Emotional Intelligence and Work Overload as Predictors of Burnout among Health Workers in Makurdi Metropolis

Chinelo Helen Ogwuche; Joseph Ianna Nyam & Atabo Cyril Paul
Department of Psychology
Benue State University, Makurdi
Email: chineloogwuche@gmail.com

ABSTRACT
This research investigated emotional intelligence and work overload as predictors of burnout among health workers in Makurdi metropolis. A cross-sectional survey design was used for the study and the researcher used 228 participants in the study 120 (52.6%) male and 108 (47.4%) were female. Simple and multiple regression analysis were used to test the three stated hypotheses and the result indicated that, there was no significant difference on the prediction of emotional intelligence on burnout, $R = .122$ and $R^2 = .015$, $F_{(1, 226)} = 3.402$, $p > .05$. On the other hand, the result showed that, there was a significant difference on the prediction of work overload on burnout, $R = .593$ and $R^2 = .352$, $F_{(1, 226)} = 122.576$, $p < .05$. The result further showed that, there was a significant difference on the joint prediction of emotional intelligence and work overload on burnout $R = .612$ and $R_2 = .375$, $F_{(2, 225)} = 67.410$, $p < .05$. The findings were discussed in line with other related works and it was recommended among others that, conscious efforts should be made to ensure the reduction of work overload on staff of health workers. This will enable them manage their lives well even in the work place and it will not lead them to burnout on their jobs.
Key Words: Emotional intelligence, work overload, burnout, health workers.

INTRODUCTION
Generally speaking, burnout is described as a physical, emotional, and mental exhaustion caused by long-term involvement in situations that are emotionally demanding (Cooper, & Bright, 2001). Research work on burnout has conducted in professions related to human care and service, it is now recognized that burnout occurs in a wide range of human service employees, including health workers (Dollard, 2003). Professionals who are "burned out" may experience one or more of the three components of the burnout syndrome (Maslach, Jackson & Leiter as cited in Dorman, 2003). Usually, burnout starts with a feeling of being emotionally overextended and drained by the intense contact with clients and colleagues (emotional exhaustion); jobholders, such as lawyers, whose work is very demanding and presupposes high arousal states, are more susceptible to emotional exhaustion (Tsai, Huang & Chan 2009). In turn, this may lead professionals to negative, dehumanizing attitudes and cynical responses toward their clients, such as loss of empathic concern (depersonalization). Finally, it results in negative (self- or others") evaluation of performance and achievement in their job, poor professional self-concept and feelings of inefficacy (reduced sense of personal accomplishment) thereby affecting ones emotional intelligence which could result as a result of work overload (Tsai, Huang & Chan, 2009).

Studies have shown that, job demands of health workers are major sources of stress which may often lead to work non-work interference (Hagan & Kay 2007). As a result of their intense interactions with clients, burnout is very likely to arise in health workers as a result of work overload. Research in other professions indicate that an increased level of workload is most likely to result, sooner or later, in job burnout (Schaufeli,

Leiter&Maslach 2009) whereas, emotional intelligence and work load appears to play a significant role in key organizational outcomes which does not exclude job burnout (Daus&Ashkanasy, 2005). Empirical evidence suggests that certain components of emotional intelligence and work overload influence or predict burnout dimensions (Platsidou, 2010).

It is proposed that emotional intelligence and work overload has a protective effect regarding occupational stress. Emotional intelligence concerns people's self-perceptions of their own emotional abilities and skills, personality characteristics and behavioral dispositions that influence their ability to cope successfully with environmental demands and pressures (Petrides, 2011). According to Petrides and his colleagues, the construct can alternatively be labelled as trait emotional self–efficacy; it is located at the lower levels of personality hierarchies and it is measured via self-reports (Petrides, Pita &Kokkinaki 2007). Research evidence has shown that emotional intelligence is related, directly or indirectly, to better adjustment or success in academic, personal, social or occupational settings (Mikolajczak&Luminet 2008). Also, high emotional intelligence is associated with lower levels of anxiety and depression, occupational stress and burnout (Platsidou, 2010). In some professions, such as in mental health professionals and in teachers (Kafetsios&Zampetakis 2008), trait emotional intelligence emerged as an important personality-level predictor of burnout. We can therefore postulate that, no matter how emotionally intelligence one can be, research has shown that, work overload can cause some level of stagnation in the one's emotional intelligence which could be as a result of some level of stress that could emanate.

