The Relationship between Burnout Syndrome and Emotional Intelligence in Healthcare Professionals

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Abstract

Objectives: Burnout syndrome (B.S.) affects millions of workers around the world, having a significant impact on their quality of life and the services they provide. It's a psycho-social phenomenon, which can be handled through emotional management and psychological help. Emotional Intelligence (E.I) is very important to emotional management. This paper aims to investigate the relationship between Burnout syndrome and Emotional Intelligence in health professionals occupied in the sector of rehabilitation.

Methods: The data were collected from a sample of 148 healthcare professionals, workers in the field of rehabilitation, who completed Maslach Burnout Inventory questionnaire, Trait Emotional Intelligence Que-Short Form questionnaire and a questionnaire collecting demographic data as well as personal and professional information. Simple linear regression and multiple regression analyses were conducted to analyze the data.

Results: The results indicated that there is a positive relationship between Emotional Intelligence and Burnout syndrome as Emotional Intelligence acts protectively against Burnout syndrome and even reduces it. In particular, it was found that the higher the Emotional Intelligence, the lower the Burnout syndrome. Also, among all factors of Emotional Intelligence, "Emotionality", seems to influence Burnout syndrome the most, as, the higher the rate of Emotionality, the lower the rate of Burnout. At the same time, evidence was found on the variability of Burnout syndrome through various models of explanation and correlation between Burnout syndrome and Emotional Intelligence and also, Burnout syndrome and Emotional Intelligence factors.

Conclusion: Employers could focus on building emotional relationships with their employees, especially in the health care field. Furthermore, they could also promote some experimental seminars, sponsored by public or private institutions, in order to enhance Emotional Intelligence and to improve the workers' quality of life and the quality of services they provide.

Keywords: Emotional intelligence; Burnout syndrome; Health professionals; Rehabilitation

Introduction

Human beings are strongly connected with the concept of work. It seems that work is an important factor from which we receive satisfaction, not only fulfilling our basic needs as humans, but also our deeper, psychological, needs. Modern people think that through work they can identify themselves, be independent and self-confident. That is why people, nowadays, think that work is vital for them and spend a large proportion of their time at the workplace, in order to achieve their personal happiness. However, a satisfactory job, over time, can be converted into a source of frustration leading the worker at Burnout syndrome [1].

Burnout syndrome is the result of the workers' long-lasting exposure to occupational stress. It is considered a psycho-social phenomenon, which is characterized by physical and mental exhaustion. In the literature, it was identified for the first time by Freudenberger in 1974. This was the 1st investigation not only of the workers' feeling about their occupation but also of the recognition, identification and description of the Burnout syndrome phenomenon as well [2].

The definition of Burnout Syndrome by Christine Maslach is the most widely used one: "Professional loss of interest in his colleagues, including physical exhaustion and characterized by emotional exhaustion, where the professional has no longer

any positive, warm feelings or respect for his customers or patients" [3].

Most researches describe Burnout Syndrome as a process or a situation of a dynamic interaction between individual and environment [4]. There have been many researchers who have investigated the Burnout Syndrome and developed various models to explain it. However, the present study was based on the three-dimensional model of Maslach [5].

According to Maslach's model, Burnout syndrome has three dimensions:

Emotional exhaustion: The gradual reduction of the workers' positive emotions, the physical and mental fatigue. As a result, the worker is unable to provide his services to the recipients with a positive emotion.

Depersonalization: The negative and often cynical attitude of the worker towards his clients or patients. Usually, it's the result of trying to find a way out to mentally escape the perceived pressure.

Reduce personal accomplishment: The worker's tendency to evaluate himself in a negative light, especially regarding his services or his professional achievements. In particular, the person is gripped by an overall feeling of misery regarding the content and the results of his work [5].

In the last few decades, the scientific society has started to focus on the role of emotions in the workplace and in the development of a new approach, which examines, conceptually, the relationship of knowledge skills and emotions. This approach is assigned, to a large extent, on the research carried out in recent years about emotional intelligence. There have been many researchers who have investigated Emotional Intelligence and developed various models for its explanation. The present study was based on the model of Petrides et al. [6].

