

# The Contribution of Emotional Intelligence on the Components of Burnout: The Case of Health Care Sector Professionals

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## Abstract

The purpose of this study is to investigate the contribution of emotional intelligence on three components of burnout (emotional exhaustion, depersonalization, and reduced personal accomplishment) in health care professionals. Data were collected from a sample of 136 health care professionals (78 men, 58 women). The findings imply that the more emotionally intelligent health care professionals were, the less likely they were to experience emotional exhaustion and depersonalization whereas more likely they were to experience personal accomplishment. The results of multiple regression analyses indicate that doctors' emotional appraisal & positive regulation appeared to be the only significant negative predictor of both emotional exhaustion and depersonalization whereas doctors' empathic sensitivity and emotional appraisal & positive regulation are both significant predictor of personal accomplishment. Finally, the only significant demographic difference was found in doctors' emotional intelligence and burnout with respect to marital status. The findings of this study provide crucial contribution to extending the body of literature and knowledge related with emotionally intelligent health care professionals that influences their burnout levels.

Keywords: emotional intelligence, burnout, health care professionals

## Introduction

Burnout has been a main issue in the aspect of occupational health. Though there is inadequate research identifying factors related to burnout among Turkish doctors, determination of these factors is crucial to enhance the health of doctors and health care services in Turkey. From many perspectives healthcare professionals are at increased risk of experiencing burnout syndrome. Schaufeli and Enzmann (1998) defined this syndrome as "burnout is a persistent, negative, work-related states of mind in "normal" individuals that is primarily characterized by exhaustion, which is accompanied by distress, a sense of reduced effectiveness, decreased motivation, and the development of dysfunctional attitudes and behaviors at work. This psychological condition develops gradually but may remain unnoticed for a long time for the individual involved. It results from a misfit between intentions and reality at job. Often burnout is self-perpetuating because of inadequate coping strategies that are associated with the syndrome" (p. 36). As Maslach, Schaufeli and Leiter (2001) highlighted burnout is a work-related aspect, and organizational factors are more strongly related to burnout, however, personal characteristics have also gained attention for development of burnout. One of the personal factors is emotional intelligence. According to Goleman (1995) "emotional intelligence includes abilities such as being able to motivate oneself and persist in the face of frustrations; to control impulse and delay gratification; to regulate one's mood and keep distress from swamping the ability to think; to empathize and hope" (p. 34). In other words, it focuses on emotional skills consisting of four central abilities; perceiving, using, understanding, and managing emotions, and these skills that are developed through learning and experience (Siu, 2009). Henceforth, it could be argued that the ability of individuals to manage their emotions could have a possible affect on relationship with clients,

patients or consumers, which could represent in work quality that they supply. The aim of this study is to analyze the contribution of emotional intelligence of health care professionals on components of burnout.

## Literature Review

### Burnout

The concept of burnout was firstly examined in the context of human services such as health care, social work, and teaching. One of the most outstanding definitions of burnout is "a syndrome of emotional exhaustion, depersonalization, and reduced personal accomplishment that can occur among individuals who work with people in some capacity" (Maslach, Jackson, & Leiter, 1996, p. 4). According to Maslach and Jackson (1981) a key point of the burnout syndrome is increased feelings of emotional exhaustion. When workers' emotional resources are drained, they feel that they are no longer able to give themselves at a psychological level. Lee and Ashfort (1990) argue that emotional exhaustion is the prototype of stress. Depersonalization is the development of negative attitudes and feeling toward clients which might be related with the experience of emotional exhaustion. It was also described as individuals who tend to distance self from others and who see people as things or objects (Scott, 2002). A third aspect of burnout syndrome is labeled as a reduced personal accomplishment which is a tendency to evaluate oneself negatively regarding to one's work with clients. In this process, workers feel dissatisfied and unhappy because they think that they can't deal effectively about many things. Maslach (2005) labelled this dimension of burnout as a "negative self-evaluation" which reflects the decreasing in people's sense of their own professional effectiveness. However, in this study reduced personal accomplishment will be taken into consideration as "personal accomplishment". Because personal accomplishment is independent of the other subscales where

lower mean score correspond to higher degrees of experienced burnout (Maslach & Jackson, 1981).

