

Study Effectiveness of Emotional Intelligence on Increasing the Psychological Dimension of Quality of Life of Mothers of Educable Mentally Retarded Children in Esfahan City

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ABSTRACT

This study aims to evaluate the effectiveness of emotional intelligence on increasing the psychological dimension of quality of life of mothers of educable mentally retarded children in Esfahan. The population of the study, all mothers' educable mentally retarded children studying in primary schools related to the education of children is unique city. Sampling for this study was a cluster randomized manner. 30 subjects were randomly selected and randomly divided into two groups were divided and tested. To collect data from the World Health Organization Quality of Life Questionnaire was used. After the pretest, Experimental group participated in 12 sessions of one hour and a half, intervention in the control group, received none. At the end of each post-test was used. The psychological effect of emotional intelligence to manage the quality of life of mothers of children with educable mentally retarded analysis of covariance was used. Results indicate approval of the research question) Emotional Intelligence: ($p \leq 0.01$)

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1. Introduction

Set the welfare, quality of life, physical, psychological and social is understood by a person or group of persons and joy, satisfaction and pride, health, economic or educational opportunities and creative accomplishments include (Hassanpour and Shaban, 2004). There are countless factors that occur throughout life. Among the factors that can be mentioned are: Unpredictable situations such as floods, war, important events in life that may occur from time to time such as illness, divorce, job loss. There are also many small and insignificant events that occur every day in our lives and caused much anxiety and stress, and the stress and pressure on the material well-being, health, performance and psychological well-being and overall quality of life is adversely affected. One important factor that is extremely stressful birth of a child with mental retardation is which can be found in every culture, in every era and generation (Mac Conkey, Kennedy, Chang, Jarrah, Shukri, 2008). Research has shown that parents of mentally retarded children are often different problems and emotional problems and the danger that threatens and continuous care of mentally retarded children, is often stressful for them, and problems such as child inevitably will affect their lives this may have far-reaching effects on families, unbridled, is restrictive and disruptive, they may also be works of economic, social, and emotional (Khamis, 2007). One of the training and support that play an important role in improving the quality of interpersonal relationships and

promote mental health and reduce stress and life stress plays emotional and social skills training program that gives a sense of "strengthening emotional intelligence" is called (Ali Zadeh, 2006). Quality of life series of emotional and cognitive reactions to the physical, mental and social self (Schwartz, Anderson, Nosek and krahn, 2007), which has as a final outcome in clinical trials, and health care interventions are considered (Fayers and Machin, 2007). Quality of life with the condition that endangers the mental and physical health is linked. Stressful situations can present a retarded child in the family. Children retards intellectual, physical, social and psychological significantly longer than their peers vary and their parents must adapt to these differences (Afrouz, 2009). Diagnosis of mental or physical disability for children, a lot of pressure on family members, especially the mother as the primary carer of the child is placed. Several authors have explained that this is a traumatic event for parents who may have similar stages of grief, including shock, denial, anger, depression, acceptance or conformity to travel. If this psychological turmoil continued in the early stages or removed from its natural state, parents upset they can not very well take care of your child (Jalili, 2012). Child Care is part of parenthood, but the role of a child's functional limitations; mental and long-term dependence is very different and placed a huge burden on caregivers. Pressure from care due to disability, age and social growth and the impact of the disability on family relationships can change in mental health status and parental influence. As a result, caregivers feel even more stress and

