

Exploring Burnout and Emotional Intelligence in Hungarian Social Care Leaders: The Role of Job Demands and Resources

Thesis Summary

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1. Introduction

Traditional organisational management viewed organisations as machines composed of controllable parts, assuming that top-down control could optimise performance. In contrast, contemporary science highlights interconnectedness, adaptation and dynamic interactions, recognising that organisational outcomes emerge from systemic balance rather than command and control (Wheatley, 2006). Within this paradigm, employee well-being and burnout represent two ends of the same continuum: well-being arises when resources and relationships are aligned with demands, while burnout signals a chronic imbalance between them. The Job Demands-Resources (JD-R) model provides a framework for understanding this polarity. Job demands – such as emotional and quantitative pressures – can deplete energy and lead to burnout, while job resources – such as autonomy, social support, and professional recognition – enhance motivation and protect well-being by buffering the impact of demands. Burnout thus marks the resource deficit end of the continuum, whereas well-being reflects a sustainable equilibrium of demands and resources. In the social care sector, this balance is particularly fragile due to high emotional labour, persistent staff shortages, complex regulations and administrative overload. Leaders in these settings face exceptional emotional demands, making them especially vulnerable to burnout (Zunz, 1998). At the same time, Emotional intelligence (EI) and relational resources like mutual trust and sense of community could act as key personal and psychosocial assets within JD-R to build resilience and reduce burnout by creating trustful, cohesive environments.

This research investigates the intricate relationship between emotional intelligence, burnout, workplace demands and resources, specifically among leaders in the social care sector. Consistent with the evolution of organisational theory toward holistic, relational systems rather than fragmented mechanistic models, this study explores how emotional and relational dynamics shape leaders' well-being and burnout. Insights into how EI helps manage demands and enhance resources provide essential guidance for supporting leaders and their teams in emotionally demanding environments and strengthening leadership effectiveness overall.

2. Research Background and Objectives

This study aimed to investigate the complex relationships between emotional intelligence, psychosocial resources (sense of community and mutual trust between employees), job demands (quantitative and emotional demands) and burnout among Hungarian social care leaders through the Job Demands-Resources (JD-R) framework. It focuses on how psychosocial resources – like a supportive workplace characterised by a strong sense of community and mutual trust – mediate the connection between EI and burnout. The research also explores whether EI moderates the impact of emotional and quantitative job demands on burnout.

2.1. The Job-Demand Resources Model

The Job Demands-Resources (JD-R) model posits that every job has specific demands and resources which influence employee well-being and performance. Job demands are physical, psychological, social or organisational aspects requiring sustained effort, potentially leading to exhaustion and burnout when excessive. Job resources, by contrast, help achieve work goals, reduce demands and their costs, and support personal growth and development. The model identifies two key processes: the Health Impairment Process, where excessive job demands drain energy and cause health problems, and the Motivational Process, where job resources enhance engagement and performance. Resources also buffer the negative effects of demands, with challenge demands potentially motivating employees when resources are adequate, unlike hindrance demands, which obstruct achievement. The model acknowledges that different types of job demands and resources interact variably across occupations, influencing burnout and engagement outcomes (Bakker et al., 2003; Bakker & Demerouti, 2007, 2018; Demerouti et al., 2001; Schaufeli, 2017).

2.2. Burnout

Burnout is a psychological syndrome stemming from chronic workplace stress, characterised by emotional exhaustion, depersonalization and reduced personal accomplishment. Originally defined in the 1970s for helping professions, burnout manifests when job demands overwhelm resources, initiating a cyclical pattern of stress, exhaustion, reduced efficacy and diminished performance, often leading to broader health and organisational consequences. The JD-R model effectively explains burnout as an outcome of an imbalance between excessive demands and inadequate resources, highlighting the complex interplay of individual and organisational factors (Freudenberger, 1974; Maslach & Jackson, 1976; Maslach & Leiter, 2007; Demerouti et al., 2001; Bakker & Vries, 2021; Mihalka, 2023; Schaufeli, 2017; Schaufeli & Bakker, 2004).

2.3. Personal Resources and Emotional Intelligence

Personal resources like emotional intelligence (EI) have gained attention for their role in building resilience against burnout. EI consists of the ability to recognise, regulate and strategically utilise emotions in oneself and others, encompassing diverse models including ability, trait and mixed frameworks. Despite challenges in measurement and conceptual clarity, research consistently supports the protective influence of EI within workplace settings and its fostering impact on resources. EI aids individuals in managing emotional demands, fostering social connections, trust and a sense of community and enhancing well-being, acting as a vital buffer amid occupational stressors and burnout (Salovey & Mayer, 1990; Goleman, 1995; Bakker & Vries, 2021; Gong et al., 2019; Mendoca et al., 2023).