In essence, workload emanating from stress in the workplace is globally considered a risk factor for workers' health and safety. More specifically, the health care sector is a constantly changing environment, and the working conditions in hospitals are increasingly becoming demanding and stressful. According to the World Health Organization (WHO), "a healthy workplace is one in which workers and managers collaborate to use a continual improvement process to protect and promote the health, safety and well-being of all workers and the sustainability of workplace (Burton, 2010). Despite WHO's aim to promote and foster healthy work environments, approximately 2 million work-related deaths occurred in the year 2000 (World Health Organization, 2013). Several studies focusing on the health care sector have shown that health care professionals are exposed to a variety of severe occupational stressors, such as time pressure, low social support at work, a high workload, uncertainty concerning patient treatment, and predisposition to emotional responses due to exposure to suffering and dying patients (Marine, Ruotsalainen, Serra&Verbeek 2006). In this sense, health care workers are at a high risk of experiencing severe distress, burnout, and both mental and physical illness. In turn, this could affect hospital outcomes, such as the quality of care provided by such institutions (Stansfeld& Candy 2006). Particularly, in the past 35 years, the prevalence of stress-related illnesses such as burnout has increased significantly, affecting 30% of employees in the general working population globally (Finney, Stergiopoulos, Hensel, Bonato&Dewa 2013). Burnout among health care workers, mainly

medical staff, was becoming an occupational hazard, with its rate reaching between 25% and 75% in some clinical specialties (Laschinger, Wong & Greco 2006). Furthermore, it was reported that among the sources of occupational illnesses, burnout represents 8% of the cases of occupational illnesses (Sundin, Hochwälder, Bildt&Lisspers 2006).

The health profession requires frequent interaction with clients, careful analyses of occasionally very complex health issues, high decision latitude and high psychological demands (Tsai, Huang & Chan 2009). As the number of health workers increases, competition in the health care profession is growing, adding more pressure and stress to those working with the health profession. In the developed world, research evidence from U.S.A. and Taiwan reveal that health care workers experience relatively higher occupational stress and burnout compared with the national average of the working people (Salman &Platsidou 2011). Health working profession has historically been viewed as the labor of love and kindness. It has many intrinsic and extrinsic rewards for people entering the pedagogical arena. However, health working is not without its inherent problems. Problems associated with job related stress remain at the top of many health workers.

In recent years, it has become a global concern, considering that about as many as every third of the health worker surveyed in various studies reported that they regarded health workers as highly stressful (Borg, 1990). The amount and degree of stress a health worker experiences may be related to her negative self-perception, negative life experience, low morale, and the struggle to maintain personal values and standards in the workplace (Worrall & May, 1989). Burnout might have serious negative repercussions not only on the health workers' wellbeing but also on the entire profession. Prior studies show that burnout negatively influences other professions like quality of teaching, and it might also lead to job dissatisfaction, work alienation, and teachers' leaving the profession (Vandenberghe&Huberman, 1999). According to the implications of this studies, those professions affected by burnout are to be helped to manage occupational stress to avoid burnout. According to Salovey, Bedell, Detweiler, & Mayer (2000), individuals differ as to their abilities to practice effective control over their emotional lives. Such individual differences are now thought of as difference in emotional intelligence (Salovey& Mayer, 1990).

As can be deduced from studies, emotional intelligence and work overload can result to burnout in several professions. But literature has not been specific which profession is more affected. Health workers ought to have high level of emotional intelligence as they handle day to issue of health which leads exacerbated workload and it is obvious that, this may have certain link with their burnout. Unfortunately, little is known about the extent at which burnout is resulted in the presence of emotional intelligence and work overload. Based on the revealed literature, it can be postulated thus:

i.   Emotional intelligence will significantly predict burnout among health workers in Makurdi metropolis.
ii.   Work overload will significantly predict burnout among health workers in Makurdi metropolis.

iii.   Emotional intelligence and work overload will significantly and jointly predict burnout among health workers in Makurdi metropolis.

