Original Article

The role of emotional intelligence, and positive and negative affect on the resilience of primiparous women

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Abstract

Introduction: Resilience is one of the important issues in health psychology. Many studies have examined the factors related to it. The aim of this study was to predict the resilience of primiparous women by emotional intelligence, and positive and negative affect.

Materials and Methods: This research is a descriptive cross–sectional study. The statistical populations consisted of all primiparous women in Ardabil in 2015. 122 women from birth control health centers were selected through available sampling method. Connor-Davidson Resilience Scale (CD-RISC), Trait Emotional Intelligence Questionnaire (TEIQue), and Positive and Negative Affect Schedule (PANAS) were used for gathering the data. Pearson correlation coefficient and multiple regressions were used for data analysis by SPSS version 20.

Results: The results revealed that there are significant relationships between emotional intelligence, and positive and negative affect with resilience ($P<0.05$). Moreover, optimism ($\beta=0.251$, $P<0.0001$), self-awareness ($\beta=0.486$, $P<0.0001$), social skills ($\beta=0.283$, $P<0.0001$), positive affect ($\beta=0.343$, $P<0.0001$), and negative affect ($\beta=0.410$, $P<0.0001$) can predict resilience in primiparous women.

Conclusion: According to the results of the present research, pregnant women who had more positive affect and emotional intelligence had more resilience.

Keywords: Affect, Emotional intelligence, Primiparous, Resilience

Introduction

In recent years, positive-oriented approach, with the slogan of attention to abilities and capacities of human, has been attracted by researches of different psychological areas. This approach considers its aim, recognizing factors and methods that obtained well-being and happiness of individuals. Therefore, the factors that lead to accommodation of individuals with needs and threats of life are the most fundamental concepts in this approach. Meanwhile, resilience has special place in developmental psychology, family psychology, and mental health (1). Some scientists define resilience as a process, ability, or successful adaptation consequences in spite of threatening situations. Conducted researches can be classified in resilience area in two groups.

First group focuses on determinant factors of resilience and characteristics of resilient individuals. Second researches focus on resilience process that how resilience leads to effective adaptation with hazardous situations (2). Therefore, resilient individual processes unpleasant situation in a positive manner and describes himself capable for exposure to it. Lots of researches reported a relationship between negative affect and resilience of people who experience stressful situations. Mechanism of resilience in reduction of stress is that, its main elements such as self-confidence, optimism, personal merit, trust to instinct, positive acceptance of change, control and spiritual influences in stressful situations act as obstacles and do not let anxiety to express (3). With promotion of resilience, individual can resist stressful factors which raise anxiety and negative affect and overcome them. Resilience guarantees well-being of individuals with adjusting and decreasing anxiety (4).

One of the issues that is considered in effective

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factors on resilience, is the role of intelligence in resilience. Some researchers believe that intelligence is a fundamental factor in resilience (5). Nowadays, another kind of intelligence, titled, emotional intelligence, has been discussed. Mayer and Salovey define emotional intelligence as perception ability, assessment and expression of affects, affective facilitation of thought, cognition, analysis, and employing of effective knowledge and managerial regulating of affects (6). Researches show that emotional intelligence can predict negatively passive coping skills and positively active coping skills (7). Studies show that emotional intelligence in comparison to general intelligence includes abilities, competence, and cognitive and non cognitive skills that help individuals overcome pressures and environmental needs and then cause happiness in life. Although this approach has attracted the attention of the theorists in theoretical level, it is not tested in experiential level, and few researches do exist (8). One of other issues that can be considered in the level of resilience is positive and negative affects. Positive affect shows that how much enthusiasm, consciousness and subjectivity an individual has in life. Negative affect shows general dimensions of internal sadness, unpleasant preoccupation, and negative mood states such as anger, hate, disgust, guilt, fear and nervousness (9). Psychological researches show that mental pressures are accompanied with affective disorders. For example, in research focusing on the role of affective factors in psychological responses to mental pressures that have taken negative affects into account, it was concluded that exposure to pressure causes negative affective states. Some of researchers consider positive effective states as valuable psychological resources in exposure to frustration and problems.

Whereas childbirth is an event with high mental pressures and women experience positive and negative affects in their pregnancy period and childbirth and these affects are blended with pregnant women's thought about the pain of childbirth. Whereas, positive affect can have high effect on health, well-being, life expectancy via causing preparedness in individual to expose to different situations. Also, positive affect has high influence in an exposure to pain (9,10). Positive affect is an essential factor that helps patients with chronic pain. In spite of pointing to the role of positive affect in exposure to pain, it is not examined the process in which this influence happens (11,12). Emotions have important role in improvement of people from mental pressure (13).

