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BEYOND WORKPLACE PRESSURE: COPING SKILLS, EMOTIONAL INTELLIGENCE, AND BURNOUT AMONG HEALTHCARE PROFESSIONALS IN PAKISTAN

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ABSTRACT

The aim of the present study was to explore the relationship between coping skills, occupational stress, burnout, and emotional intelligence of healthcare professionals. It also examined the mediation of the relationship between coping skills and two work outcomes, namely, occupational stress and burnout, through the lens of emotional intelligence. The method used in this study was quantitative, the design used was cross-sectional. The sample comprised of 300 healthcare workers employed in public and private hospitals of Rawalpindi, Pakistan. A demographic information sheet, the Copenhagen Burnout Inventory, the Coping Skills Scale, the Workplace Stress Scale and the Brief Emotional Intelligence Scale were used to gather data. SPSS-22 was used for descriptive statistics, Pearson correlation, and mediation analysis by using PROCESS Macro Model 4. Occupational stress significantly negatively correlated with coping skills, indicating that the better the coping skills of health care professionals, the lower the level of occupational stress. The association for coping skills, however, was comparatively small and positive, suggesting a more complex association. Emotional intelligence was significantly and negatively correlated with burnout, and was not significantly correlated with coping skills or occupational stress. Both coping skills and occupational stress and burnout were found to be significantly predicted by regression analysis. The results of mediation analysis showed that there was no significant mediation between emotional intelligence and the relationship between coping skills and occupational stress, coping skills and burnout. The results indicate that coping skills and emotional intelligence are psychological resources that are attended to by healthcare professionals, but these are not necessarily linear or sequential. Emotional intelligence is more of an independent protective factor against burnout than a mediator between coping and burn-out outcomes. The study emphasizes the importance of individual level psychological intervention and organizational change with regard to workload, institutional support and role specific stressor in the Pakistani healthcare context.

I. INTRODUCTION

The healthcare systems are dependent on the role of healthcare professionals. They have no just technical clinical responsibilities but in addition duty to make decisions, provide emotional support, communicate with patients and families, exercise ethical judgment, work collaboratively and continually change to meet the stressful demands of

the clinical situation. Healthcare professionals in Pakistan are frequently exposed to numerous challenging conditions, such as low institutional resources, high patient caseloads, staff shortage, long working hours, and high patient-caring demands. Occupational stress and burnout are very pertinent issues for both individuals in the healthcare sector and for the healthcare organization. According to the WHO (2013), healthcare professionals are people who make use of their specialized knowledge and clinical skills to provide preventive, curative, rehabilitative, and health-promoting services. It comprises of professionals such as physicians, nurses, dentists, pharmacists, physiotherapists, psychologists, and other allied health workers. Healthcare workers are particularly at risk of psychological stress as they witness illness, suffering, medical emergencies, death and interpersonal needs frequently (De Hert, 2020; Nagle et al., 2024). Most people know what occupational stress is: stress that is experienced due to the strain between the demands of a job and what an individual feels they can cope with (Quick & Henderson, 2016). In the health care environment, occupational stress can take the form of workload pressure, lack of clarity regarding one's role, extended working hours, night shifts, relationship conflicts, lack of recognition, low level of autonomy, and emotionally charged interactions with patients (Caruso, 2014; Ruotsalainen et al., 2015; Zabin et al., 2023). Exposure to these conditions over a prolonged period can cause them to have a negative effect on their motivation, job satisfaction, emotional functioning and professional performance. Occupational stress has also been shown to correlate with absenteeism, the intention to leave the organization, poor work engagement and decreased quality of patient care (Chen et al., 2022; West et al., 2018).

