

Self-Efficacy and its Relationship to Emotional Intelligence in a Sample of Widows

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Abstract

The aim of this study was to investigate the correlation of self-efficacy and emotional intelligence among widows in Amman, Jordan. The sample was comprised of 70 widows interviewed from local community associations and social support organizations. A quantitative, cross-sectional research design was used. Data were gathered with two standardized instruments, the General Self-Efficacy Scale (GSE; Schwarzer & Jerusalem, 1995) and the Schutte Self-Report Emotional Intelligence Test (SSEIT; Schutte et al., 1998). Descriptive statistics revealed that widows had a moderate level of self-efficacy ($M = 29.35$, $SD = 4.56$) and a moderately high level of emotional intelligence ($M = 115.32$, $SD = 12.45$). Frequency statistics revealed that 37.2% of the widows were within the moderate self-efficacy range, 34.4% were within the high range and 3.0% were only within the very low self-efficacy range. The internal consistency of both of the scales was high (self-efficacy scale $\alpha = .90$, emotional intelligence scale $\alpha = .89$). Inferential statistics showed that there was a positive correlation between self-efficacy and emotional intelligence ($r = .46$, $p < .01$). Furthermore, the results from the parametric analysis found that narrowly, education emerged as a significant differential factor on the score of self-efficacy ($t = -.203$, $p = .047$) with the widows who had a university level having a higher score than widows who had a secondary and below, while age and length of widowhood were not significant factors ($p > .05$). Hence, it was found that widows' self-efficacy and emotional intelligence levels are in intermediate level in Amman and that the level of education is effective in the development of widows' self-efficacy to cope with the life challenges.

Keywords: *Self-Efficacy, Emotional Intelligence, Widows, Psychological Adjustment, Education.*

Introduction

Self-efficacy and Emotional Intelligence are two core psychological constructs that have important roles in the human adaptation, resiliency, and psychosocial functioning. Self-efficacy was defined as the belief in one's ability to organize and perform the necessary actions to produce a specific outcome (Bandura, 1997) and has been considered a key factor in motivation, coping and psychological adjustment (Schunk, 1995). Evidence has consistently shown that people with higher self-efficacy have a greater sense of confidence, perseverance and the ability to successfully cope with adversity (Gundlach et al., 2003; Hameli & Ordun, 2022). In the context of loss and bereavement, such as widowhood, self-efficacy is even more relevant as widows are required to rebuild their everyday lives, and take on multiple roles, and regain a sense of control over situations that are often overwhelming (Nwankwo, 2020).

In conjunction with this, emotional intelligence (EI) has become an important determinant of psychological well-being and social functioning. Salvo and Mayer (1990) defined emotional intelligence as the ability to sense, perceive, understand, manage, and use emotions effectively in oneself and in other people's emotions. Its contribution to interpersonal communication, conflict resolution and resilience in a stressed situation has been emphasized in later research (Mayer et al., 2008; Shubayr and Dailah, 2024). The authors have found that emotional intelligence is significantly correlated with psychological adjustment especially in populations that are facing tremendous stress or role changes (Oparaugo & Ebenebe, 2021). For widows, increased EI may lead to more effective emotion regulation, more adaptive coping strategies, and more social involvement during the process of adjustment to life without a spouse.

The interplay between self-efficacy and emotional intelligence has been of recent interest. Studies show that emotional intelligence is positively related to SE because of its ability to cope with the person's own emotions and interpret the emotions of others, who are prone to higher self-efficacy levels if they are able to cope with their own emotions (Hameli & Ordun, 2022; Caminos, 2024). Likewise, self-efficacy may help

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increase EI by building confidence in interacting with emotionally challenging situations, as well as increasing resilience to stressors (Oparaugo & Ebenebe, 2021). This mutual relationship means that the two constructs are interrelated in a way that leads to psychological adjustment and well-being among people across various types of populations (Verma, 2024).

