

EMOTIONAL INTELLIGENCE AND JOB BURNOUT AMONG HEALTHCARE PROFESSIONALS DURING COVID-19

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Abstract

This study aims to examine the association between emotional maturity (EI) with job burnout amongst healthcare professionals (hcp) participating in Covid-19. Empathy (EI) is increasingly acknowledged as having a potential role in healthcare disciplines, both for the mental health of individuals and for professional practice. As part of the design and implementation of this study, 178 healthcare workers from private business Multi-Specialty clinics across Hyderabad, Telangana, India, completed a questionnaire. The findings of structural equation modeling confirm the theory that emotional intelligence had significant effects on the perceptions of job burnout among healthcare professionals. Emotional intelligence has a substantial effect on the occurrence of job burnout. According to the study and over half of the health professionals in this category felt burnout during the COVID-19 epidemic. Work-related and physician burnout were more prevalent among HCWs who had direct contact with COVID-19, a medical concern, and who lacked psychological support. Due to the unpredictability of the pandemic's progression, it is desirable to develop health measures, support, and longitudinal research in HCW burnout intervention. This study can assist healthcare organizations like hospitals in assessing the emotional intelligence among their staff. It is vital to establish new measures to control current healthcare's innovative situations. As it has been established that these efforts can result in emotional capacities in any individual, there's really hope for each and every healthcare professional who aspires being more successful and effective.

Keywords: Covid-19 Depersonalization, Pandemic, Emotional Intelligence, Burnout, Identity, Self-Regulation, Empath, Internal Motivation, and Self-Regulation. Emotional weariness, the application of structural equation modeling, Healthcare professionals,

1. INTRODUCTION

Over 2.81 million people have died as a direct result of the SARS-CoV-2 epidemic that has infected 129 million people. Physical and psychological effects have been felt by those who have escaped the pandemic. As a result of the lockdown strategy, many people have been socially isolated, which has had significant economic consequences. According to Brooks et al. (2020), many more people have been affected by disorders such as sadness, anxiety, panic attacks, insomnia, a weakened immune system, and comment distress symptoms as a result of such changes in their relationships or daily routines. Individual health investments, such as promoting healthy lifestyles and abilities such as self-care and emotional intelligence (EI), such as those noted by Sarrionandia & Mikolajczak (2019), could help reduce the negative effects of stress and help people stay healthy under these circumstances, according to the authors. The natural and behavioural aspects of EI have been shown in recent meta-analyses to be associated with both mental and physical health.

According to Xiao et al. 2020, healthcare workers are more stressed when the incidence of an illness is higher. According to Reus and Liu (2004), emotional intelligence is the ability to

notice and regulate one's own emotions. Emotional Intelligence's link to social relationships is expected to have a positive effect on work-related engagement and burnout on the other hand. The importance of emotional intelligence (EI) in health care organisations is evident, as those who have higher EI are much more compassionate, empathic, powerful, gentle, and capable of managing the emotions more are more likely to successfully to care for their patients and thus their clients, as stated by Liu, Goryakin, Maeda, Bruckner, as well as Scheffler (2017). The rate of employee turnover is becoming increasingly important for health care organizations because of the industry's perpetual state of flux.

In their study, Fitzpatrick (2016) found that supervisors that provide encouragement and maintain motivation, while also fostering innovation and shared ownership, are essential for retaining and modifying employee performance. Empathy has been linked to social representations of leadership, such as transformative leadership, which are associated with improved patient outcomes. Healthcare care organizations are comprised of a variety of healthcare professionals, such as physicians, physiotherapists, nursing, healthcare administrators, and social workers, who interact with patients on a regular basis. Consequently, one focus of this research is to evaluate the impact of EI on burnout among healthcare workers.

For this reason, additional research is required to investigate how dispositional tendencies in emotional maturity tend to inhibit and counteract burnout symptoms. This paper examines the prevalence of job-related burnout and also how emotional intelligence controls its effect using the cumulative quantity of burnout and the regulatory effect of emotional intelligence, respectively. The purpose of the correlation is to determine the relationship among emotional intelligence domains with job-related burnout. In light of the prevalent study and previous findings, it is suggested that work-related burnout & emotional intelligence are associated. Specifically, a higher emotional intelligence score correlates with a lower occupational burnout score. Workplace burnout among healthcare workers, as well as their daily interactions with patients, will be examined through the lens of an emotional maturity model and hypothesis developed by our team. We investigated notions associated with emotional intelligence & job exhaustion. Lastly, the study includes the types of tools used to measure EI or job burnout, as well as an investigative evaluation and aims to determine how sociodemographic factors influence the prevalence of burnout.

In this study, Health professionals from 3 private sector Multi-Specialty hospitals from Hyderabad, Telangana, India, namely Ap, A, and Y hospitals, were surveyed (the names of the respondents are private & confidential).

2. BACKGROUND OF STUDY

Worker well-being can be improved by increasing emotional intelligence, which lowers the negative effects of emotional pain. This is owing to the fact that personalities with resilient social attention are the cleverest in determining how to behave in contradictory community situations. In light of this, we have chosen to investigate the relationship between job burnout with emotional intelligence among healthcare professionals. The majority of research on emotional intelligence amongst healthcare professionals has focused on hospital-based

healthcare practitioners. Although attention to patients' emotional and material needs has been emphasized in healthcare for quite some time, it remains a fundamental aspect of patient care.

Williams (2000) pointed out It is anticipated that the healthcare professionals would maintain the specialized space with their consumers by confronting their true feelings. Added just, a shift away from objectivity and putting clients in a situation about cheerier interactions with clients and care givers was shaped. Today, interaction is valued in the health industry, highlighting the significance of interventions between healthcare professionals and patients to improve their health outcomes and the performance of workers. In accepting norms of comprehensive care, healthcare professionals are most entangled not only in the bodily difficulties of their patients, but also in their emotional distress.

Abdo et al. (2015) propose that Job Burnout related with the professions is a severe topic affecting numerous workers who employment is in relation to persons, particularly health practitioners. Burnout syndrome has been extensively analyzed and characterized as an emotional ailment resulting from client maintenance's endless expressive and substantial strain. Marilaf Caro et al. (2017) reported that healthcare workers suffering from exhaustion have emotional overtiredness, negative or sarcastic assertiveness toward patients, depersonalization, and lack of private profession performance.

