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The Relationship between Emotional Intelligence and Quality of Life in the Elite Athletes of Fars Province

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ABSTRACT

Background: Sport and physical activity play a significant role in the general health of people and are considered as a critical element in modern societies that increases quality of life. **Objective:** The purpose of the present research was to examine the effect of emotional intelligence on quality of life and its dimensions in the elite athletes of Fars Province, Iran. 300 subjects (170 male and 130 female athletes) filled out the Trait Emotional Intelligence Questionnaire (TEIQue, Petrides & Furnham, 2002) and WHOQOL-BREF Questionnaire. The data were analyzed using multiple regressions. **Results:** The regression coefficients suggest that emotion perception (β = 0.05), emotion control (β = 0.22), social skills (β = 0.11), and optimism (β = 0.22) can positively predict quality of life environment. **Conclusion:** the results revealed that emotional intelligence is a good predictor of quality of life and all its aspects including physical health, psychological health, social relationship, and quality of life environment.

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INTRODUCTION

Psychology has tremendously influenced sport, leading to the advent of sport psychology as an independent field that aims to improve the performance of athletes, especially elite athletes, and to identify the variables and methods that will lead to their happiness and welfare. One of the important areas in positive psychology is the quality of life construct. Sport and physical activity play a significant role in the general health of people and are considered as a critical element in modern societies that increases quality of life (Chadwich & Thompson, 2005). The pioneers of research on quality of life are Campbell, Converse, and Rodgers (1976) and Andrews and Withey (1976). Campbell & *et al* (1976) considered quality of life as satisfaction with certain aspects of life such as job, living quarters, neighborhood, friendship, marriage, family life, education, and savings (Campbell *et al*., 1976). The dichotomous definition of quality of life led to the emergence of three approaches: objective approach, subjective approach, and holistic approach. The objective approach regarded quality of life as hard facts related to life standards, which could include such issues as physical health, income, living conditions, social relationships, job, or any other social and economic factor Liu (2006). In contrast, the subjective approach considered quality of life as synonymous with happiness or satisfaction and focused on cognitive factors in evaluation of quality of life Liu (2006). Meanwhile, a holistic approach was also proposed that regards quality of life as a multidimensional phenomenon and accounts for both objective and subjective factors Felce & Perry (1995), Haring *et al* (1984) & Liu (2006). In the present research, quality of life is examined based on the holistic approach. Nonetheless, quality of life is defined as an individual's perception of their well-being and general satisfaction with life.

Quality of life is an intrinsic multidimensional phenomenon that consists of cognitive (satisfaction) and emotional (happiness) factors Moghadam *et al* (2006). There are three important aspects to quality of life: physical, psychological, and social. The physical aspect refers to an individual's perception of their ability to perform daily activities and depends on their energy. The social aspect involves issues such as isolation, dependence, relationships with family, and the conditions of other social environments. Finally, the psychological aspect is related to mental and emotional concepts such as depression, fear, anger, felicity, happiness, and anxiety Schultz (2003). Quality of life has also been examined in relation to sport and athletes.

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Journal of Applied Science and Agriculture, 9(1) January 2014, Pages: 338-343

The research of Deans *et al*. (2008) is an example. They examined physical activity and quality of life in amputees and found that physical activity has a dramatic effect on specially the social aspect of quality of life. Moreover (1980), Güldenpfennig examined the position of sport in the theories of quality of life Moreover (1980). In 1981, Pooley studied the role of physical education and sport in quality of life. He concluded that sport is not inherently good or bad, but it is individuals who often use sport as a useful tool for promoting their quality of life Pooley (1981).

Evans *et al* (1989) investigated the effect of two training programs on eliminating the effects of stress on quality of life. The findings showed that the positive effect of interventions (training program) were still remained with the subjects after six month Evans *et al* (1989). Vaez Mousavi (2000) examined the quality of life of individual and group athletes and came to the conclusion that female individual athletes enjoyed a higher level of quality of life than group athletes. In contrast, the quality of life of male group athletes was significantly better than that of individual athletes. He also showed that athletes have better quality of life than non-athletes Vaez Mousavi (2000).

Vahdani-Nia (2005) studied health-related quality of life (HRQOL) in elderly individuals and found that HRQOLin the elderly depends on health condition and demographic variables Vahdani-Nia (2005). Hamedi-Nia and Golestani(2004) examined HRQOL in the active and sedentary faculty members of Sabzevar University and showed that active faculty members have a better HRQOL than sedentary ones Nia and Golestani(2004).