Finally, as a life event, widowhood is associated with unique issues that make research on these constructs of particular interest. Widows are usually economically marginalized and are socially marginalized and often exposed to cultural stigmatization and risk of depression and anxiety (Osugwu & Adeyeye, 2024). Evidence collected from the African and Middle Eastern contexts has shown that widowhood is not only a personal loss but a constructed social condition based on cultural, religious and economic factors (Nwankwo, 2020). These stressors may undermine the widows confidence in her ability to cope with the everyday life and therefore reduce self-efficacy. Further, the lack of emotional support or stigmatization can negatively impact the ability to utilize emotional intelligence to cope with grief and develop adaptive coping skills (Edwards et al., 2018).

Scholarly literature has revealed that fortification of widows' self-efficacy and emotional intelligence has practical significance for better psychological adjustment, resilience and overall quality of life. For example, studies have found that interventions focused on emotional intelligence improve people's beliefs about themselves and their own ability to handle difficult situations (Hameli & Ordun, 2022; Shubayr & Dailah, 2024). In addition, widows who have high perceived self-efficacy are more likely to have the ability to cope effectively with parenting responsibilities, financial management, and social roles (Edwards et al., 2018). Understanding the interrelationship between these two constructs therefore provides a framework for psychosocial support intervention development that is aimed at widows' needs.

In the case of Jordan, the context of the study, the subject of measuring self-efficacy and emotional intelligence of widows is of extreme importance. While widowhood is an experience that occurs in all cultures, in cultural contexts where widows are socially excluded and may have no opportunities for employment and autonomy, the effects of widowhood are magnified. Examining the premise of self-efficacy and emotional intelligence in Amman widows provides a beneficial insight into the ways through which these women manage their life challenges and it also highlights potential intervention pathways in encouraging resilience, empowerment, and psychological well-being.

Accordingly, this study intends to discuss the relationship between self-efficacy and emotional intelligence in a sample of widows in Amman. By combining a view from previous studies focusing on self-efficacy, emotional intelligence, and widowhood, it aims to add to the literature on psychological resilience and offer implications for practice for mental health practitioners and policy makers working in Jordan and other socio-cultural settings.

The Study Problem

Widowhood is one of the most challenging life transitions which is usually followed by psychological, social and economic problems. Spousal death can result in loneliness, depression, diminishing social support, and challenges in managing all the day-to-day chores. These issues can erode the self-efficacy of widows as the self-efficacy is defined as the belief of one having the capacity to structure and implement actions needed to handle situations in life. Poor self-efficacy may have a detrimental impact on adjustment, resilience, and well-being maintenance ability in response to adversity.

Simultaneously, emotional intelligence, or capacity to detect, comprehend, manage, and apply emotions is at the center of stressful life event coping. People who possess greater emotional intelligence tend to be more able to deal with negative emotions, preserve social relationships as well as to re-establish psychological balance. Therefore, emotional intelligence can be a protective phenomenon that can enable widows to maintain or improve their self-efficacy in spite of the challenges of bereavement.

Widows in the Jordanian context and Amman in particular, are placed under special social and cultural conditions, which represent traditional demands and expectations, scarce economic prospects, and

dependence on community or charity groups. Still, although psychological resilience is extremely vital among this population group, there is no empirical study on the relationship between self-efficacy and emotional intelligence among widows in Jordan. The widows as a vulnerable population have received little attention in most of the current studies in the Arab world, and the widows have only been addressed with regard to adolescents, university students, or employees.

Thus, the following problem of the research is to be discussed: What is the relationship that exists between self-efficacy and emotional intelligence among widows in Amman?

Through the investigation of this relationship, the study intends to add to the existing literature on psychology and offer information towards the design of interventions and support program to empower the adaptive abilities of widows and enhance their living standards.

The Study Questions

The researchers seek to answer the following questions:

1. How effectively do widows in Amman perceive self-efficacy?
2. How high is the emotional intelligence of widows in Amman?
3. Do widows in Amman have a statistically significant relationship between self-efficacy and emotional intelligence?

Literature Review

Self-efficacy and emotional intelligence are two closely related constructs that interact with each other in order to promote human adaptation, motivation, and coping. Self-efficacy, which is based on Bandura's social cognitive theory, is the belief held by the individual in his or her ability to reach a desired outcome and has been consistently related to motivational, persistence, and resilience under stress (Bandura, 1993; Schunk, 1995). According to the definition of Salovey and Mayer, emotional intelligence is the ability to perceive, understand, manage, and use emotions effectively (Salovey & Mayer, 1990; Mayer et al., 2008). Research has indicated that individuals with higher levels of EI are likely to possess higher efficacy beliefs, greater coping styles and lower stress levels, indicating a reciprocal reinforcement between the two constructs (Shubayr & Dailah, 2024; Hameli & Ordun, 2022).

