

**COGNITIVE DISTORTIONS IN EMOTIONAL INTELLIGENCE AS A
SEQUEL OF BURNOUT IN MEDICAL PROFESSIONALS**



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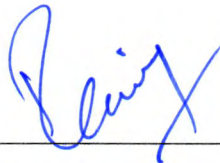
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Dedicated To”

Dr. Uzma Masroor

Head of Department,
Bahria University,
Islamabad.

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In the process of completion of the project a lot of people extended their assistance, but at the first notion I want to pay my heartiest gratitude to my Allah Mighty, Who bestowed me with the abilities I required to complete this project and Who is always there when I need Him. He is been extremely kind throughout the process.

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ABSTRACT

Medical profession is subscribed as most vulnerable profession in terms of physical and mental stress is endured. The present research focuses on determining whether the medical practitioners stumble upon burnout and how is it related to the cognitive structure, furthermore identifying the role of emotional intelligence in development of burnout. To investigate the objectives, Trait Emotional Intelligence Questionnaire (TEIQue) by Petrides and Furnham (2006), short Form, Maslach Burnout Inventory (MBI) by Maslach and Jackson (1981) and Automatic Thought Questionnaire (ATQ) by Hollon & Kendall (1981) in addition to demographic data sheet were used to obtain scores on emotional intelligence, burnout and cognitive distortions respectively. The results indicated that cognitive distortions are directly related to burnout $r(198) = -.38, p < .01$, while emotional intelligence moderates the relationship $R^2 = .374$ (37.40% variance). The findings further suggest that paramedical staff is high on emotional intelligence and cognitive distortions both while low on burnout than the medical professional. Female were significantly higher on cognitive distortions $t(198) = 2.92, p < .05$ and burnout $t(198) = 1.98, p < .05$. whereas male were higher on emotional intelligence $t(198) = 2.50, p < .01$. People working more than 6 hours were significantly higher on cognitive distortions $t(198) = 1.97, p < .05$ and burnout $t(198) = 3.22, p < .01$ but lower on emotional intelligence $t(198) = 4.20, p < .01$.

INTRODUCTION

Introduction

Medical profession that includes medical physicians, surgeons and nurses, is considered as one of the most challenging professions in terms of accountability and high vigilance. The medical professionals have a substantial time of their lives devoted to training and serving humanity, hence workplace (hospitals, clinics and care centers etc.) happens to be their second home because of time span they dedicate. Management of time and other personal resources in hospitals determine an effective use of their potentials and services. However there are several factors that might contribute towards compromised or distressed functioning of medical professionals in the form of burnout. Burnout causes less effective utilization of their resources and training leading towards low performance and emotional crises. It has been observed that individuals who already have some strength to handle their emotions at workplace are less likely to suffer from burnout and in such circumstances the emotional intelligence is indicated functional in this respect. Emotional intelligence is a trait that is natural as well as acquired and it assists a person to stay emotionally stable and exhibit healthy cognitive structure of thoughts, while malfunctioning in thought pattern can cause burnout at workplace.

Medical professionals are usually at high risk of burnout as they are exposed to constant stressful work conditions and they are likely to develop stress, estrangement, over engrossment, instinctive behaviors and burnout (Nnamuchi, 2007; Chankova et al., 2007). This is for the reason that medical personnel are obliged to care for the needs of patients and their families as a priority. Nevertheless, latest medical information, knowledge and measures usually have possible precincts. Any type of miscalculation and inaccuracies are overpriced. American psychologist Herbert Freudenberger introduced the term "burnout" in 1970s while describing effects of relentless stress. Doctors and nurses, who sacrifice their lives for their profession, would often experience this condition. There is no comprehensive definition of burnout or a proper diagnosis as yet, however it represents feeling of being exhausted and strongly distressed at workplace. Burnout is thought to have a wide range of symptoms ranging from feelings of

lethargy and diminished motivation to significantly reduced performance at workplace .Other symptoms include emotional exhaustion and alienation.

In the late 1980s burnout was quite prominent with respect to patients (Schaufeli et al., 2008). Burnout is usually observed as "a state of exhaustion in which one is cynical about the value of one's occupation and doubtful of one's capacity to perform" (Maslach et al., 1996). A thorough definition addressing possible core concept of burnout was introduced by Maslach and Leiter (1997) stating "Burnout is the index of the dislocation between what people are and what they have to do. It represents erosion in value, dignity, spirit, and will – an erosion of the human soul. It is a malady that spreads gradually and continuously over e, putting people into a downward spiral from which it's hard to recover." Those withdrawal reactions appear to be resulted in depersonalized reactions to others and manifested as pessimistic behavior with respect to their work (e.g., Taris, Le Blanc, Schaufeli & Schreurs, 2005). This very intensive negativity is likely to end up in a stage of burnout named as depersonalization (Maslach et al., 2001).

According to Demerouti et al. (2001) states that growth of this feeling of burnout is followed by twin interlinked phenomenon . One address the work strain that relates to recurrent exceeding to the limits and therefore then observable collapse. Furthermore the insufficiency of job resources instigate a second process which consequently ends up in detachment from effective work conditions. In case of lack of resources to assist in meeting job demands , likelihood of withdrawal is increased. (Demerouti et al., 2001, p. 501).Generally, there is minute conformity on the process of development and stages of burnout (Bursich, 2006).However many researchers have opinion of taking burnout as having a unique course with several distinctive stages involved.

Susanne Fuchs, Elke ,Mesenholl-Strehler and Endler, (2010) conducted a survey on general health practitioners of Australia and a sample of 95 respondents was tested on Mastach Burnout Inventory (MBI). The results show that more than 35.8% of participants considered themselves to be at risk for burnout approximately 27 % that indicates a high estimate for

emotional exhaustion, around 3 % for depersonalization and 10 % for pessimism. Maslach and Jackson (1986) has defined the burnout as a persistent response against some hassled working environment and conditions (Mikolajczak et al., 2007)". The medical professionals, whether they are physicians, nurses or any other paramedical staff need to demonstrate huge responsibility on their part and sometimes are accountable to family's concerns as well, that might lead to intense stress. Patients belonging to different regions and family types, regardless of the illness, often have severe reactions and a stream of impatience in their attitude that affects the environment of hospital. Burnout is an emotional condition that is likely to be encountered while being in stressful conditions or circumstances, specifically in working environment". With the spread of awareness of rights and duties of different professionals, the attitudes of public have also modified expression in Pakistan that was not the case twenty years ago. Now people have high concerns about the money they pay and in return medical facility and attention they seek. There appears to be escalating apprehension about work related tension for almost last twenty years (Le Fevre, Matheny, & Kort, 2003). Burnout further can be defined as occurrence of repulsive emotions, such as nervousness nuisance, anxiety, anger, and depression (Kyriacou & Sutcliffe, 1978). Burnout refers to a type of disturbing psychological condition accompanied by bodily reaction due to constant and persistent endurance to this tension. It and stretching one's self to meet them.

Burnout refers to a chronic affective state comprised of emotional overtiredness, physical fatigued condition and cognitive exhaustion (Shirom, 2003). It could be an upshot of chronic weakening of the individual's coping resources that might result from exposure to prolonged stress, predominantly work-related stress. Research literature focused on its organizational outcomes and its negative impact on mental health (Maslach, Schaufeli, & Leiter, 2001; Schaufeli & Enzmann, 1998). Well -educated female population seems to experience higher job stress than their male counterparts (Verdonk et al., 2010). Burnout has been identified to develop progressively over the time, and is observed as a whole sequence of a single (Schaufeli &

Enzmann,1998) condition .Gender differences might influence the development of burnout might be different both genders, furthermore the initial burnout indications could manifest differently in both (Maslach&Leiter,2008).Jex, Beehr, & Roberts (1992) indicated that work related tension characteristically is observed as a result of pessimistic standpoint adopted by individuals. Secondary to cost-effective globalization and swift industrial changes overall, there is an elevated work outcome expectations at job (Dollard, 2003). According to Elkin and Rosch (1990), in the United States the reason for almost 54 percent of employees are absent from work and reason was found to be job related tension. While according to another estimation approximately 75 percent of people visit hospital with burnout complaints and symptoms. Persistent anxiety at workplace can lead to harmful health results that might include mental fatigue, body aches, depressive states , sleep concerns , burnout and in extreme cases, even death (Le Fevre, Matheny, &Kort, 2003).

