

Self-Control As Mediator Between Emotional Intelligence And Burnout Among Doctors

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ABSTRACT: The topic of current research was to find Self-Control as mediator between Emotional Intelligence and Burnout among Doctors. The sample consisted of 150 doctors (M=80, F=52) of Multan through the purposive sampling. These instruments used to collect the data Emotional intelligence scale, Brief Self-Control Scale (BSCS) and Maslach burnout inventory. The result indicated a significant negative correlation between emotional intelligence and burnout. The result showed a significant negative correlation between burnout and self-control. The results indicated a significant impact of emotional intelligence and burnout. Mediation results indicated that Emotional Intelligence was found to be positive significant predictor of self-control and burnout. Whereas self-control was found to be significant predictor of burnout. So, mediation was found to be significant. The result shows that there is no significant difference between males and female on burnout.

OBJECTIVE: In this study self-control has been related to emotional intelligence and burnout. It aims to provide a global approach to analyze the relationship between these variables and to determine the factors underlying the mediating role.

METHOD: A quantitative research design would be used in the survey method by using a questionnaire to obtain data through purposive sampling. Purposive sampling was used to choose a sample of 150 doctors and instruments used to collect data was emotional intelligence scale, Brief Self Control Scale (BSCS) Maslach Burn Out Inventory.

RESULTS AND CONCLUSION: Emotional intelligence is negatively correlated with burn out. The result showed a significant negative correlation between burn out and self-control. The result also describes significant impact of emotional intelligence on burn out. Mediation results indicated that emotional intelligence was found to be positive significant predictor of self-control and burn out. Whereas self-control was found to be significant predictor of burn out so mediation was found to be significant.

INTRODUCTION

Emotional intelligence: Refers to one's ability to achieve and manage one's emotions, as well as one's ability to influence the emotions of others. In other words, they have the power to influence others' emotions.

A wide range of theories exist for studying emotional intelligence (EI), but the two most common are abilities and traits/mixed (dispositional) models (Spielberger, 2004). EI is treated as a different sort of intelligence by ability models, which are expansions of

theories of intelligence based on information processing (Salovey, & Mayer, 1990). It is thought that EI is a new level of intellectual capacity that is not measured by normal intelligence models, as well as a set of cognitive talents connected to sensing, comprehending, utilizing and managing emotional information. Emotional intelligence (Goldenberg, 2006). These two types of theories, trait and mixed (dispositional), see EI as a set of interrelated competences, skills and abilities as well as personal characteristics and personality traits (Goleman, 1998; Bar-On, 1997).

Emotional intelligence (EI) is not the same as a person's inclination to feel certain emotions (George, 1996 & 2000). This does not mean that a person's EI indicates how strongly he or she feels emotions; rather it represents how much an individual's cognitive capacities are affected and how well that person intellectually manages those emotions. Emotional intelligence refers to one's ability to feel, use, communicate, recognize, remember, manage, comprehend, and explain emotions.

Burnout as a concept first introduced by Freudenberg in (1974). Burnout is defined as a combination of long-term emotional burnout, physical exhaustion, non-participation in business, dehumanization of those receiving service, and low business success. Burnout is a psychosomatic disorder that most commonly affects persons who work in human services. It has been extensively acknowledged and tested among health care personnel and educators. Maslach and colleagues (Maslach et al., 1996) "A three-dimensional syndrome of emotional weariness, depersonalization, and reduced personal accomplishment that happens among those who interact with people in some helping role," according to a commonly accepted definition of burnout. Maslach (Maslach,

1982).

Chronic emotional or mental stress at work can cause burnout, a mental illness (Maslach & Jackson, 1981; Maslach et al., 2001). Emotional tiredness, depersonalization and decreased personal accomplishment are all symptoms of job burnout. Emotional exhaustion is the outcome of a person's emotional exhaustion as a result of their work.

Self-control refers to the ability to subdue, modify, or inhibit urges and wants that might otherwise interfere (Muraven & Baumeister, 2000). As an example, self-control is needed to focus on challenging activities, deal with the stress of the job, or meet stringent performance goals. A increasing body of evidence demonstrates that self-control has psychological costs, which can manifest as psychological strain and low well-being, despite the benefits it has on personal success in many areas of life, including work performance (Muraven & Baumeister, 2000).

An individual who possesses self-control has the ability to control his or her instinctual impulses in a way that promotes long-term goals while being faithful to his or her values and standards, as stated by Baumeister et al. "Self-regulation," "self-discipline," "willpower," "effortful control," "ego strength," and "inhibitory control" are all terms used to define self-control (Duckworth & Kern, 2011).

