DISCUSSION

The overall findings of the study, in general, provide ample support to most of the hypotheses. Here, the results will be discussed in the light of pertinent theoretical formulations and earlier researches in the area. Discussion will be made on the results of group differences, correlational analyses, and regression analyses. However, some of the results are interesting and deserve further attention. Later, the discussion focuses on the implications and recommendations for future research.

As was expected, occupational groups differed significantly on certain variables used in the study, viz. Occupational Stress, dimensions of Burnout, Ways of Coping, and dimensions of Emotional Intelligence. On the dimension of Occupational Stress, Nursing Staff was found to be the most stressed occupational group followed by Support Staff and Doctors. Further, the results for Emotional Exhaustion and Depersonalization dimensions of Burnout showed similar patterns, where the experience of Emotional Exhaustion and Depersonalization was higher in Nursing Staff followed by Support Staff and Doctors. Nurses are continuously confronted with emotionally laden interactions with patients and their attendants, as well as their own emotional reactions to the sufferings and death of patients. Moreover, work overload, interpersonal issues, shift-work, detailed documentation, long working hours, dealing with the pain of patients, and disrespect from the higher professionals, especially Doctors increases their vulnerability to Occupational Stress. Due to these reasons, Nursing Staff experiences higher Occupational Stress and Burnout as compared to the other occupational groups. These results are in accord with the hypothesis of the study.

The present results are consistent with the previous findings that Occupational Stress and Burnout more prevalent among nurses as
compared to other healthcare professionals (e.g., Aiken, Clarke et al., 2001; Browning, Ryan et al., 2007), especially among those nurses who work in stressful settings, such as oncology, mental health, and critical care (Jenkins & Elliott, 2004; Quattrin, Zanini et al., 2006; Poncet, Touillac, & Papazian, 2007; Vachon, 2002). Earlier studies have also observed that in case of nurses, their relationships with doctors, supervisors, other senior personnel and colleagues (Basson & Van der Merwe, 1994; Wilkes & Beale, 2001); high workload and long working hours (Basson & Van der Merwe, 1994; Tummers, Janssen et al., 2001); caring and dealing with pain, suffering and dying of patients; the strain of being exposed to making mistakes and managing demanding responsibilities (Cavanagh, 1988; Obholzer & Roberts, 1994); role conflict and ambiguity (Levert, Lucas, & Ortlepp, 2000), and under-staffing (Erasmus, Poggenpoel, & Gmeiner, 1998; Kilfedder, Power, & Wells, 2001) can have deleterious consequences on the nursing professionals. Aiken, Clarke et al. (2001) also observed that 43% of the nurses experienced Burnout.

Moreover, like the present results, moderate and high levels of Burnout have been documented among physicians (Embriaco, Azoulay, & Barrau, 2007; Kuerer, Eberlein, & Pollock, 2007). Moderate to high Burnout levels have been obtained across physicians of all specialities, however, there is increased risk of Burnout among emergency medicine, critical care, and oncology (Allegra, Hall, & Yothers, 2005; Gallery, Whitley et al., 1992; Kash, Holland, & Breitbart, 2000; Ramirez, Graham et al., 1996; Whippen & Canellos, 1991). Doctors are also challenged by many stressors unique to the practice of medicine. Workload, dealing with the sufferings of patients, and poor management with limited resources is the primary sources of Occupational Stress (Linzer, Gerrity et al., 2002; Ramirez, Graham et al., 1996). Burnout among healthcare professionals, especially Doctors and Nursing Staff, have been explored worldwide and among all types of healthcare professionals (Blau, Tatum, & Ward-Cook, 2003; Daugherty,
2002; Painter, Akroyd et al., 2003; Rada & Johnson-Leong, 2004; Shanafelt, Bradlet et al., 2002; Thomas, 2004).

Interestingly, different groups of healthcare professionals adopted different Coping strategies for day-to-day hassles and stressors. In consistent with the hypothesis, employees in different occupational groups differ in their Ways of Coping under stress. The results revealed that occupational groups differ on four Ways of Coping, that is, Confrontive Coping, Self-Controlling, Escape Avoidance, and Positive Reappraisal. It was observed that Confrontive Coping, Self-Controlling, and Positive Reappraisal were adopted more by the Support Staff as compared to the other two occupational groups. On the other hand, Nursing Staff relied more on Accepting Responsibility as compared to Doctors and Support Staff.

