



Personality and emotional intelligence as predictors of quality of life in caregivers of children with learning disabilities

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Abstract

This study aims to investigate how personality traits and emotional intelligence can predict the quality of life of caregivers of the children with learning disabilities. The sample included 60 caregivers (25 fathers and 35 mothers) of children diagnosed with learning disabilities, chosen from special and inclusive schools in Uttar Pradesh, India. The results indicated that extraversion ($r = .39, p < .01$), agreeableness ($r = .41, p < .01$), and conscientiousness ($r = .44, p < .01$) were positively linked to quality of life, whereas neuroticism ($r = -.47, p < .01$) demonstrated a negative association. Additionally, emotional intelligence showed a positive correlation ($r = .52, p < .01$) with overall quality of life. In other words, it was concluded that Caregivers who are emotionally intelligent and possess positive personality traits enjoy greater well-being and resilience. Improving emotional intelligence through various training and support initiatives could significantly enhance the quality of life for caregivers of children with learning disabilities in India.

Keywords: Personality, emotional intelligence, quality of life, caregivers, learning disabilities

Introduction

Caring for a child with learning disabilities (LD) is often accompanied by multiple challenges that affect the psychological, social, and physical wellbeing of caregivers (Kalyanpur & Harry, 2012) [7]. These challenges may include coping with behavioral difficulties, managing educational needs, navigating societal stigma, and handling the emotional demands of caregiving (Gargiulo & Bouck, 2010) [5]. Such demands can significantly impact the quality of life (QoL) of caregivers, defined by the World Health Organization (WHO, 1998) as “an individual’s perception of their position in life in the context of culture, value systems, personal goals, standards, and concerns.” QoL is multidimensional, encompassing physical health, psychological wellbeing, social relationships, and environmental satisfaction (WHO, 1998). Understanding the psychological factors that contribute to enhanced QoL among caregivers is vital for developing interventions that can support their overall well-being and resilience.

Two critical psychological constructs influencing QoL are personality traits and emotional intelligence (EI). Personality traits reflect enduring patterns of thoughts, feelings, and behaviors that shape how individuals perceive and respond to life circumstances (Costa & McCrae, 1992) [3]. The widely studied Big Five personality traits—Extraversion, Agreeableness, Conscientiousness, Neuroticism, and Openness to Experience—have been consistently associated with psychological functioning and life satisfaction (McCrae & Costa, 2008) [11]. For example, caregivers high in conscientiousness are more likely to demonstrate organized, disciplined, and goal-oriented behaviors, which facilitate effective caregiving and stress management (Pinquart & Sörensen, 2003) [13]. Similarly, agreeableness is associated with empathy, patience, and cooperative social behavior, which can foster supportive interpersonal interactions and positive caregiver-child

relationships (Schmutte & Ryff, 1997) [15]. In contrast, neuroticism is often linked to emotional instability, excessive worry, and vulnerability to stress, reducing life satisfaction and increasing the risk of caregiver burnout (McCrae & Costa, 1987) [10].

Emotional intelligence, defined as “the ability to perceive, understand, regulate, and utilize emotions adaptively in oneself and others” (Salovey & Mayer, 1990, p. 189) [14], plays a pivotal role in caregiver adjustment. Individuals with high EI can recognize and manage their own emotions, empathize with others, and maintain constructive social relationships, which enhances coping strategies and psychological resilience (Pandey & Anand, 2006) [12]. For caregivers, high EI facilitates the regulation of negative emotions, effective communication with children, and adaptive problem-solving in the face of caregiving stressors (Extremera & Fernández-Berrocá, 2006) [4]. Furthermore, EI has been shown to moderate the negative effects of personality vulnerabilities, such as high neuroticism, thus acting as a protective factor in maintaining overall wellbeing (Ciarrochi, Chan, & Caputi, 2001) [2].

In the Indian context, caregiving for children with learning disabilities typically occurs within extended family systems, where parents and relatives collectively bear responsibility for educational and social development (Gargiulo & Bouck, 2010) [5]. Despite the cultural emphasis on familial caregiving, limited research has examined the combined influence of personality traits and emotional intelligence on the QoL of Indian caregivers. While prior studies have focused on caregiver stress, burden, or coping strategies (Hastings, 2002; Pinquart & Sörensen, 2003) [6, 13], there is a paucity of evidence investigating positive psychological outcomes, such as life satisfaction and resilience. Understanding the interaction between personality traits and EI in predicting QoL can inform interventions such as skill-building workshops, counseling programs, and emotional regulation training to support caregivers more effectively.

