SUMMARY

Healthcare sector has always been an area of interest among researchers where professionals are demanded to communicate empathetically, competently, and ethically to maintain professional demeanor. Kottler (1986) argues that most of the physicians ignore their own well-being while encountering the pain of their patients. Professionals like Doctors, Nursing staff, and other Support Staff are responsible for the physical and emotional well-being of the terminally ill patients. In this process of prolonged exposure to the demanding healthcare environment, Occupational Stress and hence Burnout is very obvious. Review of literature indicates that the workplace tends to be a significantly important source of Occupational Stress owing to the reason that employees spend long working hours at work (Erkutlu & Chafra, 2006). Workers in human service organizations such as nurses, police officers, social workers, and teachers are more vulnerable to high degrees of Burnout (Coffey & Colman, 2001) and also that stress is a serious problem in health sector (Ornelas & Kleiner, 2003).

Occupational Stress was one of the variables used in the present study and it results from an individual’s unique perception and interpretation of his situation or condition, hence a subjective phenomenon. This is the reason why all the individuals differ on stress scale when placed in an occupational setting. Occupational Stress is the individual’s perception of a wide gap between environmental demands of the job and individual’s own capacities to fulfill those increased demands (Topper, 2007). Nursing Staff has been observed to be at a greater risk among healthcare staff. Different theories have been developed to explain Occupational Stress (Dollard, 2001). Some of these theories thrust on the stressors within the work environment (like the demand–control or support model; Karasek &
Theorell, 1990), some concentrate on the mismatch between organizational requirements and rewards (effort–reward imbalance model; Siegrist, 1996), some focus on the resources available to cope with demands (the conservation of resources model; Hobfoll & Freedy, 1993), and others focus on appraisal and Coping to explain individual differences in reactions to stress at work (cognitive phenomenological theory; Lazarus & Folkman, 1984). Understanding the potential sources of stress at workplace as well as individual’s unique pattern of responding to the pressures and demands at workplace and thereby managing and handling those factors through stress management techniques can help an individual as well as the organization to get away from the debilitating effects of Occupational Stress and hence Burnout.

Burnout has its root in work environment, but the fact that not all the individuals experience Burnout working in a single environment emphasizes the role of personal factors as well. Broadly, the causes of Burnout have been attributed to the employee, the organization, and the interaction of both. Burnout can be a result of both organizational and personal factors. According to Maslach and Jackson (1981), Burnout is a blanket term that is used to describe a syndrome of Emotional Exhaustion and cynicism that occurs in response to the stressors and strains of professional life. Later, this definition was updated stating that 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). The Burnout construct is a complex phenomenon that a single theory or viewpoint is not sufficient (Schaufeli & Buunk, 2002). Different theories like Maslach Burnout Model (Maslach & Jackson, 1986), Phase Model (Golembiewski & Muzenrider, 1988), Hobfoll’s theory, and Process Model (Cherniss, 1980) have tried to explain Burnout, but an eclectic approach helps an individual to gain clarity about the construct, its causes and consequences. Cordes and
Dougherty (1993) stated that Burnout has real physical, emotional, interpersonal, attitudinal, and behavioural implications. The negative impact of Burnout at individual level, ultimately influence the organization as a whole. It is more appropriate to prevent Burnout than resolving and addressing it once it has occurred (Maslach & Leiter, 1997). Healthcare industry is one of the most vulnerable areas not only in India but worldwide, where the stress is inevitable and the ways of Coping are not sufficient enough.