According to their theory, Emotional Intelligence is a characteristic of personality. A group of behavioural moods and perceptions, which people already have, in order to be able to recognize, process and use all emotional information appropriately [6]. Furthermore, Emotional Intelligence includes the recognition, understanding, expression and management of emotions and this is why there is such huge interest in the way in which it contributes to the development of occupational stress and, subsequently, Burnout Syndrome In the field of health, Burnout Syndrome and Emotional Intelligence have been examined in great length, but as two different elements. However, the possible correlation between them is a new idea that recently came to the attention of the scientific community [7,8].

Gallo de Moraes et al. [7] investigated the impact of Emotional Intelligence on Burnout Syndrome, professional satisfaction, compassion and communication skills of trainees in the field of Intensive Care Unit. In their research, 26 trainees participated, with an average Emotional Intelligence of 158, while 23 suffered from Burnout Syndrome The results showed that high Emotional Intelligence correlated with low rates of emotional exhaustion (correlation coefficient -0.685, p <

0.001) and low rates of depersonalization (correlation coefficient -0.506, p = 0.008). Also, high rates of Emotional Intelligence correlated with higher professional satisfaction (correlation coefficient 0.632, p < 0.001), higher compassion (correlation coefficient 0.605, p < 0.001) and higher communication skills (correlation coefficient 0.591, p = 0.001). To summarize, the study showed that trainees in Intensive Care Unit have high rates of Burnout Syndrome, while Emotional Intelligence is associated with high rates of job satisfaction, compassion, and communication skills [7].

Also, Kang et al. [8], investigated the impact of work-related emotions, among nursing students, during the course of their practical placements in hospitals. The survey was carried out on a sample of 171 nursing students, on a 4-year schooling program, including practical exercise that began nearly six months before the start of the investigation. The average rating for professional emotions was 3,17, with a range from 1 to 5. For nursing students, professional feelings significantly affected professional exhaustion (F = 15.763, p < 0.001). The degree of Emotional Intelligence has acted as a significant mediator for the relation between working emotions and Burnout Syndrome (F = 15.345, p < 0.001) [8].

In addition, Adamson et al. [9], examined the factors which may affect the patient care abilities of nurses, such as Emotional Intelligence, mental "property" and Burnout Syndrome The study highlights the significant influence which Emotional Intelligence may have on the behaviour of a nurse and the care provided to the patient, introducing the concept of mental property rights, with regard to the hospital practice. The findings of the study underscore the need for a patient-centered approach, through the Emotional Intelligence of health professionals [9].

Earlier, Kaur et al. [10], studied the effect of Emotional Intelligence, mental property and Burnout Syndrome in the behaviour of nurses and the care provided to the patients. In their research, 550 nurses participated, who were workers from seven public hospitals of Kuala Lumpur, as well as 348 patients, from the same hospitals, to collect data on their overall satisfaction with the hospital and the services provided. The main conclusions are the following: (1) The intellectual intelligence affects Emotional Intelligence and psychological property, (2) Emotional Intelligence affects psychological property, Burnout Syndrome and the behaviour and care provided by the nurses, (3) psychological property affects Burnout Syndrome and the behaviour and care provided by the nurses, (4) Burnout Syndrome influences the behaviour and care provided by the nurses, (5) psychological property mediates the relationship between intellectual intelligence and the behaviour and care provided and between Emotional Intelligence and behaviour and care provided by nurses and (6) Burnout Syndrome mediates the relationship between intellectual intelligence and behaviour and care provided and between the psychological property and behaviour and care provided by nurses [10].

In 2013, Swami et al. [11] assessed the relationship between Emotional Intelligence and Burnout Syndrome among 56 physicians from all specialties, including surgeons. The findings

showed a positive correlation of Burnout Syndrome with perceived stress and a negative correlation with Emotional Intelligence Perceived stress showed a negative correlation with Emotional Intelligence as well. The analysis of the mediation showed that the ability of stress recognition mediated the effect of Emotional Intelligence on Burnout Syndrome [11].

The objective of this present study is to investigate how Emotional Intelligence can affect the development and progress of Burnout Syndrome, among rehabilitation professionals. More specifically, it investigates whether the level of Emotional Intelligence and its factors (well-being, self-control, emotionality, sociability) can influence Burnout Syndrome, reducing its level, among professionals specializing in the field of rehabilitation. It also examines whether the levels of Burnout Syndrome and Emotional Intelligence are affected by the demographic background of professionals. The present study aims to highlight the importance of enhancing Emotional Intelligence as a means of preventing and managing Burnout Syndrome, either with the use of some experimental seminars, or with the integration of special psychologists in the workplace.

