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Association of Emotional Intelligence, Workplace Stress, and Burnout in Behavior Analysts

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Abstract

Increasing job demands for board-certified behavior analysts (BCBA) put them at risk of stress and burnout. In other fields of allied health, emotional intelligence (EI) has been shown to be a protective factor that mitigates stress and burnout. However, the influence of EI on these adverse outcomes had not been examined in BCBAs. The purpose of this quantitative, associational study was to investigate the relationships between EI, workplace stress, and burnout in BCBAs. The theoretical framework for this study was based on Goleman's (1995) theory of EI. A research survey adapting three scales—the TEIQue-SF (Petrides, 2023), Workplace Stress Scale (The Marlin Company and the American Institute of Stress, 2023), and the Burnout Measure, Short instruments (Malach-Pines, 2005)—were used to collect data on participants' EI, workplace stress and burnout levels, demographic information was collected on professional roles, years of experience as a BCBA, age, gender, and race. Survey data for 45 participants were collected from Qualtrics and underwent descriptive, bivariate, and multivariate analyses. The results showed that BCBAs were adversely affected by both workplace stress and burnout. EI scores in BCBAs were not significantly associated with workplace stress or burnout. Workplace stress levels for novice BCBAs were higher than for BCBAs with more experience. The authors offer recommendations to address burnout early through proactive education and training that helps practitioners develop strategies to cope with the demands of the job.

Keywords: behavior analysts, emotional intelligence, stress management, burnout prevention, EI training, EI education

1. Introduction

The experience of stress leading to burnout is at an all-time high in the field of behavior analysis (Brown, 2021; Kranak, 2022; Plantiveau et al., 2018; Slowiak & DeLongchamp, 2022; Slowiak & Jay, 2023). *Board certified behavior analysts* (BCBAs) are certified or licensed, graduate-level practitioners who use the principles of applied behavior analysis (ABA) to assess and develop systematic processes to improve human behavior (Behavior Analyst Certification Board [BACB], 2025b). Most BCBAs work with individuals with autism (Yingling et al., 2021). As the need for BCBAs continues to rise in the United States, so do the levels of stress and burnout (Kazemi et al., 2022; Slowiak & Jay, 2023). Increasing job demands may place newly minted BCBAs at especially high risk (Plantiveau et al., 2018). Moreover, stress and eventual burnout experienced by BCBAs also have adverse consequences for the population they serve.

Even though burnout among helping professionals is a well-known phenomenon marked by emotional exhaustion, depersonalization, and negative perceptions of accomplishments (Fiebig et al., 2020), minimal research exists on the effects of stress and eventual burnout in BCBAs. A recent investigation identified higher levels of burnout in BCBAs than in registered ABA technicians and classroom assistants (Austin & Fiske, 2023). ABA technicians are certified paraprofessionals who deliver ABA services under the direction and supervision of BCBAs (Behavior Analyst Certification Board, 2025b). Moreover, current studies revealed that BCBAs are experiencing significantly more burnout than what had been previously reported (Dounavi et al., 2019; Jiménez-Gomez et al., 2021; Slowiak & DeLongchamp, 2022; Slowiak & Jay, 2023). Developing research has identified turnover as a costly consequence of burnout (Brown, 2021; Cymbal et al., 2022; Kranak, 2022; Slowiak & DeLongchamp, 2022). Workplace conflict, causing increased tension,

stress, and eventual burnout, has also been identified as a predictor for decreased caseloads and voluntary turnover (Kazemi et al., 2022).

Unlike in other allied health and helping professions, BCBAs receive little to no education or training on soft skills that could mitigate stress and eventual burnout (Fiebig et al., 2020). Specifically, ABA graduate programs are not required to equip students with strategies to reduce stress, prevent burnout, or manage self and social relationships (Kazemi et al., 2022). Previous research has suggested that drawing from acceptance and commitment therapy practices could provide BCBAs with tools for appropriate self-care to increase resilience and well-being (Fiebig et al., 2020). However, despite the recent growth in emotional intelligence (EI) research, there are no studies on the application of EI principles in BCBAs. EI describes one's ability to identify and self-regulate emotions and those of other people (Goleman, 1995). Previous research has shown there are benefits to integrating EI into academic programs (Gribble et al., 2019; Polonio-López et al., 2019; Shah & Galantino, 2019). EI education in allied health professions has been shown to have significant, positive effects on job satisfaction, patient care, team-related skills, and staff retention (Gribble et al., 2019).

BCBAs are experiencing increasing levels of workplace stress and burnout (Brown, 2021; Kranak, 2022; Plantiveau et al., 2018; Slowiak & DeLongchamp, 2022). Prolonged stress and associated burnout curb motivation and affect leadership capabilities. At a point when demands for BCBAs are at an all-time high; alarming rates of stress that lead to burnout have followed (Kranak, 2022). From 2023 to 2024, BCBA positions increased by 58% nationwide (Behavior Analyst Certification Board, 2025c).

1.1 Stress and Burnout in Behavior Analysts

Stress and eventual burnout affect not only BCBAs but also have adverse consequences for the population they serve. It is estimated that about 68% of BCBAs work with individuals with autism spectrum disorder (ASD), most of whom are children (Yingling et al., 2021). Coverage for applied behavior analysis (ABA) services is mandated through state-regulated public and private healthcare insurance (Yingling et al., 2021). ABA is one of the primary therapies prescribed to children with ASD. Twenty years ago, there were 28 BCBAs in the United States and an estimated autism rate of 1.9 per 1,000 or 1.9% (National Library of Medicine, 2015; Yingling et al., 2021). Today, the autism rate in the United States has increased to 1 in 36 children, or 2.8% (Autism Speaks, 2023). Growth in the number of BCBAs has paralleled that increase; in 2019, there were 37,859 active BCBAs (Behavior Analyst Certification Board, 2025a). Moreover, the upward trend in autism rates and growing demand for BCBAs has increased caseloads and the number of supervisees managed per analyst.

Despite increased awareness of stress and burnout in behavior analysts (Kranak, 2022), research is limited on the effects of workplace stress in BCBAs and prevention education or training (Fiebig et al., 2020). At a time when there is an increasing global mental health crisis (World Health Organization, 2024), BCBAs provide socially significant behavior change therapy to others to reduce aversive conditions and increase contact with positive reinforcement (Fiebig et al., 2020). Therefore, BCBAs could benefit from stress management and burnout prevention training and education.

EI education and training may provide strategies to identify and improve many factors contributing to stress before burnout occurs. Goleman's (1995) four EI constructs are knowing your emotions (self-awareness), managing your emotions and motivating yourself (self-management), recognizing and understanding emotions in others (social awareness), and managing others' emotions (relationship management). EI training can provide problem-solving coping strategies on how to motivate oneself and how to identify and manage emerging emotions before feelings of ineffectiveness and emotional exhaustion set in. There is research to support a positive relationship between EI and resilience in leaders (Allen, 2022) and EI and mindfulness in healthcare professionals (Jiménez-Picón et al., 2021). Resilience is considered a powerful protective factor against perceived stress and burnout (Jiménez-Picón et al., 2021; Jung et al., 2023). Mindfulness practices are used in self-care to improve physical, emotional, mental, social, and spiritual well-being (Sawyer, 2023).

