associations between emotional intelligence and academic performance, clinical competence, and resilience during training (Foster et al., 2017; Lewis et al., 2017). Codier and Odell (2014) reported a small relationship between emotional intelligence ability and grade point average for nursing students. Studies in hospitals in Jordan have shown that emotional intelligence is related to nurses' intention to stay post (Al-Hamdan et al., 2017), and more recent work from the same region links it to perceived quality of care (Al-Oweidat et al., 2024).

Sharon and Grinberg (2018) examined whether emotional intelligence predicted success in nursing studies. They found significant, but selective associations, indicating that the construct is more strongly related to some aspects of professional development than to others.

2.3. Career Decision-Making and Its Psychological Correlates

Social cognitive career theory is the way people understand how individuals develop and follow through on career plans (Lent et al., 2002; Lent & Brown 2019). At the heart of this theory is self-efficacy. Self-efficacy means a person's belief in their ability to organize and carry out the actions needed to reach results (Bandura, 1986 1997). When it comes to career choices self-efficacy affects which options people see as possible how long they keep trying when there are problems and how sure they are when making decisions.

Taylor and Betz (1983) created a way to measure this idea. They found five areas of career decision-making behavior: self-appraisal, information, about jobs choosing goals making plans and solving problems. Tools based on these areas have been used in different cultures but they often needed a lot of changes to fit each situation (Betz & Hackett 2006). People have found out that being unsure about a career is not one thing it is many things. This makes it hard to compare studies that use different ways to measure career indecision.

Career indecision itself is a problem that people have been trying to understand. For example when people believe in themselves they have problems making career decisions. People with self-efficacy also do better when their career plans do not work out as expected.

Some studies have shown that people can change their beliefs about their careers. For instance Liu and his team found that university students who took part in programmes became more confident in their ability to make career decisions. Other researchers, like Mattingly and Kraiger found that training people to be emotionally intelligent also helped them make better career choices. Career decision-making is something that career indecision affects and self-efficacy is a part of career decision-making.

Previous Moroccan clinical research provides relevant contextual evidence. El Marjany et al. (2023a) examined emotional intelligence, life satisfaction, and depression among women with breast cancer, while El Marjany et al. (2026) reported a positive association between emotional intelligence and life satisfaction among patients with prostate cancer ($r = .279$, $p = .005$). Although these studies involved patients rather than healthcare trainees or professionals, they support the relevance of studying emotional competencies and subjective well-being in Moroccan healthcare contexts. They do not, however, establish an association with career decision-making.

2.4. Linking the Two Constructs

Two ways to think about this have been suggested. The first way is about knowing yourself: people who really understand how they feel may be better at figuring out which kind of job is right for them and they may be better at guessing how they will feel in a situation (Chesnut & Cullen 2014; Di Fabio & Kenny 2016). The second way is about dealing with uncertainty: when we make decisions about our careers we do not have all the information. Being able to handle that uncertainty without getting scared or making rash decisions may depend on how well we can manage our emotions.

Being happy with our life might be a reason why we see a connection between intelligence and being confident in our career choices. People who are happy with their life might say they have emotional intelligence and are also good at making career decisions but that does not mean the two are actually related. By looking at how happy people are, with their life we can see if this is really the case of just assuming it is true.

2.5. Hypotheses

H1. Emotional intelligence is connected in a way with career decision-making in the group of people studied.

H2. Emotional intelligence can predict career decision-making in the group of people studied.

H3. Life satisfaction is connected in a way with career decision-making, in the group of people studied.

H4. Emotional intelligence and life satisfaction together can predict career decision-making. Emotional intelligence still has an effect even when life satisfaction is taken into account.

H5. The levels of intelligence, life satisfaction and career decision-making are not very different based on gender, age, discipline, training level or where people live.

3. Methods

3.1. Design

A cross-sectional, descriptive-analytical design was used to examine the association between emotional intelligence and career decision-making among healthcare students and professionals in Morocco. Data were collected at a single time point using self-administered questionnaires.