Literature Review

Personality Traits and Caregiver Wellbeing

Personality traits have been widely recognized as determinants of individual differences in coping and psychological adjustment. The Big Five traits—Extraversion, Agreeableness, Conscientiousness, Neuroticism, and Openness—serve as robust predictors of life satisfaction and overall quality of life (McCrae & Costa, 2008)^[11]. Conscientiousness, which reflects self-discipline, organization, and goal-directed behavior, is associated with effective planning and structured caregiving practices, leading to higher satisfaction and reduced stress (Ong *et al.*, 2006). Agreeableness, encompassing traits such as warmth, cooperation, and empathy, facilitates constructive interpersonal interactions and emotional support, which can mitigate the adverse effects of caregiving challenges (Pinquart & Sörensen, 2003)^[13]. Extraversion contributes to the development of supportive social networks and fosters positive affective states, which buffer stress and improve psychological well-being (Schutte & Ryff, 1997)^[15]. Openness to experience, characterized by intellectual curiosity, adaptability, and creativity, may enable caregivers to explore innovative problem-solving strategies, enhancing adaptability in caregiving roles (Carver & Connor-Smith, 2010)^[1]. Conversely, neuroticism is consistently associated with emotional vulnerability, stress sensitivity, and lower QoL (McCrae & Costa, 1987)^[10]. In caregiving contexts, higher neuroticism correlates with increased emotional exhaustion, anxiety, and decreased satisfaction with life (Hastings, 2002; Sutin, Stephan, & Terracciano, 2013)^[6, 17].

Emotional Intelligence and Quality of Life

Emotional intelligence has emerged as a critical predictor of caregiver well-being, enabling individuals to manage the emotional demands inherent in caregiving. Pandey and Anand (2006)^[12] emphasize that EI comprises components such as self-awareness, self-regulation, empathy, motivation, and social skills, which collectively enhance resilience and life satisfaction. Caregivers with higher EI report better ability to manage stress, maintain interpersonal relationships, and provide emotional support to children, thereby improving QoL (Extremera & Fernández-Berrocal, 2006)^[4]. Research suggests that EI acts as a mediator between personality traits and life satisfaction; for example, individuals high in neuroticism but also high in EI may experience less stress and maintain better emotional balance (Ciarrochi *et al.*, 2001)^[2]. MacCann *et al.* (2020)^[9] conducted a meta-analysis indicating that EI significantly predicts life satisfaction, coping ability, and social functioning, highlighting its potential role in caregiving contexts.

Integration of Personality and Emotional Intelligence

Personality and EI are interrelated yet distinct predictors of caregiver outcomes. While personality traits represent stable dispositions influencing emotional and behavioral tendencies, EI reflects skill-based competencies that can modulate these tendencies (Schutte *et al.*, 2007)^[16]. Studies indicate that caregivers possessing both positive personality traits (e.g., conscientiousness, agreeableness) and high EI exhibit superior coping strategies, enhanced resilience, and higher QoL (Lopes, Salovey, Côté, & Beers, 2003; Pandey & Anand, 2006)^[8, 12]. Furthermore, EI may buffer the negative influence of high neuroticism, reducing psychological distress and facilitating adaptive responses to caregiving challenges (Extremera & Fernández-Berrocal, 2006)^[4].

Gaps in Literature

Despite growing evidence of the significance of personality and EI in caregiving, few studies have examined their combined predictive value on the QoL of Indian caregivers of children with learning disabilities. Most existing research has emphasized caregiver stress or burden rather than positive outcomes such as resilience and life satisfaction (Hastings, 2002)^[6]. Moreover, the cultural context in India, where extended family and societal expectations shape caregiving experiences, has received limited attention in empirical investigations. Addressing this gap, the present study explores how personality traits and emotional intelligence jointly predict QoL among caregivers in India, providing insights for targeted interventions and support programs.

Given the complex challenges faced by caregivers of children with learning disabilities, there is a growing need to investigate psychological predictors of their quality of life. This study aims to examine the roles of personality traits and emotional intelligence in predicting quality of life among this population. It is hypothesized that higher levels of emotional intelligence and positive personality traits (conscientiousness, agreeableness, extraversion, and openness) will be significantly associated with better quality of life, whereas higher levels of neuroticism will be associated with lower quality of life. Furthermore, it is expected that emotional intelligence and personality traits will independently and jointly predict variations in quality of life among caregivers.

