

V A R N A F R E E U N I V E R S I T Y

**FACULTY OF SOCIAL, BUSINESS AND COMPUTER SCIENCES
DEPARTMENT „ADMINISTRATION AND MANAGEMENT“**

AMJAD MUSTAFA AMARA

**COMPONENTS OF EMOTIONAL INTELLIGENCE (EI)
AS A MEANS OF STRENGTHENING THE HUMAN
RESOURCES IN HEALTH INSTITUTIONS**

ABSTRACT

of a dissertation for the award of an educational and scientific degree PhD,
3.7 Administration and management”,
PhD programme “Organisation and management outside the sphere of
material production.”

Scientific Supervisor:
Prof. Snezhanka Ovcharova, PhD

V A R N A

2026

**VARNA FREE UNIVERSITY CHERNORIZETS HRABAR
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Reviewers:
Assoc. Prof. Kremena Andonova, PhD
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2026**

The dissertation was discussed and referred for defense before the scientific jury of the Department Administration and Management at the Faculty of Social, Business and Computer Sciences of Varna Free University Chernorizets Hrabar.

The dissertation has 161 pages and consists of an introduction, a presentation in 3 chapters, a conclusion, a list of references and one appendix. The content of each chapter is divided into separate paragraphs as at the end of each chapter specific findings were made. The main text contains 11 tables and 9 figures. The list of reference literature consists of 92 titles in English language.

The defense of the dissertation before the scientific jury will be held on 12.11.2026 at 11:30, in the Conference Room of Chernorizets Hrabar Varna Free University at a meeting of the scientific jury. The materials for the defense are available in the office of the Department of Administration and Management, Faculty of Social, Business and Computer Sciences of Varna Free University Chernorizets Hrabar, and at the website of the university www.vfu.bg.

I. INTRODUCTION

The healthcare sector operates in an increasingly complex and uncertain environment. Recent global and regional emergencies, particularly the COVID-19 pandemic and the Iron Swords War in Israel, have highlighted the critical importance of resilient healthcare systems and effective human resource management (HRM). Healthcare professionals are required not only to possess advanced clinical competencies but also to demonstrate emotional adaptability, stress management, and interpersonal effectiveness while operating under prolonged pressure.

In this context, emotional intelligence (EI) has emerged as a strategic organizational resource that can strengthen workforce resilience, improve employee well-being, and enhance organizational performance. The integration of emotional intelligence into HRM practices offers healthcare institutions a comprehensive approach to addressing workforce challenges, reducing burnout, improving retention, and maintaining service quality during continuous crisis conditions.

This dissertation examines the role of emotional intelligence as a strategic component of human resource management in Israeli healthcare institutions. It explores how emotional intelligence can be systematically integrated into recruitment, training and development, performance management, and employee retention practices to strengthen human resources and enhance organizational resilience during periods of prolonged crisis.

1. Topicality and Relevance of the Research

The growing frequency of global crises, including the COVID-19 pandemic and ongoing security conflicts, has exposed significant weaknesses in human resource management (HRM) systems within healthcare institutions. Healthcare organizations increasingly face workforce shortages, burnout, high turnover rates, and recruitment difficulties that threaten organizational effectiveness and patient care quality. In Israel, these challenges

have been intensified by the combined effects of the COVID-19 pandemic and the Iron Swords War. Consequently, there is an urgent need to develop innovative HRM approaches that enhance organizational resilience and workforce sustainability. Emotional intelligence (EI) has emerged as a critical factor that can strengthen healthcare personnel's ability to cope with prolonged crisis conditions, making its integration into HRM practices highly relevant both theoretically and practically.

2. Object and Subject of the Research

The **research object** of the dissertation are human resource management practices in healthcare institutions operating under continuous crisis conditions in Israel.

The **research subject** of the dissertation is how HRM systems integrate emotional intelligence components to strengthen human resources (primarily medical staff) in Israeli healthcare institutions and to prevent burnout and stress during crises such as pandemics, wars, natural disasters, or other unexpected events.