Review of related Literature

Mohammad, Mohammadyfar, Mahmmod and Bahman, (2009) looked at the effect of emotional intelligence and job burnout on mental and physical health with the aim of studying the determination of the effect size of emotional intelligence and occupational stress on mental and physical health. In their study, 250 primary and high school teachers were selected with stratified random sampling selection from schools of Tehran, Iran. Three questionnaires Emotional Intelligence Scale (EIS), Teachers' Occupational Stress Questionnaire (TOSQ), and Mental Health Inventory (MHI)], and one checklist (Physical Health Checklist) were administered among the school teachers. The results showed that emotional intelligence and job burnout were explained 43.9% of mental health and 13.5% of variance of physical health.

Moreover, relationship between emotional intelligence and job burnout among universities professors in Karachi was carried out by Farah and Farhana (2013). The sample size was of 100 professors from different universities of Karachi. Participant's age was between 25-50 years. The Schutte Self Report Emotional Intelligence Test (SSEIT Schutte et al., 1998) and Maslach Burnout Inventory (Maslach& Jackson, 1981) were applied. Linear Regression was used to analyse the data. The result indicated a significant negative association between emotional intelligence and job burnout among universities professors. In a related study, Barnabas, Tobias, Ngozi, Solomon and James (2013) investigated on the relationship between emotional intelligence and job satisfaction among health workers in Oweri. A total of 116 participants comprising 45 doctors and 71 nurses were selected from National Orthopedic Hospital, Enugu State. They between the ages of 24 years-64 years with a mean age of 45 years. They were selected, making use of purposive stratified sampling technique. The participants were administered a 20-item Minnesota satisfaction questionnaire, 33-item emotional intelligence scale and 22-item Maslach Burnout Inventory. Here, regression analysis was applied as a statistical test to analyze the data. The findings revealed that there was a significant positive relationship between emotional intelligence and job satisfaction among health workers ($r = .67 < 0.01$). Their result shows that as emotional intelligence increases, job satisfaction will increase.

Greenglass, Burke and Fiksenbaum (2001) looked at workload and burnout among nurses. Their studies examined the relationship between workload, burnout and somatization in nurses. The respondents consisted of 1363 nurses employed in hospitals, which were undergoing extensive restructuring. Results of structural equation analyses showed that workload was positively related to emotional exhaustion. Emotional exhaustion led to cynicism and somatization, and cynicism was negatively related to nurses' professional efficacy. Shahram, Hedayat, Behnam, Zahra, Maryam and Abdolmahdi (2012) investigated the relationship between emotional workload and burnout in Iranian soccer super league referees. The method of the study was descriptive-correlational and the data was collected via questionnaires using field study procedure. The population of the study

consisted of all 73 soccer super league referees in the 2010-2011 season. The sample size was equated with the population. From among the 73 questionnaires distributed to the referees, a number of 67 questionnaires (91.78%) were regarded as valid and analyzable. Both descriptive statistics including frequency, percentage, mean and standard deviation and inferential statistics including Pearson correlation formula and regression analysis (both enter and stepwise methods) were used to analyze the data ($p<0.05$). The results showed that Iranian soccer super league referees had above average workload and had low levels of refereeing burnout. The results also revealed a significant negative correlation between workload and burnout in the referees ($r = -0.35$, $p = 0.003$).

Maria and Layla (2012) investigated on the role of emotional intelligence and workload in predicting burnout and job satisfaction of Greek lawyers. Ninety-two Greek lawyers, who were practicing law in the First Instance Court, were asked to fill in a package of questionnaires including the Wong Law Emotional Intelligence Scale, the Maslach Burnout Inventory, the Professional Motives Inventory, which measured the motivating factors according to Hertzberg"s dual factor theory, and part of the Employee Satisfaction Inventory, which measured the dissatisfying factors in lawyers" jobs. Personal (age, gender, marital status) and occupational (years of experience, job status, hours of work per day) data were also collected. Results demonstrated that Greek lawyers reported moderate levels of burnout and job (dis)satisfaction. A series of multiple regression analyses showed that burnout dimensions were predicted by emotional intelligence factors (emotion regulation and self- or others" emotions appraisal) as well as age, working hours and professional experience. In predicting the job satisfaction dimensions, others" emotions appraisal and emotion regulation, as well as job status, were significant. Overall, trait emotional intelligence appeared as a significant factor protecting lawyers from burnout and job dissatisfaction and enhancing their job satisfaction.