One of the worst consequences of chronic work stress is burnout. It is considered a psychological syndrome caused by a workplace situation, characterized by emotional exhaustion, depersonalization or mental distance from work, and a diminished ability to do one's job effectively (Maslach & Leiter, 2016; WHO, 2019). Healthcare professionals are among those affected by the syndrome of burnout and it is not only a syndrome that affects their well-being but also that of healthcare delivery. Burnout can impact empathy, foster professional detachment, diminish communication and raise the risk of clinical mistakes (Garcia et al., 2019; Ryu & Shim, 2021). The worldwide literature on the prevalence of burnout in health care workers is quite varied, with rates as high as 81% reported among physicians, 55% among nurses, 71% among residents, and 68% among emergency care workers (Rotenstein et al., 2018; Shanafelt et al., 2012; De Hert, 2020). Occupational stress and burnout are not the problem of the individual; they must be looked upon from a personal and organisational perspective. Individual psychological resources are still important as they can affect the perception, interpretation, and response of the healthcare professionals to the demands of the workplace. Two such resources that could help safeguard healthcare professionals from the negative effects of occupational stress are coping skills and emotional intelligence. The cognitive, emotional and behavioral strategies to deal with stressful situations are known as coping skills (Folkman & Moskowitz, 2004; Algorani & Gupta, 2023). Problem solving, cognitive reframing, emotional control, planning, seeking social support, relaxation, self- care and behavioral change are all adaptive coping strategies. The Transactional Model of Stress and Coping (Lazarus & Folkman, 1984) views the situation as only one part of the stress; the other is an appraisal of the situation and the resources perceived as available to manage it. Coping has been shown to be a key determinant in this model since it can shape how a person perceives a stressor as manageable or overwhelming. Within a health services setting effective coping can help health services workers deal with the stress of workload, emotional encounters and uncertainty in a more constructive way.

Another psychological ability that can impact stress and job burnout is emotional intelligence. It involves the perception, understanding, regulation and effective use of emotions in oneself and others (Luna et al., 2021; Maldonado & Márquez, 2023). In healthcare, emotional intelligence (EI) is especially significant as it plays a vital role in patient interactions with potentially distressed individuals, in managing emotionally charged situations, among co-workers, and in being empathetic during pressure (Moudatsou et al., 2020; McNulty & Politis, 2023). Increased emotional intelligence has been linked to better emotional regulation, better interpersonal functioning, better stress management, and decreased burnout (Gong et al., 2019; Fteiha & Awwad, 2020; El et al., 2025). While coping skills and emotional intelligence have been mentioned as a protective factor, there is some variance in the relationship between coping skills, emotional intelligence, occupational stress, and burnout across the studies. Emotionally intelligent people are believed to have adaptive coping mechanisms and reduced stress (Fteiha & Awwad, 2020; Cho & Choi, 2024). Some research, however, has indicated that emotional intelligence isn't enough to manage stress in very challenging healthcare settings where stress is ongoing (Kober & Chang, 2024; Stoian-Bălăşoiu et al., 2025). This could be especially important in Pakistan where structural factors like high

workload, staff shortage and lack of conducive resources can lessen the positive influence of individual psychological assets. Hence, the aim of the present study was to explore the relationship between coping skills with occupational stress and burnout among health care professionals in Pakistan and to check if emotional intelligence acts as a mediator in this relationship. The study emphasizes the healthcare professionals of Pakistan and offers context-specific evidence to the literature in the field of occupational health psychology and clinical psychology.

II. LITERATURE REVIEW

The job of a healthcare professional is demanding and often takes place under pressure, as they must be accurate in clinical work, emotionally controlled, make rapid decisions and interpersonally engage with others on a constant basis. At work, stress can occur if the working load, responsibility, or emotional needs are perceived as being more than an individual can manage (Quick & Henderson, 2016). In health care environments, this stress is exacerbated when health care workers have long duty hours, work at night, have rotating shifts, are overwhelmed by patients, and are exposed to pain, trauma, and death (Caruso, 2014; Rink et al., 2023). Burnout is defined as a "long-term result of chronic work stress not managed successfully" (WHO, 2019). According to Maslach and Leiter (2016), burnout is characterized by feelings of emotional exhaustion, depersonalization, and diminished personal accomplishment. In healthcare, emotional exhaustion can manifest when healthcare workers dedicate emotional energy to patients and find their own emotional energy is not being replenished through rest or support from their employers. Depersonalization can be manifested in the form of emotional distance towards patients, and a decrease in achievement in the form of a feeling of ineffectiveness or loss of professional value. There have been some previous studies showing high levels of burnout amongst health care professionals. Rotenstein et al. (2018) reported a wide range of prevalence of burnout among physicians in different countries and clinical settings. Shanafelt et al. (2012) reported that doctors are more likely to be burned out than the general workforce. Likewise, De Hert (2020) highlighted the importance of the impact of healthcare worker burnout on mental health, employee turnover, and healthcare quality. Furthermore, healthcare professionals in the Pakistani setting also report high occupational stress and burnout, particularly in stressful hospital settings, which are supported by the evidence (Ullah et al., 2022; Abbasi et al., 2023).