3. PROBLEM STATEMENT

The ability to connect with others on an emotional level is critical for healthcare providers who want to build trusting relationships with their patients and coworkers. Emotional intelligence and physician conduct play critical roles in healthcare organizations, as employees' tasks vary and are necessary for giving care to patients. It has been the subject of much research as to the factors that contribute to burnout syndrome and emotional intelligence in healthcare personnel. Emotional intelligence, which includes empathy, self-regulation, and demonization, is essential to preventing occupational burnout, which can be caused by a lack of these skills.

It may be owing to a lack of internal motivations or self-awareness that healthcare employees face challenges in their organizations, which may result in depersonalization or lack of concentration at work. This may result in employees leaving the organization, affecting patient care, patient safety, and the organization as a whole. The primary problem is a lack of emotional intelligence amongst their healthcare personnel. Hospitals and other health care organizations must take future initiatives to build emotional intelligence and reduce burnout among healthcare personnel inside the organization.

4. RESEARCH QUESTIONS

1. How is self-awareness related to job burnout amongst healthcare professionals?
2. What is the connection between self-regulation and employee burnout in the healthcare sector?
3. What impact does internal motivation have on healthcare professionals?

4. Why is empathy crucial for healthcare workers and why is it essential for healthcare organizations?

5. RESEARCH OBJECTIVES

1. To investigate the connection between self-awareness with job burnout amongst healthcare professionals..
2. To investigate the association between self-regulation with job burnout among healthcare professionals.
3. To explore the relation between Internal Motivation & burnout among health professionals.
4. To explored the correlation between empathy and job fatigue among healthcare professionals.

6. LITERATURE REVIEW

6. 1 Emotional Intelligence

That's according to Cejudo et al. (2018), which suggests that teaching health personnel about emotional maturity could help them lessen the impact of stress on patients' mental health. COVID-19's psychological impact on healthcare workers has been studied in Spain. Specially trained health care workers and individuals who are exposed to COVID-19 via their relatives report an increased level of stress as a result of the disease. Those in the field of emergency medicine have also been adversely affected (Portero de Cruz, Cebrino, Herruzo, and or Vaquero-Abellan, 2020).

Emotional intelligence, according to Chan (2004), also includes the following charts: emotion appraisal, effective regulation, empathic awareness, or positive regulation. The hopeful something to principles of emotions inside the individuality (e.g., expect things to get better), compassionate awareness includes recognising other people's emotions (e.g., recognising emotions from facial expressions), and optimistic exploitation contains consumption levels of feelings. Emotional appraisal and optimistic exploitation are all components of emotional appraisal.

For both people and organizations, emotional maturity is a crucial and likely advantage. Klausner (1997) emphasised the need of valuing mentally intelligent individuals in order to influence social interactions. Leadership requires a high level of emotional intelligence at the administrative level. Increased optimism and lower impulsivity have been linked to empathy by Schutte et al. (1998). In the face of hardship, emotionally mature people are better equipped to combine their feelings with activities to lessen the negative effects.

Evan Tarver explored internally and externally motivation in 2020. It consists of internal motivational elements such as competence, motivation towards achievement and attitudes, and motivation towards creation, all of which can assist us in achieving success. In their study, Holly Thompson (2021) discussed self-regulation skills. In their article, they discussed the

aspects of self-regulation skills, such as the conscious decision to pursue personal goals despite of external or internal obstacles. Adaptability is the ability to modify one's responses and emotions to new situations, which enables one to manage change. The identity skill can also render one more adaptable to differing viewpoints and opinions, allowing them to examine challenges from many vantage points.

Training one's mind and emotions to be optimistic involves being able to remain calm when feeling pressured, anxious, or depressed. If you are an effective self-regulator, you likely view obstacles as learning opportunities and enhance your future efforts. Constantly seeking out the positive enables self-regulators to better their own actions and behaviors while remaining motivated and focused. Experts in health care are regularly subjected to stressful work environments with elevated levels of interaction. During interactive service contacts, these workforces are responsible for managing their emotions, expressing their moods accurately, and demonstrating compassion. They may suffer from exhaustion, depersonalization, and a decreased sense of personal accomplishment as a result of their work. Emotional exhaustion, depersonalization, and professional underachievement are all reduced in the presence of a health care worker who can monitor and regulate their feelings throughout patient contacts. Emotional intelligence training has been examined in healthcare settings where interpersonal ties with patients and staff are critical.

6.2 Job Burnout

M. & L. Maslach and Associates (1997), Anxiety, despair, physical illnesses, and even insanity can all result from job burnout. As the field of human services evolved, this concept of burnout was solidified in fields including social work, education, and health care. People who work with the public in a healthcare facility are at risk for burnout, which is characterized by emotional depletion, depersonalization, and constrained personal achievement. Nurses make up a sizable portion of the medical community, and as a result, burnout among nurses is a common topic of discussion. Job burnout is a term used to describe the psychological effects of prolonged periods of stress on health care professionals, such as nurses, doctors, or medical technicians.

6.2.1 Emotional Exhaustion

The state of burnout is characterized by heightened sensations of emotional exhaustion. Typically, exhaustion is regarded as a process that progresses over time. When an organization's emotional resources are drained, employees feel unable to contribute on a psychological level. Disputes the claim that emotional exhaustion is an indication of strain. Excessive degrees of emotional tiredness are associated with elevated levels of depersonalization and, by chance, poor levels of personal accomplishment.

6.2.2 Depersonalization

Emotional exhaustion may play a role in the development of ethical perceptions and emotions towards customers. Burnout begins with a decline in depersonalization, which then leads to a decrease in self-esteem and, finally, to an increase in emotional exhaustion. It can also be

described as a way of life in which individuals are seen as nothing more than things or substances to be manipulated.

6.2.3 Personal achievement

It is a tendency to overestimate oneself in regard to one's effort with clients. In this technique, employees are dissatisfied and despondent because they believe they cannot effectively allocate resources to numerous tasks. This aspect of burnout is a "negative self-evaluation" that mimics a decline in people's feeling of their own competence value.