3.2. Participants and Sampling

People took part in this study from private healthcare places and health training schools in Morocco. We sent them questionnaires and got answers from 207 people: 124 of them were men and 83 were women. Nobody left any questions blank.

The people who answered were a mix of students who are still learning and professionals who are already working. Out of the 207 people 139 were students in years of study 38 were professionals who had finished their training and 30 said they were something else. When we asked about age one of the answer choices was not very clear so we put the two people who picked that choice in the group. You can see all the details about the people in this study, in Table 1.

Table 1

Sample characteristics (N = 207)

Characteristic	<i>n</i>	%
Gender		
Men	124	59.9
Women	83	40.1
Age group		
18–22 years	39	18.8
22–26 years	31	15.0
26–30 years	37	17.9
30–36 years	37	17.9
36 years and above	63	30.4
Discipline		
Medicine	39	18.8
Nursing	28	13.5
Pharmacy	27	13.0
Medical analysis	23	11.1
Radiology	18	8.7
Physiotherapy and rehabilitation	16	7.7
Nutrition	16	7.7
Management	15	7.2

Mental health	13	6.3
Dentistry	12	5.8
Training / professional level		
Year 1	23	11.1
Year 2	23	11.1
Year 3	22	10.6
Year 4	26	12.6
Year 5	27	13.0
Year 6	13	6.3
Year 7	5	2.4
Graduate physician	12	5.8
Resident physician	8	3.9
Specialist physician	18	8.7
Other	30	14.5
Place of residence		
Urban	122	58.9
Rural	53	25.6
Peri-urban	32	15.5

3.3. Instruments

Three scales were given to participants. All of them were in Arabic. All of them used the 5-point way to answer. The numbers were 1 (strongly disagree) 2 (disagree) 3 (somewhat agree) 4 (agree) 5 (strongly agree). The full lists of the questions in Arabic with the English meaning are in Appendix A.

Life Satisfaction Scale. Life satisfaction was checked using a version of the Satisfaction With Life Scale (Diener et al., 1985). This is a test with five questions that measure how people feel about their lives. Total scores went from 5 to 25. The numbers showing how each question matches the

total score in the study group were from .32 to .63. The test was okay in how it worked together (Cronbachs $\alpha = .77$).

Emotional Intelligence Scale. An 8-question test was created based on Golemans (1995) idea. This idea includes self-awareness, controlling emotions, empathy and managing relationships. Total scores went from 8 to 40. Higher scores meant emotional intelligence. The numbers showing how each question matches the total score were from .46 to .71. The test was good in how it worked together ($\alpha = .84$).

Career Decision-Making Scale. A 10-question test was created based on the parts of career decision-making behavior found by Taylor and Betz (1983). These parts include looking at yourself knowing about jobs choosing goals, planning and solving problems. Total scores went from 10 to 50. Higher scores meant ability to make career choices. The numbers showing how each question matches the total score were from .46 to .69. The test was good in how it worked together ($\alpha = .87$). Factor loadings, item-total correlations and reliability numbers for all three scales are in Table 2. Results from analysis are, in Appendix B. The intelligence and career decision-making scales were made by the research team. They have not been tested before. This is one of the limits of the study.

3.4. Procedure and Ethical Considerations

Participation was voluntary and anonymous. Informed consent was obtained from each respondent, who was advised of the right to withdraw at any point without consequence. No identifying information was collected, and no foreseeable risk was associated with participation. The dataset supporting these analyses is available from the corresponding author on reasonable request.

3.5. Data Analysis

The data analysis used SPSS version 25 and R. Before testing the hypotheses, we performed an exploratory factor analysis of the scale. The sampling adequacy was estimated using Kaiser-Meyer-Olkin and Bartlett's test of sphericity. The number of factors to extract was established with Horn's parallel analysis which is believed to be less likely to lead to an extraction of too many factors. We used both Cronbach's alpha and McDonald's omega to measure the internal consistency.

Descriptive statistics were calculated for the variables. For testing the group differences independent samples t-tests and one-way ANOVA with LSD post-hoc analysis were used. The relationships among the variables were tested by means of Pearson's product-moment correlation and simple regression analysis, as well as multiple regression analysis. The p-value was considered significant at .05 level.