Numerous attempts have been made to investigate the prevalence of burnout in health care professions including medical practitioners and staff (Miró et al., 2007). According to Freudenberger (1974) the burnout is an “over committed” and “super achiever” disease. Burnout can be defined as serious stress condition or some reactionary behavior manifested by exhaustion as a result of overwork, with signs of apprehension, fatigue, depression accompanying with diminishing or lower work performance (Colman, 2003). As per the Phase model when defines burnout ,it anticipates every dlmursion (out of three i.e ,emotional exhaustion, depersonalization and reduced personal accomplishment) is somehow present in eight patterns altogether with a combination of high and lower intensities (Golembiewski & Munzenrider, 1988).

Wide ranged inquiry carried out through the developmental phases of “Maslach Burnout Inventory” it was observed that anxiety and depression were basic underlying symptoms of burnout and later it was compared empirically with depression inventories as well (Bakker et al.2000). These researches recognized that the burnout is a dilemma that is unique as per work context, and is unlike depression, which influences every aspect of a person’s life. Subsequently

it was also found out that individuals who show severe signs of depression were likely to experience burnout. Furthermore, a study endorsed this prospect by identifying and highlighting five frequently observed rudiments of the burnout (Maslach & Schaufeli, 1993).

1. Prevalence of dysphoria (emotional collapse, lethargy and depression) The predominance of physical symptoms.

Symptoms are work-related.

Distinctiveness of symptoms from those of psychopathology

Decreased performance at work with identifiable negative attitudes.

DIMENSIONS OF BURNOUT

Three dimensions have been identified and defined by Maslach and Jackson, which are Emotional exhaustion, depersonalization or dehumanization; and a reduced sense of personal accomplishment.

Emotional exhaustion. Emotional Exhaustion is core dimension of burnout, which is featured by a reaction that all emotional resources are consumed leaving individual with helplessness and lethargy. It denotes to the feelings of procrastination or overtiredness usually experienced after prolonged struggle at work place. Emotional exhaustion is experienced transpire once, "a worker's resources are washed-out and they have a feeling that they are no longer resourceful (Maslach et al., 1996).

Depersonalization. This is a pessimistic, insensitive and isolated attitude toward others at workplace. It is indicative of the negative attitudes and detached behaviors to people in relation to the profession. It is a detached and cold mode of relating to others at workplace.

Personal accomplishment. This is a sense of personal contentment with strong self-esteem and is negatively related to burnout i.e the higher the feeling of burnout, the poorer they feel about

their personal accomplishment. The deficiency of feeling of achievement and success manifests abridged professional effectiveness. It is discernable by a feeling of uselessness and insufficiency concerning job performance (Togia, 2005). Both practitioners and social commentators have identified burnout as a social relational problem long before it became a focus of systematic study of researchers (Maslach et al, 2001). Burnout research had its root in care giving and service occupation in which the core of the job was the relationship between provider and recipient (Maslach et al, 2001). Many scholars subscribe to the notion that depersonalization is one of the three primary causes of job burnout. The other two often cited are emotional exhaustion and reduced sense of personal accomplishment (Carola, 2010). Burnout was formally studied in terms of an individual's relational transaction in the work place and not as an individual stress response.

Maslach & Leiter (1997) also observed burnout as the catalogue of the disarticulation between what real and ideal self of people. They are of the view that it represents an attrition of an individual's ethics, dignity, character and spirit, an erosion of the human soul". Burnout is a magnitude of the perceived inconsistency between the job strains and the available emotional and other resources of an individual, according to Cedoline (1982). He further presented seven basic reasons of burnout including ; lack self-control and control over occupational understanding and training, role obscurity and individual dynamics.

Burish (1993) considered burnout an emotional and mental paradigm. According to Schaufeli and Enzmann (1998) defined it as is a persistently prevailing negative state of mind regarding work resulting in reduced efficiency and motivation leading to adopting a dysfunctional attitudes and behavioral characteristics. Herrus (1980) concluded that burnout is usually a result of functional incongruities while providing services as a professional. While placement, higher expectations from the job requirement may become source of burnout. These impracticable prospects can be source of burnout (Nwabuoku and Adebayo, 2010). Maslach et al. (2001) determines the relationship between stress and burnout. According to this study it is

laborious for an individual to withstand certain level of stress, however further compression might make him susceptible to burnout, while some individuals can manage to keep away from burnout. It also is recognized as a state that is instigated by deficiencies in achievement/ intellectual appreciation, praise and support on performance (Pines et al., 1981).

A survey conducted by Nwabuoku and Adebayo (2010) amongst Nurses, identified three factors to be linked to burnout behavior. These factors include experiencing aggravations, lack of support and feelings of helplessness.

Despite existence of several possible conditions leading towards burnout, individual's thought pattern yet has strong impact. It will not be unjustified to mention that negative and unrealistic interpretations from our day to day experiences constitute our thought pattern formally called dysfunctional pattern, can be misleading in general.

Many individuals experience preoccupation with dysfunctional thoughts such as "I cannot stand this attitude of my boss anymore," "others are successful because they are lucky and I am not," "No matter how hard I work, I cannot get promotion," "I should be perfect at work" etc. In reality, despite being persistently engaged in such thoughts, people are usually unaware of them. As an interesting fact, many of these thoughts are not consistent with reality. These thought patterns are referred to as irrational or maladaptive thoughts or cognitive distortions (Ellis, 1996; Beck, 1995; Beck & Rector, 1998). The negative thoughts can generate psychological anguish leading to depressive states as well as other anomalies in behavior, which in most cases necessitate therapeutic intercession (Williams & Garland, 2002). People indulged in distorted thinking usually find difficult to control emotional tension that arises because of these thoughts. It is adopted as a habit to keep adhere to darker and distrustful interpretation of the world, future and even self. This maladaptive structure of beliefs acts as a scaffold for the understanding and explanation of their life concerns. Furthermore, it helps them to gradually become aware of their conscious and are overly self-focused resulting in experiencing feelings of low self-esteem and worthlessness lowering down their motivation at

workplace as well. In extreme cases the suicidal ideation and behavior has also been observed in case of persistence of such attitude. Predominantly cognitive aspects like memory, attention and problem-solving in general. However, there has been evidence of categorizing non-cognitive aspects as well as part of intelligence as per Wechsler's definition, the intelligence as the cumulative or comprehensive capability of an individual to perform decisively, to think logically, and to interact with his environment purposefully (Wechsler, 1958). Furthermore Robert Thorndike coined term of social intelligence. (Thorndike & Stein, 1937). Emotional intelligence (EI) is generally described as a combination of particular set of abilities, potentials for regulating emotions (Zeidner, Roberts, & Matthews, 2009). Emotions help an individual to adopt an approach for understanding the world that is unapproachable to logic: According to Blaise Pascal, "The heart has its reasons which reason knows nothing of." The resumption of emotions during late 20th century, as critical for being a source of some purpose, motivation, and existence (Leahy, 2007). Few experts of testing the Intelligence, such as Wechsler and Thorndike, valued that IQ as a sense of being insightful and determined adjustment to the requirements and available personal resources in one's environment, that requires more than specified problem solving and abstract solution (Wechsler, 1974).

The rapidly grown concept of passive role of intelligence Quotient (IQ) compared to social and emotional intelligence soon became prominent and was complimented by several important researches (like Snarey & Vaillant, 1985). Another important longitudinal study suggested that abilities in psychological domain was more imperative than general intelligence in influential professional accomplishment and esteem (Feist & Barron, 1996). Goleman (1995) became famous to attract attention towards social and emotional aspects of human functioning in

achievement of success and contentment. The overall research data he was able to gather was from different facets of psychology like emotional, social and personality psychology, emphasized the importance of emotional intelligence for accomplishment at work place as well as in life. Mayer, Salovey, and Caruso (1998) and Goleman (1998) and have established that emotional intelligence possibly may not be considered as interpreter of job performance per se, but it may reflect the essential substratum for proficiencies. Goleman has also described the mechanism of differentiation between emotional competence and intelligence. While elaborating on that, he argues that Emotional competence indicates social as well as personal competencies that might provide baseline for better performance in general. The emotional competencies have direct impact on emotional intelligence. Likewise, Gardner's (1983) theory emphasize the existence of multiple intelligences that are linked to Emotional Intelligence. The two types of intelligences were Interpersonal intelligence and intrapersonal intelligence. The previous is related to the ability to comprehending the other people's thinking patterns and emotions. While the later one emphasized self-understanding skills and regulating one own life course. An additional eminent theorist who worked on intelligence named Robert Sternberg (1985), highlighted the significance of realistic intelligence as a concept that is distinctive from the common ability required for academics, as estimated by measures of intelligence.