Burnout is generally seen as a process that develops over time. According to Leiter and Maslach (1988) model, high levels of emotional exhaustion would lead to high levels of depersonalization, and in turn to low levels of personal accomplishment. According to Golembiewski, Munzenrider and Stevenson (1986) phase model, the burnout process starts with diminished levels of depersonalization which leads to decreasing feelings of personal accomplishment and in turn, reduced personal accomplishment leads to high levels of emotional exhaustion. According to Lee and Ashfort (1993) model, the burnout process starts with direct effect of emotional exhaustion on personal accomplishment and depersonalization.

In discussing antecedents of burnout, human-services professions, employee-recipient relationship, and employee-client relationships have initially evolved. These relationships might be considered as the starting point the most profound antecedents of burnout. According to Cordes and Dougherty (1993) "client interactions that are more direct, frequent, or of longer duration, or client problems that are chronic (versus acute) are associated with higher levels of burnout" (p. 628). Brotheridge and Lee (2003) found that among Canadian University students surface acting (hiding their real feelings and displaying fake emotions) has significant relationship with higher levels of depersonalization and emotional exhaustion. Findings of Leiter and Maslach (1988) highlighted that role conflict was significantly related to emotional exhaustion. Additionally, Maslach et al. (2001) pointed out that being unable to manage conflicting demands of the job, and not knowing what the exact job responsibilities can trigger burnout.

One of the personal antecedents, emotional intelligence has recently received attention in literature as to its relation to burnout. Scholars commonly agreed that this personal variable is inversely related to burnout, so that it can be seen as a protective factor against the development and experience of this syndrome. Güllüce and Iscan (2010) found a significant relationship between emotional intelligence of leader and their burnout levels in Turkey. In a similar vein, Aslan and Özata (2008) found negative and significant relationship between emotional intelligence and both emotional exhaustion, and depersonalization whereas positive relationship with personal accomplishment.

### Emotional Intelligence

Emotional intelligence has been defined as "the ability to perceive accurately, appraise, and express emotion; the ability to access and/or generate feelings when they facilitate thought; the ability to understand emotion and emotional knowledge; and the ability to regulate emotions to promote emotional and intellectual growth" (Salovey & Mayer, 1990, p. 10). In other words, emotional intelligence consists of three categories: appraisal and expression of emotion, regulation of emotion and utilization of emotions in solving problems. Schutte et al. (1998) summarized these categories as follows: "the first category consists of the components of appraisal and expression of emotion in the self and appraisal of emotion in others; the second category of emotional intelligence consists of components of regulation of emotions in the self and regulation of emotions in others; the third category, utilization of emotion, includes the components of flexible planning, creative thinking, redirected attention and motivation, so that even though emotions are at the core of this model, it also encompasses social and cognitive functions related to the expression, regulation, and utilization of emotions"

(p. 168).

Additionally, Chan (2004) has identified emotional intelligence as follows: emotional appraisal, positive regulation, empathic sensitivity, and positive regulation. *Emotional appraisal* includes appraising of emotion in the self (e.g., know why emotions change), *positive regulation* includes regulations of emotions in the self (e.g., expect good things to happen), *empathic sensitivity* includes recognizing of emotions in others (e.g., recognize emotions from facial expression), and *positive utilization* includes utilizations of emotions (e.g., problem solving when in a positive mood).