It is frequently discussed among healthcare professionals for a variety of reasons, including the reality that nursing is indeed a significant body of medical professionals having high levels of weariness. For health care professionals such as nurses, physicians, and medical technologists, job burnout is indeed a model used to describe the mental condition caused by prolonged periods of high stress levels. Burnout and empathy fatigue are the two most frequently discussed characteristics of the nursing profession's professional excellence. Due mostly to their personalities as well as the emotional demands of the career, healthcare professionals are at a heightened risk for burnout.

Maslach et al. (2001) proposed that kind treatment of clients is concentrated on empathy, kindness, and humanity of the care offered in the health system, and not just drugs. In an employment environment that is not always conducive to hopeful outcomes, the healthcare practitioner consistently interacts with the patient on a very intimate level. Physical, emotional, or psychosomatic strains and functional difficulties initiate tedium. When nurses care for emotionally demanding patients, such as those who are difficult to deal with, illogical, or who suffer from terrible conditions (such as pain and improbability of death), they may experience exhaustion as a result. Gratitude for the caregiver's occasional rejection of an emotional reaction to a patient's sedatives is also prompted by job fatigue. Tiredness is frequently viewed as a long-term phenomenon that steadily worsens. Individuals who suffer from high levels of emotional weariness report more feelings of depersonalization and poorer performance. Burnout begins with a decline in depersonalization, which limits positive feelings about one's own accomplishments and, as a result, leads to a state of extreme emotional exhaustion.

In discussing the origins of burnout, human-services profession, worker association, and employee-client ties have primarily changed, according to Sharma et al. (2016). These relationships may be evaluated as the original premise of the most fundamental causes of tiredness. They found that nurses face tensions between their personal and professional lives, and that a crisis like an epidemic, with its accompanying stress and emotional demands, exacerbated these issues. As a result, anxiety disorders such as panic attacks were more likely to develop. New information on the connection between emotional maturity and fatigue in the context of specific personal experiences has emerged. The negative and significant connection between empathy and emotional exhaustion and depersonalization, but the positive correlate with personal achievement.

6.3 Review of Theoretical Constructs

As this research focuses on EI and job burnout, Mayer and Salovey's theory for explaining emotional intelligence serves as the primary theory, while Goleman's mixed model for emotional intelligence serves as a supporting theory. This paper explained job burnout utilizing Maslach and Jackson's burnout theory and the burnout cycle hypothesis.

6.3.1 Mayer and Salovey's Model of Emotional Intelligence

Mayer and Salovey (1997) stated that Emotional Intelligence is a distinct intellectual skill that is associated with general aptitude. This model consists of four distinct capacities (or subdivisions): awareness to emotion, emotional adventure, acceptance of emotions, and emotional regulation (Mayer & Salovey, 1997). The progression of these subcategories from simple through higher-order aptitudes is orderly (Mayer & Salovey, 1997).

Emotion vision is the ability to perceive one's own and others' emotions. It also includes recognizing nonverbal cues and sensing motivations including such backgrounds and experience (Mayer & Salovey, 2003).

The term "emotional expedition" refers to the ability of emotions to help in three ways: by emphasising significant environmental factors, by altering mood, and last, by contributing multiple rational arguments in favour of empowerment (Mayer & Salovey, 2003).

6.3.2 Goleman's Mixed Model of Emotional Intelligence

According to Goleman, a psychologist who'd already previously written about the mind and attitudes for the New York Times, Salovey and Mayer encouraged him to conduct his own research in the 1990s, which led to the publication of Emotional Intelligence (1995). The Emotional Awareness model was expanded as a result of this important text, which increased its legitimacy in both the governing and non-governing sectors. In Goleman's approach, each of the four fundamental concepts entails a specific set of emotional abilities. Goleman (1998) argues that individuals are born with a reciprocal EI that determines their ability for emotional capabilities.

In the first place, the ability to recognise and understand one's own emotions, as well as how they affect one's behaviour, is known as self-awareness, and it is the basis for all subsequent concepts. Structural development necessitates self-awareness. It gives you the ability to accurately diagnose the problem and then choose the best course of action. Separating the influence of emotions on association from that of emotions on execution is a smart move. Executives can reap various benefits from the second concept, self-management, by taking a more self-aware approach to their work and engaging their emotions in relation to the responsibilities and assigned goals. It's important to understand that effective self-management requires both self-control and flexibility in response to ever-changing circumstances. Emotional intelligence is the ability to recognise and understand other people's feelings while also being aware of social institutions. When it comes to a company's ability to provide optimal results, cultural consciousness and emotional intelligence play a crucial role. Empathy is an important component of emotional intelligence, which may be demonstrated by gossiping

about planning and group dynamics. By being aware of the needs of others, we were better able to support our coworkers and achieve the best possible outcomes. After developing empathy, the next step is to build strong links between the leadership and his or her team and to cultivate trust. Finally, the ability to excite, support, or advance people while dealing with conflict is part of affiliation administration, the third component (Goleman, 1998).

6.3.3 Maslach Burnout Inventory

Emotional tiredness, depersonalization, and impaired personal achievement are all symptoms of burnout, according to Maslach and Jackson (1997). The state of being intellectually and emotionally exhausted and spent is known as "emotional fatigue." Depersonalization is characterized by the individual's pessimism and unwarranted assertiveness with patients, which may cause the individual to learn the issues they face. Depersonalization may result from emotional exhaustion. Therefore, these first two characteristics of exhaustion may be interrelated. The third attribute of tiredness highlighted by Maslach & Jackson is accelerated individual accomplishment. This occurs when employees feel despondent or hopeless about their employment with customers.

According to Maslach & Jackson (1997), those whose position is in relation to a public and the problems are more likely to experience anxiety and thus feel exhausted. It is due to the fact that a person's feelings, concerns, irritations, and troubles are accentuated when he or she associates with polar opposites. According to Maslach and Jackson (1997), the effects of fatigue on workforces, customers, and the employed atmosphere are clear. They have proposed reports in order to learn more about this phenomenon and its implications. As a result of burnout, a decrease in the value of care provided, work income, absenteeism, confidence, individual issues, physical fatigue, sleep disorders, drug and alcohol addiction, or family tensions might arise.

The Maslach Burnout Inventory (MBI) was developed by Maslach and Jackson (1997) to measure these three aspects of employee burnout. 22 components are divided into three subscales on this instrument. Emotional exhaustion, depersonalization, and personal achievement will all be examined in a nine-point scale. Individual views and opinions have been recognised as areas that need to be addressed on a regular basis (from zero where is never to seven where is daily). MBI's concentration also was determined in 1981 by modifying the standard procedure. Due to its demise, this phrase is no longer included in the final version of the book.