Materials and Methods

Sample

The sample of the present study consisted of doctors, nurses, physiotherapists, speech therapists, occupational therapists and psychologists, occupied at:

1. The National Rehabilitation Centre, Athens, Greece

2. The "Filoktitis" Rehabilitation Centre, Athens, Greece

3. The "Egersis" Medical Team, Athens, Greece

Also, doctors and physiotherapists, from all over Greece, who are students of the following programs:

The International Postgraduate Centre of Acupuncture Athens "Acuscience, Athens, Greece

The Hellenic Physiotherapy Society of Algology, Athens, Greece

From all 220 questionnaires, that have been distributed, 179 have been returned, with the response rate at 81.36%. Thirty-one (31) questionnaires were completed inappropriately and therefore were considered invalid, with 148 being finally used.

Age was categorized into four groups (22-32), (32-42), (42-52) and (52-62) years. Most, 40.7% (n = 59), of the respondents were aged from 32 to 41 years, while 25.5% (n = 37) were 42 to 51 years old. The sample consisted of 56.8% (n = 84) females and 43.2% (n = 64) males. Regarding marital status, 34.5% (n = 51) of the sample was unmarried, 52% (n = 77) was married, while, 7.4% (n = 11) was divorced and a small percentage 5.4% (n = 8) lived together with a long-term partner. Regarding the educational level, most, 45.3% (n = 67), of the sample had a MSc, 39.2% (n = 58) were University graduates, 6.1% (n = 9) graduates of Technological Institutes,

while 7.4% (n = 11) were graduates of other institutions. Particularly noteworthy is that 65.1% (n = 80) of sample acquired their last educational title during the last decade, as shown in **Table 1**.

Also, with regard to the specialty of health professionals, 41.9% (n = 62) of them, were physiotherapists, 30.4% (n = 45) were doctors, with various specialties, 12.8% (n = 19) nurses, while specialties such as occupational and speech therapists presented percentages smaller than 10%. The 25.2% (n = 37) of the sample held positions of responsibility, while most of them, 39% (n = 57), had 10 to 20 years of experience. The results for the institution employment showed that 58.2% (n = 85) worked in the private sector, while 41.8% (n = 61) in the public sector.

Finally, 53.4% (n = 79) of the sample chose its profession, motivated by the willingness to help other people, 18.9% (n = 28) were motivated by the belief of fast professional re-establishment, 14.9% (n = 22) chose it accidentally, while only 6.1% (n = 9) chose it under the influence of their family or friends.

Exclusion criteria

Subjects excluded from the study were those: a) who were trainees or assistants, b) who refused to participate in the research, c) who had realized they suffer from Burnout Syndrome and have asked for help.

Questionnaires distributing and collecting process

The questionnaires were distributed at the workplace of the participants, so as to ensure their anonymity. The participants were informed about the purpose of the study, were briefed on the voluntary and anonymous nature of their participation and the fact that there were no right and wrong answers. They were also informed that any time they wished to, they could withdraw from the research. Additionally, it was noted that the results would be used for research purposes only. The questionnaires were anonymous and contained the necessary instructions for completion. Each respondent has completed the questionnaire after first signing the corresponding template consent.

Measuring tools

Questionnaire recording demographic characteristics: It consists of closed type questions for the collection of demographic data of professionals, such as sex, age, marital status, educational level, etc. The demographic factors that were examined have been shown, from previous studies, to be associated with the Burnout Syndrome.

Maslach Burnout Inventory: This is the most widely known tool, internationally, for the measurement of Burnout Syndrome Developed by Maslach et al. [5] in 1996, while it was initially limited to professions, which were related to human, it can now be applied to medical professions and any employment framework. Maslach Burnout Inventory consists

of 22 self-assessment, questions, that investigate the 3 dimensions of the syndrome, in accordance with the theoretical model outlined by Maslach. Thus, the scale investigates: a) emotional exhaustion (9 questions), b) depersonalization (5 questions), and g) the sense of personal accomplishment (8 questions). The frequency of symptoms is examined in a Likert scale, with answers ranging from "never = 0" in "always = 6". High scores in the factors "emotional exhaustion" and "depersonalization" and low in the factor "personal accomplishment" reflect high burnout level, while reverse results reflect low burnout level. Several studies have shown acceptable reliability and validity of the scale [5,12-14].