3. Research Problem

The fundamental research problem addressed in this dissertation concerns the inadequate preparation of healthcare human resource management departments to develop systematic strategies for recruitment, training, performance management, and retention that can sustain workforce effectiveness during continuous crisis conditions, resulting in accelerated turnover rates, recruitment difficulties, retention challenges, and compromised organisational capacity that threatens both institutional sustainability and patient care quality. Despite healthcare institutions' critical role in societal welfare and crisis response, human resource management departments have historically approached workforce planning from perspectives emphasising administrative efficiency and technical competency assessment while neglecting systematic strategies for integrating

emotional intelligence considerations into recruitment criteria, training program design, performance evaluation systems, and retention frameworks necessary for sustaining organisational effectiveness under prolonged high-stress conditions. The COVID-19 pandemic revealed the consequences of this neglect. Healthcare institutions worldwide experienced unprecedented workforce instability, manifested in turnover rates exceeding 50% among frontline medical staff, substantial recruitment difficulties, and retention challenges that threatened organisational capacity, precisely when healthcare systems faced the highest operational demands. Israeli healthcare institutions exemplify these challenges, having transitioned rapidly from managing multiple waves of COVID-19 pandemic response to addressing mass casualty events and sustained security threats associated with the Iron Swords War, all while confronting pre-existing structural challenges including severe workforce shortages and inadequate human resource management systems for recruitment, training, and retention during extended crisis periods (Mahdavi et al., 2023; Joachim et al., 2024).

The research problem is further complicated by the disconnect between growing recognition of emotional intelligence's importance in healthcare contexts and the limited understanding of how human resource management departments can systematically integrate emotional intelligence considerations into their core practices of recruitment, training and development, performance management, and retention. While substantial research has documented relationships between individual emotional intelligence levels and positive organisational outcomes — such as reduced turnover, enhanced job performance, and improved team effectiveness — this knowledge has not been effectively translated into human resource management strategies that healthcare institutions can implement systematically across their workforces. Human resource management departments lack clear guidance on several key areas: assessing emotional intelligence during recruitment processes, designing training programs that effectively

enhance emotional competencies, incorporating emotional intelligence into performance evaluation systems, and structuring compensation and recognition programs that incentivise the development of emotional intelligence. The absence of systematic approaches for emotional intelligence integration within human resource management practices represents a critical gap that this research addresses through examining how Israeli healthcare institutions can build organizational resilience by embedding emotional intelligence considerations throughout the human resource management lifecycle, with particular emphasis on developing practical strategies that human resource management departments can implement to strengthen workforce capabilities for managing continuous crisis conditions from COVID-19 through the Iron Swords War and into future emergency scenarios (Kutaula et al., 2024).

4. Author's Thesis

This dissertation argues that the systematic integration of emotional intelligence components into healthcare HRM practices significantly enhances organizational resilience and workforce sustainability during prolonged crisis conditions. By incorporating emotional intelligence into recruitment, training, performance evaluation, and retention strategies, healthcare institutions can strengthen employee performance, reduce burnout, improve retention, and maintain effective healthcare delivery during emergencies.

5. Goal and Tasks of the Dissertation

The primary goal of the dissertation is to examine how healthcare HRM departments in Israeli healthcare institutions can systematically integrate emotional intelligence components into recruitment, training and development, performance management, and retention practices in order to strengthen organizational resilience during continuous crisis conditions.

To achieve this goal, the dissertation pursues the following **tasks:**

1) To analyse existing literature on human resource management (HRM) and emotional intelligence, focusing on their applications in the healthcare sector;

2) To study the human resource management practices implemented in Israeli healthcare institutions during the COVID-19 pandemic and the Iron Sword War. It identifies both effective strategies and critical deficiencies in recruitment, training, performance management, and retention approaches during continuous crisis conditions;

3) To examine how human resource management practices that integrate emotional intelligence into recruitment processes, training programs, and performance management systems affect workforce retention rates, job performance levels, and organisational effectiveness within Israeli healthcare institutions operating under continuous crisis conditions.