The top values of the first and secondary sub - scales indicate the highest levels of burnout. On the other side, the lowest values on the final subscale, personal achievement, indicate a greater amount of burnout. The maximum range of each subscale is evaluated separately and is not combined into a single computation. 1997 (Maslach & Jackson)

The interesting part of the Maslach Burnout Inventory (1997) would be that defendants must not be aware that the MBI is calculating their level of burnout, as Maslach believes that individuals have diverse perspectives on burnout in order to reduce the impact of such dogmas.

Due of this, the test was referred to as the MBI Social Service Survey as opposed to the Maslach Burnout Inventory.

6.3.4 Burnout cycle theory

7. A Conceptual Framework

Conceptual framework states about the dependent and independent variable Referring to Kraft (2006, 31), physician Freudenberger with colleague Gail North presented the most comprehensive breakdown of burnout phases, termed the "Burnout cycle," which consists of 12 stages. These phases not only aid in the improvement of the burnout activity's thoughtfulness, but also in the period analysis of the this condition. It is essential to keep in mind that these phases are not required to comply with any of the specified commands. According to Freudenberger & North, "many sufferers avoid particular stages, while others experience them at different times." (Freudenberger & North n.d., referenced in Kraft 2006.) These are the phases of burnout:

1 In the initial phase of burnout, an individual will be focused with proving themselves to both themselves and others. In this phase, determination is measured at the highest level of the disturbed individual's inclination. This may suggest that willpower and stress are accompanied by improper emotion.

2 The second stage of burn is characterized with working harder to achieve excessive personal goals. Primarily, at this juncture, the primary motivations for being a hard working person are these individual prospects as well as a fascination with control and dominance.

3. During this period of burnout, the person turns to avoidance and is indifferent about his requirements, including rest and food. He is concerned with the unknown, but considers these martyrs to be his heroes due to his work. Even with close family and acquaintances, the person's social ties diminish.

4 In the fourth phase, the most prominent physical signs of burnout may manifest. In this stage, the exaggerated individual is aware of an increase in the balance of stress and anguish in his life, but is unable to identify the cause.

5 At the fifth stage, the troubled individual's morals are adjusted. Indicating that a person's former ideals in life, such as basic needs, relationships with others, or relaxations, would be abandoned and replaced with new morals. These new ideals are exemplified by the work as well as its results. These acts over the period may lead to expressive depletion.

6 In the period of burnout, a person's hostility and unproductiveness toward his immediate environment and coworkers will increase. This pessimism leads him to believe that his colleagues are unproductive, foolish, and unmanageable. The being in the phase turns to blaming the period burden and amount of work, not his own interacting modifications, for the increasing stress and difficulties.

7 In this period of burnout, the disturbed individual's social circle will be at its lowest. He performs his duties out of obligation. At this stage, incompetence and lack of focus can drive a troubled individual to preparation and alcoholism.

8 At the eighth level, the interactive variances will be so evident that no one in the patient's immediate neighborhood will overlook them. However, the individual disregards them. In addition, the patient's prior characteristics will include being distinctive, frightened, insignificant, and anxious.

9 In addition to losing contact with friends, a person who has reached the ninth step of burnout will lose contact with themselves. He is respected by Zero. He does not care about his demands. The life will be centered on an unconscious process.

10 In the eleventh phase, the individual's inner senses have collapsed and he or she seeks to escape these ideas through activities such as eating, sex, alcohol, or narcotics. Frequently, these activities are amplified. For a person in this phase of burnout, free time is regarded as lifeless time.

11. At this point in life, the individual will lack any sense of purpose. The signs of dissatisfaction will increase, and the individual will feel lost, exhausted, miserable, faithless and indifferent.

12 Twelve phase, also known as burnout disorder, is the final stage of burnout. This stage is the culmination of all the preceding indicators. A suicidal inclination, a serious psychological collapse, and a significant decrease are all hallmarks of this phase. In this model of research. It's a case where the Stress and tiredness from work and other independent variables, such as job burnout, are all components of an employee's emotional intelligence. The independent variables in this model are:

- a) Self-awareness
- b) Self-regulation
- c) Empathy
- d) Internal Motivation

The dependent variable in this model is Job Burnout.

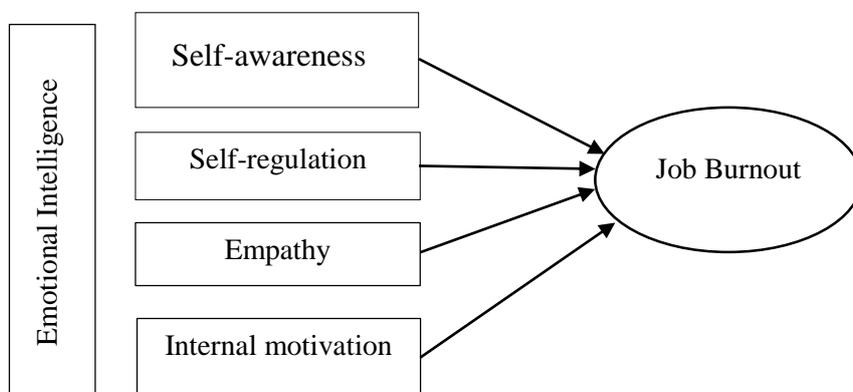


Fig.1: Provides a framework for the variables. Job burnout is related to the independent variables self-awareness, self-regulation, empathy, and internal drive