4. Results

4.1. Psychometric Properties of the Scales

All the three scales had an acceptable level of sampling adequacy for the factor analysis procedure: KMO = .80 for life satisfaction scale, .83 for emotional intelligence scale, and .87 for career decision making scale, all of which are above .70; Bartlett's test is significant in all cases ($p < .001$). According to Horn's parallel analysis, only one factor can be retained for each of the scales. For emotional intelligence scale, the first eigenvalue (3.88) was well above the 95th percentile benchmark of the randomly generated data (1.40), while the second eigenvalue (1.17) did not exceed the threshold of one (1.26). The same situation is observed in the career decision making scale (4.72 versus 1.45; second factor was 1.13 versus 1.32) and life satisfaction scale (2.67 versus 1.29). If one applies the traditional eigenvalue greater than 1 rule, there would be two factors for the first two scales; however, parallel analysis shows that the second factors do not differ from a sampling noise.

Single factor analysis explains 41.9%, 41.6%, and 43.0% of the item variance respectively. Factor loadings and reliability data can be found in Table 2.

Table 2

Factor loadings, item-total correlations, and reliability for the three scales (N = 207)

Item	Life satisfaction	Emotional intelligence	Career decision-making
1	.71 / .59	.70 / .63	.57 / .55
2	.69 / .59	.67 / .59	.48 / .46
3	.74 / .63	.81 / .71	.65 / .60
4	.70 / .61	.78 / .69	.74 / .68
5	.36 / .32	.53 / .49	.75 / .69
6	—	.65 / .58	.67 / .61
7	—	.47 / .46	.68 / .63
8	—	.47 / .47	.70 / .65
9	—	—	.60 / .56
10	—	—	.55 / .51

KMO	.80	.83	.87
Variance explained	43.0%	41.9%	41.6%
Cronbach's α	.77	.84	.87
McDonald's ω	.78	.85	.87

Note. Cells report factor loading / corrected item-total correlation. All item-total correlations significant at $p < .01$.

4.2. Descriptive Statistics and Overall Levels

Table 3 presents means, standard deviations, and one-sample t-tests comparing observed means against the theoretical midpoint of each scale.

Table 3

Observed and theoretical means for the three study variables (N = 207)

Scale	Theoretical mean	<i>M</i>	<i>SD</i>	<i>t</i> (206)	<i>p</i>
Life satisfaction	15	14.36	4.05	-2.28	.023
Emotional intelligence	24	26.84	5.73	7.12	< .001
Career decision-making	30	33.17	7.34	6.23	< .001

Emotional intelligence scores fell significantly above the scale midpoint, $t(206) = 7.12$, $p < .001$, as did career decision-making scores, $t(206) = 6.23$, $p < .001$. Life satisfaction, in contrast, fell significantly below the midpoint, $t(206) = -2.28$, $p = .023$.

This pattern is worth noting. Respondents reported comparatively high emotional competencies and confidence in career decision-making while simultaneously reporting below-average life satisfaction — a combination consistent with professional environments that are demanding on personal well-being even where professional functioning is maintained.

4.3. Group Differences (H5)

Table 4 summarises tests for group differences across the five demographic variables.

Table 4

Tests of group differences on the three study variables

Variable	Life satisfaction	Emotional intelligence	Career decision-making
Gender	$t(205) = -0.08, p = .935$	$t(205) = -0.53, p = .594$	$t(205) = -0.49, p = .622$
Age	$F(4, 202) = 3.80, p = .005^*$	$F(4, 202) = 1.19, p = .317$	$F(4, 202) = 1.52, p = .198$
Discipline	$F(9, 197) = 2.90, p = .003^*$	$F(9, 197) = 1.15, p = .327$	$F(9, 197) = 0.63, p = .773$
Training level	$F(10, 196) = 3.60, p < .001^*$	$F(10, 196) = 1.05, p = .406$	$F(10, 196) = 1.63, p = .100$
Residence	$F(2, 204) = 2.54, p = .081$	$F(2, 204) = 0.12, p = .885$	$F(2, 204) = 0.02, p = .979$

Note. Asterisks indicate statistically significant differences.