In addition to the limited research on the effects of stress and eventual burnout in BCBAs, there is a gap in the literature on stress and burnout prevention education and training. In ABA certification preparation programs, BCBAs receive little to no training and education on *soft skills* that could buffer the effects of stress and burnout (LeBlanc et al., 2019). Understanding what is known about prevention education and training in allied health professions, such as in occupational therapists and speech pathologists, could be useful in the development of evidence-based stress, burnout, and prevention education training for BCBAs.

1.2 Implications of Job Demands on Novice BCBAs

Job demands may place novice BCBAs at a higher risk for stress and eventual burnout. After one year of certification, BCBAs are expected to guide the training, supervision, and management of ABA technicians. These new responsibilities are challenging. Indeed, Brown et al. (2023) indicated that, given the challenges early career BCBAs face, ongoing

supervision from senior BCBAs (defined as seasoned clinical BCBA supervisors in an evaluative capacity) should continue in order to facilitate professional development and ensure the quality of patient care. However, only 47% of early-career BCBAs received adequate supervision.

1.3 Cycle of Workplace Conflict, Burnout, and Turnover

Evidence supports an association between job demands, burnout, and turnover (Brown, 2021; Cymbal et al., 2022; Kranak, 2022; Slowiak & DeLongchamp, 2022; Wine et al., 2020). Research has also documented a connection between workplace conflict, burnout, and turnover (Deling et al., 2023; Kazemi et al., 2022). Higher, unresolved workplace conflict may be caused by a lack of training. A full 68% of Kazemi et al.'s (2022) participants connected their workplace conflict with a lack of training. They reported that their significant lack of training led to insufficient skills for resolving conflict, and most wanted to quit. Notably, conflict management is a competency of the relationship management construct of EI (Goleman, 1995, 1998). Persistent workplace conflict leads to high turnover rates and diminished organizational performance (Cymbal et al., 2022). Burnout also affects organizational and consumer costs, and those who serve consumers with special needs are at a greater risk (Brown, 2021; Slowiak & DeLongchamp, 2022).

1.4 ABA Education and Training

Academic coursework to prepare individuals for the BCBA certification includes technical and clinical training and supervised practical experience only (LeBlanc et al., 2019). ABA graduate programs are not required to equip students with strategies to reduce stress, prevent burnout, or manage self and social relationships (Kazemi et al., 2022). In a study by LeBlanc et al. (2019), 225 participants were recruited to examine training experiences in relationship-building and compassionate care. The majority of BCBAs did not receive any type of relationship-building and management education in their academic program.

Organizational training pre and post-ABA certification do not require self-management or relationship-building skills development, as they do in other allied health professions (LeBlanc et al., 2019). This oversight creates a significant gap in ABA training because working with individuals with disabilities has been associated with higher levels of workplace stress and burnout (Bottini et al., 2020; Deling et al., 2023; Fiebig et al., 2020). Furthermore, ABA therapy requires working closely with the patient's caregivers (Cymbal et al., 2022; LeBlanc et al., 2019).

1.5 EI Training and Stress Management

Numerous research studies indicate there is a relationship between stress management and self-regulation (Double et al., 2022; Jiménez-Picón et al., 2021; Smith et al., 2024). Emotional self-control is a vital competence of the self-management construct in EI (Goleman, 1995, 1998). For example, Zhao et al. (2019) studied the effect of emotional regulation on mitigating job burnout in 343 Chinese employees. Data indicated that employees with high emotional regulation were significantly less exhausted and better able to handle work demands than their counterparts. Emotional regulation abilities also helped reduce burnout in emotion-driven job positions; for example, Double et al. (2022) found that effective emotional regulation underlies one's ability to respond to environmental stimuli with flexibility and adaptability.

1.6 EI in Allied Health Education

Evidence indicates EI competencies help reduce burnout in emotion-driven job positions (Zhao et al., 2019). Further findings suggest introducing EI education in post-secondary curricula in therapeutic, allied health professions builds emotional awareness, self-regulation, self-esteem, and communication development (Gribble et al., 2019; McGuire, 2023; Shah & Galantino, 2019; White et al., 2022). As BCBAs, speech pathologists, and occupational therapists often provide services collaboratively (Centers for Disease Control and Prevention, 2022), understanding what is known about EI education and training for therapeutic allied health professions could be useful when developing evidence-based EI training for BCBAs.

1.7 Benefits of EI Training

Given the relationship between EI and stress, the potential exists that EI training could mitigate stress and burnout in the discipline of ABA. In EI, self-awareness is a prerequisite to identifying stress responses. However, to effectively manage stress when it occurs, individuals must develop emotional regulation. A study by Afrifa et al. (2021) examined 260 leadership and management banking employees and found that participants who received EI training gained self-awareness and self-management strategies.

Developing EI in BCBAs through training may be an effective way to teach emotional flexibility and adaptability (see Double et al., 2022; Goleman, 1995; Goleman et al., 2002). Emotional regulation strategies can be characterized as adaptive or maladaptive (Double et al., 2022). Strategies can be referred to as a set of behavioral adaptations (Felton & Pugliese, 2017). Double et al. (2022) showed that EI predicted a more varied use of emotional regulation among 165 undergraduate psychology students. Comparably, Rickard et al. (2023) found that teaching EI to surgical students through

a webinar EI training in a real-world setting led to positive behavior change. Based on these findings, it might be expected that teaching emotional regulation could promote the use of flexible and adaptive strategies by BCBAs. Regulatory flexibility and adaptability—the ability to recognize, evaluate, and monitor how well a strategy works in different situations and adjust as needed—are critical skills for psychological well-being and mental health (Double et al., 2022).

1.7.1 EI and Resilience

EI training could encourage mindfulness and foster resilience to help mitigate stress and burnout in BCBAs because resilience is associated with lower levels of workplace stress and discontent (see Jung et al., 2023). Numerous research studies have shown there is a positive association between EI and resilience (Allen, 2022; Liu & Boyatzis, 2021; McGuire, 2023; Russ et al., 2023; Shah & Galantino, 2019). One way to foster EI and resilience is mindfulness practice (Jiménez-Picón et al., 2021; Smith et al., 2024). Mindfulness has been associated with improved emotional functioning (Smith et al., 2024). Furthermore, there is a relationship between mindfulness, stress, and burnout (Moss, 2020; Sawyer, 2023). A systematic review by Jiménez-Picón et al. (2021) examined the relationship between EI and mindfulness as a protective factor for allied health professionals. In their review, the authors noted a positive relationship between emotional regulation (a construct of EI) and mindfulness as well as a negative relationship between emotional exhaustion (a construct of burnout) and mindfulness. These results are consistent with Sawyer's (2023) later findings that mindfulness practices helped to produce resilient practitioners. Given the positive relationship between emotional regulation (a construct of EI) and mindfulness (a predictor of resilience), BCBAs may benefit from receiving online EI training. Evidence suggests that busy practitioners significantly benefit from receiving EI training in an online format (Rickard et al., 2023; Smith et al., 2024).

