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# The Effect of Emotional Intelligence on Burnout in Healthcare Professionals

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## Abstract

This research aims to identify a relationship between medical professionals' emotional intelligence and burnout and to highlight a correlation between the level of emotional intelligence development and the burnout syndrome dimensions (emotional exhaustion, depersonalization and personal accomplishment). There were involved 120 doctors and nurses who have individually completed the Emotional Intelligence Scale Schutte et al, 1998) and the Maslach Burnout Inventory (Maslach & Jackson, 1981). The results indicate that personal accomplishment in healthcare professionals is influenced by the level of emotional intelligence development and they support the importance of a training focused on developing emotional intelligence in specialists from the healthcare system.

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*Keywords:* emotional intelligence; burnout syndrome; emotional exhaustion; depersonalization; personal accomplishment.

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## 1. Introduction

The medical system in Romania is felt by medical staff as suffering and choked, dominated by a culture of helplessness that favors the emergence of feelings of dissatisfaction, bitterness and distrust among healthcare professionals and patients (Spănu, Băban, Bria & Dumitrașcu, 2012).

The burnout syndrome is considered a public health problem due to its increasing frequency and the negative consequences it has on the healthcare system. This hampers the medical system, either directly, by affecting the health of the professionally exhausted medical employees or indirectly, through the consequences it has on the

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quality of medical care. According to expert studies, the burnout syndrome has been identified as a risk factor for future heart disease incidence (Toker, Melamed, Berliner, Zeltser, & Shapira, 2012) and a predictor for subsequent development of musculoskeletal pain among people apparently healthy (Armon, Melamed, Shiroma, & Shapira, 2010).

Professional exhaustion (the burnout syndrome) can be defined as a severe consequence of prolonged subjection to stress at work, which develops when demands from the professional area and the personal capacities are unbalanced for a long time (Kalimo, Pahkin, Mutanen & Toppinen-Tanner, 2003). It can be found in any profession (Bakker, Demerouti & Schaufeli, 2002), but it mostly affects those who have chosen to work with people (medical personnel, social workers, therapists, teachers, educators, lawyers, civil servants). It can also coexist with other illnesses, such as depression, anxiety, alcoholism (Ahola, Vaananen, Koshinen, Kouvonen & Shirom, 2010). According to Maslach (1993), the burnout syndrome has the following three dimensions:

- *Emotional exhaustion* – it highlights lack of energy, perception of the inadequacy between one's own emotions and the context and the fact that significant resources have been consumed at work. It is the basic dimension, manifested by a decreased emotional tone, emotional indifference or oversaturation.
- *Depersonalization* – it refers to the disruption of interpersonal relationships as the affected person becomes either dependent on others, or negativistic, indifferent, cynical.
- *Personal accomplishment* – it can manifest either through the tendency of negative self-assessment of one's capabilities, achievements, professional success, or by limiting one's opportunities and obligations to others. Consequently, the affected person is perceived as incompetent and incapable to achieve goals.

Researchers in the field have converged to the fact that burnout does not show immediate symptoms, but appears as a gradual response to emotional exhaustion and prolonged exposure to stressors, which in turn lead to an increase in the degree of dehumanization and professional dissatisfaction (Leiter, 1991; Maslach, 2003).

According to Young, Valsch & Collin (1996), emotions are closely linked to a person's professional goals, desires, plans and needs (cit. in Brown, George-Curran, Smith, 2003). Defined in terms of awareness, understanding and expression of emotions, emotional intelligence is considered the one which, along with cognitive intelligence, helps a person adapt more easily to situations and challenges that may arise in personal and professional life. The diversity of the patterns of emotional intelligence determined their classification. Thus, Mayer, Caruso & Salovey (1999) made a distinction between:

- *The skills model* - the model they developed to interpret emotional intelligence as a cognitive ability.
- *Mixed models* - models that address emotional intelligence as a combination of cognitive abilities and personality traits (cit in. Lyusin, 2006).

Regarding the relationship between emotional intelligence and professional exhaustion, there is little research in recent years. Burnout can be seen as the negative pole of employee wellbeing and the opposite would be work engagement (Schaufeli, Leiter & Maslach, 2008). Looking from another perspective, the positive pole would be emotional intelligence, which is a successful adaptation to an unfavourable environment, while burnout could occur as a result of the failure to adapt to the same environment (Cipriano, 2002).

## 2. Objectives and Hypotheses

### 1.1. Hypotheses

This research aims to highlight the relationship between the level of emotional intelligence development and burnout in medical staff. In this respect, the following hypotheses were formulated:

1. Healthcare professionals with high emotional intelligence experience low levels of burnout.
2. There are associations between emotional intelligence in medical professionals and burnout dimensions (emotional exhaustion, depersonalization and personal accomplishment).

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