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Emotional intelligence, resilience and self-esteem in disabled and non-disabled people

Inteligencia emocional, Resiliencia y Autoestima en personas con discapacidad física y sin discapacidad

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ABSTRACT:

Introduction: Emotional intelligence, resilience and self-esteem are concepts related to personal development. People who have physical disabilities, the perception of the different situations that have to face may influence emotions and behavior.
Objective: Analyze the differences or similarities between people with disabilities and without disabilities in the field of emotional intelligence, resilience and self-esteem.
Methodology: Type descriptive, transversal and prospective, quantitative study using the scales of the emotional intelligence TMMS-24, the scale of the Resilience CD-RISC10 and the scale of the Rosenberg self-esteem, with a total of 100 participants.
Results: Persons with physical disabilities present mean statistically higher on emotional intelligence and resilience, although regarding self-esteem people without disabilities have an upper mean.
Discussion: Different authors have shown that emotions play a fundamental role in the well-being of individuals. In the case of diseases that involve physical disability, affect different aspects of the life of people, therefore even good emotional management is necessary most to avoid that the person may suffer greater consequences physical and/or emotional.
Findings: Persons with physical disability have adequate levels of emotional intelligence in its different dimensions, developing coping strategies that enable them to cope with such difficulties. The self-esteem of people with physical disabilities is weakened by the low perception of independent control.

Keywords: Emotional intelligence; resilience; self-esteem; physical disability.

RESUMEN:

Introducción: La Inteligencia emocional, resiliencia y autoestima son conceptos relacionados con el desarrollo personal. Las personas que presentan discapacidad física, la percepción de las diferentes situaciones a las que tienen que enfrentarse pueden influir en sus emociones y comportamiento.

Objetivo: Analizar las diferencias o similitudes entre las personas con discapacidad y sin discapacidad en el ámbito de la inteligencia emocional, la resiliencia y la autoestima.
Metodología: Estudio cuantitativo de tipo descriptivo, transversal, y prospectivo, utilizando las escalas de la Inteligencia emocional TMMS-24, la escala de la Resiliencia CD-RISC10 y la escala de la autoestima de Rosemberg, con un total de 100 participantes.
Resultados: Las personas con discapacidad física presentan medias estadísticamente superiores en inteligencia emocional y resiliencia, aunque en autoestima las personas sin discapacidad presentan medias superiores.
Discusión: Distintos autores ponen de manifiesto que las emociones juegan un papel fundamental en el bienestar de los individuos. En el caso de las enfermedades que implican discapacidad física, afectan a los diferentes aspectos de la vida de las personas, por lo tanto se hace más necesario aún el buen manejo emocional para evitar que la persona sufra mayores consecuencias físicas y/o emocionales.
Conclusiones: Las personas con discapacidad física presentan unos niveles adecuados de inteligencia emocional en sus diferentes dimensiones, desarrollando estrategias de afrontamiento que les permiten hacer frente a dichas dificultades. La autoestima de las personas con discapacidad física, se ve mermada por la baja percepción de control independiente.
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Palabras clave: Inteligencia emocional, resiliencia, autoestima, discapacidad física.

INTRODUCTION

Emotional Intelligence (EI) is the ability that people have to recognize our own feelings and the foreign ones[(1)]. For the integral development of the person, it is necessary to promote the development of different aspects: affective, cognitive, and social. To ease the development of EI is important for anyone, but especially for those with some specific needs, by its physical and/or psychic limitations. Currently, studies about the IE focuses on a wide variety of fields of study, such as the school or academic, health or labour[(2)].

EI influences cognitive skills and self-regulation. People with an elevated IE tend to adapt themselves by using strategies, depending on the context in which they are, in order to achieve their goals and solve problems[(3)].

On the other hand and very related to EI, resilience is the tendency to see unexpected changes as opportunities instead of seeing them as an adversity, maintaining commitment and control. This successful adaptation also implies a "transformation" of the person after the crisis, manifested, such a set of qualities. The ability to be resilient is resist conflicts, on the one hand, and generate a behaviour or attitude positive to them, on the other hand[(4)]. EI is connected directly with the resiliency, so emotionally intelligent in circumstances of stress behaviour is adaptive, so it is considered that EI is a precedent of resilience. Resilient people are optimistic and energetic approaches to life and are characterized by a high positive emotionality. In relation to people experiencing loss of physical abilities often faced with the challenge of having to adapt to a new way of life[(5)].