2. Methods

The purpose of this quantitative, associational study was to investigate whether there was a negative relationship between EI and the adverse outcomes of workplace stress and burnout. In other words, we examined whether EI might be a protective factor with respect to workplace stress and burnout. In addition, the study explored whether a positive relationship exists between years of experience as a BCBA and EI. To identify the potential relationships between EI, stress, and burnout, a research survey adapting three scales—the TEIQue-SF (Petrides, 2023), Workplace Stress Scale (The Marlin Company and the American Institute of Stress, 2023), and the Burnout Measure, Short instruments (Malach-Pines, 2005)—were used to collect data on participants' EI, stress and burnout levels, in addition to professional roles, years of experience as a BCBA, age, gender, and race.

2.1 Participant Characteristics

Data as of January 2024 indicates that 87.96% of BCBAs and BCBA-Ds identify as female, between the ages of 25-34, and White, non-Hispanic (72.5%). Furthermore, 74.74% identify autism spectrum disorder as their primary area of professional emphasis (BACB, 2025a). The descriptive analysis data in Table 1 indicated that about half of the study participants were between the ages of 30–39 (n=23, 51.1%). The typical study participant was female (n=38, 84.4%), of a White racial identity (n=31, 68.9%), and not of a Hispanic ethnicity (n=37, 82.2%).

2.2 Sample Size, Power, and Precision

A sample of 45 BCBAs in active status with the BACB was recruited online or through the first author's network. To meet the inclusion criteria, participants must have been board-certified, in active status with the BACB, and between the ages of 18 and 70. The desired sample size was determined using G*power (see Faul et al., 2007). The G*power software showed that in a multiple linear regression model with 2 explanatory variables, a medium to large effect size (Cohen's f=.25) among the explanatory and dependent variables, with power set at .80 and alpha set at .05, would require a sample size of at least 42 study participants.

2.3 Research Questions and Hypotheses

A multiple linear regression analysis was used to evaluate if there was a linear relationship between EI, the independent variable, and stress, burnout, and years of experience, the dependent variables. This quantitative, associational design was appropriate for the analysis of more than two variables and suitable for investigating the direction and strength of EI. The variables of EI, workplace stress, and burnout were generally defined as scores on the research survey. Professional roles, years of experience, age, gender, and race were statistically controlled in this study. This study was approved by the University of St. Augustine for Health Science's Institutional Review Board (IRB# 24-0503-055). The confidentiality of subjects was maintained through Qualtrics' security features.

The following research questions guided the study:

RQ1. What is the relationship between EI and workplace stress, controlling for professional role, years of experience, age, gender, and race in BCBAs?

RQ_2. What is the relationship between EI and burnout, controlling for professional role, years of experience, age, gender, and race in BCBAs?

RQ_3. What is the relationship between years of experience and EI, controlling for professional role, age, gender, and race in BCBAs?

The study hypotheses were as follows:

H_0. There is no relationship between EI and workplace stress in BCBAs.

H_1. EI is negatively associated with workplace stress in BCBAs.

H_0. There is no relationship between EI and burnout in BCBAs.

H_2. EI is negatively associated with burnout in BCBAs.

H_0. There is no relationship between EI and years of experience in BCBAs.

H_3. Years of experience are positively associated with EI in BCBAs.

In Research Questions RQ1 and RQ2, EI was the independent or predictor variable, and stress and burnout were the dependent variables. In research question RQ3, years of experience is the independent or predictor variable, and EI is the dependent variable. Multiple linear regressions are appropriate for the analysis of two or more variables and were used in this study to evaluate if there is a relationship between EI, stress, burnout, and years of experience, and to investigate the direction and strength of EI.

2.4 Instrumentations

Three survey instruments were combined for this associational study (see combined items in Appendix A). The Trait Emotional Intelligence Questionnaire Short Form (TEIQue-SF) was adopted to measure global trait EI levels in participants. The Short Form includes two items from each of the 15 main facets in the TEIQue 153-item form. Included items were selected based on correlations with corresponding total facet scores (Cooper & Petrides, 2010). TEIQue instruments have been extensively validated (Pérez-Díaz et al., 2022; Petrides, 2023). The instrument has established reliability and validity in healthcare leadership (Russ et al., 2023).

The Workplace Stress Scale, which was designed in 2001 for The Marlin Company in relationship with The American Institute for Stress nonprofit organization, was adopted to measure occupational stress levels in participants. The Workplace Stress Scale has demonstrated strong validity and reliability in a range of studies and sectors, such as healthcare, education, finance, and manufacturing (Anyadike et al., 2024; Bhattacharya et al., 2021; Joseph et al., 2019; Roy, 2022; Senreich et al., 2020; Sharma & Tripathi, 2023).

The Burnout Measure, Short Version (2005) was adopted to estimate burnout levels in participants. The validated and reliable research instrument is widely used to self-report measures of burnout (Lin et al., 2022; Malach-Pines, 2005). Permission to adapt all three instruments was obtained from their authors. The instruments' items were combined into one research survey, together with some demographic questions, and distributed using Qualtrics. The research survey included five demographic questions (age, gender, race, professional role, and years of BCBA experience), 28 EI questions from the TEIQue-SF, eight workplace stress questions from the Workplace Stress Scale, and 10 burnout questions from the Burnout Measure, Short Version scale.

2.5 Data Collection

Once the research survey was created in Qualtrics, an online recruitment flyer with a brief description of the nature and purpose of the study, and a link to the live Qualtrics research survey were distributed via social media on the LinkedIn platform and in closed Facebook groups for BCBAs. In the Qualtrics survey, a consent form, which included information on confidentiality, privacy assurance, and the right to withdraw from the study at any time, appeared prior to the survey questions. After reviewing the consent form, participants moved on to the demographics portion of the survey, followed by the workplace stress, burnout, and EI questions.

2.6 Data Analysis

The data analysis for this study was conducted in a step-by-step manner and incorporated descriptive, bivariate, and multivariate analyses. The collected survey data were transferred to SPSS 29.0. Prior to data analysis for each participant, all item scores for each of the normed study measures (i.e., *Workplace Stress, Emotional Intelligence,* and *Burnout*) were combined to create a composite score for that respective measure. Specifically, all item scores for that normed study measure were summed and divided by the total number of items for that measure to create a composite mean score.

