Vol. 3, Issue 5 May 2025 ISSN: 2584-0142

A Systematic Review on Burnout, Emotional Intelligence, and Mental Health among Rehabilitation Professionals

[1]**Mehak Monga,** *Student, MA Clinical Psychology, Department of Psychology, UILAH, Chandigarh University*

mehakmonga0707@gmail.com

[2]**Dr Raskirat Kaur,** *Assistant Professor, Department of Psychology, UILAH, Chandigarh University*

raskirat.e9209@cumail.in

Abstract: This is a systematic review to understand different factors like burnout, emotional intelligence, and mental health among rehabilitation professionals. By going through a total of 19 papers, it has been made to bring out the connection between burnout and mental health professionals, & Emotional intelligence and mental health professionals. The importance of training Individuals on their skills to fight burnout before getting into the field and practice. The importance of work environment, self-care care and preventive measures has been stated multiple times. Organizational support also plays a huge role. With the help of these selective papers, a clearer view of rehabilitation professionals and their challenges in treating patients with traumatic experiences. The qualitative nature of this review paper has helped us understand the connection between Emotional intelligence and burnout also Negatively correlated.

Keywords*: Emotional Intelligence, Burnout, Rehabilitation Professionals, Mental Health*

1. Introduction

The objective of the study is to understand the relation between burnout, emotional intelligence and mental health amongst rehabilitation practitioners. The job of rehabilitation professionals requires dealing with people who have suffered from a huge number of traumatic

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events. This can lead to Suffering for them as well. The condition that might occur due to continuous exposure to traumatic instances is burnout.

Burnout is presented as a combination of emotional exhaustion and depersonalization that negatively affects job performance and emotional well-being. The paper discusses the psychological toll that constant exposure to the suffering of clients has on mental health professionals, which leads to a sense of inadequacy and detachment from the work. (Pakenham, 2015).

Burnout is explained as a state of emotional depletion, which is closely linked to the lack of personal resources or strategies to cope with the demands of the professional role. The study highlights burnout as a process that affects job satisfaction, interpersonal relationships, and professional performance over time. (Suran & Sheridan, 1985)

The study (Puig et al., 2012) discusses burnout in mental health professionals as a psychological condition resulting from prolonged exposure to high-stress situations, especially in caregiving roles. It is associated with emotional exhaustion, depersonalization, and a reduced sense of personal accomplishment. Burnout is framed as being linked to diminished job performance and a sense of personal disengagement.

Burnout can be controlled or prevented due to several measures which are further discussed in the review. But the major aspect would be self-care and a positive working environment which play a very huge role in prevention of burnout.

Emotional intelligence on the other hand is defined as the capacity to recognize, understand, manage, and influence emotions in oneself and others. This is particularly important in mental health professionals, where EI can be a protective factor against burnout (Puig et al., 2012).

Understanding emotional intelligence is very important specifically amongst rehabilitation practitioners as it is interlinked with the condition of burnout. The rehabilitation professionals who have a high level of emotional intelligence have less chances to undergo the condition of burnout. Recurrent exposure to traumatic confrontations can lead to unhealthy coping strategies which is why it is recommended to understand that positive coping strategies are necessary for rehabilitation practitioners, they can be considered as self-care of oneself.

Positive Mental Health is also observed amongst practitioners with high levels of emotional intelligence. With an awareness of their own emotions, values, and experiences when a practitioner can decipher between their own issues and their patients', that is where it helps to have a high level of emotional intelligence. They can deal with recurrently occurring traumatic instances and narratives in the lives of their patients.

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2. Methodology

2.2 *Sample*

A rigorous search of the relevant literature was done through several electronic databases like PubMed, PsycINFO, Scopus, and Web of Science, along with Google Scholar, for finding related articles.

