Emotional Intelligence among Caregivers of Children with Developmental Disorders: A Demographic Analysis

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ABSTRACT

The primary aims of this study were to investigate the relationship between emotional intelligence (EI) and demographic, and to explore possible differences in EI based on demographic among caregivers of children with developmental disorders using the demographic data collected from the participants.

Methodology: Descriptive statistics and One-Way Analysis of Variance (ANOVA) were used to analyse the data. Reliability analysis was conducted using Cronbach's Alpha.

Findings: The findings indicated that respondents generally demonstrated high levels of EI, with an overall mean score of 3.89 (SD = 0.35). Among the EI dimensions, Facilitating Emotions recorded the highest mean score (M = 4.09, SD = 0.42), followed by Utilisation of Emotions (M = 4.01, SD = 0.44), Managing Emotions (M = 3.85, SD = 0.42), and Perceiving Emotions (M = 3.73, SD = 0.43). Reliability analysis showed acceptable internal consistency for Managing Emotions ($\alpha = 0.701$), Utilisation of Emotions ($\alpha = 0.778$), and Perceiving Emotions ($\alpha = 0.774$), while Facilitating Emotions demonstrated marginal reliability ($\alpha = 0.601$). ANOVA results revealed that most demographic characteristics did not show significant differences in overall EI scores. However, a significant difference was identified for Utilisation of Emotions based on state of residence, $F(1,122) = 5.23$, $p = .024$, $\eta^2 = 0.041$, where respondents from Melaka reported higher scores compared to respondents from Selangor. A significant difference was also identified for Facilitating Emotions based on the child's developmental condition, $F(1,122) = 3.96$, $p = .049$, $\eta^2 = 0.031$. Differences in Facilitating Emotions based on education level demonstrated a marginal trend approaching significance, $F(1,122) = 3.80$, $p = .053$, $\eta^2 = 0.030$. Household income demonstrated near-significant trends for Managing Emotions ($p = .076$) and Facilitating Emotions ($p = .066$). Conclusion: These exploratory findings highlight the value of considering socioeconomic factors, regional context, and condition-specific caregiver challenges when designing targeted family support initiatives.

Keywords: Caregivers, Children, Developmental Disorders, Emotional Intelligence

INTRODUCTION

Emotional intelligence (EI) is a concept that is grounded in the theory of social intelligence and has been defined in several ways. According to Goleman (1995), EI can be defined as the combination of several variables that enable individuals to experience emotions, show motivation, manage their mood, exercise impulse control, persevere in the presence of obstacles, and consequently achieve success in their daily lives. EI can be described as an alternative form of intelligence, as suggested by Goleman (1995). EI has been recognised as the capacity to effectively observe and regulate one's own and others' emotions, understand between different emotional states, and use this knowledge to inform one's cognitive processes and behaviours (Mayer & Salovey, 1997). In

a succinct manner, EI can be described as the combination of an individual's characteristics that are beneficial to achieving success.

Historically, EI has received less attention and research compared to cognitive intelligence, mental health, and mental ability. Given the significant role that emotions play in human interactions and performance across several domains such as family, school, and job, it is evident that there is a clear necessity to comprehend emotions and EI. Moreover, EI has an important role in influencing the various aspects that contribute to individual achievement and interpersonal dynamics in daily life (Mayer et al., 2008). Research on EI has demonstrated its significance across several domains of life and its influence on daily interactions and decision-making processes. According to Goleman (1995), the concept of EI is believed to have a significant impact on an individual's overall success in life, accounting for approximately 80% of their achievements. In contrast, traditional intelligence quotient (IQ) is estimated to contribute to only about 20% of an individual's success. The existing body of research suggests a correlation between EI and several aspects of human behaviour, such as leadership (Biswas & Rahman, 2021), achievement test scores (Al Asmari, 2014), and problem-solving abilities (Malouff et al., 2007).