Emotional intelligence has a crucial potential benefits both for individuals and organizations. Klausner (1997) highlighted that emotionally intelligent individuals can be seen to dictate interpersonal relationships. In organizational level, leader's emotional intelligence is seen as a core of effective leadership (Mandell & Pherwani, 2003; Caruso, Mayer, & Salovey, 2002). According to findings of Schutte et al. (1998) emotional intelligence is associated with less impulsivity, less depression, and greater optimism. Individuals with high emotional intelligence are likely to cope with distress in a better way, because they can integrate their emotions and behaviors to decrease negative feelings. As expected, emotional intelligence has contribution on experiencing the consequences of job stress and burnout (Gardner, 2006). In a similar vein, Chan (2006) conducted a study among secondary school teachers and found that there is a significant relationship between emotional intelligence and burnout. However Chan's (2006) study differs from other studies that it predicted dimensions of burnout via dimensions of emotional intelligence because components of burnout might be occurred in separate time. Maslach (1999) pointed out that personal accomplishment might develop separately from emotional exhaustion and depersonalization. Along those lines, Byrne (1999) suggested that the three components of burnout should be modeled as separate constructs, as each might play specific role in the process or development of burnout (Chan, 2006).

Health care professionals are usually in stressful work conditions including high levels of interpersonal contact. These workers belong to "service workers" and they have obligation to manage their emotions, express their feelings properly and have empathy during interpersonal service transactions. These professionals such as trainees, interns, assistants, and doctors might confront with emotional exhaustion, depersonalization, and reduced personal accomplishment. However, a health care professional who can appraise and regulate his or her emotions during service transactions is likely to decrease experiencing emotional exhaustion, depersonalization and increase personal accomplishment.

Accordingly it is predicted:

H1: Emotional intelligence of health care professionals contributes negatively on emotional exhaustion

H2: Emotional intelligence of health care professionals contributes negatively on depersonalization

H3: Emotional intelligence of health care professionals contributes positively on personal accomplishment

## Method

### Procedure and participants

This study was carried out in health care workers namely, trainee, intern, assistant and doctor. A total of 136 sets of question-

naires were distributed to health care workers who indicated interest in participation. These workers were requested to complete the questionnaires anonymously. Assurance of anonymity was specifically stressed in order to decrease the effects of the response bias and to increase participation (Kerlinger & Lee, 2000). The total sample contained 57% (n=78) female and 43% (n=58) male participants. Participants' age varied between 18 and 55 years, with a mean of 32 years. With respect to marital status, 37% of the participants (n=86) were single, and 63% (n=50) were married. With respect to level of education 19% of the participants (n=26) completed high school, 3% (n=3) acquired associate degree, 37% (n=51) acquired a professional bachelor's degree, and 41% (n=56) obtained postgraduate degree. With respect to professional level 12% (n=16) were trainee, 11% (n=14) were intern, 32% (n=44) were assistant, and 45% (n=62) were doctor. Of the total sample, 41% of the participants (n=56) were day worker, 2% of them (n=2) were night worker, and 57% (n=78) were both day and night worker. Finally, 41% of the participants (n=56) found their salary insufficient, 39% (n=53) found their salary partially sufficient, and 20% (n=27) found their salary sufficient.

## Measurements

### Emotional Intelligence

The 12-itemed abbreviated version of Emotional Intelligence Scale (EIS) that has been developed by Chan (2004, 2006) in order to analyze the relationship between emotional intelligence and burnout has been used. 33-itemed EIS originally developed by Schuette and her colleagues (Schuette et al., 1998). EIS comprises four 3-items scales assessing different emotions: emotional appraisal (e.g., "know why emotions change"), positive regulation (e.g., "expect good things to happen"), empathic sensitivity (e.g., "recognize emotions from facial expressions"), and positive utilization (e.g., "problem solving when in a positive mood"). Participants respond by indicating their agreement to each of 12 statements using 6-point Likert scale ranging from 1 (strongly disagree) to 6 (strongly agree). Chan (2004, 2006) found high reliability level of the scale (Cronbach  $\alpha$ ) ranging from .82 to .86. Its Turkish version is translated by Aslan and Özata (2008). They reported high internal consistency of the subscale (Cronbach  $\alpha$ ) ranging from .83 to .88. In this study, high reliability level for the scale was obtained ( $\alpha = 0,81$ ).