2.4. Workplace Resources and Demands

Psychosocial workplace resources such as sense of community and interpersonal trust contribute crucially to employee well-being and burnout prevention. Sense of community entails feelings of belonging, mutual support and shared goals, positively influencing job satisfaction, cooperation, and reducing turnover. Trust fosters vulnerability and reliance among colleagues, crucial for cohesive team environments and buffering stress. Emotional job demands – exposure to emotionally intense or laborious interactions – are significant stressors in caregiving professions, strongly associated with exhaustion and burnout. Quantitative demands like workload and pace also impact physical and psychological health, often exacerbating emotional demands' effects. The JD-R model emphasises balancing these demands and resources to maintain employee wellbeing and shielding against burnout (Sarason, 1977; Mayer et al., 1995; Tuxford & Bradley, 2014; Veldhoven, 2013; Aiello & Tesi, 2017; Geisler et al., 2019; Demerouti et al., 2001).

2.5. Leadership in the Context of Emotional Intelligence and Burnout

Effective leadership is pivotal in managing workplace demands and fostering psychosocial resources. Leaders' emotional intelligence supports resilience, the creation of supportive climates, and helps to mitigate burnout risks for themselves and their teams. Leadership in social care is especially demanding due to high emotional and organisational challenges, compounded by limited resources and recognition. Emotional intelligence enhances leaders' ability to address both their own and employees' emotional needs, motivating teams and sustaining engagement. Conversely, leader burnout adversely affects employee satisfaction and resources, propagating burnout within organisations. The Hungarian social care context, marked by systemic and resource challenges, exemplifies these dynamics and highlights the necessity for emotionally intelligent, adaptive leadership to promote organisational health and sustainability (Zunz, 1998; Lizano, 2015; Bailey, 2021; Bugarszki, 2004; Győri & Perpék, 2021; Rácz, 2015).

2.6. The Hungarian Perspective of Social Care

The Hungarian social care system is characterised by centralisation, limited funding, workforce shortages, and low professional prestige and remuneration. These factors intensify the pressures on social care workers and leaders, elevating vulnerability to burnout and complicating recruitment and retention. Structural and cultural aspects interact to create a challenging environment that demands strategic leadership and organisational interventions tailored to preserve well-being and sustain service quality within this specific context. Understanding these conditions is critical for effective research and practice aiming to improve social care workforce resilience and health (Bugarszki, 2004; Talyigás & Hegyesi, 2014; Hoffman, 2020; Győri & Perpék, 2021).

2.7. Research Questions and Hypotheses

RQ1: Examines the link between EI and burnout among Hungarian social care leaders. Despite limited research on burnout in leadership roles, social care leaders face intense stress, which raises burnout risks affecting their well-being and organisational effectiveness. Prior studies show an inverse association between EI and burnout across various settings, suggesting EI as a protective factor.

H1: A significant association exists between emotional intelligence and burnout.

RQ2: Focuses on how psychosocial workplace resources (trust and community) mediate EI's effect on burnout. EI is expected to foster a sense of community and mutual trust, which then reduces burnout by creating a supportive environment.

H2: A sense of community mediates the association between emotional intelligence and burnout.

H3: Mutual trust mediates the relationship between emotional intelligence and burnout.

H4: A serial mediating path exists through a sense of community and mutual trust, connecting emotional intelligence and burnout.

Figure 1 below represents the direct and indirect pathways between emotional intelligence, psychosocial workplace resources and burnout.