A definite degree of EI is essential for emotional learning. As an example, in order to understand what other feels at particular moment needs special relevant intellectual competency. In the same way, people who attempt to regulate their own emotions in a compatible manner will easily develop the "Resourcefulness" or "accomplishment" within themselves without much effort. Eventually, these emotional and social capacities, which are required to distinguish and quantify the understanding to envisage performance.

Salovey, Bedell, Detweiler, and Mayer (1999) found that the individuals who have ability to control their emotions are mentally stronger as they can identify and evaluate their

emotional conditions accurately and usually have an idea that where, when and to what extent they have to express their feelings. Likewise, Gardner's (1983) influential theory of multiple intelligences identified two types of intelligence that provided grounds for EI. The two types of intelligences were Interpersonal intelligence and intrapersonal intelligence. The former refers to the ability to understand other people's thoughts, feelings and emotions (corresponding to social intelligence). While the latter emphasized abilities related to self-understanding and regulating one's own course of life. Another eminent intelligence theorist, Robert Sternberg (1985), highlighted the importance of practical intelligence as a construct distinctive from the common academic ability as estimated by IQ tests. Another renowned and influential investigation on EI in the 1990's for the first time by Salovey and Mayer (1990). That research offered the first articulated model of EI, clearly highlighting numerous aspects of psychological processing including perception and management of emotions. Additionally, they were able to successfully develop several tests for estimation of EI, integrating that all in the Mayer-Salovey-Caruso Emotional Intelligence Test (MSCEIT; Mayer, Salovey, Caruso, & Sitarenios, 2003). Interest in EI is an inspirational concept not only for academicians but for occupational experts in terms of some practical implications in relevant fields. Emotions are thought to be a core underlying factor and difficulties in controlling emotion including a wide range of personal crises like mental disorders, criminal behavior, criminality and the violation of the collective standards of society (Zeidner et al., 2009). Some programs focused on enhancing emotional intelligence prove reasonably effective and can effectively enhance their psychological attitudes, social behaviors and even academic performance (Durlak, Weissberg, Dymnicki, & Schlinger, 2011).

The preliminary trend of eagerness for EI in both the emotional discipline as well as cultural perspective often leads to success but met critical reactions (Brody, 2004; Landy, 2005). The most highlighted issues were concerning insufficient clarity in conceptualization since EI appears to be expanded to add nearly every healthy quality and lacked in addressing any academic intelligence however the measures for EI indicated good criterion validity in initial studies (Mayer, Salovey, & Caruso, 2008).

This emotional distinctiveness of individuals to deal while perceiving and regulating emotions and moods, suggests that Emotional Intelligence and psychological health are linked to one another. Taylor (2001) maintains that the individuals who are more emotionally intelligent and their coping mechanism is enhanced in terms of handling emotions and controlling their reactions have better psychological health. Likewise, Bar-On (1997) addressed managing stress and flexibility as two foremost and distinct mechanisms of Emotional Intelligence. Matthews and Zeidner (2000) included that "It has been also argued that the adaptive coping can be considered at the place of emotional intelligence since it supports mastery of emotions and further growth that eventually allow us to progress in an "ever-changing world". In our day to day life we experience interplay of wide variety of emotions, cognitions and behavior and a combination of manifold thoughts and emotions work behind every behavior or in other words our behavior is dependent on the way we think and feel. These behaviors, emotions and cognitions can be positive or negative. Negative or irrational cognitions lead to negative emotions which eventually cause maladaptive behavior and vice versa (Lazarus, 1999; Oliver, 1980, 1981) so it can be concluded that both emotions and behavior are influenced by cognitions. According to Beck, Shaw, Rush and Emery (1979), processing of incoming information and

attributing meaning to the inner experiences is done through a cognitive framework known as schemas.

Neurological Substrates of EI

The competencies of emotional intelligence have always been documented as adding value to performance and EI scaffold imitate the concerned neurological substrates human abilities that indicate whether EI competencies can be learnt or not.

The Emotional Intelligence theory of performance asserts that every domain of EI is derived from distinctive mechanisms at neurological level that assist in distinguishing each domain from the other and are clearly manifested in brain. This phenomenon can be understood as rising affective domain of neuroscience (Davidson, Jackson, & Kalin, 2000) that presents a clear view of the neural underpinning of the EI-based dimensions of behavior. From the perspective of affective neuroscience, the central border in brain activity between EI and cognitive intelligence is the difference between neo-cortex and limbic circuitry respectively (administrative emotional center of Brain). According to Davidson, Jackson and Kalin, (2000), the main parts of this circuitry also include the amygdala and hippocampus (). This course of electric impulses is considered to be important for the maturity of capacities in different functions of emotional intelligence. Any kind of lesion and insult in these regions might fabricate deficiencies in the characteristics of Emotional Intelligence — first of all the Self-Management (including Motivation) and Self-Awareness, , furthermore Empathy and also Social Awareness skills

The very first constituent of emotional intelligence is basically the Self-Awareness, to know about feelings of others. The neurological basis of Emotional Self-Awareness need further scientific exploration.

While the second constituent of Emotional Intelligence i.e, the Self-Management that is the ability to cope with the stressful emotions like anxiety and anger . The mechanism of glucose metabolism sufficiently provides explanation to the process (Davidson, Jackson, & Kalin, 2000). Davidson suggests the Damage to prefrontal cortex is associated with a damage of the ability to uphold purposeful behavior , also results in a reduced capacity foresee affective outcomes from attaining the goals (Davidson, Jackson, & Kalin, 2000).The third component is social Awareness, which includes Empathy the third competency , the capability to understand the nonverbal cues for harmful emotions, and to trust others (Davidson, Jackson, & Kalin, 2000).

Lastly, the Social Skill to manage relationships, the fourth component of EI, presents relatively complex depiction. Basically, the efficiency of our relationship skills lies in an ability to adjust ourselves to or manipulate the emotions of others. If we lack in controlling our emotional eruptions or impulses unable to empathize with others, we end up losing our relationships.

Disturbances in cognitions, emotions and behaviors occur when negative or maladaptive schemas are at play as a consequence of stressful circumstances. Every individual faces stress in his daily life and ability to cope with it varies depending on one's own ability; usually people who fail to cope stress develop negative cognitive patterns. These cognitive disturbances are commonly known as cognitive distortions. The thought errors are "inaccurate or biased ways of

attending to, or conferring, meaning upon experiences" (Barriga et al., 2001). It implies that on the basis of some negative experience and people develop a biased thinking pattern e.g. if at one occasion someone failed he starts thinking himself as a failure, or if someone exaggerates negative aspects of event ignoring the positive one's. Hence it can be concluded that these biases are the self-defeating thoughts. A pattern of thoughts in which mind forces people to believe that is not true in reality. Most of the times negative thoughts and feelings are reinforced by these thinking patterns. These self-defeating thoughts appear to be rationale but at the back of mind makes us feel bad about our own self (John. M. Grohol, 2009). Large number of people suffer from variety of depressive usually demonstrate cognitive distortions that seem to be mostly deleterious and unfavorable a healthy lifestyle in terms of psychologically well being (Simon, 1992). They are lack awareness concerning possible implications effects on their emotional coping (Esbensen & Benson, 2007) that might yield negative effects result in a recurring harmful thought processes and furthermore suffer depression. Ellis (1987, 1996, 1997) reasoned that irrational thoughts often play a crucial role in many mental disorders. Ellis established an A-B-C approach that was originally derived from Rational-Emotive Therapy (RET) that involved three steps of determining thought disturbance, A is referred to Antecedent (stimulant of a behavior), B – the belief (that is his subjective interpretation of the stimulating event) and (C) – the consequence of that particular behavior. He further asserts that it is only B, that matters to be considered in an experience not other two components of behavior. People from various professions like medical, engineering etc, do their duties in stressful work conditions so they often tend to develop these distorted cognitions. As discussed earlier thinking affects emotions so these cognitive distortion effect emotional state of employees or professionals in any

organization. In a study 18 undergraduate females were examined self-defeating thoughts and its relation to emotional states. Results identify that subjects who have the belief of being rejected by others were more anxious and aggressive. So it implies that thus, cognitions influence emotions .

