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Research Article

Mental Health in Institutionalized Older Adults:
Influence of Emotional Intelligence on Psychological Well-Being

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Abstract

The present research work is grounded in the question: "Is there a significant relationship between emotional intelligence and psychological well-being in older adults?" In response to this, the hypothesis posits the existence of a significant relationship between emotional intelligence and psychological well-being in older adults. Consequently, the general objective of this study was to determine if there is a significant relationship between emotional intelligence and psychological well-being in older adults residing in a nursing home. This was accomplished through a Quantitative Correlational research design, using a sample of 85 older adults, encompassing both men and women, aged 60 years and older, residing in a nursing home. The assessment tools employed included Emily Sterret's Self-Assessment Test of Emotional Intelligence, which was adapted for use in Peru by Lorena Valdez in 2018, and Ryff's Psychological Well-Being Scale, originally created in the United States in 1995 and subsequently adapted for use in Peru by Madelinne Pérez-Basilio in 2017. The results revealed that in the realm of emotional intelligence, the predominant level was "optimal," accounting for 51%, followed by "outstanding," at 49%. Concerning psychological well-being, there was a predominance of the "high" level, comprising 61%, with 39% falling into the "medium" category. In conclusion, there was a strong correlation coefficient between emotional intelligence and psychological well-being, with $r = 0.831^{**}$ and significance at $p < 0.01$. This implies that higher emotional intelligence corresponds to greater psychological well-being among older adults residing in a nursing home.

Keywords: Emotional Intelligence, Psychological Well-Being, Relationship, Older Adults, Nursing Home

1. Introduction

Psychological well-being has gained recognition as a crucial factor for older adults, offering them significant benefits in social and family contexts, such as greater emotional stability and an increase in their intellectual quotient through relevant activities (Ruiz & Blanco, 2019). The World Health Organization has described psychological well-being as an individual's capacity to enhance their behavior and qualities, enabling them to face life's challenges and work productively within their

social environment (WHO, 2013; Pomaya & Tarco, 2020). However, older adults often experience negative consequences when their psychological well-being is deficient, including physical, psychological, social, and mental problems (Pomaya & Tarco, 2020). It is evident that higher psychological well-being is associated with greater integrity in older adults.

In Europe, Orellana (2020) conducted research that examined the association between Emotional Intelligence (EI) and Subjective Well-being (SWB). Using a descriptive design with a sample of 182 Spanish individuals aged 18 to 76, Orellana employed various instruments, including a Relationship Questionnaire (RQ), the Trait Meta-Mood Scale (TMMS-24), the Positive and Negative Affect Schedule (PANAS), and the Satisfaction with Life Scale (SWLS). The findings revealed a significant relationship between Emotional Intelligence and Subjective Well-being, indicating the need for preventive interventions incorporating third-generation therapy components.

In Latin America, Hermida et al. (2017) conducted research to determine the association between psychophysiological disorders and psychological well-being in retired older adults in Argentina. They employed a retrospective correlational design with a sample of 150 adults. The research utilized a sociodemographic data questionnaire, a health status questionnaire, and the Psychological Well-being Index. The conclusions indicated a highly significant association between psychological well-being and the absence of psychophysiological disorders, suggesting that those who did not develop disorders had higher psychological well-being compared to those who did.

Emotional intelligence, as defined by Salovey and Mayer (1990) as the ability to control emotions and adapt to situations, and by Goleman (2022) as the ability to recognize and manage one's own and others' emotions, has been the subject of numerous studies highlighting its importance in people's psychological well-being. These studies demonstrate that the relationship between emotional intelligence and psychological well-being is crucial for improving self-esteem, mood, reducing depression, and satisfaction with daily life goals.

Psychological well-being, according to Ryff (1995), is defined as a process of mental health development that integrates various concepts, including self-awareness, personal growth, and self-discovery. Ryan and Deci's (2001) theory of psychological well-being distinguishes between two perspectives on happiness: hedonistic and eudaimonic. The hedonistic perspective focuses on the pursuit of pleasure and happiness, while the eudaimonic perspective emphasizes personal growth and the realization of one's potential.