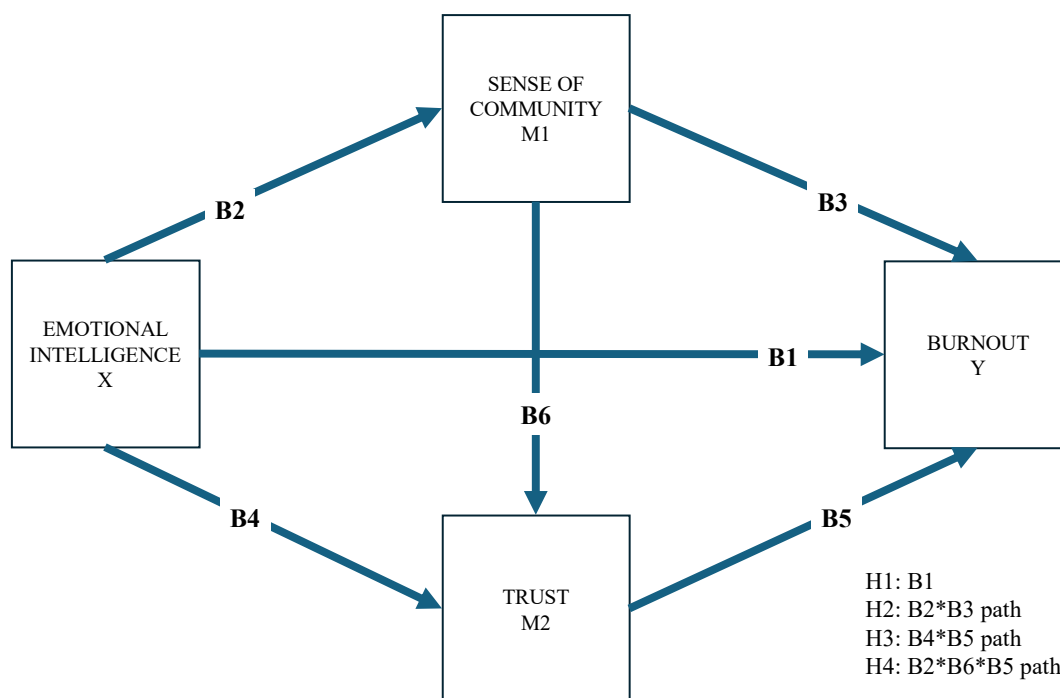


Figure 1: Direct and Indirect Pathways between Workplace Psychosocial Resources (sense of community & trust), Emotional Intelligence and Burnout (H2: b_2*b_3 . H3: b_4*b_5 and H4: $b_2*b_6*b_5$)

RQ3: Investigates EI's moderating role between job demands (emotional and quantitative) and burnout. Emotional demands are heavy in social care and linked strongly with burnout; EI may help leaders cope effectively with these. In contrast, quantitative demands relate more to workload and structural factors, where EI's buffering effect might be limited.

H5: Emotional intelligence moderates the impact of emotional demands on burnout.

H6: Emotional intelligence will not moderate the impact of quantitative demands on burnout.

In the models, EI is treated as a relatively stable trait that influences workplace psychosocial resources, while job demands are predictors less controllable by leaders. The study emphasises that neither all resources act as mediators nor all demands as predictors, focusing specifically on these selected factors in the Hungarian social care leadership context. Figure 2 below represents the moderation paths between emotional and quantitative demands, EI and burnout.

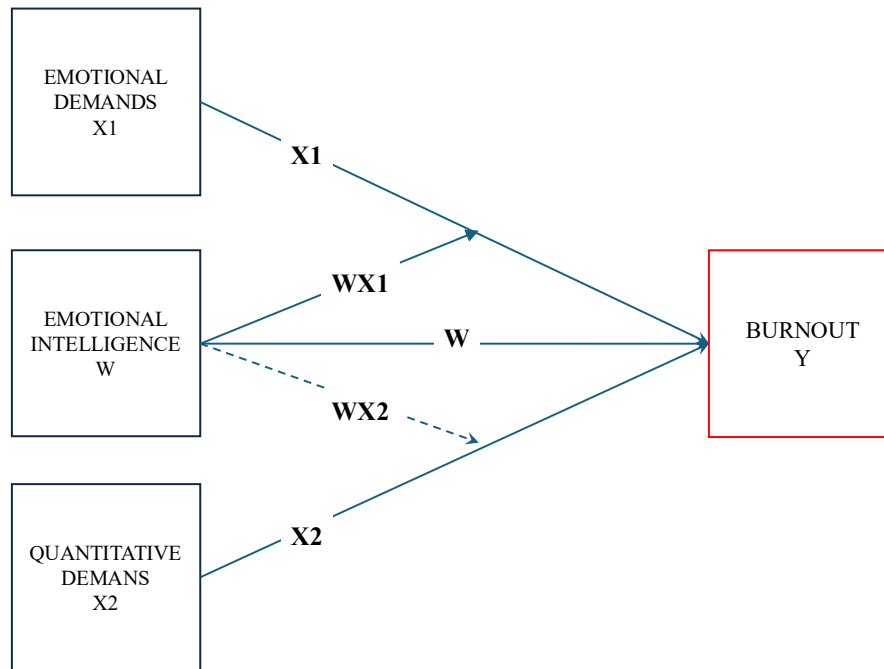


Figure 2: Conceptual Model of the Moderation Effect of Emotional Intelligence on the Relationship Between Quantitative and Emotional Job Demands and Burnout

3. Methods

This quantitative, cross-sectional study was conducted using a comprehensive 22-page questionnaire developed by a research team at Semmelweis University. The instrument integrated both validated questionnaires and original items specifically designed by the research team to meet the study's objectives.

3.1. Research Design and Sampling

Data from 667 managers in Semmelweis University's master's in Hungarian social service management (April-November 2019) yielded 547 responses (82% rate); final analytic sample $n = 471$ after excluding incomplete or missing data (MCAR data). The average age of respondents was 45.7, with ages spanning from 23 to 60. The sample is predominantly female (84.8%), consistent with the sex distribution typically found in social care leadership roles. The educational background of participants indicates a high level of qualification, with 79.0% holding tertiary degrees and 20.7% holding postgraduate qualifications, while only a small fraction (0.4%) had completed secondary

education. On average, participants had 21.8 years of full-time work experience and 10.2 years in leadership positions. The majority held senior management roles (71.3%), with the remainder serving as middle managers (28.7%), highlighting the leadership-focused nature of the sample.