Investigated cognitive patterns among individuals who had recovered from a depressive episode and I. It was observed in a study with individuals who recovered from depression , that they displayed more catastrophic belief system compared to control group (Alatiq, Cranc, Williams and Goodwin ,2010). Likewise Boury et al. (2001) concluded in a study that depressed patients frequently misinterpreted experiences and reality in a pessimistic fashion. They limited their focus to the negative aspects of situations, thus feeling hopeless about the future. They discovered a direct relationship between negative thoughts and severity of depressed symptoms, thus providing evidence to support Beck's assumption that negative thought content characterizes depression. Abela and D'Alessandro (2002) also maintained that individuals with dysfunctional attitudes are likely to show increases in depressed mood following the occurrence of negative events. In their study, dysfunctional attitudes predicted increases in depressed mood. The relationship between dysfunctional attitudes and increases in depressed mood was mediated by negative views of the future but not by negative views of the self. It has also been argued that depressive feelings may themselves elicit negative thoughts in people (Simon, 1992). Depressed individuals often misperceive their world, and constantly engage in irrational or maladaptive thoughts which, in turn, contribute to their depression. It is based on this process that many therapists have conceived the relationship between depression and cognitive distortions as mutual and cyclical (Beck, 1995; Ellis, 1996, 1997).

Aptitude to identify one's own emotional state and attempting to manage it is referred to as emotional intelligence. Emotional intelligence is one's ability to identify emotional expression in him and others (Goleman, 2001; Hettich, 2000). According to Reuven Bar-On (1997), emotional intelligence is "an array of personal, emotional, and social abilities and skills that influence one's ability to succeed in coping with environmental demands and pressures" Goleman (2001) presented a theory of emotional intelligence in which he relate widespread competencies of emotional intelligence in four categories; self-awareness, social awareness, self-management and relationship management. Self-awareness refers to the notion of knowing one's own feelings. Social-awareness or empathy is the ability to show warmth and read non-verbal gestures. Self-management or self-regulation is the ability to regulate distressing emotional reactions and to control impulsive emotional responses. The last category, relationship management or social skills is related to the ability of understanding emotions of others.

In the current era much research emphasis is paid to the exploration of various aspects of emotional intelligence and its relationship with demographic and several other variables. In a correlational study conducted in Pakistan by Nasir & Masrur (2010), exploring the association of emotional intelligence with different demographic variables like age ,academic achievement and gender among university students .Results showed that emotional intelligence and academic achievement are positively correlated . while gender differences remain insignificant as per findings of research .

Cognitive distortions not only effect the emotional states but it also has adverse influence on the behavior and performance of an employee. More often these distorted cognitions in combination to several other factors can lead to a state known as burnout among medical

professionals. A study aimed at identifying whether registered nurses experiencing burnout have cognitive distortions and dysfunctional attitudes or not and if they differ from those who are not experiencing burnout. A mail survey was conducted with a random sample of clinical care nurses, who were registered and certified that showed a positive relationship among cognitive distortions, burnout and dysfunctional attitudes. Further the results also identified the presence of a strong link of magnifying; a cognitive distortion, with burnout. The study also demonstrated significant correlation between job satisfaction, work environment stress, burnout, dysfunctional attitudes and cognitive distortions (Cynthia, Diefenbaker, Philadelphia, 2005).

Burke (1981) affirms that "Under stressful working conditions, counselors using poor coping strategies may become disenchanted, discouraged, irritated, frustrated, and confused, resulting in poor job performance," thus be indicative of the rigorousness of burnout as a problem.

Indefinite working hours, excessive workload, insufficient salary were among prominent sources of stress in the banking sector in Pakistan (Khattak and Minhas, 2010). The observable manifestations of burnout identified were backache, sleep disturbance, fatigue and headache among many others, hence burnout could be predicted in the banking sector of Pakistan. In a nutshell it can be claimed that cognitions are the governing forces behind emotions and behaviors. In the current study the negative cognitive patterns are focused. It is assumed that these cognitive distortions effect emotional intelligence and burnout among medical professionals. Particularly medical professionals are selected because they are prone to prolonged and consistent work stress which leads to much disturbances in their life. The reason for selecting these variables is that it is assumed that this stress forces them to develop negative cognitions which in turn effect emotional intelligence that eventually leads to burnout. Talking specifically about Pakistan, a

need is felt to examine cognitive distortions prevailing in our culture. It is identified that it is a little under studied or ignored variable, though, in west great emphasis is paid to it. Pakistan's research literature is rich in regard to studies exploring emotional intelligence and its relation to various demographic variables like age, gender etc. but its relationship to cognitive distortions is not yet explore here. Secondly many researches have focused students, and adolescents but none of the research focused on medical professionals or adults. Unfortunately same is the case with burnout which is again been studied with respect to its relationship to stress, social support etc., but still there is a need to investigate the its causes in order to save our employees and professionals from physical and psychological exhaustion which adversely effects their performance.

Emotional intelligence has recently gain recognition to be a pertinent component in mental and physical health and also that of academic ,social, and job performance (c.g., Brackett, Rivers, & Salovey, 2011, O'Boyle, Humphrey, Pollack, Hawver, & Story, 2010). Particularly, the emotional component of human temperament is lately associated with the female gender, that is expected to feel emotions more intensely as compared to male gender (Grossman & Wood, 1993) that in fact provides confirmation to stereotypic notion of female being more emotional (Grewal & Salovey, 2005). According to Baron-Cohen, (2002), "the feminine brain is predominantly structured to feel empathy, while the masculine brain predominantly seeks to understand and construct systems". There is evidence of males having more burnout then females (Greenglass, 1991, Weckwerth, & Flynn, 2006). Gender , however can not be labeled as a strong predictor of burnout because of mixed findings of different exploratory studies addressing gender .Nevertheless, most studies have produced results tilted towards female gender for experiencing greater degree of burnout symptoms (Weckwerth and Flynn 2006; Ronen and Pines, 2008; Adekola, 2010; Dyrbye, et al., 2011). A study by Innstrand et.,al. (Innstrand,

Langball, Falkum, & Aasland) demonstrated significant latent mean differences concerning burnout between both genders, the findings showed the females reported more exhaustion while men showed extra disengagement. The study further indicated variation of gender differences among different occupations. A number of studies explored prevalence of burnout in health care professionals (Miró et al., 2007; Moreno et al., 2006). In depression and cognitive distortions, gender differences were not significant. (Kingsley Nyarko & Christopher M. Amissah, (2014).

Burnout is not noticed in those professionals who are service providers in healthcare services. Studies have revealed that challenging and interaction based job tasks show higher degree of burnout (Dworkin, 2003, Leiter, & Maslach, 2004).

Most frequently cited and used model of EI was presented by Daniel Goleman (1998).

SELF - AWARENESS

Emotional awareness refers to as identifying self emotions and resulted consequences. Those having this competence are aware of critical emotions specifically they are being experienced at the moment and awareness of reasons behind those emotions. They also appreciate the links between their feelings and related behavior, also know the effect of their feelings on their performance. Self-awareness, furthermore, enables a person to specify his goals and be aware of their strengths and weaknesses, usually reflective learners and self-confident and self-assured individuals.

SELF – REGULATION:

It includes self-control, i.e handling troublesome impulses and associated emotions. Individuals with this competence can manage their imprudent emotions and feelings in a better fashion. They are usually focused and trustworthy people and can sustain great deal of emotional pressure.

METHOD

RATIONALE

The present study emphasizes the importance of thinking pattern and its relation to manifestation of burnout among medical professionals. Furthermore a significance of emotional intelligence has also been explored as a moderating factor to determine if it influences the relationship of cognitive distortions with burnout.