Efstathia, Dimitrios, George and Konstantinos (2016) looked at the relationship between burnout syndrome and emotional intelligence in healthcare professionals in relation to workload. Data were collected from a sample of 148 healthcare professionals, workers in the field of rehabilitation, who completed Maslach Burnout Inventory questionnaire, Trait Emotional Intelligence Que-Short Form questionnaire and a questionnaire collecting demographic data as well as personal and professional information. Simple linear regression and multiple regression analyses were conducted to analyze the data. The results indicated that there is a positive relationship between Emotional Intelligence and Burnout syndrome as Emotional Intelligence acts protectively against Burnout syndrome and even reduces it. In particular, it was found that the higher the Emotional Intelligence, the lower the Burnout syndrome. Also, among all factors of Emotional Intelligence, "Emotionality", seems to influence Burnout syndrome the most, as, the higher the rate of Emotionality, the lower the rate of Burnout. At the same time, evidence was found on the variability of Burnout syndrome through various models of explanation and correlation between Burnout syndrome and Emotional Intelligence and also, Burnout syndrome and Emotional Intelligence factors. They concluded that, employers could focus on building emotional relationships with their employees, especially in the health care

field. Furthermore, they could also promote some experimental seminars, sponsored by public or private institutions, in order to enhance Emotional Intelligence and to improve the workers' quality of life and the quality of services they provide.

Design
The research design that was used for this study is a non-experimental design precisely the cross-sectional survey design. The researcher adopted the use of questionnaire to carry out the study. This is because the study is cut across different ages, ethnic groups, different individual with several demographic characteristics. The researcher used this design because the researcher did not manipulate the variables involved.

Participants
The researcher sample 228 participants for the study. Among the sampled participants, 120 (52.6%) were male while 108 (47.4%) were female. Also, the researcher sampled 146 (64.0%) of the participants who were single while 82 (36.0%) were married. Moreover, the researcher sampled 215 (94.3%) of the participants who were Christians and 13 (5.7%) who were from Islam. On the basis of ethnicity, the researcher sampled 109 (47.8%) of the participants who were Tiv by tribe, 70 (30.7%) who were Idoma, 43 (18.9%) who were Igede and 6 (2.6%) who were from other ethnic groups not mentioned in the study.

Instruments
The instrument that was used for this study was a questionnaire which comprised of three standardized scales which are emotional intelligence scale developed by Meyer and Salovey, (1997) with adequate reliability and validity coefficients, Workload scale developed Staff Workload Assembly, University of Califonia (2012) to ascertain the level of workload of staff and workers and how it affect their daily functioning and Burnout Scale developed by Michelle (1981) with scoring format of 38 – 50, 51 – 70, 71 – 90 and 91 above indicating different levels of burnout in individuals.

Procedure
The researcher obtained a permission letter from the department to carry out a research in the study area. The researcher then proceeded to the field and administered the questionnaire to the participants in various health sectors that is hospitals within the metropolis. Since accidental sampling was used as a sampling method which does not give room for randomly selecting participants, every worker found was given a copy of the questionnaire to respond to and the responses of the workers which was based on their willingness constituted the data for this study.

Data Analysis
The researcher employed the use of descriptive and inferential statistics for data analyses. The researcher used descriptive statistics such as frequencies for the bio-data and inferential statistics such as Linear Regression analysis for testing the three hypotheses. These tools were used because they were considered most appropriate for the study and the researcher employed the use of computer analysis with statistics software called

Statistical Package for Social Sciences (SPSS) version 20 to analyze and present the result for this study.

Results

Table 1:   Linear regression result showing the prediction of emotional intelligence on burnout.

Variable	R	R²	F	β	t	p	Remarks
Constant	.122	.015	3.402		12.452	.000	
Emotional Intelligence				-.122	-1.845	.006	Not Sig

Table 1 shows the result of a linear regression indicating that there was no significant difference on the prediction of emotional intelligence on burnout, R = .122 and R² = .015, F (1, 226) = 3.402, p>.05. The value of R = .122 shows a relatively low prediction of emotional intelligence on burnout, and R² = .015 shows that emotional intelligence explains only 1.5% variability on burnout. The β value of -.122 indicates that as emotional intelligence increases, there is a relatively small reduction in burnout. Therefore, the hypothesis stating that emotional intelligence will significantly predict burnout among health workers in Makurdi metropolis was not accepted.

Table 2:   Linear regression result showing the prediction of work overload on burnout.