These concepts, IE and resilience, are related with the degree of acceptance and the level of self-esteem of each person[(6)]. For Carpenito[(7)], self-esteem is "self-evaluation what a person does on itself". The most important aspects of self-esteem include all those promoting health behaviours, so it is essential maintenance and promotion to achieve adequate levels of well-being[(8)].

For all these reasons, we consider of great interest the study of EI, resilience and self-esteem in disabled people, due to the change that supposes that disability in their quality of life, and the emotional experience that involves. In addition, we have found

no scientific literature on these psychological variables in that population. The objective of this work is to check whether there are differences in EI, resilience, and self-esteem among people with physical disabilities and persons without such disabilities, and show if there are gender differences.

METHOD

Design, participants and procedure

We present a quantitative study, correlational, cross type, with a design that involves an intergroup comparison. The period of study was developed during the months of February and May 2016 in the province of Córdoba (Andalusia).

The participants in the study were 50 people with disabilities, residing in the Centre of assistance to persons with physical disabilities in Pozoblanco (Córdoba), and 50 people without disabilities living in the province of Córdoba.

Any of the criteria listed below are justified non-participation in the study: people with cognitive limitations that prevent them understand and answer the questions of the questionnaire and people who did not want to or could not participate in the study.

After obtaining the permission of the Center and the approval of the Ethics Committee of the University, an appointment with the management of the Centre was concluded to explain the project. The participants did so voluntarily and were informed of the study that was going to develop. They read and signed a letter of consent that verified their willingness to participate in the study. It explained that the purpose of the study is strictly scientific and which had the ability to withdraw from it at any time by assigning null questionnaire, as well as the confidentiality of the same. In this way, each questionnaire was coded in order to preserve the anonymity and confidentiality of the data collected according to the Declaration of Helsinki.

For the collection of data, in the case of persons with physical disabilities, it gave them, individually, a questionnaire in the presence of the researcher that collected socio-demographic variables and psychological variables as emotional intelligence, resilience, and self-esteem.

In the case of persons without disabilities, the questionnaire was carried out through an online platform, selecting participants through the snow ball method.
To identify the characteristics or the socio-demographic aspects, and health, a questionnaire of own elaboration was developed. These variables are then set out in table 1.

Table 1. (Frequency and percentages) descriptive statistics of the socio-demographic variables of the sample.

Variables	N (%)
Sex	
Man	52%
Woman	48%
Marital Status	
Unmarried	54%
Married	37%
Separated	9%
Studies	
Basic level (ESO, EGB)	45%
Medium level (Bachelor, vocational training)	22%
College education	33%
Disability	
Yes	50%
No	50%
Types of disability	
Congenital	16%
Accident	26%
Illness	56%
Years of disability	
< than a year	0%
Between 1 and 5 years	12%
> than 5 years	48%
Lifetime	40%
Years of residence in the CAMF	
< than a year	10%
Between 1 and 3 years	16%
Between 3 and 5 years	24%
> than 5 years	50%

Regarding age, the average was 50,98 among the Group of the physically disabled and 37,74 in the group without disabilities.

Instruments

With specific instruments for this purpose, was evaluated the emotional intelligence, resilience, and self-esteem. To measure emotional intelligence the brief version of the *Trait goal Mood Scale* (TMMS-24) was used. It treats emotional objective knowledge of Salovey and Mayer, Goldman, Turvey Palfai scale[9], based on the model of Salovey and Mayer. Its multidimensionality was confirmed through factor analysis, which showed theoretically conceived three factors: attention, understanding and regulation, quantified through the Cronbach's alpha coefficient with a 0.86 0.87 and 0.82, respectively[10].

CD-RISC[11] was used to evaluate the resilience. The scale has a high internal consistency, reliability test-retest and convergent proper, discriminant validity, and it is essentially one-dimensional structure. The Spanish version of the CD-RISC[12], in its

version of 10 items, which has been used in our study. The CD-RISC-10 resilience scale shows good psychometric properties and a high level of reliability and validity, being similar to the original version. It has been observed that it is easier to complete, and the information is the same as the information of the original version of 25 items[13].

The Rosenberg scale was used for self-esteem, it is an instrument that is made up of ten items with a dichotomous or ordinal response pattern ranging from "very in agreement" to "very at odds"[14].

