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**EMOTIONAL INTELLIGENCE AS A FEATURE AND ITS
INFLUENCE ON THE DISPOSITIONAL OPTIMISM OF
PROFESSIONALS WHO WORK IN CARE CENTERS
SPECIALIZING ON INTELLECTUALLY DISABLED PEOPLE**

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Abstract. The field of professionals who on a daily basis exercise their activity with people with intellectual disability can sometimes be influenced by some aspects linked with the exercise of the profession, given the activity's characteristic and the direct contact with the environment. The effects of Emotional Intelligence and the quality of the acquired emotional skills could prove to be beneficial for improved personal development and a higher dispositional optimism. In the present study, an attempt is made to analyse the relationship between these concepts on intellectual disability healthcare professionals from the province of Jaen, Spain. The sample of the study is composed of 59 subjects (n=59), with a mean age of 38.59 years (± 10.359). In order to obtain said information, the following tools have been used: the Emotional Quotient Inventory (EQi-C) and the Life Orientation Test-Revised (LOT-R). There are significant relationships between some of the dimensions of the considered instruments ($p < .05$), with statistically significant differences between the Emotional Intelligence dimensions and the gender variable ($p < .05$). The regression analysis confirms the positive association between Emotional Intelligence (intrapersonal) and dispositional optimism. A discussion will be addressed around the results obtained from previously carried out researches on healthcare professionals who work with intellectual disability, concluding with a rigorous analysis of the different propositions that tackle the Emotional Intelligence, and dispositional optimism, and consequently the different practical strategies for starting specific programs of improvement.

Keywords: Intellectual disability, emotional intelligence, dispositional optimism.

INTELIGENCIA EMOCIONAL RASGO Y SU INFLUENCIA SOBRE EL OPTIMISMO DISPOSICIONAL EN PROFESIONALES DE CENTROS DE ATENCIÓN A PERSONAS CON DISCAPACIDAD INTELECTUAL

Resumen. El ámbito de profesionales que ejercen a diario su actividad con personas con discapacidad intelectual a menudo puede verse influenciado por aspectos relacionados con el ejercicio de su profesión, dadas las características de su actividad y el contacto directo con el entorno. Los efectos de la inteligencia emocional y la calidad de competencias emocionales adquiridas pueden resultar beneficiosos para un mejor desarrollo personal y laboral y un mayor optimismo disposicional. El presente estudio pretende analizar la relación entre estos conceptos en profesionales de atención a personas con discapacidad intelectual de la provincia de Jaén, (España). La muestra está compuesta por 59 sujetos ($n=59$), con una edad media de 38.59 años (± 10.359). Para la obtención de información se utilizan como instrumentos: Emotional Quotient inventory (EQi-C) y Life Orientation Test Revised (LOT-R). Existen relaciones significativas entre algunas de las dimensiones de los instrumentos considerados ($p < .05$) y hay diferencias significativas a nivel estadístico entre las dimensiones de inteligencia emocional y la variable género ($p < .05$). El análisis de regresión confirma la asociación positiva entre inteligencia emocional (intrapersonal) con el optimismo disposicional. Se abordará una discusión de los resultados con investigaciones previas realizadas en profesionales de atención a personas con discapacidad intelectual, concluyendo con un análisis riguroso sobre las diferentes propuestas que abordan la inteligencia emocional, y optimismo disposicional, y por extensión las diferentes estrategias prácticas en la puesta en marcha de programas específicos de mejora.

Palabras clave: Discapacidad intelectual, inteligencia emocional, optimismo disposicional.

Introduction

In most cases, the care of people with Intellectual Disabilities (hereon ID) creates a clear emotional and affective involvement. This involvement significantly transcends in the personal and professional development of all who work with people that have specific support needs, which can have a negative impact on their psychological well-being and dispositional optimism (Nespereira-Campuzano & Vázquez-Campo, 2017).

In the professional healthcare field, the main indicators of psychosocial risk (emotional exhaustion, stress, burnout, etc.) are especially visible due to the affective relationship and intensity in the care for people with ID (Extremera, Durán & Rey, 2005).