Variable	R	R²	F	β	t	p	Remarks
Constant	.593	.352	122.576		8.011	.000	
Work overload				.593	11.071	.000	Sig

Table 2 presented the result of a linear regression showing that there was a significant difference on the prediction of work overload on burnout, R = .593 and R² = .352, F(1, 226) = 122.576, p<.05. The value of R = .593 shows the prediction of work overload on burnout and R2 = .352 shows that work overload explains 35.2% variability on burnout. The β value of .593 indicates a positive relationship between the variables, indicating that as work overload increases, there is an increase in burnout. Therefore, the hypothesis stating work overload will significantly predict burnout among health workers in Makurdi metropolis was accepted.

Table 3: Multiple regression result showing the joint prediction of emotional intelligence and work overload on burnout.

Variable	R	R²	F	β	t	p	Remarks
Constant	.612	.375	67.410		7.125	.000	Sig
Emotional intelligence				-.152	-2.879	.004	
Work overload				.601	11.379	.000	

Table 3 shows the result of a multiple regression indicating that there was a significant difference on the joint prediction of emotional intelligence and work overload on burnout R = .612 and R2 = .375, F(2, 225) = 67.410, p<.05. The value of R = .612 shows the joint prediction of emotional intelligence and work overload on burnout, while R2 = .375 shows that the joint contribution of emotional intelligence and work overload explains 37.5% variability on burnout. The β values of -.142 and .601 for emotional intelligence and work overload respectively however, indicates that as emotional intelligence increases, burnout reduces, while on the other hand as work overload increases, burnout also increases and vice versa. Thus, the hypothesis stating emotional intelligence and work overload will significantly and jointly predict burnout among health workers in Makurdi metropolis was supported.

Incidental Findings
Table 4: Result showing mean and standard deviation scores of demographic variables on burnout.

Variable	Mean	Standard Deviation
Gender		
Male	71.125	16.581
Female	81.620	15.975
Marital Status		
Single	76.699	17.258
Married	75.024	16.833
Religion		
Christianity	74.479	16.011
Islam	102.846	11.415
Ethnicity		
Tiv	77.477	17.108
Idoma	77.114	18.462
Igede	68.861	13.178
Others	91.000	.000

Table 4 shows the result of mean and standard deviation scores of demographic variables on burnout. The result shows that regarding sex, females had higher mean scores of 81.620 compare to the mean scores for males; 71.125, implying they show greater levels of burnout than males. Regarding marital status, single participants slightly scored higher on burnout then married particiaptns, having a higher mean score of 76.699 as the mean score of 75.024 respectively. The result on religion revealed that Islam scored higher on burnout, with a greater mean score of 102.846 as compare to the mean score of Christianity which is; 74.479. Pertaining ethnicity, participants from ethnic groups other than Tiv, Idoma and Igede scored higher on burnout, indicating greater level of burnout.

Table 5: Summary of one way ANOVA showing the prediction of burnout on emotional intelligence

Source	SS	MS	df	F	p	Remarks
Between Groups	14584.278	4861.426	3	20.793	<.05	Sig

| Within Groups | 52371.980 | 233.803 | 224 |
| Total | 66956.259 | | 227 |

Table 5 shows an incidental finding which revises the order of the dependent variable burnout to serve as an independent variable, while the former independent variable; emotional intelligence serves as the dependent variable, in order to test the various degree of levels of burnout on emotional intelligence. The result in this table shows a one-way ANOVA revealing a significant prediction of burnout on emotional intelligence $F_{(3, 224)}$ = 20.793; p<.05.

Table 6: Descriptive result showing mean and standard deviation scores of levels of burnout on emotional intelligence.

Emotional Intelligence

Burnout	Mean	Standard Deviation
Never/no change	0	0
Rarely	112.00	.000
Sometimes	117.075	13.983
Often	98.808	17.724
Always/much change	111.286	13.447

Table 6 indicates the mean and standard deviation scores of levels of burnout on emotional intelligence. This result confirms the significant difference obtained in table 5. It reveals that participants whose frequency of burnout was 'sometimes' has a higher mean scores of 117.075, against participants with other levels of burnout. The result therefore shows that persons who reveal an average level of burnout (experiencing burnouts sometimes) display significantly higher levels of emotional intelligence.