Statistical analysis

A statistical package SSPS database was developed version 21.0 for Windows, for the processing thereof. A previous debugging was performed to avoid errors of transcription of data before proceeding with the analysis of results with a descriptive analysis of the frequencies for all variables, to identify values different from those established for each of them and identify and correct transcription errors.

The descriptive analyses of the socio-demographic variables were used in estimators of central tendency (mean, maximum and minimum) and proportions and percentages, depending on the type of variable.

Student's T was used for the comparison of quantitative variables between groups. Before performing the tests found the assumption of normality of variables. To verify that this condition is met, it was applied to all of them the Kolmogorov-Smirnov test. In addition, the size of the effect was calculated through Cohen's D to assess the magnitude of the effect of the intervention.

RESULT

Statistical analysis

In the tables 2 and 3, we see the means obtained by participants with physical disabilities and participants without disabilities in the different dimensions of EI, resilience and self-esteem, and Student's T with respect to the variable of "disability" (table 2) and the variable 'gender' (table 3).

Table 2. T-Student disability variable.

	Disability	N	Media	Student-t	P
Attention	Yes	50	27.80	2.943	.004*
	No	50	24.18		
Clarity	Yes	50	31.02	4.269	.000*
	No	50	25.55		
Repair	Yes	50	30.50	3.161	.002*
	No	50	26.26		
Resilience	Yes	50	29.86	0.659	.512
	No	50	28.96		
Self-esteem	Yes	50	31.82	-2.022	.046*
	No	50	33.72		

*Level of significance at the.05

Table 3. T-Student for the variable gender.

EMOTIONAL INTELLIGENCE					
MEN	**Disability**	**N**	**Media**	**STUDENT-T**	**P**
Attention	Yes No	30 22	26.80 22.86	2,088	.042*
Clarity	Yes No	30 22	30.27 24.64	3.304	.002*
Repair	Yes No	30 22	31.30 26,00	3.212	.002*
WOMEN	**Disability**	**N**	**Media**	**STUDENT-T**	**P**
Attention	Yes No	20 28	29.30 25.21	2,616	.012*
Clarity	Yes No	20 28	32,15 26.32	2,976	.005*
Repair	Yes No	20 28	29.30 26.46	1.281	.207
RESILIENCE					
	Disability	**N**	**Media**	**STUDENT-T**	**P**
Resilience MEN	Yes No	30 22	30,20 28.50	0401	.312
Resilience WOMEN	Yes No	20 28	29.35 29.32	1.274	.990
SELF-ESTEEM					
	Disability	**N**	**Media**	**STUDENT-T**	**P**
Self-esteem MEN	Yes No	30 22	31,60 33,00	0.370	.288
Self-esteem WOMEN	Yes No	20 28	32,15 34.29	0.175	.136

*Level of significance at the.05

DISCUSSION

In the present study, the differences or similarities between disabled people and people without physical disabilities in the field of EI, resilience and self-esteem, were analyzed using the scales of the TMMS-24 emotional intelligence, the scale of the Resilience CD-RISC-10 and the Rosenberg self-esteem scale.

It is considered that emotions play a fundamental role in the well-being of individuals, allowing the perception, comprehension, expression and proper management of emotions, both positive and negative, allowing us to reflect and take decisions on the basis to them, reducing the emotional intensity, and facilitating subsequent regulation[15].

According to Armstrong, Galligan and Critchley[16], EI is connected directly to the resilience. We consider the resilience as a protection factor in difficult life circumstances. An emotionally intelligent behaviour in situations of stress can be adaptive, coping better to the emotional demands of stressful encounters. We therefore consider that the resilience of each person will depend on your IE.

Self-esteem encourages the person to continue, facilitating start-ups. Branden[17] tells us that a good self-esteem is related to the ability to enjoy life and although this does not guarantee happiness, it helps to achieve it. As Rosemberg[18] mentions, to be able to pay attention to the feelings and emotions is necessary to have self-esteem. Therefore, as King Extremera Pacheco and Peña Garrido[19] indicated, self-esteem is a partial mediator of EI, having a positive impact on the own life satisfaction. The positive emotions are an important source of resilience, so that we can associate self-esteem as a main factor of the same. Showing in IE higher scores than people without disabilities, people with physical disabilities may be due to the fact of facing disability, since it affects different aspects of the life of these people, influencing their own emotions and behaviour[20]. According to the previously presented by Venegas[21], disability is a challenge, requiring the development of personal and social competencies of EI that allows them to confront difficult situations with proper performance[4].