Several studies have identified the variables that influence how professionals perceive and respond to different demands when exercising their profession, among which are, in addition to organizational factors, the acquired personal and emotional skills (Gabel-Shemueli, Peralta-Roldán, Paiva-Lozano & Aguirre-Huarcaya, 2012).

Nowadays, the prevention of psychosocial risks related to the welfare work activity is gaining special interest as a protective factor (Medina, Medina, Gauna, Molfino, Merino, 2017). This is why it is important to acquire emotional skills as a service strategy, both on the part of the professional who performs the work, as well as the person with ID as the recipient of the service.

In this regard, Emotional Intelligence (hereon EI) is postulated as one of the most important variables for the success of organizations, thus promoting greater

emotional regulation, positive attitude and greater efficiency in works of welfare (López-Fernández, 2015).

Emotional intelligence

The concept of EI was developed by Salovey & Mayer (1990) as the ability to perceive and understand our own emotions and that of other people. This was done by linking aspects related to personal and social well-being (Pulido-Acosta & Herrera-Clavero, 2018), by enabling an adaptive use to the individual's developmental context (Alonso-Ferres, Berrocal de Luna & Jiménez-Sánchez, 2018; Molero, Pantoja-Vallejo & Galiano-Carrión, 2017) and which in turn would provide the individual with the right tools capable of effectively solving problems (Fernández-Berrocal & Ruíz-Aranda, 2008), and would be able to assess its life-long process with new tools to advance its research and methodology (Fernández-Berrocal, Extremera, Palomera, Ruiz-Aranda & Salguero, 2018).

From its conceptualization until now, many studies have verified the potential of EI as a predictor for positive emotional states, as well as for their projection into the individual's professional development (Casas, Del Rey & Ortega-Ruíz, 2016; Mayer, Salovey & Caruso, 2004). Similarly, the evidences gathered concerning its development, implementation and assessment method have diversified its content by means of two differentiated models, which originally synthetized complementary features (López-Cassá, Pérez-Escoda & Alegre, 2018): *ability model* and *trait model* (Mayer, Roberts & Barsade, 2008).

The *ability model* focuses its content in the ability to perceive and understand emotions for the sake of better cognitive processing through four basic abilities: perceiving emotions, using emotions, understanding emotions and managing emotions (Fernández-Berrocal et al., 2018; Mayer & Salovey, 1997).

On the other hand, the *trait model* combines cognitive abilities with personality features and different emotional and affective attributes, linked to the individual's ability to tackle the different requirements and pressure in an adaptive manner (Cazalla-Luna & Molero, 2018). These must be assessed by self-report tools, such as the *Bar-On Emotional Quotient Inventory* (Bar-On, 2006).

This paper bases its content on the *trait model*, defined as 'a constellation of behavioral dispositions and self-perceptions concerning the individual's abilities to recognize and use information with emotional baggage' (Petrides & Furham, 2001, p. 427), which includes concepts such as empathy, assertiveness, life satisfaction and dispositional optimism considering that the different variables composing it (interpersonal, adaptability, stress management and intrapersonal) are essential for determining the predisposition for optimism in professionals that work with persons with ID (see figure 1), although not every ability composing the construct comes into play in the same way (Fiori & Vesely- Maillefer, 2017).

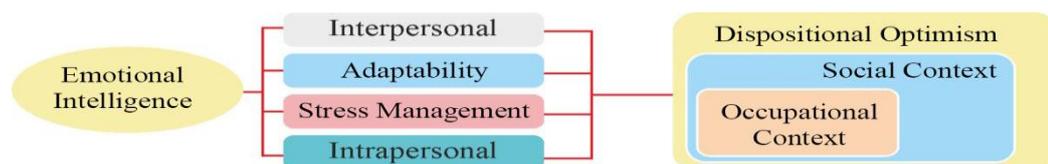


Figure 1. Relationship between Emotional Intelligence and Dispositional Optimism (Own creation).