Table 7: Summary of one-way ANOVA showing the prediction of burnout on workload
Work overload

Source	SS	MS	df	F	p	Remarks
Between Groups	9588.531	3196.177	3	76.607	<.05	Sig
Within Groups	9345.692	41.722	224			
Total	18934.224		227			

Table 7 is an incidental finding which shows a reverser order of the dependent variable burnout as an independent variable, and the initial independent variable; work overload as the dependent variable, in order to test the various degrees or levels of burnout on work overload. The result in table 7 shows a one-way ANOVA revealing a significant prediction of burnout on work overload, $F_{(3, 224)}$ = 76.607; p<.05.

DISCUSSION
In this section, the stated hypotheses are discussed in line with the study and in connection with other studies that were conducted that are related to this study. This study investigated on emotional intelligence and work overload as predictors of burnout

among health workers in Makurdi metropolis. Three research hypotheses were tested and tested and their results are presented in the previous chapter. Hypothesis one which stated that, emotional intelligence will significantly predict burnout among health workers in Makurdi metropolis was tested using regression analysis and the result indicated that, there was no significant difference on the prediction of emotional intelligence on burnout. The result shows a relatively low prediction of emotional intelligence on burnout, showing that, emotional intelligence explains only 1.5% variability on burnout. Furthermore, the result indicates that, as emotional intelligence increases, there is a relatively small reduction in burnout. The present finding is inconsistent with that of Mohammad, Mohammadyfar, Mahmmod and Bahman, (2009) who looked at the effect of emotional intelligence and job burnout on mental and physical health with the aim of studying the determination of the effect size of emotional intelligence and occupational stress on mental and physical health. They found that, emotional intelligence and job burnout were explained 43.9% of mental health and 13.5% of variance of physical health. Studies by Farhana (2013) which looked at the relationship between emotional intelligence and job burnout among universities professors in Karachi also confirmed the inconsistency in finding. He found a significant negative association between emotional intelligence and job burnout among universities professors.

The second hypothesis which stated that, work overload will significantly predict burnout among health workers in Makurdi metropolis was tested using regression analysis and the result indicated that, that there was a significant difference on the prediction of work overload on burnout. The result further shows the prediction of work overload on burnout and shows that work overload explains 35.2% variability on burnout. The result further indicates a positive relationship between the variables, indicating that as work overload increases, there is an increase in burnout. This finding is consistent with that of Greenglass, Burke and Fiksenbaum (2001) who conducted a study on workload and burnout among nurses. Their studies examined the relationship between workload, burnout and somatization in nurses. They found that, workload was positively related to emotional exhaustion. Emotional exhaustion led to cynicism and somatization, and cynicism was negatively related to nurses' professional efficacy. Also consistent with this finding is the studies by Shahram, Hedayat, Behnam, Zahra, Maryam and Abdolmahdi (2012) who investigated the relationship between emotional workload and burnout in Iranian soccer super league referees. They found that, Iranian soccer super league referees had above average workload and had low levels of refereeing burnout. The results also revealed a significant negative correlation between workload and burnout in the referees.

The third hypothesis which stated that, emotional intelligence and work overload will significantly and jointly predict burnout among health workers in Makurdi metropolis was tested using multiple regression analysis and the result indicated that there was a significant difference on the joint prediction of emotional intelligence and work overload on burnout. The value shows the joint prediction of emotional intelligence and work overload on burnout, while the joint contribution of emotional intelligence and work overload explains 37.5% variability on burnout. Furthermore, the result indicates that as

emotional intelligence increases, burnout reduces, while on the other hand as work overload increases, burnout also increases and vice versa. This finding is consistent with that of Maria and Layla (2012) who investigated on the role of emotional intelligence and workload in predicting burnout and job satisfaction of Greek lawyers. They found that, Greek lawyers reported moderate levels of burnout and job (dis)satisfaction. A series of multiple regression analyses showed that burnout dimensions were predicted by emotional intelligence factors (emotion regulation and self- or others" emotions appraisal) as well as age, working hours and professional experience. In predicting the job satisfaction dimensions, others" emotions appraisal and emotion regulation, as well as job status, were significant. Overall, trait emotional intelligence appeared as a significant factor protecting lawyers from burnout and job dissatisfaction and enhancing their job satisfaction.