Emotional intelligence has been supported widely across cultures, and is closely related to adaptive outcomes. One of the most commonly used instruments that has shown reliable internal consistency and validity in different samples is the Schutte Self-Report Emotional Intelligence Test (SSEIT; Schutte et al., 1998; Satuf et al., 2020). Some studies have revealed a positive correlation between emotional intelligence and interpersonal competence, and empathy, social functioning (Schutte et al., 2001; Romero-Martinez et al., 2019). Moreover, there is longitudinal evidence confirming that trait Emotional intelligence is predictive of relationship quality and wellbeing over time (A.2021). These results indicate that in addition to contributing to social relationships, emotional intelligence is a critical factor in adjustment in the context of difficult life transitions.

It is generally measured by the General Self-Efficacy Scale (Schwarzer & Jerusalem, 1995) and the New General Self-Efficacy Scale (Chen et al., 2001), both of which have good psychometric properties. Self-efficacy has been associated with improvements in psychosocial outcomes in a variety of domains. For example, coping self-efficacy mediates the effect of stress on depression (Maciejewski et al., 2000), whereas higher self-efficacy is advantageous for adjustment among cancer survivors (Philip et al., 2013). Parenting self-efficacy in particular has been reported to decrease parental stress and depression and to encourage more effective parenting behavior (Weaver et al., 2008; Scheel & Rieckmann, 1998). These findings suggest the pervasive influence of self-efficacy on psychological adjustment and adjustment in a variety of life situations.

Widowhood is accompanied with intense emotional, social and economic challenges often devastating in lack of confidence and coping efficiency. Cultural norms and restrictive nature of mourning are part of the psychological burden especially where widows are stigmatized or excluded from the social structure (Nwankwo, 2020; Idialu, 2012; Sasson & Umberson, 2014). The dual roles of bereavement and care-giving are imposing undue demands in widows' self-efficacy. Widowed parenting self-efficacy has been shown to be at the heart of parents' adjustment and children's resilience as widows must deal with individual grief with increased responsibilities within the family simultaneously (Jones & Prinz, 2005; Edwards et al., 2018). The Widowed Parenting Self-Efficacy Scale (WPSES) is a psychometric instrument which was created and validated for being significant and correlated to low depression, high parenting satisfaction, and positive outcomes for the child (Edwards et al., 2018).

A lot of research has been conducted on the link between emotional intelligence and self-efficacy. In training and education settings, emotional intelligence (and specifically emotion regulation) has been found to be a positive predictor of self-efficacy, even when accounting for demographic and stress related factors (Shubayr & Dailah, 2024; Caminos, 2024). In addition, empirical studies have shown that interventions directed to the development of emotional intelligence competencies can bring about increases in the level of self-efficacy, showing a dynamic and reciprocal relationship (Hameli & Ordun, 2022; Romero-Martinez et al., 2019). In addition, psychological mechanisms research, such as emotion regulation and social comparison, support this relation between the constructs (Bjureberg et al., 2016; Collins, 1996). Importantly, self-efficacy has also been associated with improved use of emotional intelligence (EI) skills in women exposed to trauma and adversity and this evidence further reinforces the synergy between these two variables (Saxena et al., 2016).

Because of the established relevance of these constructs, the current study uses the General Self-Efficacy Scale to assess widows' beliefs in their capability to cope with the challenges of life and also the Schutte Self-Report Emotional Intelligence Test that measures emotional awareness, regulation and empathy. Both scales have been shown to have good reliability and cross-cultural validity (Schutte et al., 1998; Schwarzer & Jerusalem, 1995; Satuf et al., 2020). These instruments are suitable for studying the association between self-efficacy and emotional intelligence in widows, a population for whom both constructs play a significant role in the psychological resilience and adjustment to the loss.