Evidence from prior studies confirm the impact of EI on the reduction of fatigue and on job aptitude (Miao, Humphrey & Qian, 2016). Other studies have proved the link between EI and social abilities as a strategy for confronting job stress (Wang, Xie, Cui, 2016). Some findings revealed a connection between EI and reduced symptoms of fatigue (Mérida-López & Extremera, 2017), which enables us to adopt a more balanced productive and social approach (Ortega-Navas 2014).

Dispositional Optimism

Another concept that has acquired special interest in recent years as a variable that improves psychological well-being is dispositional optimism (Knowlden, Hackman & Sharma, 2016; Vizoso-Gómez & Arias-Gundín, 2018). This concept is understood as the willingness to have positive expectations about what will happen in the future (Carver & Scheier, 2014; Carver, Scheier & Segerstrom, 2010; Pedrosa, Celis-Atenas, Suarez-Alvarez, García-Cueto & Muñiz, 2015), and a generalized tendency to find new ways of completing the traditional perspective of clinical psychology in relation to deficit (Hinz, Sander, Glaesmer, Brähler, Zenger, Hilbert, & Kocalevent, 2017). From a theoretical perspective, optimism and pessimism have been addressed from different approaches (Ortíz, Gómez-Perez, Cancino & Barrera-Herrera, 2016). A pessimistic attitude will have a negative impact on the achievement of proposed goals and objectives (Carver & Scheier, 2014), while an optimistic explanatory style associates negative events with external causes (Peterson & Seligman, 1984). On the one hand, optimistic people have been observed as having high levels of EI (Extremera, Durán & Rey, 2007). Similarly, dispositional optimism has been associated with self-efficacy in job performance (Feldman & Kubota, 2015) and low levels of anxiety (Pino, Peñate, Fumero, Bethencourt & Zambrano, 2016). Several studies also point that dispositional optimism reduces the influence of job stressors (Villardefrancos, Santiago, Castro, Ache & Otero-López, 2012). On the other hand, pessimistic people focus their negative emotions as an internal, stable cause that covers all of life's circumstances (Anadón-Revuelta, 2006).

This research focuses its content on the theoretical model of dispositional optimism developed by Carver & Scheier (2014), using *The Life Orientation Test - LOT-* by Scheier & Carver (1985) and its abbreviated version called *Life Orientation Test-Revised -LOT-R-* (Scheier, Carver, & Bridges, 1994) as evaluation instruments. It was the most used test for evaluating dispositional optimism, having proven its psychometric consistency in multiple studies, including the dimensional structure and temporal stability test (Saboonchi, Petersson, Alexanderson, Brandstrom & Wennman-Larsen, 2016).

The study's relevance emphasizes the need of evidencing the relationship between EI and dispositional optimism in professionals who work with people with ID, a work based on the person's respect, dignity and autonomy as holistic, paying special attention to the different affections established in the professional development of the healthcare activity (López-Fernández, 2015), and belonging to different direct-care centers within the Jaén province (Spain): the *Agencia de Servicios Sociales y Dependencia* (Social Services and Dependence Agency) in Jaén province, the *Asociación de Personas con Discapacidad Intelectual AINPER* (Association of Intellectually Disabled People) in Linares, the *Asociación de Familiares y Amigos de Personas con Discapacidad Intelectual* (Association of Family and Friends of Intellectually Disabled People) AFAMP in Bailén, the *Asociación de Personas con*

Discapacidad (Association of People with Disabilities) in Jódar, the *Centro Ocupacional de Discapacitados* (People with Disabilities Occupational Center) in Bailén, the *Centro de Atención a Minusválidos Psíquicos* (Attention Center to Mentally Disabled People) CAMP in Linares, and the *I.E.S. Medina Rivilla* (Medina Rivilla High School) in Bailén.

After carrying out a systematic review of recent publications, the **objectives** of this general study are as follows: (A) Establish the EI scores, characteristics and dispositional optimism of the participants; (b) Analyze the statistically significant differences between the sociodemographic variables (age and gender) of each characteristic, dispositional optimism and EI; (c) Know which variables from each of those considered predicts a greater dispositional optimism.

