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Relationship between Coping Strategies and Burnout among Healthcare Professionals: Role of Emotional Intelligence

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Abstract

The purpose of the current study was to evaluate the relationship between coping strategies and burnout among healthcare professionals in Pakistan, with emotional intelligence (EI) measured as a mediating variable. The study employed a convenient sample of healthcare professionals from both public and private hospitals. The Coping Scale, the Schutte Self-Report Emotional Intelligence Test, and the Burnout Assessment Tool were used to collect the data. SPSS was used to conduct statistical analysis. In this regard, Pearson correlation analysis was employed to assess the strength and direction of relationships among variables, and Hayes' PROCESS macro (Model 4) was applied to test for mediation effects. The findings of the current study demonstrated that adaptive coping strategies were significantly positively correlated with emotional intelligence, and negatively associated with burnout. Moreover, emotional intelligence also showed a strong inverse relationship with burnout. Mediation analysis verified that emotional intelligence partially mediated the relationship between coping strategies and burnout, signifying those individuals having better EI scores tend to effectively translate coping efforts into psychological resilience, thus experiencing reduced symptoms of burnout. The results of moderation analysis shows that the interaction effect of emotional intelligence and gender on burnout was not statistically significant. Practical implications include the incorporation of EI-based workshops in hospital training programs to buffer burnout. Future studies may consider the moderating variables such as job role, city, and nature of job, age, and organizational environment for a more comprehensive understanding of these relationships.

Keywords: *Coping strategies, Emotional Intelligence, Burnout, Healthcare, Stress*

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1. Introduction

All around the globe, burnout among healthcare professionals has been identified as a critical concern, especially in high-pressure settings where psychological and emotional requirements are not just intense but persistent too. According to the World Health Organization (WHO), burnout is considered an occupational phenomenon that is demarcated by chronic workplace stress that has failed to be successfully managed (WHO, 2019). It is characterized by intense mental alienation from one's job, emotional exhaustion, and diminished professional efficiency. Burnout is particularly very common among healthcare professionals as they are persistently exposed to life-threatening situations, administrative burdens, and emotionally charged interactions; hence, it leads to diminished job satisfaction, lower productivity, and compromised patient care (Maslach, et al., 2016).

As far as Pakistan is concerned, the healthcare system is further strained mainly due to overcrowded facilities, staff shortages, resource limitations, and aggravating stress levels among practitioners. Due to such challenging work conditions, healthcare workers are exposed to compromised well-being along with threatening patient care (Shah et al., 2020). In this context, burnout usually results in enhanced medical errors, job dissatisfaction, absenteeism, and high turnover rates, hence, highlighting the dire need to explore aspects that can mitigate its impact (Bakker & Demerouti, 2017).

Under the above-discussed circumstances, coping strategies prove to be one such aspect. According to Lazarus and Folkman (1984), "coping strategies are cognitive and behavioral efforts that individuals use to manage the internal and external strains of any stressful situation". They are generally categorized into adaptive (e.g., problem-solving, seeking support) and maladaptive (e.g., avoidance, denial) groups. Therefore, whatever the nature of coping strategies that healthcare professionals adopt, it tends to significantly influence their experiences of burnout (Moreno-Jiménez et al., 2012).

Emotional intelligence (EI) is another significant construct in this regard and it is the "ability to perceive, understand, manage, and utilize emotions effectively in one and others" (Mayer & Salovey, 1997). It has been highlighted by recent studies that emotional intelligence has both a mediating and moderating role in the relationship between coping strategies and burnout (Michinov, 2022). As indicated by Lee and Chelladurai (2018), individuals who have sound emotional intelligence tend to engage in adaptive coping, hence reducing burnout symptoms. Moreover, EI tends to moderate the efficacy of coping strategies too, increasing their shielding effects in emotionally and physically demanding situations (Michinov, 2022).

Furthermore, demographic aspects such as gender and age may also affect coping behaviors, EI, and susceptibility to burnout. It has been suggested by certain researchers that males and females may vary in their emotional processing and choices of coping styles, which in turn influence their experiences and responses to workplace stress (Matud, 2004; Graves, 2021). Likewise, other demographic factors such as age and professional experience may also contribute to emotional regulation capacity and stress resilience (Mendes & Miguel, 2024; Hashmi et al., 2024).