The present topic and selection of study variables are uniquely combined and addressed since studies of medical professionals of Pakistan are quite rare. Being one of the most influential professions, in a country where uncertainty and trauma is prevalent for ast couple of years, the political and environmental chaos has raised the responsibilities and demand of this professional to a large extent. There is a dire need to studying their psychological and mental conditions in relation to their work demands. The present study also aims to observe the effect of duty hours on mental stress in the form of burnout, which could be a hindrance in their mental health and professional efficiency as well.

Secondly, with the advancement of Psychological research, certain pattern of thinking have been identified which are considered important to predict the behavioral and mental and behavioral outcomes. Cognitive distortions are faulty thought processes, which have been associated with the likelihood of burn out in medical professionals. This construct has been associated with depression most frequently in indigenous studies as an extension of study dimension originated from advanced countries. Being an effective mode of understanding of thinking process, it is required to be linked with some functional variables like burnout, and the present study attempts the same. Furthermore,

the emotional intelligence remains mostly in organizational domain in local literature, while present study indicates its significance as a moderating factor between cognitive distortions and burnout that again brings a different and distinctive blend of variable

Method

Objectives:

Following are the objectives of the study.

1. To find out the relationship between cognitive distortions and burnout among medical professionals.
2. To evaluate the moderating role of emotional intelligence between cognitive distortions and burnout among medical professionals.
3. To explore the gender differences with respect to cognitive distortions, emotional intelligence and burnout among medical professionals.
4. To study the differences between medical and paramedical staff on cognitive distortions, emotional intelligence and burnout among medical professionals.

Hypotheses:

1. There will be a relationship between cognitive distortions and burnout among medical professionals.
2. Emotional Intelligence will play moderating role between cognitive distortions and Burnout among medical professionals.
3. There will be significant differences between male and females on cognitive distortions, emotional intelligence and burnout among medical professionals.
4. There will be significant differences between medical and para-medical staff on cognitive distortions, emotional intelligence and burnout.
5. There will be a significant difference on cognitive distortion, emotional intelligence and burnout in professionals working more or less than six hours.

Operational Definitions

Cognitive Distortions

For current research the cognitive distortions refer to “maladjustment and desire for change, helplessness, low self-esteem”, (Hollon & Kendall, 1981).

Emotional Intelligence:

The Emotional intelligence refers to “the state of well-being, self-control, emotionality and sociability” in different situations of everyday living , (Petrides and Furnhan, 2006).

Burnout:

“Burnout is a syndrome of emotional exhaustion, depersonalization and reduced personal accomplishment that can occur among individuals who do ‘people work’ of some kind”. (Maslach & Jackson, 1981), for the present study.

Instruments

Following instruments, in addition to a demographic sheet (identifying individuals’ personal information like age, gender, marital status, profession etc)

Trait Emotional Intelligence Questionnaire (TEIQue) by Petrides and Furnhan (2006),

short Form

This is a 30-item questionnaire designed to measure inclusive trait emotional intelligence (trait EI). It is established on the full form of the TEIQue (153 items). Two

items from each of the 15 facets of the original TEIQue were designated for short form, based principally on their correlations with the corresponding total aspect scores (Cooper & Petrides, 2010; Petrides & Furnham, 2006). TEIQue-SF instrument has revealed excellent psychometric properties in different studies (Freudenthaler, Neubauer, Gabler, & Scherl, 2008; Mikolajczak, Luminet, Leroy, & Roy, 2007). Items are scored on a 7-point Likert scale and completion time is almost 20 minutes. It is a thirty item scale with subscales of well-being, self-control, emotionality and sociability. The alpha reliability of the questionnaire is reported to be .89.

Maslach Burnout Inventory (MBI) by Maslach and Jackson (1981)

Maslach Burnout Inventory is a self-administered test designed to measure the level of burnout among respondents. MBI encompasses three subscales i.e. emotional exhaustion (EE), depersonalization (DP) and personal accomplishment (PA). The subscales assess the feeling of being emotionally over stretched and fatigued by one's work, a detached response towards recipients of one's service and care etc., and the feeling of competence and effective achievement in one's work with people respectively. Alpha coefficients ranging from .71 to .90 for these subscales has been observed (Maslach, & Jackson, 1981).

It is a 30 item seven point likert scale whose responses range from 0 to 6. It has three sub-scales; emotional exhaustion, depersonalization and personal accomplishment with alpha reliability of 0.89, 0.80 and 0.76 respectively.

Automatic Thought Questionnaire (ATQ) by Hollon & Kendall (1981)

The Automatic Thoughts Questionnaire (ATQ) developed by Hollon and Kendall (1980) is used to measure cognitive distortions. It measures the frequency of automatic negative thoughts linked with depression. The respondents were asked to rate the frequency with which they recall experiencing 30 different thoughts during the previous week. Frequency ratings were made on a five-point scale. Total scores ranged from 30 (little or no distortions) to 150 (approached individually and three scales were administered in individual settings after the purpose of study was explained and confidentiality was ensured). Every query before completion was answered to the satisfaction of participant. The (maximum distortions). Hollon and Kendall (1980) reported both a split-half, odd-even correlation coefficient of 0.97 and an alpha coefficient of 0.96. They found that ATQ scores reliably discriminated between depressed and non-depressed subjects ($F(1,27) = 43.48, p < 0.001$).

There is no reverse scoring item. Individual score is obtained by summing the responses of the respondents. Allen Creamean (2012) reported a Cronbach's alpha coefficient of .94.

Sample

A sample of (N=200) medical staff from Islamabad and Rawalpindi was selected as the participants of study by utilizing technique of convenient sampling. The inclusion criteria for the present study included age range from 25 to 60 years and working

experience at least three years with at least six hours per day, anyone not fulfilling inclusive criteria was excluded from sample. The sample was further divided as per gender (n=100 males, n=100 females), furthermore each gender category is divided as 50 medical practitioners (from diversified specialties in medical) and 50 nurses.

Procedure

After seeking for permission from authorities of various hospitals, the informed consent of the sample selected was taken. A survey design was in which the participants were randomly selected from the various departments in the hospital and a purposive selection of two groups of medical practitioners / workers was made to include i.e. doctors (general practitioners /specialists) and nurses .Research participants were demographic information like Sex, Age, Marital Status, Position, Profession, Years of practice was also taken through specially designed demographic sheet. The data collected was interpreted by using SPSS.

RESULTS

RESULTS

Table 1

Descriptive Statistics, Skewness and Kurtosis of Emotional Intelligence, Cognitive Distortions and Burnout among Medical and Paramedical Professionals (N = 200)

Variables	N	Range		M	SD	Skewness	Kurtosis
		Minimum	Maximum				
Emotional intelligence	200	48	160	87.19	22.816	.997	.531
Cognitive distortions	200	49	165	108.57	19.295	-.135	.618
Burnout	200	74	178	133.93	22.158	-.691	.040

Table 1 descriptive statistics, skewness and kurtosis of emotional intelligence, cognitive distortions and burnout among medical and paramedical professionals. Results shows that all the variables are normal and there is no issue of skewness and kurtosis on emotional intelligence, cognitive distortions and burnout among medical and paramedical professionals.

Table 2

Alpha Reliability Coefficients for Emotional Intelligence, Cognitive Distortions and Burnout among Medical and Paramedical Professionals (N = 200)

Scales	No. of items	α
Emotional intelligence	48	.72
Cognitive distortions	49	.80
Burnout	74	.84

Table 2 shows alpha reliability coefficients for emotional intelligence, cognitive distortions and burnout among medical and paramedical professionals. Results revealed that alpha reliability of the scales range from .72 to .84 indicating good internal consistency for all scales used in the study.

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Table 3

Correlation between Emotional Intelligence, Cognitive Distortions and Burnout among Medical and Paramedical Professionals (N = 200)

Variables	1	2	3
1. Emotional intelligence	--	-.36**	-.55**
2. Cognitive distortions		--	.38**
3. Burnout			--

** $p < .01$

Table 3 shows correlation between emotional intelligence, cognitive distortions and burnout among medical and paramedical professionals. Results indicated that Emotional intelligence has negative correlation with cognitive distortions $r(198) = -.36$, $p < .01$ and burnout $r(198) = -.55$, $p < .01$. Cognitive distortions has positive correlation with burnout $r(198) = .38$, $p < .01$. Therefore the first hypothesis "there will be a relationship between cognitive distortions and burnout among medical and paramedical professionals" was accepted by results.