Incidental findings showed that, regarding sex, females had higher mean scores of 81.620 compare to the mean scores for males; 71.125, implying they show greater levels of burnout than males. Regarding marital status, single participants slightly scored higher on burnout then married particiaptns, having a higher mean score of 76.699 as the mean score of 75.024 respectively. The result on religion revealed that Islam scored higher on burnout, with a greater mean score of 102.846 as compare to the mean score of Christianity which is; 74.479. Pertaining ethnicity, participants from ethnic groups other than Tiv, Idoma and Igede scored higher on burnout, indicating greater level of burnout. In the same vein, the result in this table shows a one-way ANOVA revealing a significant prediction of burnout on emotional intelligence. Furthermore, the result confirms the significant difference obtained. It reveals that participants whose frequency of burnout was 'sometimes' has a higher mean scores of 117.075, against participants with other levels of burnout. The result therefore shows that persons who reveal an average level of burnout (experiencing burnouts sometimes) display significantly higher levels of emotional intelligence. Also, one-way ANOVA revealing a significant prediction of burnout on work overload. Moreover, the result shows the mean and standard deviation scores of levels of burnout on work overload. This result confirms the significant difference obtained. It shows that participants whose frequency of burnout was 'always/much change' had a higher mean score of 49.819, against participants with other levels of burnout. The result therefore shows that persons who reveal the highest level of burnout (experiencing burnouts always/much change) display significantly higher levels of work overload

CONCLUSION AND RECOMMENDATIONS
Based on the findings of this study, it was concluded that there is no significant influence of emotional intelligence on burnout among health workers in Makurdi metropolis. On the other hand, there is a significant influence of work overload on burnout among health workers in Makurdi metropolis. In the same vein, there is a significant joint influence of emotional intelligence and work overload on burnout among health workers in Makurdi metropolis. It was therefore recommended that conscious efforts should be made to ensure the reduction of work overload on staff of health workers. This will enable them manage

their lives well even in the work place and it will not lead them to burnout on their jobs. Also, training of staff on emotional intelligence should be done to help them cope with individuals in the work place as it will aid them to know what others want and attend to them adequately to averts burnout in work place. Moreover, further research should be carried out in the area of emotional intelligence and work overload especially in other states to ensure consistency and generalizability of findings. This way, what has been found here can be found to be consistent elsewhere.

REFERENCES

Cooper, L., & Bright, J. (2001).Individualdifferences in reactions to stress. In Jones, F.I.,& Bright, J. (Eds), *Stress: Myth, theory andresearch.* Harlow, UK: Prentice Hall.

Daus C.S., Ashkanasy N.M. (2005).The case for an ability-based model of emotional intelligence in organizational behavior. Journal of Organizational Behavior, 26:453-466.

Dollard, M.F. (2003). Introduction: context theoriesand intervention. In M.F. Dollard, A.H.Winefield, & H.R. Winefield (Eds.).*Occupational stress in the service professions.*New York: Taylor & Francis.

Dorman, J.P. (2003). Relationship between schooland classroom environment and teacherburnout.*Social Psychology of Education, 6,*107-127.

Efstathia, M. V., Dimitrios, D., Lyrakos, G. &Chanopoulos, K. (2013). The Relationship between Burnout Syndrome and Emotional Intelligence in Healthcare Professionals.Health Science Journal ISSN 1791-809X

Farah, I. &Farhana, A. (2014).Relationship between emotional intelligence and job burnout among universities professorS.Department of Psychology, University of Karachi, PAKISTAN.

Finney C, Stergiopoulos E, Hensel J, Bonato S, &Dewa CS. (2013). Organizational stressors associated with job stress and burnout in correctional officers: a systematic review. BMC Public Health;13:82.

Greenglass, E., Burke, R. J. and Fiksenbaum, L. (2001).Workload and burnout among nurses. New York: John Wiley & Sons, Ltd

Hagan J., Kay F.M. (2007). Even lawyers get the blues: gender, depression, and job satisfaction in legal practice. Law Soc. Rev., 41(1):51–78.

Kafetsios K., Loumakou, M. (2007).A comparative evaluation of the effects of trait emotional intelligence and emotion regulation on affect at work and job satisfaction. International Journal of Work Organization and Emotion, 2(1):71-87.

Laschinger HKS, Wong C, & Greco P. (2006). The impact of staff nurse empowerment on person-job fit and work engagement/burnout. NursAdm Q; 30: 358e67.

Marine A, Ruotsalainen J H, Serra C, Verbeek JH.(2006). Preventing occupational stress in healthcare workers. Cochrane Database of Syst Rev;4. Art. No. CD002892.

Maslach, C., & Jackson, S.E., (1981). Themeasurement of experienced burnout.*Journalof Occupational Behavior, 2,* 99-113.

