

# QUALITY OF CARE STARTS WITH CAREGIVERS – EXPLORING EMOTIONAL INTELLIGENCE IN GERIATRIC SETTINGS

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**Abstract:** *This study explores the relationship between emotional intelligence, work commitment, and quality of life among caregivers in geriatric institutions. It investigates whether emotional intelligence and commitment impact caregivers' well-being and the quality of care they provide. The research highlights the unique emotional challenges these caregivers face and proposes an educational intervention model to enhance emotional intelligence and foster psychological resilience. By addressing caregivers' emotional and psychological needs, the study aims to improve both their well-being and the quality of care for elderly residents in geriatric settings.*

**Keywords:** *Emotional Intelligence; Commitment, Quality of Life, Caregivers, Geriatric Institutions*

## **Introduction**

The therapeutic encounter is a dynamic and multifaceted interaction between individuals, encompassing emotions, thoughts, values, and life experiences (Bar-Tor, 2005). Each therapeutic experience is unique, and shaped by the specific individuals and circumstances involved (Lundgren & Berg, 2011). In Israel, therapists come from diverse professional backgrounds, including physicians, nurses, psychologists, and other healthcare providers (Ministry of Health, 1996). The primary objectives of therapy are to ensure safety, promote health, and prevent harm, aligning with the World Health Organization's (WHO) commitment to delivering high-quality care (WHO, 2016). Furthermore, health is recognized as a fundamental human right (WHO, 1948).

Treating the elderly involves emotional skills and professional competence (Kasper & Hartig, 2016). However, research on empathy and emotions in therapeutic relationships with the elderly has been limited. Psychology has traditionally focused on early childhood and adolescence, neglecting the needs of the elderly. Encounters between therapists and the elderly can be challenging for both parties.

Understanding the aging process is crucial for everyone (Gatot, 2014). Gerontologists believe that psychology should focus more on aging to promote positive thinking and well-being in

later life. Aging is a natural stage, not a failure. While psychosocial theories of aging address various aspects, they lack clear guidance on providing quality care for the elderly.

The research proposes a unique theoretical framework to address the challenges of role transitions, emotional regulation, and providing compassionate care for the elderly. It emphasizes the importance of emotional intelligence in caregiving. The research question is: Is there a relationship between emotional intelligence, work commitment, and quality of life among caregivers in geriatric institutions?

The aim of this research is to raise awareness among young people and healthcare professionals about the importance of emotional intelligence in caring for the elderly. This will be achieved through educational programs and training courses in academic and healthcare settings.

## **Geriatric Institutions in Israel and Worldwide**

A nursing institution is described as a home (Tuckett et al., 2009), providing residence, care, and various services under one roof by a multi-disciplinary team. The entitlement for placement in such institutions is determined by assessing the patient's functional, medical, social, and cognitive condition (The Strength of the Institutions for Long-Term Care, 2021). Care in these institutions has shifted towards a more home-like environment, emphasizing quality of life, problem-solving, and innovative care (Adel-Goodstein et al., 2015).

Israel, a culturally diverse country, established geriatric institutions to provide dignity and safety to an excluded population, fulfilling religious principles of honouring parents in Judaism, Islam, and Christianity (The Strength of the Institutions for Long-Term Care, 2021). The importance of providing security, dignity, and devoted care in the final years of life is emphasized for both the elderly and their families.

## **Geriatric Institution Types**

In Israel, there are various types of geriatric living institutions:

- **Assisted Living and Homes for the Aged:** Supervised by the Ministry of Welfare and Social Services, these are for independently functioning elderly who want to live in a community setting with various services.
- **Assisted Living Clusters:** Supervised by the Ministry of Welfare and the Ministry of Immigration and Absorption, these are for elderly who don't own an apartment and rely on pensions and allowances.

- **Geriatric Hospitals:** Supervised by the Ministry of Health, these are medical institutions for individuals requiring nursing care.
- **Homes for the Aged:** Supervised by the Ministry of Welfare, these provide housing and services for independent but physically frail elderly.