Coping skills are the ways that people react to a stressor. Coping is defined as cognitive and behavioural attempts to deal with demands that are perceived as stressful (Folkman & Moskowitz, 2004). Adaptive coping strategies can decrease the level of stress through increased problem-solving, emotional regulation, and perceived control. In healthcare environments, coping skills can be used to handle high workload, stressful patient care and interpersonal relationship issues. Adaptive coping has been found to be related to psychological wellbeing and reduced occupational stress (Anderson et al, 2022; Chen et al, 2017). Problem-focused coping enables someone to deal directly with the source of the stressor, whereas emotion-focused coping helps to manage emotional responses to stressors that are not controllable (Algorani & Gupta, 2023). Healthcare professionals can better maintain their psychological functioning in stressful environments through planning, consultation, teamwork, humor, reframing, and self-care (Maresca et al., 2022; Puia et al., 2025). Coping is not necessarily protective, however. There are coping strategies that are reactive and might increase when people are already in distress. Over time, making avoidance, denial, emotional withdrawal, or ineffective coping strategies more likely to lead to burnout (Wadsworth, 2015). Thus, it is relevant to investigate both the use of coping skills by healthcare professionals as well as the relation between coping and certain outcomes, such as occupational stress and burnout.

EI involves four key skills: recognizing emotions, understanding emotions, managing emotions, and leveraging emotions. It contains the component skills such as self-awareness, self-regulation, empathy, motivation and interpersonal skills (Xuan, 2025; Maldonado & Márquez, 2023). In the medical profession, emotional intelligence is particularly relevant because it is essential for professionals to deal with situations that involve emotional triggers alongside their clinical judgment and communication skills. Research indicates that emotional intelligence could help alleviate burnout through its ability to enhance emotional regulation, empathy, communication, and resilience (Gong et al., 2019; Cavaness et al., 2020; EI et al., 2025). Emotional intelligence can also enable

professionals to detect early signs of stress and use adaptive coping strategies before the situation deteriorates to a point of serious emotional stress (Fteiha & Awwad, 2020). Augusto Landa et al., (2008) identified emotional clarity and emotional repair to be correlated with stress related outcomes in nurses. Likewise, Cao et al. (2022) found emotional intelligence was negatively correlated to burnout of healthcare professionals. Even with these findings, emotional intelligence could be different in different contexts. However, in high workload/high emotional intelligence environments with limited institutional resources, EI might not be sufficient enough to prevent stress and burnout (Kober & Chang, 2024; Stoian-Bălăşoiu et al., 2025). This poses an intriguing question: does EI mediate the relationship between coping skills and stress and burnout, or is it a standalone psychological resource?

In the field of occupational health psychology, the mediating role of emotional intelligence has been gaining more and more attention. Coping skills can be a factor that lessens stress and burnout because emotionally intelligent people can identify emotional experiences, manage emotional responses and select coping skills. Emotional intelligence could act in this regard as a mediator between coping strategies and psychological outcomes (Fteiha & Awwad, 2020; Peña-Sarrionandia et al., 2015). The results of earlier studies, however, have been mixed. Various studies have shown that there is a close relationship between emotional intelligence and coping; others have shown that emotional intelligence and coping may operate independently. Emotional intelligence, for instance, can directly explain the link between coping skills and burnout, or it can be used to describe how it interacts with other factors that impact burnout, such as coping skills. Whereas, in high-context healthcare environments, the factors of low staffing level, heavy workload, and lack of support from the workplace can weaken any possible mediation pathway (Kober & Chang, 2024; Wang et al., 2025). Thus, empirical testing is required, especially in contexts that are less represented like Pakistan.

Hypotheses

H1: Coping skills will significantly predict occupational stress among healthcare professionals.
H2: Coping skills will significantly predict burnout among healthcare professionals.
H3: Emotional intelligence will significantly mediate the relationship between coping skills and occupational stress.
H4: Emotional intelligence will significantly mediate the relationship between coping skills and burnout.
H5: There will be significant differences in coping skills, occupational stress, burnout, and emotional intelligence across selected demographic variables.

III. METHOD

Participants

Cross-sectional research design in quantitative approach was employed. This design was suitable for this study because the study was designed to compare relationships among psychological variables at one time. Emotional intelligence was set as the mediating variable, occupational stress and burnout as the dependent variables, and coping skills as the independent variable. Information was gathered from the healthcare professionals in Public and Private Hospitals in Rawalpindi, Pakistan. They were represented from both types of health care facilities in order to get a representation from different institutional settings. Sample size = 300 health care professionals. The selection of participants was done by non-probability purposive sampling. The participants were chosen using this sampling approach as it was necessary to have participants who were actively working in a healthcare environment with adequate exposure to the work demands of clinical practice.