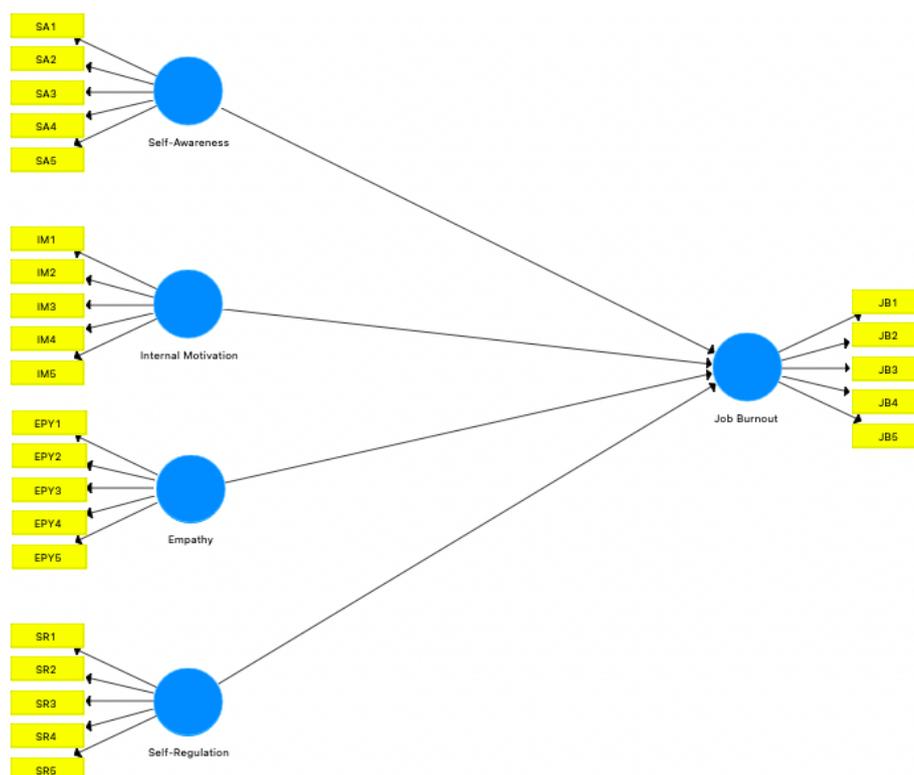


Fig.2 Represents Smart PLS Model of the Independent and dependent variables. The independent presented with their set of questions with variables-Self-awareness(SA1,2,3,4,5), self-regulationSR1,2,3,4,5), Empathy(EPY1,2,3,4,5) and Internal motivation(IM1,2,3,4,5) shows link with Dependent Variable Job burnout(JB1,2,3,4,5).

8. HYPOTHESES

In his research, he derived his hypothesis from variables. The hypothesis is divided into two categories: null with H0 or alternative with H1, H2, H3, and H4. The subsequent hypotheses are:

Self-awareness

This refers to one's ability to recognise and understand one's own emotions and those of others. Employee burnout can be exacerbated by a company's lack of self-awareness.

There is no link between self-awareness and weariness in the workplace, according to hypothesis zero.

H1: There is a high association between burnout and self-awareness among healthcare practitioners.

Self-regulation:

It indicates the capacity to reject or redirect disturbing emotional tendencies and states of mind. The organization's employees will become depersonalized in the absence of self-regulation.

H0: Self-regulation and job fatigue have no relationship.

H2: Healthcare professionals exhibit a significant relationship with self and job burnout.

Empathy:

It is the capacity to comprehend the emotions of others. Employees will experience occupational burnout and emotional tiredness in the absence of empathy.

H0: There is no correlation between empathy & job exhaustion.

H3: Healthcare practitioners exhibit a significant association between empathy & job burnout.

Internal Motivation

It contributes to the appeal of an activity and the motivation to learn and grow. Inadequate internal motivation diminishes the job performance of the organization's healthcare personnel.

H0: Internal Motivation as well as job burnout have no relationship.

H4: Healthcare professionals exhibit a significant relationship between the internal Motivation and Job Burnout.

9. RESEARCH METHODS

9.1 Research Design

This study employs a specific methodological approach known as a research design. Emotional intelligence and job burnout among healthcare employees are also examined in this research. To determine the factors influencing burnout, quantitative and cross-sectional approaches are chosen. When data are collected, they can be evaluated using statistical methods. Using a self-

report survey to test the theory in a healthcare organization, the authors determine the variables that impact job burnout using a pilot quantitative design.

9.2 Data Collection

A questionnaire is used to gather the information, which is then made visible to potential employees. Healthcare workers will have to answer a series of questions. Likert scale is used for this. Strong disagreement is represented by a 1, whereas agreement is represented by a 5. The Schutte et al. (1998) ego emotionally intelligent exam was used in this questionnaire to measure emotional intelligence. Maslach's Burnout inventory survey is used to measure burnout. The 22-item questionnaire measures the level of job burnout experienced by healthcare workers. Samples are assessed for emotional intelligence using the five - item Multidimensional Test of Cognitive Empathy. Self-awareness and self-regulation, compassion, and internal drive are all included in the test's 80 multiple-choice questions. An organization's healthcare workers' emotional well-being (EI) and burnout can be assessed.

9.3 Data Analysis Procedure

Using SPSS Statistics version 28, the components are analyzed (IBM Corporation). The authors examined the variables of Cognitive Empathy as well as Job Burnout using descriptive statistics. This tool is useful in Human Capital departments of all organizations for staffing purposes. To examine the relationship between the dependent variable as well as independent variables, the authors employed simple linear regression. Using PLS-based structural equation modelling and SmartPLS Software, the research hypothesis was tested and investigated.

After collecting the data, the authors must compile it using SPSS for future analysis. On the basis of this data gathering, the writers can evaluate the information provided by respondents and their responses to the posed questions. The standardized regression coefficients are used to determine whether emotional intelligence causes or influences self-awareness, motivation, and low job burnout. Authors conducted a reliability analysis and determined the Cronbach's alpha values for both independent and dependent variables.

9.4 Selection of Samples

The fundamental purpose of this study is to determine the objectives and the relationship between variables. Thus, the target audience will consist of the healthcare organization's professionals. Sampling using the method of purposive sampling is Health professionals consist of doctors, nurses, dentists, physiotherapists, and hospital administrators whose job it is to oversee patient and employee interactions. As a result of the crisis, we chose healthcare professionals as a specimen population for this study. These professionals serve as the nation's first responders. Their efforts and time spent in hospitals leave them physically and mentally exhausted. Their organizations' protocols and standards required them to treat patients in the hospital 24 hours per day, seven days per week.

The majority of the departments that will be sampled for this study will be from the nursing department, as nurses are key indicators for determining emotional intelligence and work-related stress. The subsequent sampling will consist of obligation doctors and physicians from

of the major departments such as pulmonology, cardiology, neurology, and physiotherapy, as well as high-level management such as supervisors, administrators, health executives, etc., who control the workforce and the organization. In the era of Covid, it is difficult to visit and gather information from every hospital employee due to the busy and restrictions on visitors at their workplace. The sample could consist of 200 hospital-based health professionals. We anticipate at least 180 staff to contribute.