This study is socially justified, as the results will allow us to benefit a large number of older adults in a nursing home and properly improve their psychological well-being. Having a deeper understanding of the topic helps us comprehend how elderly individuals develop within the social context, enabling us to develop creative psychological tests and activities aimed at strengthening their emotional intelligence. This, in turn, will lead to a better quality of life within their family and social environment. Therefore, the research question is as follows: "Is there a significant relationship between emotional intelligence and psychological well-being in older adults residing in a nursing home?" The hypothesis posits the existence of a significant relationship between emotional intelligence and psychological well-being in older adults. In this context, the present research study aims to determine the significant relationship between emotional intelligence and psychological well-being in institutionalized older adults. The results of this study will provide relevant information for enhancing the psychological well-being of older adults through creative psychological tests and activities aimed at strengthening their emotional intelligence, thus enabling them to have a better quality of life within their family and social environment.

2. Method

2.1 Research Design

The methodological approach adopted in this study falls within the category of non-experimental research, characterized by the absence of direct manipulation or control of the variables under

investigation (Cooper, 2020). In line with this orientation, a correlational design is implemented with the aim of discerning the degree of interrelation or association between the variables under analysis. Through this approach, the goal is to identify a pattern of predictable relationships that manifest in relation to a specific group of individuals residing in the nursing home environment (Hernández-Sampieri & Mendoza, 2018; Cooper, 2020).

2.2 Participants

Regarding the study sample, a group of 85 elderly individuals, including both men and women, whose ages ranged from 60 years and above, and who were residents in an elderly care institution during the year 2023, was selected. The inclusion of participants in this sample involved specific criteria. Primarily, individuals aged 60 years or older, regardless of gender, and who had been residents in the mentioned nursing home throughout the entire year 2023 were required. In addition, those who voluntarily chose to participate in the research and provided informed consent were considered eligible for inclusion. Selective exclusions were also carried out, involving the omission of individuals whose ages were below the 60-year threshold, those who did not provide informed consent, or those who decided not to maintain their participation in the study during its development. Similarly, individuals who did not belong to the target population or were not in an evaluative state in accordance with the research's purpose were excluded. Furthermore, individuals with sensory impairments, including visual, auditory, or speech deficiencies, as well as those with psychiatric disorders manifested as aggressiveness, were excluded.

The sampling process employed was of a random nature, where participants were selected through a procedure that allowed for the inclusion of those who agreed to be part of the research, either through explicit authorization or self-selection, meaning voluntarily completing the questionnaire.

The determination of the sample size was carried out using the statistical software G*Power (Buchner et al., 2020), applying a two-tailed statistical approach, with a correlation coefficient ($r = 0.3$), a level of significance ($\alpha = 0.05$), and statistical power ($1 - \beta = 0.80$). It is important to note that no form of economic compensation or other retribution was provided to the participants, considering the unique characteristics of the participation process.

2.3 Instruments

In terms of the instruments used to assess the variables, the Self-Assessment Test of Emotional Intelligence developed by Emily Sterret was employed. This test was adapted for use in the Peruvian context by Lorena Valdez in 2018. The tool consists of 30 specific items, each with five response options presented randomly, to gather relevant information about the emotional intelligence of the participants across six dimensions: Self-Awareness and Self-Confidence (10 items), Motivation (5 items), Empathy (5 items), Self-Control (5 items), and Social Competence (5 items). The questionnaire can be completed individually or in a group setting and takes approximately 25 minutes to finish. The scoring is based on a Likert scale with a range of 1 to 5: 1 (Never), 2 (Rarely), 3 (Sometimes), 4 (Often), and 5 (Always). This instrument is suitable for individuals aged 18 and above and can be applied in various fields of psychology, including clinical, educational, and organizational contexts (Valdez, 2019).

Regarding the evidence of validity, Valdez (2019) reports that a pre-application of the instrument to the study sample was conducted, achieving statistical validation using the formula ($n =$ sample size) ($x_i =$ values obtained at time 1) ($Y_i =$ values obtained at time 2). The result obtained, with values of $r > 0.20$ for each item, indicates that the instrument has adequate validity for the Peruvian population. Additionally, content validity was established through an expert judgment method involving five specialists who evaluated the validity of the items with response options of No = 0 points or Yes = 1 point. This process reached an Aiken's *V* value of 0.96, strengthening the evidence of

instrument validity.