Although coping strategies, emotional intelligence (EI), and burnout have been widely studied internationally, research within the cultural and organizational context of Pakistani healthcare is limited. Most prior studies focus on Western settings or student populations, neglecting the unique challenges faced by healthcare professionals in resource-limited Pakistani hospitals. This study examines EI as a mediator between coping strategies and burnout among Pakistani healthcare workers, addressing significant stressors such as staff shortages, heavy patient loads, and emotionally taxing environments. Additionally, cultural norms around emotional expression and help-seeking may influence how coping and EI interact to mitigate burnout. Hence, the current study is aimed at filling this gap by investigating the interplay of coping strategies, emotional intelligence, and burnout among Pakistani healthcare professionals.

Literature Review

Polycystic Burnout among healthcare professionals—manifesting as emotional exhaustion, depersonalization, and reduced personal accomplishment—arises from chronic workplace stress and has significant implications for both caregiver well-being and patient care. Adaptive coping strategies, such as seeking social support, problem-solving, and emotion regulation, are consistently associated with lower burnout, whereas maladaptive approaches like avoidance and rumination exacerbate it. Emotional intelligence (EI) emerges as a pivotal resource in this context, both directly dampening burnout and enhancing the effectiveness of adaptive coping strategies.

In a quasi-experimental study with 200 critical-care nurses, EI training substantially increased EI scores and significantly improved burnout markers post-intervention (Iranian Journal of Nursing and Midwifery Research, 2023). A meta-analysis covering 17 longitudinal EI training interventions across healthcare workers similarly reported consistent EI gains, though urged caution due to methodological limitations (Powell et al., 2024). In Saudi Arabia, EI inversely predicted burnout levels among healthcare staff, with some EI dimensions (like emotionality) showing complex associations depending on cultural context and workload (Altamimi et al., 2023). Additionally, a survey of healthcare professionals in Bulgaria reported that EI traits—particularly well-being, self-control, and sociability—were positively linked to adaptive coping behaviors (Georgiev & Halili, 2024). A longitudinal study of medical residents found that lower trait EI was associated with greater increases in exhaustion and depersonalization over time, along with declines in cognitive flexibility and career purpose (Wasfie et al., 2023). Taken together, these findings support a model in which EI both promotes adaptive coping and buffers against burnout among healthcare professionals.

2. Method

2.1 Research Design

This study employed a quantitative, correlational research design to examine the relationships among coping strategies, emotional intelligence (EI), and burnout among healthcare professionals. The design was appropriate for identifying predictive and mediating relationships among variables without manipulating the research environment. A cross-sectional survey method was used to collect data from healthcare professionals working in both public and private hospitals in Pakistan.

2.2 Participants and Sample

The study targeted doctors, nurses, and allied healthcare professionals employed in hospitals within major cities of Pakistan. Approximately 200 participants were chosen through convenience and purposive sampling to ensure representation from departments such as medicine, surgery, emergency, and intensive care. Inclusion criteria required participants to have at least one year of professional experience and to be directly involved in patient care.

2.3 Instruments

2.3.1 Demographic Sheet: Demographic information including gender, age, employment status, profession, and experience of work-related stress was collected from the participants through a demographic form and was analyzed to produce a summarized profile of the entire sample.

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2.3.2 Coping Scale (CS) The scale has 13 items that assess diverse coping styles. Their responses were documented on a 4-point Likert scale ranging from 1 (Not at all) to 4 (Very often). Higher levels of coping are indicated by higher scores (α = .83)

2.3.3 Schutte Self-Report Emotional Intelligence Test (SSEIT): The scale analyses four dimensions i.e., emotional perception, emotional facilitation, emotional understanding, and emotional regulation. A 5-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree) was used to rate the responses. Higher scores on this scale reflect greater emotional intelligence (α = .91).

2.3.4 Burnout Assessment Tool (BAT): A 23-item scale developed by Schaufeli et al. (2020). The scale measures three dimensions i.e., exhaustion, mental distance, cognitive impairment, emotional impairment. The responses were rated on a 5-point Likert scale from 1 (never) to 5 (always) and provided a comprehensive measure of burnout (α = .89).