Table 4

Multiple Regression Analysis showing Emotional intelligence as Moderating role between Cognitive Distortions and Burnout among Medical and Paramedical Professionals (N = 200)

	Predictors	Outcome: Burnout		
		B	ΔR^2	F
Model 1	(Constant)	148.416***	.340	52.355***
	Emotional Intelligence	-.466***		
	Cognitive distortions	.241***		
Model 2	(Constant)	225.542**	.374	40.567***
	Emotional intelligence	-1.309***		
	Cognitive distortions	-.518*		
	Cognitive distortions×Emotional intelligence	.008**		

* $p < .05$, ** $p < .01$, *** $p < .001$

Table 4 shows multiple regression analysis showing emotional intelligence as moderating role between cognitive distortions and burnout among medical and paramedical professionals. The ΔR^2 value of .374 indicated that 37.40% variance explained in dependent variables by the predictors with $F(2, 194) = 40.56, p > .001, B = .008, p < .01$. Results show that emotional intelligence significantly moderated the relationship cognitive distortions and burnout among medical and paramedical professionals. Therefore the first hypothesis "emotional intelligence will play moderating role between cognitive distortions and burnout among medical and paramedical professionals" was accepted by results.

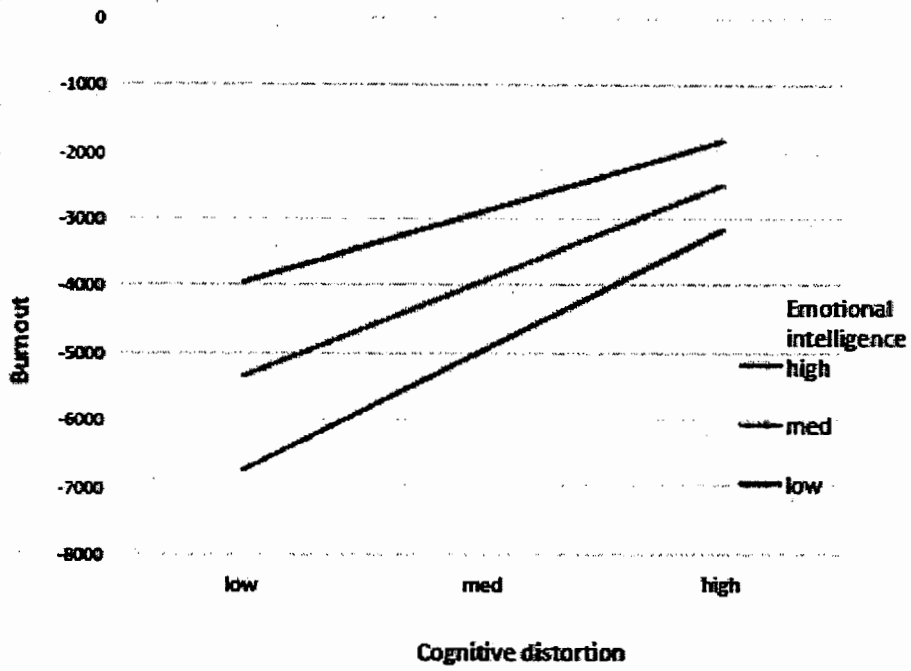


Figure 1. Emotional intelligence as Moderating role between Cognitive Distortions and Burnout among Medical and Paramedical Professionals

Table 5

Differences between Medical and Paramedical Professionals in Emotional Intelligence, Cognitive Distortions and Burnout (N = 200)

Variables	Medical (n=114)		Paramedical (n=86)		t(198)	p	95% CI		Cohen's d
	M	SD	M	SD			LL	UL	
Emotional intelligence	82.90	18.17	92.88	26.87	3.13	.00	16.26	-3.69	.56
Cognitive distortions	111.17	14.30	105.13	24.05	2.21	.00	.65	11.42	1.22
Burnout	138.14	18.27	128.36	25.49	3.15	.00	3.09	3.67	.82

Table 5 shows differences between medical and paramedical professionals in emotional intelligence, cognitive distortions and burnout. Results shows that paramedical professionals were higher on emotional intelligence ($t(198) = 3.13, p < .001$) and cognitive distortions ($t(198) = 2.21, p < .001$) where as medical professionals were higher on burnout ($t(198) = 3.15, p < .001$). Therefore the first hypothesis "medical and paramedical staff will show difference on cognitive distortions, emotional intelligence and burnout" was supported by results.

Table 6

Gender Differences for all study variables

Variables	Male (<i>n</i> = 120)		Female (<i>n</i> = 80)		<i>t</i> (198)	95% CI		Cohen's <i>d</i>
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>		<i>LL</i>	<i>UL</i>	
	Emotional intelligence	18.33	3.21	15.85		5.03	*	
Cognitive distortions	24.24	2.66	26.58	9.11	*	3.74	1.34	.49
Burnout	22.88	8.11	25.58	2.83		1.75	.19	1.23

Female were significantly higher on cognitive distortions $t(198) = 2.92, p < .05$ and burnout $t(198) = 1.98, p < .05$, whereas male were higher on emotional intelligence $t(198) = 2.50, p < .01$.

Table 7

Working hour differences for all study variables

Variables	Less than 6 hours (<i>n</i> = 70)		More than 6 hours (<i>n</i> = 130)		<i>t</i> (198)	95% CI		Cohen's <i>d</i>
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>		<i>LL</i>	<i>UL</i>	
	Emotional intelligence	25.33	8.22	18.82		6.13	*	
Cognitive distortions	23.12	2.11	27.22	10.21		2.23	.21	.88
Burnout	21.34	7.31	24.74	7.22	*	2.13	1.21	.56

People working more than 6 hours were significantly higher on cognitive distortions/
 (198) = 1.97, *p* < .05 and burnout *t* (198) = 3.22, *p* < .01 but lower on emotional
 intelligence

DISCUSSIONS

DISCUSSION

Emotional intelligence (EI) is relatively new concept and is being increasingly documented in literature addressing social psychology (Cherniss 2002) specifically it has been acknowledged by journals of nursing (Freshman & Rubino,2002). Management skills are being considered as an advantage of effective performance (Vitello-Cicciu 2002).Emotional intelligence is emerging as pertinent concept in medical profession with reference to health care and catering patients' needs. The current study intended to identify the causal role of faulty cognitive patterns in feelings of burnout among professionals in medical profession. It additionally attempted to explore if emotional intelligence played any moderating role between two variables. The political and cultural scenario in Pakistan exerts higher pressure.

First hypothesis stating that there will be a relationship between cognitive distortions and burnout among medical professionals has been complemented by the findings $r(198) = -.38, p < .01$. Hence it can be concluded that the maladaptive patterns of thinking might lead to burnout behavior at workplace .As Burke (1981) states that the job performance is likely to be affected under stressful circumstances .The working conditions in Pakistan are relatively different then advanced and other countries due to unpredictability and social and political environment

Second hypothesis stated that Emotional Intelligence will play moderating role between cognitive distortions and Burnout among medical professionals as emotional intelligence has been found negatively correlated in many studies (Adilogullari, Hakki&Senel, 2014,Güllüce(2006) Aslan et al. (2008). Since emotional intelligence

indicates well controlled emotional and behavioral expression (Bar-On,2006) ,hence likelihood of manifesting faulty learning is reduced.

Since the familiarity of the concept of emotional intelligence has gained importance lately and organizations usually prefer to inculcate practical aspect to improve work performance. Even when faulty learning takes place and individuals develop dysfunctional cognitive pattern ,the emotional intelligence lessens the effects of burnout overall. Ciarroch,Deane, and Anderson (2002) recognized the moderating role of EI in the relationshipbetween ineffective management of stress and its relation to negative psychological consequences and cognitive disturbances .There is also evidence suggesting the increased EI hinders negatively ruminating thoughts and strong emotional reactions and enables professionals to deal with stressful situations (Ramos, Fernandez-Berrocal&Extremera, 2007). An increased ability to understand and manage emotions during a stressful event appears to be important to maintaining healthy functioning after the event. Rude and McCarthy (2003) argue that greater EI reduces the tendency for an individual to engage in maladaptive coping strategies such as rumination or thought suppression.job performance and Cognitive ability and emotional intelligence were positively correlated while Neuroticism was negatively correlated with job performance(Ono,M., . Sachau,D.A., . Deal, W.P.,.Englert, D.,R.,. Taylor,M.D., 2011).