Due to scholarly investigations in various fields, new scholarly articles, and ongoing innovative perspectives pertaining to the subject matter, the concept of EI and its implications have garnered significant interest from educators and academics across. Nevertheless, given that the majority of research on EI focuses on adults, there is a clear necessity to investigate the concept of EI specifically within the context of caregivers who have children diagnosed with developmental disorders. The present study seeks to better understand the demographic characteristics of EI in caregivers of children with developmental disorders by examining the association between various demographic variables among caregivers of children with developmental disorders.

LITERATURE REVIEW

Emotional Intelligence

Reuven Bar-On, an important figure in the field of EI, introduced the concept of "emotional quotient" (EQ) during the 1980s (Bar-On, 2004). The term "emotional intelligence" was introduced by Peter Salovey and John Mayer in 1990. They provided a definition of EI as "a type of social intelligence that involves the ability to monitor one's own and others' feelings and emotions, to discriminate among them, and to use this information to guide one's thinking and action" (Salovey & Mayer, 1997, p. 190). The inclusion of Gardner's intrapersonal intelligence in Mayer and Salovey's (1997) concept of EI is noteworthy.

According to Mayer and Salovey (1997), EI can be defined as "the ability to perceive accurately, appraise, and express emotion; the ability to understand emotion and emotional knowledge; and the ability to regulate emotions to promote emotional and intellectual growth" (p. 10). However, Daniel Goleman suggested the idea that the conventional definition of human intelligence is excessively limited, as it fails to acknowledge the various abilities that significantly impact individuals' performance in various aspects of life. He adapted Mayer and Salovey's idea of EI to create his own version. According to Goleman (1995), EI can be defined as "refers to the capacity for recognising our own feelings and those of others, motivating ourselves, and managing emotions well in ourselves and in our relationships" (p. 317). EI in the workplace is seen as a complementary and collaborative aspect of intellectual intelligence (p. 317).

The possession of EI necessitates individuals' capacity to engage in critical thinking and deliberate decision-making processes. Furthermore, individuals endeavour to conduct themselves in a manner that is advantageous both to their own well-being and the well-being of others (Bar-On & Parker, 2000). Nelson and Low (2003) conceptualised EI as a set of learned emotional skills that enable individuals to understand and manage their emotional experiences, engage in constructive thinking, establish supportive relationships, and respond effectively to the demands of daily life and work. Therefore, the capacity to independently guide and regulate one's emotional state is a fundamental aspect of EI.

The Emotional Learning System, as developed by Nelson and Low (2003), serves as a tool for promoting meaningful personal transformation or behavioural modification. According to the authors, it has been argued that in the absence of rational self-direction and monitoring, emotions tend to foster a tendency towards reactive

behaviour. They further suggest that "without intelligent self-direction and monitoring, emotions naturally lead to a habit of reactivity" and that "practising the step-by-step process will help people change the emotional reactivity habit, rather than reacting to cues from others or the environment" (p. 4). Hence, the significance of EI lies in a belief that caregivers of children with developmental disorders who possess higher levels of EI are likely to demonstrate enhanced efficacy in providing care and fulfilling their parental responsibilities towards their child.

Emotional Intelligence of Caregivers of Children with Developmental Disorders

Developmental disorders is a lifelong condition that presents challenges in perceiving, interpreting, and experiencing sensory stimuli, resulting in significant impairments in social relationships, communication, behaviour, and overall socio-emotional interactions. In recent times, there has been a significant focus on diffuse developmental disorders among researchers, clinicians, and individuals involved in the fields of health and education (Chaidi et al., 2021). This increased interest is observed among caregivers as well as professionals. The research interest also encompasses the investigation of the caregivers, siblings, and the entire family unit of individuals with developmental disorders.