No significant differences emerged for emotional intelligence or career decision-making on any of the five variables. Life satisfaction, by contrast, varied significantly by age, discipline, and training level.

LSD post-hoc comparisons for age indicated that respondents aged 22–26 ($M = 12.35$) reported lower life satisfaction than those aged 30–36 ($M = 14.51$) and those aged 36 and above ($M = 15.63$); respondents aged 26–30 ($M = 13.97$) also scored lower than the oldest group.

For discipline, respondents in mental health ($M = 17.69$) and medicine ($M = 15.87$) reported higher life satisfaction than several other groups, with nursing ($M = 12.75$) and medical analysis ($M = 12.96$) among the lowest.

For training level, qualified practitioners — graduate physicians ($M = 16.58$), residents ($M = 17.00$), and specialists ($M = 18.06$) — reported higher satisfaction than most student cohorts.

H5 was therefore supported for emotional intelligence and career decision-making across all five variables, and rejected for life satisfaction with respect to age, discipline, and training level.

4.4. Emotional Intelligence and Career Decision-Making (H1, H2)

Pearson correlation indicated a significant positive association between emotional intelligence and career decision-making, $r = .58$, $p < .001$, $n = 207$. H1 was supported.

Simple linear regression showed emotional intelligence to be a significant predictor, $F(1, 205) = 102.32$, $p < .001$, accounting for 33% of the variance in career decision-making ($R^2 = .33$). H2 was supported. Regression results for both predictors are presented in Table 5.

4.5. Life Satisfaction and Career Decision-Making (H3)

Life satisfaction was also significantly associated with career decision-making, $r = .39$, $p < .001$. Regression indicated a significant but weaker relationship, $F(1, 205) = 36.17$, $p < .001$, $R^2 = .15$. H3 was supported.

Table 5

Simple linear regressions predicting career decision-making (N = 207)

Predictor	<i>R</i>	<i>R</i> ²	<i>F</i>	<i>B</i>	<i>t</i>	<i>p</i>
Emotional intelligence	.58	.33	102.32	0.74	10.12	< .001
Life satisfaction	.39	.15	36.17	0.70	6.01	< .001

Note. Intercepts were 13.37 for emotional intelligence and 23.10 for life satisfaction. Degrees of freedom for both models: $F(1, 205)$.

4.6. Joint Prediction (H4)

Both predictors were entered simultaneously in a multiple regression model. The model was significant, $F(2, 204) = 56.59$, $p < .001$, accounting for 36% of the variance in career decision-making ($R^2 = .36$, adjusted $R^2 = .35$). Emotional intelligence remained the stronger contributor, $\beta = .50$, $t = 8.10$, $p < .001$, while life satisfaction made a smaller but significant independent contribution, $\beta = .17$, $t = 2.75$, $p = .006$. Multicollinearity was not a concern ($VIF = 1.23$). H4 was supported.

Adding life satisfaction increased explained variance by only three percentage points over emotional intelligence alone (.33 to .36), indicating that the association between emotional intelligence and career decision-making is largely independent of general life satisfaction. Results are presented in Table 6.

Table 6

Multiple regression predicting career decision-making from emotional intelligence and life satisfaction (N = 207)

Predictor	<i>B</i>	<i>SE</i>	β	<i>t</i>	<i>p</i>
Constant	11.44	2.09	—	5.47	< .001
Emotional intelligence	0.64	0.08	.50	8.10	< .001
Life satisfaction	0.31	0.11	.17	2.75	.006

Note. $R^2 = .36$, adjusted $R^2 = .35$, $F(2, 204) = 56.59$, $p < .001$.

5. Discussion

This study examined the relationship between emotional intelligence and career decision-making among 207 healthcare students and professionals in Morocco, with life satisfaction included as a second correlate. Three findings merit discussion: the strength of the association between emotional intelligence and career decision-making, the near-total absence of demographic variation in these two constructs, and the divergent pattern observed for life satisfaction.