According to Muraven and Baumeister (2000), different types of self-control behavior's all use and use the same limited regulatory resource. They created a model based on this idea.

Significance of Study

This research is beneficial for doctors, psychologists and police officer, They will

also get awareness regarding Impact of emotional dissonance on self-control and burn out. This research is significant for policy makers. This research is helpful for Doctors to understand and managing their emotions in order to self-motivate and to create positive social interactions: though the first step in realizing their true potential.

Method

Research design

A quantitative research design would be used in the survey method by using a questionnaire to obtain data through purposive sampling.

Participants

Purposive sampling was used to choose a sample of 150 Multan doctors (M=80, F=52). With effect size 0.3, power.95, and alpha error 0.05, a priori power analysis was calculated using G*power analysis 3.1.9 for correlation (Faul, et al., 2007) to guarantee that the study has sufficient power for analysis or sufficient sample size. The current study's sample size would be (200) 12 people, with an additional 12 participants added to account for attrition and bias.

Instruments

The following instruments would use to collect the data.

1. Emotional intelligence scale
2. Brief Self-Control Scale(BSCS)
3. Maslach burnout inventory

Emotional intelligence scale

Information processing EI, like traditional intelligence, is best measured by gauging one's

ability to function at the highest level possible, Petrides and Furnham argue (2000). According to Petrides and Furnham, the character of the model is determined by the sort of measurement rather than the theory itself (2000). Trait EI is concerned with cross-situational consistency in behaviour (expressed in specific characteristics or behaviors such as empathy, assertiveness, and optimism), whereas information-processing EI is concerned with capacities (e.g., the ability to detect, express, and categories emotions) that are expressed in cross-situational consistency (Petrides& Furnham, 2000). Reverse-scoring three of the 33 elements in the SEIS (5, 28 and 33). Participants responded using a Likert scale, and the sum of their individual responses was used to arrive at a final score. For example, t-tests compared therapists to inmates and clients to those in a substance abuse treatment programme to see if there was any link between the domains, as well as with the Big Five higher-order components (such as Alexithymia, depression, and pessimism) (Petrides& Furnham,2000).

Brief Self-Control Scale (BSCS)

When it comes to measuring self-control, Tangney et al. (2004) developed the Brief Self- Control Scale (BSCS) (TSC). In terms of research, the 13-item form of the BSCS is favoured over the broader version. There are a total of 36 components in the SCS as a whole. This 13-part scale, which comprises numbers 1, 2, 3, 4, 6, 13, 17, 22, 28, 29, 30, 31, and 32, was proposed by the original scale's creators. Likert-scale ratings were given for each of the 13 items in the following table, with 1 being the least similarity to my personality and 5 being most like my personality. Those who scored 2, 3, 4, 6, 17, 18, 21, 28, 31, and 31 had their scores reversed.

Tangney and colleagues (2004). Prior to the examination, the dataset was recorded to

reflect the elements in the reversed order. Unger et al. created the Chinese translation of the BSCS (2016). We enlisted the help of two bilingual translators to ensure that the English and Chinese translations were identical (Brislin, 1970). An alpha of 0.80 was found in this study, which corresponded well with the original BSCS Cronbach alpha values of 0.83 and 0.85 found in studies 1 and 2. (Tangney et al., 2004).

Maslach Burnout Inventory

For the purpose of gauging the likelihood of burnout, Maslach developed the Maslach Burnout Inventory (MBI). The Maslach Burnout Inventory (MBI) is a self-report evaluation of burnout that consists of 22 items about work-related attitudes and experiences that are thought to characterize psychological burnout (Maslach and Jackson 1981). Three categories: Emotional Exhaustion (EE, 9 items; for example, "I feel emotionally exhausted from my work"), Depersonalization (DP, 5 items; for example, "I believe I consider certain receivers as impersonal objects"), and Personal Accomplishment (EE, EE) (PA, 8 items; e.g., "I have accomplished many meaningful things in this profession"). An increased sense of exhaustion and depletion is indicated by higher EE scores, while higher DP scores reveal a tendency

toward dehumanization and cynical, callous, and uncaring attitudes toward those for whom one provides service, care, treatment, or instruction. Finally, higher PA scores reveal a greater sense of competence and successful achievement, while lower PA scores reveal a greater sense of inefficacy and reduced motivation... In terms of Cronbach alpha, Schwab reported 0.90 for emotional weariness, 0.76 for Depersonalization, and 0.76 for Personal accomplishment. Gold reported similar values. Test-retest reliability was examined at intervals of a few weeks, three months, and year.