In terms of reliability, Cronbach's Alpha coefficient was used to estimate internal consistency. The resulting value, $\alpha = 0.946$, indicates a high degree of reliability for the instrument as a whole (Valdez, 2019). Additionally, a reliability measurement was conducted through a pilot test using the internal consistency method with the Cronbach's Alpha coefficient, yielding a value of $\alpha = 0.936$, which demonstrates high reliability for the instrument.

As for the instrument designed to measure the psychological well-being variable, the Psychological Well-Being Scale by Ryff, conceived by Carol Ryff in the United States in 1995, was used. It was subsequently validated and adapted to the Peruvian population by Madelinne Pérez Basilio in 2017. This scale comprises 39 items, each with six random response options, to assess levels of psychological well-being across six dimensions: Self-Acceptance (7 items), Positive Relationships (7 items), Autonomy (5 items), Environmental Mastery (7 items), Purpose in Life (8 items), and Personal Growth (5 items). The questionnaire can be administered individually or in a group and takes approximately 20 minutes to complete. The scoring technique used is the Likert scale with a range of 1 to 6: 1 (Strongly Disagree), 2 (Disagree), 3 (Sometimes Agree), 4 (Often Agree), 5 (Agree), and 6 (Strongly Agree). This instrument is suitable for individuals aged 18 and above and is adaptable to various fields of psychology (Ryff, 1995; Basilio, 2017).

Regarding the evidence of instrument validity, Pérez (2017) notes that content validation was conducted using the Aiken's V coefficient, resulting in a value of $V = 0.96$, suggesting high validity for the 39 items on the scale, with the minimum value for retaining an item set at 0.080. Additionally, a validation through the Binomial Test was carried out, and the result ($p < 0.05$) reflects adequate agreement among the five judges who evaluated the instrument. Furthermore, evidence of content validity was obtained through an expert judgment method in which five specialists evaluated the items with a response scale of No = 0 points or Yes = 1 point, achieving an Aiken's V value of 0.98, further supporting the validity of the items.

Regarding reliability, the Cronbach's Alpha coefficient was used to measure internal consistency. The overall value obtained, $\alpha = 0.942$, indicates a high level of internal consistency for the 39 items. In terms of dimensions, the following coefficients were calculated: Self-Acceptance (0.904), Positive Relationships (0.894), Autonomy (0.909), Environmental Mastery (0.907), Purpose in Life (0.882), and Personal Growth (0.897), which all support reliability by dimension. Reliability was also confirmed through a pilot test and the Cronbach's Alpha coefficient, yielding a value of $\alpha = 0.909$, indicating adequate reliability.

2.4   Procedure

Regarding the data collection procedure, the initial process involved direct contact with the director of the Elderly Care Home. The primary purpose of this approach was to obtain the necessary permissions and authorizations to access the database of the various participants of both genders. The collected information included data such as names and surnames (only initials), date of birth, age, and the date/month/year of admission. This management was carried out in a face-to-face context to ensure compliance with legal and ethical requirements. Regarding the next step, which involved the administration of the instruments, participants were instructed to read and sign an informed consent, an essential process prior to administering the questionnaires. To administer the instruments, Google Forms was used as the platform. The items were presented verbally, and participants' responses were recorded in the form. The data provided by the older adults, as well as by their caregivers or guardians, were treated with the utmost confidentiality, and their use was limited to academic purposes only. With all the data in hand, the statistical analysis was conducted with the aim of examining potential relationships between the variables.

2.5 Statistical Analysis

The descriptive statistical analysis was conducted by creating tables following the guidelines of the seventh edition of the APA standards. These tables allowed for the presentation of the distribution and frequency of the emotional intelligence and psychological well-being variables in relation to the specific dimensions of the instruments. Additionally, measures of central tendency, such as the mean, and measures of variability, like the standard deviation, were calculated for descriptive purposes.