In terms of Lazarus and Folkman (1984), Coping is the constantly changing cognitive and behavioral efforts to manage specific external and internal demands that are appraised as taxing or exceeding the resources of the person. To gain more insight into the concept of Coping various theories and models have been developed, like Proactive theories as developed by Schwarzer (2000) and Conservation of resource theory (Hobfoll, 1989). Research in the area of Coping has been influenced by a mosaic of theoretical frameworks. Coping strategies are the steps individuals take in order to reduce or alter the impact of stressors. There are two broad Coping strategies: problem-focused and emotion-focused. Problem-focused Coping is akin to problem solving where an individual takes steps to change the source of the stress to solve or alter the situation, whereas emotion-focused Coping involves efforts to change one's emotional response to the stressor which involves escape avoidance, Distancing, selective attention, wishful thinking, and the use of social support (Bunkholdt, 1997; Lazarus & Folkman, 1984). Coping plays a significant role in the stress - Burnout relationship (Wiese, Rothmann, & Storm, 2003). Coping and Burnout literature suggests that 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 (Butterworth, Carson et al., 1999).
Another variable used in the present study was Emotional Intelligence that has given rise to unparalleled interest since the publication of Daniel Goleman’s book “Emotional Intelligence” in 1995. Palmer and Stough (2001) asserted Emotional Intelligence as the capacity to deal with one’s own and other’s emotions, which involve the capacity to effectively perceive, express, understand, and manage emotions in a professional and effective manner at work. The different models and theories have been developed to have a better understanding of Emotional Intelligence like the ability model by Salovey and Mayer (1990), Reuven Bar-On (Bar-On, 2002) and Daniel Goleman’s mixed model are the examples. Contributions of Emotional Intelligence have been observed in the physical, psychological, social, and behavioral aspects of the individual and act as a moderating factor in dealing with stress and Burnout. Taylor (2001) asserted that an emotionally intelligent can effectively handle and cope with life’s challenges and can significantly control his or her emotions more appropriately. Emotional Intelligence acts as the moderator to reduce, eliminate, and handle this imbalance. Research suggests that a number of moderating factors that can reduce or eliminate the negative effects of organizational stress have been identified including such as Coping style (Lazarus, 1999; Lazarus & Folkman, 1984); emotionality (Costa & McCrae, 1992); levels of control (Spector, 1986); and social support (House, 1981). The popularity of the Emotional Intelligence during the past few years has motivated the researchers to assess its potency in different areas of human functioning.

The above mentioned variables were used to explore their relationship in healthcare sector. Another objective of the study was to explore the moderating effect of Emotional Intelligence in Coping with Occupational Stress and Coping with Burnout. With this aim in view, the problem of the study may be stated as “Coping with Occupational Stress and Burnout in Healthcare Professionals: Moderating effect of Emotional Intelligence”.
OBJECTIVES OF THE RESEARCH

The main objectives of the study are:

1. To examine the differences across occupational groups and gender in Occupational Stress, Burnout, Coping, and Emotional Intelligence.
2. To examine the relationship between Coping and Occupational Stress in healthcare professionals.
3. To examine the relationship between Coping and Burnout in healthcare professionals.
4. To examine the relationship between Occupational Stress and different components of Burnout.
5. To examine the relationship between Emotional Intelligence and Occupational Stress.
6. To examine the relationship between Emotional Intelligence and Burnout.
7. To examine the role of Occupational Stress, Coping and Emotional Intelligence in the Burnout in healthcare professionals.
8. To examine the moderating effect of Emotional Intelligence on the role of Coping in Occupational Stress.
9. To examine the moderating effect of Emotional Intelligence on the role of Coping in Burnout.

HYPOTHESES

The main hypotheses of the study are:

1. Different groups of healthcare professionals would not differ on Occupational Stress, Burnout, Coping, and Emotional Intelligence.
2. There would be no gender differences in Occupational Stress, Burnout, Coping, and Emotional Intelligence.
3. Ways of Coping would correlate negatively with Occupational Stress of healthcare professionals.
4. Ways of Coping would correlate negatively with Burnout of healthcare professionals.

5. There would be positive relationship between Occupational Stress and Burnout.

6. There would be negative relationship between Emotional Intelligence and Occupational Stress.

7. There would be negative relationship between Emotional Intelligence and Burnout.

8. Occupational Stress, Ways of Coping and Emotional Intelligence would account substantial proportion of variance in Burnout of healthcare professionals.

9. Emotional Intelligence is likely to moderate Coping with Occupational Stress.

10. Emotional Intelligence is likely to moderate Coping with Burnout.

**METHOD**

**Sample**

In order to fulfill these research objectives, the proposed study was conducted on a sample of 600 healthcare professionals (300 male and 300 female) from the private hospitals of Delhi-NCR. The sample included Doctors, Nursing Staff, and Support Staff (front office, F&B/Dieticians, Pharmacy, housekeeping, and security) working at the present employment position for at least 4-5 years.

**Measuring Instruments**

Participants were tested on four measurement instruments:

1. **Occupational Stress Index (Srivastava and Singh, 1981):** Occupational Stress Index was scored and the total score for the Occupational Stress was taken adding the twelve scales of Occupational Stress Index.
2. **Maslach Burnout Inventory (MBI-HSS) (Maslach, 1978; Maslach & Jackson, 1986):** MBI-HS was scored for the three dimensions namely, Emotional Exhaustion, Depersonalization, and Lack of Personal Accomplishment.