Measures

Data on gender, marital status, socioeconomic status, level of education, category of occupation, department, type of facility, work experience, hours worked and patient load and relevant background information was gathered using a demographic sheet. **[I]** Burnout was measured by using the Copenhagen Burnout Inventory (CBQ) previously developed by Kristensen et al. (2005). Burnout scale is based on personal, work-related, and client-related aspects. Items are rated on a frequency/intensity format, and then translated to a 0–100 score, with higher scores reflecting higher burnout. In previous studies, the CBI has proven to have acceptable psychometric properties (Barton et al., 2022). **[II]** The Coping Skills Scale developed by Hamby et al. (2013) was used to assess

coping skills. The scale assesses cognitive, emotional and behavioral coping mechanisms such as problem analysis, cognitive reframing, humor, self-care and proactive behavioral adjustment. Scores range from 0 to 20 with higher scores reflecting higher use of coping strategies. **[III]** The Workplace Stress Scale (WSS), created by Marlin Company and the American Institute of Stress, was used to assess level of occupational stress. The scale measures work-related stress associated with workload, deadlines, job control, recognition, work-life interference and work conditions. A higher score is reflective of a higher degree of occupational stress. **[IV]** The Brief Emotional Intelligence Scale (BEIS) devised by Davies et al. (2010) was used to assess emotional intelligence. There are 10 items on the scale that are based on the emotional intelligence model of Salovey and Mayer. Evaluates the appraisal, regulation and utilization of emotions. Scores reflect emotional intelligence with higher scores representing higher emotional intelligence.

Ethical Considerations

The NUMS Institutional Review Board (IRB) granted ethical approval for the study. All the participants were briefed about the purpose and procedure of the research and informed consent was obtained from all the participants in written form. There was no pressuring anyone to participate, and no risk of negative consequences if a participant decided not to participate or drop out of the study at any time. There was no intervention and standardized questionnaires were administered to participants to measure occupational stress, burnout, coping, and emotional intelligence. The information that the participants gave was treated confidentially and anonymously, and was only employed for academic research purposes.

IV. RESULTS

Demographic Characteristics

A sample of 300 healthcare professionals was used. The majority of the respondents were male while the female respondents were in minority. Most were not married and most were middle class. The postgraduate qualified group and allied health professionals were the largest qualifications groups. Physiotherapists, general medical practitioners, nursing professionals, dentists, pharmacists and other health care professionals were represented. The participants were randomly selected from public and private healthcare facilities, the representation being nearly equal.

Psychometric Properties of Study Variables

Table I: Psychometric Properties of Study Variables

Variables	No. of Items	Cronbach's α	M	SD	Range
Burnout	19	.77	44.39	12.83	5–97
Coping Skills	13	.60	36.99	4.83	21–52
Occupational Stress	8	.67	21.20	4.53	8–38
Emotional Intelligence	10	.67	35.39	5.56	10–50

Correlation among Coping Skills, Occupational Stress, Burnout, and Emotional Intelligence

Pearson correlation showed that coping skills and occupational stress were significantly and positively related to burnout. Emotional intelligence was a significant and negative predictor of burnout, meaning that the higher the emotional intelligence, the lower the burnout. Occupational stress was significantly and negatively correlated with coping skills. Coping skills, however, were not significantly related with emotional intelligence, while emotional intelligence was not significantly related with occupational stress.

Table II: Correlation among Study Variables

Variables	1	2	3	4
1. Burnout	—			
2. Coping Skills	.17**	—		
3. Occupational Stress	.19**	-.20**	—	

Variables	1	2	3	4
4. Emotional Intelligence	-.35**	.00	.04	—

**p < .01

Regression Analysis

The relationship between coping skills and burnout and occupational stress were explored by using linear regression. For burnout, coping skills emerged as a significant predictor, B = .45, β = .17, t = 2.99, p = .003. The model was statistically significant, F(1,297) = 8.96, p = .003 and accounted for 3% of the variance in burnout. The positive coefficient also showed that higher burnout scores were related to higher coping scores. For occupational stress, coping skills also emerged as a significant predictor, B = -0.19, β = -0.20, t = -3.52, p < .001. The model was significant, F(1, 297) = 12.40, p < .001, accounting for 4% of the variance of occupational stress. Overall, the negative sign suggested that the higher the coping skill scores, the lower were the occupational stress scores.