Trait Emotional Intelligence Que-Short Form: It's the short form of the internationally recognized tool to measure Emotional Intelligence (Trait Emotional Intelligence Que) [15]. It includes 30 questions and utilizes a Likert scale, with answers ranging from "Totally Disagree = 1" to "Totally Agree = 7". Furthermore, Trait Emotional Intelligence Que-Short Form, includes four separate factors. These factors are "Well-being", "Self-Control", "Emotionality" and "Sociability". It has been shown that Trait Emotional Intelligence Que-Short Form has high reliability and validity [15].

Statistical Analysis

1. First, the data were analyzed using the simple linear regression, with "enter" method. The dependent quantitative variable was Burnout and the independent quantitative variable was Emotional Intelligence.

2. Then, the data were analyzed using multiple linear regression, with the "enter" method. The dependent quantitative variable was Burnout again, and the independent quantitative variables were the factors of Emotional Intelligence, "well-being", "self-control", "emotionality" and "sociability".

3. Finally, the data were analyzed with multiple linear regression, using the "stepwise" method. The dependent quantitative variable was again Burnout and the independent quantitative variables were "well-being", "self-control", "emotionality" and "sociability".

Results

The results of the first analysis showed that the model (simple linear regression with "enter" method), with dependent variable the Burnout Syndrome and independent variable the Emotional Intelligence, explains 8.2% of the variability in Burnout (Adjusted R square = 0.082). The model is important for the prevention of Burnout Syndrome (F = 14.062, p-value < 0.001) **(Table 2)**. The table of the Coefficients results shows the equation Burnout Syndrome = 93.575-0.174* Emotional Intelligence, according to that, if the score of the Emotional Intelligence increases for one unit, the model provides reduction in Burnout Syndrome score for 17 units.

Table 1 Demographic data.

		Frequency (n)	Valid Percent (%)	Cumulative Percent (%)
Age	(22-32)	26	17.9	17.9
	(32-42)	59	40.7	58.6
	(42-52)	37	25.5	84.1
	(52-62)	23	15.9	100
Gender	Men	64	43.2	43.2
	Women	84	56.8	100
Family status	Single	51	34.5	34.5
	Married	77	52	86.5
	Divorced	11	7.4	93.9
	Widow	1	0.7	94.6
	Live together	8	5.4	100
Education lev	University degree	58	39.2	39.2
	Teghnological inst.	9	6.1	45.3
	Msc	67	45.3	90.5
	Phd	3	2	92.6
	Other	11	7.4	100

Year of acquire last study title	(1980-1985)	2	1.6	1.6
	(1985-1990)	7	5.7	7.3
	(1990-1995)	12	9.8	17.1
	(1995-2000)	6	4.9	22
	(2000-2005)	16	13	35
	(2005-2010)	29	23.6	58.5
	(2010-2015)	51	41.5	100
Speciality	Oc. Therapist	8	5.4	5.4
	Doctor	45	30.4	35.8
	Sp.therapist	5	3.4	39.2
	Nurse.	19	12.8	52
	Phy. Therapist	62	41.9	93.9
	Physcologist	9	6.1	100
Positive of responsibility	Yes	37	25.2	25.2
	No	110	74.8	100
Years of experience	5-10	49	33.6	33.6
	10-20	57	39	72.6
	20-30	30	20.5	93.2
	30-40	10	6.8	100
Sector of employment	Public	61	41.8	41.8
	Private	85	58.2	100
Incentive of choosing profession	Will of helping people	79	53.4	53.4
	Fast professional re-establishment	28	18.9	72.3
	Family/friends	9	6.1	78.4
	Accidentally	22	14.9	93.2
	Other	10	6.8	100

Table 2 Table of regression analysis with made dependent variable Burnout Syndrome (Maslach Burnout Inventory of total score) Professionals of rehabilitation and independent Emotional Intelligence (Trait Emotional Intelligence Que-Short Form score).