3. **Ways of Coping Scale-Revised (Folkman and Lazarus, 1979):** Ways of Coping was scored for the eight dimensions namely, Confrontive Coping, Distancing, Self-Controlling, Seeking Social Support, Accepting Responsibility, Escape Avoidance, Planful Problem Solving, and Positive Reappraisal.

4. **Multidimensional Measure of Emotional Intelligence-MMEI (Darolia, 2003):** MMEI was scored for five dimensions, that is, Empathy, Managing Emotions, Motivating Oneself, Self-Awareness, and Handling Relations.

**Statistical Analyses**

In order to meet the requirements of the present study, the obtained data were subjected to various statistical analyses. These are: descriptive statistics, Pearson's correlation, analysis of variance and regression analysis. Hierarchical regression was accomplished to examine the moderating role of Emotional Intelligence in Coping with Occupational Stress and Coping with Burnout.

**MAIN FINDINGS**

The main findings of the research may be summarized as under:

1. The frequency distribution as well as descriptive statistics like Mean, Median, Skewness, and Kurtosis indicates that the data are normally distributed.

2. A 2x3 Analysis of variance depicted that the three occupational groups, that is, Doctors, Nursing Staff, and Support Staff differ significantly on the dimensions of Occupational Stress, Burnout, Coping, and Emotional
Intelligence. However, gender differences were found to be non significant on almost all the variables used in the study, except Managing Emotions dimension of Emotional Intelligence.

Occupational groups differ significantly \([F = 39.673, p = .000]\) on the variable Occupational Stress, indicating that Nursing Staff experienced higher Occupational Stress as compared to Support Staff and Doctors. The interaction of gender and occupation was also found significant \([F = 3.857, p = .022]\). However, the gender differences were found to be non significant \([F = 1.700, p = .193]\).

Among the three dimensions of Burnout, the occupational groups showed significant differences on the two dimensions, viz. Emotional Exhaustion \([F = 5.966, p = .003]\) and Depersonalization \([F = 3.520, p = .030]\), indicating that Doctors, Nursing Staff and Support Staff differ significantly on these two dimensions of Burnout (i.e., Emotional Exhaustion and Depersonalization). Nursing Staff outscores on both these dimensions of Burnout as compared to the other two groups. As mentioned earlier, the gender differences were observed to be non significant on all of three dimensions of Burnout.

Results for the Ways of Coping indicates that the occupational groups differ significantly on four of the total eight Ways of Coping, namely Confrontive Coping \([F = 5.593, p = .004]\), Self-Controlling \([F = 14.139, p = .000]\), Escape Avoidance \([F = 14.184, p = .000]\), and Positive Reappraisal \([F = 3.013, p = .050]\). Confrontive Coping, Self-Controlling, and Positive Reappraisal was adopted more by Support Staff, however, Nursing Staff relied more on Escape Avoidance as compared to the other two groups. Gender differences were found to be non significant on all the eight Ways of Coping. The interaction of gender and occupation was found significant only on the dimension of Seeking Social Support \([F = 4.121, p = .017]\).
Occupational groups differ significantly on Managing Emotions [F = 4.012, p = .019] and Motivating Oneself [F = 10.125, p = .000] dimensions of Emotional Intelligence. Support Staff scored higher on both these dimensions as compared to Doctors and Nursing Staff. Gender differences were significant only for the dimension of Managing Emotions [F = 3.937, p = .048], where the mean score of female was found higher than male. Interaction of gender and occupation was significant only for the Empathy [F = 4.181, p = .016] dimension of Emotional Intelligence.

The above results partially justifies hypothesis 1, that Doctors, Nursing Staff, and Support Staff do not differ on Occupational Stress, Burnout, Coping, and Emotional Intelligence. To a large extent, the results are also consistent with hypothesis 2 that there are no gender differences in Occupational Stress, Burnout, Coping, and Emotional Intelligence.