### Burnout

22-itemed Maslach Burnout Inventory (MBI) developed by Maslach and Jackson (1981) has been used. The MBI includes multiple items to measure burnout on three dimensions: emotional exhaustion (e.g., "I feel used up at the end of the work day), depersonalization (e.g., "I don't really care what happens to some recipients"), and personal accomplishment (e.g., "I have accomplished many worthwhile things in this job"). Higher scores of EE, DP and a lower score of PA indicate a higher level of burnout. The general term recipients is used in the items to refer to the particular people for whom the respondent provides service, care or treatment (Maslach et al., 1996). Each statement is rated on frequency. Participants respond by indicating their frequent feelings to each of 22 statements using 6-point Likert scale ranging from 1 (never) to 6 (always). The translation and adaptation of the inventory into Turkish has been done by Ergin (1993) and Çam (1993). The high reliability of the scale (Cronbach Alpha = .78 - .84) was obtained (Çam 1993, p. 156; Ergin 1993, p. 145). In the present study, scale revealed a high reliability level ( $\alpha = .87$ ).

## Data Analyses

In order to analyze the hypotheses and the data of this research, SPSS statistical package has been used. Cronbach Alpha reliability analyses were conducted to determine the reliability of the measurement tools. Principle component method and varimax rotation techniques has been used to determine the structure of the scales. To measure if there is a linear correlation between the variables, Pearson's correlation coefficient has been tested. Afterwards, to test the hypothesis, simple and multiple regression analyses has been used. Additionally, factor scores have been used in regression analyses. Independent sample t-test and one way-Anova have been used in order to determine whether the variables of the study changes depending on the respondents demographical characteristics.

## Results

### Factor Analyses of the Scales

#### Factor Analysis of Emotional Intelligence scale

The factor analysis of the "Emotional Intelligence" reveals two factors explaining 59.4% of the total variance. Three items was removed from the analysis as a first step due to their factor loadings are under .50. Therefore, first factor formed by 6 items named as "emotional appraisal & positive regulation" explains 34.29% of total variance, and second factor formed by 3 items named as "empathic sensitivity" explains 25.13% of total variance. In the present study, reliabilities (Cronbach's alpha) of factor-based sum variables for empathic sensitivity and emotional appraisal&positive regulation were .82, .80 respectively. Table 1 (p. 30) presents the results of factor analyses and reliabilities for emotional intelligence.

#### Factor Analysis of Maslach Burnout Inventory

The factor analysis of the burnout reveals three factors explaining % 62.44 of total variance. Five items was removed from the analysis due to their factor loadings are under .50 and items come under two factors with high and close loadings. Therefore, first factor formed by 9 items named as "emotional exhaustion" explains 33.87% of total variance, second factor formed by 3 items named as "depersonalization" explains 14.4% of total variance, and third factor formed by 5 items named as "personal accomplishment" explains 14.12% of total variance. In the present study, reliabilities (Cronbach's alpha) of factor-based sum variables for emotional exhaustion, depersonalization, and personal accomplishment were .93, .77, .71 respectively. Table 2 (p. 30) shows the results of factor analyses for burnout scale.

#### Descriptive Statistics and Correlation Analyses for Research Variables

To determine the relationships among variables, correlation analysis was conducted. Table 3 (p. 31) provides the means, standard deviation and zero-order correlations for the variables in this study. As seen in table, participants scored themselves highest on empathic sensitivity ( $m = 4.88$ ,  $sd = .84$ ) followed by emotional appraisal&positive regulation ( $m = 4.42$ ,  $sd = .84$ ). They also experienced high level of personal accomplishment ( $m = 4.06$ ,  $sd = .83$ ) experienced relatively low depersonalization ( $m = 2.20$ ,  $sd = 1.07$ ), and moderate emotional exhaustion ( $m = 3.37$ ,  $sd = 1.14$ ). High level of DP and EE, low level of PA indicates the burnout syndrome. We might conclude that our participant's emotional intelligence was relatively high and they experienced low level of burnout.