4) To design a survey in healthcare institutions in Israel;

5) To develop evidence-based recommendations for human resource management departments on systematically integrating emotional intelligence into recruitment processes, training program design, performance evaluation systems, and retention strategies. These efforts aim to address the organisational demands of crisis healthcare delivery;

6) To formulate policy recommendations for strengthening human resource management systems in Israeli healthcare institutions to better prepare for future emergencies. It includes specific guidance on the organisational conditions necessary to sustain effective human resource management practices during extended crisis periods.

6. Research Methodology

The dissertation adopts a mixed-methods research design combining quantitative and qualitative approaches. Quantitative methods are used to examine relationships between emotional

intelligence integration, HRM practices, and employee outcomes across healthcare institutions. Qualitative methods provide deeper insights into organizational experiences and HRM strategies during crisis conditions. Data are collected through surveys, interviews, and analysis of organizational practices. The study is guided by one overarching research question and several sub-questions focusing on the effectiveness of emotionally intelligent HRM practices in strengthening organizational resilience and workforce sustainability.

Research Hypotheses

Based on the research questions and theoretical framework, this study tests the following hypotheses:

H1: The quality of human resource management practices is negatively associated with employee burnout and with its three components.

H2: The quality of human resource management practices is positively associated with the four dimensions of employee emotional intelligence.

H3: Employee emotional intelligence is negatively associated with burnout and with its components.

H4: Emotional intelligence mediates the relationship between the quality of human resource management practices and employee burnout.

H5: Human resource management practices, emotional intelligence and burnout differ significantly across governmental, public and private healthcare institutions.

7.Scope, Boundaries and Methodological Limitations of the Ph.D. Work

The dissertation examines emotional intelligence (EI) as an organisational and managerial resource for strengthening human resource management in healthcare institutions, rather

than as an individual psychological phenomenon. The study adopts an ability-based conceptualisation of EI, operationalised through the Wong and Law Emotional Intelligence Scale (WLEIS), and considers its four dimensions as variables relevant to management and organisational practice.

The research focuses on four major human resource management functions: recruitment and selection, training and development, performance management, and employee retention, while also considering organisational culture as an important contextual factor. Other areas of HRM, including compensation and reward systems, industrial relations, workforce planning, occupational health provision, and clinical quality management, remain outside the scope of the study.

Territorially and institutionally, the research is limited to Israeli healthcare institutions representing governmental, public, and private organisational models. The findings are therefore interpreted in relation to these institutional settings and are not intended to provide statistical representation of the entire Israeli healthcare system or direct generalisation to healthcare systems operating under different organisational, funding, or employment structures.

The temporal scope covers the period of prolonged crisis beginning with the COVID-19 pandemic in 2020 and continuing through the Iron Swords War from October 2023. However, the empirical study is cross-sectional, with data collected at a single point in time. Consequently, references to developments during the crisis period are based partly on participants' retrospective assessments rather than longitudinal measurement.

The principal methodological limitations concern the cross-sectional research design, the sample of 110

respondents and five interviewees, reliance on self-reported quantitative measures, and the possibility of common method variance. Institutional access through professional networks and management cooperation may also have introduced selection bias. Furthermore, the absence of a personality measure limits the ability to distinguish fully between the contribution of emotional intelligence and broader dispositional characteristics. Finally, the Training and Development subscale demonstrated internal consistency below the conventional threshold; therefore, findings related to this dimension should be interpreted with appropriate caution.

Despite these limitations, the research provides an empirically grounded examination of the relationship between emotional intelligence and selected HRM practices across different healthcare institutional models and establishes a basis for managerial recommendations and further longitudinal and comparative research.

II. SIZE AND STRUCTURE OF THE DISSERTATION

The dissertation has 160 pages and consists of an introduction, a presentation in 3 chapters, a conclusion, a list of references and one appendix. The content of each chapter is divided into separate paragraphs as at the end of each chapter specific findings were made. The main text contains 11 tables and 9 figures. The list of reference literature consists of 92 titles in English language.

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III. DISSERTATION SUMMARY

CHAPTER ONE Human resource management in health institutions - establishes the theoretical foundation of the dissertation by examining the development of human resource management and emotional intelligence within healthcare

organizations. It reviews contemporary HRM theories and explores the unique characteristics of healthcare systems that require specialized workforce management approaches. The chapter further investigates the leadership competencies required of healthcare HR managers and analyzes the theoretical models of emotional intelligence that form the conceptual basis of the research.

