Effect of soft skills and emotional intelligence of health-care professionals on burnout: a Lebanese cross-sectional study

Effekte von Soft Skills und emotionaler Intelligenz auf Burnout von Fachkräften im Gesundheitswesen: eine Querschnittsstudie aus dem Libanon

Micheline Sleiman Semaan^{1,2*}, Jana Pierre Abdallah Bassil^{1,2**},
Pascale Salameh^{3,4,5}

* michelinesemaan@outlook.com

**shared co-first authorship

¹Lebanese University, Faculty of public health,
1107 Beirut, Lebanon

²Paris Saclay university, Faculty of medicine,
94270 Le Kremlin-Bicêtre, France

³Lebanese university, Faculty of Pharmacy,
1107 Beirut, Lebanon

⁴National institute of public health - Clinical epidemiology
and toxicology (INSPECT-LB), 1107 Beirut, Lebanon

⁵University of Nicosia, Medical School,
2408 Nicosia, Cyprus

Received 12 July 2021, accepted 4 November 2021

Abstract

Objectives: The main objective of this study is to assess the effect of soft skills and emotional intelligence on burnout among health-care professionals in Lebanon.

Materials and methods: A cross-sectional study was conducted among health-care professionals working all over Lebanon for a period of 3 months starting from March till June 2021. In total, 324 out of 345 contacted health-care professionals responded. The survey was anonymous and administered via social networks as a link to an electronic form. The study included general sociodemographic questions and validated scales to measure emotional intelligence (Trait Meta-Mood Scale [TMMS-24]), burnout (Maslach Burnout Inventory for Health Services Survey [MBI-HSS]), and soft skills.

Results: Higher burnout was associated with lower soft skills ($\beta = -0.137$). Job satisfaction was negatively associated with burnout ($\beta = -8.064$). Nurses had higher burnout levels than dentists, radiologists, midwives, nutritionists, psychotherapists, and speech therapists ($\beta = -4.595$). Also, people working in Baalbek, Akkar, Beqaa, North and South had lower burnout levels compared to those working in Beirut ($\beta = -9.015$). As for emotional intelligence, no statistically significant association was found with burnout ($P = 0.116$).

Conclusion: This study showed that soft skills and emotional intelligence can affect job burnout. Additional research should be conducted in order to support our findings.

Abstract

Ziele: Das Hauptziel dieser Studie ist es, den Einfluss von Soft Skills und emotionaler Intelligenz auf Burnout bei Angehörigen der Gesundheitsberufe im Libanon zu untersuchen.

Materialien und Methoden: Von März bis Juni 2021 wurde über einen Zeitraum von 3 Monaten eine Querschnittsstudie unter berufstätigen Angehörigen der Gesundheitsberufe im gesamten Libanon durchgeführt. Insgesamt antworteten 324 von 345 kontaktierten Angehörigen der Gesundheitsberufe. Die Umfrage war anonym und wurde über soziale Netzwerke verbreitet. Die Fragbogen erhob soziodemografische Angaben und validierte Skalen zur Messung von emotionaler Intelligenz (TMMS-24), Burnout (MBI HSS) und Soft Skills.

Ergebnisse: Höheres Burnout war mit geringeren Soft Skills ($\beta = -0,137$) und Arbeitszufriedenheit ($\beta = -8,064$) assoziiert. Pflegekräfte hatten höhere Burnout-Werte als Zahnärzte, Radiologen, Hebammen, Ernährungsberater, Psychotherapeuten und Logopäden ($\beta = -4,595$). Außerdem hatten Menschen, die in Baalbek, Akkar, Beqaa, Nord und Süd arbeiteten, ein geringeres Burnout-Niveau als diejenigen, die in Beirut arbeiten ($\beta = -9.015$). Bezüglich der emotionalen Intelligenz wurde kein statistisch signifikanter Zusammenhang mit Burnout gefunden ($p = 0,116$).

Fazit: Zusammenfassend zeigte diese Studie, dass Soft Skills und emotionale Intelligenz das Burnout am Arbeitsplatz beeinflussen können. Zusätzliche Forschung sollte durchgeführt werden, um unsere Ergebnisse zu untermauern.

Keywords

Soft skills – emotional intelligence – burnout – health-care professionals

Keywords

Soft Skills – emotionale Intelligenz – Burnout – Gesundheitsfachpersonen

INTRODUCTION

Health professionals, including physicians, nurses, and pharmacists, play a central role in providing essential health care for the population. They are frequently exposed to multiple factors affecting their psychological and mental health, which, in turn, affects the quality of care toward their patients (Junne et al., 2018). Thus, the mental health and well-being of health-care providers and its influence on patient safety is gaining more attention worldwide.

Persistent stress can lead to the burnout syndrome. Burnout is defined as a prolonged response to chronic emotional and interpersonal stressors at work (Maslach & Leiter, 2016; Soto-Rubio et al., 2020). Consequently, burnout may lead to absenteeism, psychological problems, and eventually depression and drug consumption (ibid.). The three major domains of burnout syndrome include: (1) emotional exhaustion (EE), (2) depersonalization (DP) and cynicism, and (3) professional inefficacy. Exhaustion refers to the feeling of being used up and lacking energy to face another day at work. Cynicism is the negative response toward the job, including a loss of idealism, and professional inefficacy is the lack of productivity (Maslach & Leiter, 2016).

A meta-analysis conducted among nurses showed that the prevalence of burnout is 51.98% (Zhang et al., 2018). Another systematic review showed that overall burnout among physicians is estimated at 67% (Rotenstein et al., 2018). For pharmacists, burnout depends on their practice setting, leading to higher burnout rates among community pharmacists (Mott et al., 2004). Several studies suggest that emotional intelligence can affect burnout (van Dusseldorp et al., 2011).