Inclusion Criteria

1. Empirical research (qualitative, quantitative or mixed methods).
2. Performing a study including rehabilitation professionals, occupational therapists, physiotherapists, or mental health counselors; and
3. The application of these variables to issues of burnout, emotional intelligence, or mental health variables.
4. Published in peer-reviewed journals.

3. Review

In the paper (Morse et al., 2018) are trying to discuss how practitioners in the field of "taking care" of other individuals tend to get into the state of burnout. Although certain factors have empowering impacts on the same which would include personality characteristics, what the job demands from the individual and the resources available. The method of PRISMA review has been used with a finding that most cited dimension for in burnout would be "emotional exhaustion" (34.48%).

The research of Puig et al. (2012) tried to understand how mental health practitioners are impacted with reference to the areas of burnout and personal wellbeing. The study was conducted on a total of 129 mental health practitioners out of which 29% were psychologists, 14.7% were counselors, 8.5% were educational, 7% were marriage, 1.6% social work, 0.8% rehabilitation psychologists, and 38% other disciplines. The dimensions which were studied upon, and evidence was found included incompetence, exhaustion, devaluing clients, negative work environment, and deterioration in personal life. There are reports from mental health practitioners that show high negligence in personal well-being from their end, followed by reduced care for physical health and a huge amount of emotional distress. The finding also confirms a negative relation of job burnout with nutrition and physical exercise. The impacts of burnout which are generally considered as negative can be reduced by certain coping strategies including pathing supervision and working in self-care. The study also concludes by mentioning certain interventions that need to be applied in organizations which include reduction of workload and having a significant amount of work life balance in their course.

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With this burnout can be alleviated and there is scope of wellness.

The research study of Ackerley et al. (1968) was conducted on a total of 562 licensed practitioners of mental health. Focus was on one theoretical framework. The dimensions of burnout it derives to claim includes Emotional Exhaustion, Depersonalization and lack of personal accomplishments. The authors have tried to understand and explore burnout in occupational settings with reference to social and psychological correlates. The sample was not restricted to one location, rather it is global. The prevalence of burnout has been shown very high and the study talked about the commonality of burnout among different occupations throughout the nation. The paper also tries to report that certain professionals are more prone to burnout. The author has tried to analyze different factors which correlates with burnout in the areas of psychological, social and organizational factors. The author talks about Role ambiguity. Role ambiguity is a state of an individual when they are unclear of what they need to expect from their own job, or the demands of the job are unclear. Some light has only been shed on workload. It is when an individual has insufficient interval periods for rests and high job demands. Other keywords which were talked about include social support, work environment, leadership styles, organization culture and physical work conditions. The results also helped us to see that licensed practitioners have a comparatively higher level of burnout tendency as compared to other mental health practitioners. According to this study the author shows no gender difference in the aspect of burnout. Another found fact was that therapeutic alliance would also play a role in the severity of burnout. The paper also suggests certain interventions including enhancing the quality of work and providing more rest intervals.

Suran and Sheridan (1985) in their study, rather than just talking about why and how burnout is a part of the long journey of a psychologist, it also sheds light on the why and how the management of the burnout needs to be done. Working in a state of “near to burnout” can highly reduce the productivity of the professional also, this was backed up by different existing research also. The paper tried to show how the prevalence of burnout is increasing in professionals, but the number is much higher in psychology professionals because the field demands constant emotional availability. The study also says that the factors related to burnout are not just related to a person as an individual for example stress tolerance; rather they are also related to contextual and organizational factors. There are certain strengths which can be acknowledged after analysis of the paper. One of those would be the discussion with respect to the lifespan perspective. The paper talks about every stage of the work life starting from early career to retirement. This has been explained with the help of developmental stages (4 stages including the early career, mid-career, late career and retirement). Every stage includes

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different characteristics and challenges. Early career which is also known as the Entry level/Novice. This level includes the individuals who have recently graduated from their colleges and are highly enthusiastic in their workplaces.