Method

The study design is principally based on an empiric, non-experimental research, using associative and descriptive research strategies (Ato, López and Benavente, 2013). Transversal measures have been developed from selected criteria, using comparative and predictive strategies.

Population and Sample

To carry out this study, informing a certain number of centers and professionals was considered essential with the aim of getting a considerably representative sample. The participants ($n=59$) were professionals who cared for ID people throughout the different centers in the Jaén province (Spain): 48 women who represent 81.40% and 11 men who represent 18.60%. The age range fluctuates between 19 and 57 years old, with a mean of 38.59 (± 10.359). A non-probabilistic causal or accidental sample has been used (Latorre, Del Rincón and Arnal, 2003).

Instruments

In order to collect relevant information, two socio-demographic variables related to gender and age have been included. The purpose was to obtain information from the sample and analyze the existence of significant differences according to said variables. The characteristics and psychometric properties of the evaluation instruments used are detailed below:

Emotional Quotient Inventory. The Emotional Quotient Inventory -EQi-C- (López-Zafra, Pulido & Berrios, 2014) was used to evaluate the EI. It is an adaptation into Spanish (short version) of the EQ-i (Bar-On, 1997) and its version for young people and adolescents EQ-i: YV (Bar-On & Parker, 2000). The test offers information on emotional skills and their links to other variables, regarding four factors (interpersonal, adaptability, stress management and intrapersonal) for the study of trait EI, with internal consistency values reported by its authors from $\alpha=.78$, $\alpha=.75$, $\alpha=.73$ and $\alpha=.70$ for each subscale. In our sample, the reliability of the scores for each subscale of the EQi-C were $\alpha=.74$, $\alpha=0.80$, $\alpha=.82$ and $\alpha=.67$, respectively.

Life Orientation Test Revised (LOT-R). The Spanish version of the Life Orientation Test Revised -LOT-R- (Remor, Amorós & Carrobes, 2006) was used to evaluate dispositional optimism. A scale composed of six items that measure the degree of optimism (“*I am always optimistic about my future*”) or pessimism (“*I never expect things to go my way*”) of subjects. The response format is a five-point Likert scale. It consists of 10 items, 3 of which evaluate the degree of the subject’s, 3 that evaluate the

degree of the subject's pessimism and 4 remaining others that do not compute in the questionnaire's correction to avoid its automatic response. Subjects will indicate the degree of agreement or disagreement on each statement, from 0 (strongly disagree) to 4 (strongly agree). It is expected that the higher the valuation, the higher the dispositional optimism. The internal consistency reported by its authors is $\alpha=.78$; where the reliability of the scores (internal consistency) in our study is $\alpha=.70$.

Data analysis and collection procedure

The study was carried out with the informed consent of each participant. The subjects were duly informed of the process to be followed, and the confidentiality and anonymity of the collected information. Each of the tests was performed individually. All the information related to the purpose of the study was sent to the people in charge of the centers, together with a presentation letter informing of the study's general objectives. The questionnaires were delivered following the established criteria in the following order; the *Emotional Quotient Inventory (EQi-C)*, followed by the *Life Orientation Test Revised (LOT-R)*. In spite of opting for this sequence, this order does not vary the expected result.

Of the data collected, descriptive statistics (mean and standard deviations) were obtained, after which the reliability of the scores for each instrument (internal consistency, α Cronbach) and the correlation between the resulting scores in each of the dimensions were analyzed. An analysis of the mean differences according to gender (Student t test of mean difference for independent tests) was then performed; for the age variable (expressed in three intervals) an ANOVA was used. The assumptions of data independence, normality and homoscedasticity, as well as the assumption of additivity in the ANOVA (Gil-Pascual, 2015) were verified in all cases, in addition to reporting the size of the effect. Lastly, to explore the predictive value of the EI variables on dispositional optimism, a step-by-step regression study was conducted. In all cases, a 95% confidence level (significance $p<.05$) was used, using SPSS 22.0 (IBM, Chicago, IL) to obtain the results of the tests indicated above.