The term emotional intelligence was first described by Salovey and Mayer in 1990 as a type of intelligence in which one can control and understand his own and others' emotions as well their ability to guide their thinking and actions. It was known as the ability model. Emotional intelligence was divided into four skills: (1) perceiving emotions, (2) using emotions to facilitate thoughts, (3) understanding emotions, and (4) managing emotions in order to promote personal and social growth (Mott et al., 2004). In this context, many studies highlight the importance of emotional intelligence to develop personal well-being and the positive association between emotional intelligence and many skills such as leadership, job satisfaction, high performance, and team effectiveness, which can be classified under the soft skills category (Dacre Pool & Qualter, 2012; Brackett et al., 2012; Druskat et al., 2013).

Soft skills, defined as interpersonal characteristics, are widely known as people skills and personal qualities (Robles et al., 2012). The seven main soft skills include:

communication skills, team work skills, critical thinking and problem solving, entrepreneurship, ethics and professional moral skills, leadership skills, and lifelong learning skills (Ngoo et al., 2015). Thus, many medical schools are focusing on one's personality and behaviors, so that they acquire the essential knowledge to develop their competencies (Choi et al., 2014).

In Lebanon, many studies focusing on burnout were conducted among pharmacists, medical students, and nurses, which showed higher burnout rates in comparison with other countries (Lahoud et al., 2019; Talih et al., 2018, 2016). However, to the best of our knowledge, there is no clear data regarding the effect of emotional intelligence and soft skills on burnout. Moreover, Lebanon is facing now, more than ever, an exceptional economical and sanitary situation. This, in addition to the fact that Lebanese people rarely seek for psychological support, might affect health providers' well-being (Karam et al., 2018).

The main objective of our study is to assess the effect of soft skills and emotional intelligence on burnout among health-care professionals in Lebanon. As for the tested hypothesis, the null hypothesis (H0) is: there is no association between soft skills and emotional intelligence of health professionals with burnout, while the alternative hypothesis (H1) is: there is an association between soft skills and emotional intelligence of health professionals with burnout.

MATERIALS AND METHODS

Study design

A cross-sectional study was conducted among working health-care professionals all over Lebanon for a period of 3 months starting from March, when our first participant was recruited, till June 2021, when our data collection ended.

The questionnaire included three main parts and required 7–10 min to complete. It was first written in English and then translated to Arabic in order to target a larger number of participants.

The first part included sociodemographic questions such as those on age, gender, residence, profession, and working region. The second part aimed at work conditions such as working schedule, work type, years of working experience, and job satisfaction. The third part of the questionnaire included the Maslach Burnout Inventory for Health Services Survey (MBI-HSS) and the Trait Meta-Mood Scale (TMMS-24) to assess emotional intelligence, as well as a soft skill assessment scale using a five-point Likert scale ranging from strongly disagree (=1) to strongly agree (=5).

Tools

All the scales used were already developed and validated. The TMMS-24 was used to assess emotional intelligence. It is a version of the Trait-Meta Mood Scale (TMMS), which was originally developed by Salovey et al. (1995) and reduced and validated by Fernández-Berrocal et al. (2004); the scale had a Cronbach $\alpha = 0.929$. Burnout was assessed using the MBI-HSS, which comprises 22 items regrouped into three subscales: EE, DP, and personal accomplishment (PA) (Ibtissam et al., 2012); it had a Cronbach $\alpha = 0.842$. The soft skills scale was adapted from Nikitina and Furuoka (2012); it had a Cronbach $\alpha = 0.972$.

Data collection

The study was carried out via an online survey targeting health-care professionals from all the Lebanese districts. The data collection lasted approximately 4 months during which a questionnaire, developed through a Google form, based on our literature search, was sent and completed online via social networks using the snowball technique.

Study population

The main inclusion criteria were: (1) being a health-care professional; (2) currently working; (3) having a minimum working experience of 2 years; and (4) providing their written consent to participate in the study. Of the 345 contacted participants, 21 were excluded, which led to a total of 324 participants randomly recruited from all over Lebanon, including physicians, nurses, pharmacists, and other health-care professionals. Among the excluded participants, five were not health-care professionals and nine had not been working for 2 years or more, of which one was not currently employed and others were duplicates.

Sample size

We calculated the minimum required sample size using Epi Info version 7.2.4.0. Based on a systematic review conducted by Parola et al. (2017), we found that the prevalence of burnout among health-care professionals is estimated at 17.3%. With an acceptable margin of error of 5%, a design effect and a cluster of 1, and a 95% confidence interval (CI), our estimated minimum required sample size was 220 health-care professionals.

Ethical considerations

Taking the fact that this is an observational study, the Lebanese University ethics committee waived the need

for approval, provided that consent is obtained from participants and their confidentiality and anonymity are maintained.

Statistical analysis

SPSS 25 for Windows was used for analyzing the data. Regarding the bivariate analysis, T test, Mann–Whitney test, analysis of variance (ANOVA), and Kruskal–Wallis tests were used to compare the means, whenever the association between a qualitative and a quantitative variable was tested.

Pearson and Spearman correlations were used to test the association between two quantitative variables. *P*-value < 0.05 was considered as significant, and the CI was set at 95%. A Cronbach alpha was recorded for reliability analysis of all the scales.

A linear regression was used to assess the effect of soft skills and emotional intelligence on burnout. Variables with a *P*-value < 0.2 were included in the multivariable analyses.

RESULTS

Profile of the participants

A total of 345 health-care workers participated in this study; of them, 324 were included, involving 45.1% nurses, 32.1% pharmacists, and 8.3% physicians. The mean age of the participants was 30.95 ± 8.69 years, and the majority of them were females (80.2%). As for their region of residence and work, the majority of them were from Mount Lebanon (see Table 1).

Soft skills

The soft skills scale was not normally distributed, with a mean $\pm$ SD of 138.59 ± 18.33 .