In parallel, inferential statistical analysis was carried out. First, the data were subjected to a normality test using the Kolmogorov-Smirnov method. This choice is based on the fact that the population sample exceeds a size of 50. For hypothesis testing, the test of normal distribution known as Pearson's correlation coefficient (r) was used, as it is a parametric test.

Additionally, a Simple Linear Regression model was applied to model the relationship between a response variable and an independent variable. It was assumed that there is a functional relationship between the variables "y" and "x" which can be represented by a linear equation. In this context, the probabilistic model was considered, as it offers a more accurate description of reality, where "ε" denotes a random variable with a normal probability distribution with a mean of zero. The results derived from the linear regression analysis are considered valid only when the relationship between "y" and "x" conforms to the probabilistic model, and the values of "ε" are independent in a probabilistic sense, with a mean of zero and a common equivalent variance. These assumptions correspond to the well-known regression assumptions.

3. Results

3.1 Sociodemographic Data

The participants in this research were elderly individuals of both genders, meaning both males and females, whose age exceeded 60 years.

Table 1: Sample Distribution

Age	Males		Females		Total	
	n	*%*	*n*	*%*	*n*	*%*
Adults aged 60 to 69 years old	20	46.5	20	47.6	40	47.1
Adults aged 70 to 79 years old	15	34.9	13	31.0	28	32.9
Adults aged 80 + years old	8	18.6	9	21.4	17	20.0

Note. N = 85 (n = 43 for Males, n = 42 for Females). Registration records from the nursing home.

Table 1 displays the distribution by age and gender of the population sample, showing that the highest predominance is among the ages of 60 to 69 years. However, in the other age groups, the presence of a significant number of older adults who are still registered in this nursing home can be observed.

3.2 Descriptive Analysis

Next, the results of the descriptive statistical analysis for each of the two study variables are presented.

Table 2: Distribution and Frequency of the Emotional Intelligence Variable

Nivel	Males		Females		Total	
	n	%	n	%	n	%
Excellent	15	18.2	28	33.4	43	51.6
Prominent	28	33.3	14	16.1	42	49.4
Vulnerable	0	0.0	0	0.0	0	0.0
Caution	0	0.0	0	0.0	0	0.0

Note. N = 85. (*n* = 43 for Males, *n* = 42 for Females). Results obtained using the Self-Assessment Test of Emotional Intelligence by Emily Sterret, adapted for Peru by Lorena Valdez (2018).

Table 2 displays the distribution and frequency of the Emotional Intelligence variable. It can be observed that within the sample, there is a predominance of the Excellent level at 51%, followed by Prominent at 49%. This means that 5 out of every 10 Older Adults in a nursing home exhibit a commendable or excellent level of Emotional Intelligence.

Table 3: Distribution and Frequency of the Emotional Intelligence Variable in the Dimensions: Self-Awareness, Empathy, and Self-Confidence.

Nivel	Self-Awareness		Empathy		Self-Confidence	
	n	%	n	%	n	%
Optimal	36	42.0	33	39.0	40	47.0
Outstanding	44	52.0	49	58.0	42	49.0
Vulnerable	5	6.0	3	4.0	3	4.0
Caution	0	0.0	0	0.0	0	0.0

Note. N = 85. (*n* = 43 for Males, *n* = 42 for Females).

In Table 3, the levels achieved by the dimensions of the Emotional Intelligence variable are shown. It can be observed that the Outstanding level predominates with 52%, followed by the Optimal level with 42%. This means that 5 out of 10 elderly individuals in the care home exhibit an outstanding level of self-awareness. Similarly, in the Empathy dimension, the Outstanding level prevails with 58%, and the Optimal level is at 39%. This indicates that 6 out of 10 elderly individuals exhibit an outstanding level of Empathy. In the Self-Confidence dimension, the predominant level is Outstanding with 49%, and Optimal is at 47%. In other words, 5 out of 10 elderly individuals display an outstanding level of self-confidence.