The data analyses were conducted in three phases. The first step in the data analysis process was descriptive, where all study variables were described using descriptive statistics. The second step in the data analysis process was bivariate

analysis, where a series of bivariate tests were applied to produce inferential findings about which explanatory variables (i.e., independent and covariate variables) were related to each respective dependent variable at a statistically significant level (p<.05). Regarding Hypothesis 1, the dependent variable *Workplace Stress* was examined in relation to the independent variable *Emotional Intelligence* and in relation to the study covariate variables: years of experience, professional role, age, gender, and race/ethnicity. Regarding Hypothesis 2, the dependent variable, *Burnout,* was examined in relation to the independent variable *Emotional Intelligence* as well as in relation to the study covariate variables: years of experience, professional role, age, gender, and race/ethnicity. Regarding Hypothesis 3, the dependent variable, *Emotional Intelligence,* was examined in relation to the independent variable *Years of Experience* as well as to the study covariate variables: *professional role, age, gender, and race/ethnicity*.

For the bivariate tests, Pearson's r was used to examine if continuous explanatory variables were significantly related to the continuous dependent variables. An independent-sample t-test was used to examine whether dichotomous explanatory variables were significantly related to the continuous dependent variables. Finally, a one-way analysis of variance was used to determine if categorical explanatory variables of three or more categories were significantly related to the continuous dependent variables. A final phase of the bivariate analysis included all explanatory variables related to a dependent variable at a statistically significant level for that corresponding dependent variable.

The third step in the data analysis process was multivariate analysis, where a multiple linear regression model was used to model each dependent variable as a function of the explanatory variables significantly related to that dependent variable in the bivariate analysis. The analysis focused on the overall model's statistical significance and r-squared value, in addition to the beta values and significance of the individual explanatory variables within the model. We considered a hypothesis supported if the independent and dependent variables were determined to be related at a statistically significant level within the multivariate model, while the influence of the covariate variables was controlled.

The final inferential analysis included the examination of the parametric test assumptions of linearity, normality, multicollinearity, homoskedasticity, and no undue influence of outlier scores. Missing data values and any potential patterns within the missing data were addressed. A reliability analysis was conducted for each study scale to confirm a sufficient level of internal consistency reliability (Cronbach's alpha ≥.70).

3. Results

The data analysis for this study incorporated descriptive, bivariate, and multivariate analyses. Prior to data analysis, all the items for each normed study measure (i.e., *Workplace Stress, Emotional Intelligence,* and *Burnout*) were combined to create mean composite scores for each respective measure. This mean score was used to reflect the overall construct represented by the study instrument in the data analysis.

An examination of statistical test assumptions indicated that all assumptions regarding parametric inferential analysis were met, including linearity, normality, multicollinearity, homoskedasticity, and no undue influence of outlier scores**.** To address missing values, only study participants who completed at least 80% of the items for each study scale instrument were included in the analysis. Of the original sample size of 49 study participants, four study participants (8.2%) began the study survey but exited the survey before that criterion was met. Therefore, these study participants were excluded. For the remaining 45 study participants that were included, only two data values were absent. Specifically, two study participants did not provide data for an item on the Emotional Intelligence Scale. The mean EI score of each participant was substituted for the missing items.

A reliability analysis indicated that each study scale evidenced a sufficient level of internal consistency reliability (Cronbach's alpha ≥.70), including the Work Stress Scale (Cronbach's alpha=.82), Burnout Scale (Cronbach's alpha=.91), and Emotional Intelligence Scale (Cronbach's alpha=.90). In terms of statistical power, the G*power software indicated that within a multiple linear regression model with two explanatory variables, a medium/large effect size (Cohen's f=.20), with power set at .80 and alpha set at .05, would require a sample size of 42 study participants. Thus, the actual sample of 45 study participants provided sufficient statistical power for the current analysis.

3.1 Descriptive Analysis

Each quantitative research question was tested by a series of bivariate tests: Pearson's r zero correlation, independent t-test, and one-way ANOVA. -*-- presents a descriptive analysis of categorical study variables. Data indicated that about half of the study participants were between the ages of 30–39 (n=23, 51.1%). The typical study participant was female (n=38, 84.4%), of a White racial identity (n=31, 68.9%), and not of a Hispanic ethnicity (n=37, 82.2%). Over half of the study participants reported they had several years as a BCBA. The most frequently reported professional role was BCBA Providing Supervision (n=17, 37.8%). Only 13.3% (n=6) of study participants reported being a BCBA-D.

Table 1. Descriptive Analysis of Categorical Study Variables (n=45)

Variable	N	%
Age		
21-29	4	8.9
30-39	23	51
40-49	12	26
50-59	4	8.9
60 or older	2	4.4
Gender		
Male	6	13
Female	38	84
Other	1	2.2
Racial Identity		
White	31	68
Black/African American	3	6.7
Asian	3	6.7
Multiracial	2	4.4
Other	6	13
Hispanic Ethnicity		
Yes	8	17
No	37	82
Number of years as a BCBA in good standing		
0-2 years	7	15
3-5 years	13	28
6-8 years	12	26
9-11 years	3	6.7
12-14 years	3	6.7
15-17 years	5	11
18 or more years	2	4.4
Professional Role		
BCBA without supervisees	4	8.9
BCBA providing supervision	17	37
Clinical Director	11	24
Leadership	4	8.9
Administrator	2	4.4
Instructor, faculty	2	4.4
Other	5	11
Is the Study participant a BCBA-D		
Yes	6	13
No	39	86

Table 2 describes the results of a descriptive analysis of the continuous study variables. Data indicated that the average study participant's Work Stress Scale score was 2.62 (*SD*=.64, MIN/MAX=1.50-4.00), The Burnout Scale score was 2.50 (*SD*=.63, MIN/MAX=1.00-3.60), and the Emotional Intelligence Scale score was 2.15 (*SD*=.43, MIN/MAX=1.30-3.00). The distribution of all the scores was approximately normal, as the skewness and kurtosis were not greater than two times the standard error of each respective value.

Table 2. Descriptive Analysis of Continuous Study Variable Scores (n=45)

Variable	M (SD)	Minimum/Maximum	Skew (SE)	Kurtosis (SE)
Work Stress Scale	2.62 (.64)	1.50-4.00	.23 (.35)	-.39 (.70)
Burnout Scale	2.50 (.63)	1.00-3.60	-.04 (.35)	-.49 (.70)
Emotional Intelligence Scale	2.15 (.43)	1.30-3.00	-.09 (.35)	-.32 (.70)

3.2 Bivariate Analysis

Table 3 displays the findings of a Pearson's r correlation analysis between the Emotional Intelligence Scale, Work Stress Scale, and Burnout Scale scores. The 2-tailed correlation indicated that Emotional Intelligence Scale scores were not

significantly related to Work Stress Scale scores, $r(43)=.16$, $p=.29$. However, Emotional Intelligence Scale scores displayed a weak, positive association with the Burnout Scale scores at a level that approached statistical significance ($r(43)=.28$, $p=.07$). The Work Stress Scale was positively associated with the Burnout Scale ($r(43)=.61$, $p<.01$). Therefore, workplace stress accounts for 37% of the variance in burnout.