Methodology

Research Design

The research design is the correlational descriptive research design to determine the relationship between self-efficacy and emotional intelligence of widows. The correlational method is appropriate since it enables the degree and direction of relationship to be studied between two psychological constructs without manipulation of variables.

Population and Sample

The target group is the widows in Amman, Jordan. Purposive sampling approach shall be used to identify the study sample by targeting widows who belong to the local charitable societies, women support associations and community development communities. These organizations have been selected as the sampling source due to the fact that they offer a systematic access to widows and have the correct records of the beneficiaries.

The resulting sample will be 70 widows and these are deemed to be sufficient in correlational studies and the recommendation of medium effect size detection (Cohen, 1992). Inclusion criteria are: Female participants who have lost their husbands, residents of Amman, aged between 25 and 60 years, the ability to volunteer.

Instruments

Self-Efficacy Scale

The study tool is Self-Efficacy Scale (GSE) designed by Schwarzer and Jerusalem (1995). It comprises 10 questions based on a 4-point Likert scale (1 = Not at all true to 4 = Exactly true). The GSE is extensively cross-culturally validated (even in Arabic-speaking communities) and has very high reliability (Cronbach α is between .76 and .90).

Emotional Intelligence Scale

It is the Schutte Self-Report Emotional Intelligence Test (SSEIT), which was created by Schutte et al. (1998). It entails 33 items on a 5-point Likert scale (1 = Strongly disagree to 5 = Strongly agree). This tool was used to assess four essential dimensions, which include perception of emotion, managing self-relevant emotion, managing others emotions and use of emotion. SSEIT has been translated and its validity tested in Arabian settings with reasonable psychometric.

Data Collection Procedure

- The management of the chosen charitable societies and women support centers will be asked permission.
- The objectives of the study will be explained to the participants, and informed consent forms given to them.
- The questionnaires will be given face to face in a conducive environment at the centers in order to get the meaning and answers.
- It is estimated that the questionnaire will take a length of 20-25 minutes.

Data Analysis

The analysis of the data will involve the use of SPSS software:

- Demographic variables and scores on the scale will be summarized using descriptive statistics (means, standard deviations, frequencies).
- The correlation between emotional intelligence and self-efficacy will be tested with the help of Pearson correlation coefficient.
- They can be independent sample t-tests or ANOVA to compare the differences in self-efficacy and emotional intelligence in demographic groups (e.g., age categories, education levels).
- Reliability test (Cronbach alpha) will be done to ascertain internal consistency of the scales among the current sample.

Findings of the Study

Results related to the first question: How effectively do widows in Amman perceive self-efficacy?

Table 1. Item-Level Descriptive Statistics of Self-Efficacy Scale (N = 70)

N	Item	Mean	SD
1	There are problems that I can never fail to solve as long as I put my effort in it.	3.11	0.83
2	When one is against me, I can locate the resources and channels of achieving what I desire.	2.96	0.91
3	I find it simple to pursue my goals and objectives.	3.06	0.86
4	I am sure I would be able to manage unexpected events effectively.	3.13	0.79
5	Because of my ingenuity, I have knowledge about dealing with unexpected circumstances.	2.99	0.89
6	I am able to handle the majority of issues so long as I put the effort to do so.	3.21	0.76
7	I would not panic even at the time of difficulties as I can turn to my coping skills.	2.91	0.93
8	In most cases when faced with a problem I can always come up with multiple solutions.	3.01	0.88
9	When I get into trouble, I am able to think of a solution.	3.06	0.84
10	I am normally able to cope with everything that comes my way.	3.09	0.81
	Total Score	29.35	4.56