Moving on there is the mid-level which has its core feature as establishment and development. Here the individual gains a significant amount of experience in their field of work and might even reach managerial roles. The third level is the late career where the individual reaches senior professional level. Here it is all about mentoring and putting back the efforts to the profession. The final stage is the Retirement and the post career stage, where the psychologists retire and step out of the workplaces and get on the part time work experiences.

This paper, unlike previous papers mentioned, not only talks about how the stages impact the state of burnout, rather it also tries to propose certain solutions to make it better and incorporate in our daily life to make it better for psychologists. Firstly, they suggest for individuals to be trained at the time of graduation program or education journey on how to cope up with the process of being indulged in the state of "burnout." Secondly, they also talk about the necessity to have a healthy and supportive network with the correct mentorship that can help manage stress and regulate emotional fatigue. Thirdly, the paper refers to understanding the developmental approach, initially we need to understand every stage and then only we can make the necessary changes for healthy coping. This could lead to self-fulfillment, fluent careers and minimal chances of burnout.

The research conducted for this paper (Sciberras and Pilkington, 2018) was a qualitative study with the help of semi-structured interviews of 10 clinical psychologists based completely on their subjective experience in their workplaces of mental health. The paper can identify the subjective challenges in the areas of personal and professional life. The paper includes a few key findings. It talks about the stress participants undergo stress because of the constant emotional intensity, trauma, sufferings and pain. This suffering is subjective in nature due to their experiences in the mental health settings. Another key aspect would include the lack of resources and a huge caseload, and how these aspects hinder the growth of the psychologist also they fail to provide quality care. The paper also talks about the importance of professional boundaries in therapeutic alliance between therapist and client. Several coping mechanisms have been talked about including having positive social support and self-care practices. One of the significant findings included that even though a lot of psychologists were near to the state of burnout they still had the satisfaction of "helping" someone and, they seemed deeply committed to their jobs. It was observed that the study was highly relevant due

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to the rising awareness of mental health. The paper offered highly valuable recommendations for interventions also and not just pointed out the problem. Sciberras and Pilkington thereby tried to conclude with their suggestions and by addressing the challenges reduced work satisfaction due to the state of burnout. Hence the article paved its way with relevant necessities.

In another paper (Pakenham, 2015) the researchers have tried to broaden the definition of "self-care" and have tried to explain how self-care is a multifaceted process. The care is not only necessary physically or emotionally but also psychologically, relationally and professionally. Like other articles presented so far, the importance of right mentor and peer support has been significantly mentioned. Their workload/caseloads can lead to a neglect of the need for their own mental health supervision in a lot of cases. Pakenham gives a suggestion where he asks the clinicians to consciously structure their professional sphere in lives and segregate it from personal life to reduce stress and not end up blurring the roles.

Self-care also requires self-regulation of emotions and another integral part of this would be relaxation techniques. Pakenham has also tried to question and evaluate the existing literature also. Pankeham has tried to evaluate literatures like Dattilio's resilience, this shows his critical evaluation for the same.

Amir et al. (2019) in this paper has tried to find if emotional intelligence could be a predictor or an influence towards the state of compassion fatigue. It was a quantitative study with a high participation of 207 responses of mental health practitioners of Northern Uganda. The analysis of data was done using Fisher's exact test and logistic regression. The first finding of the paper was that mental health practitioners who have a high level of emotional intelligence end up experiencing low levels of compassion fatigue. Second finding of the paper included the need to highlight the importance of emotional awareness by understanding what it is and why we really need it. Empathy and self-regulation have been highlighted as the two key points which one needs to focus upon, and they also state that individuals with higher emotional intelligence will cope up better with their workplace stressors. Thirdly, they have tried to highlight the role of empathy for a caregiver. With higher levels of empathy, the caregivers were able to have a healthy attachment with the client without feeling emotionally drained through the process. Fourthly, the paper signifies the importance of training professionals in the regulation of emotions and monitoring them so that they can be implemented in the training setting. There can be certain limitations of this paper like the fact that the sample has not been described enough, it can be homogeneous in nature. Another factor could be that the study is cross sectional in design which means it was collected at once,

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so not all factors can possibly be considered like the environment at workplace, organizational support etc. Self-report bias can be another limitation of the paper.