Results

The results obtained are reported below, describing and analyzing each of the previously established objectives in order to respond to them.

Relationship between dispositional optimism and emotional intelligence

We present Pearson's correlation matrix scores, descriptive statistics (means and typical deviations), reliability analysis (Cronbach's alpha) for each of the dimensions raised in the study (see Table 1), giving continuity to the mention made in the instruments section.

Table 1

Internal consistencies, means, typical deviations and Pearson correlations on the dispositional optimism and emotional intelligence variables.

Variable	α	M (TD)	OPT	INTER	ADAP	STR	INTRA
OPT	.70	22.75(±3.71)		.07	-.02	-.38**	.41**
INTER	.74	28.08(±4.02)		-	.54**	-.38**	.18
ADAP	.80	18.37(±3.65)			-	-.05	-.08
STR	.82	15.36(±5.72)				-	-.68**
INTRA	.67	32.05(±5.88)					-

Note: (1) Mean = M, Typical deviation = TD, Dispositional optimism = OPT, Interpersonal Emotional Intelligence = INTER, Adaptability = ADAP, Stress management = STR, Intrapersonal= INTRA (2) *= $p < .05$; **= $p < .01$.

Statistically significant relations have been found between the EI EQi-C (stress management) instrument and dispositional optimism (inversely; $r = -.38$; $p < .01$), and also between EI EQi-C (intrapersonal) and dispositional optimism (positively; $r = .41$; $p < .01$). Likewise, there are statistically significant relationships between some of the EI EQi-C interpersonal and adaptability dimensions ($r = .54$; $p < .01$), interpersonal and stress management (inversely, $r = -.38$; $p < .01$), stress management and intrapersonal (inversely; $r = -.68$; $p < .01$). The reliability of the scores for those instruments that were considered have good internal consistency between .67 and .82.

Differences according to socio-demographic variables

A Student t-test for independent samples was conducted so as to analyze the difference according to gender (see Table 2). The results indicate that there are only statistically significant differences between the two dimensions of the EQi-C (stress management and intrapersonal) and gender ($t_{56} = 3.60$; $p = .01$), ($t_{56} = -2.46$; $p = .05$), respectively, with the stress management sub-scale for men and the intrapersonal sub-scale for women being higher.

No statistically significant differences ($t_{56} < 2.0$; $p > .05$ ns) have been found in the other variables for EI EQi-C (interpersonal and adaptability). There are also no statistically significant differences in dispositional optimism according to gender ($t_{56} < 2.0$; $p > .05$ ns).

The effect size is high for the stress management sub-scale ($d > .8$) and medium for the interpersonal sub-scale ($d > .6$), regarding the classical Cohen criteria (1988).

Table 2
Mean differences based on gender (Student *t* test).

Variables		Men (n=11) M (TD)	Women (n=48) M (TD)	$t_{(56)}$	<i>p</i>	Effect (<i>d</i>)
LOT-R	OPT	23.55 (±2.97)	22.56 (±3.87)	.789	.252	.286
EQi-C	INTER	26.09 (±3.53)	28.54 (±4.02)	-1.861	.923	.647
	ADAP	18.27 (±3.95)	18.40 (±3.63)	-.100	.829	.034
	STR	20.45 (±8.28)	14.19 (±4.27)	3.600	.001**	.950
	INTRA	28.27 (±7.51)	32.92 (±5.15)	-2.463	.050*	.722

Note: (1) Dispositional Optimism = OPT, Interpersonal Emotional Intelligence = INTER, Adaptability = ADAP, Stress Management = STR, Intrapersonal= INTRA (2) The size of the statistical effect is expressed with Cohen's value.

Three intervals (19-31 years, 32-44 years and 45-57 years) were determined in order to analyze the differences according to age, with an ANOVA being performed (see Table 3). No statistically significant differences were found according to age in the dispositional optimism dimension ($F_{(2,56)}=.029$; $p>.05$ ns).