reduced quality of life. (Pradnt, Barbosa, 2010). Furthermore, although it is impossible to eliminate stress in your life, but you can change the behavior, thoughts and opinions of individual strategies of coping with these factor change and the intensity of the cassette. Overall evaluation of the stressful situation and image of their emotional states, individual will have a decisive role in emotional responses. Introduction to Emotional Intelligence and Emotional Intelligence skills can have a significant impact in reducing stress and improving coping strategies effectively. People who are low in emotional intelligence are less adaptation and the crisis of development and environmental stress such as having children vulnerable Mental retardation and psychiatric disorders are more likely to develop them (Bar-On, 2001). Emotional intelligence is the ability to learn, understand, control and expression of emotions related. However, it is important to note that the construct of emotional intelligence and complex social structures and other emotional abilities, it also covers personal and interpersonal that influence the ability of a person to adapt to the demands and pressures of life interact with each other (Bar-On, Brown, and Tom Kirkaldy, 2000). Teaching parents to teach emotional intelligence to manage their various emotions such as: Anger, fear, love, happiness, etc., to fit the position and time and the amount and method exhibit good behavior and emotions of others, especially children recognize and react to them accordingly. Due to the influence of emotions in life is clear that research on effective teaching practices in knowledge in other words, improving and controlling emotions and emotional intelligence and more importantly how important it is to cope with stressful situations and finally, one of the things those parents of mentally retarded children from injury is protected. Given the role of emotional intelligence in people's lives that can help parents recognize emotions to accurately assess the perception and expression of emotions and use them in thought and action rather and since the parents of these children are considered less work in this area is low, is essential to the management of scientific research into the impact of emotional intelligence on the quality of life of parents of retarded children examined and appropriate measures to improve their quality of life comes into force. If confirmed, the findings of this study can be used as practical suggestions for improving the quality of life for families, department of Special Education, clinics and welfare centers offered counseling.

Emotional intelligence

According to Mayer and Salovey (2002) Emotional intelligence is the capacity to process emotional information accurately and efficiently and applying them to communicate or recognition, restoration and regulation of emotions in oneself and others (quoting Quebbeman and Rozell, 2002).

Emotional intelligence and management training

The purpose of training is to strengthen areas as diverse as education, stress management, emotional intelligence, self management education, empathy training and education in social interaction takes place (Cherniss, 2000).

Quality of Life

Expert, quality of life, positive or negative evaluation of the characteristics of life and overall satisfaction with one's own

life has been defined by (Adib Haj Bagheri and Niaf Abbasi, 2009).

Studies

Umashankar and Charita (2014) in their study on 62 patients showed employees of a service company in India emotional intelligence and management training is effective in increasing empathy and increase empathy in improving their social relationships effectively. Thory (2013) in their study on the effect of Emotional Intelligence, relationship management, teachers and students came to the conclusion emotional intelligence and management training to improve teachers' relationships with students have a significant impact and emotional understanding of teachers is also shown to be significantly increased. Bertelli, Bianco, Scuticchio and Brown (2012) in Italy on 65 families with mentally retarded children were admitted they also emphasized the quality of life of families with mentally retarded children from families with lower socioeconomic status are similar. In addition, there is a significant relationship between the quality of family life and quality of life in families of patients. Feinberg, Donna, Buckets, Silverstein (2012) in their study found that the quality of life and well-being of mothers of mentally retarded children are also particularly effective for education and mental health and emotional status and quality of life of these children need to be upgraded this group of mothers. Research shows that further training of retarded children of non-depressed mothers have become effective and the process of learning about those that backward children of depressed mothers tend to be slow. Recent studies also suggest that terrible thing that social support and high availability features and support services for children with mental retardation and the availability of facilities providing necessary training to families with children with disabilities or mental retardation, opportunity for parents of children with increased life satisfaction and enhancing their quality of life (Bryant, 2012). In a study in Australia that the quality of family life in families of children with mental disabilities was conducted, given the positive aspects of family life including family relationships, health, values and normal families was much lower than the pleasure principle. It was also found that emotional support and practical support between real and significant differences were noted. So that families with mentally retarded children believed that family support is more thrills and very few of them in the most practical and concrete support offered (Rillota, Kirby, Shearer & Nettelbeck, 2012). Rohini (2012) in a study that about 45 tons of parents with children aged 22 to 39 was retarded, the results found that positive treatment approach (positive therapy) on improving the quality of life and reduce the anxiety of the patients had a significant effect. The results showed that age is an important predictor for anxiety parents of mentally retarded children, so that with increasing age, parental anxiety increases, especially due to the particular circumstances of puberty in girls, mothers worry more significant. Gosh Research (2012) indicated that mentally retarded children girl and boy (the gender of the child is retarded) no significant difference in the level of stress for parents both sexes have a negative impact on quality of life are their parents. In addition, quality of life, marital satisfaction and social participation of parents of