Table 4: Distribution and Frequency of the Psychological Well-being Variable

Level	Males		Females		Total	
	n	%	n	%	n	%
High	18	21.2	34	40.0	52	61.2
Medium	25	29.7	8	10.1	33	38.8
Low	0	0.0	0	0.0	0	0.0

Note. N = 85. (*n* = 43 for Males, *n* = 42 for Females). Results obtained using the Psychological Well-being Scale by Ryff (United States), adapted for Peru by Madelinne Pérez – Basilio (2017).

In Table 4, the levels achieved by the Psychological Well-being variable are shown. It can be observed that within the sample, the high level predominates at 61%, followed by the medium level at 39%. This means that the elderly individuals in the care home exhibit a high level of Psychological Well-being.

Table 5: Distribution and Frequency of the Psychological Well-being Variable in the Dimensions: Self-Acceptance, Positive Relationships, and Autonomy.

Level	Self-Acceptance		Positive Relationships		Autonomy	
	n	*%*	*n*	*%*	*n*	*%*
High	44	52.0	48	56.0	41	48.0
Medium	41	48.0	37	44.0	44	52.0
Low	0	0.0	0	0.0	0	0.0

 Note. N = 85. (n = 43 for Males, n = 42 for Females)

In Table 5, the levels achieved by the Self-Acceptance dimension can be observed, with a predominance of the High level at 52% and 48% for the medium level. This means that 5 out of 10 elderly individuals exhibit a high level of self-acceptance. Regarding the Positive Relationships dimension, the High level is predominant at 56%, with 44% at the medium level. This indicates that 6 out of 10 elderly individuals exhibit a high level of positive relationships in their environment. The same pattern is observed in the Autonomy dimension, where the medium level prevails at 52%, with 48% at the medium level. In other words, 5 out of 10 elderly individuals exhibit a medium level of autonomy.

3.3 Hypothesis Testing

In the context of this correlational study, the Pearson correlation test was chosen for statistical analysis. This choice is based on the parametric nature of hypothesis testing and the confirmation of normal data distribution, as indicated by the obtained $p > .05$ (Hernández-Sampieri & Mendoza, 2018). This methodology is suitable for examining relationships between variables in the context of older adults in a nursing home, providing a more precise understanding of connections within the studied population.

According to the results, a strong and significant relationship was established between the variables of Emotional Intelligence and Psychological Well-being. This connection is defined by a correlation value ($r = 0.831$**) and a significance level with a p-value less than 0.01, indicating a substantial relationship between both measures. This correlation is positive, implying that as Emotional Intelligence increases, Psychological Well-being also increases in the population of elderly individuals residing in a care institution.

Table 6: Pearson Correlation r Test

Variables	*M*	*SD*	1	2	3	4	5	6	7	8
1. Emotional Intelligence	112.98	15.40	-	-	-	-	-	-	-	-
2. Psychological Well-being	162.16	17.97	.831**	-	-	-	-	-	-	-
3. Self-Acceptance	28.29	3.88	.670**	.440**	-	-	-	-	-	-
4. Positive Relationships	29.11	3.92	.665**	.604**	.624**	-	-	-	-	-
5. Autonomy	20.52	2.69	.604**	.511**	.553**	.510**	-	-	-	-
6. Environmental Mastery	29.06	3.79	.653**	.507**	.578**	.525**	.608**	-	-	-
7. Purpose in Life	35.06	5.16	.762**	.666*	.667**	.641**	.633**	.581**	-	-
8. Personal Growth	20.13	2.91	.584**	.570**	.370**	.541**	.489**	.505**	.473**	-

 Note. M = Mean; SD = Standard Deviation
 * p < .05, ** p < .01

Similarly, concerning the variable of Emotional Intelligence and the Autonomy dimension, a moderately strong relationship was established with a correlation value ($r = 0.604$**) and a significance level with a p-value less than 0.01, indicating a relationship between both measures. This

correlation is positive, implying that as Emotional Intelligence increases, the sense of autonomy also increases in the population of elderly individuals residing in a care institution.

Regarding the variable of Emotional Intelligence and the Domain of the Environment dimension, a significantly moderately strong relationship was established with a correlation value ($r = 0.653^{**}$) and a significance level with a p-value less than 0.01, indicating a relationship between both measures. This correlation is positive, suggesting that as Emotional Intelligence increases, the perception of control over the surrounding environment also increases for the elderly individuals residing in a care institution. The ability to understand and manage emotions seems to influence the perception of control over the surrounding environment.