Soft skills were significantly associated with profession ($P = 0.008$), age, working experience in years, emotional intelligence, and burnout ($P < 0.001$). A positive, yet weak correlation was found between soft skills and emotional intelligence ($R = 0.382$). As for burnout, a negative, yet weak correlation was found with soft skills ($R = -0.278$; see Table 2).

Emotional intelligence

Emotional intelligence was normally distributed with a mean $\pm$ SD of 87.00 ± 14.99 . Emotional intelligence was significantly associated with soft skills ($R = 0.382$) and burnout ($R = -0.169$; see Table 2).

Table 1: Sociodemographic characteristics of the sample population.

Variable	Frequency (%)
Gender	
Male	64 (19.8%)
Female	260 (80.2%)
Profession	
Nurse	146 (45.1%)
Pharmacist	101 (32.1%)
Physician	27 (8.3%)
Other ¹	50 (15.4%)
Region of residence	
Beirut	58 (17.4%)
Mount Lebanon	214 (66.0%)
North	21 (6.5%)
South	13 (4.0%)
Nabatieh	7 (2.2%)
Bekaa	9 (2.8%)
Akkar	1 (0.3%)
Baalbek/Hermel	1 (0.3%)
Region of work practice	
Beirut	128 (39.5%)
Mount Lebanon	155 (47.8%)
North	12 (3.7%)
South	14 (4.3%)
Nabatieh	6 (1.9%)
Bekaa	7 (2.2%)
Akkar	1 (0.3%)
Baalbek/Hermel	1 (0.3%)
Mean $\pm$ SD	
Age	30.95 $\pm$ 8.69
Working experience in years	8.08 $\pm$ 7.96
Working hours per week	41.59 $\pm$ 14.29

¹Other: Dentist, radiologist, midwife, dietician, psychologist, psychotherapist, and speech therapist.

Burnout

The burnout scale was normally distributed with a mean $\pm$ SD of 59.04 $\pm$ 11.61.

Burnout was significantly associated with profession ($P = 0.010$), region of work ($P = 0.034$), job satisfaction ($P < 0.001$), soft skills ($R = -0.278$), and emotional intelligence ($R = -0.169$; see Table 2).

Predicting model for burnout

Based on the bivariate analysis, variables with a P -value < 0.200 were included in the multivariate analysis in order to predict burnout. These variables were soft skills, emotional intelligence, job satisfaction, profession, work region, region of residence, and gender (see Table 3).

Higher burnout was associated with lower soft skills ($\beta = -0.137$) and lower job satisfaction ($\beta = 8.064$). Dentists, radiologists, midwives, nutritionists, psychotherapists, and speech therapists (grouped together in the variable

“other professions”) had lower burnout levels than nurses ($\beta = -4.595$). As for burnout among pharmacists and physicians, no significant difference was found compared to nurses ($P = 0.283$ and 0.631 , respectively). Moreover, it is worth noting that people working in Baalbek, Akkar, Beqaa, North and South had lower burnout levels compared to those working in Beirut ($\beta = -9.015$). As for emotional intelligence, no statistically significant association was found with burnout ($P = 0.116$), as well as with gender and region of residence (see Table 3).

DISCUSSION

Key results

This study aimed at testing the effect of soft skills and emotional intelligence on burnout among health-care professionals in Lebanon. The main findings showed that better soft skills lead to lower burnout. It is worth noting that the bivariate analysis showed a significant association between burnout and emotional intelligence. These results are in line with previous findings which showed that health-care professionals with higher emotional intelligence experienced less EE and DP (Ünal et al., 2014). Another study conducted in Tehran showed that emotional intelligence was negatively associated with EE (Mansoor et al., 2011).

The health and political situation that Lebanon is facing might demotivate health professionals, leading to high levels of job burnout (Harari et al., 2017). In fact, based on previous literature, physicians and nurses are more likely to experience burnout. A meta-analysis conducted by Gómez-Urquiza et al. (2017) showed that 30% of emergency nurses experienced at least one of the three Maslach Burnout Inventory subscales. This can be explained by the fact that nurses are in direct contact with the patient, which automatically puts them under pressure, in addition to their work schedule and work load.

As for physicians and medical students, a study conducted in the USA showed that 50%–60% had at least one of the burnout symptoms (Rothenberger et al., 2017).

In the Arab countries such as Saudi Arabia, Jordan, and Lebanon, a systematic review showed that high levels of burnout were reported among nurses (Al-Turki et al., 2010; Elbarazi et al., 2017; Ibtissam et al., 2012).

Furthermore, a systematic review showed that 20%–81% of health-care workers experience high levels of EE, 9.2%–80% experience high DP levels, while 13.3%–85.8% have low PA levels (Lahoud et al., 2019). In Lebanon, similar results were found in a study conducted among nurses where job satisfaction was significantly associated with burnout and nurses experienced moderate burnout levels (Ibtissam et al., 2012).