There are also no statistically significant differences according to age in the variables for the EI EQi-C (interpersonal, adaptability, stress management and intrapersonal) ($F_{(2,56)}=.978$; $p>.05$ ns), ($F_{(2,56)}=2.119$; $p>.05$ ns), ($F_{(2,56)}< 2.125$; $p>.05$ ns) and ($F_{(2,56)}<.735$; $p>.05$ ns), respectively. The *a posteriori* test performed (Tukey's HSD) reports that there are no statistically significant differences in any of the intervals, with the effect size being small in all cases (η^2).

Table 3
Mean differences based on age (ANOVA)

Variable	19-31 years M (TD)	32-44 years M (TD)	45-57 years M (TD)	$F_{(2,56)}$	<i>p</i>	Effect η^2
OPT	22.65 (±3.48)	22.90 (±3.85)	22.67 (±4.00)	.029	.971	.001
EIINTER	29.10 (±4.24)	27.67 (±3.46)	27.44 (±4.36)	.978	.383	.034
EIADAP	18.90 (±3.82)	17.10 (±3.49)	19.28 (±3.42)	2.119	.130	.070
EISTR	13.80 (±4.84)	15.00 (±4.31)	17.50 (±7.46)	2.125	.129	.071
EIINTRA	32.45 (±5.37)	32.86 (±5.25)	30.67 (±7.08)	.735	.484	.026

Note: (1) Dispositional optimism = OPT, Interpersonal Emotional Intelligence = EIINTER, Adaptability = EIADAP, Stress Management = EISTR, Intrapersonal= EIINTRA. (2) *= $p<.05$; **= $p<.01$. (3) The size of the statistical effect is expressed with the value of the Eta squared (η^2).

Regression study

In order to analyze the variables that predict dispositional optimism (LOT-R), considered a criterion variable, a linear regression analysis has been performed through the successive steps method. Each of the dimensions of the EI EQi-C (interpersonal, adaptability, stress management and intrapersonal) and the LOT-R dispositional

optimism (see Table 4) were established as predictive variables. Thus, this assured that no multicollinearity problem existed (tolerance values $<.20$; $VIF >4.00$).

Table 4
Lineal regression analysis (successive steps), criteria variable: dispositional variable

<i>Criteria Variable</i>	<i>R</i>	<i>R²</i>	<i>R² Corrected</i>	<i>F</i>	Predictable variables	<i>Beta</i>	<i>t</i>
Dispositional variables	.414	.171	.157	11.780			
					EINTRA	.261	3.432**

Note: (1) Dispositional optimism = OPT, Interpersonal Emotional Intelligence = EIINTER, Adaptability = EIADAP, Stress management = EISTR, Intrapersonal= EINTRA. (2) **= $p < .01$.

The model's summary indicates that only one of the EI EQi-C intrapersonal (EINTRA) dimensions is included; the remaining three dimensions of the EQi-C (interpersonal -EIINTER-, adaptability -ADAP- and stress management -EISTR-) are excluded.

The dimension included in the regression explains 15.7% of the variance ($R=.414$; R^2 corrected=.171; $F=11.780$ $p < .01$), with a significant t-value being the best predictor of dispositional optimism.

Discussions and Conclusions

The influence of such concepts as EI and their development through the emotional skills acquired in professional contexts of direct care with people in situations of vulnerability, especially the collective of people with ID, is indisputable today. The main objective of the study was to analyze the effects of EI trait levels on the optimism disposition in professionals who care for people with DI, taking into account the influence of these variables on aspects related to the physical and psychological well-being of the individuals in carrying out their occupational activity. (Llorent & Ruíz-Calzado, 2016).

Regarding the first objective, the results obtained show evidence of the relationship between EI (stress management and intrapersonal) and dispositional optimism. There is data that agree with previous studies where EI and disposition to optimism were related to other variables such as anxiety and the moods of the individual (Pavez, Mena & Vera-Villarroel, 2012). A possible explanation would be determined by the implementation of emotional competencies acquired in negative stressful situations through adaptive behaviors (Medina-Gómez & Gil-Ibáñez, 2017). On the other hand, people who experience positive emotions have an optimal affective state that significantly affects the development of their daily activity (Pavez, Mena & Vera-Villarroel, 2012).