5.1. Emotional Intelligence and Career Decision-Making

The correlation established in this case ($r = .58$, $R^2 = .33$) is considerably higher than the usual levels that can be observed in the literature dealing with emotional intelligence since in most instances the data obtained from meta-analyses reveals much weaker correlation between emotional intelligence and some job-related outcomes (O'Boyle et al., 2011; Vîrgă et al., 2021). There are two possible explanations for this.

One of them is substantive. Indeed, it can be argued that the process of career choice in medicine relies much more on emotional intelligence than career decision-making in general since those are emotionally charged environments that respondents are choosing between. For instance, in case respondents contemplate the choice of emergency medicine or palliative care specialties, they assess their own possibility of working in emotionally demanding environments, which requires the exact level of self-awareness evaluated by emotional intelligence tests.

Another explanation refers to methodology and should not be neglected. Both measures involved self-assessment and were conducted on the same occasion, so there is always the risk of bias having influenced the results. Thus, those who evaluate themselves positively in one area could have done so in the other too. The obtained correlation should be therefore interpreted as an upper estimate rather than a precise value.

These findings align with the general direction of evidence from healthcare settings, where emotional intelligence has been linked to clinical competence and professional functioning (Cherry et al., 2014; Foster et al., 2017), and with social cognitive career theory's premise that beliefs about one's own capacities shape career behaviour (Lent & Brown, 2019).

These findings can be considered alongside earlier Moroccan evidence. In a clinical sample of patients with prostate cancer, El Marjany et al. (2026) found a positive, comparatively modest association between emotional intelligence and life satisfaction ($r = .279$). El Marjany et al. (2023a) also examined emotional intelligence and life satisfaction in women with breast cancer, and El Marjany et al. (2023b) studied life satisfaction and social support in the same clinical context. Because the populations, outcomes, and instruments differ, these studies offer contextual parallels rather than direct replication of the present career decision-making association.

5.2. The Absence of Demographic Variation

There were no noticeable differences based on gender, age, discipline, level of education, or residence. This uniformity provides informative data.

The bi-modal finding is in accordance with the research literature where mixed gender findings have been reported due to the various methods of measurement of emotional intelligence. The absence of variation based on training level is even more surprising: first-year students reported similarly effective career decision-making level and confidence, as specialist doctors ($M = 30.57$ vs. $M = 33.89$). Since career decision-making skill is acquired through training and experience, there should exist a gradient. There is none.

There are two possible interpretations of these findings. The first one is that confidence in career decision-making is established at a very early age or right when the person enters a medical career, thus remaining stable over the years. The second one is that the scale used in the current study was unable to capture the potential differences.

5.3. Life Satisfaction: A Divergent Pattern

The most surprising result relates to life satisfaction, which was much lower than the theoretical midpoint ($M = 14.36$ vs. 15 , $p = .023$)—the case for emotional intelligence and career decision-making measures was the opposite, as those scores were above the theoretical midpoint. It appears that respondents function well at work, but are not satisfied with their lives in general.

In contrast to the two previous constructs, life satisfaction showed systematic variation among respondents: respondents aged 22–26 had the least life satisfaction; qualified professionals were more satisfied than students in just about any aspect of life. The tendency can be explained by the

nature of the medical training: the age bracket of 22–26 corresponds to the time of the studies, meaning that many students experience high workload, take a longer time to qualify and have a limited degree of independence. It appears that satisfaction is improved once they graduate.

The discipline also played an important role in terms of life satisfaction. Mental health and medical respondents reported the highest life satisfaction, while the lowest life satisfaction was observed among nursing and medical analysis respondents. It is impossible to ascertain the causes of this difference unless further research is done, yet discrepancies in professional status, workload, and career prospects across these disciplines in the Moroccan context offers a plausible starting point for interpretation.

It suggests that while life satisfaction correlated with career decision-making ($r = 0.39$), it did so less strongly than emotional intelligence ($r = 0.58$). The multiple regression analysis confirms this, showing that including life satisfaction increased explained variance by three percentage points, while the standardized coefficient for emotional intelligence was nearly three times greater. In short, well-being does not seem to serve as the underlying mechanism through which emotional intelligence affects career decision-making.