The third hypothesis referring to significant differences between male and females on cognitive distortions, emotional intelligence and burnout among medical professionals. Women perceive working conditions differently as compared to men which in turn leads to a different development of burnout underlying emotional exhaustion being more salient for women.

Numerous studies have indicated that women perceive more pessimistic interaction between work and family life that in turn leads to emotional overtiredness only among women (Innstrand et.,al.,2009., Langballe et.,al.,2010). The same study (Langballe et.,al.,2010) also indicated that the individual factor "goal orientation", prevented men from emotional exhaustion, but had no effect for women.

Fourth hypothesis addressing differences between medical and para-medical staff on cognitive distortions, emotional intelligence and burnout. The hypothesis states that the paramedical staffs show high scores on emotional intelligence and cognitive distortions while the medical doctors show high scores on burnout. It is assumed that the paramedical staff belongs to low socio economic status and live their lives in certain life conditions which are very challenging due to which they tend to develop high emotional intelligence and at the same time exhibits more cognitive distortions. People belonging to low socio economic status is given limited opportunity to progress because of their financial conditions and weak family background. Usually such people are maltreated by their officers at work place due to which they tend to develop a feeling that they are incompetent which in turns leads to various cognitive distortions. On the other hand it is also seen that medical professionals belonging to the upper class have low emotional intelligence because of their stressful work environment. Furthermore, doctors have to work for long hours in complete vigilant state which makes them at high risk of burnout. A study conducted by Dr. Nauret, R. (2010) discovers that people having higher education and socio economic background are less likely to relate to others emotions

whereas people from challenging background and low educational background exhibit higher emotional intelligence.

It is well known that working long hours increase health risks. In addition, the relationship between cognitive distortions is clearly established (Chertkow, 2002, and Morris et al. 2001). In the present research it is given significance to the examination of the much neglected risk factor associated with working long hours on emotional intelligence. Prior to conducting my data collection, it was hypothesized whether working long hours has an impact on emotional intelligence of medical doctors in Pakistan. The analysis of data in present research shows a negative relationship between the paramedic staff working longer hours and their cognitive performance. Palmer (n.d.) an emotional intelligence expert finds that there is an inverse relationship between long working hours and emotional intelligence i.e. The more working hours, the lower the emotional intelligence and vice versa. Additionally, lower emotional intelligence effectively contributes to higher cognitive distortion and burn out, and the inverse effect in case of a higher emotional intelligence. This is consistent with the findings in the present research that finds that working 6 hours or more lowers the emotional intelligence of the medical doctors, with an impact contributing to the rise in level of their cognitive distortion and burnout. While the normal working hours in other jobs is normally based around 8 hours a day, however this study shows there is no established criterion in the selection of a baseline working hours pertaining to the medical profession. The impact of working hours depends on the nature of stress or the particular level of mental attention required in daily official tasks. The severity of the impact of long working hours on emotional

intelligence suggests the need towards an inquiry into the examination of its impact on high risk jobs such as medical practitioners.

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METHOD

ANEXTURES

INFORM CONSENT FORM

I Tahira Javaid student of MS psychology at international Islamic university Islamabad I conducting a research for my MS thesis. The research is focused on exploring the relationship of thinking errors and burnout with moderating effort of emotional intelligence. It is assured that all the data provided by you would be kept confidential and be only used for the research purpose. Your kind participation is request

Signatures:

DEMOGRAPHIC DATA SHEET

Name: _____

Age: _____

Gender: _____

Education: _____

Designation: _____

No of working hours: _____

Institute: _____

Trait Emotional Intelligence Questionnaire –Short Form (TEIQue-SF)

Instructions: List below is a variety of thoughts that might pop into your mind. Please read each thought and indicate how frequently, (if at all), the thought occurs to you over the last week. Please read each item carefully and mark in the cell indicating the appropriate number on the left side of the table, using the scale mentioned below. Please indicate how strongly, (if it all), you tend to believe that thought, when it occurs, on the right hand side of the page, using the scale mentioned below.

How Frequent?

1. = Not at all
2. = Sometimes
3. = Moderately often
4. = Often
5. = All the time

How Strong?

1. = Not at all
2. = Sometime
3. = Moderately
4. = very much
5. = Totally

S.No	HOW FREQUENT					Statements	HOW STRONG				
	1	2	3	4	5		1	2	3	4	5
1	1	2	3	4	5	Feel like I am up against the world	1	2	3	4	5
2	1	2	3	4	5	I am no good	1	2	3	4	5
3	1	2	3	4	5	Why can't ever succeed?	1	2	3	4	5
4	1	2	3	4	5	No one understand me	1	2	3	4	5
5	1	2	3	4	5	I have let people down	1	2	3	4	5
6	1	2	3	4	5	I don't think I can go on	1	2	3	4	5
7	1	2	3	4	5	I wish I were a better person	1	2	3	4	5
8	1	2	3	4	5	I am so weak	1	2	3	4	5
9	1	2	3	4	5	My life's not going the way I want it to	1	2	3	4	5

Maslach Burn Out Inventory (MBI)

Instructions: Please read each statement carefully and mark your answer in the column in front of it. Be sure to choose the option that best suits the degree of your agreement to the statement. Do not think too much long about the meaning of the statement. Work quickly and try to answer as accurately as possible. There are seven possible responses for each statement ranging from strongly agrees to strongly disagree.

1 2 3 4 5 6 7

Strongly agree	Agree	Often Agree	Neutral	Often Disagree	Disagree	Strongly disagree
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S.No	Statements	1	2	3	4	5	6	7
1	Expressing my emotions with words is not problem for me	1	2	3	4	5	6	7
2	I often find it difficult to see things from another person's view point	1	2	3	4	5	6	7
3	On the whole I am highly motivated person	1	2	3	4	5	6	7
4	I usually find it difficult to regulate my emotions	1	2	3	4	5	6	7
5	I generally don't find life enjoyable	1	2	3	4	5	6	7
6	I can deal effectively with people	1	2	3	4	5	6	7
7	I tend to change my mind frequently.	1	2	3	4	5	6	7
8	Many times I cannot figure out what emotions I am feeling	1	2	3	4	5	6	7
9	I feel that I have number of good qualities.	1	2	3	4	5	6	7
10	I often find it difficult to stand up for my rights	1	2	3	4	5	6	7
11	I am usually able to influence the way other people feel.	1	2	3	4	5	6	7
12	On the whole I have a gloomy perspective on most things.	1	2	3	4	5	6	7
13	Those close to me often complain that I do not treat	1	2	3	4	5	6	7

	them well.							
14	I often find it difficult to adjust my life according to circumstances.	1	2	3	4	5	6	7
15	On the whole I am able to deal with stress.	1	2	3	4	5	6	7
16	I often find it difficult to show my affection to those close to me .	1	2	3	4	5	6	7
17	I am normally able to get into someone's shoes and experience their emotions	1	2	3	4	5	6	7
18	I normally find it difficult to keep myself motivated.	1	2	3	4	5	6	7
19	I am usually able to find ways to control my emotions	1	2	3	4	5	6	7
20	On the whole I am pleased with my life.	1	2	3	4	5	6	7
21	I would describe myself as a good negotiator.	1	2	3	4	5	6	7
22	I tend to get involved in things I later wish I could get out of.	1	2	3	4	5	6	7
23	I often pause and think about my feelings.	1	2	3	4	5	6	7
24	I believe I am full of personal strength.	1	2	3	4	5	6	7
25	I tend to back down even if know I am right.	1	2	3	4	5	6	7
26	I don't seem to have any power at all over other people's feelings.	1	2	3	4	5	6	7
27	I generally believe that things will work out fine my life.	1	2	3	4	5	6	7
28	I find it difficult to bond well even with those close to me.	1	2	3	4	5	6	7
29	Generally I am able to adapt to new environment.	1	2	3	4	5	6	7
30	Other admires me for being relaxed.	1	2	3	4	5	6	7

Cognitive Error Questionnaire (CEQ)

Instructions: This questionnaire describe a number of situations that might happen to you, each situation is followed by a thought that you might experience in that situation, this thought is in quotation marks. We want to know how similar that thought is to what you might think in that situation. Please read each situation and imagine that it is happening to you, even if it never has in the past. Then read the thought that is in quotations. Chose the answer that best suits you from the options given below, and Tick your answer from the numbers in bracket along each thought.