The sample size is determined by a statistical analysis, such as ANOVA, multiple linear regression, Correlation analysis, the alpha, and a small to medium size.

This study examines the relationship between emotional intelligence and job burnout based on an examination of emotional intelligence in healthcare provider clusters. During the course of the study, it was determined that the majority of participants are between the ages of 25 and 34, whereas the fewest respondents were between the ages of 34 and 45, as they were senior citizens and more qualified to perform Covid duties. Self-awareness, empathy, and internal motivation have been closely related, as demonstrated by Cronbach's alpha (reliability = 0.6). The regression analysis revealed a significant relationship between job burnout and emotional intelligence ($r=0.25$, $p<0.01$). Employees whose Empathy scores were low or who had high levels of anxiety may benefit from a follow-up study based on this study's findings. If this study's results were obtained, these processes may be used in this same future to employ people who've been anxious as well as low in Compassion and need some extra encouragement.

9.5 Research Instrument

The Emotional Awareness Scale is utilized as an evaluation instrument for the survey that consists of 16 EI items, including four items on self-awareness, four on empathy, four on internal motivation, and four on self-regulation. Self-report questionnaires, such as the Likert scale, are disseminated via internet channels, such as emails and WhatsApp, via Google links. Participants can fill out this questionnaire during the allotted time.

This scale features a 1 to 5 point scoring range (1.Strongly disagree; 2. Disagree; 3.Neither neither agree nor disagree; 4. Agree; 5. Strongly agree.).

The subjects must chose based on their emotional symptoms from the previous week. Higher scores indicate greater emotional intelligence. For this study, the researchers utilized Cronbach's instrument. Cronbach's alpha offers a simple method for determining not whether a score is reliable.

10. ANALYSIS

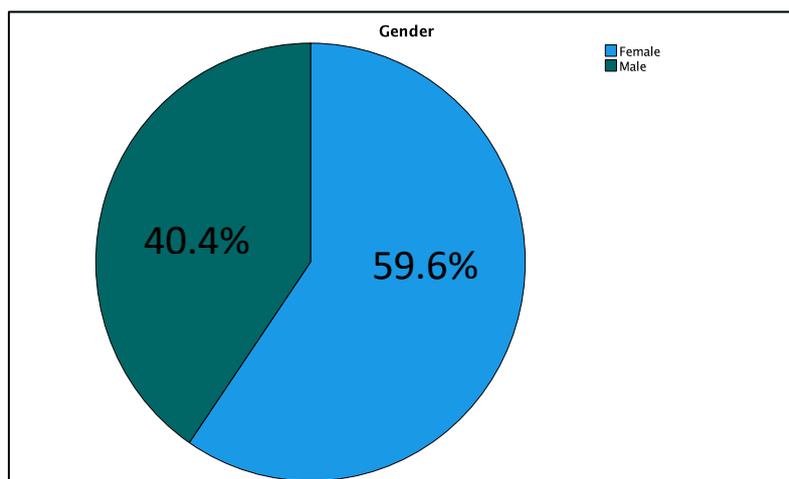
During the Covid-19 outbreak, a regression analysis model was created taking emotional intelligence characteristics and occupational exhaustion among healthcare professionals with account. According to the conceptual framework, the potential interactions between both the variables were analyzed for this aim. All of these analyses were conducted using version 28.0 of the Statistical Package of social Sciences (SPSS).

Results:

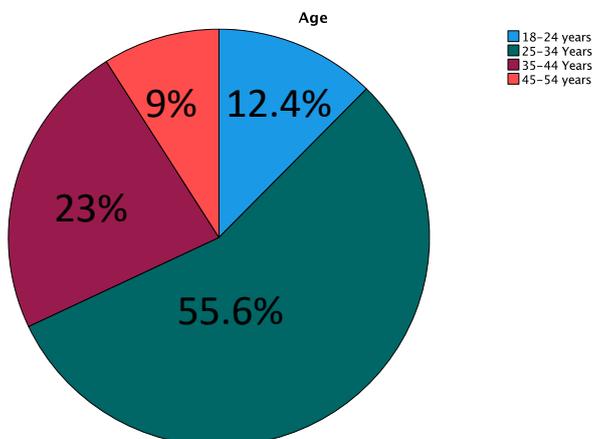
Statistics				
		Gender	Age	Educational Level
N	Valid	178	178	178
	Missing	0	0	0

Gender					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Female	106	59.6	59.6	59.6
	Male	72	40.4	40.4	100.0
	Total	178	100.0	100.0	

The below pie diagram represents the gender of respondents participated in research.



There were slightly more female respondents (59.6%) compared to males (40.4%). The majority of respondents were 25-34 years aged (55.6%), 18-24 years (12.4) and with just over 9% of respondents being between the ages 45-54 years.