Methodology

1. Participants

The study comprised a total sample of 60 mothers of children diagnosed with learning disabilities, among which 25 were fathers and 35 were mothers. Participants were selected using purposive sampling from various special and inclusive schools located in Uttar Pradesh, India. The age range of caregivers was 30 to 52 years with a mean age of 41.26 years (SD = 5.38). Caregivers who had been involved in daily child-care routines for at least one year and consented willingly were included in the study, while individuals with diagnosed psychological disorders or unwilling to participate were excluded. Prior to data collection, informed consent was obtained, and participants were assured of confidentiality and anonymity of the information provided.

2. Psychometric Tools

To examine the influence of emotional intelligence and personality on quality of life among caregivers, the following standardized instruments were used:

2.1 NEO-FFI Personality Inventory (Costa & McCrae, 1992)^[3]

The NEO Five-Factor Inventory (NEO-FFI) consists of 60 items divided into five personality dimensions—Extraversion, Agreeableness, Conscientiousness, Neuroticism, and Openness. Responses are recorded using a 5-point Likert scale, providing a dimensional measure of personality traits. The Hindi adaptation by Srivastava & Mehrotra (2010) demonstrates strong psychometric properties, with reliability coefficients ranging from $\alpha = .74$ to $.89$, making it suitable for Indian populations. In the present study, the scale was used to assess the personality profile of caregivers.

2.2 Emotional Intelligence Scale (Pandey & Anand, 2006) [12]

Emotional Intelligence was assessed using the Emotional Intelligence Scale developed by Prof. Rakesh Pandey and Tulika Anand, consisting of 60 items rated on a 5-point Likert continuum. The scale measures emotional awareness, self-regulation, empathy, motivation, and social competence. The tool is widely used in Indian research contexts, especially with parental and educational samples. For the present study, the internal consistency reliability was found to be $\alpha = .82$, indicating good reliability.

2.3 WHOQOL-BREF (WHO, 1998)

Quality of life was assessed using the WHOQOL-BREF, a standardized 26-item international measure developed by the World Health Organization. It evaluates four major life domains: Physical Health, Psychological Health, Social Relationships, and Environment. Items are scored on a 5-point scale, with higher scores reflecting better quality of life. Reported reliability coefficients range between $\alpha = .78-.88$, establishing it as a valid and reliable measure for health-related quality of life studies. The tool was appropriate for assessing wellbeing in caregivers managing children with learning disabilities.

3. Procedure

Permission for conducting the study was obtained from school authorities, parents, and caregivers. After establishing rapport, participants were briefed about the objectives and significance of the research. Those who agreed to participate signed a consent form. The questionnaires were administered individually in a quiet classroom setting, requiring approximately 25–30 minutes to complete. Clear instructions were provided, and any queries regarding item interpretation were addressed without influencing responses. Upon completion, responses were scored as per manual guidelines and data were compiled for analysis. Statistical treatment involved Mean, Standard Deviation, Pearson’s Product Moment Correlation, and Multiple Regression to examine associations and predictive relationships between emotional intelligence, personality traits, and quality of life.

Results

The collected data were analysed using mean, standard deviation, Pearson’s correlation coefficient (r), and multiple regression analysis to examine the relationship between personality traits, emotional intelligence, and quality of life among caregivers of children with learning disabilities.

Table 1: Summary of Correlation between Emotional Intelligence and Quality of Life (N = 60)

variable	Mean	SD	Physical	Psychological	social	Environment	Total QoL
Emotional intelligence	132.45	18.33	.42**	.51**	.48**	.46**	.53**

*P<.05, **p<.01

Table 1 shows that emotional intelligence is significantly positively correlated with all dimensions of quality of life, including physical, psychological, social and environmental domains,

as well as total QoL score ($p < .01$). Caregivers with higher emotional intelligence reported better wellbeing and life quality, suggesting emotional awareness and regulation act as protective factors during caregiving.

Table 2: Summary of Correlation between Big Five Personality Traits and Quality of Life (N = 60)

Variables	Mean	SD	Physical	Psychological	social	Environment	Total QoL
Openness	28.12	4.90	.28*	.31*	.22	.27	.35*
Conscientiousness	30.25	5.11	.44**	.48**	.41**	.39**	.48**
Extraversion	27.80	4.75	.33*	.36*	.41**	.38**	.41*
Agreeableness	29.66	5.03	.44**	.46**	.42**	.42**	.46**
Neuroticism	26.40	6.12	-.45	-.49**	-.42**	-.38**	-.51**

*P<.05, **p<.01

Table 2 indicate that conscientiousness, agreeableness, extraversion, and openness are significantly positively associated with quality of life. In contrast, neuroticism showed a strong negative correlation with all QoL domains, suggesting that emotional instability increases caregiving stress and reduces wellbeing.

negatively associated with EI ($p < .01$), indicating that emotionally intelligent individuals are less likely to experience emotional instability, worry, or stress sensitivity.