Research indicates that the study of stress and Coping in working environments and working subjects began in the 1970s under the influence of the some theoretical models, that is, the Person-Environment Fit/Misfit Theory (Caplan, Cobb et al., 1975; French, Caplan, & Harrison, 1982), the Transactional Theory of Stress (Folkman & Lazarus, 1979; Lazarus, 1966; Lazarus, 1974; Lazarus & Launier, 1978), and the General Adaptation Syndrome Theory of Hans Selye (1975). Nevertheless, Coping in working environments/subjects had a variety of conceptual meanings, being commonly used interchangeably with concepts such as stress reaction or performance ratings. Researchers indicate that physicians under stress use more active Coping strategies than other healthcare professionals (Martin, Wilson et al., 1991; Post & Weddington, 2000). Lazarus and Folkman (1984) suggested that problem-focused coping (e.g., Planful Problem Solving) is more often used by the individuals who have authority to make an impact on their environment. In another study, Anderson (1976) observed that the managers who perceived high stress exhibited substantially different Coping patterns than managers perceiving either moderate or low stress levels.
Furthermore, significant differences were observed among the three occupational groups on the Managing Emotions and Motivating Oneself dimensions of Emotional Intelligence. Support Staff was found to have higher ability of Managing Emotions and Motivating Oneself as compared to Doctors and Nursing Staff. However, Doctors and Nursing Staff scored about the same on these two dimensions of Emotional Intelligence. This suggests that the ability to understand, express, and regulate emotions appropriately could lead to constructive self-evaluation among Support Staff. However, the emotional capacities of Doctors and Nursing Staff are suppressed due to work overload, professional standards and over discipline. Earlier, Ciarrochi, Chan, and Bajgar (2001) argued that controlling the emotions has strong buffering effect against stress and Burnout, which may further enhance the quality care of the patient and improved interpersonal relationships. These findings were further affirmed by another research where controlling emotions was related with decreased Burnout among Nursing staff (Sundin, Hochwalder et al., 2007).

It is of interest to note that gender differences were found non significant on all the variables used in the study, except Managing Emotions in favour of females. In accord with the present results, earlier findings have also reported non significant gender differences on the dimension of Occupational Stress (Aamodt, 1996; Martocchio & O’Leary, 1989; Pisanti, Garliardi et al., 2003); Burnout (Purvanova & Muros, 2010); Coping (Conway & Terry, 1992; Kirmeyer, 1988; Zakowski, Hall et al., 2001). Lack of experience, education and occupation category has resulted in some healthcare professionals being disadvantaged in terms of equal access to the opportunities and hence the resultant Occupational Stress and Burnout has necessitated the research. Certain studies show that females have higher levels of stress than males (Byrne, 1991; Van Zyl, 2002), whereas opposite findings showing the higher stress in males than females have also been presented (Burke, Greenglass, & Schwarzer, 1996; Tung & Koch, 1980).
McMurray, Linzer et al. (2000) observed that female Doctors were 1.6 times more likely than male Doctors to report Burnout. In consistent with the present study, Miglani (2001), Bansibilhari and Pathan (2004), Tyagi (2004), and Patil and Kumar (2008) observed non significant gender differences with respect to Emotional Intelligence, however, there are some studies where significant sex differences in Emotional Intelligence have been indicated (Katyal & Awasthi, 2005). The present results of significant gender differences in Managing Emotions in favour of females are in accord with the findings of Ciarrochi, Chan, and Bajgar (2001) and Schutte, Malouff et al. (1998).

In the present study, Managing Emotions was found to be better with females. It may be interpreted that women today are more educated and broad minded and hence, they are better at handling emotions. Moreover, the confidence of being a successful career oriented professionals boost their decision making in emotional encounters. Present data provide an evidence for significant interaction of gender and occupation for Occupational Stress, Seeking Social Support (Coping), and Empathy (Emotional Intelligence). In support of significant gender-occupation interaction on the dimension of Occupational Stress, Forlin, Douglas, and Hattie (1996) reported that female principals experienced higher stress levels as compared to regular teachers. In the present study, the pattern of Occupational Stress, Seeking Social Support, and Empathy among different occupational categories was found to differ among male and female professionals. Further, it was observed that among Doctors and Support Staff, males experienced higher Occupational Stress than females. Contrarily, among Nursing Staff, females have shown higher Occupational Stress than males. Similar pattern was observed in case of Seeking Social Support dimension of Coping, where male were found higher on Seeking Social Support than females in Doctors and Support Staff, whereas among Nursing Staff, females were found higher on Seeking Social Support than males.
However, in case of Empathy dimension of Emotional Intelligence, females were found more empathetic than males in case of Doctors and Nursing Staff group. Contrary results were observed among Support Staff, where males were found more empathetic than their female counterparts.