Frajo-Apor et al. (2015) they tried to uncover the relation between emotional intelligence and resilience among mental health professionals by taking a control group and understanding the difference. They had 61 mental health professionals participating in the study with another group of 61 non mental health professionals. Different scales were used for emotional intelligence and resilience. A modest magnitude correlation was found between the two variables (EI and Resilience). The control group and treatment group both have shown an average level of emotional intelligence levels with the help of MSCEIT, and a high level of resilience. To interpret the study shows that mental health professionals are not inherited with high emotional intelligence or resilience, it is the demand of the profession and therefore reflected. We can also conclude by saying there are certain limitations to this paper, like the sample size is not enough to generalize the results, the design of the study is cross sectional which reduces the chance of causal inferences also.

A study (Chaffey et al., 2012) tried to understand the relation between Emotional intelligence and intuition among occupational therapists in mental health practice in 2012. They managed to use surveys as their methodology on over 400 members of the national occupational therapy association, out of which they got responses from 134 individuals. The survey included The Cognitive Style Index (CSI) and The Swinburne University Emotional Intelligence Test (SUEIT). The findings have shown us a negative correlation between the two variables ($r = -0.56$, $p < .01$). Also, the level of experience played a huge role in the results. Experienced therapists scored more as compared to non-experienced ones let it comes to Emotional competencies. On the other hand, if we talk about gender differences, no such gender differences in the scores were noticed. Although we can say that there were still certain limitations to the study like the possibility of response bias as the response rate was not more than 35%, Also most of the data was collected from females (92%), So the study is somewhat predominant towards one gender. To conclude we can say that there is a significant relationship between the two variables, Intuitive cognition and Emotional intelligence.

The study performed by Daniel Gutierrez and Patrick R. Mullen (2016) Had the objective to examine If higher levels of emotional intelligence lead to lower number of Individual sufferings from burnout. A total number of 539 individuals who were licensed in their fields of mental health were surveyed for the same. Once the survey was complete the data was statistically analyzed for the two variables and their relation. The results have shown us that there is a negative correlation between the two variables which meant that as Emotional

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intelligence increases the possibility of burnout decreases ($r = -0.62$, $p < .001$), A variance of 38% was noticed. The study has shown us that an improved emotional intelligence can work as a preventive factor for burnout amongst mental health professionals. This can be done by implementing the ways to improve emotional intelligence in the training of mental health practitioners itself. A few limitations of the study would include the design of the study cross sectional, Longitudinal study would have been best suited for this research as it would also take causal factors into consideration. The limitation would include the fact that the study was a self-report study, which means the chances of biases are very high, which leads to questioning the reliability of the results.

In their study R. Arnone, M. I. Cascio, and I. Parenti (2019) Try to understand the relationship between burnout and emotional intelligence Amongst healthcare professionals. They were trying to understand if emotional intelligence can behave as a protective factor for mental health professionals in the journey of burnout. Sample included mental health professionals, nurses and doctors. They used Link burnout questionnaire (LBQ) for the variable burnout And Schutte self-report test for emotional intelligence. Other variables which were taken into consideration included the organizational department, the length of the service they served and gender of the individual. The findings have shown a significantly negative correlation between burnout and emotional intelligence which means that higher levels of emotional intelligence will lead to a lower chance of burnout. Also, a relation between burnout and the experience of the practitioner was noticed. You have shown that when the individual is in the first 5 to 10 years of experience the chances of burnout increase whereas once one has completed 10 years of their work experience after that the chances of burnout decrease. A departmental difference in the chance of undergoing burnout was also observed. The professionals working in emergency departments which required psychological and physical aid urgently were undergoing a higher chance of suffering from burnout as compared to other departments. Therefore, this paper also suggests training mental health practitioners to avoid the state of burnout. Although this paper is also cross-sectional in design which makes it a limitation. Another limitation of this would include the limited sample diversity which is why the generalizability of the paper is questionable.