Table 3. Pearson's r Correlation Analysis Between Emotional Intelligence Scale, Work Stress Scale, and Burnout Scale Scores (n=45)

Variable	**1**	**2**	**3**
1. Emotional Intelligence Scale	--	.16	.28†
2. Work Stress Scale		--	.61**
3. Burnout Scale			--

Table 4 shows the results of a Mann-Whitney U (non-parametric independent samples t-test) analysis of demographic and professional characteristics by Workplace Stress Scale scores. Data indicated that Workplace Stress Scale scores were not significantly related to age, $U=213.50$, $Z=-.69$, $p=.49$, gender, $U=105.00$, $Z=-.31$, $p=.76$, racial identity, $U=144.50$, $Z=-1.78$, $p=.08$, Hispanic Ethnicity, $U=107.50$, $Z=-1.21$, $p=.23$, and if the study participant was a BCBA-D, $U=72.00$, $Z=-1.51$, $p=.13$.

Table 4. Mann-Whitney U (Non-Parametric Independent Samples T-Test) Analysis of Demographic and Professional Characteristics by Workplace Stress Scale Scores (n=45)

Variable	**n**	**M (SD)**	**U**	**Z**	**p**
Age			**213.50**	**-0.69**	**.49**
21-39	27	2.67 (.67)			
40 or older	18	2.53 (.61)			
Gender			**105.00**	**-0.31**	**.76**
Male	6	2.75 (.69)			
Female	38	2.59 (.65)			
Racial Identity			**144.50**	**-1.78**	**.08**
White	31	2.53 (.65)			
Other	14	2.81 (.62)			
Hispanic Ethnicity			**107.50**	**-1.21**	**.23**
Yes	8	2.36 (.49)			
No	37	2.67 (.66)			
Is the Study Participant a BCBA-D			**72.00**	**-1.51**	**.13**
Yes	6	2.27 (.40)			
No	39	2.67 (.66)			

Table 5 presents the findings of a Kruskal-Wallis (non-parametric one-way ANOVA) analysis of professional characteristics by Workplace Stress Scale Scores. Data indicated that Workplace Stress Scale scores were significantly related to number of years as a BCBA in good standing ($H(2)=10.42$, $p<.01$). A Bonferroni post hoc analysis indicated that the mean score for the 0-5 years group was significantly higher than the 6–8 years ($p<.05$) and 9 or more years ($p<.01$) groups. Data also indicated that Workplace Stress Scale scores were not significantly related to Professional Role ($H(2)=2.97$, $p=.23$).

Table 5. Kruskal-Wallis (Non-Parametric One-Way ANOVA) Analysis of Professional Characteristics by Workplace Stress Scale Scores (n=45)

Variable	n	M (SD)	H(df)	p
Number of years as a BCBA in good standing			**10.42 (2)**	**.005[1]**
0-5 years	20	2.97 (.65)		
6-8 years	12	2.36 (.57)		
9 or more years	13	2.31 (.42)		
Professional Role			**2.97 (2)**	**.23**
BCBA providing supervision	17	2.77 (.45)		
Clinical director	11	2.40 (.89)		
Other	17	2.60 (.62)		

[1]Bonferroni post hoc analysis indicated that the mean score for the 0-5 years group was significantly higher than the 6-8 years (p<.05) and 9 or more years (p<.01) groups.

3.3 Multivariate Analysis

Table 6 describes the results of a multiple linear regression analysis examining Workplace Stress Scale scores. Analysis indicated that the overall model was statistically significant (F(3, 44)=4.66, p<.01) and explained 25% (R^2=.25, adjusted R^2=.20) of the variance in the dependent variable. Regarding the individual predictors, the Number of Years as a BCBA in good standing was significantly related to Workplace Stress Scale scores. Specifically, when compared to novice participants with 0–5 years as a BCBA in good standing, more experienced study participants (those who reported 6–8 years as a BCBA in good standing (B=-.60, SE=.21, β=-.42, p<.01) or 9 or more years as a BCBA in good standing (B=-.63, SE=.21, β=-.45, p<.01) evidenced significantly lower Workplace Stress Scale scores. However, Emotional Intelligence Scale scores were not related to Workplace Stress Scale scores at the multivariate level (B=.14, SE=.21, β=.09, p=.51).

Table 6. Multiple Linear Regression Analysis Examining Workplace Stress Scores (n=45)

Variable	B (SE)	β	p
Number of years as a BCBA in good standing			
0-5 years (Reference Category)			
6-8 years	-.60 (.21)	-.42	.007
9 or more years	-.63 (.21)	-.45	.004
Emotional Intelligence Scale	.14 (.21)	.09	.51

Note. F(3, 44)=4.66, p<.01. R^2=.25, Adjusted R^2=.20.

Table 7 shows the findings of a Mann-Whitney U (non-parametric independent samples t-test) analysis of demographic and professional characteristics by Burnout Scale scores. Data indicated that Burnout Scale scores were not significantly related to age (U=202.00, Z=-.95, p=.34), gender (U=97.50, Z=-.57, p=.57), racial identity (U=182.00, Z=-.86, p=.39), and whether the study participant was a BCBA-D (U=116.50, Z=-.02, p=.99). However, data did indicate that Burnout Scale scores were significantly related to Hispanic Ethnicity (U=80.00, Z=-2.02, p<.05), with higher mean Burnout Scale scores evidenced by study participants in the non-Hispanic Ethnicity group (M=2.58, SD=.63) relative to the Hispanic Ethnicity group (M=2.11, SD=.49).

Table 7. Mann-Whitney U (Non-Parametric Independent Samples T-Test) Analysis of Demographic and Professional Characteristics by Burnout Scale Scores (n=45)

Variable	n	M (SD)	U	Z	p
Age			**202.00**	**-.95**	**.34**
21-39	27	2.55 (.61)			
40 or older	18	2.42 (.66)			
Gender			**97.50**	**-.57**	**.57**
Male	6	2.57 (.97)			
Female	38	2.46 (.55)			
Racial Identity			**182.00**	**-.86**	**.39**
White	31	2.46 (.62)			
Other	14	2.59 (.66)			
Hispanic Ethnicity			**80.00**	**-2.02**	**.04**
Yes	8	2.11 (.49)			
No	37	2.58 (.63)			
Is the Study Participant a BCBA-D			**116.50**	**-.02**	**.99**
Yes	6	2.52 (.68)			
No	39	2.50 (.63)			

Table 8 displays the results of a Kruskal-Wallis (non-parametric one-way ANOVA) analysis of professional characteristics by Burnout Scale Scores. Data indicated that Burnout Scale scores were not significantly related to the number of years as a BCBA in good standing, $H(2)=2.33$, $p=.31$, or Professional Role, $H(2)=1.86$, $p=.40$.\

Table 8. Kruskal-Wallis (Non-Parametric One-Way ANOVA) Analysis of Professional Characteristics by Burnout Scale Scores (n=45)

Variable	n	M (SD)	H(df)	p
Number of years as a BCBA in good standing			**2.33 (2)**	**.31**
0–5 years	20	2.61 (.66)		
6–8 years	12	2.49 (.55)		
9 or more years	13	2.34 (.66)		
Professional Role			**1.86 (2)**	**.40**
BCBA providing supervision	17	2.52 (.49)		
Clinical director	11	2.31 (.43)		
Other	17	2.60 (.83)		

Table 9 presents the findings of a multiple linear regression analysis examining Burnout Scale scores. Analysis indicated that the overall model was statistically significant ($F(3, 42)=3.56$, $p<.05$,) with adjusted $R^2=.10$, explaining only 10% of the variance in the dependent variable. Regarding the individual predictors, the categorical demographic variable of whether or not a BCBA was of a Hispanic ethnicity was related to Burnout Scale scores at a level that approached ($p<.10$) statistical significance (B=.43, SE=.23, β=.26, $p=.08$). Additionally, Emotional Intelligence Scale scores were weakly positively related to Burnout Scale scores at a level that approached statistical significance (B=.36, SE=.21, β=.25, $p=.09$).