Table 2: Soft skills, emotional intelligence, and burnout: bivariate analysis/

Variable	Soft skills		Emotional intelligence		Burnout	
	Mean $\pm$ SD/R	P-value	Mean $\pm$ SD/R	P-value	Mean $\pm$ SD/R	P-value
Gender						
Male	141.14 $\pm$ 18.36	0.158	86.15 $\pm$ 17.45	0.653	56.515 $\pm$ 12.110	0.052
Female	137.97 $\pm$ 18.30		87.21 $\pm$ 14.35		59.669 $\pm$ 11.430	
Profession						
Nurse	138.10 $\pm$ 18.13	0.008	87.17 $\pm$ 15.56	0.500	60.452 $\pm$ 11.082	0.010
Pharmacist	136.52 $\pm$ 18.44		86.63 $\pm$ 15.07		59.584 $\pm$ 11.704	
Physician	135.22 $\pm$ 18.57		83.66 $\pm$ 15.92		58.481 $\pm$ 13.351	
Other ¹	146.04 $\pm$ 17.11		89.08 $\pm$ 12.49		54.160 $\pm$ 10.997	
Region work						
Beirut	138.72 $\pm$ 19.12	0.623	86.89 $\pm$ 15.85	0.940	61.078 $\pm$ 11.482	0.034
Mount Lebanon	138.65 $\pm$ 18.59		86.89 $\pm$ 15.22		57.503 $\pm$ 11.174	
Other ²	137.97 $\pm$ 14.87		87.78 $\pm$ 11.12		58.536 $\pm$ 12.950	
Region residence						
Beirut	138.37 $\pm$ 16.56	0.402	87.00 $\pm$ 13.62	0.781	61.603 $\pm$ 11.581	0.094
Mount Lebanon	138.93 $\pm$ 19.76		86.69 $\pm$ 16.00		58.088 $\pm$ 11.366	
Other ²	137.46 $\pm$ 13.75		88.32 $\pm$ 12.01		60.134 $\pm$ 12.360	
Job satisfaction						
Yes	138.50 $\pm$ 19.61	0.594	86.54 $\pm$ 16.34	0.394	56.317 $\pm$ 11.133	<0.001
No	138.79 $\pm$ 15.6		87.90 $\pm$ 11.96		64.354 $\pm$ 10.706	
Age	R = 0.238	0.000	R = 0.060	0.281	R = -0.19	0.727
Working experience (years)	R = 0.222	0.000	R = 0.030	0.596	R = 0.040	0.468
Working hours (week)	R = 0.021	0.700	R = 0.046	0.405	R = -0.007	0.893
Emotional intelligence	R = 0.382	0.000	-	-	R = -0.169	0.002
Burnout	R = -0.278	0.000	R = -0.169	0.002	-	-
Soft skills	-	-	R = 0.382	0.000	R = -0.278	0.000

¹Other: Dentist, radiologist, midwife, dietician, psychologist, psychotherapist, speech therapist.²Other: Akkar, South, North, Beqaa, Baalbek, Nabatieh.

Table 3: Burnout's predicting model.

Variable	Standardized β	B	CI		P-value
			Lower	Upper	
Soft skills	-0.216	-0.137	-0.207	-0.067	<0.001
Emotional intelligence	-0.087	-0.068	-0.152	0.017	0.116
Job satisfaction	-0.329	-8.064	-10.493	-5.635	<0.001
Pharmacist	-0.063	-1.576	-4.462	1.310	0.283
Physician	-0.027	-1.122	-5.706	3.466	0.631
Other professions	-0.143	-4.595	-8.040	-1.151	0.009
Work Mount Lebanon	-0.107	-2.496	0.666	1.502	0.075
Work other	-0.258	-9.015	-16.379	-1.651	0.017
Residence Mount Lebanon	-0.072	-1.776	-5.252	1.701	0.316
Residence other	3.539	5.927	-1.037	12.890	0.095
Gender	-0.049	1.434	0.773	1.293	0.379

In addition, a positive association was found between soft skills and emotional intelligence. This replicates other published data regarding the effect of soft skills such as leadership, communication, and job satisfaction on emotional intelligence (Brackett et al., 2011; Dacre et al., 2012). Health-care workers with higher soft skills have better self-confidence and improved interpersonal, leadership, and communication skills, which improves their capacity to manage their social and personal emotions, which, in turn, eventually improves their emotional intelligence (Harari et al., 2017). According to previous literature, nurses improve their mental health, communication capability, and job productivity after undergoing a communication skills training. Also, 60% of oncology physicians who attended communication skills workshops had the sense of PA (Rothenberger et al., 2017; Elbarazi et al., 2017; Al-Turki et al., 2010). Finally, this study also showed that health-care professionals who were satisfied with their job had a significantly lower job burnout. Also, people working in Beirut had a higher burnout level comparing to those who work in Baalbek, Akkar, Beqaa, North and South. This may be related to the stress experienced by the health-care professionals due to the overpopulation in Beirut. Further studies are suggested to explain these contextual findings.

Clinical implications

Since this study confirmed the impact of soft skills and emotional intelligence on burnout among health-care professionals in Lebanon, many interventions can be suggested in order to reduce burnout levels.

This will consequently reduce work fatigue and improve their mental health and physical well-being. Thus, training health-care professionals during their education will improve their soft skills and emotional intelligence, and consequently improve their behavior in stressful situations and reduce their job burnout. Subsequently, during their work journey, many interventions can be addressed, including reducing their working hours, increasing their financial income, and providing them with the needed psychological support (Rahme et al., 2020).

Study limitations and strengths

The limitations of this study are as follows:

First, regarding participants, the sample mainly included nurses and pharmacists with no physicians and other health-care professionals. Moreover, the majority of the participants were from Beirut and Mount Lebanon. This might be related to the background of the researchers, in addition to the fact that physicians were not cooperative. In addition, due to the economic situation in Lebanon,

many health workers were unemployed, which affected our sample size. As for the gender distribution, the majority were females, which reflects the demographic characteristics of health workers in Lebanon. Second, since we used the snowball technique, we could not know the number of health workers that received the questionnaire, and thus, we could not calculate the response rate. These factors collectively affected the representativeness of our sample.

In addition, many factors were not addressed during data collection, such as financial situation and income, psychological support, and antipsychotics consumption (Fond et al., 2019).

A volunteer bias might thus be present since it is an observational study and participants had the option to refuse participation. In addition, a non-response bias might as well occur, which affects the precision of the study by reducing the sample size.

Third, the scales used in this study are not validated in Lebanon, which might cause some non-differential information bias. Furthermore, the collected data was based on self-reported measures, which may lead to an information bias.

Despite the previously mentioned limitations, our study had many strengths. In fact, the questionnaire was developed in two languages, targeting a larger number of participants. Moreover, it mainly included short questions and the scales were frequently used in the reviewed literature and were validated outside Lebanon.

