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Systematic Review

The Effects of Physical Education on Preschoolers' Emotional Intelligence: A Systematic Review

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Abstract: Fostering Emotional Intelligence (EI) has gained importance to provide a new generation of citizens aimed to improve the human mindset. With this aim, developing EI from early childhood is a great opportunity. The aim of this systematic review was to analyze the effects of physical activity (PA) on preschoolers' EI. A review of relevant articles was carried out using four electronic databases (Web of Sciences, Scopus, SPORTDiscus, and ProQuest) up to 19 October 2022. From a total of 133 studies initially found, 6 were included in the qualitative synthesis. The main outcomes highlighted that: (i) Increasing PA hours in early childhood could positively influence children's emotional competence. (ii) The dynamic psychomotor methodology seems more effective than the normative psychomotor teaching methodology for improving preschool-aged children's EI. (iii) The application of different intervention programs has positive influenced preschool children's emotional education: the teaching personal and social responsibility model (TPSR) for promoting socio-emotional learning, the psychomotor education program for improving affects, and the psychomotor training program for fueling emotional competence in children with developmental delays. Therefore, physical education classes in preschool could positively influence the development of emotional competence in children at the early childhood education stage.

Keywords: sustainability; sustainable development goals; education; emotion; children

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1. Introduction

The concept of Emotional Intelligence (EI) was created in the last 25 years [1], and has been defined from different perspectives. According to Mayer and Salovey [2], EI is defined as the ability to perceive, internalize, understand, and regulate one's own and others' emotions [2]. Further, according to Goleman [3], emotional intelligence is made up of two types of relationships: intrapersonal and interpersonal relationships. On the one hand, intrapersonal relationships are based on the ability to identify, understand, and control one's emotions. On the other hand, interpersonal relationships are based on the ability to identify and understand other people's emotions, that is, to have empathy, as well as an ability to establish relationships with others in a positive way.

To continue with the conceptualization, three approaches to EI have been proposed so far. The first is based on the identification, understanding, regulation, and expression of one's own and others' emotions (four-branch model) [2,4]. The second is based on the belief that emotional skills facilitate the recognition and management of emotions [5]. The third is the EI model, where emotional learning is based on emotional, personal, and social knowledge and skills that affect the ability to cope with stressful situations [6].

Definitively, EI is extremely related with emotions, which means a direct connection with people's behaviors and thoughts, leading the development of EI to be essential in our lifestyle from early childhood. According to Goleman [3], people who control their emotions well feel more satisfied and have a greater ability to control their habits. Furthermore, as Goleman [3] stated, people with greater levels of EI are able to control motivation,

empathy, nervous impulses, self-discipline, etc. Meanwhile, those with lower levels of EI have constant internal struggles that weaken their work capacity and prevent them from thinking clearly [7]. Further, the emotions of each and every one of us are linked to our attitude and this involves actions that require movement, that is, movements that change according to the situation [8].

In this sense, teaching children from early childhood (preschools or kindergartens) to improve their emotional competence could be a great opportunity for improving their behaviors and thought, which will subsequently influence their life. In this sense, psychomotricity classes, which usually involve children in situations where their emotional competence is at its height, is a greater opportunity for working with EI. In fact, physical education settings are suitable places for children to face conflict and socialize, leading them to manage their own emotions and behaviors as a response to others [9]. Since the content of PE is related to greater self-awareness, expression, and communication, these authors highlighted that physical education is a suitable place for improving EI [10]. Navarro highlighted that psychomotricity is a way to relate to themselves and to other people [11]. Psychomotricity proposes the development or restoration of the abilities of the individual through an approach to the body (i.e., through movement, posture, action, and gesture) [11]. In particular, the goal of psychomotricity is to develop the subject's abilities and capacities in all aspects (motor, affective-social, communication-linguistic, intellectual-cognitive) through movement (Berruezo, 2000). Thus, movements, experiences, and affectivity are three essential elements in the development of EI, and consequently psychomotor classes are a suitable setting for improving this competence.