Table 1: Factor analysis of emotional intelligence (N=136)

Items	Factor Loadings	Factor Variance (%)	Reliability ( $\alpha$ )
<b>F1. Emotional Appraisal &amp; Positive regulation</b>			
Expect good things to happen	0.813		
Easily recognized emotions as experienced	0.788		
Use good moods to keep trying	0.760		
Aware of emotions as experienced	0.652	34.291	0.815
Know how to make a positive emotion last	0.638		
Present to make good impression	0.579		
<b>F2. Empathic Sensitivity</b>			
Recognize emotions from facial expressions	0.864		
Know how others feel by their tone of voice	0.847		
Aware of others' non-verbal messages	0.772	25.133	0.792
	Total	59.424	
	KMO	0.769	
	Barlett's Test	Chi-square	417.496
		p-value	df 36 0.000

Table 2: Factor analysis for burnout (N=136)

Items	Factor Loadings	Factor Variance (%)	Reliability ( $\alpha$ )
<b>F1. Emotional Exhaustion</b>			
I feel used up at the end of the work day	0.893		
I feel burnout from my work	0.879		
I feel fatigued when I get up in the morning and have to face another day on the job	0.837		
I feel frustrated by my job	0.818		
I feel emotionally drained from my work	0.729	33.874	0.924
Working with people all day is really a strain for me	0.719		
I feel I'm working too hard on my job	0.670		
Working with people directly puts too much stress on me	0.665		
I feel like I'm at the end of my rope	0.592		
<b>F2. Depersonalization</b>			
I don't really care what happens to some recipients	0.807		
I feel I treat some recipients as if they were impersonal "objects"	0.759	14.449	0.767
I've become more callous toward people since I took this job.	0.561		
<b>F3. Personal Accomplishment</b>			
I deal very effectively the problems of my recipients	0.785		
I feel very energetic	0.695		
I have accomplished many worthwhile things in this job	0.675	14.120	0.705
I can easily understand how my recipients feel about the things	0.649		
I feel I'm positively influencing other people's lives through my work	0.568		
	Total	62.443	
	KMO	0.895	
	Barlett's Test	Chi-Square	1284.771
		p-value	df 136 0.000

In accordance with the findings, there is a positive and significant relationship between the sub-dimension of burnout "depersonalization" and "emotional exhaustion" ( $r = .66, p < .01$ ). Pearson correlation analysis showed a positive and significant relationship between the sub-dimensions of emotional intelligence "empathic sensitivity" and "emotional appraisal&positive regulation" ( $r = .31, p < .01$ ). When we analyze the correla-

tion among dependent and independent variables, emotional appraisal&positive regulation has negative and significant relationship with emotional exhaustion ( $r = -.38, p < .01$ ), and depersonalization ( $r = -.24, p < .01$ ) whereas positive relationship with personal accomplishment ( $r = .44, p < .01$ ). Furthermore, as expected, empathic sensitivity showed also positive correlation with personal accomplishment ( $r = .33, p < .01$ ).

Table 3: Means, Standard deviations, and correlation among sub-dimensions of Variables

	Mean	SD	1	2	3	4	5
1. Emotional exhaustion	3.37	1.14	1				
2. Depersonalization	2.20	1.07	.660**	1			
3. Personal Accomplishment	4.06	.83	-.049	-.101	1		
4. Emotional Appraisal & Positive Regulation	4.42	.84	-.382**	-.240**	.440**	1	
5. Empathic sensitivity	4.88	.84	-.035	.025	.328**	.313**	1

\*\* Correlation is significant at the .01 level (2-tailed)

Table 4: The contribution of Emotional Intelligence on the sub-dimensions of burnout

	Personal Accomplishment $\beta$	Emotional exhaustion $\beta$	Depersonalization $\beta$
Emotional intelligence	.485***	-.324**	-.173*
R <sup>2</sup>	.235	.105	.030
R <sup>2</sup> adj	.230	.099	.023
F	41.220***	15.769***	4.124*

\*p < .05, \*\*p < .01, \*\*\*p < .001

Table 5: The contribution of sub-dimensions of emotional intelligence on the sub-dimensions of burnout