The results of group differences clearly demonstrated that considerably higher levels of Occupational Stress among the Nursing Staff has been reported, followed by Support Staff (i.e., housekeeping, dietetics, front office, pharmacy, and security staff). There is no dearth of research in nursing sector, but due to lack of attention towards the Support Staff of healthcare, this study could support further research in this area. The present findings suggest the implementation of appropriate interventional strategies so that the healthcare staff can be prevented from Occupational Stress and resultant Burnout.

The current study also examined the relationship between the variables used in the study. An exploration of the relationship between Coping and Occupational Stress revealed that Occupational Stress was positively correlated with Confrontive Coping among Doctors, whereas there existed a negative association of Seeking Social Support and Planful Problem Solving with Occupational Stress. This suggests that in case of Doctors, Seeking Social Support that describes efforts to seek informational support, tangible support, and emotional support and Problem Solving that describes deliberate problem-focused efforts to alter the situation, coupled with an analytic approach to solve the problem were found to be the Coping strategies against Occupational Stress. Among Nursing Staff, there was a positive relationship between Confrontive Coping and Occupational Stress. However, Occupational Stress had a negative association with Accepting Responsibility and Planful Problem Solving. The results of Support Staff indicate significant negative association between Occupational Stress and three Ways of Coping, that is, Self-Controlling, Accepting Responsibility, and Planful Problem Solving.
Overall, the results of present study suggest that when Doctors and Nursing Staff used Confrontive Coping, it enhanced their levels of Occupational Stress. However, Planful Problem Solving proved facilitative in lowering the levels of Occupational Stress among all the three groups. Accepting Responsibility acknowledges one’s own role in the problem with a concomitant theme of trying to put things right proved favorable against the deleterious effects of Occupational Stress among Nursing Staff and Support Staff. In addition, Self-Controlling, that describes efforts to regulate one’s feelings and actions was found to be fruitful for Support Staff as a Stress-Coping strategy. To a certain extent, Confrontive Coping which describes aggressive efforts to alter the situation and suggests some degree of hostility and risk taking has not proved to be protective strategy to cope with stress.

These results are consistent with previous findings, indicating that stress lowers when effective Coping strategies are used more frequently (Coffey & Coleman, 2001; Rowe, 1999; Sullivan, 1993). Findings of Li and Lambert (2008) on nurses, suggest that most workplace stressors were overload and most commonly used Coping strategy was planning. Positive Reappraisal, Planful Problem Solving, and Self-Control were found to be the three most frequently identified ways of Coping (Xianyu, Vickie, & Lambert, 2006). Self-Controlling as a strategy to cope with stress was reported in certain findings (Bianchi, 2004; Ryan & Quayle, 1999). However, Hobfoll (1989) indicated that very little attention has been devoted to the role played by Coping process in the experience of work-related stress. Trivette (1993) reported that Coping is negatively correlated with stress. A systematic review by Marine, Ruotsalainen et al. (2006) evaluated the effectiveness of interventions in preventing stress in healthcare workers, using both work-directed and person-directed interventions, whereby it was observed that Emotional Exhaustion and Personal Accomplishment were positively changed by the interventions, while Depersonalization was not. According to Taylor (2007), socially supportive ties are clearly
beneficial in times of stress and it was also observed that both men and women benefit from social support. The obtained results are consistent with the hypothesis.