Additionally, it examines the efficacy of suitable and timely therapeutic intervention and parental education, recognising the family's important role in both physical and mental development. The family dynamic is a reciprocal interaction between caregivers and children, wherein caregivers exert influence on their children, and in turn, children exert influence on their caregivers. It is well acknowledged that families, particularly caregivers of children with developmental disorders have a challenging and persistent process of emotional adaptation characterised by various stages of adjustment, emotional disorientation, and emotional dysregulation, ultimately culminating in acceptance of the disorders (Vasilopoulou & Nisbet, 2016).

The challenges associated with raising children with developmental disorders encompass various aspects, such as parental self-adaptation, communication and engagement with the children, emotional regulation of caregivers, support from other people in their immediate surroundings, and the acceptance and enthusiasm of caregivers (Mohd Sharif & Jamil, 2019). The lack of effective emotional regulation skills contributes to the difficulty exhibited by children with developmental disorders in demonstrating appropriate behaviours and expressing their true feelings. EI refers to the capacity to identify, comprehend, and regulate one's own emotions, and it has been found to possess a robust predictive value for an individual's psychological well-being (Singh & Kaur, 2019). Additionally, it assumes the role of an influencer on other emotional states. In essence, this concept pertains to the recognition that emotions have the capacity to influence an individual's actions and impact others in positive as well as negative ways. Additionally, it involves acquiring the skills necessary to regulate and control these emotions (Singh & Kaur, 2019).

Caregivers of children with developmental disorders often experience a prolonged process that includes emotional distress and disarray, as they navigate a series of progressive stages aimed at achieving adaptation and acceptance. Besides, caregivers of children with developmental disorders often undergo an overwhelming emotional response characterised by shock and despair upon receiving the diagnosis of developmental disorders for their child (Antezana et al., 2017). This reaction stems from the perception that they are losing the child they had always wanted and planned for, one that would be healthy and fulfil their future goals. The diagnosis within the family causes not only shock, but also feelings of sadness and mourning. The caregivers, unprepared to accept a child who does not meet their expectations, respond in various ways (Singh & Kaur, 2019). One caregiver may express their grief through tears, while another may seek relief in work and avoid confronting the issues at hand. Consequently, communication channels between the caregivers may become strained, leading to an unequal distribution of emotional burden within the relationship (Zhou et al., 2019).

METHODOLOGY

Research Design and Participants

This study employed a cross-sectional exploratory survey design to investigate emotional intelligence (EI) among caregivers of children with developmental disorders in Malaysia. The target population comprised

primary caregivers (mothers and fathers) who have children formally diagnosed with developmental conditions and residing in the states of Selangor and Melaka. Inclusion criteria required participants to be: (1) at least 18 years old, (2) the primary legal caregiver of a child diagnosed with a developmental condition, and (3) currently registered with community developmental support centres or related non-governmental organisations (NGOs). Participation was entirely voluntary, and respondents were recruited through purposive and voluntary convenience sampling across several community-based rehabilitation centres (PDK) and non-governmental support societies. Prior to questionnaire administration, written informed consent was obtained from all participants. The study adhered strictly to institutional research ethics standards, ensuring respondents' anonymity, voluntary participation, and data confidentiality.

A total of 130 questionnaires were distributed. After data screening, six submissions were discarded due to incomplete responses, yielding a final analytical sample of 124 completed questionnaires (95.4% completion rate). Given the exploratory nature of the study, this sample size provides adequate statistical power (exceeding 0.80 at $\alpha = .05$) to detect medium effect sizes in comparative subgroup analyses using One-Way Analysis of Variance (ANOVA).

Instrumentation and Measures

The self-administered survey consisted of two main sections. Section 1 consists of demographic background. This section gathered demographic variables including gender/parental relation, age, highest education level, employment sector, monthly household income, total number of dependents, state of residence, and the primary developmental condition diagnosed in their child.