mentally retarded children are not significantly different these three factors were significantly related to the well-being of parents. Schutte, N. S., Malouff, j. M., Thorsteinsson, E. B., Bhullar, n., & Rooke, S (2007), in a study titled "meta-analytic review of the relationship between emotional intelligence and health." Where 7,898 persons were participants, aims to obtain an overall estimate of the relationship between emotional intelligence and three health indicators, namely the physical, psychological and psychosomatic is done. This indicated that there is relationship between emotional intelligence, physical health ($r = 22$), mental health ($r = 29$) psychosomatic health ($r = 31$). Hunt and Evants (2004) conducted a study on 141 patients concluded that subjects who have higher Emotional Intelligence scores, fewer psychological symptoms related to traumatic experiences show and more people who are in control of their emotions, higher Emotional Intelligence scores of people who can not control their emotions, they earn Narimani, Agha Mohammadian and Rajabi (2007), in a study titled "scale mental health of mothers of children from mothers with normal children" have reported the overall mental health of mothers of exceptional children and mothers of normal children, there was a significant difference. Also the mental health symptoms of depression, anxiety, psychosis, aggression, and there is a significant difference phobia. But the physical symptoms of obsessive-compulsive, interpersonal sensitivity and paranoid ideation were not significantly different between groups. Comparison of the two groups showed that the presence of a child with intellectual disability on mental health and quality of life for blind or hard of hearing mother of a child affects.

Research project

This study carried with quasi-experimental pretest-posttest design with a control group. In this study, both groups are measured twice. The first measure to implement a pre-test, post-test can be done by a second measurement. In this method, the subjects of a control group and a test group are selected. On both groups before the intervention, pre-test and post-test taken after the meeting.

The aim of the study

Determine the effectiveness of management training mental aspect Emotional Intelligence to enhance the quality of life (Mental Health) Mothers with educable mentally retarded children

Hypothesis

Emotional intelligence and management training mental aspect of quality of life of mothers of increases mentally retarded children.

The population

The population in this study, all mothers' educable mentally retarded children studying in primary schools related to the Education of Exceptional Children in Isfahan in the 2014-2013 school years.

Sampling and sample size

This is a random cluster sampling method, first of all areas the special schools under the auspices of the city's special education children, Khomeini area of randomly selected and from all the elementary schools from the region of two schools randomly for the purposes of this study were selected. They were all mothers of school and test the

quality of life of mothers who had low scores 30 randomly chosen and were divided randomly into two groups.

Research Tools

The World Health Organization Quality of Life Scale (BREEF) in this study for measuring the quality of life of the short version of the World Health Organization Quality of Life Questionnaire was used. This is due to low inventory questions and consequently easy to use, it can be used. The questionnaire includes 26 questions that the first two questions related to quality of life and public health. And other questions in a way each of the 24 questions from the Asli questionnaire a question considered in total, these questions domains of QOL including physical health, psychological health, social relationships and environmental health encompasses (Otten, Butcher, 2007). This questionnaire is a self-report instrument and sample has a 5 point Likert scale to answer each question.

This test should be completed by the subjects themselves, but if the subject is illiterate or disabled, you can get help from another person to complete. To compare Asli validity of the questionnaire can be in the range of test scores or grades and standardized test scores made Asli. (Asli version of a questionnaire of 100 questions that test has four operating areas and 24). Many cases can be cited for this tool. Including comparative effectiveness and comparative value of different treatments, research, health policy, health services evaluation, patients and improve the relationship between doctor and patient can benefit from the results of these tools (Nejat, 2006).

Methods

To do this, first school education to enter and use the facilities and the samples were licensed. Then go to schools that were selected through stratified random sampling. And coordination with managers and employees, from all the mothers of two schools, their number reached 120, were invited to the meeting brought together and asked to consent the quality of life questionnaire responses. Note that in this study, using a semi-experimental method was used to perform a pretest that included quality of life; quality of life was measured participants. After the pre-test questionnaire, the mothers who had low scores 30 were randomly selected and divided into control ($n = 15$) and experimental ($n = 15$) were divided and the readiness of the Experimental group on the first training session management Emotional Intelligence was found.

Inferential statistics and research hypothesis

Table 1: Wilkie Shapiro test the assumption of normality of the scores on the variables

Variables	Sample groups	Shapiro and Wilkie statistic	Degrees of freedom	Significance level
Mental Health	Control group	0.91	015	0.1
	Experimental group	0.94	15	0.34

As you can see, none of the assumptions of normality for parametric tests can not be denied and can be used ($p > 0.05$).

Hypothesis

Emotional intelligence and management training to increase mental health of mothers with children are educable mentally retarded.