The results of bivariate correlations for Ways of Coping and Burnout among Doctors depicted negative association between Emotional Exhaustion and two Ways of Coping, that is, Self-Controlling and Seeking Social Support. There was a negative relationship between Depersonalization and Positive Reappraisal. Personal Accomplishment and three Ways of Coping, that is, Self-Controlling, Seeking Social Support, and Accepting Responsibility were positively correlated. In case of Nursing Staff, correlation results indicated positive association between Emotional Exhaustion and Confrontive Coping, whereas Emotional Exhaustion was negatively correlated with Self-Controlling and Seeking Social Support. A negative relationship between Depersonalization and three Ways of Coping, that is, Self-Controlling, Seeking Social Support, and Accepting Responsibility was found. There was a positive relationship between Personal Accomplishment and Accepting Responsibility. Among Support Staff, a negative correlation was found between Emotional Exhaustion and three Ways of Coping, that is, Self-Controlling, Seeking Social Support, and Planful Problem Solving. A negative relationship was identified between Depersonalization and two Ways of Coping (i.e., Self-Controlling and Seeking Social Support) and a positive association evolved between Personal Accomplishment and two Ways of Coping, that is, Confrontive Coping and Self-Controlling. Results suggest that professionals who believes in solving the problem in a planned manner, accept responsibility, have self-control and those who seek social support are in a better position to handle Emotional Exhaustion and Depersonalization and hence Burnout. Self-Controlling, Planful Problem Solving, Accepting Responsibility, and Seeking Social Support have a protective role in minimizing Emotional Exhaustion and Depersonalization. The findings are in accord with the hypothesis.
The fact that Burnout can be avoided with the use of different Coping strategies in stressful encounters has also been reported by various other researchers (e.g., Chan & Hui, 1995; Tripken, 2011). In a study, Carmona, Buunk et al. (2006) indicated that direct and palliative Coping styles play an important role in Burnout, where direct Coping style is the rational and task oriented way of problem solving and palliative Coping style involves strategies like ignoring the situation. On similar pattern, various other findings support the present results that professionals using better Coping strategies like Self-Controlling, Accepting Responsibility, and Planful Problem Solving can handle Burnout more efficiently (Bozkurt, 2004; Dunn, 2000). Although, prior research about the relationship between Seeking Social Support and Burnout shows somewhat inconsistent results (Burke & Richardson, 1993; Schaufeli & Enzmann, 1998; Shirom, Melamed et al., 2005), however, several other studies have shown that higher levels of support from co-workers were related to lower levels of Emotional Exhaustion (Coffey & Coleman, 2001; Jenkins & Elliott, 2004). More so, Leiter and Meechan, (1986) observed that Seeking Social support has been related to lower levels of Burnout. Overall, the literature offers support in both directions, that is, social support and avoidance strategies have both been effective and non effective in reducing Burnout. Butterworth, Carson et al. (1999) observed that physicians and other healthcare professionals engage in some Coping behaviors that protect them from Burnout, such as viewing work as a challenge, gaining a sense of accomplishment from work and organizing one's tasks.

Interestingly, among all the three occupational groups, Occupational Stress correlated positively with Emotional Exhaustion and Depersonalization, suggesting that professionals with high levels of Occupational Stress are more emotionally exhausted. This leads to lack of emotional resources and hence they treat their co-workers and patients as objects in a dehumanized manner. However, Occupational Stress and
Personal Accomplishment correlation revealed a negative and significant association in case of Doctors and Support Staff, indicating that the professional with high levels of Occupational Stress are low on Personal Accomplishment. These findings are very much confirmatory to the earlier findings, where a positive correlation was depicted between Occupational Stress and Burnout (Jenkins & Elliot, 2004; Kilfedder et al., 2001; Sahu & Mishra, 1996; Wu, Zhu et al., 2008). In accord with present results, Brand (2007) obtained non significant relationship between Occupational Stress and Personal Accomplishment dimension of Burnout. Similar observations were made by Shukla and Trivedi (2008) in respect of positive correlation between stress and Burnout, which was attributed to higher intensity of Emotional Exhaustion in teachers. The present results also lend support to the findings that individuals exposed to prolonged and continual stressors with lack of adequate Coping strategies get physically, emotionally, and mentally exhausted called Burnout (Dunham, 1984). These results are in tune with the hypothesis.

In tune with the hypothesis, Occupational Stress was found associated negatively with four dimensions of Emotional Intelligence (i.e., Self-Awareness, Managing Emotions, Motivating Oneself, and Handling Relations) in case of Doctors and Support Staff. In Nursing Staff as well Occupational Stress correlated negatively with Managing Emotions and Motivating Oneself. The overall results for Doctors and Support Staff suggest that Self-Awareness (i.e., observing oneself and recognizing a feeling as it happens) and Handling Relationships (i.e., managing emotions in others; social competence and social skills) were found to reduce the levels of Occupational Stress. However, both Managing Emotions and Motivating Oneself helped in lowering the levels of Occupational Stress among all the groups of healthcare professionals. Managing Emotions is, handling feelings so that they are appropriate; realizing what is behind a feeling; and finding ways to handle fears, anxieties, anger, and sadness, whereas Motivating
Oneself deals with channeling emotions in the service of a goal; emotional self-control; and delaying gratification and stifling impulses. These results suggest that professionals with higher Emotional Intelligence can manage stress in an effective and efficient manner.