3. The relationship between Occupational Stress, Burnout, Coping, and Emotional Intelligence was explored using the Pearson’s correlation method. Among Doctors, the correlation results for Coping and Occupational Stress indicates that the range falls between -.18 and .20. Three correlations were found significant, out of which one was positive and two were negative. Occupational Stress had a significant positive correlation with Confrontive Coping (r = .20, p < .01), whereas significant negative correlation with Seeking Social Support (r = -.18, r < .01) and Planful Problem Solving (r = -.18, r < .01).

The correlation results for Occupational Stress and Coping revealed that the range falls between -.20 and .26 in Nursing Staff. Three correlations were significant, out of which one was positive and two were negative. Occupational Stress had a significant positive correlation with Confrontive Coping (r = .26, r < .01), whereas
significant negative correlation with Accepting Responsibility \((r = -.15, r < .05)\) and Planful Problem Solving \((r = -.20, r < .01)\).

In case of Support Staff, the correlation results for Occupational Stress and Coping revealed that the correlations range from -.36 to .14. Three correlations were significant and negative. Occupational Stress had a significant negative correlation with Self-Controlling \((r = -.27, r < .01)\), Accepting Responsibility \((r = -.18, r < .01)\), and Planful Problem Solving \((r = -.36, r < .01)\).

The above results justifies hypothesis 3 that Ways of Coping correlates negatively with Occupational Stress of healthcare professionals.

4. The results of correlation analysis for Burnout and eight Ways of Coping revealed that the correlations range from -.34 to .22 among Doctors. Six correlations were observed to be significant, out of which three were negative and three were positive. Emotional Exhaustion had significant negative correlation with Self-Controlling \((r = -.25, p < .01)\) and Seeking Social Support \((r = -.34, p < .01)\). Depersonalization had significant negative correlation with Positive Reappraisal \((r = -.16, p < .05)\). Personal Accomplishment had significant positive correlation with Self-Controlling \((r = -.18, p < .01)\), Seeking Social Support \((r = .20, p < .01)\), and Accepting Responsibility \((r = -.22, p < .01)\).

In case of Nursing Staff, the correlation range for Burnout and Ways of Coping was from -.27 to .20 and seven correlations were observed to be significant, out of which five were negative and two were positive. Emotional Exhaustion had significant positive correlation with Confrontive Coping \((r = .20, p < .01)\) and significant negative correlation with Self-Controlling \((r = -.17, p < .05)\) and Seeking Social Support \((r = -.15, p < .05)\). Depersonalization had significant negative correlation with positive Self-Controlling \((r = -.15, p < .05)\), Seeking
Social Support ($r = -.27$, $p < .01$), and Accepting Responsibility ($r = -.20$, $p < .01$). Personal Accomplishment had significant positive correlation with Accepting Responsibility ($r = .17$, $p < .05$).

The correlations range was from -.34 to .18 in case of Support Staff and seven correlations were significant, out of which five were negative and two were positive. Emotional Exhaustion had significant negative correlation with Self-Controlling ($r = -.27$, $p < .01$), Seeking Social Support ($r = -.34$, $p < .01$), and Planful Problem Solving ($r = -.16$, $p < .05$). Depersonalization had significant negative correlation with Self-Controlling ($r = -.27$, $p < .01$) and Seeking Social Support ($r = -.16$, $p < .05$). Personal Accomplishment had significant positive correlation with Confrontive Coping ($r = -.17$, $p < .05$) and Self-Controlling ($r = -.18$, $p < .01$).

The above results are in accord with hypothesis 4 that Ways of Coping correlates negatively with Burnout of healthcare professions.

5. Correlation results for Occupational Stress and Burnout revealed that among Doctors, Occupational Stress had significant positive correlation with Emotional Exhaustion ($r = .47$, $p < .01$) and Depersonalization ($r = .35$, $p < .01$) and significant negative relationship with Personal Accomplishment ($r = -.35$, $p < .01$).

For Nursing Staff, the correlation results for Occupational Stress and Burnout for Nursing Staff reveals that the correlation range was from -.11 to .38 and two of the three correlations were significant. Occupational Stress had significant positive correlation with Emotional Exhaustion ($r = .38$, $p < .01$) and Depersonalization ($r = .20$, $p < .01$).

Occupational Stress has shown significant positive correlation with Emotional Exhaustion ($r = .48$, $p < .01$) and Depersonalization ($r = .36$, $p < .01$) and significant negative relationship with Personal Accomplishment ($r = -.15$, $p < .05$) in case of Support Staff.
The above results depicting the relationship between Occupational Stress and Burnout justifies hypothesis 5 that Occupational Stress and Burnout are positively correlated.