3.2. Ethical Statement

No identifiable data were collected; pseudocodes ensured anonymity. The research was approved by the Semmelweis University Research Ethics Committee (SE RKEB 61/2019).

3.3. Procedure

Verbal informed consent was obtained from participants through a training contract before data collection. Following the completion of the training sessions, participants filled out the Hungarian paper-based questionnaire. The survey was administered once, after 15 training sessions lasting around one hour each. Participation was voluntary, with no incentives provided, and participants retained the right to withdraw at any time.

3.4. Instruments

I. The demographic section of the questionnaire developed by the research team collected key background information from social care leaders, including birth year, sex, highest education level, professional certifications, total work experience, leadership experience, tenure at current job and employer, previous international work experience, management level, number of subordinates, and workplace characteristics like region and institution type.

II. Burnout, mutual trust, sense of community and job demands (quantitative and emotional) were measured using the Hungarian medium version of the Copenhagen Psychosocial Questionnaire II (COPSOQ) (Nistor et al., 2015). The Hungarian version contains 28 scales with 92 questions rated on a 5-point Likert scale converted to scores from 0-100. Burnout was measured using four questions that focused on exhaustion symptoms, aligning with the accepted core dimensions of burnout. A sense of community and mutual trust were assessed through four items, each addressing atmosphere, cooperation, belonging, and information sharing/trust among employees. Emotional demands covered emotional strain and dealing with others' personal problems (three questions), while quantitative demands measured workload distribution and time pressure (three questions). Cronbach's alpha values demonstrated acceptable internal consistency for all scales (burnout $\alpha = .904$, community $\alpha = .684$, trust $\alpha = .744$, quantitative demands $\alpha = .805$, emotional demands $\alpha = .619$).

III. Emotional intelligence was evaluated using the Hungarian-validated version of the Assessing Emotions Scale (AES-HU) (Schutte et al., 1998), with 33 self-reported items (Kun et al., 2011). Participants rated items on a 5-point scale from strongly disagree to strongly agree with items like "I am aware of my emotions as I experience them" and "I expect good things to happen."

3.5. Data Analysis

The AES faced critiques regarding factor structure, and it is suggested that it can work better with a multifactorial structure on specific samples. Therefore, a Principal Component Analysis with Kaiser Criteria and Direct Oblimin Rotation was conducted in this study's sample of social care leaders, revealing a three-factor solution: EI-Self (self-awareness), EI-Others (social awareness), and EI-Positivity (positive emotional appraisal), resonating with previous studies' multifactorial structure. This tailored three-component model provides nuanced insights into the impact of emotional intelligence in the leadership context studied.

After the PCA, to test H1 and the intercorrelations between the variables, Spearman correlations were carried out. For H2-H4, three saturated serial mediations were adopted where one of the EI components was the predictor, the psychosocial resources the mediators and burnout the outcome variable (EI components → community → trust → burnout). For H5-H6, three moderation analyses were run where quantitative and emotional demands were the predictors, one of the EI components a moderator and burnout the outcome variable (Quantitative Demands/Emotional Demands → EI components → Burnout).

4. Results

Descriptive statistics were reported as follows: sense of community ($M = 82.33$, $SD = 12.60$), mutual trust ($M = 65.28$, $SD = 17.77$), burnout ($M = 48.20$, $SD = 21.10$), quantitative demands ($M = 46.63$, $SD = 17.92$) and emotional demands ($M = 65.39$, $SD = 13.96$). The means and standard deviations of the EI components were consistently 0 and 1, respectively, as these represent standardised scores derived from the PCA analysis.

4.1. Correlations

Pearson correlations revealed moderate positive intercorrelations among the EI components. EI components showed weak to moderate positive associations with sense of community and mutual trust. EI-Positivity was weakly negatively correlated with burnout and quantitative demands, while no other direct EI-burnout links were significant. Sense of community and mutual trust correlated with each other, and both were negatively associated with burnout. Quantitative demands and emotional demands positively predicted burnout, with emotional and quantitative demands moderately correlated. The weak or non-significant direct EI-burnout relationships contradict prior literature, indicating the need for mediation analyses to uncover indirect and suppressive effects.

Table 1: Pearson correlations between Emotional Intelligence Components (EI-Self, EI-Others, EI-Positivity), Psychosocial Job Resources (Mutual trust between employees and a Sense of community) and Job Demands (Emotional Job demands and Quantitative Job Demands) ($n = 471$)

	EI- Others	EI- Positivity	Sense of Community	Mutual Trust	Burnout	Emotional Job Demands	Quantitative Job Demands
EI-Self	.27***	.29***	.11*	.13**	-.01	.07	.05
EI-Others		.32***	.27***	.16**	-.03	.08	.05
EI-Positivity			.32***	.12**	-.12**	-.06	-.11
Sense of Community				.46***	-.17***	-.07	-.09*
Mutual Trust					-.16***	-.13***	-.16**
Burnout						.07	.16***
Emotional Job Demands							.27***

Notes: values * indicates $p < .05$; ** indicates $p < .01$; *** indicates $p < .001$

4.2. Mediation Analyses

Three serial mediation models tested the path EI component \rightarrow sense of community \rightarrow mutual trust \rightarrow burnout (controlling for age and sex, using maximum likelihood estimation with robust standard errors in saturated models).