Paragraph 1.1. The Nature of Human Resource Management examines the historical development of human resource management from a traditional administrative function into a strategic organizational discipline. The discussion highlights the evolution of HRM toward workforce planning, talent acquisition, employee development, performance management, compensation systems, and employee engagement. Special emphasis is placed on strategic human resource management as a mechanism for achieving organizational objectives through effective utilization of human capital. The section reviews contemporary HRM theories, including the Resource-Based View and Strategic HRM approaches, which emphasize the importance of employees as valuable organizational assets capable of creating sustainable competitive advantage. The analysis demonstrates that healthcare organizations require particularly sophisticated HRM systems because workforce performance directly influences patient outcomes, service quality, and organizational effectiveness.

Paragraph 1.2. Public Health: Services and System. This section presents the structure and functioning of healthcare systems, focusing on public health services and healthcare delivery models. The discussion examines the organization of healthcare institutions at primary, secondary, and tertiary levels and analyzes the interaction between healthcare policy and workforce management. Special attention is devoted to the Israeli healthcare system, including its universal health insurance model, organizational structure, and workforce characteristics. The section identifies major challenges facing the Israeli healthcare sector, including physician and nursing shortages, demographic

changes, unequal distribution of healthcare personnel, and increasing demands for healthcare services. The analysis concludes that effective healthcare delivery depends heavily on strategic human resource management capable of ensuring adequate staffing levels, professional development opportunities, and organizational adaptability.

Paragraph 1.3. The Uniqueness of Health System Human Resources. This section examines the distinctive characteristics of healthcare personnel and explains why healthcare workforce management differs significantly from workforce management in other sectors. Healthcare professionals operate in environments characterized by high emotional intensity, ethical complexity, life-and-death decision-making, continuous exposure to stress, and extensive professional responsibility. The section analyzes issues related to emotional labor, interprofessional collaboration, professional autonomy, workforce diversity, continuous learning requirements, and occupational stress. Furthermore, the discussion addresses workforce shortages, gender-related disparities, retention difficulties, and employee well-being. The analysis demonstrates that conventional HRM approaches are insufficient for healthcare settings and that organizations require more comprehensive systems capable of addressing both technical and emotional workforce needs.

Paragraph 1.4. Managers and Leaders: Characteristics of Human Resource Managers. This section explores the distinctions faced by healthcare HR managers operating in multicultural environments characterized by workforce shortages, organizational change, and continuous crisis conditions. The findings indicate that successful healthcare HR managers require a combination of managerial competence, leadership capability, emotional intelligence, and cultural sensitivity in order to effectively support workforce sustainability and organizational resilience.

Paragraph 1.5. Theoretical Models of Emotional Intelligence: Establishing the Conceptual Framework for HRM Integration. This

section reviews the principal theoretical approaches to emotional intelligence developed by Salovey and Mayer, Goleman, and Bar-On. The analysis examines the similarities and differences among these theoretical models and discusses their implications for organizational research and practice. Particular emphasis is placed on the Ability Model of Emotional Intelligence developed by Salovey and Mayer, which serves as the primary theoretical framework for the empirical component of the dissertation. The section further explains how emotional intelligence can be incorporated into HRM processes, including recruitment, training, performance management, leadership development, and employee retention strategies.

Conclusions to Chapter One

The first chapter establishes the theoretical basis for the dissertation by demonstrating that healthcare organizations require HRM systems capable of addressing both operational and emotional workforce challenges. The chapter concludes that emotional intelligence represents a valuable organizational resource that can strengthen employee resilience, improve organizational effectiveness, and support sustainable workforce management during prolonged crisis conditions.

CHAPTER TWO. Healthcare systems coping with continuous crisis conditions. The second chapter examines healthcare organizations operating under prolonged crisis conditions and investigates the impact of continuous emergencies on workforce management, organizational functioning, and employee well-being. The chapter focuses specifically on the COVID-19 pandemic and the Iron Swords War as examples of large-scale crises that significantly affected healthcare institutions throughout Israel.