5.4. Implications

The results indicate two different priorities for health-training institutions instead of one. Emotional intelligence is linked to career decision-making and seems capable of being developed with the aid of organized exercises (Mattingly & Kraiger, 2019), which makes it necessary to include emotional competency courses into the curriculum. However, the results of life-satisfaction research show something different: the mid-studies period is a stressful time, especially for nurses and laboratory students, which means that curriculum might not help solve this problem. Thus, counseling and support systems operating at this particular point in time are equally important.

As far as research is concerned, all demographic groups show the same levels of emotional intelligence and career decision-making, which differs from life satisfaction.

6. Limitations

Several constraints qualify the interpretation of these findings.

Measurement. This study developed its relationship between Emotional Intelligence and career decision-making variables without using any prior instruments. Exploratory analysis supported the existence of one dominating factor in each of these variables at the scales. However, the findings need replication. First of all, exploratory and confirmatory validation should not be based on one overlapping sample. Secondly, there is also the problem of convergent validity since this study

offers no evidence through established instruments measuring other aspects of these constructs. All of this means that the Emotional Intelligence scale used in this study may measure a limited number of emotional intelligence elements because it includes eight items requiring measurements to reflect four conceptual domains successfully. A problem related to the format of response arises as well. Respondents have been given five options for each statement, but these options cannot be considered equal in a semantic sense.

Common method variance. All data was obtained through self-reporting during the same data collection method. The issue in this circumstance is that shared method variance may play a role in the results seen rather than the influence of the actual theoretical ties between the constructs only.

Design. The cross-sectional design does not make any causal statement possible. Since emotional intelligence is treated here as an independent variable from a theoretical viewpoint, the collected data fit equally well with the reverse influence or the influence of some ill-defined third factor.

Sampling. Due to the recruitment method used, the sample does not represent the whole population of Moroccan healthcare students and professionals. Furthermore, the distinct number of respondents in each range of training limits the relevance of any future group comparisons.

Sample composition. Although the sample used contained students and practicing professionals, thus allowing for comparing them, it should also be noted that these groups differ not only in their training gained but also in different aspects, which is why the analysis carried out may be bold.

7. Conclusion

Emotional intelligence has a positive relationship with career decision-making, as shown by its correlation with variance observed in the score of decision-making, which is one of the findings of this study that involved 207 healthcare students and professionals from Morocco. Other concepts studied was life satisfaction, which had a weaker influencing relation; both emotional intelligence and career decision-making have shown no difference based on such factors as gender, age, area of discipline, the level of education, or place of residence.

A most specific feature here is the diverging results between the above-mentioned concepts and life satisfaction. The data obtained from respondents shows that emotional intelligence and career-deciding competencies are well-above average level while life satisfaction is lower than average, and the latter changed according to gender and level of study as low levels of life satisfaction were reported by students and those studying nursing or laboratory professions.

What the current study suggests for health education organizations in Morocco is that emotional competency training and student life wellness support represent different problems and require different solutions. What the current research wants to show to the audience is that these two should not be regarded as interchangeable indicators of professional adjustment.

These conclusions rest on measures developed for this study and on a cross-sectional design; they require confirmation using validated instruments and longitudinal data before being treated as established.

8. Suggestions for Future Research

Four directions follow directly from the limitations above.

Instrument validation. The one-factor solution must be validated through confirmatory factor analysis on other data sets, and the convergent validity must be assessed based on emotional intelligence and career decision upon the same measures. Until the above research is realized, the comparison of effect sizes with the previous literature will only be a provisional estimate.

Longitudinal designs. . By following subjects in different stages of education, we would learn whether the observed stability signifies real development, or non-sensitivity to measurement, and would be able to research the order of appearance of emotional intelligence and career decision-making.

Mediating and moderating variables. The impact of one factor on another has not been tested yet. Self-efficacy, social support, and occupational stress may serve as such factors; workload can also be noted, especially because of the trend in life satisfaction across education cycles.