Mikolajczak M., Luminet O. (2008). Trait emotional intelligence and the cognitive appraisal of stressful events: an exploratory study. Personality and Individual Differences, 44:1445-1453.

Mohammad, A. M., Mohammadyfar, K., Mahmmod S. K. &Bahman, K. T. (2009).The Effect of Emotional Intelligence and Job Burnout on Mental and Physical Health.Journal of the Indian Academy of Applied Psychology. Vol. 35, No. 2, 219-226.

Petrides K. V. (2011). Ability and trait emotional intelligence. In T. Chamorro-Premuzic, A. Furnham, S. Von Stumm (Eds.), The Blackwell-Wiley Handbook of Individual Differences. New York: Wiley.

Petrides K. V., Pita R., Kokkinaki F. (2007). The location of trait emotional intelligence in personality factor space. British Journal of Psychology, 98:273-289.

Platsidou M. (2010). Trait Emotional Intelligence of Greek Special Education Teachers in Relation to Burnout and Job Satisfaction. School Psychology, 31(1):60–76.

Platsidou M., Agaliotis I. (2008). Burnout, job satisfaction and instructional assignment-related sources of stress in Greek special education teachers. International Journal of Disability, Development and Education, 55(1):61-76.

Salman L. &Platsidou M. (2011).Burnout and job satisfaction of Thessalonian lawyers. The Podium of Social Sciences, 15(60):53-57 (in greek).

Salovey P &Grewal D (2005) The Science of Emotional Intelligence.Current directions in psychological science, Volume 14 -6

Salovey P and Grewal D (2005) The Science of Emotional Intelligence. Current directions in psychological science, Volume 14 -6

Salovey, P. (2001). Applied emotional intelligence: Regulating emotions to become healthy, wealthy, and wise. In J. Ciarrochi, & J.P. Forgas (Eds.), *Emotional intelligence in every day life: A scientific enquiry* (p. 67-81). Philadelphia, PA: Taylor & Francis.

Salovey, P., & Mayer, J. D. (1989).Emotional Intelligence.*Imagination,Cognition and personality,* 9(3), 185-211.

Salovey, P., & Mayer, J. D. (1990).Emotional Intelligence.*Imagination.Cognition and personality,* 9(3), 185-211.

Salovey, P., & Mayer, J.D. (1989).Emotional intelligence.Imagination, Cognition, and Personality, Vol. 9, No. 3, pp185-211.

Salovey, P., Bedell, B. T., Detweiler, J. B., & Mayer, J. D. (1999).Copingintelligently: Emotional intelligence and the coping process. In C. R.Snyder (Ed.), *Coping: The psychology of what works* (pp. 141-164). NewYork: Oxford University press.

Salovey, P., Bedell, B.T., Detweiler, J.B., & Mayer, J.D., (1999). Coping intelligently: Emotional intelligence and the coping process. In C.R. Snyder (Eds.), *coping: the psychology of what woks* (p.141-164). New York: Oxford psychology press.

Salovey, P., Mayer, J. D., & Caruso, D. (2002).The positive psychology of emotional intelligence.In C. R. Synder& S. 1. Lopez (Eds.), *Handbook of Positive Psychology* (pp. 159-171). New York: Oxford University Press.

Salovey, P., Rothman, A.J., Detweiler, J.B., & Steward, W.T. (2000).Emotional states and physical health.*American Psychologist, 55,* 110-121.

Schaufeli W.B., Leiter M.P., Maslach C. (2009). Burnout: 35 years of research and practice. Career Development International, 14(3):204-220.

Shahram, A., Hedayat, M., Behnam, M., Maryam, M. Nasirzade, A. (2012).The Relationship Between Emotional Intelligence and Burnout in Iranian Soccer Super League Referees. Current Research Journal of Biological Sciences 4(5): 544-550.

StansfeldS,& Candy B. (2006). Psychosocial work environment and mental healthda meta-analytic review.Scand J Work Environ Health;32:443e62.

Sundin L, Hochwälder J, Bildt C, Lisspers J. (2006). The relationship between different work-related sources of social support and burnout among registered and assistant nurses in Sweden: a questionnaire survey. Int J Nurs Stud;44: 758e69.

Tsai F., Huang W., Chan C. (2009). Occupational stress and burnout of lawyers. Journal of Occupational Health, 51:443-450.