Regarding the minimum required sample size, it was around 220 participants, while our study included 324 health-care professionals, which increased the precision of the outcomes and might have ensured a good representativeness of the Lebanese health-care professionals, especially nurses and pharmacists, thus improving the generalizability of our results. Finally, additional research should be conducted using other methods in order to support our findings. The authors assumed that the obtained results are original and similar to other recent studies.

CONCLUSION

In conclusion, this study showed that soft skills and emotional intelligence can affect job burnout. Moreover, soft skills were significantly associated with emotional intelligence.

Further studies should highlight the effect of soft skills and emotional intelligence of health professionals on burnout in order to improve the mental status of the Lebanese health workers and the quality of care toward their patients.

In addition, continuing education related to improving emotional intelligence and soft skills should be offered to

health-care professionals, highlighting their importance and their impact on burnout during the current crisis. Finally, other hypotheses should be tested regarding the effect of burnout, emotional intelligence, and soft skills on patient care and safety.

Acknowledgment

The authors would like to thank Professor Pascale Salameh for her help throughout the study.

Conflict of interest

None.

References

- Al-Turki, H. A., Al-Turki, R. A., Al-Dardas, H. A., Al-Gazal, M. R., Al-Maghrabi, G. H., Al-Enizi, N. H., & Ghareeb, B. A. (2010). Burnout syndrome among multinational nurses working in Saudi Arabia. *Annals of African medicine*, 9(4).
- Brackett, M. A., Rivers, S. E., & Salovey, P. (2011). Emotional intelligence: Implications for personal, social, academic, and workplace success. *Social and personality psychology compass*, 5(1), 88-103.
- Choi, E., Lindquist, R., & Song, Y. (2014). Effects of problem-based learning vs. Traditional lecture on Korean nursing students' critical thinking, problem-solving, and self-directed learning. *Nurse Education Today*, 34(1), 52-56.
- Dacre Pool, L., & Qualter, P. (2012). Improving emotional intelligence and emotional self-efficacy through a teaching intervention for university students. *Learning and Individual Differences*, 22(3), 306-312.
- Darban, F., Balouchi, A., Narouipour, A., Safarzaei, E., & Shahdadi, H. (2016). Effect of Communication Skills Training on the Burnout of Nurses: A Cross-Sectional Study. *Journal of Clinical and Diagnostic Research: JCDR*, 10(4), IC01-IC04.
- Druskat, V. U., Mount, G., & Sala, F. (2013). Linking emotional intelligence and performance at work: Current research evidence with individuals and groups. *Psychology Press*.
- Elbarazi, I., Loney, T., Yousef, S., & Elias, A. (2017). Prevalence of and factors associated with burnout among health care professionals in Arab countries: A systematic review. *BMC Health Services Research*, 17(1), 491.
- Fernández-Berrocal, P., Extremera, N., & Ramos, N. (2004). Validity and reliability of the Spanish modified version of the Trait Meta-Mood Scale. *Psychological reports*, 94(3), 751-755.
- Fond, G., Bourbon, A., Lançon, C., Boucekine, M., Micoulaud-Franchi, J. A., Auquier, P., & Boyer, L. (2019). Psychiatric and psychological follow-up of undergraduate and postgraduate medical students: prevalence and associated factors. Results from the national BOURBON study. *Psychiatry research*, 272, 425-430.
- Gómez-Urquiza, J. L., De la Fuente-Solana, E. I., Albendín-García, L., Vargas-Pecino, C., Ortega-Campos, E. M., & Canadas-De la Fuente, G. A. (2017). Prevalence of burnout syndrome in emergency nurses: A meta-analysis. *Critical care nurse*, 37(5), e1-e9.
- Harari, M. B., Manapragada, A., & Viswesvaran, C. (2017). Who thinks they're a big fish in a small pond and why does it matter? A meta-analysis of perceived overqualification. *Journal of Vocational Behavior*, 102, 28-47.
- Ibtissam, S., Hala, S., Sanaa, S., Hussein, A., & Nabil, D. (2012). Burnout among Lebanese nurses: Psychometric properties of the Maslach Burnout Inventory-Human Services Survey (MBI-HSS). *Health*, 2012.
- Junne, F., Michaelis, M., Rothermund, E., Stuber, F., Gündel, H., Zipfel, S., & Rieger, M.
- A. (2018). The Role of Work-Related Factors in the Development of Psychological Distress and Associated Mental Disorders: Differential Views of Human Resource Managers, Occupational Physicians, Primary Care Physicians and Psychotherapists in Germany. *International Journal of Environmental Research and Public Health*, 15(3), 559.
- Karam, E. G., Mneimneh, Z. N., Dimassi, H., Fayyad, J. A., Karam, A. N., Nasser, S. C., ... & Kessler, R. C. (2008). Lifetime prevalence of mental disorders in Lebanon: first onset, treatment, and exposure to war. *Plos medicine*, 5(4), e61.
- Lahoud, N., Zakhour, M., Haddad, C., Salameh, P., Akel, M., Fares, K. ... & Obeid, S. (2019). Burnout and its relationships with alexithymia, stress, self-esteem, depression, and alcohol use disorders, and emotional intelligence: results from a Lebanese cross-sectional study. *The Journal of nervous and mental disease*, 207(8), 642-650.
- Mansoor, D., Ashkan, N. A., Pooran, R., & Masood, S. (2011). Relationship between emotional intelligence and occupational burnout among nurses in critical care units. 4(2), 79-86.
- Maslach, C., & Leiter, M. P. (2016). Chapter 43—Burnout. In G. Fink (Ed.), *Stress: Concepts, Cognition, Emotion, and Behavior* (pp. 351-357). Academic Press.
- Mayer, J. D., Salovey, P., Caruso, D. R., & Sitarenios, G. (2001). Emotional intelligence as a standard intelligence. *Emotion*, 1(3), 232-242.
- Mott, D. A., Doucette, W. R., Gaither, C. A., Pedersen, C. A., & Schommer, J. C. (2004). Pharmacists' Attitudes Toward Worklife: Results From a National Survey of Pharmacists. *Journal of the American Pharmacists Association*, 44(3), 326-336.