Procedure

Participants informed about the purpose of the study. They assured that all the information remain confidential and used for research purposes. The questionnaire filed through the doctors. One booklet comprised of three instruments Emotional intelligence scale, Brief Self-

Control Scale (BSCS) and Maslach burnout inventory. They said to fill the scales according to the given instructions. The data obtained for the quantitative study. And data analyzed through SPSS.

Results

Table 1 Reliability of scales

Scale	Cronbach's Alpha	No of items
Emotional intelligence scale	.82	33
Maslach burnout inventory	.78	22
Brief Self Control Scale	.79	13

Table 2 Descriptive Statistics

Demographic variables	N	Minimum	Maximum	Mean	Std. Deviation
Gender	132	1.00	2.00	1.3939	.49048
Education	132	1.00	2.00	1.3939	.49048
Siblings	132	1.00	3.00	1.8864	.85290
Birth order	132	1.00	3.00	1.8561	.84828
Marital Status	132	1.00	2.00	1.4015	.49207
Valid N (list wise)	132				

Table 3 Correlations between variables

variables	Emotional intelligence	Burnout	Self-control
Emotional intelligence	1	-.463**	.006
Burnout		1	-.385**
Self-control			1

P<.01

The result in above table indicated a significant negative correlation (.463) between emotional intelligence and burnout. The result showed a significant negative

correlation (.385) between burnout and self-control. The result in above table indicated a non-significant correlation (.006) between emotional intelligence and self-control.

Table 4 Linear regression to show the impact of Emotional intelligence on burnout

Predictor	B	Std. Error	Beta	t	P
(Constant)	66.272	2.709		24.464	.000***
Emotional intelligence	-.215	.036	-.463	-5.948	.000***

R=.46, R Square= .214, Adjusted R Square= .208

As a result of model summary R indicate the

strength of the correlation between Emotional

intelligence and burnout. The value of R is .214 which shows the correlation is low between Emotional intelligence and burnout. R Square is coefficient of determination (r square value is computed to measure the percentage of variance. In linear regression equation the value of r square (.01 small effects, .09 medium effects and .25 large effects) describes the proportion of the total variability of y scores that is accounted by regression equation). The value of R Square is

.214. This value suggests that 21% variability in burnout can be predicted from Emotional intelligence. Adjusted R Square indicates that how much data falls within the regression equation the value is .208 which is too much low value.

The result in above table indicated a significant impact of emotional intelligence and burnout.

Table 5 Mediation Analysis between emotional intelligence and burnout through self-control (N=165)

Antecedent	Consequent					
	Self-control			Burnout		
	Coeff.	SE	P	Coeff.	SE	P
Constant	72.46	2.07	.0000***	28.4485	5.3696	.000***
Emotional Intelligence	.0045	.0716	.0000***	.21	.031	.000***
Self-control	-	-	-	.217	.041	.000***
	R ² = .000			R ² = .3604		
	F(1,130) = .004, p<.001			F(2,129) = 36.34, p< .001		

Note:Coeff= standardized regression coefficient

Mediation analysis done by using SPSS process, for the purpose of checking mediation effect of self-control between emotional intelligence and burnout, regression analysis (model number 4) perform in SPSS process Mediation results indicated that Emotional Intelligence was found to be positive

significant predictor of self-control and burnout. Whereas self-control was found to be significant predictor of burnout. So, mediation was found to be significant. However the indirect effect of self-control was found to be positively significant between emotional intelligence and burnout.

Table 6 Mean, Std. Deviation, t value, p value, and Cohen’s d to show the difference in male and female on scale of burnout

	Gender	N	Mean	Std. Deviation	T	p	Cohen’s d
Burnout	Male	80	50.1250	1.23632	.51	.64	1.64

Female 52 50.2308 .98250 .54 .63

The result shows that there is no significant difference between males (N=80, M=50.1, S.D=1.23) and female (N=52, M=50.23, S.D=.982) on burnout. The value of t is predicted that it is in the accepted region of the

null hypothesis due to that reason the p-value is greater than .05 (level of significance) among doctors. Value of cohen's d (measure of mean difference due to effect size) of burnout is 1.64 (vary large treatment effect).