Some researchers believe positive emotions are important psychological resources that help people use effective coping skills against mental pressures (14). Therefore, people who experience high positive emotion are more resistant in stressful events (13). From the other side, optimistic people have high pleasure from their life, have high mental and physical health and use effective coping skills when they are exposed to mental pressures (15). Pregnancy is one of the most important and stressful events of women especially women with first experience. Mental conditions of women in pregnancy period and stresses of this period can non-directly influence on mother and fetus's health in the same period and years after birth. Therefore, examining psychological factors such as resilience in coping with tensions and stresses is of importance. Therefore, the present research was done to examine the role of emotional intelligence and positive and negative affect on resilience of pregnant women with fist experience.

Materials and Methods

The present research is a cross-sectional-descriptive study. The population of the present research included all primiparous women (three late month of pregnancy) of Ardabil in 2015. Statistical sample included 122 primiparous women between 20 to 35 years old and referred to health and treatment centers to receive care of pregnancy period that were selected by convenient sampling method. All of participants were volunteers and consent forms were administered to them before the test, and were emphasized on confidentiality of information. Inclusion criteria of this study were as follows: having diploma, consent to participate in the research, first pregnancy, being in the third trimester. Exclusion criteria included: having psychotic disorders, and drug abuse, having mental disorders of axis I according to the fifth edition of diagnostic and statistical manual of mental disorder, disagree with the participation in the research and second pregnancy experience.

Research instruments

- *Connor-Davidson Resilience Scale (CD-RISC):* A 25-item scale, CD-RISC measures the capability to deal with adversity and stress. Respondents were to rate each item from 0 ''not true at all'' to 4 ''true nearly all the time''. The subjects' response range from 0 to 100 that signifies with high scores lead to higher resilience. The observed alpha reliability of each factor as; 1, α=0.48, factor 2, α=0.68, factor 3, α=0.53, factor 4, α=0.62, and overall α=0.87. KMO index for this scale was 0.91, Bartlett's coefficient

was 2174 (16). In the present research, Cronbach's alpha was 0.87.

- Trait Emotional Intelligence Questionnaire (TEIQue): This questionnaire is a self-assessment scale which contains 30 items that are based on 7-point Likert-type scale, ranging from 1 (completely agree) to 7 (completely disagree). Factor analysis conducted in Iran showed four subcomponents of optimism, emotion perception (self and others), self-awareness, and social skills and internal consistency coefficient with Cronbach's alpha was 0.81 (17). In the present research, Cronbach's alpha for this scale was 0.84.

- Positive and Negative Affect Schedule (PANAS): This scale is a 20-item self-report measure of positive and negative affect, with 10 items assessing for positive affect or PA (e.g. "enthusiasm") and 10 items for negative affect or NA (e.g. "irritable") (11). Respondents are asked to rate how they feel for each item across a 5-point Likert-type scale ranging from 1 (very slightly) to 5 (extremely). Internal Consistency coefficient for positive affect scale was 0.88 and for negative affect scale was 0.87 (9). In Iran, Evidence for the construct Internal Consistency coefficient the PANAS PA and NA scales has been reported 0.87 (18). In the present research, Cronbach's alpha for PA was 0.83 and for NA was 0.79.

Results

In the present research, 122 primiparous women were examined which their demographic and descriptive information are shown in Table 1. The results of the descriptive statistics (mean and standard deviation) are presented in Table 2. Before

doing inferential statistical analysis, Kolmogorov-Smirnov test was used to examine the normality of data, which its results showed that the level of significance for all of the variables were more that 0.05, therefore, normality consumption of distribution was confirmed, and the use of correlation coefficient analysis and regression is possible. The results of examined study variables via correlation coefficient analysis have been reported in Table 3.

Table 1. Demographic and statistical information of primiparous women

Variable		Frequency (percentage)
Age (year)	20-25	53 (43.44)
	25-30	42 (34.42)
	30-35	27 (22.13)
Education	Diploma	62 (50.81)
	M.Sc	48 (39.34)
	Up to M.Sc	12 (9.83)
Job	Housewife	78 (63.93)
	Self-employment	21 (17.21)
	Employee	23 (18.85)

Table 2. Mean and standard deviation of participants in resilience, emotional intelligence, and positive

Variables	M (SD)
Resilience	67.36 (14.75)
Optimism	35.16 (4.35)
Emotion perception	27.40 (6.53)
Self-awareness	39.48 (8.02)
Social skills	34.36 (7.23)
Total emotional intelligence	136.40 (16.40)
Positive affect	35.60 (6.59)
Negative affect	12.24 (6.21)

Table 3. The results of correlation coefficients between emotional intelligence, and positive and negative affects with resilience

Criterion variable	Predicted variable	optimism	Emotion perception	Self-awareness	Social skills	Total emotional intelligence	Positive affect	Negative affect
Resilience	R	0.46**	0.21**	0.51**	0.48**	0.45**	0.51**	-0.55**
	P	0.0001	0.0001	0.0001	0.0001	0.0001	0.0001	0.0001

According to the contents of Table 2, there are positive relationship between resilience with optimism ($P<0.0001$, r=46), perception of emotions ($P<0.0001$, r=21), self-awareness ($P<0.0001$, r=51), social skills ($P<0.0001$, r=48), and total emotional intelligence ($P<0.0001$, r=45). Meanwhile, there are

significant positive relationship between resilience with positive affect ($P<0.0001$, r=51) and negative significant relationship with negative affect ($P<0.0001$, r= -55). In order to examine and predict resilience via emotional intelligence, simultaneous regression analysis was used (Table 4).