EI-Positivity was found to be a significant positive predictor of sense of community, and sense of community, in turn, significantly predicted mutual trust. However, the direct association between EI positivity and trust was not statistically significant. Sense of community showed a marginally significant negative direct association with burnout, while trust demonstrated a significant negative effect on burnout. The direct path from EI-Positivity to burnout did not reach statistical significance.

Regarding indirect effects, a significant negative serial mediation was observed through both a sense of community and mutual trust (EIP → Community → Trust → Burnout $\beta = -.016, p = .039$). In contrast, the individual indirect paths involving only one mediator (either community or trust) were not significant (EIP → Community → Burnout: $\beta = -.028, p = .095$; EIP → Trust → Burnout: $\beta = .003, p = .516$). These findings suggest that the significant total effect of EI-Positivity on burnout operates entirely through the combined mediation of both community and trust (Total indirect effect: $\beta = -.041, p = .015$).

EI-Others exhibited a significant positive relationship with a sense of community, which again positively influenced trust. However, no significant direct link was found between EI-Others and trust. A significant negative direct effect was observed between sense of community and burnout, as well as between trust and burnout. EI-Others did not show a significant direct effect on burnout. Analysing the indirect effects revealed a significant mediation pathway through sense of community alone (EIO → Community → Burnout: $\beta = -.031, p = .034$), whereas the path through trust alone was not significant (EIO → Trust → Burnout: $\beta = -.004, p = .456$). Furthermore, the serial indirect effect via both mediators – community followed by trust – was also significant and negative (EIO → Community → Trust → Burnout, $\beta = -.013, p = .048$). Total indirect effect: $\beta = -.047, p = .002$.

EI-Self was positively associated with a sense of community, while its direct effect on mutual trust was marginally significant. A significant positive relationship was found between sense of community and trust. Both mediators – community and trust – were significantly and negatively related to burnout. However, EI-Self did not exert a significant direct effect on burnout, indicating that its association with burnout is mediated indirectly. The total indirect effect of EI-Self on burnout through both mediators was significant and negative (Total indirect effect: $\beta = -.047, p = .002$), although neither of the serial pathways, when considered separately, reached significance (EIO → Trust → Burnout: $\beta = -.004, p = .456$; EIO → Community → Burnout: $\beta = -.031, p = .034$; EIO → Community → Trust → Burnout: $\beta = -.005, p = .115$).

4.3. Moderation Analyses

Three separate moderation models were tested for each demand type (emotional and quantitative demands → burnout, moderated by EI components; standardised coefficients via ENTER regression with age/sex controls).