Discipline-specific investigation. The areas of innovational sciences has brought surprises as we did not expect to see such differences in satisfaction based on the discipline people study . Qualitative work with nursing and laboratory-science respondents in particular would help identify whether the pattern reflects workload, professional status, career prospects, or some combination of these.

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Appendix A: Scale Items

All items were administered in Arabic. English translations are provided for reference. Response options: 1 = strongly disagree, 2 = disagree, 3 = somewhat agree, 4 = agree, 5 = strongly agree.

A1. Satisfaction With Life Scale (Diener et al., 1985), Arabic version

1. My life is close to my ideal. — حياتي قريبة من الصورة التي أتمناها
2. The conditions of my life are excellent. — ظروف حياتي ممتازة
3. I am satisfied with my life. — أشعر بالرضا عن حياتي
4. So far I have obtained the important things I wanted in life. — حصلت على أهم الأشياء التي أردتها في حياتي
5. If I could live my life over, I would change almost nothing. — إذا أُتيحت لي فرصة عيش حياة أخرى، فلن أغير فيها شيئاً

A2. Emotional Intelligence Scale

1. I can identify the causes of my feelings. — أستطيع التعرف على أسباب مشاعري
2. I set clear goals and work towards achieving them. — أضع أهدافاً واضحة وأسعى لتحقيقها
3. I am able to control my emotional reactions. — أتمكن من السيطرة على انفعالاتي
4. I understand my feelings clearly. — أفهم مشاعري بوضوح
5. I believe in my own competence. — أؤمن بكفاءتي الذاتية
6. I can calm myself down when angry. — أستطيع تهدئة نفسي عند الغضب
7. I empathise with the feelings of others. — أتعاطف مع مشاعر الآخرين
8. I motivate myself to undertake difficult tasks. — أحرّك نفسي للقيام بالمهام الصعبة

A3. Career Decision-Making Scale

1. I assess my professional abilities and interests objectively. — أقيم قدراتي واهتماماتي المهنية بشكل موضوعي
2. I identify the values I am seeking in my career path. — أحدد القيم التي أبحث عنها في مساري المهني
3. I find accurate information about different career options. — أجد معلومات دقيقة حول الخيارات المهنية المختلفة
4. I use varied sources to learn the requirements of different jobs. — أستخدم مصادر متنوعة لمعرفة متطلبات الوظائف المختلفة
5. I set career goals consistent with my skills and interests. — أحدد أهدافاً مهنية تتوافق مع مهاراتي واهتماماتي
6. I develop a clear plan to achieve my career goals. — أضع خطة واضحة لتحقيق أهدافي المهنية

7. I familiarise myself with relevant academic or training programmes. — أتعرف على البرامج الدراسية أو التدريبية
8. I evaluate the resources and challenges I may face in my career path. — أقيم الموارد والتحديات التي قد تواجهني في مساري المهني
9. I adapt to changes or obstacles in my career path. — أتكيف مع التغيرات أو العقبات في مساري المهني
10. I seek help when facing difficulty in making a career decision. — أطلب المساعدة عند مواجهة صعوبة في اتخاذ قرار مهني

Appendix B: Parallel Analysis Results

Eigenvalues obtained from the observed correlation matrices, compared against the 95th percentile of eigenvalues from 1,000 randomly generated datasets of equivalent dimensions. A factor is retained where the observed eigenvalue exceeds the corresponding random-data value.

Table B1

Horn's parallel analysis for the three scales (N = 207)

Scale / Factor	Observed eigenvalue	Random data (95th pct)	Retained
Life satisfaction			
Factor 1	2.67	1.29	Yes
Factor 2	0.88	1.14	No
Emotional intelligence			
Factor 1	3.88	1.40	Yes
Factor 2	1.17	1.26	No
Factor 3	0.86	1.16	No
Career decision-making			
Factor 1	4.72	1.45	Yes
Factor 2	1.13	1.32	No
Factor 3	0.88	1.22	No

Note. Bartlett's test of sphericity was significant for all three scales ($p < .001$).