### **Wings in Geriatric Institutions**

Geriatric institutions have different wings, including long-term care, nursing, mentally frail, and active geriatric care wings. The Ministry of Welfare and Social Services runs community structures to assist the elderly, while the Ministry of Social Equality addresses active aging, rights, and employment.

### **Geriatric Institutions: Procedures, Structures, and Characteristics**

In Israel, there are numerous geriatric institutions supervised by the Ministry of Health and the Ministry of Welfare (State Comptroller of Israel, 2021). The management of these institutions is complex and influenced by various factors, with no single ideal model (The Strength of the Institutions for Long-Term Care, 2021). The Ministry of Health has not established a position on changes in homes for the aged construction, but procedural changes are ongoing (State Comptroller of Israel, 2021).

The increasing aging population poses challenges due to longer life expectancy and varying levels of dependence and frailty (Prilotsky et al., 2015). Caregiving in geriatric institutions focuses on providing basic needs, recreational activities, and a supportive environment (Bar-Tor, 2005).

### **Geriatric Health Institutions: Problems and Their Implications**

Geriatric institutions often face negative stigma, associated with loss of autonomy and the final chapter of life (Prilotsky et al., 2015). The institutional setting may limit freedom of choice and disrupt daily routines (Bar-Tor, 2005). However, research has also identified positive aspects of living in such institutions, emphasizing the need for further exploration of these positive experiences. Long-term geriatric institutions facilitate the evolution of a caregiving culture, promoting humane and compassionate care (Prilotsky et al., 2015).

## **Elderly Care**

### **Elderly Care and Its Characteristics**

Aging consists of various aspects associated with the great variance among people. This variance in aging and its pace depends upon many factors; past, present, the individual and her or

his environment. Yet the typical image that is deeply ingrained in us all is the image of the frail, helpless elderly. Other than the multitude of losses and declined functioning (Bar-Tor, 2005), several nurses provided a positive tone regarding treating the elderlies, emphasizing their understanding of their work and the caregiving's ideal, where the patient is at the core of their work, their view of working with the patient, and the moral component thereof (Tuckett, Hughes, Gilmour, Hegney, & Huntington, 2009).

Thus, treating the elderly involves the caregiver-patient interaction, where two parties are involved, with their emotions, thoughts, prejudice, values and life experiences, yielding a relationship between the caregiving systems (Bar-Tor, 2005). The need to receive and give caregiving may occur at many different times, between different people, in a variety of situations (Lundgren & Berg, 2011).

In light of the above, caregiving occurs due to the purpose of maintaining another individual's health and safety, as well as to prevent damage (Kohen, 2020). Health services worldwide strive to provide care to those who are sick, and assist them in maintaining their health afterward. Those services put rigorously to provide a safe, high-quality caregiving (World Health Organization, 2016).

Plus, the purposes of treating the ageing population are, in fact, to assist people throughout ageing to maintain optimal control over themselves and their lives, emphasizing autonomy, independent and self-respect (Bar-Tor, 2005), caring (Tuckett, Hughes, Gilmour, Hegney, & Huntington, 2009). With ageing, the risk of losses and declined functioning grows. Hence, the task of caregiving becomes even harder. Therefore, the coping and survival modes the individual has developed through the years are to be explored, as well as her or his decision-making patterns, determining whether they suit the contemporary circumstances, or a re-organization of functioning and defense mechanism is necessary, in order to attain rehabilitation and compensate for the losses. Because of the great variance in elderlies' physical, emotional and mental condition, as opposed to youth's, the caregiving purposes that are unique to each patient will be different, depending upon the individual and his life's special circumstances. The goal setting is to develop while establishing a relationship with the patient, while adapting and clarification of expectation as for the course of sessions and their outcome (Bar-Tor, 2005).