The findings are in accord with the earlier researches, where it was observed that Emotional Intelligence enhances job performance and consequently reduce job stress (Gohm, Corser, & Dalsky, 2005; Slaski & Cartwright, 2003; Yu-Chi, 2011). On similar pattern, Fernandez (2006); Harris, Holpin, and Halpin (1985); Matthews, Zeidner, and Roberts (2002); Naidoo and Pau (2008); Oginska-Bulik (2005), and Tsaosis and Nikolaou (2005) observed that Emotional Intelligence helps in responding appropriately to different stressors and confirmed that employees reporting higher Emotional Intelligence perceived a lower level of Occupational Stress. Findings have amply demonstrated that individuals with high Emotional Intelligence have a potential to take stressors as less threatening than those with low Emotional Intelligence (Campbell & Ntobedzi, 2007; Fernández, 2006; Matthew & Zeidner, 2000; Oginska, 2005).

Further, with little variation across occupational groups, the results showing the association between Emotional Intelligence and Burnout revealed that professionals with lower levels of Emotional Intelligence are high on Depersonalization and hence they are more susceptible to negativity and rude behavior at workplace. Results also suggest that there will be higher Personal Accomplishment with high levels of Emotional Intelligence. This is consistent with the notion that high levels of Emotional Intelligence leads to work related success. These results are consistent with the hypothesis and relevant for the healthcare industry, where the professionals continuously confront the emotional needs of patients.

The results are in accord with the earlier findings, that nurses who are high on Emotional Intelligence have less chances of Burnout (Demerouti,
Bakker et al., 2001; Jenkins & Elliot, 2004; Mikolajczak, Menil, & Luminet, 2007). It has also been observed that Emotional Intelligence buffers the adverse effects of Occupational Stress manifested in the form of Burnout (Chan, 2007; Choubey, Singh, & Pandey, 2009; Huang, Chan et al., 2010). Several researchers have indicated that Emotional Intelligence has an important role in reducing stress and Burnout (e.g., Carmeli, 2003; Spector, Cooper et al., 2004). Moreover, Emotional Intelligence has been conceptualized to be a multifaceted construct consisting of a set of skills to perceive, assimilate, understand, and manage emotions in oneself and others (Bar On, 1997; Goleman, 1998; Mayer, 2000), and these skills help individuals in Coping with stressful encounters and hence Burnout. These results are in support of the hypothesis.

Further, results showing considerable degree of association between Coping and Emotional Intelligence across occupational categories are in accord with the earlier findings, where it has been suggested that the individuals scoring high on Emotional Intelligence skills can better cope with the demands and pressures related to Occupational Stress (Taylor, 2001). Furnham, Petrides, and Spencer-Bowdage (2002) indicated direct relationship between Emotional Intelligence and Coping styles. Taylor (2001) also suggested that emotionally intelligent individuals can effectively cope with challenges in life and can efficiently control their emotions. Earlier research also suggests that individuals who report low Emotional Intelligence tend to use emotion-focused and avoidance coping styles (Fitness & Curtis, 2005; Gohm & Clore, 2002), however individuals reporting high Emotional Intelligence prefer adaptive Coping strategies to handle stress and avoid Burnout (Fernandez-Berrocal & Extremera, 2006; Qualter, Whiteley et al., 2007). It may be a bit difficult to make out whether individuals with higher Emotional Intelligence have better Coping or whether those with better Coping strategies report higher Emotional Intelligence. Petrides, Perez-Gonzalez et al. (2007) gave some indications
that Emotional Intelligence may explain differences of styles of Coping and low Emotional Intelligence may be an underlying risk factor for poor Coping skills.