	Personal Accomplishment $\beta$	Emotional exhaustion $\beta$	Depersonalization $\beta$
ES	.311***	.008 n.s.	.056 n.s.
EA & PR	.378	-.386***	-.237
R <sup>2</sup>	.240	.149	.059
R <sup>2</sup> adj	.228	.136	.045
F	20.967***	11.627***	4.204*

\*\*\*P ≤ .001, \*\*P < .01, P\* < .05, n.s. P > .05; ES: Empathic Sensitivity; EA&PR: Emotional Appraisal & Positive Regulation

Table 6: Difference Test Result for Marital Status

	Gender	N	Mean	Std.d.	T	Df	p
1. Emotional exhaustion	Married	50	3.34	1.19	-.309	134	.758
	Single	86	3.40	1.12			
2. Depersonalization	Married	50	2.16	1.11	-.358	134	.721
	Single	86	2.22	1.05			
3. Personal Accomplishment	Married	50	4.30	0.79	2.579	106.6	.011
	Single	86	3.93	0.83			
4. EA & PR	Married	50	4.50	0.91	.825	134	.411
	Single	86	4.37	0.79			
5. Empathic Sensitivity	Married	50	4.97	0.80	1.504	134	.135
	Single	86	4.74	0.86			

### Contribution of Emotional Intelligence on Burnout

Regression analyses have been applied in order to test our hypotheses. First of all, the contribution of our independent variable "emotional intelligence" on emotional exhaustion, depersonalization, and personal accomplishment have been analyzed. Later, in order to test the contribution of sub-dimensions of emotional intelligence on sub-dimensions of burnout, multiple regression analyses have been applied.

As a results of linear regression analyses, the contribution of emotional intelligence on personal accomplishment, F value of personal accomplishment (41.220, p < .001), on emotional exhaustion (15.769, p < .001), and on depersonalization (4.124, p < .001) are significant (See Table 4). This results indicate that our regression model is statistically significant. In other words,

personal accomplishment, emotional exhaustion, and depersonalization variables can be statistically estimated by emotional intelligence variable.

As it can be seen in table, emotional intelligence explains personal accomplishment concept at the rate of 23%, emotional exhaustion concept at the rate of 10%, and depersonalization concept at the rate of 3%. When standardized regression coefficients are examined, it is understood that emotional intelligence has a significant contribution on personal accomplishment ( $\beta = .485$ , p < .001), emotional exhaustion ( $\beta = -.324$ , p < .001), and depersonalization ( $\beta = -.173$ , p < .05). In other words, EI has a positive contribution on personal accomplishment whereas negative contribution on emotional exhaustion and depersonalization; besides, the explanatory power of EI on personal ac-

complishment is more powerful compared to other variables. In the light of the findings, these results confirm our three hypotheses.

#### The contribution of sub-dimensions of emotional intelligence on the sub-dimensions of burnout

In order to test the contribution of our sub-dimension of independent variable “emotional intelligence” on sub-dimensions of burnout multiple regression analyses have been applied. (See Table 5, p. 31). The first analyses revealed that regression model of both empathic sensitivity and emotional appraisal&positive regulation ( $F = 20.967$ ;  $p < .001$ ) is significant. Accordingly, when emotional sensitivity ( $\beta = .311$ ;  $p < .001$ ) and emotional appraisal&positive regulation increases ( $\beta = .378$ ;  $p < .001$ ) personal accomplishment increases as well. The second analyses revealed that only regression model of emotional appraisal&positive regulation ( $F = 11.627$ ;  $p < .001$ ) is significant which indicated that when emotional appraisal&positive regulation increases ( $\beta = -.386$ ;  $p < .001$ ) emotional exhaustion decreases. The third analyses revealed that only the regression model of emotional appraisal&positive regulation ( $F = 4.204$ ;  $p < .05$ ) is significant. When emotional appraisal&positive regulation increases ( $s = -.237$ ;  $p < .01$ ) depersonalization decreases. In other words, emotional appraisal&positive regulation has more contribution on sub-dimensions of burnout than empathic sensitivity.