- Nikitina L., Furuoka F., (2012). Sharp Focus on Soft Skills: A Case Study of Malaysian University Students' Educational Expectations. *Educational Research for Policy and Practice*, 11(3), 207-224.
- Nielsen, K. M., Birk Jørgensen, M., Milczarek, M., & Lorenzo, M. (2019, January 14). Healthy workers, thriving companies - a practical guide to wellbeing at work: Tackling psychosocial risks and musculoskeletal disorders in small businesses. Publications Office of the European Union.
- Parola, V., Coelho, A., Cardoso, D., Sandgren, A., & Apóstolo, J. (2017). Prevalence of burnout in health professionals working in palliative care: a systematic review. *JBIC Evidence Synthesis*, 15(7), 1905-1933.
- Rahme, D., Lahoud, N., Sacre, H., Akel, M., Hallit, S., & Salameh, P. (2020). Work fatigue among Lebanese community pharmacists: prevalence and correlates. *Pharmacy Practice (Granada)*, 18(2).
- Robles, M. M. (2012). Executive perceptions of the top 10 soft skills needed in today's workplace. *Business communication quarterly*, 75(4), 453-465
- Rotenstein, L. S., Torre, M., Ramos, M. A., Rosales, R. C., Guille, C., Sen, S., & Mata, D. A. (2018). Prevalence of Burnout Among Physicians: A Systematic Review. *JAMA*, 320(11), 1131-1150.
- Rothenberger, D. A. (2017). Physician burnout and well-being: a systematic review and framework for action. *Diseases of the Colon & Rectum*, 60(6), 567-576.
- Salovey, P., Mayer, J. D., Goldman, S. L., Turvey, C., & Palfai, T. P. (1995). Emotional attention, clarity, and repair: Exploring emotional intelligence using the Trait Meta-Mood Scale. In *Emotion, disclosure, & health* (pp. 125-154). American Psychological Association.
- Shimizu, T., Mizoue, T., Kubota, S., Mishima, N., & Nagata, S. (2003). Relationship between Burnout and Communication Skill Training among Japanese Hospital Nurses: A Pilot Study. *Journal of Occupational Health*, 45(3), 185-190.
- Soto-Rubio, A., Giménez-Espert, M. del C., & Prado-Gascó, V. (2020). Effect of Emotional Intelligence and Psychosocial Risks on Burnout, Job Satisfaction, and Nurses' Health during the COVID-19 Pandemic. *International Journal of Environmental Research and Public Health*, 17(21).
- Survey of medical oncology fellows' burnout, communication skills, and perceived competencies | *Journal of Clinical Oncology*. (n.d.). Available at: <https://ascopubs.org/doi/abs/10.1200/jco.2004.22.90140.8132>
- Talih, F., Daher, M., Daou, D., & Ajaltouni, J. (2018). Examining burnout, depression, and attitudes regarding drug use among Lebanese medical students during the 4 years of medical school. *Academic Psychiatry*, 42(2), 288-296.
- Talih, F., Warakian, R., Ajaltouni, J., Shehab, A. A. S., & Tamim, H. (2016). Correlates of Depression and Burnout Among Residents in a Lebanese Academic Medical Center: A Cross-Sectional Study. *Academic Psychiatry*, 40(1), 38-45.
- Ünal, Z. (2014). The contribution of emotional intelligence on the components of burnout: the case of health care sector professionals. *Electronic Journal of Business Ethics and Organization Studies*, 19(2).
- Van Dusseldorp, L. R. L. C., van Meijel, B. K. G., & Derksen, J. J. L. (2011). Emotional intelligence of mental health nurses. *Journal of Clinical Nursing*, 20(3-4), 555-562.
- Zhang, Y.-Y., Han, W.-L., Qin, W., Yin, H.-X., Zhang, C.-F., Kong, C., & Wang, Y.-L. (2018). Extent of compassion satisfaction, compassion fatigue and burnout in nursing: A meta-analysis. *Journal of Nursing Management*, 26(7), 810-819.

APPENDIX

1. Questionnaire

Soft skills and emotional intelligence: effect on burnout and competence/المهارات الناعمة والذكاء العاطفي: التأثير على الإرهاق والكفاءة

Dear health-care professional,

This questionnaire aims to collect information about the effect of soft skills and emotional intelligence on burnout and competence among health workers. Kindly note that the collected information is completely anonymous and confidential. It will only take about 7 min of your time. Furthermore, you have the ability to quit at any time. Thank you for taking part in this.

عزيزي أخصائي الرعاية الصحية ،

يهدف هذا الإستبيان إلى جمع معلومات حول تأثير المهارات الناعمة والذكاء العاطفي على الإرهاق والكفاءة بين العاملين الصحيين. أأرجو أخذ العلم أنّ المعلومات المعطاة في هذا الإستبيان سوف تبقى سرية ومجهولة المصدر كما وأن الإستطلاع لن يستغرق أكثر من ٧ دقائق. إضافة إلى أنه بإمكانكم عدم المتابعة ساعة تشاؤون شكرًا لمشاركتكم.