Plus, benefitting the most optimal health attainable is one of basic human rights, regardless of race, religion, political views, economic or social status (World Health Organization, 1948). The Israeli ethical code emphasized the equality and fairness clauses, stating that each patient is entitled to caregiving with no age discrimination namely, to provide caregiving in an equal manner to all ages, including the elderly patients (The Histadrut of Nurses and Brothers in Israel, 2018). Treating the elderlies living at an institutional structure is to be provided with the proper attitude; attention,

empathy and caring, since most elderlies come to the caregiving while undergoing crisis throughout the ageing process, and in relation to old age (Bar-Tor, 2005). Decent care means that the elderly is at the center of caregiving (Tuckett, Hughes, Gilmour, Hegney, & Huntington, 2009).

It is important that health services for elderlies be sufficiently available in terms of skilled manpower. Also, the government should provide training facilities, out of concern with the quality of caregiving provided by the staff caring for elderlies (Tuckett, Hughes, Gilmour, Hegney, & Huntington, 2009). As opposed to treating young patients, there is little emphasis on the development in treating the older adult. Plus, as for cognitive development and understanding intelligence, it appears that an individual reaches the climax in terms of intellectual ability in adulthood. Thus, ageing is but a deterioration and diminishing process. Some elderly patients feel the need to give the young caregiver advices, care for him, as a way of gaining control or maintaining their standing or identity. All that may result in getting carried away and loss of control on part of the young caregiver, who views the therapeutic encounter a framework to fulfill his unconscious needs (Bar-Tor, 2005).

Consequently, work environment's quality is important in manpower recruitment, training, retention and planning (Tuckett, Hughes, Gilmour, Hegney, & Huntington, 2009). Plus, the development of exact sciences, and standardization of technology, as well as the difficulty to emotionally and ethically adapt to them result in a discordance, rendering old age to anachronism which would rather be totally ignored. Hence, lack of knowledge and ignorance intensify the fear of the unknown, yielding of prejudice, discrimination and even ageism, meaning hatred of the elderly merely because of his old age. This phenomenon also occurs among some of the elderlies themselves and even some of their caregivers, both focus solely on the forlorn side of old age, namely sickness, handicap and poverty (Kohn & Ciechanover, 1996).

Thus, identifying the positive emotion within the caregiving work environment, which induces satisfaction, it is important to identify the negative and ambivalent emotions, namely, feeling exploited, humiliation and shame (Kohen, 2020).

In light of the above, any encounter of the caregiver and the elderly is a mutual challenge; for the older adult who copes with difficulties related to ageing and needs support, though the kind of support is not clear – therapy or medical caregiving, and a challenge to the young caregiver, who relies upon professional tools, attempting to assist an individual with abundant life experience and wisdom (Bar-Tor, 2005).

Plus, in the welfare state, providing individual care has become a key principle of health services, as well as the dominant ideology typical of need-based services or person-centered caregiving (Kohen, 2020).

The young caregiver's expectation might be unrealistically high, raising the level of frustration. As opposed to the young caregiver, the elderly patient is satisfied with less; his expectations are realistic. He may be satisfied with mere listening and acceptance on the caregiver's part, drawing pleasure from feeling valued, empowered or even feeling that he is able to give the young caregiver something of significance, such as life wisdom, or even a fascinating historical tale (Bar-Tor, 2005).

On the one hand, one of old age's issues is the threat of losing one's identity and physical and emotional independence, and consequently, loss of dignity. Hence, efficient daily functioning is a developmental task during ageing and old age (Baltes, 1999; Bar-Tor, 2005), whose purpose is to attain autonomy and an independent life. Yet with age, dependence on other increases, whether a caregiver or a family member, and their caregiving (Bar-Tor, 2005).

### **Elderly Care: Types and Categories**

Providing caregiving and services to elderlies is challenging (Abozied, Elsayed Awad Negm, Hassan, & Metwaly, 2022). In welfare state, caregiving of elderlies has become a key principle, both in terms of providing health services and the dominant ideology characteristic of a need-based service or person-centered caregiving (Klode, 2005).

Customarily, the concept "caregiving" is divided into three main categories:

1. Caregiving provided by nursing personnel in institutions or at home.
2. Non-formal caregiving provided at home, by family members.
3. Social caregiving (Yousefi & Shahgholian, 2018; Bar-Tor, 2005).