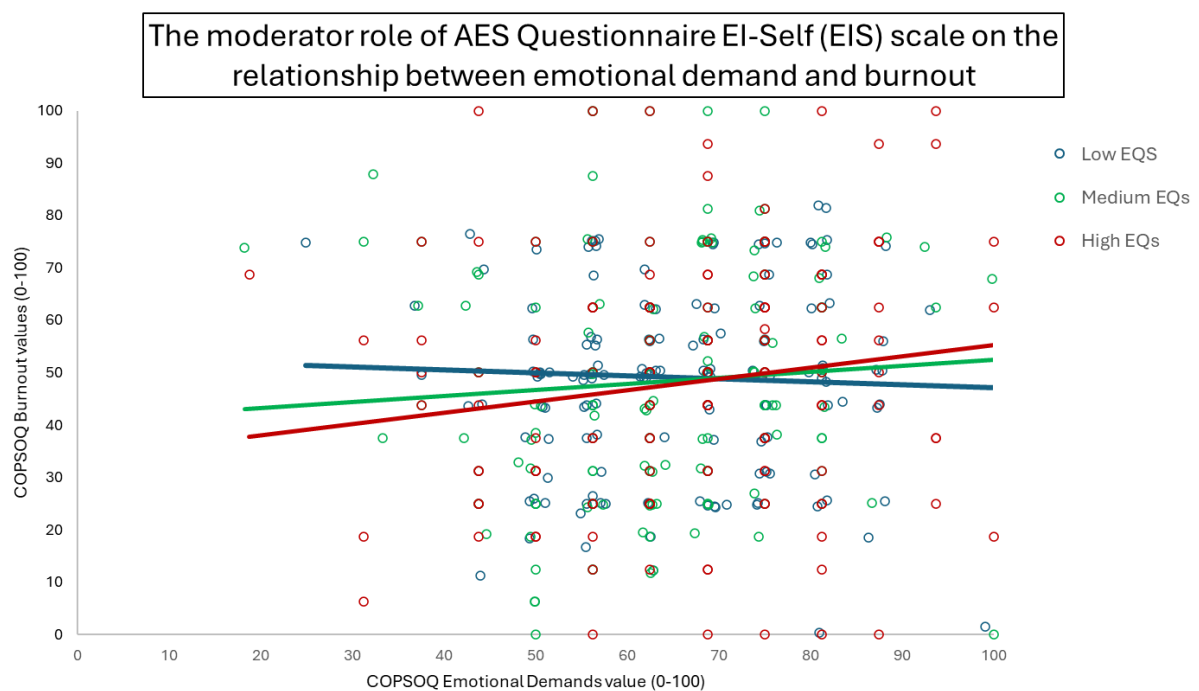
4.3.1. EI-Self Moderation

The moderation analysis revealed that EIS significantly moderates the relationship between emotional demands and burnout ($B = .106, p = .026$). However, neither the direct effect of EIS on burnout ($B = -.212, p = .639$), nor the direct effect of emotional demands on burnout ($B = .176, p = .700$) reached statistical significance. Individuals with low emotional intelligence experience

moderately high burnout regardless of emotional job demands. On the other hand, based on the simple slope analysis, high EIS reduces burnout under low emotional job demands but sharply increases it under high emotional job demands. Therefore, EIS moderates burnout only at low emotional job demands; high emotional job demands eliminate protection and may heighten vulnerability.

The direct impact of quantitative demands on burnout was significant ($B = .168, p < .001$), whereas the indirect effect of quantitative demands on burnout was not significant ($B = -.058, p = .223$). This partially supports H5 and fully supports H6.

Figure 3: The Moderation Effect of EI-Self on the Relationship Between Emotional Demands and Burnout by the Levels of Emotional Demands



4.3.2. EI-Others Moderation

Regarding the EI-Others component, neither the direct effect of EIO on burnout ($B = -.029, p = .513$) nor the direct effect of emotional demands on burnout ($B = .033, p = .494$) was statistically significant. Additionally, no significant moderation effects were observed for the interactions between EI-Others and emotional demands on burnout ($B = -.035, p = .479$) or quantitative demands ($B = .017, p = .732$). This rejects H5 and supports H6.

4.3.3. EI-Positivity Moderation

In terms of the EI-Positivity component, no significant moderation effect was found for the interaction with emotional demands ($B = -.039, p = .402$) or quantitative demands ($B = -.028, p = .548$) on burnout. This suggests that maintaining a positive appraisal of emotions did not influence the relationship between job demands and burnout, whereas quantitative demands showed a significant direct effect on burnout ($B = .154, p = .001$) regardless of EI-Positivity levels, indicating

that this component does not moderate the impact of quantitative workload on burnout. This rejects H5 and supports H6.

5. Discussion

The Job Demands-Resources (JD-R) model serves as the central framework, recognising the balancing act employees perform between work pressures (demands) and supports (resources). Burnout occurs when job demands exceed available resources, highlighting the importance of enhancing psychosocial supports, such as emotional intelligence, trust and community in the workplace. In sectors like social care, characterised by high emotional labour and systemic challenges (e.g., workforce shortages, administrative burdens), leaders face particular burnout risks but have been under-researched. Given Hungary's resource limitations and institutional fragility, strengthening emotional intelligence (EI) among social care leaders presents a practical and cost-effective way to protect against burnout. This research employed the JD-R model to examine how EI dimensions – self-awareness (EI-Self), social awareness (EI-Others), and optimism (EI-Positivity) – directly and indirectly reduce burnout through fostering psychosocial resources and moderating emotional and quantitative job demands.

5.1. Summary of Hypothesis Realisations

Hypothesis 1 anticipated a direct negative association between EI and burnout, but findings only partially supported this, with a weak negative link found only for EI-Positivity. The lack of a strong direct relationship suggests that EI's effects on burnout operate largely through the mediation of psychosocial resources. Hypothesis 2 proposed that sense of community mediates the EI-burnout link; empirical results upheld this mainly for EI-Others with a strong mediating role, while EI-Self showed minimal mediation. For EI-Positivity, mediation was significant only via a combined pathway including both community and mutual trust. Hypothesis 3 tested mutual trust as another mediator; this was partially supported, revealing that trust alone is insufficient without an encompassing sense of community for effective burnout mitigation. Similarly, Hypothesis 4 confirmed that a serial mediation through community and trust underpins the protective effects of EI-Positivity and EI-Others, but not EI-Self. Hypothesis 5 posited that EI moderates the impact of emotional demands on burnout; this was partially supported only for EI-Self, which buffered burnout at moderate but not very high emotional demands, suggesting diminishing protective capacity under extreme stress. Lastly, Hypothesis 6 anticipated no EI moderation for quantitative demands; this was fully supported, emphasising that workload-related burnout requires organisational structural changes beyond EI enhancement. Table 1 below summarises the hypothesis and their fulfilment.