4. Almost exactly like I would think.
3. A lot like I would think.
2. Somewhat like I would think
1. Only a little like I would think
0. Not at all like I would think.

1. You invite one of your friend to stay overnight at your home, another one friend of you finds about it. You think "he or she will be real mad at me for not asking them and never want to be friends again." This thought is; (0,1,2,3,4,)
2. Your class is having four person relay races in gym class, your team loses. You think "if I had been faster we would have not lost." This thought is; (0,1,,2,3,4,)
3. You are trying out for school football team; you get up 4 times and get 2 hits and make 2 outs. You think "what a lousy practice I had.; This thought is; (0,1,2,3,4,)
4. Your team loses a spelling contest, the other team won easily, you think "if were smarter we would not have lost." This thought is; (0,1,2,3,4,)
5. Some of your friends have asked you if you are going to try out for the school soccer team. You tried out last year but you did not make it. You think, "What's the use of trying out; I could not make it last year." This thought is; (0,1,2,3,4,)
6. You call one of the kids in the class to talk about your math's homework, he/she says I can't talk to you know my father needs to use the phone. You think "hey. did not want to talk to me." This thought is; (0,1,2,3,4,)
7. You and three other students completed a group science project. Your teacher did not think it was very good and gave your group a poor grade. You think, "if I had not done such a lousy job, we would have gotten good grades." This thought is; (0,1,2,3,4,)
8. Whenever it is someone's birthday in your class, the teacher let the students half hour of free time to play a game with another student. Last week it was one of your friend's birthday and they picked someone else. Now another your friend is going to get to choose someone. You think, "they probably won't pick me either." This thought is; (0,1,2,3,4,)
9. Your softball team is having practice the coach tell you he would like to talk to you after practice. You think, "he,s not happy with how I'm doing and doesn't want me on the team anymore." This thought is; (0,1,2,3,4,)
10. You went to a party with one of your friends. When you first got there your friend hung around with some other kids instead of you. Later you and your friend decide to stop at him/her house for a snack before you go home. Later that night you think, " my friend didn't seem to want to hang around with me tonight" This thought is; (0,1,2,3,4,)
11. You forgot to do your spelling homework. Your teacher tells the class to hand them in. you think, "the teacher is going to think I don't care and I won't pass" This thought is; (0,1,2,3,4,)

12. You were having a good day in school up until the last period when you had a math quiz. You did poorly on the quiz. You think, "School is a drag, what a waste of time."
This thought is; (0,1,2,3,4,)
13. You play basketball and score 5 baskets but missed two real easy shots. After the game you think, "I played poorly" This thought is; (0,1,2,3,4,)
14. Last week you had a history test and forget some of the things you had read. Today you are having a math test and the teacher is passing out the test, you think, "I will probably forget what I studied just like last week," This thought is; (0,1,2,3,4,)
15. You spent the day at your friend's house. The last hour before leaving you were really bored. You think, "Today was no fun." This thought is; (0,1,2,3,4,)
16. You are taking skiing lessons. The instructor tells the class that he doesn't think people are ready for the steep trails yet. You think, "If I could only learn to ski faster, I wouldn't be holding everyone up." This thought is; (0,1,2,3,4,)
17. Your class is starting a new unit in maths. The last one was really hard. When it's time for math's class you think, "That last stuff was so hard I just know I am going to have trouble with this too." This thought is; (0,1,2,3,4,)
18. You just started a part time job helping one of your neighbors. Twice week you were not able to go skating because of having to work. As you see your friends leaving to go skating, you think, "Pretty soon they won't ever want to do anything with me." This thought is; (0,1,2,3,4,)
19. Last week one of the kids in your class had a party and you weren't invited. This past week you heard another student in your class telling someone he was thinking of getting some kids together to go to a movie. You think, "It will be just like last week I won't be asked to go." This thought is; (0,1,2,3,4,)
20. You did an extra credit assignment. The teacher tells that he would like to you about it. You think, "He thinks I did a lousy job on my assignment and is going to give me a bad grade." This thought is; (0,1,2,3,4,)
21. You are with two of your friends. You ask if they would like to go to a movie this weekend. They both say that they can't. You think, "they probably just don't want to go with me" This thought is; (0,1,2,3,4,)
22. Your cousin call you to ask if you'd like to go on a long bike ride. You think, "I probably won't be able to keep up and people will make fun of me," This thought is; (0,1,2,3,4,)
23. Your team has just lost in a spelling contest. You were the last one for your team and had spelled four words right. The last word was "excellent" and you got it wrong. When you sit down, you think, "I am no good at spelling." This thought is; (0,1,2,3,4,)
24. Last week you played softball and struck out twice. Today some kids from your class asked you to play soccer. You think, "there is no sense playing, I am no good at sports." This thought is; (0,1,2,3,4,)

Questionair- 4

Instruction: You are requested to read each statement and mark your answer in adjacent columns. Each statement is to be answered in two ways; how often? On left side of the table and to what degree? On the right side. Kindly mark your answer for each statement and in both ways.

How Often?

0	1	2	3	4	5	6
Never	A few times a year or less	Once a month or less	A few times a month	Once a week	A few times a week	Every day

To What Degree?

0	1	2	3	4	5	6
Never	Very mild, barely noticeable	Mild	Very noticeable	Moderate	Strong	Very strong

S.No	How Often?							Statement	To What Degree?						
	0	1	2	3	4	5	6		0	1	2	3	4	5	6
1.	0	1	2	3	4	5	6	I feel emotionally drained from my work	0	1	2	3	4	5	6
2.	0	1	2	3	4	5	6	I feel used up at the end of the work day	0	1	2	3	4	5	6
3.	0	1	2	3	4	5	6	I feel fatigued when I get up in the morning and I have to face another day on job	0	1	2	3	4	5	6
4.	0	1	2	3	4	5	6	I can easily understand how my patient feel about things	0	1	2	3	4	5	6
5.	0	1	2	3	4	5	6	I feel I treat some patients as if they were impersonal 'objects'	0	1	2	3	4	5	6
6.	0	1	2	3	4	5	6	Working with people all day is a real strain for me	0	1	2	3	4	5	6
7.	0	1	2	3	4	5	6	I deal very effectively with the problems of my patients.	0	1	2	3	4	5	6
8.	0	1	2	3	4	5	6	I feel burned out from my work.	0	1	2	3	4	5	6
9.	0	1	2	3	4	5	6	I feel I am positively influencing other people's lives through my work	0	1	2	3	4	5	6
10.	0	1	2	3	4	5	6	I have become more callous towards people since I took this job	0	1	2	3	4	5	6

11.	0	1	2	3	4	5	6	I worry that this job is hardening me emotionally	0	1	2	3	4	5	6
12.	0	1	2	3	4	5	6	I feel like I am very energetic	0	1	2	3	4	5	6
13.	0	1	2	3	4	5	6	I feel frustrated by my job	0	1	2	3	4	5	6
14.	0	1	2	3	4	5	6	I feel I am working too hard on my job	0	1	2	3	4	5	6
15.	0	1	2	3	4	5	6	I don't really care what happens to some patients.	0	1	2	3	4	5	6
16.	0	1	2	3	4	5	6	Working with people directly puts too much stress on me	0	1	2	3	4	5	6
17.	0	1	2	3	4	5	6	I can easily create a relaxed atmosphere with my patients.	0	1	2	3	4	5	6
18.	0	1	2	3	4	5	6	I feel exhilarated after working closely with my patients	0	1	2	3	4	5	6
19.	0	1	2	3	4	5	6	I have accomplished many worthwhile things in my life	0	1	2	3	4	5	6
20.	0	1	2	3	4	5	6	I feel like I am at the end of my rope.	0	1	2	3	4	5	6
21.	0	1	2	3	4	5	6	In my work, I deal with emotional problems very calmly.	0	1	2	3	4	5	6
22.	0	1	2	3	4	5	6	I feel patients blame me for some of their problems	0	1	2	3	4	5	6