Table 9. Multiple Linear Regression Analysis Examining Burnout Scores (n=45)

Variable	B (SE)	β	p
Hispanic or non-Hispanic ethnicity	.43 (.23)	.26	.08
Emotional intelligence scale	.36 (.21)	.25	.09

Note. $F(2, 42)=3.56$, $p<.05$. $R^2=.15$, Adjusted $R^2=.10$.

Table 10 presents a Mann-Whitney U (non-parametric independent samples t-test) analysis of demographic and professional characteristics by Emotional Intelligence Scale scores. Data indicated that Emotional Intelligence Scale scores were not significantly related to age, U=178.00, Z=-1.51, p=.13, gender, U=69.50, Z=-1.52, p=.13, Hispanic Ethnicity, U=122.50, Z=-.76, p=.45, and if the study participant is a BCBA-D, U=104.50, Z=-.42, p=.68.

Table 10. Mann-Whitney U (Non-Parametric Independent Samples T-Test) Analysis of Demographic and Professional Characteristics by Emotional Intelligence Scale Scores (n=45)

Variable	n	M (SD)	U	Z	p
Age			**178.00**	**-1.51**	**.13**
21-39	27	2.23 (.38)			
40 or older	18	2.04 (.48)			
Gender			**69.50**	**-1.52**	**.13**
Male	6	2.42 (.57)			
Female	38	2.10 (.39)			
Racial Identity			**137.00**	**-1.96**	**.05**
White	31	2.08 (.41)			
Other	14	2.32 (.42)			
Hispanic Ethnicity			**122.50**	**-.76**	**.45**
Yes	8	2.05 (.22)			
No	37	2.18 (.46)			
Is the Study Participant a BCBA-D			**104.50**	**-.42**	**.68**
Yes	6	2.17 (.49)			
No	39	2.15 (.42)			

Table 11 shows the findings of a Kruskal-Wallis (non-parametric one-way ANOVA) analysis of professional characteristics by Emotional Intelligence Scale Scores. Data indicated that Emotional Intelligence Scale scores were not significantly related to the number of years as a BCBA in good standing (H(2)=1.43, p=.49, or Professional role, H(2)=4.25, p=.12).

Table 11. Kruskal-Wallis (Non-Parametric One-Way ANOVA) Analysis of Professional Characteristics by Emotional Intelligence Scale Scores (n=45)

Variable	n	M (SD)	H(df)	p
Number of years as a BCBA in good standing			**1.43(2)**	**.49**
0-5 years	20	2.22 (.46)		
6-8 years	12	2.20 (.34)		
9 or more years	13	2.02 (.45)		
Professional Role			**4.25(2)**	**.12**
BCBA providing supervision	17	2.28 (.35)		
Clinical director	11	1.95 (.38)		
Other	17	2.17 (.49)		

Table 12 displays the results of a multiple linear regression analysis examining Emotional Intelligence Scale scores as a function of racial identity and Number of years as a BCBA in good standing. Analysis indicated that the overall model was not statistically significant (F(3, 42)=1.43, p=.25).

Table 12. Multiple Linear Regression Analysis Examining Emotional Intelligence Scores (n=45)

Variable	B (SE)	β	p
Racial Identity	.21 (.14)	.23	.14
Number of years as a BCBA in good standing			
0-5 years (Reference Category)			
6-8 years	.02 (.16)	.02	.89
9 or more years	-.14 (.16)	-.15	.37

Note. F(3, 41)=1.43, p=.2

4. Discussion

Stress and burnout in BCBAs are at an all-time high, negatively affecting practitioners and the patients they serve (Kranak, 2022; LeBlanc et al., 2019; Slowiak & DeLongchamp, 2022; Slowiak & Jay, 2023). Although BCBAs engage in both technical and clinical training, they do not receive education or training on workplace stress or burnout prevention, and management. As BCBAs provide therapy and collaborate extensively with individuals, emotional intelligence (EI) is an integral aspect of the profession. However, BCBAs' levels of EI, which has also been associated with levels of stress and burnout among healthcare professionals, had not been examined.

The current associational study provided an in-depth understanding of the relationship between EI and burnout in BCBAs. White, female participants between the ages of 30–39 represented 84.4% of the study sample. Over 28.9% of participants reported they had been a BCBA in good standing for 3–5 years, and 26.7% reported between 6–8 years of experience. The most frequently professional role was BCBA providing supervision (37.8%). Only 13.3% of the study participants were BCBA-Ds.

4.1 Research Questions One and Two

The first question investigated the relationship between EI and workplace stress when controlling for professional roles, years of experience, age, gender, and race in BCBAs. The second question investigated the relationship between EI and burnout when controlling for professional roles, years of experience, age, gender, and race in BCBAs. The alternative hypotheses based on the literature review suggested that EI in BCBAs would be a protective factor and therefore would be negatively associated with workplace stress and burnout. However, these hypotheses were not supported. In Table 3, the results indicated EI scores were positively related to Burnout Scale scores at a level that approached but did not reach statistical significance *(r*(43)=.28, *p*=.07). These unexpected results differed from previous research findings in other allied health professions and warrant further investigation. If perhaps future studies of BCBAs were to confirm a significant positive relationship between EI and burnout, there is one potential explanation for why this field of healthcare might differ from others. BCBAs with high levels of EI are in touch with their emotions. Because most BCBAs work every day with individuals with disabilities with significant levels of severity, empathic practitioners with high EI could be more likely to experience intense negative emotions, such as sadness, irritability, and anger, which then lead to higher rates of burnout.

Additional results showed burnout was related to Ethnicity at the bivariate level. Specifically, non-Hispanic BCBAs reported higher levels of burnout than Hispanics ($p<.05$). However, the relationship did not remain statistically significant in the context of the full regression model; it approached ($p<.10$) but did not reach statistical significance (B=.43, SE=.23, β=.26, p=.08).