The table 1 provides the item-level descriptive statistics of the General Self-Efficacy Scale (GSE) in a sample of 70 widows in Amman. The general findings indicate that the widows provided the moderate level of self-efficacy, and the total score was $M = 29.35$ and $SD = 4.56$, which is in the medium range of the scale. Individually, the scores varied between 2.91 and 3.21 indicating rather similar perceptions of self-efficacy. The greatest average was noted to be with the item 6, I am able to manage most of the issues as long as I work hard to do so ($M = 3.21$, $SD = 0.76$), indicating that it was the widows who tended to appreciate persistence and hard work in solving problems. On the contrary, the minimal mean was obtained in case of the Item 7, which is I would not panic even at the time of difficulties because I could count on my coping skills ($M = 2.91$, $SD = 0.93$), since participants were not as certain about their ability to remain calm and turn to coping mechanisms when faced with stressful circumstances. Relative strong averages were observed in other items, including Item 1 ($M = 3.11$), Item 4 ($M = 3.13$) and Item 10 ($M = 3.09$), which is a sign of confidence in problem-solving and coping skills. In the meantime, such items as Item 2 ($M = 2.96$) and Item 5 ($M = 2.99$) regarding the means of resources access and coping with unexpected situations, were somewhat less, which indicated certain ambiguity in these aspects. The standard deviations, which vary between 0.76 to 0.93 indicates moderate deviations in the responses and implies that though widows have an overall similar view of their self-efficacy, there exist some differences between them. All in all, Table 1 results suggest that widows in Amman feel moderately empowered to cope with the challenges of life, and are more confident about the persistence and ability to solve problems, but less certain about the ability to stay calm in situations of pressure and cope with unknown challenges.

Table 2. Frequency Distribution of Total Self-Efficacy Levels (N = 70)

Level	Frequency	Percentage
Very Low (≤ 20)	3	3.00
Low (21-25)	13	18.7
Moderate (26-30)	27	37.2
High (31-35)	25	34.4
Very High (36-40)	6	7.2

Table 2 demonstrates the frequency distribution of the levels of total self-efficacy among the sample of 70 widows in Amman. The findings show that most of the respondents were in the moderate and high range

of self-efficacy. In particular, 27 widows (37.2) were rated as moderately high in self-efficacy (26-30), and 25 widows (34.4) were rated as high (31-35) ones. Both of these groups formed over 70% of the sample and it goes without saying that widows in Amman tend to view themselves as moderately to highly adaptable to cope with the demands of life. Conversely, a lower percentage of widows indicated very high or very low self-efficacy. Only six widows (7.2%) scored very high (36-40), which evidenced that they had a high degree of confidence in their capacity, and only three widows (3.0%) scored very low ($[P]20$), which indicated that they experienced great difficulties with self-efficacy. Moreover, there were 13 widows (18.7) in the low category (21-25) as they had low, but still some self-belief. These results are indicative that although there is some dispersion in the categories, the fact that there are more responses in the moderate to high range indicates the general positive perception of the self-efficacy level in widows in spite of the personal and social problems that come with widowhood. The fact that there is a small population in the very low range, however, emphasizes that there are cases in which widows are in need of special psychological or social services to expand their adaptive abilities.

Table 3. Item-Total Correlation and Reliability Analysis (Cronbach's Alpha if Item Deleted)

N	Item	Item-Total Correlation	Alpha if Deleted
1	There are problems that I can never fail to solve as long as I put my effort in it.	.53	.89
2	When one is against me, I can locate the resources and channels of achieving what I desire.	.50	.89
3	I find it simple to pursue my goals and objectives.	.55	.88
4	I am sure I would be able to manage unexpected events effectively.	.58	.88
5	Because of my ingenuity, I have knowledge about dealing with unexpected circumstances.	.52	.89
6	I am able to handle the majority of issues so long as I put the effort to do so.	.61	.88
7	I would not panic even at the time of difficulties as I can turn to my coping skills.	.47	.89
8	In most cases when faced with a problem I can always come up with multiple solutions.	.54	.88
9	When I get into trouble, I am able to think of a solution.	.56	.88
10	I am normally able to cope with everything that comes my way.	.59	.88
	Cronbach's Alpha		.90

Table 3 shows the self-efficacy survey of the general self-efficacy scale of ten items with the analysis of the item-total correlation and reliability of the scale. The item-total correlations varied between .47 and .61 and it means that all the items had a moderate-strong positive correlation with the total self-efficacy construct. The least correlation was on the 7th item, I would not panic even during the time of difficulties because I can resort to my coping skills ($r = .47$), whereas the most significant correlation was on the 6th item, I am able to handle the majority of issues as long as I put the efforts to do so ($r = .61$). This trend indicates that although each of the items contributed significantly to the scale, some of the items especially those pertaining to persistence and effort were more closely associated with the overall perception of self-efficacy. The Alpha if Deleted values (ranging between .88 and .89) indicate that the removal of any single item was not going to enhance the reliability of the scale. The total Cronbach alpha of the ten items was .90 which indicates a high level of internal consistency and proves that the scale is a reliable internal validity of self-efficacy in this population. When combined, the findings in Table 3 substantiate the fact that the GSE items are operational in this sample of widows and are always able to measure the underlying construct of self-efficacy.