Due to the importance of quality of life in the area of positive psychology, its driving factors has been examined, including gender, intelligence, spiritual needs, health, job and social life, family, and objective and demographic indices Haring *et al* (1984), Robinson & Molzahn (2007) , Petrides & Furnham (2001), Welsch(2006), Tang(2007), & Mokhtari(2007). Meanwhile, emotional intelligences factors seem to be essential in the formation of quality of life Ciarrochi(2000). Researchers have tried to account for all the definitions and conceptualizations of emotional intelligence based on two models Yousefi(2003) & Furnham(2003). The first model isthe ability model introduced by Mayer and Salovey (1990)and suggests that emotional intelligence consists of significant mental abilities in the realms of perception, emotions, emotional facilitation, thinking, understanding emotions, and regulating emotions in oneself and others. According to this theory, cognition and emotions interact with each other and emotional intelligence is an abstract reasoning about emotions Salovey *et al* (2000). In the second model, emotional intelligence is defined as a combination of mental abilities and personality characteristics such as optimism, self-awareness, emotional control, resistance, enthusiasm, and self-motivation Yousefi(2006)& Spence(2009). The second model, i.e. the combination of mental abilities and personality characteristics, lays the foundation of the present research.

Research has shown that successful athletes are likely to have special in emotional intelligence abilities and talents that enable them to carry out big tasks .Tabesh (2006) concluded that athletes have a higher level of emotional intelligence than non-athletes and this allows them to control their emotions and be more successful in regulating their relationships with others by understanding the emotions of themselves and others. They can face daily stresses more easily and, consequently, enjoy a more desirable psychological health Tabesh (2006).

There is much evidence regarding the significant positive relationship between emotional intelligence and various quality of life indices such as happiness and life satisfaction Martin *et al* (2009), Jokar (2007), Long*et al* (2007). Tajalli (2007) and Slaski and Cartwright (2002) showed that people with higher emotional intelligence are psychologically and physically stronger than those with less EI. It has also been shown that emotional intelligence significantly influences the aspects of quality of life including social relationships. Yousefi (2006) came to the conclusion people with higher EI have a better understanding of messages in their interpersonal relationships, have a superior listening skill, have deeper insight into their relationship with others, are more decisive, and have better emotional regulation skills Yousefi (2006). Moreover, the relationship between EI and social skills such as empathy and emotional openness Ciarrochi *et al* (2000), Schutte *et al* (1998), & Mayer et 1999), establishing positive relationship with others and satisfaction with this relationship Chadwich *et al* (2005) & Mozaffari (2003), sociability and sympathy [Constantine] is well-documented.

One of the aspects of EI is optimism and research has shown that optimism has a positive effect on the aspects of quality of life including physical health and psychological health Taylo *et al* (2000), Carver *et al* (2000. Considering the literature, there is expected to be a relationship between EI and quality of life. Thus, the purpose of the present research is to (1) predict quality of life and its aspects from emotional intelligence, and (2) predict the aspects of quality of life (physical health, psychological health, social relationships, and quality of life environment) and dimensions of emotional intelligence (emotion perception, emotion control, social skills, and optimism).

Methodology:

This research is descriptive-correlational, for it examines the relationship between a predictor variable, i.e. emotional intelligence, and a criterion variable, i.e. quality of life. The population consists of all the elite athletes of Fars Province (674 athletes who were either in the national teams or had participated in international

Journal of Applied Science and Agriculture, 9(1) January 2014, Pages: 338-343

tournaments). The sample was selected using simple random sampling and 300 athletes (170 male and 130 female athletes) were selected.

A demographics questionnaire was used to collect the personal characteristics of the athletes (gender, type and level of sport, number of presence in the national team etc.). Moreover, the Trait Emotional Intelligence Questionnaire (TEIQue, Petrides & Furnham, 2002) was also used which included four subscales: emotion perception, emotion control, social skills, and optimism. The validity of this questionnaire was confirmed by Maranani (2003) through factor analysis and by Azghandi (2006) [Maranani & Azghandi]. The reliability of the questionnaire was reported to be 0.81 in Maranani (2003) and 0.85 in Azghandi *et al*. (2006). In the present research, Cronbach's alpha was used to determine the reliability of the questionnaire and the result was 0.88.

Moreover, quality of life was measured by WHO Quality of Life-BREF (WHOQOL-BREF) that included four subscales: physical health, psychological health, social relationships, and quality of life environment. The validity and reliability of the questionnaire is confirmed by the creators of WTO Quality of Life Scale. The validity of this scale was also confirmed in Nasiri (2006). The reliability of the scale was evaluated by Rahimi (2007) was reported to be 0.88 for the entire scale, 0.70 for physical health, 0.77 for psychological health, 0.65 for social relationships, and 0.77 for quality of life environment. In the present research, the reliability of the scale was measured by Cronbach's alpha and the result was 0.86 for the entire scale.