4.2 Research Question Three

The third research question investigated the relationship between years of experience and EI when controlling for professional role, age, gender, and race in BCBAs. The hypothesis proposing that years of experience would be positively associated with EI in BCBAs was not supported. However, the results of the current study indicated higher levels of workplace stress among the group of novice BCBAs (i.e. those with 0–5 years of experience). These findings support existing evidence that entry-level BCBAs experience high levels of stress (Fiebig et al., 2020; Plantiveau et al., 2018). Further, they add to the limited literature addressing the challenges of novice BCBAs and support the need for further research in this area.

4.3 Contributions and Implications for Research and Practice

The present study contributed to the literature on EI in allied health and helping professions. In therapeutic, allied health professions, EI education and training have been shown to contribute to emotional awareness, self-regulation, self-esteem,

and communication skills (Gribble et al., 2019; McGuire, 2023; Shah & Galantino, 2019; White et al., 2022). The present study was the first to investigate EI in BCBAs. The results of the quantitative, associational study failed to support relationships between EI and burnout or EI and workplace stress in BCBAs (see Table 3).

Because overall trait EI showed a weak, nonsignificant positive association with high burnout in BCBAs, it nonetheless could be that some components of EI may be better suited than others to predict lower workplace stress and burnout. Larger studies using detailed EI testing measures that break down results under subcomponents, such as the Emotional and Social Competence Inventory, may reveal which areas could be contributors to lowered stress and burnout prevention and management skills in BCBAs. Furthermore, for a more meaningful interpretation, validity, and reliability, EI testing in a future study could be observer-rated (administered by a supervisor) as well as self-administered.

The present study contributed to the growing body of research on high stress and burnout in BCBAs (Dounavi et al., 2019; Jiménez-Gomez et al., 2021; Slowiak & DeLongchamp, 2022; Slowiak & Jay, 2023). This study contributed to a narrower body of literature on novice BCBAs and supports previous research suggesting novice BCBAs are at a greater risk for stress and burnout (see Plantiveau et al., 2018). In fact, the results indicated that BCBAs with 5 years of experience or fewer were experiencing significantly higher levels of workplace stress than those with more experience (see Tables 5 and 6). Training in self-awareness, self-regulation, and self-management, which are skills necessary to teach and provide therapy to people with autism, may be a reasonable place to start.

4.4 Moving Forward in Education and Training

The current study confirmed that BCBAs experience workplace stress and burnout. Dedicated actions within ABA education and BCBA training could begin to address this crisis with professional development. Of the 25 learning units required by the BACB for certification renewal, three can be dedicated to: 1) workplace stress awareness and burnout prevention; 2) self-awareness and self-management, and 3) social relationships and management development skills. To facilitate significant change, education, and training programs for BCBAs should consider including at least one course on stress and burnout in helping professions. Behavior analysis students will benefit from early exposure to current and emerging research on workplace stress and burnout in new BCBAs, as well as a review of best practices in behavior analysis and other helping professions. At a minimum, educators and leaders must afford BCBA practitioners the same skills they are responsible for developing in other people: Self-awareness (self-assessment and self-confidence competencies), resilience, and self-management (emotional self-control, transparency, adaptability, achievement, initiative, and optimism).

4.5 Targeted Actions in Organizational Behavior

To better support newly minted, seasoned, and senior BCBA leaders alike, organizational behavior and leadership teams can assess their emotional wellness programs using tools such as SWOT analyses to assess strengths, weaknesses, opportunities, and threats. SWOT analyses are widely used in healthcare settings to identify resources, strategies, and suggestions to improve wellness care for their staff (Borkowski & Meese, 2021). Scorecards are another great tool for measuring internal and external indicators related to how employees, patients, and stakeholders are doing (Hoyo & Bouland, 2022). Overall, these analyses and measures may work together to reduce organizational uncertainties by providing clear criteria and guidelines for how to identify, teach, and support emotional wellness in staff.

4.6 Recommendations for Future Research

Given that the sample size of 45 participants and a medium G power may have limited the study, we recommend a larger, more diverse sample to further investigate the association between EI, workplace stress, and burnout. Based on the framework, findings, and implications of the present study, future researchers should consider a quantitative, pretest-posttest design to investigate whether EI training improves self-management and relationship management skills in BCBAs. Furthermore, implementing an EI test that includes both a self-administered and an observer-rated performance measure will provide more precise results.

Contrary to previous research findings in other allied health professions that identified a negative relationship between EI and workplace stress leading to burnout (Jiménez-Picón et al., 2021; Musio et al., 2025), this study found a weak, nonsignificant positive relationship between EI and burnout in BCBAs. These results warrant further investigation because they may indicate that while overall trait EI is not significantly related to burnout, there might be selected ones out of the 12 EI components that could, nonetheless, be relevant to supporting lower burnout. Furthermore, because BCBAs often work primarily with autistic children with significant levels of maladaptive behavior, they are more likely to experience intense negative emotions, such as sadness, irritability, anger, and even depression and anxiety. All of these factors increase the risk of burnout. Therefore, a follow-up study to explore these findings, preferably with a larger, more diverse population sample, is encouraged to promote evidence-based efforts to address stress and burnout among BCBAs so they can protect their emotional wellness and better support their clients. Specifically, a pretest post-test design is

recommended to investigate if EI training improves self-awareness, self-regulation, resilience, and self-management skills in newly minted BCBAs.

4.7 Key Takeaways

Like in any other allied health and helping profession, developing BCBAs deserve prevention education and organizational training. Although previous research findings in other allied health professions identified a statistically significant negative relationship between EI and burnout, the current study of BCBAs failed to find a relationship between EI and workplace stress or EI and burnout. However, although not significant, it was surprising that, rather than being negative, the relationship between EI and burnout was weakly positive (p=.07). Practitioners with high levels of EI are more in touch with their emotions. Therefore, one might speculate that because BCBAs often work every day with patients with severe maladaptive behaviors, they may be more susceptible to the intense negative emotions associated with increasing workplace stress and burnout.

Predictors of stress and burnout are associated with feelings of ineffectiveness, emotional exhaustion, and lack of effective coping skills (Fiebig et al., 2020). Emotional exhaustion causes a lack of motivation, fatigue, irritability, absentmindedness, irrational anger, and apathy (Cafasso, 2023). Prevention, management, and recovery from emotional exhaustion are key to emotional wellness. Therefore, despite the study results, it nonetheless is the case that EI education and training should be afforded to BCBAs to foster self and social relationship management skills. Self-awareness, adaptability, organizational awareness, teamwork, conflict resolution, positive outlook, and emotional self-control make up self and social relationship management skills. Furthermore, EI training has been shown to have a significant, positive effect on patient care, job satisfaction, and staff retention (Gribble et al., 2019).