David Turgoose and Lucy Maddox in their study (2017) have tried to understand what the predicting factors of compassion Fatigue can be Specifically for mental health professionals. They were able to identify four risk factor Protective factors which might affect compassion fatigue. The risk factors identified included Empathy levels, Workload and exposure, Organizational factors, Personal trauma history. A certain amount of empathy is

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required to be a psychotherapist or work as a mental health professional, but High levels of empathy is linked with compassion fatigue also. When a mental health practitioner is frequently exposed to huge amounts of cases with a traumatic environment the chances of compassion fatigue increases. Organizational factors would include the availability of support by the supervisor, The availability of the resources in the company, End of the work environment like ergonomics is poor in nature and it can lead to a state of burnout. Also, the mental health practitioners who work undergo a personal trauma themselves and have a history of the same have a high tendency to undergo a state of burnout. If we talk about the protective factors, we have training and education, professional support, And mindfulness/self-care.

Training and education would include the ongoing professionals to develop certain strategies and pass on their knowledge to the mental health practitioners who are about to get into work.

Professional support includes the emotional availability and appearance network for emotional buffering. Self-care routines including mindfulness is to develop and enhance the skill of resilience so that it can work as a protection against burnout. With this they have tried to conclude by saying that compassion fatigue is a multifaceted nature trait and to facilitate it different strategies can be derived for mental health practitioners.

Isabel A. Thompson, Ellen S. Amatea, and Eric S. Thompson, in their study (2014) Have tried to uncover the contextual and personal predictors of compassion fatigue and burnout for mental health counsellors. To understand better, they used personal characteristics including coping strategies, compassion satisfaction, years of experience, gender and mindfulness. On the other hand, Contextual factors would be factors like working conditions. They took a sample size of 213 Mental health counsellors. In their statistical analysis they used multiple regression to understand the predictive value. They have tried to put forward 66.9% of variance found in the levels of burnout. They have also tried to report that with a positive perception of their working environment, following mindfulness, having a greater level of compassion satisfaction, and less use of maladaptive coping can lead to lower level of burnout. When the same variables were used for compassion fatigue of 31.1% of variance was noticed. This shows that there were other factors also which were significantly contributing to the development of the same. Also, a negative correlation between burnout and the work experience has been noticed, less experienced mental health practitioners work going through burnout at higher levels there as the more experienced counsellors Have notified a low level of burnout. The two limitations of the study would include its design which is cross sectional in nature, And the self-report data collection. When the data is collected by self-report

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measures there is always a huge chance of Biasness which might include social desirability. They have tried to mention a few interventions Which will include improvement in workplace conditions and working on their mindfulness techniques with positive coping strategies.

The study published in *Traumatology* 2013 by Susan L. Ray, Carol Wong, Dawn White, and Kimberly Heaslip had their objective to understand how exactly the work life conditions of frontline mental health professionals is impacted with taking in consideration The three variables which were compassion fatigue, compassion satisfaction, and burnout. A total number of 162 mental health professionals participated in the study. The method of survey was used on individuals like counsellors, nurses and social workers. Professional Quality of Life Scale (ProQOL) was therefore used to understand the variables with respect to their work environment. The findings have shown that if the individual has a positive working environment and the conditions are healthy, the mental health practitioner undergoes a higher level of compassion satisfaction within themselves. This will include factors such as having ample opportunities in their professional growth and a supportive management around them. Another finding has shown that if an individual has a higher level of burnout and compassion fatigue it is highly correlated with Negative working conditions. These negative working admissions can include several factors like a limited number of resources or insufficient support by managerial positions or workload. If one manages to have a hold on these three factors, it can drastically lead to lower levels of compassion fatigue and burnout amongst the mental healthcare professionals. It means that healthcare institutions have the opportunity by working on their organizational factors to promote the well-being of their own staff.