Section 2 consists of Emotional Intelligence Assessment. EI was evaluated using the Assessing Emotions Scale (AES) originally developed by Schutte et al. (1998). The original scale contains 33 self-report items rated on a 5-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree). Items evaluate four primary dimensions of EI: Managing Emotions (ME), Utilisation of Emotions (UE), Perceiving Emotions (PE), and Facilitating Emotions (FE). Reverse-coded items were rescored before computing composite scores. During preliminary item analysis and scale evaluation, one item exhibited a weak corrected item-total correlation ($r < .20$) and was excluded from subsequent analyses to preserve dimensional integrity. Thus, 32 items were retained across the four subscales: Managing Emotions (8 items), Utilisation of Emotions (9 items), Perceiving Emotions (10 items), and Facilitating Emotions (5 items). Higher composite mean scores reflect greater emotional intelligence functioning.

Statistical Analysis

Data were processed, coded, and analysed using the Statistical Package for the Social Sciences (SPSS). Descriptive statistics (frequencies, percentages, means, and standard deviations) were calculated to profile demographic characteristics and describe EI levels. Internal consistency was evaluated using Cronbach's alpha (α).

Prior to conducting inferential analyses, statistical assumptions for parametric testing were verified. Normality of distributions across dimensions was evaluated via skewness and kurtosis indices (all within acceptable parameters of ± 1.5), and homogeneity of variance across demographic groups was verified using Levene's test. One-Way Analysis of Variance (ANOVA) was executed to examine differences in overall EI and individual dimensions across demographic factors. Where diagnostic condition was evaluated, the initial seven categories were collapsed into two groups, autism spectrum disorder ($n = 91$) versus Other Developmental Conditions ($n = 33$) due to small cell sizes in non-autism categories (e.g., Down syndrome, Dyslexia, and Global Developmental Delay). Statistical significance was established at an exact alpha of $p < .05$, while values between $.05 < p < .10$ were interpreted as marginal trends. Effect sizes were computed and reported using eta squared (η^2), interpreted according to Cohen's guidelines (small = 0.01, medium = 0.06, large = 0.14).

FINDINGS

All respondents were Malay, Muslim, and married. Among the respondents, 91 (73.4%) were mothers and 33

(26.6%) were fathers. Most respondents were aged between 31 and 40 years old (66.1%), followed by respondents aged between 41 and 50 years old (25.0%), while 8.9% were below 30 years old.

In terms of educational background, 106 respondents (85.5%) possessed tertiary level education, whereas 18 respondents (14.5%) completed secondary school education. Regarding employment status, 32.3% worked in the public sector, 30.6% in the private sector, 13.7% were self-employed, and 23.4% were not working.

Most respondents reported monthly household incomes between RM2,500.00 and RM5,000.00 (44.4%), followed by incomes between RM5,000.00 and RM7,500.00 (31.5%). Additionally, 76.6% of respondents resided in Selangor, while 23.4% resided in Melaka.

The developmental conditions of the children included autism (73.4%), speech delay (9.7%), attention deficit hyperactivity disorder (6.5%), down syndrome (3.2%), dyslexia (3.2%), global developmental delay (2.4%), and other developmental conditions (1.6%).

Table 1: Demographic profile of respondents (N = 124)

Variable	Category	N	%		Variable	Category	N	%
Race	Malay	124	100.0		Income (RM)	Less than 2,500.00	11	8.9
Religion	Islam	124	100.0			2,500.00 - 5,000.00	55	44.4
Status	Married	124	100.0			5,000.00 - 7,500.00	39	31.5
Relation	Mother	91	73.4			7,500.00 - 10,000.00	8	6.5
	Father	33	26.6			Above 10,000.00	11	8.9
Age	Below 30	11	8.9		Dependent	1 - 2	60	48.4
	31 - 40	82	66.1			3 - 4	43	34.7
	41 - 50	31	25.0			5 and more	21	16.9
Education	Secondary	18	14.5		State	Melaka	29	23.4
	Tertiary	106	85.5			Selangor	95	76.6
Job	Public Sector	40	32.3		Type	Speech Delay	12	9.7
	Private Sector	38	30.6			Autism	91	73.4
	Self-Employed	17	13.7			Attention Deficit Hyperactivity Disorder	8	6.5
	Not Working	29	23.4			Down Syndrome	4	3.2
						Global Development Delay	3	2.4
						Dyslexia	4	3.2
						Others	2	1.6
					Total		124	100.0