Caregiving, both in its formal and non-formal forms has been the core of research, particularly in the gerontology field. However, researchers' focus has mostly been its negative aspects (Kohen, 2020). Plus, psychological research reports two main elderly caregiving types, based upon transference by patients coping with a narcissistic disorder:

- Defense from transference; when the self faces a sense of danger or rejection within the interpersonal encounter. This state is typical people who have past experiences of rejection, mostly in early childhood.
- Transference of defense; manifested by a sense of discomfort and shame on the patient's part, hindering him from expressing distress and weakness. The difficulty may stem from defense against forming a relationship and dependence. Transference of defense may occur

when the caregiver idealizes the patient, transferring to him his own needs of dependence, arousing the patient's fear to disappoint or lose the caregiver if he expresses his weaknesses.

### **The Geriatric Caregiver: Qualities and Characteristics**

Research findings in Israel and worldwide reveal that less than ten percent of professional caregivers are interested in working with the elderly. A study conducted at Tel Aviv University found that only ten percent of clinical psychologists and interns had treated or were treating elderly patients, with fifty-five percent expressing no desire to work with this population (State Comptroller of Israel, 2021). This highlights the need for specialized knowledge and expertise in geriatric psychology and treatment to effectively assess and address the unique needs of older adults (Bar-Tor, 2005).

Caregivers of the elderly must possess emotional maturity, professional integrity, and mental health to navigate the challenges of working with this population. This includes the ability to listen, empathize, and cope with helplessness and hopelessness, as well as demonstrating patience and tolerance towards the elderly's slower pace and potential limitations (Bar-Tor, 2005). Research has emphasized the importance of emotional intelligence and spiritual awareness in providing compassionate care (Dewi, 2020).

### **Caregiver's Organizational Commitment**

The concept of organizational commitment reflects an employee's positive view of their workplace and willingness to identify with the organization's values and goals (Meyer & Allen, 1997; Moon, 2000; Culpepper, 2000; Finegan, 2000). Becker (1960) proposed that commitment explains consistent behavior, and individuals make career choices based on cost-benefit considerations (Katan, 2000).

Organizational commitment has two dimensions: affective commitment (emotional connection) and continuous commitment (cost-benefit analysis of leaving). Committed employees tend to demonstrate higher work standards (Mayer & Allen, 1990; Zajac & Mathieu, 1990).

In the context of geriatric care, professional authority is granted by occupation and guided by legislation and ethical codes (Social Workers Association, 1997; Hovav, 2012). The well-being of both caregivers and patients is crucial. Studies have shown that caregivers for dementia patients experience burdens that affect their quality of life (Bar & Marcus, 2012). Nurses play a crucial role in managing emotional aspects of caregiving and promoting a positive work environment (Bedin, Mendelzweig, & Chappuis, 2013).

## **Commitment to Affective Care, Filial and Emotional Maturity**

Caring for the elderly involves listening to their voices and adapting to their pace and needs (Bar-Tor, 2005). It's important to recognize their strengths and resilience, as well as the potential for growth and development in old age. Research on emotions in gerontological care is limited, but studies suggest that emotional abilities and spiritual awareness are essential for providing quality care (Bahrami et al., 2018).

Caregivers should possess emotional balance, empathy, and the ability to cope with helplessness and hopelessness. They should also recognize their limitations and the importance of self-care (Bar-Tor, 2005). Positive psychology emphasizes qualities like wisdom, courage, love, justice, moderation, spirituality, and social intelligence, which are beneficial in caregiving (Bar-Tor, 2005).

Research indicates that gerontological nurses who incorporate emotion into their work, demonstrate understanding of spiritual values, and employ humor are more effective in their roles (Bahrami et al., 2018). Emotional intelligence and "moral imagination" are crucial for dealing with emotional crises like death (Black, 2004).