Paragraph 2.1. Human Resource Management Challenges During COVID-19 and the Iron Swords War - analyzes the major HRM challenges that emerged during the COVID-19 pandemic and subsequent security crises. The discussion focuses on

workforce shortages, employee absenteeism, recruitment difficulties, retention problems, increased workloads, staff redeployment, and disruptions to traditional HRM practices. The author demonstrates that healthcare organizations were required to develop rapid and innovative workforce management strategies to maintain service continuity under highly uncertain conditions.

Paragraph 2.2. Managing Under Uncertainty: Strategic Planning and Decision-Making in Continuous Crisis. This section examines strategic decision-making processes in environments characterized by uncertainty, instability, and rapidly changing conditions. The analysis highlights the importance of adaptive leadership, flexible workforce planning, effective communication, and organizational learning. Particular attention is devoted to the role of HRM in supporting organizational adaptation and maintaining operational effectiveness during crisis situations.

Paragraph 2.3. Burnout, Trauma, and Psychological Impacts on Healthcare Workers. This section investigates the psychological consequences of prolonged crisis exposure among healthcare professionals. The discussion reviews burnout syndrome, emotional exhaustion, secondary trauma, anxiety, depression, moral distress, and occupational stress. The section emphasizes the significant impact of psychological strain on employee well-being, job performance, retention, and organizational effectiveness.

Paragraph 2.4. Psychological Resilience and the Role of Emotional Intelligence. This section explores emotional intelligence as a key factor supporting resilience and psychological adaptation. The analysis demonstrates how emotional intelligence contributes to stress management, emotional regulation, interpersonal effectiveness, teamwork, leadership effectiveness, and overall psychological well-being.

The section further argues that emotionally intelligent employees are better equipped to cope with uncertainty and maintain professional effectiveness during crisis situations.

Conclusions to Chapter Two

The Israeli healthcare system manifests both remarkable workforce resilience, which enables sustained operations despite extraordinary pressures, and critical organisational deficiencies, which generate unsustainable workforce demands, inadequate psychological support. The chapter concludes that healthcare organizations operating under continuous crisis conditions require HRM systems that address both operational and psychological workforce needs. Emotional intelligence emerges as a critical factor supporting resilience, employee well-being, and organizational sustainability.

CHAPTER THREE. Methodology and analysis of results in Israeli healthcare institutions. This chapter presents the empirical component of the dissertation and evaluates the relationship between emotional intelligence, HRM practices, burnout, resilience, and organizational effectiveness among healthcare employees in Israel.

Paragraph 3.1. Research Design and Paradigm Methodology. This section presents the research philosophy, conceptual framework, research design, research questions, hypotheses, and methodological approach adopted in the study. A mixed-methods methodology combining quantitative and qualitative techniques was employed to obtain comprehensive insights into the research problem.

The research examines two interconnected populations within Israeli healthcare institutions, reflecting the multilevel nature of HRM implementation. At the management level, the study targets HR managers and specialists responsible for recruitment, training, performance management, and retention, as well as chief physicians and department heads who oversee clinical staff and interface directly with HR systems. At the operational level, the research encompasses physicians across various medical specialties, nursing staff (including registered and practical nurses), and ancillary workers such as sanitation and administrative personnel who experience HRM practices but

typically lack formal input into their design. This dual approach recognises that effective integration of emotional intelligence requires both strategic implementation by management and operational experience by employees. The divergence between management intentions and employee perceptions is a critical data point for understanding the effectiveness of implementation.

Purposive stratified sampling ensures representation across three dimensions:

- institution types (municipal hospitals under government operation, public hospitals managed by health maintenance organisations, and private for-profit institutions);
- geographic regions (central urban areas and peripheral locations where workforce challenges differ substantially); and
- organisational hierarchies (management, clinical, and support roles). The sampling strategy employs both questionnaires to measure emotional intelligence levels, perceptions of HRM practices, and burnout experiences among employees, as well as semi-structured interviews with management to capture qualitative insights into strategic decisions, implementation challenges, and perceived effectiveness. This dual methodology enables the triangulation of quantitative patterns with qualitative explanations, thereby strengthening the validity and interpretability of the findings.