Table 2: Mean and standard deviation of the experimental and control groups according to the Mental Health

Variables	Stage	Index	Mean	SD	Number
Mental Health	Pretest	Experimental group	10.32	4.29	15
		Control group	8.33	5.81	15
	Posttest	Experimental group	17.41	5.12	15
		Control group	9.78	3.57	15

Table of descriptive measures of central tendency for each dependent variable, mental health groups, the shows.

As can be seen in the control group pretest mean mental health and it is near to experiment, but at posttest mean of the experimental group increased.

Table 2: Results of t-test for comparison of means before and Mental Health

Group	Mean	Standard deviation	Difference Mean	Value of t	Degrees of freedom	Significance level
Experimental group	10.32	4.29	1.99	0.211	28	0.36
Control group	8.33	5.81				

Above the mean and standard deviation of the experimental and control groups on the pretest indicate mental health. The t-test is between means of two groups. As can be seen in the table above, the calculated value of t (0.211) was rejected with a significance level 0.05. In other words, between

experimental and control groups at pretest, there were no significant differences in mental health. In order to manage the effect of Emotional Intelligence on the mental health of mothers of children with educable mentally retarded analysis of covariance was used, because this test can neutralize the effect of the test results.

Results Table 3: Results of analysis of covariance for the effect of maternal education on mental health management, Emotional Intelligence

The dependent variable	Sum of squares	Degrees of freedom	Mean square	F	Significant	Effect size	Statistical power
The effect of pretest	278.61	1	278.61	30.46	0.002	0.59	0.91
Group	339.57	1	339.57	39.20	0.004	0.33	0.86
Error	211.32	27	34.27				
Total	107472	30					

The above table shows that a significant level $F = 39.20$ at $p \leq 0.01$ is significant, the difference between the mean posttest scores of the experimental group and control, mental health, is significant. In other words, Emotional Intelligence management training has on the mental health of mothers of children affected educable mentally retarded. This effect was dose group showed that 33 percent of the increase in mental health from the effects of management training in emotional intelligence test. Statistical power 0.86 indicates that the sample size was insufficient for analysis.

The third hypothesis is confirmed and training management Emotional Intelligence and mental health of mothers of children with intellectual disability has been education.

Discussion of Findings

The hypothesis was that Emotional Intelligence management training to increase the mental health of mothers of handicapped children. The results showed that Emotional Intelligence management training is effective in improving the mental health of mothers of handicapped children the third hypothesis of the study, $p \leq 0.05$ was approved. Bertelli et al (2012) have emphasized the quality of life of families with mentally retarded children from families with lower socioeconomic status are similar. In addition, the quality of family life and quality of life in families of patients there is a significant relationship. Sharif and Vedad (2012) also argue that there is a direct relationship between quality of life and mental health and to improve quality of life, mental health is increased and diminished quality of life, mental health is reduced.

Ghasemi, Kajbaf, Rabiee (2011), in their study found that Group therapy based on the results of subjective well-being and quality of life and significant effect on mental health. The treatment of mental health and mental well-being of individuals increases, but no significant effect on people's health and the environment.

The results of the study Parsamsh, Borjali, Masobi Far (2011) also indicated that stress management skills, quality of life and two components (physical and mental) of employed women in the experimental group significantly increased. As described of emotional intelligence is not only a positive feature set of reasoning abilities emotional and distinct that much attention to the fundamental issues of emotional and quench people's personal and social problems. People with high of emotional intelligence have more satisfaction out of life, family environment and the enjoyment of sharing the feelings of others to vary and usually regular people, friendly, successful, motivated and optimistic (Salasky and Gathrayt, 2003). Emotional Intelligence is the degree of cognitive awareness. Those with more knowledge tend to choose their career to the needs, interests and values match. This awareness enables a person to not let the anger and feelings of others are a barrier to life. With the increasing awareness of people about the symptoms that may damage the operation of their intelligence, are more sensitive to gradual learning skills to manage and respond appropriately to the emotions and the emotions, improve relationships in the workplace, increase

productivity and reduce interpersonal problems. (Lopez, Salvi, Straus, 2003).

Suggestions:

It is recommended to be educated counselors and therapists to study the problems of mentally retarded children and their education is not only self-focusing retarded child but family problems, parents of mentally retarded children and their families consider the quality of life.

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