Regarding the second objective, which is to analyze the relationship between gender and the instruments considered, we found significant differences in EI stress management. The scores obtained are higher in men than in women. This data contradicts other studies where no significant gender differences were found (Cazalla-

Luna & Molero, 2018; Cazalla-Luna, Ortega-Álvarez & Molero, 2015). Other studies do find significant differences between men and women (Fortes-Vilaltella, Oriol, Filella-Guiu, Del Arco & Soldevila, 2013). We also found significant differences between intrapersonal EI and gender. In this case, women had higher EI scores, coinciding with other studies (Fernández-Berrocal et al., 2018). Women obtain higher scores in aspects related to understanding and expressing emotions (López-Zafra et al., 2014). It is possible that such differences are determined by the number of participants. The inconsistency of the results is conditioned by this circumstance. It should be taken into account that the majority of the sample is made up of women, which may have repercussions on this result.

With regard to dispositional optimism based on gender, we have found no significant differences. The data are higher in men than in women, coinciding with the evidence obtained by other authors (Cazalla-Luna & Molero, 2016). Other studies report higher levels of exhaustion, stress and pessimism in men than in women, contradicting the study (Llorent & Ruiz-Calzado, 2016).

As for the relationship between the sociodemographic variables of age and EI, we found no significant differences. The highest scores were in EI adaptability and stress management for older subjects and interpersonal EI for younger subjects. Older participants, their professional experience and direct contact with their dependents, are likely to be a determining factor in their work. However, other studies point to the attitude of older subjects as depersonalized in professional treatment. Daily work with people for a long time might result in the loss of perspective on the problems and concerns of others within the work environment (Llorent & Ruíz-Calzado, 2016). The differences found experience a logical progressive rise as age increases (Pulido-Acosta & Herrera-Clavero, 2018).

On the other hand, regarding regression analysis, the results show that one of the variables of the EI trait is predictive of dispositional optimism. The predictive pattern reports that intrapersonal EI came into the regression model to explain disposition to optimism. This may be due to the fact that optimistic people are able to face the day-to-day development of their professional activity because they trust in their emotional coping capacity (Carver & Scheier, 2014). This data is relevant and provides evidence on the value of dispositional optimism to manage levels of emotional exhaustion caused by work stressors (Vizoso-Gómez, Arias-Gundín, 2018).

In summary, the results obtained in this study are relevant for several reasons. First of all, it replicates other studies carried out in professionals caring for people with ID who evaluate the levels of EI trait and dispositional optimism. Secondly, it provides evidence of the relationship between EI and dispositional optimism. To conclude with the predictive validity of the EI trait over the dispositional optimism (Cazalla-Luna & Molero, 2018).

The practical relevance of this research points to the importance of EI, especially some of its dimensions, in the perception established by professionals who directly care for people with ID, the degree of their acquired emotional skills and the optimism level regarding the development of their professional activity.

Within the limitations of the study, we can point out the limited number of subjects in the sample, made up of different professionals from different centers within the province of Jaén (Spain). It is an aspect to be taken into account for future research. Another limitation to take into account is the amplitude of female professionals with respect to males. This data is significant when it is stated that the great majority of

professionals who practice their profession with people with ID are women. Consequently, caution must be exercised regarding the significance of this data in the general population.

The practical implications of this study are relevant for the good professional development of those who work in ID care centers. Since only one of the EI variable (intrapersonal) was the predictor of a greater level of dispositional optimism, it would be precise to plan actions within the occupational context through training programs in socio-emotional skills. The acquisition of emotional competence will specifically result as fundamental for the skills to carry out the profession, to help in the prevention and in facing those everyday aspects of the services provided, by attenuating wear and stress. In this sense, the practical consequences of this study underline the need for implementing emotional training programs to not only improve personal aspects, but professional ones so as to offer better quality care to people with ID.

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