Breanna Rivera-Kloeppel and Tai Mendenhall (2023) in their study critically analyze the existing literature on how the development of compassion fatigue amongst the mental health professionals is impacted by individuals' self-care. They have reviewed a total of nine empirical studies which were published between 2005 to 2019. They did find evidence among their studies that suggested the relationship between self-care and compassion fatigue only as a protective factor, but they also stated that the evidence is not compelling enough to agree with the same. There were multiple limitations related to the methodology of the paper, for instance the sample size was very small and would be considered as non-representative. The cohesive theoretical framework also lacked in the study. Presentation of the results was highly disorganized, And the paper did not include any statistical analysis. The researchers have tried to emphasize the need for more theoretically understood research so that there can be a clarity on the relationship between compassion fatigue and self-care for future. The researchers have concluded by stating that self-care will consistently remain a factor that has to be

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recommended for mental health professionals so that compassion treaty can be avoided, and they have very evidently pointed out the gaps in the research which is so far visible in the field of compassion for mental health professionals.

In the journal of Loss and Trauma, Ginny Sprang, James J. Clark, and Adrienne Whitt-Woosley (2007) in their research have tried to understand the relationship between compassion satisfaction, compassion fatigue and burnout and how exactly they can be affected by individuals' characteristics and several work settings/conditions. A total number of 1121 mental health practitioners from the United States participated in the study. The included practitioners like psychiatrists, therapists and social workers. Professional Quality of Life Scale (ProQOL) Was used so that a larger population could participate in the study through survey. A clear gender difference was noticed when it comes to compassion fatigue, compared to male, females who were mental health practitioners had a higher level of compassion fatigue and burnout. Another finding has shown that individuals with non-medical mental health practices had lower levels of compassion fatigue as compared to mental health practitioners like psychiatrists. Factors like work settings were also pointed out, Individuals working in rural areas experienced higher levels of burnout and compassion fatty as compared to the individuals working in urban settings. In their findings they have also stated a few predictive factors for burnout and compassion fatigue which included the gender being female, younger age, Lower levels of clinical experience, and individuals dealing with clients which were mostly sufferers of post-traumatic stress disorder. To conclude they have tried to give a few solutions for the problems, providing a target gated support for younger mental health professionals so that they can walk on the right path leading to last number of compassion fatigue sufferers. They have also tried to point out that people suffering from burnout due to being providers in the rural settings might have different challenges as compared to individuals who are working in urban settings so these need to be addressed and understood individually with a Targeted solution.

Claire Sorenson, Beth Bolick, Karen Wright, and Rebekah Hamilton (2016) in their study published in Journal of Nursing Scholarship. The purpose of the study here was to identify the existing literature on the variable of compassion fatigue in healthcare practitioners and thereby synthesizing it and further analyzing the same. The researchers were here trying to understand the variable better which could be the only way to prevent the presence of compassion fatigue among caregivers. They included existing studies from different peer-reviewed journals which were able to identify the variable of compassion fatigue with respect to the healthcare practitioners. In certain studies, they were able to identify themes were

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common amongst them, certain risk factors which were repetitive. The rising levels of compassion fatigue were leading to severe impacts on their mental health, lower levels of job satisfaction, and the care given to the patient was also deteriorating. If we talk about the risk factors, with respect to compassion fatigue included missing organizational support, missing self-care practices in the mental health practitioners, exposure to patients suffering for a prolonged period, and high patient acuity. On an organizational level this can be helped by helping the practitioner manage the work life balance, providing mental health resources access and having a work environment with supportive individuals. On an educational level, the awareness of compassion fatigue must be explained to individuals through their training, also they need to be taught on how to manage their emotional demands of their work.