Table 7 Mean, Std. Deviation, t value, p value, and Cohen's d to show the difference in eduon scale of burnout

	Gender	N	Mean	Std. Deviation	T	p	Cohen's d
Burnout	MBBS	80	50.125	1.23632	.51	.107	1.32
	Specialization	52	50.230	.98250	.54	.098	

The result shows that there is no significant difference between MBBS (N=80, M=50.1, S.D=1.23) and specialization (N=52, M=50.23, S.D=.982) on burnout. The value of t is predicted that it is in the accepted region of the null hypothesis due to that reason the p-value is greater than .05 (level of significance) among doctors. Value of cohen's d (measure of mean difference due to effect size) of burnout is 1.32 (vary large treatment effect).

Discussion

This study is to find the Impact of emotional intelligence on burnout through self-control among doctors.

According to the data, there was a significant negative relationship between emotional intelligence and exhaustion. According to the data, there was a significant negative relationship between burnout and self-control. Emotional intelligence and self-control have a non-significant link, according to the research. Burnout was found to have a substantial

positive association with perceived stress and a negative correlation with TEI-well-being using the concurrent deviation approach, as well as a positive correlation with TEI-self-control and sociability, albeit the link was not significant. The physical exhaustion aspect in burnout has a considerable positive link with TEI-emotionality (Thomas NK, 2004). Among family physicians, there was a relationship between emotional intelligence and leadership qualities. Higher emotional intelligence was connected to improved leadership qualities. For physicians' personal and professional development, emotional intelligence and leadership abilities are critical. This could increase physicians' caring skills and, as a result, the quality of health treatment, as well as minimize physician burnout and health-care costs.

The result indicated a significant impact of emotional intelligence and burnout. Mediation results indicated that Emotional Intelligence was found to be positive significant predictor of self-control and

burnout. Whereas self-control was found to be significant predictor of burnout. So, mediation was found to be significant. However the indirect effect of self-control was found to be positively significant between emotional intelligence and burnout.

Burnout affects medical professionals at alarmingly high rates, impacting nurses, medical students, residents, and attending physicians in a variety of subspecialties. It's been defined as the presence of fatigue, cynicism, and inefficiency as a result of prolonged exposure to professional stressors, the bulk of which are all-too-common in surgical education (Squiers JJ, 2017).

As a result, boosting EI may protect people from burnout by improving mindfulness and assisting them in dealing with increased stress. Combining person-directed and organization- directed interventions was found to be more successful than utilizing only one measure in a comprehensive review of burnout therapies (Awa WL, Plaumann M, 2010). With programmes like person-directed ones that improve both EI and burnout, there is promise for effectively tackling physician burnout rates. More than 60% of physicians feel the stigma associated with mental health prevents them from seeking professional care, according to previous study (Hu Y, Fix ML, 2012).

The result indicated a significant impact of emotional intelligence and burnout. Emotional intelligence and leadership traits play crucial roles in increasing physicians' personal and professional development. This may also increase physicians' care giving competencies and thus the quality of health services, as well as potentially decreasing physicians' burnout and health-related costs (Meera Padhy, 2011).

It appears that there is no substantial difference in burnout between men and

women. The p-value is greater than .05 (degree of significance) among doctors because the value of t is projected to be in the accepted range of the null hypothesis.

Research on male–female burnout differences has yielded mixed results in terms of severity and direction. The lack of evidence on gender discrepancies in organizationally crucial phenomena like work weariness might lead to speculative assumptions that can (mis)inform organizational activities (Radostina K. Purvanova, 2010). Overall burnout appears to be a more female experience, with women reporting it at a higher rate than men, according to the statistics. Emotional weariness and depersonalization, two of the most prevalent signs of burnout, show a more complicated picture when examined closely. Emotional tiredness, on the other hand, is more common among women than men when it comes to describing burnout symptoms, whereas depersonalization is more common among males (Bacharach, 1991).

The results suggest that MBBS and burnout specialization have no significant differences. The p-value is bigger than the level of significance among doctors because the value of t is projected to be in the accepted range of the null hypothesis. It's worth considering whether or not the minor effect sizes shown here should cause any concern about gender disparities in burnout. Yes, to the extent that our empirical findings don't match up with the actual number of workers who are suffering from burnout. Burnout has been linked to a number of important organizational outcomes (Best et al., 2005; Hochwalder & Brucefors, 2005a,b; Kalliath et al.,

1998; Schaufeli & Bakker, 2004; Taris, 2006), so reducing emotional exhaustion and depersonalization in women and men should lead to better employee well-being and

bottom-line results.

Data availability statement

The raw data supporting the conclusion of this article will be available by the authors without undue reservation

Ethics statement

The study involving human participants were assumed that no personal gain will be obtained from this questionnaire and it will be used only for academic purpose. The informed consent of participants were also taken before this research

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