Results:

Regression analysis was applied to examine the prediction of quality of life and its subscales from emotional intelligence and the results are presented in table 1 long with regression statistics. The results show that the F-value for the effect of EI on quality of life is118.25 and it is significant at P< 0.00. The value of R2 indicates that 22% of the variance of quality of life is explained by emotional intelligence. The regression coefficient of quality of life is 0.47 ($\beta = 0.47$), suggesting that emotional intelligence can positively predict the quality of life of the elite athletes.

Based on the results of table 1, the F-value for the effect of EI on physical health is 23.19 and it is significant at $P < 0.00$. The value of R2 indicates that 5% of the variance of physical health is explained by emotional intelligence. The regression coefficient of physical health is 0.23 ($\beta = 0.23$), suggesting that emotional intelligence can positively predict the physical health of the elite athletes.

Similarly, the F-value for the effect of EI on psychological health is 37.40 and it is significant at $P < 0.0001$. The value of R2 indicates that 8% of the variance of psychological health is explained by EI. The regression coefficient of psychological health is 0.29 ($\beta = 0.29$), suggesting that emotional intelligence can positively predict the psychological health of the elite athletes.

Also based on the results in table 1,the F-value for the effect of EI on social relationships is 68.59 and it is significant at $P < 0.0001$. The value of R2 indicates that 14% of the variance of social relationships is explained by EI. The regression coefficient of social relationships is 0.38 ($\beta = 0.38$), suggesting that emotional intelligence can positively predict the social relationships of the elite athletes.

Finally,the F-value for the effect of EI on quality of life environment is 69.39 and it is significant at $P < 0.00$. The value of R2 indicates that 14% of the variance of quality of life environment is explained by EI. The regression coefficient of this subscale is 0.38 ($\beta = 0.38$), suggesting that emotional intelligence can positively predict the quality of life environment of the elite athletes.

Table 1: The results of regression analysis for examining the prediction of quality of life and its subscales from EI

Criterion Variables	F	R	R2	β	t	P <
Quality of Life	118.25	0.47	0.22	0.47	10.87	0.00
Physical Health	23.19	0.23	0.05	0.23	4.81	0.00
Psychological Health	37.40	0.29	0.08	0.29	6.11	0.0001
Social Relationships	68.59	0.38	0.14	0.38	8.28	0.0001
Quality of Life Environment	69.39	0.38	0.14	0.38	8.33	0.00

Simultaneous multiple regression analysis was used to examine the power of EI subscales in predicting the subscales of quality of life and the results are presented in table 2 along with regression statistics. The results show that the F-value for the effect of EI subscales on physical health is 11.59 and it is significant at P< 0.00. The value of R2 indicates that 10% of the variance of physical health is explained by EI subscales. The regression coefficients suggest that emotion control ($\beta = 0.14$), social skills ($\beta = 0.20$), and optimism ($\beta = 0.16$) can positively predict physical health.

The results in table 2 show that the F-value for the effect of EI subscales on psychological health is 14.38 and it is significant at P< 0.00. The value of R2 indicates that 12% of the variance of psychological health is explained by EI subscales. The regression coefficients suggest that emotion control ($\beta = 0.11$), optimism ($\beta = 0.26$), and social skills ($\beta = 0.12$) can positively predict psychological health.

Also the F-value for the effect of EI subscales on social relationships is 20.81 and it is significant at P< 0.00. The value of R2 indicates that 17% of the variance of social relationships is explained by EI subscales.

Journal of Applied Science and Agriculture, 9(1) January 2014, Pages: 338-343

The regression coefficients suggest that emotion perception (β = 0.10), emotion control (β = 0.14), social skills (β = 0.09), and optimism (β = 0.28) can positively predict social relationships.

Finally, the F-value for the effect of EI subscales on quality of life environment is 10.55 and it is significant at P< 0.00. The value of R2 indicates that 16% of the variance of quality of life environment is explained by EI subscales. The regression coefficients suggest that emotion perception (β = 0.05), emotion control (β = 0.22), social skills (β = 0.11), and optimism (β = 0.22) can positively predict quality of life environment.