2.4 Procedure

First, ethical approval was obtained from the University's review board. After that, the demographic sheet and all three psychological scales were distributed among the participants. An in-depth consent form was also developed and administered to ensure the rights of participation and confidentiality of the participants. The form also provided information about the voluntary nature and freedom to withdraw from the study. To ensure accessibility, both hard and soft copy of the study instruments were utilized. The data was collected over a period of 4-6 weeks. All responses were compiled into a digital dataset. SPSS Version 27 was used for data analysis.

3. Results

Table 1

Demographic characteristics of study variables (N= 200)

Variables	Categories	*f*	%
Age Group	25–34	82	41.0
	35–44	77	38.5
	45–55	41	20.5
Gender	Female	117	58.5
	Male	83	41.5
Professionals	Doctors	70	35.0
	Nurses	80	40.0
	Medical Technicians	50	25.0
Employment Status	Full-time	142	71.0
	Part-time	58	29.0
Work-Related Stress	Yes	200	100.0

Note: f = frequency, % = percentage

Table 1, summarizes the demographic characteristics of the 200 participants. T The majority of the participants were from the age group 25-34. The above table depicts the frequencies and demographic variables of the current study (N=200). The majority of the participants were from the age group 25-34. Also, there was a slightly higher representation of female healthcare in nurse's professionals as compared to males (doctors & medical practitioners). With regard to employment status, the majority of the participants were employed full-time

Table 2

Psychometric properties of the Study Scales (N=200)

Scales	K	α
Coping Scale (CS)	13	0.97
Emotional Intelligence (SSEIT)	33	0.99
Burnout Assessment Tool (BAT)	23	0.99

Note. K= No. of items; Cronbach A = Reliability

Table 2 depicts values for Cronbach's alpha which was used to assess the internal consistency of the three psychological scales used for the current study. A Cronbach's alpha Value of 0.70 or higher is generally considered acceptable for reliability. Results showed that all scales demonstrated significant reliability (Coping Scale (CS) =.97 Emotional Intelligence (SSEIT) = .99, Burnout Assessment Tool (BAT) = .99).

Table 3

Descriptive Statistics for Study Variables (N=200)

Scale	K	M	SD	Min	25%	Median	Max
Coping	13	45.66	6.73	26.33	41.07	45.47	62.26
EI	33	180.94	22.20	91.40	163.92	182.06	248.24
Burnout	23	190.44	41.52	64.80	165.77	191.82	296.35

Table 3 shows descriptive statistics of the three main study variables i.e., coping strategies, emotional intelligence, and burnout. Results depict that the majority of the participants reported using high levels of coping strategies (SD=6.73). For emotional intelligence, the scores ranged widely, showing that participants varied significantly in their ability to perceive, manage, and utilize emotions (SD=22.20). The burnout scores reflect work-related stress and diverse experiences of emotional exhaustion (SD=41.52).

Table 4

Pearson Correlations among Study Variables (N=200)

Variable	1	2	3
Coping Total	---	.42*	-.28*
EI Total	.42*	---	-.14*
Burnout Total	-.28*	-.13*	---

Note. EI = Emotional Intelligence. p < .01 **

Table 5

Mediation Analysis for the Relationship between Coping, Emotional Intelligence, and Burnout (N=200)

Path	B	SE	T	P	95% CI for Indirect Effect
Coping → Burnout (c path)	−0.28*	0.059	−4.76	< .001*	—
Coping → EI (a path)	0.42*	0.052	8.00	< .001*	—
EI → Burnout (b path)	−0.14*	0.062	−2.24	.026*	—
Coping → Burnout (c′ path)	−0.22*	0.060	−3.70	< .001*	—
Indirect Effect (a × b)	−0.06*	0.027	—	—	−0.113 to −0.006

Note. $p < .05$. EI = Emotional Intelligence. B = unstandardized coefficient. SE = standard error. CI = confidence interval.