Table III: Regression Analysis Showing Coping Skills as Predictor of Burnout and Occupational Stress

Outcomes	Predictors	B	SE	β	t	p	R^2
Burnout	Coping Skills	.45	.15	.17	2.99	.003	.03
Occupational Stress	Coping Skills	-.19	.05	-.20	-3.52	<.001	.04

Mediation Analysis

To see if emotional intelligence mediated the association between coping skills and burnout, mediation analysis was used. Coping skills was not significant in the path to emotional intelligence, B = .001, p = .980. The association between emotional intelligence and burnout was significant, B = -.804, p < .001, meaning that greater emotional intelligence was associated with lower levels of burnout. The effect of coping skills on the direct pathway to burnout was significant, B = .456, p = .002. The indirect effect was not significant as the bootstrap confidence interval contained 0, B = -.001, LLCI = -.170, ULCI = .204. Secondly, the relationships between coping and occupational stress were investigated through a mediation analysis. Once again, there were no significant predictors of emotional intelligence including coping skills, B = .001, p = .980. There was no significant correlation between EI and Occupational Stress (B = .035, p = .446). Coping skills had a significant direct effect on occupational stress, B = -.188, p = .001. The indirect effect via emotional intelligence was not significant as the bootstrap confidence interval for B contained 0, B = .000, LLCI = -.026, ULCI = .011.

Table IV: Mediating Role of Emotional Intelligence

Path	B	SE	t	p	95% CI
Coping Skills → Emotional Intelligence	.001	.067	.02	.980	-.129, .133
Emotional Intelligence → Burnout	-.804	.124	-6.49	<.001	-1.047, -.560
Coping Skills → Burnout	.456	.143	3.20	.002	.176, .737
Indirect Effect: Coping Skills → EI → Burnout	-.001	.094	-	-	-.170, .204
Emotional Intelligence → Occupational Stress	.035	.046	.76	.446	-.056, .127
Coping Skills → Occupational Stress	-.188	.053	-3.52	.001	-.293, -.083
Indirect Effect: Coping Skills → EI → Occupational Stress	.000	.009	-	-	-.026, .011

V. DISCUSSION

The current study explored coping strategies, occupational stress, burnout and emotional intelligence among health care professionals in the country of Pakistan. It also examined the mediation of the relationship between coping and occupational stress and burnout by emotional intelligence. The results yield a complex and meaningful picture of psychological functioning in health care professionals working in challenging clinical contexts. The first major finding was that coping skills were significantly and negatively related to occupational stress. This indicates that those health professionals who reported higher coping levels had less stress in their work. The result is consistent with the Transactional Model of Stress and Coping which considers that stress is not just a product of external stressors, but also a product of how those stressors are perceived and the perceived resources available for coping (Lazarus & Folkman, 1984). Problem-solving, reframing, planning and self-care skills can improve

perceived stress among healthcare professionals by making them feel more prepared to deal with clinical pressures. This discovery also confirms earlier studies that demonstrate adaptive coping strategies can decrease work-related stress and also enhance psychological resiliency (Folkman & Moskowitz, 2004; Chen et al., 2017; Anderson et al., 2022). Coping skills can assist health care workers in responding better to work load, patient demands, interpersonal conflict and emotional stress in the health care environment because the stressors are often present and inevitable. Thus, coping skills seem to be a beneficial psychological tool to prevent occupational stress.

The second key result was that coping skills were positively associated with burnout. This finding was surprising as it is a belief that coping shields people from burnout. The discovery might, however, be a sign of the possibility that coping is not always proactive, but reactive as well. Healthcare workers who are more burned out might be more likely to utilize more coping mechanisms as they are already psychologically stressed. Thus, coping could be the outcome of, not the cause of, a burnout. This is in line with the notion that when people see a situation as challenging or stressful, coping mechanisms are likely to be activated (Folkman & Moskowitz, 2004). It also highlights the need to distinguish between the frequency of coping and the effectiveness of coping. There are numerous ways people cope, but if the work situation continues to be very stressful, coping may not be enough to stave off burnout. In addition to some maladaptive coping responses, such as avoiding thinking about the issue and/or suppressing emotions, may be at play, rather than problem solving (Wadsworth, 2015). Another possible explanation is that factors related to the organization, like workload, staff shortages, lack of support and lack of autonomy, are significantly influencing determinants of healthcare professionals' burnout. The most effective coping mechanisms are not enough to keep professionals safe if the workplace environment has continued and intense demands. This reinforces Maslach and Leiter's (2016) perspective that burnout is not a problem with the individual alone, but also a reaction to continual imbalance between the worker and their work context.