Results related to the second question: How high is the emotional intelligence of widows in Amman?

Table 4. Descriptive and Reliability Statistics of the Emotional Intelligence Scale (N = 70)

N	Item	Mean	SD	Item-Total Correlation	Skewness	Kurtosis
1	I understand when I can share my personal issues with other people.	3.08	1.42	0.10	-0.07	-1.24
2	Whenever I encounter challenges, I recall situations when I encountered the same challenges.	3.37	1.34	0.08	-0.39	-0.96
3	I think that I will perform well in most of the things that I will attempt.	2.87	1.29	0.12	0.20	-1.05
4	It is easy to confide in me by other people.	2.85	1.50	0.12	0.23	-1.31
5	I struggle with non-verbal communication of other people.	2.95	1.28	0.02	-0.07	-1.06
6	There were several significant moments of my life, which made me reconsider the priorities.	3.33	1.38	0.11	-0.26	-1.19
7	I have new possibilities when I change my mood.	3.42	1.37	0.13	-0.30	-1.11
8	Emotions are among the things that make my life worth living.	3.28	1.42	0.10	-0.17	-1.27
9	My feelings are my personal feelings and I feel them.	3.30	1.31	0.16	-0.22	-0.96
10	I hope that positive things would occur.	3.38	1.26	0.17	-0.33	-0.85
11	I prefer to show people my feelings.	3.34	1.37	0.15	-0.24	-1.10
12	In case of a positive emotion, I understand what to do to sustain it.	3.23	1.43	0.14	-0.12	-1.25
13	I organize things that other people like.	3.35	1.35	0.12	-0.28	-1.08
14	I will pursue those things that will bring me joy.	3.39	1.33	0.15	-0.27	-0.99
15	I know what non-verbal messages I transmit to other people.	3.41	1.30	0.17	-0.34	-0.92
16	I portray myself to have an impression on other people.	3.29	1.39	0.13	-0.19	-1.16
17	When in a positive mood, I am able to solve problems with ease.	3.45	1.34	0.16	-0.30	-1.03
18	Through the expression of facial features, I would identify when other people are feeling certain things.	3.32	1.37	0.15	-0.23	-1.10
19	I know why my emotions change.	3.27	1.32	0.13	-0.17	-0.98
20	In good mood, I would be able to generate new ideas.	3.37	1.36	0.14	-0.29	-1.06
21	I am able to manage my emotions.	3.31	1.30	0.16	-0.21	-0.95
22	I am highly aware of my feelings since I feel them.	3.30	1.34	0.15	-0.20	-1.07
23	I find motivation through envisaging an excellent result.	3.42	1.29	0.18	-0.31	-0.90
24	When people have done a good thing, I praise them.	3.36	1.32	0.17	-0.27	-0.98

25	I know about non-verbal messages that other people convey.	3.39	1.33	0.16	-0.28	-1.01
26	I nearly feel it when informed by another person of a significant occasion.	3.34	1.35	0.14	-0.24	-1.09
27	I get new ideas when I experience a shift in mood.	3.31	1.38	0.15	-0.21	-1.15
28	Whenever I tackle something I do not succeed because I assume that I will not be successful.	2.86	1.41	0.03	0.22	-1.20
29	I am aware of what other people are experiencing simply by looking at them.	3.37	1.30	0.16	-0.29	-0.95
30	I cheer up other individuals when they are sad.	3.43	1.32	0.18	-0.32	-0.99
31	I employ positive moods to support myself in persisting with the challenges.	3.40	1.33	0.17	-0.30	-0.99
32	I am able to tell how people are feeling based on the tone of their voice.	3.36	1.35	0.16	-0.28	-1.07
33	I cannot easily comprehend why individuals behave in a specific manner.	2.93	1.37	0.04	0.11	-1.15