Table 4 shows the Pearson correlation analysis. The results indicate a statistically significant positive correlation between coping and emotional intelligence ($r = .42$, $p < .05$), suggesting that individuals with higher emotional intelligence tend to use more effective coping strategies. Coping was also found to have a statistically significant negative correlation with burnout ($r = -.28$, $p < .05$), indicating that greater use of coping strategies is associated with lower burnout levels. Similarly, emotional intelligence showed a small but statistically significant negative correlation with burnout ($r = -.14$, $p < .05$), implying that individuals with higher emotional intelligence experience slightly lower levels of burnout

The mediation analysis (Table 5) revealed that coping had a significant negative total effect on burnout (c path: B = −0.28, p < .001), indicating that higher coping is associated with lower burnout. Coping was positively related to emotional intelligence (a path: B = 0.42, p < .001), and emotional intelligence was negatively associated with burnout (b path: B = −0.14, p = .026). When emotional intelligence was included in

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the model, the direct effect of coping on burnout (c′ path) remained significant but was reduced in magnitude (B = −0.22, p < .001). The indirect effect (a × b) was significant (B = −0.06, 95% CI [−0.113, −0.006]), indicating partial mediation, suggesting that emotional intelligence partially explains the relationship between coping and burnout.

4. Discussion

The focus of the research was to investigate the relationship between coping strategies and burnout among healthcare professionals in Pakistan, with a mediating role of emotional intelligence (EI) in this relationship. Hence, the research adds to the expanding empirical literature, highlighting the significance of emotional ability and adaptive coping in buffering occupational stress, especially in healthcare environments categorized by time pressure, emotional labor, and limited systemic support.

All over the world, a greater body of research has been undertaken on the negative effects of burnout on healthcare systems, nonetheless, the current research focused more on constructive, individual-centered variables that can be constructed and reinforced. A significant contribution of the present research is that it emphasizes the role of EI in enhancing the efficacy of coping strategies rather than just demonstrating it as a protective resource against burnout. The findings also underpin the broader themes such as emotional labor, workplace dynamics, and invisible psychological costs faced by healthcare workers. Nevertheless, the current study proposes that the hallmarks of EI are not signs of weakness; rather they are crucial emotional resources that assist in personal well-being and job effectiveness. Furthermore, the findings also enrich the literature by exploring the triadic relationship. Although there are studies present in the South Asian literature that have extensively explored the bivariate relationship, only a few of them especially from Pakistan have investigated the mediating role of EI using robust statistical methods such as Hayes' PROCESS macro.

Implications

The findings underpin the significance of incorporating EI and adaptive coping skills into professional development programs and healthcare training. EI-focused workshops should be implemented in hospitals and healthcare institutions in Pakistan to reinforce stress management and emotional regulation among the staff. Furthermore, EI assessments should be made part of hiring and promotion criteria by the policymakers.

Limitations

The current study has some limitations as well that should be acknowledged while interpreting the findings. First, the study just emphasized healthcare professionals of Pakistan, exclusive of individuals working in other professional sectors. Therefore, the generalizability of the findings is affected as the results may not apply to the vast working populations across diverse industries of Pakistan. Second, a defined timeframe was chosen for the data collection procedure. This may fail to detect or capture situational or seasonal fluctuations in stress levels, burnout symptoms, and coping behaviors, particularly in dynamic healthcare environments that are affected by external events such as policy changes and public health crises. Third, theoretically this study aims to extend the Transactional Model of Stress and coping by showing that emotional intelligence acts as a personal resource that mitigates job demands (stress) through enhanced coping strategies. Incorporating cultural and contextual factors will provide a deeper understanding of how these models operate in non-Western, collectivist healthcare environments.

Conclusion

The findings of the study suggest that those with better EI scores were able to face emotional demands effectively and enhance psychological well-being. Moreover, EI was significantly linked with the use of adaptive coping strategies, indicating that individuals who are emotionally intelligent tend to adopt proactive and constructive approaches to stress. The findings also suggest that, the role of EI as a psychological resource, improves the efficacy of coping strategies. The results also offered substantial support for current psychological theories, especially the Transactional Model of Stress and Coping (Lazarus & Folkman, 1984). They are also consistent with the Bar-On model of emotional-social intelligence.

A significant contribution of the present research is that it emphasizes the role of EI in enhancing the efficacy of coping strategies rather than just demonstrating it as a protective resource against burnout.

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