In closing, teaching newly minted BCBAs about self-awareness and self-regulation could help them recognize and manage their own stress and emotional responses. These skills could improve their well-being and effectiveness, as well as their ability to model self-awareness and self-regulation for clients. Addressing burnout early through proactive training may help practitioners develop strategies to cope with the demands of the job. These strategies can include time management, set realistic expectations, and seeking support when needed. Providing training in resilience may equip BCBAs with techniques to adapt to challenges and setbacks, which are crucial in a field that involves high-stress situations and complex cases. Finally, teaching skills for managing relationships and communication could improve collaboration with colleagues, clients, and caregivers. These skills will foster a more supportive work environment and enhance the effectiveness of ABA interventions. Integrating targeted EI content into BCBA education and training programs will contribute to a more sustainable and supportive work environment, which will ultimately benefit both BCBA practitioners and the people they serve.

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Authors contributions

Dr. Santos conceptualized the research and drafted the manuscript. She was responsible for the study design, data collection, analyses, and revisions. Dr. Penny contributed to the revisions and was responsible for editing. Dr. Cale was responsible for proofreading final edits. The corresponding author confirms that the manuscript has been read and approved for submission by all named authors. The data have not been publicly posted but can be requested by contacting the corresponding author.

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Appendix A

Research Survey

The purpose of this survey is to gather information about stress, burnout, and emotional intelligence levels in BCBAs. The survey should take approximately 8–14 minutes.

Please select one answer for the following demographics and career profile questions.

Demographics:

Age Group Category:

__ 18-20

__ 21-29

__ 30-39

__ 40-49

__ 50-59

__ 60 or older

Gender:

__ Male

__ Female

__ Gender non-conforming

__ Other:

Race:

__ White

__ Black/African American

__ Asian

__ American Indian or Alaska Native

__ Native Hawaiian or Other Pacific Islander

__ Multiracial

__ Other:

Of Hispanic Ethnicity:

__ Yes

__ No

__ Multiethnic

__ Other:

Career Profile:

Number of years as a BCBA in good standing:

(Meets minimum requirements set by governing state certification board and/or licensure regulations.)

__0- 2 years

__3-5 years

__6-8 years

__9-11 years

__12-14 years

__15-17 years

__18 or more years

Professional Role:

__ BCBA without Supervisees

__ BCBA providing Supervision

__ Clinical Director

__ Leadership

__ Administrator

__ Instructor, Faculty

__ Research

__ Other:

Are you a BCBA-D?

__ Yes

__ No

Please choose the option you most agree with by selecting Never, Rarely, Sometimes, Often, or Very Often for each question in sections one and two.

Section One:

Adopted from The Workplace Stress Scale (The Marlin Company and the American Institute of Stress, 2023).

	Never	Rarely	Sometimes	Often	Very Often
Conditions at work are unpleasant or sometimes even unsafe	5	4	3	2	1
I feel that my job is negatively affecting my physical or emotional well-being.	5	4	3	2	1
I have too much work to do and/or too many unreasonable deadlines.	5	4	3	2	1
I find it difficult to express my opinions or feelings about my job conditions to my superiors.	5	4	3	2	1
I feel that job pressures interfere with my family or personal life.	5	4	3	2	1
I have adequate control or input over my work duties.	5	4	3	2	1
I receive appropriate recognition or rewards for good performance.	5	4	3	2	1
I am able to utilize my skills and talents to the fullest extent at work.	5	4	3	2	1

Section Two:

Adopted from The Burnout Measure, Short Version (Malach-Pines, 2005).

	Never	Rarely	Sometimes	Often	Very Often
Tired	5	4	3	2	1
Disappointed with people	5	4	3	2	1
Hopeless	5	4	3	2	1
Trapped	5	4	3	2	1
Helpless	5	4	3	2	1
Depressed	5	4	3	2	1
Physically weak/Sickly	5	4	3	2	1
Worthless/like a failure	5	4	3	2	1
Difficulty sleeping	5	4	3	2	1
“I’ve had it”	5	4	3	2	1

Please choose the option you most agree with by selecting Strongly Agree, Agree, Neutral, Disagree, or Strongly Disagree for each question in section three.

Section Three: Emotional intelligence

Adopted from Trait Emotional Intelligence Questionnaire Short Form (Petrides, 2009).

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Expressing my emotions with words is not a problem for me.	5	4	3	2	1
I often find it difficult to see things from another person's viewpoint.	5	4	3	2	1
On the whole, I'm a highly motivated person.	5	4	3	2	1
I usually find it difficult to regulate my emotions.	5	4	3	2	1
I generally don't find life enjoyable.	5	4	3	2	1
I can deal effectively with people.	5		3	2	1
I tend to change my mind frequently.	5	4	3	2	1
Many times, I can't figure out what emotion I'm feeling.	5	4	3	2	1
I feel that I have a number of good qualities.	5	4	3	2	1
I often find it difficult to stand up for my rights.	5	4	3	2	1
I'm usually able to influence the way other people feel.	5	4	3	2	1
On the whole, I have a gloomy perspective on most things.	5	4	3	2	1
Those close to me often complain that I don't treat them right.	5	4	3	2	1
I often find it difficult to adjust my life according to the circumstances.	5	4	3	2	1
On the whole, I'm able to deal with stress.	5	4	3	2	1
I often find it difficult to show my affection to those close to me.	5	4	3	2	1
I'm normally able to "get into someone's shoes" and experience their emotions.	5	4	3	2	1
I normally find it difficult to keep myself motivated.	5	4	3	2	1
I'm usually able to find ways to control my emotions when I want to.	5	4	3	2	1
On the whole, I'm pleased with my life.	5	4	3	2	1
I would describe myself as a good negotiator	5	4	3	2	1
I tend to get involved in things I later wish I could get out of.	5	4	3	2	1
I often pause and think about my feelings.	5	4	3	2	1
I believe I'm full of personal strengths.	5	4	3	2	1
I tend to "back down" even if I know I'm right	5	4	3	2	1
I don't seem to have any power at all over other people's feelings.	5	4	3	2	1
I generally believe that things will work out fine in my life.	5	4	3	2	1
I find it difficult to bond well even with those close to me.	5	4	3	2	1
Generally, I'm able to adapt to new environments.	5	4	3	2	1
Others admire me for being relaxed.	5	4	3	2	1

Completing this survey may bring some mental health concerns to the surface. Please review the following resources as needed.

- The American Institute of Stress (Combating **stress** with online therapy resource.)
  https://www.stress.org/combating-workplace-stress-with-online-therapy-a-modern-solution-for-busy-professionals
- BetterMynd (Online therapy service for **college students**.)
  https://www.bettermynd.com
- TalkSpace (**Insurance-based** online therapy & psychiatry services **for all**.)
  https://www.talkspace.com
- Smiling Minds **App** (Practice your daily meditation and mindfulness exercises from any device at home or work for **Free**; Content includes lessons for stress management, mindfulness foundations, increased resilience, and relationship building).
  https://www.smilingmind.com.au/mindfulness-workplace
- Spring Health (Downloadable **guide** for preventing **employee burnout**; How personalized mental healthcare can alleviate the burnout crisis.)
  https://lp.springhealth.com/employee-burnout

We thank you for your time spent taking this study.