It is clearly evident from the results of regression analysis that Occupational Stress and Ways of Coping emerged as significant predictors of Burnout, in general, with little variation across occupational groups. Burnout is generally envisioned as a response to stress (Cherniss, 1980; Pines, Aronson & Kafry, 1981), but now it is more considered to be a part of emotional capacities, perceptions, coping and constitution of an individual (Hobfoll, 2001). It is one of the general finding that Occupational Stress has the central role in predicting dimensions of Burnout in medical professionals (Kokkinos, 2007; Linzer, Visser, et al., 2001; Toyry, 2005; Visser, Smets et al., 2003). Maslach and Jackson (1981) had also pointed out that Burnout is the result of ongoing stress. Research suggests that stressors like, work overload and inadequate staffing (Brewer & Kovner, 2005); irregular working hours (Kandolin, 1993); lack of control (Browning, Ryan et al., 2007); insufficient reward (Graber, Huang, & Drum, 2008); interpersonal relationships with patients, physicians, colleagues, and other healthcare staff (Jenkins & Elliott, 2004; Quattrin, Zanini et al., 2006) are some of the factors that predicted Burnout. The obtained results are confirmatory to the previous findings emphasizing the role of Coping strategies as predictors of Burnout (Cherniss, 1980; Dunham, 1984; Sahin & Durak, 1995). Brackett, Palomera et al. (2010) indicated that Coping strategies predicted different dimensions of Burnout.

The moderating effect of Emotional Intelligence has been tried by some researchers in work settings (Robert, Schulze et al., 2006). In the present study, multiple moderated regressions were conducted to explore the moderating effect of Emotional Intelligence in coping with stress. For Doctors, Nursing Staff, and Support Staff, the moderating role of Emotional
Intelligence in Coping with Occupational Stress revealed interesting results. Emotional Intelligence was found to be a moderator in the relationship of Seeking Social Support and Escape Avoidance with Occupational Stress in case of Doctors. For Nursing Staff, the moderating effect of Emotional Intelligence played significant moderating role in Self-Controlling and Occupational Stress relationship. These results support the hypothesis that Emotional Intelligence exerts facilitative effect in Coping with Occupational Stress. These results show that individuals with high level of Emotional Intelligence tend to find stressors as less threatening and employ more effective Coping strategies. On similar pattern, Ciarroch, Deane, and Anderson (2002) had also identified the moderating role of EI in the relationship between stress and a number of measures of psychological health, such as depression, hopelessness, and suicidal ideation among young people. Many of the earlier researchers have also indicated that Emotional Intelligence assists individuals in Coping with stress (Aldea & Rice, 2006; Baker & Berenbaum, 2007). Darolia and Darolia (2005) indicated that there is significant role of Emotional Intelligence in Coping with stress, because emotionally intelligent people understand and recognize the emotions appropriately in stressful situations.

The results of Emotional Intelligence as a moderator in Coping with Burnout indicate that Escape Avoidance and Emotional Exhaustion were significantly moderated by Emotional Intelligence in case of Doctors. For Nursing Staff, Emotional Intelligence played significant moderating role for Seeking Social Support and Emotional Exhaustion. Emotional Intelligence also moderated the relationship of Distancing and Accepting responsibility with Personal Accomplishment in case of Nursing. Gerits, Derksen et al. (2005) also found that nurses with high levels of Emotional Intelligence reported less Burnout symptoms than their lower Emotional Intelligence counterparts. In this sense, Emotional Intelligence may be regarded as a resistance to Burnout. More so, Emotional Intelligence is associated with
positive Coping, and that Emotional Intelligence and Coping factored together and moderated the relationship between personality and health behaviors. The results of the present study suggest that Emotional Intelligence exert a facilitative effect in Coping with Occupational Stress and Burnout of healthcare professionals. It is pertinent to mention that there exists, undoubtedly, inverse relationship between EI and stress (Gardner, Rose et al., 2005), and Emotional Intelligence and Burnout (Mikolajczak, Menil, & Luminet, 2007). The results of present study, in most part, are in tune with these earlier findings. For example, Kamau (1992) found that teachers with high Emotional Intelligence have less stress as compared to teachers with low Emotional Intelligence. Present data also indicates that Emotional Intelligence has a facilitative role in Coping with Occupational Stress and Burnout.