Regarding the variable of Emotional Intelligence and its dimension of Life Purpose, a significantly high correlation is observed, with a coefficient of $r = 0.762^{**}$ ($p < 0.01$). This result suggests a strong positive relationship between emotional intelligence and the sense of life purpose in the lives of the elderly residents in a care institution. As emotional intelligence increases, so does the perception of a meaningful life purpose.

On the other hand, concerning the variable of Emotional Intelligence and its dimension of Personal Growth, a moderate correlation is revealed, with a coefficient of $r = 0.584^{**}$ ($p < 0.01$). This implies that a moderately developed level of emotional intelligence is associated with a corresponding level of personal growth among the elderly individuals in the care institution. In other words, those with moderately developed emotional skills experience a corresponding degree of personal growth.

Considering the correlation analysis in the previous section, a linear regression analysis is performed to obtain a model that describes the variable using the variable. The regression line for these variables has a coefficient of determination and an equation, as observed in Table 7.

Table 7: Linear Regression

Modelo	F	R²	ΔR²	B	Standard Error	β	p	1- β	DW
Emotional Intelligence	185.83 (1,83)	.691	.688	.970	.071	.831	.001	2.236	1.55

Nota. F = ANOVA, R² = Coefficient of Determination, DR² = Adjusted Coefficient of Determination, B = Beta, b = Standardized Beta, p = Significance, DW = Durbin Watson.

Considering the fit of this model, it is determined that x is useful for predicting the value of y. When testing the assumption of normality for the residuals of the regression model, the following hypotheses are examined using the Anderson-Darling test.

To test the existence of a linear relationship at a significance level of 5% between the variables, the null hypothesis Ho: $\beta_1 = 0$ is tested against the alternative hypothesis Ha: $\beta_1 > 0$. The tabulated value of the F-test statistic with $gl_1 = 1$ and $gl_2 = 288$ is 3.76. Since the observed value of F = 671.41 falls in the rejection region, the null hypothesis is rejected, leading to the conclusion of a significant linear relationship between the variables. This indicates that all significance levels, statistical power, and autocorrelation are appropriate, and the variable emotional intelligence predicts 69% of psychological well-being.

The value of the Durbin-Watson statistic (DW) is 1.55. This statistic is used to detect the presence of autocorrelation in the residuals. Values between 1.5 and 2.5 generally indicate a moderate absence of autocorrelation.

4. Discussion

In line with the overarching purpose of this study, which aimed to discern the presence of a connotative connection between emotional intelligence and psychological well-being among the segment of elderly adults residing in a care facility, the results obtained yield observations of

substantial interest. These results indicate, with statistical robustness, a highly significant and strongly intense correlation (r = .83, p < .01). This robust correlation signifies that an increase in emotional intelligence is directly associated with a corresponding enhancement in psychological well-being among the elderly adults housed in this facility. This finding aligns with the conclusions of Cherrez (2022), who also found a statistically relevant correlation between these two variables (r = .46) with a significance level of p < .01. Furthermore, Orellana (2020) asserts that there exists a significant connection between emotional intelligence and psychological well-being in elderly adults, emphasizing the valuable relevance of implementing various preventive and therapeutic measures to optimize the psychological health of this demographic. The current findings strengthen Cherrez's (2022) observations by confirming a moderate correlation with a high level of significance between emotional intelligence and psychological well-being. These data are valuable for developing and assessing preventive interventions that incorporate elements of third-generation therapies to enhance the quality of life of each elderly individual residing in a community care facility.