The third key result was that emotional intelligence was significantly and negatively related to burnout. The higher the EI level of the healthcare professionals, the lower the level of burnout. The result aligns with the results of previous studies, which indicate that emotional intelligence has a beneficial impact on the understanding, regulation and management of emotional experiences (Gong et al., 2019; Fteiha & Awwad, 2020; El et al., 2025). In the healthcare sector, emotional intelligence can aid in building empathy, effective communication, handling emotionally challenging situations and minimizing emotional burnout. Emotional intelligence could perhaps be more vital in clinical practice, as health care workers are exposed to a lot of distress, fear, pain, anger, grief and uncertainty. If a professional can identify his or her feelings and react in a positive way, he or she is less likely to get overwhelmed. Likewise, people who grasp other people's emotions can communicate better with patients and colleagues, which can alleviate interpersonal conflicts and emotional fatigue (Cavaness et al., 2020; Moudatsou et al., 2020). In the present study, however, there was no significant correlation between EI and occupational stress. This implies that while emotional intelligence can help to decrease burnout, it might not directly help to decrease the perception of workplace stress. Stress factors might be more closely associated with practical job demands including workload, deadlines, control, recognition and work-life interference. Professionals might be able to use emotional intelligence to control the emotional impacts of stress, but emotional intelligence might not bring down the actual or perceived level of external work stress.

The fourth important result was the absence of mediation of the relationship between the coping skills and the burnout and coping skills and occupational stress by emotional intelligence. Thus, this study was unable to account for the role of coping skills in stress or burnout as it related to emotional intelligence. The overall lack of a significant relationship between coping skills and emotional intelligence was the major reason for the mediation not being significant. Both constructs are psychological resources, but were not used in a sequential pathway in this sample. This discovery is noteworthy because it calls into question whether coping skills always go through the prism of emotional intelligence. Rather, coping resources and emotional intelligence might serve as alternative resources. Coping skills might be more directly related to practical stress management, and emotional intelligence might be more directly related to emotional regulation and to reducing burnout. For healthcare workers, coping might be useful for managing current tasks while being able to connect with emotional experiences and interpersonal issues via emotional intelligence. The results also indicate that emotions could mediate the effects of contextual factors on the other variables. While patient and family factors such as emotional capacity can be

significant, external factors like workload, staffing issues, support and organisational pressures can play a more significant role in a resource limited healthcare system. This aligns with research indicating that the importance of individual psychological resources has been identified but is not enough when there are structural persistence levels and a constant high level of workplace demands (Kober & Chang, 2024; Stoian-Bălăşoiu et al., 2025). In conclusion, the study suggests that a multi-dimensional approach should be adopted to comprehend stress and burnout among healthcare practitioners. Coping skills and emotional intelligence are individual factors which are important, but not all the factors. The organizational environment, job status and job requirements also need to be taken into consideration.

Implications

The results indicated that it is recommended to create training programs in healthcare institutions to enhance coping abilities of healthcare personnel. Stress management, problem solving, cognitive reframing, time management, relaxation and self-care are just some of the types of programs that may be included. But, coping-skills training should not be offered as the sole remedy for burnout. Individual coping may be inadequate to protect the person if the stressors in the workplace are not modified. There is also emotional intelligence training that might be helpful, particularly if the aim is to reduce burnout. Healthcare professionals can benefit from workshops on emotional awareness, emotional regulation, empathy, communication, and conflict management to help them regulate their emotions in challenging clinical environments.

VI. CONCLUSION

In the present study, coping skills, occupational stress, burnout and emotional intelligence among health care professionals in Pakistan was discussed. The results indicated that coping skills were positively correlated with occupational stress, and negatively correlated with burnout. Emotional intelligence was significantly correlated with lower levels of burnout, and did not significantly explain the relationship between coping skills and burnout or occupational stress. These results indicate that coping skills and emotional intelligence are distinct psychological resources that are important. Coping skills can be used by healthcare workers to deal with stress in the here and now and emotional intelligence may prevent emotional exhaustion and burnout. But both resources should be considered as a means to deal with burnout, not as a cure-all, when it gets tough in the field of health care. The study points to the necessity of using a combination strategy that would enhance the psychological factors of individuals and organizational and systemic factors in occupational stress. Prevention of Burnout in a healthcare practice in Pakistan needs professional training as well as institutional reform.

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