Nurses are often seen as the key players in fostering emotional connection within geriatric institutions, and their commitment to care contributes to positive outcomes for both patients and themselves (Eldh et al., 2016; Karlsson, Ekman, & Fagerberg, 2009). Effective gerontological care requires a combination of emotional intelligence, commitment, and specialized skills to meet the complex needs of the elderly population.

## **The Geriatric Caregiver: Qualities and Characteristics**

In spite of the legal definitions and roles of caregivers, geriatric institutions in Israel face a shortage of staff. This shortage is due to factors like the low social status and pay associated with elderly care, despite the importance of sensitivity and support in this role (Kohen, 2020). To address this issue, various government ministries and agencies have collaborated to allow foreign caregivers into Israel to compensate for the staffing shortage. The State Comptroller of Israel (2021) has recommended that the Ministry of Health and the Ministry of Welfare monitor the manpower situation and ensure adequate care for elderly residents.

While nursing employees report feeling satisfied and trained for their jobs, they also experience emotional exhaustion (Willemsse et al., 2014). This exhaustion is attributed to factors such as lack of time, a desire to spend more time with residents, and the burden of paperwork (Tuckett et al., 2009).



These challenges highlight the need for ongoing support and resources for caregivers in geriatric institutions to maintain their well-being and provide quality care for the elderly.

## **Commitment to Affective Care, Filial and Emotional Maturity**

### **The Importance of Emotional Abilities**

The aging population, with its wealth of information and experience, requires special attention and emotional understanding (Bahrami et al., 2018). Caregivers and family members must adapt to the elderly's pace and prioritize their needs, recognizing that perceived weaknesses may actually be strengths in the aging process (Bar-Tor, 2005). However, research on the emotional aspects of caregiving in Israel remains limited (Kohen, 2020). The complex needs of the aging population demand a wide range of nursing and caregiving skills (Bedin et al., 2013).

### **The Caregiver's Personality and Emotional Balance**

The caregiver's personality plays a crucial role in forming relationships with the elderly and providing effective care. Skills such as listening, empathy, patience, and tolerance are essential in dealing with the challenges of aging, including helplessness, hopelessness, and declining abilities (Bar-Tor, 2005). These skills demand emotional balance and maturity from caregivers.

### **Mature Defenses and Altruism**

Valliant (1977, 2000; Bar-Tor, 2005) highlights "mature defenses," like altruism, as qualities that enhance coping mechanisms. Altruism, the ability to give to others what one desires for oneself, is often manifested in family relationships through parenthood and grandparenthood. Identifying and fostering individual strengths within the caregiving team can promote positive mental health and contribute to a fulfilling life for both caregivers and patients (Bar-Tor, 2005).

### **Emotional Ability and Teamwork**

Research indicates that working in teams that utilize emotional abilities is a key component of effective nursing and elderly care (Bahrami et al., 2018). This approach fosters positivity, spiritual maturity, emotional control, creativity, and compassionate care. Hope, as emphasized by Erickson (1963), is a fundamental aspect of psychological development and a driving force throughout life, particularly in old age (Bar-Tor, 2005).

## **Emotional Intelligence and Spiritual Awareness**

Gerontological nurses who demonstrate emotional intelligence, spiritual awareness, humor, and non-judgmental listening are more likely to provide enhanced care (Bahrami et al., 2018). Additionally, the ability to cope with emotional crises and employ "moral imagination" is crucial, particularly in situations like dealing with death (Black, 2004). Nurses play a significant role in fostering emotional connection and implementing person-centered care within geriatric institutions (Bedin et al., 2013).

Working with the elderly with commitment and compassion leads to better understanding, motivation, and satisfaction for both caregivers and patients (Eldh et al., 2016; Karlsson et al., 2009). Ultimately, effective gerontological care demands a combination of emotional intelligence, commitment, and specialized skills to provide the elderly with the best possible care (Black, 2004).

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## **Caregiver's Commitment and Filial Commitment**

The aging process is an individual one, but it also impacts families. Most elderly individuals depend on their families, and long-life expectancy leads to extended inter-generational relationships (Bar-Tor, 2005). The family's developmental stages and tasks influence the elderly's coping mechanisms.