Model Summary[b]						
Model	R	R Square	Adjusted R Square	Std. Error of the estimate	Durbin-Watson	
1	0.296a	0.088	0.082	13.626	1.987	
A. Predictors: (constant), Total_Score						
B. Dependent: Variable: Total						
ANOVA[a]						
Model	Sum of Squares	Df	Mean Square	F	Sig.	
Regression	26.11.069	1	26.11.069	14.062	0.000b	
Residual	2.71.09.012	146	1.85.678			
Total	2.97.20.081	147				

A. Dependent: Variable: Total							
B. Predictors: (constant), Total_Score							
Model	**Unstandardized Coefficients**		**Standardized Coefficients**			**95.0 at % confidence interval for B**	
	B	**Std. Error**	**Beta**	**T**	**Sig.**	**Lower Bound**	**Upper Bound**
constant	93.575	7.100		13.180	0.000	79.543	1.07.607
Total Score	-0.174	0.047	-0.296	-3.750	0.000	-0.266	-0.083

The results of the second analysis, showed that the model (multiple linear regression with "enter" method), with dependent variable the Burnout Syndrome and independent variables the factors of Emotional Intelligence, explains 10.2% of the variability of Burnout Syndrome (Adjusted R square = 0.102). The model is important for the explanation of variability of Burnout Syndrome (F = 5,191, p-value = 0.001) **(Table 3)**. The following equation shows the results from Coefficients table and the negative effect of the factors Self-control and Emotionality and the positive effect of Well-being and Sociability.

Burnout Syndrome = 94.354 + 0.175* Well-Being - 0.424* Self-Control 0.572* Emotionality + 0.095* Sociability.

The size of each factor shows how much the total score of Burnout Syndrome can be changed, when it is increased by one unit, the corresponding variable, keeping the remainder constants. The T-test for the factors of independent variables showed that more important factors were the Emotionality (t = -2.850, p-value = 0.005) and the Self-control (t = -1.844, p-value = 0.067) and less important factors the Well-being and the Sociability **(Table 3** Coefficients).

Table 3 Results of regression analysis (with the method enter) with made dependent variable Burnout Syndrome (Maslach Burnout Inventory of total score) Professionals of rehabilitation and independent the factors of Emotional Intelligence (well-being, self-control, emotionality, sociability, total scores).

Model Summary[b]

Model	R	R Square	Adjusted R Square	Std. Error of the estimate
1	0.356a	0.127	0.102	13.472
a. Predictors: (Constant), Sociability_Tot, Self_ControlTot, Well_BeingTot, Emotionality_Tot				
b. Dependent Variable: Total				

ANOVA[a]

Model	Sum of Squares	Df	Mean Square	F	Sig.
Regression	37.68.239	4	9.42.060	5.191	0.001[b]
Residual	2.59.51.842	143	1.81.481		
Total	2.97.20.081	147			
a. Dependent Variable: Total					
b. Predictors: (Constant), Sociability_Tot, Self_ControlTot, Well_BeingTot, Emotionality_Tot					

Coefficients[a]

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	**Std. Error**	**Beta**		
(Constant)	94.354	7.281		12.958	0.000
Well_BeingTot	0.175	0.230	0.079	0.761	0.448
Self_ControlTot	-0.424	0.230	-0.180	-1.844	0.067
Emotionality_Tot	-0.572	0.201	-0.297	-2.850	0.005
Sociability_Tot	0.095	0.252	0.036	0.375	0.708
a. Dependent Variable: Total					

Finally, the results of the third model (multiple regression with the Stepwise method) with dependent variable the Burnout Syndrome and independent variables the factors of Emotional Intelligence showed that the model explains 9.9 % the variability of Burnout (Adjusted R square = 0.099) and is important (F = 17.232, p-value < 0.001) **(Table 4)**. Besides, the T-test for the factors of independent variables showed that the important factor was the Emotionality (t = -4.151, p-value < 0.001), while the factors of Well-being, Self-control and

Sociability were excluded from the model (**Table 4** Coefficients & Excluded Variables).

Table 4 Results of regression analysis (with the method stepwise) with made dependent variable Burnout Syndrome (Maslach Burnout Inventory of total score) Professionals of rehabilitation and independent the factors of Emotional Intelligence (well being, self control, emotionality, sociability, total scores).