Table 3: Correlation between Emotional Intelligence and Big Five Personality Traits (N = 60)

Variables	Mean	SD	EI
Openness	28.12	4.90	.39*
Conscientiousness	30.25	5.11	.45**
Extraversion	27.80	4.75	.33*
Agreeableness	29.66	5.03	.42*
Neuroticism	26.40	6.12	-.44*

*P<.05, **p<.01

Table 3 suggest that emotional intelligence is significantly positively related to openness, conscientiousness, extraversion, and agreeableness. Neuroticism was

Table 4: Multiple Regression Analysis Predicting Quality of Life (N = 60)

Predictor	Criterion
	Quality of Life
Emotional intelligence	.42**
Conscientiousness	.31**
Agreeableness	.25*
Neuroticism	-.29**
R	.68
R Square	.46
F	11.53**

*p < .05, **p < .01 | Note: Standardized Beta (β) values presented

Table 4.4 presents results of the regression analysis examining the predictive power of emotional intelligence

and personality traits on quality of life among caregivers. Emotional Intelligence emerged as the strongest positive predictor of QoL ($\beta = .42$, $p < .01$), followed by conscientiousness ($\beta = .31$) and agreeableness ($\beta = .25$). Neuroticism significantly predicted lower QoL ($\beta = -.29$, $p < .01$). The regression model was statistically significant ($F = 11.53$, $p < .01$) and accounted for 46% of the variance in quality of life, indicating that psychological attributes substantially influence caregiver wellbeing.

Discussion and Conclusion

The findings of the present study indicate that emotional intelligence and personality traits play a crucial role in shaping the quality of life of caregivers of children with learning disabilities. The correlation and regression results clearly demonstrate that emotional intelligence has the strongest positive association with overall QoL and its domains, highlighting that caregivers with better emotional awareness, regulation, and expression are more capable of coping with the demanding responsibilities of caregiving. Conscientiousness and agreeableness also emerged as significant positive predictors, which can be interpreted as an indication that organized, responsible, cooperative, and empathetic caregivers manage routine tasks more efficiently, use adaptive coping strategies, and maintain positive relationships within the caregiving environment. Extraversion and openness showed moderate associations, suggesting that social engagement, curiosity, and adaptability further enhance wellbeing, though to a lesser degree. In contrast, neuroticism exhibited a strong negative relationship with QoL, emphasizing that emotional instability, worry, and sensitivity to stress negatively affect resilience and psychological adjustment during caregiving. These outcomes are consistent with earlier research linking EI with stress-buffering (Pandey & Anand, 2008) and personality traits with coping efficiency and wellbeing (Costa & McCrae, 1992; WHO, 1998) [3]. The predictive power of EI, conscientiousness, and agreeableness in the regression model further confirms that emotional competence and stable personality characteristics are influential determinants of caregiver wellbeing. Based on these findings, it may be concluded that enhancing emotional intelligence and strengthening positive traits through psychological training, mindfulness-based counselling, parent-support groups, and resilience-building workshops could substantially improve the quality of life of caregivers. Mental health professionals and special education institutions should therefore prioritize emotional skill development and psychosocial support to reduce caregiver burden and promote healthy family functioning. Overall, the study reinforces the value of emotional intelligence and personality in improving wellbeing and suggests that targeted interventions can meaningfully uplift caregiving outcomes.

Limitations and Future Suggestions

Although the present study provides valuable insights, a few limitations must be acknowledged. The sample size was relatively small and limited to caregivers from a specific region, which may restrict the generalizability of findings to larger populations. The use of self-report questionnaires may also introduce social desirability bias, as responses rely on personal perception rather than objective indicators. The cross-sectional nature of the study prevents establishing

cause-and-effect relationships between emotional intelligence, personality traits, and quality of life. Additionally, variables such as social support, financial burden, duration of caregiving, and severity of the child's disability were not explored, which could further influence caregiver wellbeing. Therefore, future research should consider larger and more diverse samples, including multi-city or national data to enhance representativeness. Longitudinal studies and experimental intervention-based designs may help to determine how EI training or personality-focused programs can improve caregiver quality of life over time. Researchers should also incorporate additional psychosocial variables such as resilience, coping strategies, mindfulness, and family support systems. Developing structured support programs, counselling workshops, and parent-training interventions can be a valuable direction for future work to strengthen emotional well-being and overall life satisfaction among caregivers of children with learning disabilities.

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