Paragraph 3.2. Research Instruments and Measurement. This section describes the instruments used for data collection and measurement. It explains the procedures used to assess emotional intelligence, HRM practices, burnout, employee outcomes, and organizational effectiveness. Reliability and validity analyses are presented to ensure the scientific rigor of the research instruments.

Paragraph 3.3. Findings. This section presents the empirical findings obtained through statistical and qualitative analyses. The largest group of respondents consisted of nursing staff (34.5%), followed by physicians (23.6%), human resources managers

(10.9%), chief physicians/department heads (12.7%), and support staff (8.2%), while the remaining participants belonged to other occupational categories (3.6%). This distribution reflects broad representation across healthcare professions, with a particular emphasis on clinical personnel. The qualitative strand of this research is based on content analysis of five semi-structured interviews conducted with senior managers in Israeli healthcare institutions representing the three participating hospital types. The results demonstrate significant relationships between emotional intelligence and employee outcomes. Organizations that integrate emotional intelligence into HRM practices show lower burnout levels, higher employee resilience, improved retention, stronger organizational commitment, and greater organizational effectiveness. The findings support the central assumptions of the dissertation and confirm the strategic importance of emotional intelligence within healthcare HRM systems.

Paragraph 3.4. Discussion

This section interprets the research findings in relation to the theoretical framework and previous academic literature. The discussion highlights the practical implications of the results for healthcare managers, HR professionals, and policymakers. The findings are evaluated in the context of contemporary healthcare challenges and organizational resilience requirements.

Conclusions to Chapter Three

The quantitative research design enables a systematic examination of the relationships between the implementation of emotional intelligence, HRM practices, and employee outcomes across three institutions representing distinct organisational models. Purposive stratified sampling ensures representation of management and operational perspectives across municipal, public, and private healthcare settings. Rigorous data collection procedures strike a balance between methodological quality and practical feasibility in healthcare settings. Statistical analyses examine patterns,

relationships, and institutional comparisons, whilst qualitative interviews with management personnel illuminate implementation processes.

The quantitative analyses produced five sets of findings:

First, significant negative correlations were found between most HRM practice dimensions and emotional exhaustion, with organisational culture showing the strongest and most consistent associations across all burnout components.

Second, no significant relationship was found between any HRM practice subscale and any emotional intelligence dimension, with the sole exception of modest associations between turnover intentions and two EI subscales.

Third, emotional intelligence showed no significant relationship with total burnout at the composite level, but significant negative correlations were found with depersonalization across all four EI subscales, and significant positive correlations were found with personal achievement across all four EI subscales.

Fourth, the mediation model was not supported: neither the regression analysis nor any of the 24 Sobel test pathways produced evidence that emotional intelligence transmits the effects of HRM practices on burnout.

Fifth, private hospital employees reported significantly higher HRM practice quality than governmental and public hospital employees across all six subscales, while emotional intelligence scores did not differ significantly across institution types, and the only significant burnout difference was in emotional exhaustion, which was highest among governmental hospital employees.

The qualitative findings identified four themes: the reliance on informal, experience-based methods for assessing emotional intelligence in recruitment; the absence of mandatory, structured mechanisms for developing emotional resilience through HRM; the qualitative shift from physical burnout during COVID-19 to psychological burnout during the wartime period; and the role of

technology alongside managerial proposals for strengthening emotional intelligence integration in future HRM practice.

CONCLUSION

This dissertation examined how human resource management departments in Israeli healthcare institutions can systematically integrate emotional intelligence into their core practices of recruitment, training and development, performance management, and retention amid ongoing crises, including COVID-19 and the Iron Swords War. The quantitative analysis of 110 healthcare workers across three institutional types, combined with qualitative interviews with five senior managers, yielded a consistent, interpretively coherent answer to this overarching question: integration has not occurred.