#### Roles of Demographical Variables on the Emotional Intelligence and Burnout

Whether emotional exhaustion, depersonalization, personal accomplishment, emotional appraisal&positive regulation, and empathic sensitivity variables show difference with respect to marital status has been examined by the independent sample t-test analysis. As seen from Table 6 (p. 31), at the end of the difference test, a significant difference between married and single as regards to personal accomplishment (personal accomplishment = .011) has been observed. Means of married participants (mean = 4.30) are higher than means of single participants (mean = 3.93).

Whether there is any difference between emotional exhaustion, depersonalization, personal accomplishment, emotional appraisal&positive regulation and empathic sensitivity with respect to age, income, gender, education level, and position independent sample t-test and One-way ANOVA has been examined. However, it has been detected that none of the variable has a significant difference mean.

## Discussion

The main purpose of the study was to examine the contribution of emotional intelligence of health care employees namely; trainee, intern, assistant, and doctors on components of burnout. The analyses of the study began with factor and reliability analyses in order to find out the relevant factors of variables considering the suggested theoretical research model. Through these analyses, it has been found out that dimensions of the independent variable, emotional intelligence, resulted with two factors (e.g., *emotional appraisal & positive regulation*, *empathic sensitivity*) which is contrary to Chan (2004, 2006). However, as it can be interpreted from the factor names, the items of emotional appraisal&positive regulation were grouped into one factor. The items of empathic sensitivity has been found similarly with the findings of Chan (2004, 2006). For the dependent variable, burnout, three factors, namely; “*emotional exhaustion*”, “*depersonalization*”, and “*personal accomplishment*” came out as final factors as was originally proposed. This outcome is in similar line with Maslach et al. (1981).

After defining the factors of the variables, regression analyses were conducted in order to test the hypotheses of the research. In the study, the starting hypothesis is supported and the analyses reveal that emotional intelligence of health care professionals has negative contribution on emotional exhaustion with explaining 10% of its variance. According to Salovey et al. (1999, p. 161) individuals who can regulate their emotional states are healthier because they “accurately perceive and appraise their emotional states, know how and when to express their feelings and can effectively regulate their mood states”.

The second hypothesis is also supported, but only with slight effects. The analyses demonstrated that emotional intelligence of health care professionals has a negative contribution on depersonalization with explaining 3% of the variance. The weak effect of emotional intelligence over depersonalization may result due to the fact that depersonalization involves reducing one’s investment in the relationships with patients; that is, responding to patients in a depersonalized way instead of genuine empathic concern (Schaufeli, 2007). Because our professionals have high level of emotional intelligence and low level of depersonalization, they reinforce their relationships with patients rather than responding in a depersonalized way.

The last hypothesis is also supported, and the analyses revealed that emotional intelligence of health care professionals has positive contribution on personal accomplishment. Overall emotional intelligence explains 23% of the variance in personal accomplishment, and it has a positive contribution on it. This is probably resulting from higher emotionally intelligent professionals experience more positive emotions and adapting more empathic sensitivity that is resulted as dealing effectively problems of their recipients or understanding how their recipients feel about the things.

When the relationship between the sub-dimensions of emotional intelligence and sub-dimensions of burnout is examined it is seen that both ES and EA&PR make positive contribution on personal accomplishment with explaining 24% in its variance. In the second analysis, only EA&PR has negative contribution on emotional exhaustion while having a moderate effect in explaining 15% in its variance. Indeed, expecting good things to happen or using good moods to keep trying and awareness of emotions might help health care professionals to manage or decrease the negative emotions toward work and recipients. In the same vein, Taylor (2001) points out that emotionally intelligent individuals cope better with job stresses and challenges of life, which causes to good psychological and physical health. For depersonalization sub-dimension of burnout, only the EA&PR factor showed a significant negative contribution, while explaining 6% of the variance in this factor. Interestingly, all two emotional intelligence factors had a significant contribution on the personal accomplishment. ES and EA&PR explain personal accomplishment which might indicate that emotional intelligence is an important personal factor to actualize personal accomplishment dimension. Furthermore, only EA&PR made significant and negative contribution on emotional exhaustion and depersonalization. Rosenthal (1977) found that people who are capable of identifying others’ emotions were both more successful in their work and their social lives. Empathy and managing emotions are particularly important in contributing to decrease negative moods and feelings. Therefore, when health care professionals appraise their emotions and expect good things to happen, the possibility of experiencing emotion-