6. Correlation findings for Emotional Intelligence and Occupational Stress in case of Doctors, indicated that correlations ranged from -.23 to -.04 and four of the five correlations were significant, all of them being negatively correlated. Occupational Stress had significant negative correlation with Self-Awareness (r = -.23, p < .01), Managing Emotions (r = -.21, p < .01), Motivating Oneself (r = -.29, p < .01), and Handling Relationships (r = -.17, p < .05) dimensions of Emotional Intelligence.

In case of Nursing Staff, correlations results ranged from -.20 to -.03 and two of the five correlations were significant, both of them being negatively correlated. Occupational Stress had significant negative correlation with Managing Emotions (r = -.18, p < .01) and Motivating Oneself (r = -.20, p < .01) dimensions of Emotional Intelligence.

With regard to Support Staff, the correlation range was from -.29 to -.05 and four of the five correlations were significant and negative. Occupational Stress had significant negative correlation with Self-Awareness (r = -.17, p < .01), Managing Emotions (r = -.29, p < .01), Motivating Oneself (r = -.23, p < .01), and Handling Relationships (r = -.16, p < .01) dimensions of Emotional Intelligence.

The findings are consistent with hypothesis 6 that a significant negative relationship exists between Emotional Intelligence and Occupational Stress.

7. The relationship between the dimensions of Burnout and Emotional Intelligence for Doctors indicates that correlations range from -.25 to .48. Twelve correlations were significant, out of which seven were found negative and five positive. Emotional Exhaustion has significant negative correlation with Self-Awareness (r = -.17, p < .05), Managing Emotions (r = -.25, p < .01), Motivating Oneself (r = -.25, p < .01), and
Handling Relationships ($r = -.17, p < .05$). Depersonalization had significant negative correlation with Self-Awareness ($r = -.23, p < .01$), Managing Emotions ($r = -.17, p < .05$), and Motivating Oneself ($r = -.24, p < .01$). Personal Accomplishment had significant positive correlation with all the five dimensions of Emotional Intelligence, that is, $28(p < .01), .24(p < .01), .48(p < .01), .17(p < .05), \text{and} .21(p < .01)$, respectively for Self-Awareness, Managing Emotions, Motivating Oneself, Empathy, and Handling Relationships.

The correlation results for Nursing Staff ranged from -.21 to .31. Nine correlations were significant, out of which five were negative and four positive. Emotional Exhaustion had significant negative correlation with Managing Emotions ($r = -.17, p < .05$). Depersonalization had significant negative correlation with Self-Awareness ($r = -.16, p < .05$), Managing Emotions ($r = -.17, p < .01$), and Motivating Oneself ($r = -.20, p < .01$). Personal Accomplishment had significant positive correlation with Self-Awareness ($r = .15, p < .05$), Managing Emotions ($r = .29, p < .01$), Motivating Oneself ($r = .31, p < .01$), and Handling Relationships ($r = .22, p < .01$) dimensions of Emotional Intelligence.

The relationship between the dimensions of Burnout and Emotional Intelligence for Support Staff indicates that correlations ranged between -.34 to .43. Ten correlations were significant, out of which seven were negative and three were positive. Emotional Exhaustion had significant negative correlation with Self-Awareness ($r = -.17, p < .05$), Managing Emotions ($r = -.26, p < .01$), Motivating Oneself ($r = -.27, p < .01$), and Handling Relationships ($r = -.15, p < .05$). Depersonalization had significant negative correlation with Self-Awareness ($r = -.23, p < .01$), Managing Emotions ($r = -.31, p < .01$), and Motivating Oneself ($r = -.34, p < .01$). Personal Accomplishment had significant positive correlation with Self-Awareness ($r = .38, p < .01$), Managing Emotions ($r = .43, p < .01$), and Motivating Oneself ($r = .43, p < .01$) dimensions of Emotional Intelligence.
These correlation results justifies hypothesis 7 that a significant negative relationship exists between Emotional Intelligence and Burnout.

8. Intercorrelation results for the measures used in the study indicates that in case of Doctors, Intercorrelation results for Burnout indicated that Emotional Exhaustion and Depersonalization were negatively correlated with Personal Accomplishment, whereas Emotional Exhaustion and Depersonalization were positively correlated. The intercorrelation among eight Ways of Coping was almost positive and 17 of the total 28 correlations were significant and positive. The intercorrelations among five measures of Emotional Intelligence were almost positive and nine of the 10 correlations were significant.