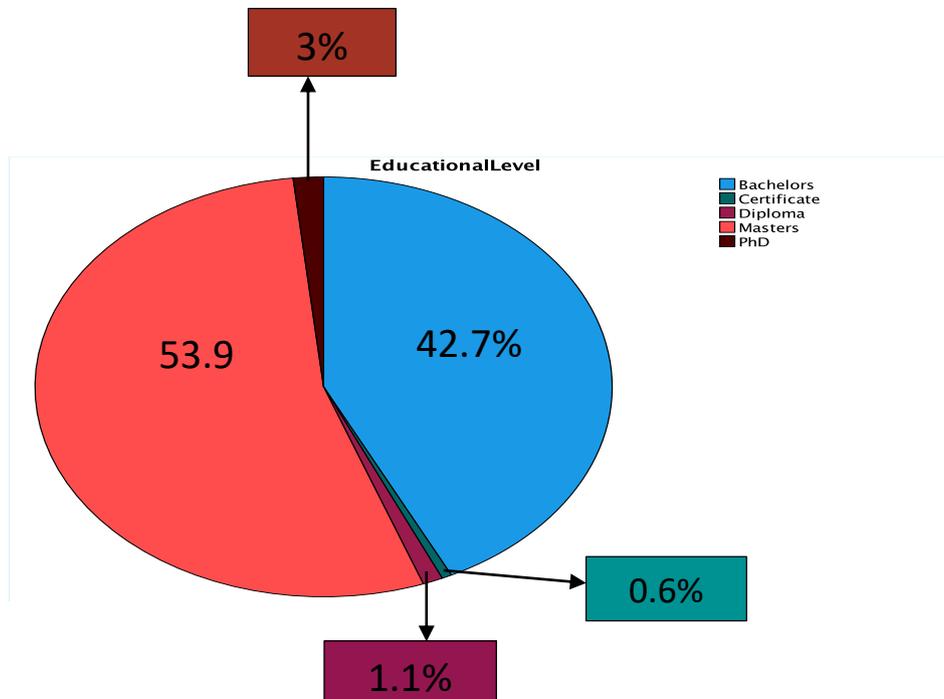


Pie diagram showing the Age of respondents participated in research

		Age			
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	18-24 years	22	12.4	12.4	12.4
	25-34 Years	99	55.6	55.6	68.0
	35-44 Years	41	23.0	23.0	91.0
	45-54 years	16	9.0	9.0	100.0
	Total	178	100.0	100.0	

		Educational Level			
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Bachelors	76	42.7	42.7	42.7
	Certificate	1	.6	.6	43.3
	Diploma	2	1.1	1.1	44.4
	Masters	96	53.9	53.9	98.3
	PhD	3	1.7	1.7	100.0
	Total	178	100.0	100.0	

The pie diagram show the educational level of health professionals in hospitals



Predominantly, the educational levels of the respondents in the sample were: degree 42.7% (76), master 53.9% (96), doctorate 1.7% (3), Diploma 1.1 % (2), and Certificate 0.6 % (1).

10.1 Correlations

In this study, Pearson's product correlations (r) were utilized to examine the significance of relationships between Emotional (IV) with Job burnout (DV). In addition, Jackson (2006) reiterates how correlations enable researchers can make predictions from one factor to another. This correlation will also be used to examine three of the four hypotheses proposed for this study. The obtained connections are summarized in the table below. The table displays the correlation coefficients between the independent Emotional Intelligence measures. The correlation coefficients just provide four independent variables' mean values for testing.

The correlation coefficients provide the mean values for test the four independent variables.

Descriptive statistics

	Mean	Std. Deviation	N
JB	2.6978	.81988	178
SA	4.3640	.44652	178
IM	4.1281	.55500	178
EPY	4.6674	.33875	178
SR	4.4843	.44121	178

Correlations						
		JB	SA	IM	EPY	SR
Pearson Correlation	JB	1.000	.205	.108	.014	.170
	SA	.205	1.000	.597	.227	.285
	IM	.108	.597	1.000	.293	.377
	EPY	.014	.227	.293	1.000	.335
	SR	.170	.285	.377	.335	1.000
Sig. (1-tailed)	JB	.	.003	.075	.429	.012
	SA	.003	.	.000	.001	.000
	IM	.075	.000	.	.000	.000
	EPY	.429	.001	.000	.	.000
	SR	.012	.000	.000	.000	.
N	JB	178	178	178	178	178
	SA	178	178	178	178	178
	IM	178	178	178	178	178
	EPY	178	178	178	178	178
	SR	178	178	178	178	178

10.3 Mediating effect of Emotional intelligence on Job burnout

Coefficients ^a						
Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	.852	.972		.877	.382
	SA	.385	.169	.210	2.275	.024
	IM	-.080	.142	-.054	-.566	.572
	EPY	-.169	.193	-.070	-.875	.383
	SR	.287	.153	.154	1.873	.063

a. Dependent Variable: JB

10.4 Cronbach's Alpha

Cronbach's Alpha is tested by reliability statistics and combining all the items of each variables. The Cronbach's Alpha values measured for the test variables of Emotional Intelligence are as follows (SA=0.65; IM=0.612; EPY=0.69; SR =0.76).

Variables tested	No. of items tests	Reliability Statistics result
SA	5	0.65
EPY	5	0.69
IM	5	0.61
SR	5	0.76
JB	5	0.77

The above table mentions the Cronbach's alpha of all the 25 items of each independent and dependent variables.

10.5 Regression analysis

Emotional intelligence was tested for its ability to predict weariness on the job using hierarchical regression models. The criterion variables were ego, internal motivation, compassion, and self-regulation. Two distinct stages of the model building process were completed in this section. Emotional Intelligence qualities were introduced in the first step. After then, the parameter burnout was incorporated. The table below lists the mean and standard deviation of each variable. R Square is 0.04 and 0.62, respectively, after correcting the variable scales.

At a single-tailed level of confidence of 99 percent, most correlations (r) were statistically distinguishable from zero. Job fatigue and emotional intelligence have a substantial correlation (r=0.25, p0.01). Using all four independent variables as predictors in an Anova test has significant implications (0.24)

Variables Entered / Removed ^a			
Model	Variables Entered	Variables Removed	Method
1	SR, SA, EPY, IM ^b	.	Enter
a. Dependent Variable: JB			
b. All requested variables entered.			

Model Summary ^b					
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Durbin-Watson
1	.250 ^a	.062	.041	.80299	1.149
a. Predictors: (Constant), SR, SA, EPY, IM					
b. Dependent Variable: JB					

ANOVA ^a						
Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	7.430	4	1.858	2.881	.024 ^b
	Residual	111.549	173	.645		
	Total	118.979	177			
a. Dependent Variable: JB						
b. Predictors: (Constant), SR, SA, EPY, IM						

11. DISCUSSION

The results of this study reveal that emotional intelligence is substantially associated with job burnout among healthcare professionals. This shows that the greater an employee's EI, the less likely they are to have Job burnout. This may be attributable to healthcare workers who are able to understand their feelings, respond appropriately to them, and positively influence their moods (George, 2000). In addition, those with a high level of emotional intelligence have excellent interpersonal skills and have favorable connections with their staffs and clients. Mayer, Salovey, and Caruso (2000b) stated that a leader with a high level of EI may be better capable of monitoring the emotions of team members and take appropriate action.