Table 2: Reliability Statistics of Emotional Intelligence Subscales

Variable	Cronbach's Alpha	N
EI ME - Managing Emotions	0.701	8
EI UE - Utilisation of Emotions	0.778	9
EI PE - Perceiving Emotions	0.774	10
EI FE - Facilitating Emotions	0.601	5

The reliability values for Managing Emotions, Utilisation of Emotions, and Perceiving Emotions exceeded the recommended threshold of 0.70, indicating satisfactory internal consistency. However, the Facilitating Emotions dimension recorded a marginal reliability coefficient.

Emotional Intelligence Levels Among Respondents

The findings showed that respondents generally demonstrated high levels of EI, with an overall EI mean score of 3.89 (SD = 0.35).

Table 3: Descriptive Statistics for Emotional Intelligence Dimensions

Emotional Intelligence Dimension	Minimum	Maximum	Mean	SD
Managing Emotions (EI_ME)	2.25	4.88	3.85	0.42
Utilisation of Emotions (EI_UE)	2.00	5.00	4.01	0.44
Perceiving Emotions (EI_PE)	1.40	5.00	3.73	0.43
Facilitating Emotions (EI_FE)	2.80	5.00	4.09	0.42
Overall EI	2.63	4.88	3.89	0.35

Among the four dimensions, Facilitating Emotions recorded the highest mean score (M = 4.09, SD = 0.42), followed by Utilisation of Emotions (M = 4.01, SD = 0.44). Perceiving Emotions recorded the lowest mean score (M = 3.73, SD = 0.43).

ANOVA Test Summary across Demographic Characteristics

One-Way ANOVA was performed to examine whether significant differences in EI dimensions and overall, EI existed across demographic subgroups (Table 4). Overall, demographic characteristics did not yield statistically significant variations in overall composite EI scores. However, detailed examinations across specific EI subscales revealed several significant differences and marginal trends. Specifically, a statistically significant difference was observed for Utilisation of Emotions (EI UE) based on the state of residence, $F(1,122) = 5.23, p = .024, \eta^2 = 0.041$. As detailed in Table 6, respondents residing in Melaka reported significantly higher utilisation scores ($M = 4.17, SD = 0.61$) compared to caregivers in Selangor ($M = 3.96, SD = 0.36$).

For Facilitating Emotions (EI FE), differences across child developmental conditions were statistically significant, $F(1,122) = 3.96, p = .049, \eta^2 = 0.031$. Caregivers of children with autism exhibited higher facilitation scores ($M = 4.12, SD = 0.40$) compared to those caring for children with other developmental conditions ($M = 3.96, SD = 0.43$). Furthermore, education level demonstrated a marginally significant difference in Facilitating Emotions, $F(1,122) = 3.80, p = .053, \eta^2 = 0.030$, with tertiary-educated caregivers reporting slightly higher scores ($M = 4.12, SD = 0.43$) than secondary-educated caregivers ($M = 3.91, SD = 0.28$). Household income exhibited notable near-significant trends for two dimensions: Managing Emotions, F(4,119) = 2.17, p = .076, η2 = 0.068 (Table 5), and Facilitating Emotions, F(4,119) = 2.27, p = .066, η2 = 0.071 (Table 7). Caregivers with monthly household incomes between RM7,500.00 and RM10,000.00 consistently demonstrated the highest mean scores in Managing Emotions ($M = 4.03, SD = 0.39$) and Facilitating Emotions ($M = 4.42, SD = 0.22$), whereas households earning less than RM2,500.00 recorded the lowest scores ($M = 3.52, SD = 0.47$ and $M = 3.94, SD = 0.63$, respectively).