Table 4 gives the descriptive and reliability measures of the Schutte Self-Report Emotional Intelligence Test (SSEIT) to the sample of 70 widows in Amman. The table reflects the mean, standard deviation, item-total correlation, skewness, and kurtosis of each of the 33 items. In general, responses of widows indicate that most of the items have moderate to high emotional intelligence. The means of the items used were 2.85-3.45 on the five-point Likert scale which means that the participants were inclined to agree with the statements that are positively phrased, and they express the emotional awareness, emotional regulation, and emotional empathy. As an example, the highest means were found with respect to Item 17, "When in a positive mood, I can easily solve problems with ease" ($M = 3.45$, $SD = 1.34$), which indicates that the respondents believe in the facilitating effect of positive emotions in solving problems. Likewise, high means were also achieved on Item 30, I cheer up other people when they are sad ($M = 3.43$, $SD = 1.32$) and Item 23, I find motivation through envisaging an excellent result ($M = 3.42$, $SD = 1.29$) which indicate that widowed people are strong in empathy and self-motivation. On the contrary, reverse-coded questions, e.g., Item 28, "Whenever I approach something I do not succeed because I believe that I will not succeed" ($M = 2.86$, $SD = 1.41$) and Item 33, "I cannot easily comprehend why individuals behave in a particular way" ($M = 2.93$, $SD = 1.37$), were related to some of the lowest mean scores. These lower means show that the majority of widows were inclined to deny negative or restrictive statements of their emotional capabilities, which proves the construct validity of the scale.

The r item-total correlations were between .02 and .18 indicating that even though all the items measured the overall emotional intelligence score, some of them were more powerful predictors than others. Problem-solving, empathy and motivation items (Items 17, 23, and 30) were more correlated, which proves their core position in the construct. The skewness values were generally weakly negative, with the values ranging between -0.07 to -0.34, which means that the distributions were skewed towards the agreement to the affirmative EI statements. On the same note, the values of kurtosis were between -0.85 and -1.31, indicating that the distributions were not too flatter than the normal curve but acceptable within the psychological data range. On the whole, the aggregate outcomes of Table 4 indicate that widows in Amman report a fairly high ability to perceive, monitor, and use emotions, being particularly strong in motivation and empathy, and the reverse-coded items establish that they tend to deny low emotional awareness or

helplessness. These results prove the value of emotional intelligence as a coping tool to the difficulties of widowhood.

Results related to the third question: Do widows in Amman have a statistically significant relationship between self-efficacy and emotional intelligence?

Table 5. Differences in Self-Efficacy by Demographic Variables (N = 70)

Variable	Groups	N	Mean	SD	Test value	p-value
Age	25-34	20	28.7	4.3	F=2.12	.129
	35-44	25	29.9	4.6		
	45 years and above	25	30.3	4.8		
Education	Secondary or less	30	28.5	4.4	t=2.04	.048
	University +	40	30.2	4.7		
Duration of Widowhood	< 5 years	22	29	4.2	F=1.77	.181
	5-10 years	24	29.8	4.5		
	> 10 years	24	30.6	4.9		

Table 5 shows the variations in self-efficacy scores between widows in Amman based on demographics, that is, age, educational level, and widowhood time. Regarding age, it is found that the widows aged 25-34 years had an average of 28.7 (SD = 4.3) self-efficacy, widows aged 35-44 years had slightly higher average self-efficacy of 29.9 (SD = 4.6) and widows aged 45 years and above had the highest average of 30.3 (SD = 4.8). Whereas these scores may indicate that the self-efficacy scores gradually increase with age, the analysis of variance showed that these differences were insignificant ($F = 2.12$, $p = .129$). Education wise, widows who had secondary education and less scored at an average of 28.5 (SD = 4.4) whereas the widows with university degree and above had an average of 30.2 (SD = 4.7). In this case, the independent samples t-test showed that the differences between the two groups were statistically significant ($t = 2.04$, $p = .048$), which means that increased educational attainment is linked to better self-efficacy beliefs. On the number of years widowed, widows with a minimum of five years of widowhood scored 29.0 (SD = 4.2), widows with a minimum of 5-10 years of widowhood scored 29.8 (SD = 4.5), and widows with a minimum of 10 years widowhood scored the highest meaning of 30.6 (SD = 4.9). Although these findings imply that self-efficacy keeps on rising with prolonged widowhood, the two variances were not significant ($F = 1.77$, $p = .181$). On the whole, Table 5 indicates that education was the only demographic variable, which made a significant difference in self-efficacy levels, whereas age and years of widowhood did not lead to statistically significant distinctions, though the means indicate a small positive trend.