I. Inclusion Criteria: If all the answers to this section are "Yes," Kindly proceed to the next section/إذا كانت جميع الإجابات على هذا القسم "نعم" ، فيرجى الانتقال إلى القسم التالي/

1. Are you a health-care professional?/هل أنت متخصص في الرعاية الصحية؟

Yes – نعم No – لا

2. Do you have a working permit offered by the Ministry of Public Health?/هل لديك إذن مزاولة مهنة من وزارة الصحة العامة؟

Yes – نعم No – لا

3. Are you registered to your syndicate?/هل انت مسجل في نقابتك؟

Yes – نعم No – لا

4. Are you currently employed?/هل انت موظف حاليا؟

Yes – نعم No – لا

5. Have you been working for 2 years or more?/هل كنت تعمل لمدة عامين أو أكثر؟

Yes – نعم No – لا

6. Would you like to participate in our study?/هل ترغب في المشاركة في دراستنا؟

Yes – نعم No – لا

II. Sociodemographic information/المعلومات الاجتماعية والديموغرافية

7. Gender/الجنس

Male – ذكر

Female – أنثى

8. Age/العمر - Kindly write your age in years/يرجى كتابة عمرك بالسنوات

9. Region of residence/منطقة الإقامة

Beirut – بيروت Mount Lebanon – جبل لبنان North – شمال Bekaa – البقاع South – جنوب Nabatieh – النبطية
Baalbek/Hermel - الهرمل / بعلبك Akkar – عكار

10. Profession/المهنة

Physician – طبيب Dentist – صيدلاني Pharmacist – ممرض (ة) Nurse – طبيب

11. Region of work practice/منطقة ممارسة العمل

Beirut – بيروت Mount Lebanon – جبل لبنان North – شمال Bekaa – البقاع South – جنوب Nabatieh – النبطية
Baalbek/Hermel - الهرمل / بعلبك Akkar – عكار

III. Professional information/معلومات مهنية

12. Current position at work/المنصب الحالي في العمل

13. Working hours per week/ساعات العمل في الأسبوع

14. Work experience in years/خبرة العمل في سنوات

15. Are you satisfied with your current job?/هل أنت راضٍ عن وظيفتك الحالية؟

Yes – No

16. Are you confident about your work competence?/هل أنت واثق من كفاءتك في العمل؟

Yes – No

IV. Soft skills/emotional intelligence and burnout - المهارات الشخصية/الذكاء العاطفي والإرهاق

Strongly disagree/بشدة أرفض - Disagree/أرفض - Neutral/حيادي - Agree/أوافق - Strongly agree/بشدة أوافق

A. Soft skills: Are you able to/هل أنت قادر على/المهارات الناعمة:

- Deliver idea clearly with confidence, both in written and oral forms/ في كل من / تقديم الفكرة بوضوح وبكل ثقة ، في كل من الأشكال المكتوبة والشفوية
- Practice good listening skills and give response/ والاستجابة/ ممارسة مهارات الاستماع الجيد
- Give presentation clearly with confidence, according to the level of the audience/ تقديم عرض واضح بثقة / حسب مستوى الجمهور
- Use technology during presentation/ استخدام التكنولوجيا أثناء العرض
- Negotiate and reach a consensus/ والتوصل إلى توافق
- Communicate with people from different cultural background/ التواصل مع أناس من خلفيات ثقافية مختلفة
- Expand one's own communicative skill/بالفرد/ توسيع مهارات التواصل الخاصة بالفرد
- Use non-oral skills/ استخدام المهارات غير الشفوية
- Identify and analyze problems in a complex situation and make justifiable evaluation/ تحديد وتحليل / المشاكل في موقف معقد وإجراء تقييم مبرر
- Expand and improve one's thinking skills such as to explain, analyze, and evaluate a discussion/ توسيع / وتحسين مهارات التفكير لدى المرء مثل شرح وتحليل وتقييم المناقشة
- Find ideas and alternative solutions/ إيجاد أفكار وحلول بديلة
- Think out of the box/ التفكير خارج الصندوق
- Make conclusions based on valid proof/ استنتاج بناء على دليل صحيح
- Keep going and give full attention to the given task/ وإعطاء الاهتمام الكامل للمهمة المعينة
- Understand and adapt oneself to the culture of the community and new working environment/ فهم ثقافة / المجتمع وبيئة العمل الجديدة والتكيف معها
- Identify business opportunities/ تحديد فرص العمل
- Estimate business plan/ تقدير خطة العمل
- Create, explore, and seek business and job opportunities/ إنشاء واستكشاف والبحث عن الأعمال وفرص العمل
- Be self-employed/ ان تعمل لحاسبك الخاص
- Understand the effects of economic, environmental, and sociocultural factors on the professional practice/ فهم آثار العوامل الاقتصادية والبيئية والاجتماعية والثقافية على الممارسة المهنية
- Analyze and make decisions in solving ethics-related issues/ تحليل واتخاذ القرارات في حل القضايا المتعلقة / بالأخلاقيات
- Practice ethical behavior and have a sense of responsibility toward society/ ممارسة السلوك الأخلاقي ، / وامتلاك حس المسؤولية تجاه المجتمع
- Lead a project/ قيادة مشروع

- Understand and act interchangeably as a group leader and a group member/ الفهم والعمل بالتبادل كقائد مجموعة وعضو في المجموعة
- Contribute to teambuilding and work/ المساهمة في بناء الفريق والعمل
- Supervise team members/ الإشراف على أعضاء الفريق
- Search and manage relevant information from various sources/ البحث عن المعلومات ذات الصلة وإدارتها من مصادر مختلفة
- Receive new ideas and capable of self-learning/ تلقي أفكار جديدة وقادرة على التعلم الذاتي
- Develop an inquiring mind, and thirst for knowledge and learning/ تنمية عقل متعطش للمعرفة والتعلم
- Build good relations and have good interaction with other people and work with them effectively to achieve common goal/ بناء علاقات جيدة والتفاعل الجيد مع الآخرين والعمل معهم بفاعلية لتحقيق الهدف المشترك
- Understand and switch between the roles of the group leader and a team member/ الفهم والتبديل بين أدوار قائد المجموعة وعضو الفريق
- Recognize and respect the attitudes, behaviors, and beliefs of other people/ إدراك واحترام مواقف وسلوكيات ومعتقدات الآخرين
- Contribute to the planning and coordinate the group work/ المساهمة في تخطيط وتنسيق العمل الجماعي