The research done by Nicola Cavanagh, Grayson Cockett, Christina Heinrich, and colleagues (2020) have tried to uncover compassion fatigue in health care practitioners. They have undergone a total 71 studies and reviewed them systematically. They have also used the tool Professional Quality of Life (ProQOL) scale. In their findings they were able to see that the level of compassion fatigue amongst the health care sector practitioners was generally found high. They also understood that there was a relation between the demographic variable and compassion fatigue per say. The demographic variable would include the years of experience or specialty in their field of work. A huge variability of results was also noticed which showed the ways of measuring compassion fatigue varied in different studies. The purpose of this study was to highlight the need to address the rising and existing conditions with respect to compassion fatigue among the healthcare professionals as it might also lead to poor patient care which leads to affecting not just the health of the practitioner but also the patient.

A study published in Anxiety, Stress, & Coping by Moshe Zeidner, Dafna Hadar, Gerald Matthews, and Richard D. Roberts (2013) has tried to show us mental health practitioners how exactly compassion fatigue can be influenced by personal emotional factors and their own coping strategies. In their findings they were able to see that emotional intelligence is negatively correlated with compassion fatigue among healthcare professionals. (Both EI- trait+ ability based) This means that mental health practitioners with a higher level of emotional intelligence are less likely to suffer from compassion fatigue. They were also able to identify a difference among different professions in the healthcare sector having different levels of emotional intelligence, considering mental and medical sectors. They varied in their styles of coping, the levels of negative effects, levels of EI. To conclude they have shown that, yes, coping strategies and personal emotional factors play a role in effecting

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compassion fatigue in an individual.

4. Discussion

The aim of this study was to understand the impact of burnout, emotional intelligence and mental health with respect to rehabilitation practitioners.

Several papers mentioned above see Emotional Intelligence (EI) as a Predictor. The literature abounds in papers addressing the emotional intelligence variable which prevents burnout and compassion fatigue. Amir et al. (2019) and Frajo-Apor et al. (2015) for instance, study how EI interplays to become an ingredient of resilience and emotional management mitigators against burnout threats.

Some papers have tried to focus only on psychologists whereas other papers have tried to include a broader category of rehabilitation practitioners which might include physiotherapists, Nurses, counselors, mental health professionals, healthcare providers. Different methodologies have been used in the papers which have been reviewed like some papers have used systematic review as their methodology (e.g., Cavanagh et al. (2020) and Morse et al. (2018)), While other have gone with a pragmatic approach (Suran & Sheridan (1985). Evidence studies like Frajo-Apor et al. (2015) and Amir et al. (2019) Tried to show how factors like resilience can become a productive factor when it comes to burnout or compassion fatigue. While others (Turgoose & Maddox (2017)) have skipped resilience as the factor rather they have focused on the working environments of the individual and marked that as a predictive and protective factor.

5. Conclusion

While concluding the topic of burnout, emotional intelligence and mental health with respect to rehabilitation professionals there are certain things that we can keep in mind After reviewing the 19 research. Firstly, there is a connection between emotional intelligence and burnout. A person with higher emotional intelligence is less likely to undergo the condition of burnout. A few factors can be considered as protective factors for a rehabilitation practitioner in terms of burnout. These factors would include self-care, working environment, Resilience of the individual and training he or she has undergone. Relationships with the immediate superior also place a role here. The more an individual will be exposed to trauma the chances of burnout will always increase. Personal emotional factors also come into play here.

Psychologists or mental health practitioners or rehabilitation practitioners who are themselves undergoing different stages of burnout are not fit enough to help other individuals

or their patients to deal with traumatic instances or events. Emotional intelligence can be considered as a predictor for compassion fatigue or burnout. All the papers mentioned above had their own trends and limitations but the conclusion to all the papers in a nutshell remains this.

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