Hypothesis	Tested Relationship	Key Results	Interpretation / Contribution	Hypothesis Fulfilment
H1	Emotional Intelligence (EI) → Burnout	Partially supported; weak/no direct effects; EI-Positivity weakly negative association.	EI influences burnout mainly indirectly, through psychosocial resources, rather than through direct effects.	Partially fulfilled
H2	EI → Sense of Community → Burnout (Mediation)	Partially supported; EI-Others mediates; EI-Positivity via community & trust; EI-Self weak/non-significant	Sense of community is a key pathway for EI's protective effect, but different EI components contribute unevenly.	Partially fulfilled
H3	EI → Mutual Trust → Burnout (Mediation)	Partially supported; trust alone is insufficient; needs a strong community as a foundation.	Trust and community interact synergistically to buffer burnout, extending prior literature.	Partially fulfilled
H4	EI → (Mutual Trust → Sense of Community) → Burnout (Serial Mediation)	Partially supported; EI-Positivity and EI-Others protective only with both psychosocial resources; EI-Self weak	Integrated psychosocial resource framework maximises EI's effect on reducing burnout	Partially fulfilled
H5	Emotional Demands × EI → Burnout (Moderation)	Partially supported; only EI-Self moderates; buffer effect fades under very high demands.	EI-Self aids coping at moderate emotional demands but not under extreme pressure.	Partially fulfilled
H6	Quantitative Demands × EI → Burnout (No Moderation)	Supported; no EI components buffered workload effects	Structural/quantitative job demands cause burnout resistant to socio-emotional capacities, calling for organisational change	Fully fulfilled

Table 1: *Initial Hypotheses Compared to the Main Findings of the Research*

5.2. Theoretical and Practical Implications

This research provides novel insights as it focuses specifically on Hungarian social care leaders, a group underrepresented in emotional intelligence and burnout studies. It contributes to rare studies to systematically incorporate EI into the Job Demands-Resources (JD-R) model in this particular context. Furthermore, the study's examination of psychosocial resources – specifically, sense of community and mutual trust – as sequential mediators between EI and burnout represents a relatively innovative approach, advancing understanding of how EI fosters workplace resilience indirectly through social environmental factors.

The findings nuance the JD-R model by identifying differential roles for EI dimensions: while EI components contribute to workplace resilience, their effectiveness depends on the interplay with

psychosocial resources. EI fosters a sense of community, which fosters trust, and together this mediates burnout reduction, reflecting a sequential psychosocial resource generation process. Only the intrapersonal EI dimension (EI-Self) directly moderates the effect of emotional demands, but with limits. This challenges simplistic views of EI as a universal burnout protector and shifts attention towards fostering community and trust alongside skills development. Practically, initiatives should integrate EI development with team building to cultivate supportive, trusting cultures, especially in fragile systems like Hungarian social care.

Social care leaders in Hungary operate within complex, resource-scarce environments, facing chronic workforce shortages and emotional demands. This study highlights three EI dimensions essential to leadership effectiveness: EI-Self, EI-Others, and EI-Positivity. Rather than direct protection, EI indirectly benefits leaders by enabling them to nurture workplace cultures based on mutual trust and community, which alleviates burnout symptoms. Interventions should blend group sessions improving emotional and social competencies, individual coaching enhancing intrapersonal skills, and organisational programs incorporating stress-reduction and mindfulness practices to foster resilience. Given emotional intelligence's trainability across professions and stages, systematic EI cultivation combined with social resource development offers an accessible, sustainable strategy to stabilise leadership and improve workforce retention and care quality in Hungary's social services (Cote, 2017; Darban et al., 2016; Dippenaar & Schaap, 2017; Enríquez et al., 2017; Goleman & Boyatzis, 2017; Gorgas et al., 2015; Lee et al., 2016; Maresca et al., 2022; Matthews et al., 2017; Mehler et al., 2024; Munir & Azam, 2017; Rowe, 2000; Serrat, 2017; Safavi et al., 2023; Shoker et al., 2024; Stier-Jarmer et al., 2016; Tadmor et al., 2016; Wert et al., 2023;)

5.3. Limitations

The study leveraged a purposive, non-random convenience sample from a national social service leadership training program, raising generalizability concerns due to possible selection bias and sample specificity in demographics (age, gender). Its cross-sectional design limits causal inference; longitudinal research is needed to validate temporal dynamics and reciprocal relationships. Self-report instruments, while standardised (AES-HU, COPSOQ II), carry risks of method bias and social desirability effects. Further research incorporating objective measures, a broader array of job resources, demands, and additional confounders like personality or organisational culture would refine understanding. Cultural and systemic particularities of the Hungarian social care context may modulate the wider applicability of findings, necessitating comparative studies.