Findings of the study suggest concludingly that professionals high on Emotional Intelligence are more empathetic and hence understand their seniors, colleagues as well as their patients with Empathy. Likewise, negative emotions are the root of most of the problems and this study will suggest the healthcare management to think and focus on handling and reducing the flow of negative emotions. Since Emotional Intelligence is also positively correlated to success, it is advisable to suggest the assessment of Emotional Intelligence during the recruitment and placement of employees and in addition to that the employees who are already a part of the organization shall be given training to enhance their Emotional Intelligence. Addressing the stress of employees shall be a part of mental health department of the healthcare professionals where the psychiatrists and psychologists should structure some programs and workshops to handle the issues of healthcare professionals. Better and improved Emotional Intelligence would be fruitful not only for the individual professionals, but for the overall success of healthcare as well.
IMPLICATIONS

The findings of the present study have implications for the Doctors, Nursing Staff and Support Staff, suggesting the use of appropriate intervention strategies to prevent healthcare employees from Occupational Stress and Burnout. This study has shown relationship between Occupational Stress and Burnout, where the moderating effect of Emotional Intelligence and facilitative role of Coping has been explored and confirmed. It is evident that prevalence of Occupational Stress and Burnout is a major problem in healthcare industry. This stress hinders their personal life, and it is an obstacle in the efficient treatment of patients. Research indicates that Burnout among Doctors hampers the quality care of the patients and there are increased medical errors (Shanafelt, Bradley et al., 2002). Burnout among physicians severely affects the treatment compliance (Williams, 2001). Thereby, Burnout assessment is essential among Doctors as a major strength of the medical workforce depends on the wellbeing of Doctors (Wu, Zhu et al., 2008).

Moreover, it is advisable to have better Coping strategies and Emotional Intelligence interventions to minimize Occupational Stress and Burnout among healthcare professionals. Timely interventions would facilitate the performance of employees, as well as the productivity of the organization as a whole. The predictors of Burnout have also been identified in the present study, and it would be beneficial for the healthcare to consider those predictors during interventional programmes.

It was observed that training on Emotional Intelligence could have a significant impact on the degree of Occupational Stress and Burnout among healthcare professionals and helps in controlling the extreme emotions which may create hindrance in the harmonious relationships and environment. The study shows that Emotional Intelligence has direct influence on Occupational Stress and Burnout, so the study is useful for the
healthcare professionals to be trained for Emotional Intelligence so that they can have better adjustment in personal and professional life. Thus, nurturing Emotional Intelligence must be employed by the healthcare professionals. A harmonious relationship and environment at work leads to a better family or home environment too. This study will help the healthcare professionals to create a harmonious environment and cooperative behaviors among employees. The results of the study are significant and the study sample was sufficient enough to generalize the results obtained. The findings throw light on the current challenges faced by the healthcare industry and indicate that effective use of Coping and Emotional Intelligence may contribute in better functioning of healthcare industry. This study will help the healthcare sector in understanding the reasons behind high attrition rate of healthcare employees and hence reversing the organizational losses.

However, in future, a comparison among the variables used in the present study shall be made on the public and private healthcare professionals. Private sector hospitals are owned by personal involvement of individuals and their management is more personalized, whereas, public sector hospitals are established by government. These two types of hospitals differ in terms of structural and functional characteristics like, work environment, facilities and job stability. Due to the existence of Nursing Staff unions in public healthcare system, nursing sector holds more power than Doctors in public sector hospitals. Also, there is rotation factor in public sector hospitals, whereby Doctors are supposed to serve the hard core areas like Indian Union Territories of Andaman and Nicobar Island for a period of three months. On the positive side, it brings a change in the fixed routine of Doctors, whereas on the negative side, it is difficult to move for those who have old age parents and small kids. Resultantly, this would either distress the Doctors while serving in the middle of nature’s beauty or it would be a source of additional stress for those who have difficulty moving to other
places because of family bindings. Also, Government is planning to extend this period of three months to one or two years (under consideration), and if executed, it would be a source of additional stress for most of the physicians. Research in this area can be novel and interesting.

Research can be done by actively involving the mental health department of hospitals. The mental health departments shall also be involved in the study to gather more information about the employees of the organization, the frequency with which they consult the mental health professionals for their emotional and psychological needs and sufferings. This can give valuable information about the healthcare professionals and how these attended and cured professionals can enhance the productivity of the healthcare.

A comparative analysis can be done among the healthcare professionals with those who have dealings with the patients on daily basis and those who work for the organization only with no physical contact or interaction with the patients. A comparative study between work-life balance and Occupational Stress can be undertaken or a comparative study of big hospitals can be done with the small clinics on the variables used in the study. This research can be done with other professions as well, other than healthcare, using the same variables.