People who do not possess nor develop EI will struggle to form positive relationships with subordinates (Goleman, 1998). In addition, leaders lacking EI are unaware of how their behaviors and emotions affect others (Ryback, 1998). Such leaders frequently attribute problems to others and fail to examine the situational forces to which individuals were reacting. In this study, the association between self-awareness and employee job burnout is high and good. These findings indicate that individuals with high EI contribute to positive employee perceptions of company culture. High emotional intelligence in workers appears to increase individuals' self-awareness, internal motivation, sympathy, and self-regulation, as well as a work atmosphere that encourages innovation, creativity, collaboration, and solidarity. We observed, by linear regression analysis, that having less self - motivation leads to an increase in job burnout. Lack of identity and fewer incentives on their organization are predisposing factors for greater emotional weariness.

The importance of this study is that it will provide healthcare professionals with a clearer understanding of how emotional intelligence influences job burnout. Healthcare personnel in health organizations must gain a deeper understanding of the most effective methods for coping with burnout, as well as interventions and strategies for enhancing the quality of care for patients. This study will also contribute to the advancement of theory by analysing the links between emotional and job fatigue. In practice, healthcare employees must be reassured that they will adjust to the new research demonstrating that those with burnout issues would continue to exhibit less favourable workplace behavior. In addition, understanding their perceptions about burnout can enhance the influence of intelligence so order to enhance their performance through the development of appropriate work methods. It is anticipated that this study will demonstrate that emotional intelligence factors are significant predictors of job burnout. This will necessitate a growing requirement for healthcare promoting the importance of preventing burnout among their employees through the development of emotional intelligence.

More over half of the health professionals in this category felt burnout during the COVID-19 epidemic, according to the research. Those HCWs who had direct contact with COVID-19, a medical issue, or who lacked psychological support were more likely to develop personal-work and patient-related burnout. The most frequently described symptom, according to the results of a qualitative investigation, was weariness. Constant strain on HCW's adaptation resources may have taken a toll on COVID-19 over the past year. In light of the uncertainty surrounding

the spread of the pandemic, it is important to improve measures of well-being, provide support, and do long-term research on burnout interventions for healthcare workers.

Researchers in this study examined the link among EI and burnout among healthcare workers. In order to do this, the researcher must measure and check that the data acquired on worker emotional intelligence and burnout was accurate based on the research approach that was followed. All of these statistics will be based on the premise, with an emphasis on assisting the researcher and benefiting the healthcare industry. This study can help healthcare organizations and hospitals understand the emotional intelligence of their employees. All the data obtained in this study for the intended participants will be analysed through the use of tables. Calculations for the study were performed using the SPSS program.

New policies are needed to deal with the novel conditions in modern healthcare, which necessitates the adoption of existing ones. An authorised strategy for addressing some of these issues is emotional intelligence. Health care professionals who want to be more successful and effective have hope because it has been proven that emotional capacities may be efficiently enhanced in any individual.

The study's goal was to find out if burnout in the workplace is caused by poor emotional intelligence or poor personal instincts. Workplace burnout is well-exposed in popular culture thanks to studies examining the link between administrative and job-related stressors. However, the idea of a link between personal qualities and burnout seems insufficient. In this study, researchers examine the effect of emotional intelligence and its parts on fatigue and its evaluations. Chan (2006) was the only review examining the influence of emotional intelligence elements on levels of burnout. Because of this, it is expected that the findings of this study will have a substantial impact on burnout research.

Emotional intelligence has been shown to have a protective effect against burnout and to contribute to the creation of strategies for achieving personal achievement. Emotional intelligence is based on the ability to handle stressful situations in a constructive manner (Chernisset al., 998; Matthew & Zeidner, 2001). Based on these findings, management should provide its employees with training in emotion regulation, sympathetic compassion, and positive feelings to improve their well-being and impact inside the company. Since burnout affects all patients and health workers, leaders of health centres has to be aware of the effects. Medical professionals who were diagnosed as exhaustion followed a six-week involvement regimen designed to improve coping, which resulted in less fatigue and an improvement in personal success, according to a report (Rowe, 1999).

Because of this, it is critical to emphasise the need of giving medical treatment or reintegration services to those who have been diagnosed with this illness.

Employers can consider requiring candidates to demonstrate a high level of emotional intelligence as part of the hiring process as a way to identify those who would deliver high-quality patient care. Those in hospitals that are main objective and implement profit-generating business models are also in need of emotional intelligence.

Healthcare practitioners need to learn a wide range of clinical and interpersonal skills through intensive medical training, according to the findings of the study. Graduates of medical school should have a resume that highlights their interpersonal and emotional intelligence as well as their academic accomplishments. This is a great approach to get medical students and recent grads ready for their future careers.

Government hospitals confront a severe shortage of personnel. The crisis manifests itself in terms of depleted organization and overworked healthcare personnel. In addition to managing clinical practices, healthcare professionals must also manage patients' and their families' emotions. This then inspires his or her own hobbies. Without prior education, he or she feels lost and disorganized in dealing with this circumstance. Modified guidance curricula to manage pressure and ensuing negative emotions can have a significant impact on the collective usefulness of these governments.

In the same manner as corporate institutions, non-governmental clinics have implemented measures to assess the performance of many operations. The firm must have the ability to connect emotional intelligence to the job effectiveness of its employees, which is linked to their cooperative emotional makeup. A group's awareness and evaluation of its collective emotional institute can enhance performance and communication among its members. Involvements can be shaped by increasing awareness of positive and negative emotions and goal orientation.

The paper represents a minor step in the exploration of emotional intelligence's role in healthcare. A restricted continuation integrating emotional encounter between healthcare professionals and patient performances may improve the validity of judgements. Through the examination of pre- and post-training programs, additional research is required to examine how increased emotional intelligence enables interactive change.

12. FUTURE RESEARCH

The study's administration method is a big flaw. Control was lost once the questionnaire was distributed, so we cannot be sure that the time of day, earnestness, and absence of interruptions were always ideal for conducting this type of exam. Emotional intelligence can be used in a variety of settings, including hospitals, nursing homes, and clinics with a specific specialty, and other types of hospitals, according to the study's findings. Physicians make up the bulk of the healthcare professionals mentioned in this study. A wider range of healthcare professionals, including nurses and technicians, can be included in the study. When considering whether or not Emotional Intelligence may be considered a reasonable causal model, it is necessary to assess the study's limitations and other issues, as well as the need for further refinement of the EI concept and tests.

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