5.4. Future Research Directions

Future investigations might focus on how EI dimensions sustain leadership and well-being amidst organisational changes or disruptions, such as those caused by the COVID-19 pandemic. For

example, examining the role of self-regulatory EI (EI-Self) in maintaining performance under uncertainty or EI-Others and EI-Positivity in sustaining social connectedness and mitigating stress from disrupted professional relationships can enrich theory and practice. Further, exploring how deficits in self-awareness or empathy accelerate social fragmentation at work will inform targeted resilience-building interventions. Longitudinal, multi-level studies across different contexts could clarify causality and broaden generalizability.

6. Conclusions

This study challenges traditional, mechanistic views of organisational management by emphasising the importance of complexity and interconnectedness as central themes for contemporary leadership, reflecting modern systems theory. Within this framework, the research explores the nuanced relationship between emotional intelligence (EI), workplace resources – specifically mutual trust and sense of community – as well as emotional and quantitative job demands, and burnout among Hungarian social care leaders. The Job Demands–Resources (JD-R) model provided the theoretical foundation, while emotional intelligence was assessed through three components: EI-Self, EI-Positivity, and EI-Others, tailored to this specific leadership population.

In the unique context of Hungary’s social care system, characterised by resource constraints, high staff turnover, and systemic fragility, understanding how emotional intelligence interacts with workplace dynamics is especially critical. Hungarian social care leaders often operate in environments marked by limited organisational support and emotionally taxing demands, which heighten vulnerability to burnout. The findings offer insights that are directly applicable to these challenges, highlighting psychosocial resources as key mitigating factors.

Key findings reveal that emotional intelligence does not offer a simple, direct protective effect against burnout. Specifically, EI-Positivity, which involves optimism and positive appraisal of emotions, showed a weak negative association with burnout. In contrast, EI-Self (self-awareness) and EI-Others (understanding others’ emotions) did not on their own predict lower burnout. Instead, the protective influences of EI operate largely through indirect pathways: leaders with higher EI create stronger workplace communities and foster mutual trust, which together mediate burnout risk. Path analyses indicate that both a cohesive community and mutual trust are necessary to meaningfully reduce emotional exhaustion, implying that interventions focused solely on EI skill development are unlikely to be effective without corresponding efforts to enhance social resources and organisational culture.

Moderation analyses revealed that only EI-Self moderated the impact of emotional job demands on burnout. However, this buffering effect weakened significantly when stress reached very high levels. No EI components moderated the effect of quantitative demands, underscoring that structural challenges like workload excess require organisational, rather than individual, remedies.

These findings suggest a shift away from one-dimensional EI training towards multidimensional strategies that simultaneously cultivate personal skills and strengthen team cohesion. For Hungarian social care leaders, effective interventions should integrate self-regulation, empathy, and trust-building within frameworks that foster shared community. Inclusion of ongoing feedback, peer support, and continuous development in leadership training is vital for sustaining progress over time.

Amid the ongoing challenges in the Hungarian social care sector – including high turnover, staffing shortages, and inconsistent qualifications – investing in psychosocial resources such as emotional intelligence, trust, and community building offers practical and cost-effective interventions. These competencies help alleviate work-related stress, bolster team unity, and enhance resilience, thereby reducing burnout, improving staff well-being, and increasing job satisfaction. Given systemic weaknesses and instability in the Hungarian sector, focusing on these human factors is a sustainable approach to mitigating workforce pressures and limiting disruptive staff fluctuations. Cultivating emotional intelligence together with trust and community within social care teams emerges as a promising strategy to boost the sector's overall effectiveness and long-term sustainability despite structural constraints.

A promising direction for future research involves exploring the role of EI components in navigating workplace disruptions specific to the Hungarian context, such as organisational restructuring or crisis events common in the sector. Understanding how EI-Self, EI-Others, and EI-Positivity enable leaders and staff to maintain relationships and performance during destabilisation could inform the design of culturally and contextually resilient work environments.

In summary, this study advances the JD-R model by showing that emotional intelligence's effectiveness in reducing burnout depends on context and operates mainly through a supportive social environment. Achieving sustainable organisational health in Hungary's social care system requires leaders to develop their emotional capacities while investing in a workplace culture grounded in trust, connectedness and mutual support. This integrated, systems-informed perspective lays a strong foundation for future research and interventions tailored to the needs of Hungarian social care and related human services.

7. Bibliography of the candidate's publications

Related to the Dissertation

Schutzmann, R., Soltész-Várhelyi, K., & Kozák, A. (2025). Who do leaders talk to? The role of workplace friendships in professional discussion networks and burnout. *European Journal of Mental Health*, 20, 1–22. <https://doi.org/10.5708/EJMH.20.2025.0048>

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