ANOVA[a]						
Model		**Sum of Squares**	**df**	**Mean Square**	**F**	**Sig.**
1	Regression	31.37.522	1	31.37.522	17.232	0.000b
	Residual	2.65.82.559	146	1.82.072		
	Total	2.97.20.081	147			
a. Dependent Variable: Total						
b. Predictors: (Constant), Emotionality_Tot						

Coefficients[a]						
Model		**Unstandardized Coefficients**		**Standardized Coefficients**	**t**	**Sig.**
		B	**Std. Error**	**Beta**		
1	(Constant)	92.820	6.251		14,849	0.000
	Emotionality_Tot	-0.626	0.151	-0.325	-4.151	0.000
a. Dependent Variable: Total						

Excluded Variables[a]						
Model		**Beta In**	**t**	**Sig.**	**Partial Correlation**	**Collinearity Statistics Tolerance**
	Well_BeingTot	0.023b	0.239	0.811	0.020	0.680
1	Self_ControlTot	-0.146b	-1,619	0.108	-0.133	0.742
	Sociability_Tot	0.018b	0.191	0.849	0.016	0.724
a. Dependent Variable: Total						
b. Predictors in the Model: (Constant), Emotionality_Tot						

Discussion

As it was mentioned before, the purpose of the present study was the investigation of the way that Emotional Intelligence can affect the development and progress of Burnout Syndrome, among professionals in rehabilitation. In particular, it was investigated whether the score in Trait Emotional Intelligence Que-Short Form, or its factors, could influence and predict the score in Maslach Burnout Inventory. Also, the interrelation between the sample's demographic data and the scores in the scales Trait Emotional Intelligence Que-Short Form and Maslach Burnout Inventory was examined. In general, the results of the regression analysis showed that Trait Emotional Intelligence Que-Short Form can influence and predict Maslach Burnout Inventory scores. Furthermore, it was found that the higher the Trait Emotional Intelligence Que-Short Form was, the lower the score of Maslach Burnout Inventory with the most important factors being Emotionality, Self-control, Well-being and, finally, Sociability.

For the demographic characteristics of sample, the results showed various correlations with the factors of the two scales and with their total scores. It is important to mention that

"sex" was found to be significantly correlated with the factors "Well-being", "Emotionality" as well as with the total score of Trait Emotional Intelligence Que-Short Form. More specifically, it was found that women had higher rate at these particular factors of Trait Emotional Intelligence Que-Short Form. This finding shows that female professionals are more optimistic, report higher self-confidence, increased self-esteem, and they also report deriving more satisfaction from their life, compared to males. Moreover, the "Well-being" factor includes three different characteristics: happiness, optimism and self-esteem. Furthermore this shows how people consider the general level of satisfaction from life [15]. Also, female professionals believe that they are more emotional and compassionate while, at the same time, believing that they can better understand others' emotions and act properly [15]. However, Goleman supports that the differences which exist between the two genders tend to disappear in some occupational circumstances, implying that the environment can determine the behaviour of people not the gender [16].

Also, it was found that gender is associated significantly with the factor of "Depersonalization". More specifically, men had greater efficiency in the particular factor and they reported

being more distant towards their patients or their problems. Also, individuals who did not receive gratitude from their superiors reported greater efficiency in the "Depersonalization" factor. On the contrary, individuals that expressed that they felt 'pleased enough" from the relationship with their superiors, reported lower performance of "Depersonalization".

Similarly, the results showed that the professionals who described their relationship with their families as "good enough" reported higher scores in the "Well-being" and "Emotionality" factors of the Trait Emotional Intelligence Que-Short Form scale. This shows that these professionals who consider themselves more happy and satisfied with their lives are also more emotional and compassionate toward others. Perhaps these characteristics are also the reason why they characterized the relation with their families "good". Also, a large percentage of the professionals that were "Enough" or "very" pleased by the sexual life had performance over average, for the factor "well-being".

Regarding the factor of "Age", the results showed that the 32-41 age group reported higher efficiency in the factor "personal achievements" of Maslach Burnout Inventory and, hence, reported lower Burnout Syndrome The individuals within this age group can be considered as being of an age where they are productive enough to have accomplished some of their objectives, while still having enough time to pursue new ones. Moreover, these individuals have enough experience to have realistic objectives, being less likely to feel disheartened due to a negative outcome.

Also, the individuals that were occupied in the Private sector reported higher performance in the factor "Personal achievements" of Maslach Burnout Inventory and, hence, lower Burnout Syndrome, compared to individuals who were occupied in the Public sector. This, perhaps, can be explained from the fact that in the Private sector, workers are forced to be in continuous vigilance, with realistic objectives, ambitions and requirements. In the contrary, those working in the Public sector, most of the times, feel decreased satisfaction from their personal relationships and burnout according to their daily professional routine and reliably.