It has been demonstrated that the consequences of disabilities make them required significant changes in life, allowing persons with disabilities, develop diverse patterns of resilience[22]. In relation to the results of our study, 43% of people with disabilities have a proper resilience (compared with 46% of non-disabled).

According to the results obtained in the study, we could appreciate middle upper-level resilience in people with physical disabilities. According to the above by Bud et al[23], the development of resilience is multifactorial and involves factors of the personality of the individual, both life vital experiences experienced, as in the case of persons with physical disabilities, showing different values of resilience according to type of disability. According to Garcia Secades et al[24], good level of resilience gives more opportunities for rehabilitation in the levels of performance, as well as maintain the psychological homeostasis.

Between the results found in relation to self-esteem, 29% of persons with disabilities had a high self-esteem (compared to 41% of non-disabled), presenting an average self-esteem 17% and only 4% had low self-esteem (front 3% of non-disabled people). The fact of living in a centre of attention to people with physical disabilities can also influence the level of self-esteem. In the case of persons with disabilities who have high levels of self-esteem, have a more active coping of disability[25]. It is necessary a good self-esteem to carry a good quality of life.

In relation to self-esteem, according to the results obtained in the study, there is a significant relationship at the statistical level between self-esteem and introducing or not physical disability. People with physical disabilities have lower self-esteem than people without disabilities. A low perception of independent control is related to low self-esteem, as for example the use of wheelchairs. This is related to, in effect, a more low self-esteem when compared to persons who do not require them[26].

The results of the work carried out by McIntyre[27] show that women have in general higher scores in the IE. In our study, a significant difference has been found also at the statistical level between the means of emotional attention and emotional clarity in women with physical disabilities and the women who do not have any kind of disability. Watching the higher averages in women with physical disabilities.

LaMond et al[28] say that women have higher levels of resilience with respect to men, but in the results of our study, men have higher levels of resilience with respect to women.

In response to persons with physical disabilities, we have obtained in our study that men with physical disabilities have average statistically significant higher resilience, compared to people without disabilities. In the case of women, also half top in resilience obtained women with physical disabilities, although there was a statistically significant relationship. After conducting our survey, we realize that when a person is confronted with adversity, as in this case the disability, he or she pust into practice strategies to confront the situation, therefore to test its psychological resources their resilience increases, thus, we can determine that persons without disabilities, who have not experienced adversity, have lower levels of resilience, because maybe they have failed to test its psychological resources.

Trust is a key element in the relationship between the patient and the healthcare professional and the perception of security encourage a positive relationship, since adverse events have a great impact on the patient, so the role of professionals health is fundamental[29].

On the other hand, we can see average higher in self-esteem in women than in men, although there was a statistically significant relationship.

Between the results obtained in men who do not have physical disability mean higher are appreciated in self-esteem, although there was a statistically significant relationship. Similar to the results obtained in the study of self-esteem in women, we see average higher in women who do not have physical disability in relation to women that have it, although a relationship was not obtained statistically significant. Disease reduces the feeling of control, security, increases dependence and feelings of failure, therefore self-esteem is also affected. Among the studies reviewed, it seems important to highlight the article of Naranjo[30], where it is stated that self-image is a component of the self-esteem, along with self-assessment, self-confidence, self-control, self-assertion, self-realization and self-improvement goals.

CONCLUSIONS

It is important to note, in relation to our study, that the functional autonomy of people with physical disabilities is compromised, and therefore self-esteem is also affected. To reside in a centre of assistance to persons with physical disabilities, may also influence negatively, although it may have consequences for these people, since they coexist with more people suffering the same consequences of the disability and this can serve as support, as well as the support they receive from health workers.

It is necessary to investigate the influence of variables such as the stay at a centre, or the age of the person with a disability.

People with physical disabilities have adequate levels of IE in its various dimensions, care, clarity and emotional service. On the other hand, the self-esteem of people with physical disabilities is weakened by the low perception of independent control. In addition, they present higher levels of EI, in its three dimensions, and higher scores on resilience than people who do not have any kind of disability.

In relation to gender, men with physical disabilities have higher levels of EI and resilience than men without disabilities, as well as women with disabilities. Regarding self-esteem, both men and women with physical disabilities have lower self-esteem than people without disabilities.

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