Table 4: Summary of One-Way ANOVA across Demographic Variables and EI Dimensions (N = 124)

Variable	df	EI ME (F, p)	EI UE (F, p)	EI PE (F, p)	EI FE (F, p)	Overall EI (F, p)
Relation	1, 122	0.17, .680	0.04, .840	0.01, .930	0.09, .760	0.00, .980
Age	2, 121	0.72, .330	1.09, .340	0.60, .550	0.70, .360	0.37, .690
Education	1, 122	0.00, .960	0.42, .520	0.56, .460	3.80, .053	0.39, .760
Job	3, 120	1.73, .160	1.39, .250	0.43, .730	1.14, .330	1.61, .190
Income	4, 119	2.17, .076	1.23, .300	0.51, .730	2.27, .066	1.36, .250
Dependent	2, 121	0.91, .090	0.16, .850	0.04, .960	0.02, .980	0.05, .950
State	1, 122	2.28, .130	5.23, .024*	0.80, .370	0.44, .600	0.40, .720
Type	1, 122	0.48, .510	0.88, .020	0.86, .030	3.96, .049*	0.86, .030

** Significant at 5% level

* Significant at 10% level

Table 5: Managing Emotions by Household Income Level

Variable	Category			EI ME - Managing Emotions				
		N	Mean	SD	F	df	p	η2
Income	Less than 2,500.00	11	3.52	0.47	2.17	4,119	.076	0.068
	2,500.00 - 5,000.00	55	3.86	0.35				
	5,000.00 - 7,500.00	39	3.88	0.48				
	7,500.00 - 10,000.00	8	4.03	0.39				
	Above 10,000.00	11	3.85	0.37				

Table 6: Utilisation of Emotions by State of Residence

Variable	Category			EI UE - Utilisation of Emotions				
		N	Mean	SD	F	df	p	η2
State	Melaka	29	4.17	0.61	5.23	1,122	.024	0.041
	Selangor	95	3.96	0.36				

Table 7: Facilitating Emotions by Education, Income, and Condition Type

Variable	Category			EI FE - Facilitating Emotions				
		N	Mean	SD	F	df	p	η2
Education Level					3.80	1,122	.053	0.030
	Secondary school	18	3.91	0.28				
	Tertiary level education	106	4.12	0.43				
Household Income					2.27	4,119	.066	0.071
	Less than 2,500.00	11	3.94	0.63				
	2,500.00 - 5,000.00	55	4.02	0.35				
	5,000.00 - 7,500.00	39	4.11	0.43				
	7,500.00 - 10,000.00	8	4.42	0.22				
	Above 10,000.00	11	4.18	0.35				
Condition Type					3.96	1,122	.049	0.031
	Autism	91	4.12	0.40				
	Others	33	3.96	0.43				

DISCUSSION

The findings revealed that caregivers of children with developmental disorders generally demonstrated high levels of EI, particularly in the dimensions of Facilitating Emotions and Utilisation of Emotions. Rather than reflecting direct causal adaptation, these cross-sectional patterns suggest that caregivers may draw upon emotional competencies and coping strategies when managing ongoing caregiving responsibilities. These observations align conceptually with the frameworks proposed by Daniel Goleman (1995) and Mayer and Salovey (1997), which view EI as an evolving set of competencies involving the recognition, regulation, and functional application of emotions. Furthermore, the results correspond with prior exploratory literature indicating that navigating caregiving demands often coincides with the mobilisation of emotional coping resources (Vasilopoulou & Nisbet, 2016; Singh & Kaur, 2019).