In old age, the elderly may depend on family, caregivers, or even grandchildren. Their social status is influenced by family relationships, proximity to children, and social connections (Bar-Tor, 2005). Changes in the elderly's life, such as illness or hospitalization, can affect the entire family, requiring adjustments and sacrifices (Bar-Tor, 2005).

Maintaining boundaries and professional relationships can be challenging due to the emotional complexities of caregiving. Caregivers may experience feelings of protectiveness or pity, while the elderly may express appreciation through gifts or affection (Bar-Tor, 2005). It is crucial for caregivers to be aware of these dynamics and maintain appropriate boundaries.

Filial maturity, defined as the emotional maturity of adult children to care for their elderly parents, involves love, commitment, willingness to help, and maintaining autonomy (Marcoen, 1995; Bar-Tor, 2005). Children often become concerned due to their parents' declining cognitive function or health, but the elderly may resist seeking help (Bar-Tor, 2005).

Research has recommended establishing strategies to create a supportive work climate, leading to increased commitment and improved care (Dewi, 2020). Nurses who assist in elderly care express a strong sense of commitment and the need to intensify care (Philips et al., 2007). This commitment often extends beyond professional obligations, driven by a sense of filial responsibility.

Caregivers play a crucial role in the lives of the elderly, initiating decisions and providing support. The ability to both give and receive is important in maintaining healthy relationships (Bar-Tor, 2005). Filial maturity involves balancing love, commitment, autonomy, and recognizing limitations (Bar-Tor, 2005). Compassion, empathy, and respect for the elderly's weaknesses are also vital components of effective caregiving.

### **Psychological Socialization of Caregivers in Israel and Emotional Intelligence**

Near the turn of the 21st century, a shift in educational focus emerged, recognizing the limitations of solely promoting cognitive development and academic achievement. This realization led to a call for educational reforms that would foster a more positive emotional climate in schools (Roffey, 2006). This approach emphasized the importance of emotional skills alongside academic goals, expanding the responsibilities of teachers to include qualities like empathy, understanding, and fairness.

In response to this shift, various intervention programs targeting children and adolescents were developed and implemented worldwide. However, similar programs for caregivers, especially those working with the elderly, have been scarce. These programs, designed to enhance emotional intelligence, teach participants how to identify and manage emotions, express themselves verbally, navigate conflicts, and understand others' perspectives (Zeidner et al., 2008). Research suggests that such programs can lead to positive outcomes, including improved relationships, reduced violence, and enhanced self-esteem.

Despite the potential benefits, concerns have been raised about the gap between the enthusiasm surrounding emotional intelligence and the quality of its implementation in educational settings. Zeidner et al. (2008) argue that many intervention programs lack a solid theoretical

foundation and rely too heavily on communication media rather than rigorous psychological research. They propose guidelines for developing effective emotional intelligence programs, including clear theoretical frameworks, well-defined goals, consideration of context, curriculum integration, and the use of valid assessment tools.

This highlights the importance of developing and implementing evidence-based emotional intelligence interventions, particularly in the context of caregiving for the elderly. By addressing the emotional challenges faced by caregivers and equipping them with the necessary skills, these programs can contribute to improved well-being for both caregivers and the elderly individuals they serve.

### **Research Model**

The researcher's model integrates existing theoretical research on positive health in aging with a focus on the importance of interpersonal relationships and attitudes in elderly care. It proposes an educational and therapeutic approach emphasizing emotional intelligence, including empathy, autonomy, respect, morals, and etiquette. This approach is tailored specifically for working with the aging population and necessitates providing educational resources like training programs and guidance for caregivers (Dewi, 2020).

The model emphasizes positive psychology's perspective, recognizing the strength, adaptability, and resilience of individuals in overcoming crises. It advocates for a man-centered care approach, offering comprehensive information and support to families and staff (Willemse et al., 2014). This approach can strengthen the workforce and improve the quality of care.