Table 2: The results of regression analysis for examining the prediction of quality of life and its subscales from EI

Predictor Variables	Criterion Variables	F	P	R	R2	β	t	P <
Emotion Control	Physical Health	11.59	0.00	0.32	0.10	0.14	2.81	0.005
Emotion Perception						0.02	0.35	0.66
Optimism						0.20	4.10	0.000
Social Skills						0.16	2.89	0.003
Emotion Control	Psychological Health	14.38	0.00	0.35	0.12	0.11	2.28	0.02
Emotion Perception						0.08	1.60	0.11
Optimism						0.26	5.49	0.000
Social Skills						0.12	2.42	0.01
Emotion Control	Social Relationships	20.81	0.00	0.41	0.17	0.14	2.88	0.004
Emotion Perception						0.10	2.03	0.04
Optimism						0.28	5.91	0.000
Social Skills						0.09	2.10	0.03
Emotion Control	Quality of Life Environment	19.55	0.00	0.40	0.16	0.22	4.42	0.00
Emotion Perception						0.05	1.15	0.24
Optimism						0.22	4.62	0.00
Social Skills						0.11	2.38	0.01

Discussion and Conclusion:

The present article examined the relationship between emotional intelligence and quality of life in elite athletes. The results showed that EI is a significant positive predictor of quality of life of the athletes. This finding is consistent with the results of Long and Graesser (1988), Martin *et al*. (2003), Yip and Martin (2005), Spence *et al*. (2003), Ciarrochi &*et al*. (2004), Furnham (2003), and Ciarrochi *et al*. (2000). This suggests that athletes with higher emotional intelligence can better adapt themselves with the world of competition; they effectively control their emotions and thus are more psychologically healthy and more satisfied with their lives. In contrast, athletes with lower EI are unable to effectively control their emotions and have poorer quality of life.

Another finding of the present research was the effect of EI on physical and psychological health of athletes. The results showed that the subscales of emotion perception, emotion control, social skills, and optimism are predictors of physical health and the subscale of emotion perception is a predictor of social relationships. These findings are consistent with the results of Salovey *et al*. (2000), Besharat (2005), Yousefi (2006), Ciarrochi *et al*. (2000), Malouff and Schutte (1998), House *et al*. (1982),Oxman *et al*. (1992), and Pilisuk and Parks (1986). Increased emotional intelligence leads to increased physical and psychological health and the more emotion perception and control in a person, the more physically healthy they will be. People who are not able to control their anger are much prone to cardiac diseases. Nonetheless, inability to control negative emotions can increase the susceptibility of athletes to life and sport stresses.

Another finding of the present research was the effect of EI on social relationships and quality of life environment of the athletes. Emotional intelligence increases cordiality, sociability, decisiveness, responsibility, and empathy, reduces interpersonal conflicts, and thus prepares the ground for improvement of social relationships Besharat (2005). Moreover, people with higher EI are more extroverted and have higher self-esteem Yousefi (2006). These characteristics help them to establish friendships and provide them with more social supports which in turn prevent the negative stresses of life.

The present research also revealed that optimism has a positive effect on the physical health of the athletes. This finding is consistent with the results of Peterson (2000), Carver and Gaines (1987),Cozzarelli (1993), and Fournier *et al* (1999). In support of this finding, we can argue that recent theoretical discussions of optimism as an inherent aspect of human nature converge with empirical investigations of optimism as an individual difference to show that optimism can be a highly beneficial psychological characteristic linked to good mood, perseverance, achievement, and physical health Peterson (2000). Research has shown that even unrealistic optimism about future is beneficial for health. Taylor *et al* (2000) found that psychological beliefs such as meaningfulness, control, and optimism are resources that not only protect psychological health against stressful or threatening events, but also promote physical health. Optimism is negatively associated with negative emotions and positively associated with positive emotions Ben-Zar(2003). Optimist individuals have positive moods and emotions that lead to positive thought and ideas in them; this positive thinking strengthens their immune system and they are generally more physically healthy Ciarrochi *et al* (2000). It is perfectly clear that

more optimistic athletes have greater motivation and follow their training more perseveringly which in turn increases their physical and psychological readiness.

The present research also revealed the positive effect of optimism on psychological health, social relationships, and quality of life environment. This is consistent with the results of Carver and Gaines (1987),Yali and Lobel (2002), and Taylor *et al*. (2000). Optimistic individuals expect positive future outcomes and thus they trust in their future. This sense of trust creates a positive feeling in the individual and allows them to have higher psychological adaptation. Even if they face problems or stresses, they know that they can solve them with effort and perseverance. Therefore, the belief in optimism about future leads to better psychological adaptation and health.

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