What exists in its place is a pattern in which individual managers deploy emotionally intelligent practices informally and without institutional backing, while organisational culture, which operates through structural rather than individual mechanisms, does the measurable protective work against burnout that formal EI-HRM integration was intended to achieve. Emotional intelligence itself serves as a personal resource that attenuates specific burnout components, particularly depersonalisation and the erosion of professional accomplishment, through pathways independent of, and not currently cultivated by, HRM systems. The institutional variation among private, public, and governmental hospitals demonstrates that structural governance conditions constrain the quality of HRM practices in ways that make burnout outcomes predictably unequal across institutional types, a finding with direct relevance for health workforce policy in Israel.

Three falsifiable claims constitute this study's theoretical contribution to the HRM and healthcare workforce literature. First, in healthcare institutions where EI integration into HRM practices has not been formally implemented, organisational culture is a

significantly stronger direct predictor of burnout than employee emotional intelligence; this relationship intensifies rather than diminishes when EI is statistically controlled, indicating suppression rather than mediation. This extends Demerouti et al.'s (2001) Job Demands-Resources model to a context of continuous compound crisis, demonstrating that the distinction between organisational and personal resources holds under conditions of sustained emergency and that their effects operate through distinct rather than intersecting pathways. Second, the relationship between HRM practice quality and employee self-reported emotional intelligence is non-significant in the absence of structured EI development programmes, which challenges the assumption, widespread in practitioner-oriented literature, that emotionally supportive management practices build emotional competency as a by-product. The implication is that EI should be treated as a stable personal resource to be selected for and accommodated rather than as a competency to be produced by generic HRM investment. Third, burnout in extended healthcare crisis contexts is not a uniform phenomenon: the shift from COVID-19 physical exhaustion to Iron Swords War psychological depletion represents qualitatively distinct organisational demands requiring different intervention logic, with the wartime pattern specifically demanding trauma-informed HRM frameworks that the healthcare management literature has not yet systematically developed for continuous security-threat contexts.

The status of each hypothesis may be stated without ambiguity:

- The first hypothesis, proposing a negative association between the quality of human resource management practice and burnout, was largely supported.
- The third, proposing a negative association between emotional intelligence and burnout, was partially supported: the relationship holds at the level of each burnout component but disappears at the level of the aggregate index.

- The fifth, proposing institutional differences, was partially supported: differences were established for every human resource practice dimension and for emotional exhaustion, but not for emotional intelligence or for the remaining burnout components.
- The second hypothesis, proposing that human resource practice is associated with employee emotional intelligence, was not supported. The fourth, proposing that emotional intelligence mediates the relationship between practice and burnout, was not supported in any of the twenty-four pathways examined.

The findings support five concrete recommendations for HRM departments in Israeli healthcare. Organisational culture should be designated as a primary target for burnout prevention interventions, with dedicated resources allocated to embedding psychological safety, recognition, and emotional accessibility into supervisory norms, performance evaluation criteria, and onboarding protocols, rather than treating culture as a background condition that emerges incidentally from other programmes.

Recruitment processes across all institutional types should incorporate structured emotional intelligence assessment tools, as qualitative evidence consistently shows that managers who evaluated EI systematically during hiring reported better team cohesion and crisis resilience outcomes than those relying on professional credentials alone. The statistically significant differences in HRM practice quality between private and public sector institutions require targeted policy intervention at the Ministry of Health level: without structural reforms addressing the governance constraints that limit HRM investment in governmental and health fund hospitals, burnout disparities across institutional types will persist.

The informal retention practices documented across all five interviews, opening meetings with personal conversation, offering scheduling flexibility during security alerts, organising team

gatherings outside the workplace, represent precisely the HRM behaviours that predicted reduced burnout in the quantitative analysis. They should be formalised into supervisory role expectations, performance criteria, and training curricula rather than left to individual managerial initiative. Finally, the structural burden currently carried by department heads requires direct institutional response: managers should be explicitly designated as beneficiaries of psychological support provision rather than solely as its providers, with mandatory access to peer supervision, coaching, and resilience frameworks that treat managerial wellbeing as a precondition for effective workforce care rather than an afterthought.