Table 4. The results of regression model of resilience via emotional intelligence, and positive and negative affect

Predicted variables	B	SE	Beta	t	F	R	R^2	P
Total model					25.70	0.67	0.46	0.0001
optimism	0.852	0.256	0.251	3.33				0.001
Emotion perception	0.356	0.219	0.158	1.62				0.108

Self-awareness	0.894	0.180	0.486	4.95				0.0001
Social skills	0.577	0.156	0.283	3.70				0.0001
Total model					40.90	0.63	0.40	0.0001
Positive affect	0.767	0.172	0.343	4.45				0.0001
Negative affect	-0.973	0.182	-0.410	-0.5.33				0.0001

As seen in table 4, emotional intelligence with its subcomponents, can predict 46% variance of resilience. Beta coefficient showed that optimism (P<0.001, β=0.251), self-awareness (P<0.0001, β=0.486), and social skills (P<0.0001, β=0.283) can predict significantly the changes of resilience. Meanwhile, positive and negative affect can predict 40% variance of resilience. Beta coefficient show that positive affect (P<0.0001, β=-0.343) and negative affect (P<0.0001, β=-0.410) Can predict resilience respectively.

Discussion

The present research was done to examine the role of emotional intelligence, and positive and negative affect on resilience of pregnant women with first experience. Resilience is one of the effective factors on mental health and life satisfaction in people exposed to kinds of mental trauma (19). Different researches show that decrease in the level of resilience against life events, is accompanied with feeling of mental pressure, anxiety and depression (20). Importance of that issue, give rise to researchers to examine variables that predict it in pregnant women with first experience. The results of regression showed that emotional intelligence with its subcomponents can predict changes of resilience. This finding is consistent with previous research (5,7,8). Theorists of emotional intelligence believe that, there are positive relationship between emotional intelligence and power of coping to hazardous situations and they consider high emotional intelligence as protective factor (20). In relation to predictability of resilience via emotional intelligence and general intelligence, the findings show that general intelligence has weak power of predict and vice versa, emotional intelligence have strong power of prediction. In explanation of this finding, it can be said that emotional intelligence increases resilience with increasing power of assessment of environmental stimulus, power of establishing affective relationship, expressing empathy, thinking according to the priority of problems, organizing thoughts, contents of memory, positive behavioral changes as a cohesive manner, Improving corrective and realistic cognition and means of situations and prediction and overcoming problems (6). The results of regression in positive and negative affect showed that positive affect positively and negative affect negatively are able to predict resilience. This finding is consistent with previous researches (13,14). According to Feredrikson and Joiner (21), positive affect will cause to better coping with mental problems. In a research conducted by Zavatra (15) on a sample of women suffering from Arterit pain, positive affect was accompanied with decrease in negative affect in duration of pain and these people were more resilient against pain. On the other hand, when positive affect decreases in duration of pain, negative affect increases. In explanation of this finding, it can be said that positive affect includes tendency to engage and be exposed to environment such as social context. People with high positive affect actively search for happiness and trust and enjoy it and have trust in relation to others. These people love exiting experiences and love to be in focus of attention. On the other hand, people with high negative affect, lack energy, enthusiasm, and trust. They are self-restrained, and isolated from the viewpoint of society, restrain themselves from pleasant experiences and hesitate to engage actively in their environment (16). According to these statements, the results of the present research are logical. In other words, it can be said that depression, anxiety and fear are strongly related to negative affect. In contrast, positive affect is consistently and negatively related to depression, anxiety and fear and positively to resilience (9). Researchers believe that positive affects are important psychological resources that help people use profitable coping strategies in stressful situations (22). Therefore, people who experience more positive affect, are more resilient against difficult events (23).

The results of this research should be concerned regarding its limitations such as some factors related to personality, life events and social supports which affect on resilience but the researchers could not able to control these factors. In addition, this research conducted based on questionnaires. So it recommended that the same study will be conducted on clinical population. The researchers with this aim can be effective in solving of problems also the assessment of the methods which enhance mental health are recommended to increase mental health among primiparous women.

Conclusion

Findings of the present research showed that lack of such psychological characteristics mentioned in the present study makes people feel inability and depression. In view of the fact that pregnant women with first experience are exposed to these events, their assessment of issues has important impact on their mental health. The most important application of these results is in sanitation centers, hospitals and midwifery clinics, with the hope that the results of the present research serve managers to use them in organizing and performing to promote mental health of pregnant women. Considering the role of emotional intelligence and positive and negative affect in the resilience of pregnant women, use of psychological treatments may enhance resilience in these people.

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