Overall, demographic characteristics did not yield broad differences across composite EI scores. However, specific subscale variations emerged. The exploratory association between state of residence and Utilisation of Emotions ($p = .024$) suggests that local community environments and available support infrastructures may relate to how caregivers channel emotions constructively. In addition, caregivers of children with autism reported significantly higher Facilitating Emotions scores compared to those caring for children with other conditions ($p = .049$), while education level demonstrated a trend approaching significance ($p = .053$). Household income also revealed marginal trends, suggesting that socioeconomic security may alleviate ambient stressors and

facilitate emotional management. Because this study is cross-sectional, these findings represent baseline demographic associations rather than demonstrated causal trajectories.

Practical and Policy Implications

The observed demographic patterns provide exploratory insights for community support organizations, educators, and social welfare agencies. Although overall EI scores remained relatively stable across groups, subscale variations highlight areas where targeted assistance may be beneficial.

Socioeconomic Sensitivity. Caregivers with lower household incomes and lower formal education reported comparatively lower mean scores in emotional facilitation and management. Relevant agencies should prioritise accessible counselling resources, peer-mentoring, and practical support programs to reduce daily caregiving burdens among vulnerable socioeconomic groups.

Contextual and Regional Support. Variations between states suggest that community density, resource accessibility, and local support dynamics may play a role in caregiver functioning. Service providers are encouraged to tailor stress-alleviation initiatives to specific local and urban-rural realities rather than applying uniform programs.

Condition-Specific Considerations. The observed variation in Facilitating Emotions between diagnostic groups suggests that intervention frameworks should remain mindful of the unique behavioural and developmental profiles associated with different conditions.

Limitations and Direction for Further Research

Several methodological and contextual limitations should be considered when interpreting the findings of this study. First, the study employed a cross-sectional exploratory survey design, which precludes establishing causal relationships between demographic characteristics and emotional intelligence functioning, as well as tracking emotional adaptation over time. Longitudinal studies are recommended to observe how caregiver emotional competencies evolve throughout various developmental milestones of their child.

Second, data collection relied entirely on self-report questionnaires, which may introduce self-report subjectivity and social desirability bias, potentially contributing to the generally elevated EI scores observed across the sample. Incorporating multi-informant assessments, behavioural observations, or structured clinical interviews in future research could provide a more objective evaluation of caregiver emotional dynamics.

Third, the study utilised a relatively homogeneous sample comprising married Malay Muslim caregivers predominantly residing in urban centres within Melaka and Selangor. Consequently, the findings cannot be generalised to caregivers from broader ethnic, cultural, religious, or rural socioeconomic backgrounds across Malaysia where access to developmental support infrastructure may differ substantially. Future studies should deliberately recruit more ethnically and socioeconomically diverse cohorts to ensure wider representativeness.

Fourth, while the overall sample size was sufficient for exploratory subgroup comparisons, cell sizes for specific non-autism conditions (such as Down syndrome, dyslexia, and ADHD) were small, necessitating the collapsing of diagnoses into a binary category. Future investigations should adopt stratified sampling across distinct diagnostic categories to examine condition-specific emotional demands with greater statistical power.

Finally, the Facilitating Emotions dimension demonstrated marginal internal consistency ($\alpha = 0.601$), indicating that the measurement items for this specific subscale require further psychometric refinement and cross-cultural validation within the Malaysian setting. Addressing these dimensions alongside contextual variables such as parental stress, coping mechanisms, and formal support networks will provide a more comprehensive framework for supporting caregivers of children with developmental disorders.

CONCLUSION

In summary, this study provides exploratory baseline evidence regarding the emotional intelligence profile of caregivers of children with developmental disorders across two Malaysian states. Caregivers reported generally

elevated levels of EI, particularly in emotional facilitation and utilisation. While overall EI was consistent across most demographic factors, specific differences linked to regional location and child condition, alongside income trends, underscore that emotional functioning is situated within broader socioeconomic and environmental contexts. Rather than asserting causal effects, these findings highlight valuable avenues for tailored community support and offer a foundation for future longitudinal and intervention-based research.

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