Future research should address some limitations through longitudinal designs tracking HRM investment and burnout trajectories across successive crisis periods; through performance-based EI instruments such as the MSCEIT to separate emotional competency from personality effects; and through intervention studies evaluating whether deliberately structured EI recruitment and training programmes generate the HRM-to-EI relationships that cross-sectional data did not detect.

Two additional directions emerge specifically from the qualitative strand: first, the temporal distinction between pandemic-era physical burnout and wartime psychological depletion identified across the interviews points toward the need for crisis-type-specific HRM frameworks that the existing management literature has not yet differentiated; second, the role of AI-assisted clinical tools, such as the CPI system described by one interviewee as potentially freeing time for direct emotional engagement with patients, represents an emerging and largely unexamined dimension of the relationship between technological infrastructure and emotionally intelligent HRM practice that warrants dedicated empirical investigation.

IV. DISSERTATION CONTRIBUTIONS

Scientific Contributions:

- 1) This study enriches theoretical understanding of emotional intelligence integration in healthcare HRM by examining the phenomenon across multiple institutional contexts during unprecedented continuous crisis conditions.
- 2) The dissertation specifies existing EI theory by demonstrating how emotional competencies function as protective factors specifically within crisis healthcare environments, addressing a critical gap in the literature.
- 3) This research identifies a gap that the healthcare management literature has not yet addressed - a single burnout-prevention logic is inadequate across successive crises of differing character. the differentiation of burnout by crisis type. The physical exhaustion characteristic of the pandemic period and the psychological depletion characteristic of the wartime period emerged from the interview material as qualitatively distinct organisational demands

Scientific-applied contributions:

- 4) The research develops and validates a new comprehensive instrument measuring EI integration across the full HRM lifecycle – establishing organizational culture, recruitment, training, performance management, and retention - within healthcare settings.
- 5) The design of the study offers a transferable methodological template for research into managerial practices whose declared and actual implementation diverge, in that the

qualitative strand supplies the institutional explanation for a quantitative null result rather than merely illustrating a confirmed one.

Applied contributions:

- 6) The study yields recommendations differentiated by level of application and by the strength of the evidence supporting each:
- at the level of the human resource unit, the designation of organisational culture as the primary target of burnout prevention rests directly on the regression results and carries the strongest empirical support.
 - at the level of institutional management, the formalisation of the informal retention practices documented across all five interviews rests on convergent quantitative and qualitative evidence.
 - at the level of national policy, the finding that human resource practice quality differs significantly by institutional type supports targeted intervention by the Ministry of Health, although the cross-sectional design means that this recommendation is advanced as a prospective managerial solution requiring further verification rather than as a demonstrated result.

V. PUBLICATIONS RELATED TO THE DISSERTATION

1. Amara, A. M. (2025). Emotional Intelligence as a Strategic HR Imperative: Building a Competitive Edge for Healthcare Organizations. In Proceedings of the International Scientific Conference “Economic Transformations in the Global World” ,June 20–21, 2025, pp. 110–116. Varna Free University “Chernorizets Hrabar” (VFU). ISBN 978-954-715-785-9.
2. Amara, A. M. (2024). The Components of Emotional Intelligence (EI) as a Means of Human Resource Sustainability. *International Journal Sustainable Development*, 14(2), pp.14–24. ISSN 1314-4138 (print), ISSN 2367-5454 (online).
3. Amara, A. M. (2026). The Role of Emotional Intelligence Training Programs in Reducing Burnout among Healthcare Workers during Prolonged Crises in Israel. In Proceedings of the International Scientific Conference “Economic Transformations in the Global World” ,June 12–13, 2026, pp.146-153. Varna Free University “Chernorizets Hrabar” (VFU). ISBN 978-954-715-785-9.
4. Amara, A. M., & Ovcharova, S. (2026). Navigating the Perfect Storm: Integrating Emotional Intelligence and Leadership in Israeli Healthcare Human Resource Management during Continuous Crisis. In Proceedings of the International Scientific Conference “Economic Transformations in the Global World” (June 12–13, 2026), pp.54-59. Varna Free University “Chernorizets Hrabar” (VFU). ISBN 978-954-715-785-9