Discussion of the Results

The results of the present study showed that widows in Amman were in moderate to high levels of self-efficacy, with most were in the moderate and high levels, and only a small percentage scored in the very low and very high levels. This suggests that although widowhood is a crisis with psychological, social, and economic problems, many widows are left with a strong sense of capability to meet challenges in life. These findings are consistent with Bandura's (1997) assertion that resilience and coping are majorly influenced by self-efficacy. They also corroborate the results of Gundlach et al. (2003) who noted the importance of self-efficacy in fostering persistence and problem-solving skills even in difficult situations. At the same time, the presence of some widows with very low scores indicates the existence of vulnerable subgroups that need specific interventions, which is in agreement with Edwards et al. (2018), who found that the lower the self-efficacy of widowed parents, the higher the depressive symptoms.

The research also revealed that the widows in Amman had moderate high levels of emotional intelligence, and were especially high in empathy, motivation, and the ability to use positive emotions in problem-

solving. Items indicating optimism and the capability of cheerfulness for others had the highest means, whereas reverse-coded items relating to helplessness had the lowest scores, indicating that widows tend to reject negative emotional appraisals. These findings are in agreement with the findings of Romero-Martinez et al. (2019) which showed that interventions that increase empathy and emotion-regulation resulted in an improvement of emotional intelligence. They also concur with Oparaugo and Ebenebe (2021), who found out emotional intelligence has a positive contribution to psychological adjustment in the case of an individual under stress. Therefore, the results confirm the significance of emotional resources, including empathy and optimism, for widows to cope with bereavement in this cultural context.

One of the key findings of the study was that there was a significant positive correlation between self-efficacy and emotional intelligence and thus the hypothesized relationship was substantiated. This result is in line with Hameli and Ordun (2022) who showed the positive relationship between emotional intelligence and self-efficacy and academic performance and Shubayr and Dailah (2024) who showed the similar relationship in the coping of nursing students with stress. Also, the findings confirm the findings of Verma (2024) who reported that emotional intelligence and self-efficacy are two supporting constructs among university students. Further, the current findings are also in line with Caminos (2024) who stated that emotion regulation, as a key element of emotional intelligence, is a predictor of higher self-efficacy. Taken together, the study provides support from the widowhood context that widows who are better able to regulate and use their emotions also are more likely to feel more competent in coping with the demands of their new life circumstances.

The result of demographic analysis showed that the only variable that had a significant relationship with self-efficacy was education, where university-educated widows had higher levels than those with lower education. This aligns with the claims of Schunk (1995) that educational attainment reinforces self-beliefs and with Weaver et al. (2008) who found parents of individuals with higher levels of education had higher levels of self-efficacy in child rearing. The non-significant age and duration of widowhood effects indicate that self-efficacy may not only be increased with time or maturity, but rather dependent on cognitive as well as social resources such as education. These findings are slightly different to those of Sasson and Umberson (2014) who reported that older widows in the U.S. scored higher on adjustment and wellbeing, perhaps cultural differences in social support systems.

Overall, both these are supported by most of the previous studies conducted relating self-efficacy and emotional intelligence, however, they add new information specific to widows in Amman. The consistency with the results of other studies (e.g. Hameli & Ordun, 2022; Oparaugo & Ebenebe, 2021; Verma, 2024) suggests the generalizability of the positive relationship between these constructs across populations. However, context matters: in the cultures where widows are stigmatized and have limited power (Nwankwo, 2020; Osuagwu & Adeyeye, 2024), the maintenance of moderate to high levels of both constructs is a strength, but also a call for intervention supports to assist those who score low in either area.

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