Significant relationships were also found between emotional intelligence and each of the component dimensions of psychological well-being in the elderly residents of the institution. The results supporting this assertion are as follows: Self-Acceptance (r = .67), Positive Relationships (r = .67), Autonomy (r = .60), Environmental Mastery (r = .65), Purpose in Life (r = .76), and Personal Growth (r = .58), all endowed with a highly rigorous level of significance (p < .01). This insight aligns with Goleman's (2002) perspectives, who posits that the dichotomy between the Rational Brain and the Emotional Mind contributes to defining the human condition by their capacity for reasoning and reflection in the surrounding context, in which emotions play a pivotal role in influencing decisions that can be detrimental or beneficial across different strata of Emotional Intelligence. These findings are in line with the conclusions of Avalos and Calle (2022), who ascertain that elderly adults manifest an adequate level of Emotional Intelligence, which is reflected in their ability to express various emotions through appropriate or inappropriate behavior. In light of these results, it is important to implement recreational and relaxation activities to increase psychological well-being, which, in turn, allows for greater emotional control, especially in adverse situations.

Furthermore, it is worth noting that the results of the linear regression analysis presented earlier support and extend the previous observations. The highly significant relationship between Emotional Intelligence and Psychological Well-being, as evidenced by the correlation coefficient (r = .831**), denotes a strong and statistically substantive association between these two variables in the context of the elderly residents of the care facility.

Taken together, this analysis provides a broader and more rigorous perspective on the relationship between emotional intelligence and psychological well-being in elderly residents of a care facility, enriching the understanding of the interconnection of these crucial constructs in the field of mental health and aging.

5. Limitations

As limitations within the present research, it was acknowledged that the number of participants may have limited the external validity of the results, meaning that the generalization of the findings might be primarily applicable to the elderly adults in the present care facility. The results presented in this work, however, can be highly valuable for researchers, enabling further studies and allowing those responsible for the psychological and mental health of elderly adults to implement effective intervention programs to enhance their emotional intelligence and psychological well-being. Additionally, these findings can be extended to health policy considerations, with potential implications for mental health. Ultimately, society can be impacted by the successful relationship between emotional intelligence and psychological well-being in elderly adults.

6. Implications

From a clinical and therapeutic perspective, the results underscore the relevance of considering emotional intelligence as a crucial element in improving the mental health and well-being of elderly adults. Mental health professionals and caregivers can use these findings to design intervention programs and therapies that promote the development of emotional skills in this population, aiming to enhance their quality of life and psychological well-being. Professionals working with elderly adults, such as psychologists and social workers, may benefit from integrating emotional intelligence promotion into their training programs. This perspective can equip these professionals with the necessary tools to effectively address the emotional and psychological needs of this population. In the realm of elderly care policies, the results emphasize the importance of incorporating strategies that promote emotional intelligence into programs and policies designed for this demographic. Such measures could effectively contribute to the prevention of mental health issues and the promotion of active and positive aging. Furthermore, these findings have the potential to stimulate future research into the underlying mechanisms of the relationship between emotional intelligence and psychological well-being in diverse contexts. Exploring mediating or moderating factors that may influence this relationship could provide a more comprehensive understanding of how this connection operates in different groups and cultural settings.

The results of the present study can help raise awareness of the importance of addressing the mental health of elderly adults. By recognizing the positive impact that emotional intelligence has on psychological well-being, it is possible to foster greater understanding and empathy for this population, both in the context of caregiving and in society at large.

7. Conclusions

In conclusion, the present study sheds light on the relationship between emotional intelligence and psychological well-being in institutionalized elderly adults residing in a care facility. The results demonstrate a strong and significant correlation between these two variables (r = .831**), suggesting that a higher level of emotional intelligence is associated with an increase in the psychological well-being of this population, as the management and understanding of emotions can have a positive impact on the mental well-being of elderly adults (Cherrez, 2022).

Furthermore, the findings confirm the existence of significant (p < .05) moderate relationships between emotional intelligence and various dimensions of psychological well-being, such as Self-Acceptance (r = .67), Positive Relationships (r = .67), Autonomy (r = .60), Environmental Mastery (r = .65), Purpose in Life (r = .76), and Personal Growth (r = .58). These results reinforce the notion that emotional intelligence plays a crucial role in various aspects of the psychological well-being of elderly adults in care facility contexts. These conclusions harmoniously align with Goleman's (2002) theoretical framework, which emphasizes the influence of emotional intelligence on decision-making and emotional regulation.

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