al exhaustion and depersonalization decreases. In a similar vein, Chan (2004) found that Chinese secondary school teachers' emotional exhaustion influenced by emotional appraisal and positive regulation which was seen as a prior to depersonalization and personal accomplishment.

According to mean values of our subjects it can be concluded that while they have tendency to experience emotional exhaustion (3.37) their depersonalization level (2.20) was found lower. In personal accomplishment dimension, we can say, they usually feel that they are positively influencing other people's lives through their work (4.06). These results show that our healthcare professionals do not experience burnout syndrome. As it was mentioned before, high level of emotional exhaustion, depersonalization, and low level of personal accomplishment indicate burnout syndrome. On the other hand, our subjects have high level of emotional appraisal & positive regulation (4.42) which indicates that they expect good things to happen, use good moods to keep trying, and know how to make positive emotions last. Additionally, they also have empathic sensitivity (4.88) such that they can recognize emotions from facial expressions, know how others feel by their tone of voice, and aware of others' non-verbal messages. These results might be related with cultural values. Turkish people have collectivistic values and collectivistics are more likely to seek ways to aid the welfare of the group even though such aid is not directly related to their individual interest (Earley, 1989). When we analyze the difference between demographic groups of the participants, the independent sample t-test for marital status and variables pointed out that there is a significant difference in terms of personal accomplishment between married and single participants. In a similar vein, Maslach and Jackson (1981, 1985) found that married individuals report lower levels of burnout than those that are single.

## Limitations

The sample consisted of 136 respondents, and making generalization with this sample size surely does impose a limitation. A larger sample would be more preferable. All data were gathered through self-report that might be susceptible to self-serving biases. Another limitation is the conduction of research within

the health care sector, so the findings cannot be generalized over other sectors. Finally, our research is cross-sectional, it is not scientifically appropriate to make a cause-effect evaluation between our research variable.

## Conclusion

The purpose of this study was to analyze personal factor nominally emotional intelligence affecting burnout in the workplace. The existing literature reveals plenty of studies that have focused on the relationship between organizational, work-related variables and burnout. However, studies that focus on personal variables' relation to burnout are scarce. The reason behind this is research suggests that organizational factors are more strongly related to burnout than personal factors (Leiter & Maslach, 1988). This study contributes to the existing knowledge which investigates emotional intelligence and their components' effect on burnout and its dimensions particularly. Chan (2006) have the only available research that studied effects of emotional intelligence variable on burnout dimensions. Therefore, it is hoped that the existing research will enrich burnout literature in a different way.

It has been found that emotional intelligence has impact on reducing burnout, and that all of its components help in the increasing of feelings of personal accomplishment. In a similar vein, successful coping with stressful encounters is the core of emotional intelligence (Cherniss et al., 1998; Matthew & Zeidner, 2001). According to these results, it can be suggested that organizations could arrange some courses for their employees in order to learn how to manage their emotions, how to create empathic sensitivity and positive emotion for the sake of their well-being and contribution to the organization. Therefore, especially the managers of healthcare service need to be conscious about the impact of healthcare professional's burnout on both patients and themselves. According to study about 118 health care providers who are diagnosed with burnout took six week intervention program designed to improve coping, resulted with decreasing in exhaustion and increasing in personal accomplishment (Rowe, 1999). Therefore, it is essential to highlight the importance of providing medical or rehabilitation treatment for the individuals who are diagnosed with this syndrome.

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