With respect to Nursing Staff, intercorrelation results for Burnout indicated that Emotional Exhaustion and Depersonalization were negatively correlated with Personal Accomplishment, whereas Emotional Exhaustion and Depersonalization were positively correlated. The intercorrelation among eight Ways of Coping was almost positive and 18 of the total 28 correlations were significant and positive. The intercorrelations among five measures of Emotional Intelligence were almost positive and four of the 10 correlations were significant.

In case of Support Staff group, intercorrelation results for Burnout indicated that Emotional Exhaustion and Depersonalization were negatively correlated with Personal Accomplishment, whereas Emotional Exhaustion and Depersonalization were positively correlated. The intercorrelation among eight Ways of Coping was almost positive and 12 of the total 28 correlations were significant and positive. The intercorrelations among five measures of Emotional Intelligence were almost positive and six of the 10 correlations were significant.
9. Multiple regression analysis was performed in order to explore the extent to which Burnout was predicted from Occupational Stress, dimensions of Burnout, Ways of Coping, and dimensions of Emotional Intelligence.

For the dimension of Emotional Exhaustion as criterion variable, Occupational Stress (p < .01), Seeking Social Support (p < .01), and Planful Problem Solving emerged as significant predictors in Doctors. Among Nursing Staff, the significant predictors of Emotional Exhaustion were Occupational Stress (p < .01), Self-Controlling (p < .02), Confrontive Coping (p < .05), and Seeking Social Support (p < .02). For Support Staff, Occupational Stress (p < .01), Seeking Social Support (p < .01), and Managing Emotions (.05) predicted Emotional Exhaustion significantly.

Taking Depersonalization as the criterion variable, Occupational Stress (p < .01) and Positive Reappraisal (p < .03) emerged as significant predictors in case of Doctors. In case of Nursing Staff, the significant predictors of Depersonalization were Occupational Stress (p < .03), Self-Controlling (p < .04), Seeking Social Support (p < .01), and Planful Problem Solving (p < .01). For the Support Staff group, Occupational Stress (p < .01) and Motivating Oneself (p < .01) were the significant predictors of Depersonalization.

Considering Personal Accomplishment as the criterion variable, Motivating Oneself (p < .01), Occupational Stress (p < .01), and Accepting Responsibility (p < .02) emerged as significant predictors. In case of Nursing Staff, the significant predictors of Personal Accomplishment were Motivating Oneself (p < .01), Managing Emotions (p < .01), and Planful Problem Solving (p < .03). The significant predictors of Personal Accomplishment for Support Staff were Seeking Social Support (p < .05), Motivating Oneself (p < .01), Managing Emotions (p < .01), and Self-Awareness (p < .01).
The above results justifies hypothesis 8 that Occupational Stress, Ways of Coping and Emotional Intelligence account substantial amount of variance in Burnout of healthcare professionals.

10. Moderated (hierarchical) Regression Analysis was done to explore the moderating effect of Emotional Intelligence in Coping with Occupational Stress and Coping with Burnout. The results for Emotional Intelligence as a moderator in Coping with Occupational Stress revealed that Emotional Intelligence was found to be a moderator in Seeking Social Support (p < .030) and Escape Avoidance (p < .018) relationship with Occupational Stress in case of Doctors. For Nursing Staff, the moderating effect of Emotional Intelligence was observed in the relationship of Self-Controlling (p < .007) with Occupational Stress.

The above results partially justifies hypothesis 9 that Emotional Intelligence moderates Coping with Occupational Stress.

11. The results of Emotional Intelligence as a moderator in Coping with Burnout indicates that Emotional Intelligence was found to be a moderator in Escape Avoidance (p < .024) and Emotional Exhaustion in case of Doctors. With respect to Nursing Staff, Emotional Intelligence was found moderating the relationship between Seeking Social Support (p < .054) and Emotional Exhaustion. More so, Emotional Intelligence was found moderating the relationship of Distancing (p < .007) and Accepting Responsibility (p < .030) with Personal Accomplishment in case of Nursing Staff.

To a certain extent, the above results justifies hypothesis 10 that Emotional Intelligence moderates Coping with Burnout.