The model also underscores the importance of understanding the elderly's needs for containment, support, and acceptance, particularly in coping with the stresses and anxieties that may intensify in old age (Bar-Tor, 2005). By fostering emotional intelligence in the workplace, organizations can promote effective communication, motivation, and reduced stress, leading to increased productivity (Al Faouri et al., 2014).

Positive psychology plays a crucial role in identifying and enhancing the strengths of individuals, enabling them to lead fulfilling lives despite limitations. It focuses on finding reasons to live and emphasizes positive emotions, promoting successful aging (Bar-Tor, 2005).

The researcher's model further highlights the importance of supporting caregivers through training, supervision, and continuous education (Giesbrecht et al., 2021; Karlsson et al., 2009). This

can help ensure their well-being, reduce emotional fatigue, and create a positive work environment that benefits both caregivers and the elderly.

### **Model of Educational Intervention, Raising Emotional Intelligence in Care, and Attaining Psychological Resilience Against Negative Emotions: Stages**

The model proposes a staged approach to developing emotional intelligence and resilience in caregivers:

- **Personal Qualities:** Focus on self-awareness and self-management, including recognizing and understanding one's own emotions, strengths, weaknesses, and needs (Raghubir, 2018). Self-introspection and sharing experiences can enhance emotional clarity and self-monitoring.
- **Social Qualities:** Build upon self-awareness by focusing on social awareness and relationship maintenance, including understanding others' emotions and needs, and employing effective communication and empathy (Raghubir, 2018).
- **Coping Strategies and Resilience:** Teach and encourage new strategies for understanding and coping with emotions, fostering resilience against negative emotions and burnout. Techniques like journaling and group discussions can facilitate self-reflection and learning.
- **Implementation and Assessment:** Emphasize practical implementation of acquired skills and evaluate the effectiveness of the intervention program. Focus on training facilitators to translate emotional intelligence principles into daily communication with caregivers and healthcare professionals.

The overarching goal of this model is to raise awareness of the challenges and rewards of caring for the elderly, ultimately enhancing the quality of care and promoting successful aging through emotional intelligence, psychological resilience, and a commitment to compassionate care.

### **Conclusion**

This research explores the complex dynamics of elderly care in geriatric institutions, emphasizing the importance of emotional intelligence in providing compassionate and effective care. It delves into the challenges faced by both the elderly and their caregivers, highlighting the need for a holistic approach that addresses the emotional, psychological, and social needs of both groups.

The research begins by examining the concept of the therapeutic encounter, highlighting its significance in the context of elderly care. It then provides an overview of geriatric institutions in

Israel and worldwide, discussing their types, structures, and characteristics. The research also explores the demographic development of the elderly population, emphasizing the increasing heterogeneity and complexity of their needs.

A significant portion of the research is dedicated to understanding the elderly individual, including their psychological characteristics, challenges, and cultural implications of aging. It also explores the role of the elderly patient within the geriatric institution and the various types and categories of elderly care.

The research then shifts its focus to the caregivers, examining their qualities, characteristics, and organizational commitment. It underscores the importance of emotional intelligence, empathy, and resilience in providing effective care for the elderly. The concept of filial maturity is also explored, highlighting the emotional complexities involved in caring for aging parents.

Finally, the research proposes a model of educational intervention aimed at raising emotional intelligence in care and attaining psychological resilience against negative emotions. This model emphasizes self-awareness, self-management, social awareness, and relationship maintenance, providing caregivers with the tools to navigate the challenges of elderly care and foster a positive and supportive environment.

In conclusion, this research offers valuable insights into the multifaceted nature of elderly care and underscores the critical role of emotional intelligence in enhancing the well-being of both caregivers and the elderly. It provides recommendations for improving the quality of care in geriatric institutions, including implementing emotional intelligence training, fostering a supportive work environment, and promoting person-centered care. By addressing the emotional and psychological needs of both caregivers and the elderly, we can create a more compassionate and effective caregiving system that benefits all involved.

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