Individuals with 10 to 19 years of experience reported low performance in the factor "Personal achievements" and, therefore, increased Burnout Syndrome Thus, the individuals that "belong" in the particular age-group, were disappointed by their personal and professional achievements. At the same time, low performance at the factor "Personal achievements" and, as a result, high Burnout Syndrome was prevalent among individuals who reported being "totally dissatisfied" with their economic incomes. It is necessary to mention that the same individuals reported high scores in the factor "Emotional Exhaustion", strengthening this finding.

Regarding marital status, the results showed that married people had a, more than average, performance on the factor "Self-control" of Trait Emotional Intelligence Que-Short Form. This means that they believe they can control their feelings and effectively cope with stressful situations [15]. High scores

in the factor "Self-control" of Trait Emotional Intelligence Que-Short Form were present among those professionals who chose their profession motivated by their will to help others. These individuals believed that they could cope better with occupational stressors, considered themselves more professionally empowered and more likely to cope with employment issues better. It is important to note that most of the people who chose their profession under the influence of their family environment, had a, below the average, performance in the factor "Self-control" of Trait Emotional Intelligence Que-Short Form.

The results showed that, among all specialties, doctors and physiotherapists had higher scores in the factor "emotional exhaustion" of Maslach Burnout Inventory followed by psychologists. Perhaps this is justified by the fact that these specialties serve a wide spectrum of patients' problems, have great responsibility regarding dealing with patients' problems, or due to the patients themselves being more demanding towards these specialties.

Conversely, low scores in the factor "emotional exhaustion" of Maslach Burnout Inventory were common among professionals that had a university bachelor degree or MSc, thus showing that the time spent on education can act protectively against Burnout Syndrome Additionally, the results showed that most physiotherapists had higher than average scores in the factor "Emotionality" of Trait Emotional Intelligence Que-Short Form. This means that they consider themselves to be emotionally closer to their patients, understanding their feelings and problems better and, generally, report more balanced emotions [15].

Past studies are consistent to the majority of these findings, since Emotional Intelligence among workers is considered to act protectively against developing BUrnout Syndrome This process includes, initially, the identification of occupational stress and the associated negative emotions, through Emotionality, and afterwards their management, with the help of Self-control, Well-being and Sociability. In this point, it is necessary to also point out the predictive role of Trait Emotional Intelligence Que-Short Form, for Maslach Burnout Inventory as it was found that, if the score of Trait Emotional Intelligence Que-Short Form increased by one unit, then the Maslach Burnout Inventory score was reduced by 17 units. There were no similar studies in Greece, previous to this research. That is why the present findings constitute new knowledge, which requires further investigation in order to better comprehend this phenomenon.

The initial assumption supported the negative correlation of Emotional Intelligence with Burnout Syndrome in rehabilitation professionals, the predictive capacity of Emotional Intelligence in relation to Burnout Syndrome, as well as the correlation of the sample's demographic characteristics with Emotional Intelligence and Burnout Syndrome It is necessary to underline that, in Greece, there is no similar research and, therefore, the comparison of the findings is quite difficult.

However, Platsidou, carried out a study about Emotional Intelligence, Burnout Syndrome and Professional Satisfaction in special school teachers in Greece. The results were consistent with the results of this study, regarding both the negative correlation of Emotional Intelligence with Burnout Syndrome, and its predictive capacity [17]. Also, Platsidou and Salman investigated the correlation of Emotional Intelligence, Burnout Syndrome and job satisfaction in Greek lawyers, where the results are consistent with the results of this investigation as well [18]. Finally, Ünal conducted an investigation on the negative relationship of Emotional Intelligence with Burnout Syndrome in health professionals, finding similar results [19].

The present study confirms the already existing knowledge on Burnout Syndrome and Emotional Intelligence in the field of health care and, in particular, in the sector of Rehabilitation, that has been so much neglected in Greece. Emotional Intelligence is a characteristic that can be enhanced, through appropriate programs and seminars, in order to improve not only the quality of life of the professionals but the quality of their services as well. Future studies could investigate the job satisfaction of rehabilitation professionals in relation with Burnout Syndrome and Emotional Intelligence, or even in relation to the satisfaction of the patients themselves [20-22].

In conclusion, the results of the present study support the initial assumption, that Emotional Intelligence is associated negatively with Burnout Syndrome, which can be predicted and reduced. It's important to mention that Emotional Intelligence is can be improved, via various experimental and consultative seminars, so as to enhance the workplace functioning of the individuals as well as their functioning in all the other areas of life.

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