B. Emotional intelligence scale/ مقياس الذكاء العاطفي

- I pay a lot of attention to my feelings/ أهتم بشعاري كثيراً
- I am usually very conscious of what I feel/ عادة ما أكون مدركاً جداً لما أشعر به
- I usually spend time thinking about my emotions/ عادة ما أقضي الوقت في التفكير في مشاعري
- I think my emotions and state of mind deserve to be paid attention to/ أعتقد أن مشاعري وحالتي الذهنية تستحق الاهتمام
- I allow my feelings to affect my thoughts/ أسمح لمشاعري بالتأثير على أفكاري
- I constantly think about my state of mind/ أفكر باستمرار في حالتي الذهنية
- I often think about my feelings/ كثيراً ما أفكر في مشاعري
- I pay a lot of attention to the way I feel/ أهتم كثيراً بما أشعر به
- My feelings are clear to me/ مشاعري واضحة بالنسبة لي
- I can usually define my feelings/ يمكنني عادة تحديد مشاعري
- I nearly always know how I feel/ أنا أعرف دائماً ما أشعر به
- I usually know how I feel about people/ عادة ما أعرف ما أشعر به تجاه الناس
- I often become aware of my feelings in different situations/ غالباً ما أدرك مشاعري في المواقف المختلفة
- I can always say how I feel/ يمكنني دائماً أن أقول كيف أشعر
- I can sometimes say which emotions I am experiencing/ أستطيع أحياناً تحديد المشاعر التي أشعر بها
- I can manage to understand my feelings/ أستطيع أن أفهم مشاعري
- I usually have an optimistic outlook, although I sometimes feel sad/ عادة ما يكون لدي نظرة متفائلة ، على الرغم من أنني أشعر بالحزن أحياناً

- حتى عندما أشعر بالحزن ، أحاول التفكير في أشياء / Even when I feel sad, I try to think about pleasant things/ ممتعة
- عندما أكون حزينًا ، أفكر في كل لذات الحياة/ When I am sad, I think about all life's pleasures/
- أحاول أن تكون لدي أفكار إيجابية حتى عندما أشعر بالسوء/ I try to have positive thoughts even when I feel bad/
- إذا فكرت في / If I think about things too much and end up complicating them, I try to calm myself down/ الأشياء كثيرًا وانتهى بي الأمر بتعقيدها ، أحاول تهدئة نفسي
- أنا قلق بشأن وجود حالة ذهنية جيدة/ I am concerned about having a good state of mind/
- لدي الكثير من الطاقة عندما أشعر بالسعادة/ I have a lot of energy when I feel happy/
- عندما أكون غاضبًا ، أحاول تغيير حالتي الذهنية/ When I am angry, I try to change my state of mind/

C. Burnout scale/مقياس الإرهاق

- أشعر بالاستنزاف العاطفي من عملي/ I feel emotionally drained from my work/
- أشعر بأنني مستنفد في نهاية يوم العمل/ I feel used up at the end of the workday/
- أشعر بالإرهاق / I feel fatigued when I get up in the morning and have to face another day on the job/ عندما أستيقظ في الصباح وعليّ أن أواجه يومًا آخر في العمل
- يمكنني بسهولة فهم شعور مرضاي- / I can easily understand how my patients-colleagues feel about things/ زملائي تجاه أمور معينة
- أشعر أنني أعامل بعض / I feel I treat some patients-colleagues as if they were impersonal objects/ مرضاي-زملائي كأنهم أشياء لا بشر
- العمل مع الناس طوال اليوم يمثل ضغطًا حقيقيًا بالنسبة / Working with people all day is really a strain for me/ لي
- أتعامل بشكل فعال مع مشاكل / I deal very effectively with the problems of my patients-colleagues/ مرضاي-زملائي
- أشعر بالإرهاق من عملي/ I feel burned out from my work/
- أشعر بأن ما أقوم به يؤثر إيجابيًا / I feel I'm positively influencing other people's lives through my work/ على حياة الآخرين من خلال عملي
- لقد أصبحت أكثر قسوة تجاه الناس منذ أن توليت / I've become more hard toward people since I took this job/ هذه الوظيفة
- أشعر بالقلق من أن هذه الوظيفة تقصو عليّ عاطفيًا/ I worry that this job is hardening me emotionally/
- أشعر بنشاط كبير/ I feel very energetic/
- أشعر بالإحباط بسبب وظيفتي/ I feel frustrated by my job/
- أشعر أنني أعمل بجد في وظيفتي/ I feel I'm working too hard on my job/
- لا أهتم حقًا بما يحدث لبعض المرضى- / I don't really care what happens to some patients-colleagues/ زملائي
- العمل مع الناس بشكل مباشر يضع الكثير من / Working with people directly puts too much stress on me/ الضغط عليّ
- يمكنني بسهولة خلق جو مريح مع / I can easily create a relaxed atmosphere with my patients-colleagues/ مرضاي-زملائي

- I feel happy after working closely with my patients–colleagues/ أشعر بالسعادة بعد العمل عن كثب مع مرضاي-زملائي
- I have accomplished many worthwhile things in this job/ لقد أنجزت العديد من المهامات الجديرة بالاهتمام في هذه الوظيفة
- I feel like I'm at the end of my rope/ أشعر وكأنني استنفذت كل قدراتي
- In my work, I deal with emotional problems very calmly/ في عملي أتعامل مع المشاكل العاطفية بهدوء شديد
- I feel patients–colleagues blame me for some of their problems/ أشعر أن المرضى-زملائي يلومونني على بعض مشاكلهم