Therefore, developing EI from psychomotricity within education is a great opportunity to improve children's lifestyles. To the best of the authors' knowledge, some authors have summarized and compared different intervention programs for developing emotional competence in preschool-aged children [12]. However, a systematic review that includes EI development programs in early childhood education through physical education has not been published. Therefore, the aim of this systematic review is to summarize the studies that have evaluated the effects of EI in preschool-aged children. This work can be very helpful in keeping EI in mind in our daily life.

2. Materials and Methods

2.1. Experimental Approach to the Problem

This systematic review was reported in accordance with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines [13] and the guidelines for performing systematic reviews in sport sciences [14].

2.2. Information Sources

A systematic search of two databases (Web of Sciences and PubMed) was performed to identify articles published prior to 19 October 2022.

2.3. Search Strategy

The PICO (Patient, Problem, or Population—Intervention or Exposure—Comparison, Control, or Comparator—Outcome[s]) design was used to provide an explicit statement of the question. The authors were not blinded to journal names or manuscript authors. In Web of Science the language filter was applied for English and Spanish. The following search terms were used:

> *(preschool* OR pre-school* OR kindergarten) AND (psychomotricity OR "physical education") AND (emotion* OR "intrapersonal skills" OR "interpersonal skills" OR "adaptation skills")*

2.4. Eligibility Criteria

The authors independently completed the search and compared results to ensure that the same articles were identified. Then, identifying information from the papers (title,

authors, date, and database) was downloaded and transferred into an Excel spreadsheet (Microsoft Corporation, Redmond, WA, USA) and duplicates were removed. The remaining articles were independently screened for meeting inclusion and exclusion criteria (Table 1). Moreover, relevant articles not previously identified were also screened in an identical manner and further studies that complied with the inclusion/exclusion criteria were included and labeled as "included from external sources".

Table 1. Inclusion/exclusion criteria.

No	Item	Inclusion	Exclusion
1	Population	Children from preschool or kindergartens.	Children who do not attend preschool or kindergartens.
2	Intervention or Exposure	Preschool children participating in physical education sessions.	Children not participating in physical education classes.
3	Comparation	Any comparation is valid.	
4	Outcome[s]	Articles that contemplate results in population related to emotions.	Articles that do not contemplate results in population related to emotions.
5	Other criteria	Peer reviewed, original, full-text studies written in English or Spanish.	Written in another language or non-peer reviewed original full-text studies.

2.5. Data Extraction

All articles were downloaded to an Excel spreadsheet [15]. Then, all titles and abstracts were read and included or excluded according to the inclusion/exclusion criteria detailed in Table 1. This process was independently performed by each author. If the authors disagree in the inclusion/exclusion of any of the articles, the disagreement was resolved in a discussion.

2.6. Assessment of Study Methodology

The methodological quality was assessed using a different scale, depending on the type of research methodology. If the article was a non-randomized controlled trial, the MINORS scale was used [16], while if the article was a pre-test/post-test study with randomly assigned experimental (EXP) and control (CON) groups, the PEDro scale was used. The differences are detailed below:

MINORS scale: Although the scale contains from 8 to 12 items (depending if the article is comparative), we used 9 of them and added "NA" when the results were not applicable. The score for each study is out of 18 because each of the items are scored considering the following: 2 = high quality, 1 = medium quality, or 0 = low quality.

PEDro scale: The score for each study is out of 10. Each item is scored considering the following: 0 = not considered or 1 = considered.

2.7. Extracted Information and Variables of Interest

A list of the articles included in the data sheet and qualitative synthesis is reported in the results section. The table located in the "study characteristic" section clusters articles around programs that have analysed the effects on motor (or physical activity level), cognitive, and socioemotional competence, and collected information about the sample, aim, program (type, program's specification, duration), results (test instrument, variables analysed, and main outcomes), and conclusions.

3. Results

3.1. Identification and Selection of Studies

A total of 133 original articles were initially retrieved, of which 26 were duplicates. Thus, a total of 107 unique articles were identified. After checking titles and abstracts, 59 articles were excluded because they not met inclusion criteria number five. The full texts

of the remaining 48 articles were then analyzed; 32 articles were excluded because they did not meet inclusion criteria number one, 8 articles were excluded because they did not meet inclusion criteria number two, and 2 articles were excluded because they did not meet exclusion criteria number four. Thus, a total of six articles met all the inclusion criteria and were included in the final qualitative synthesis (Figure 1).

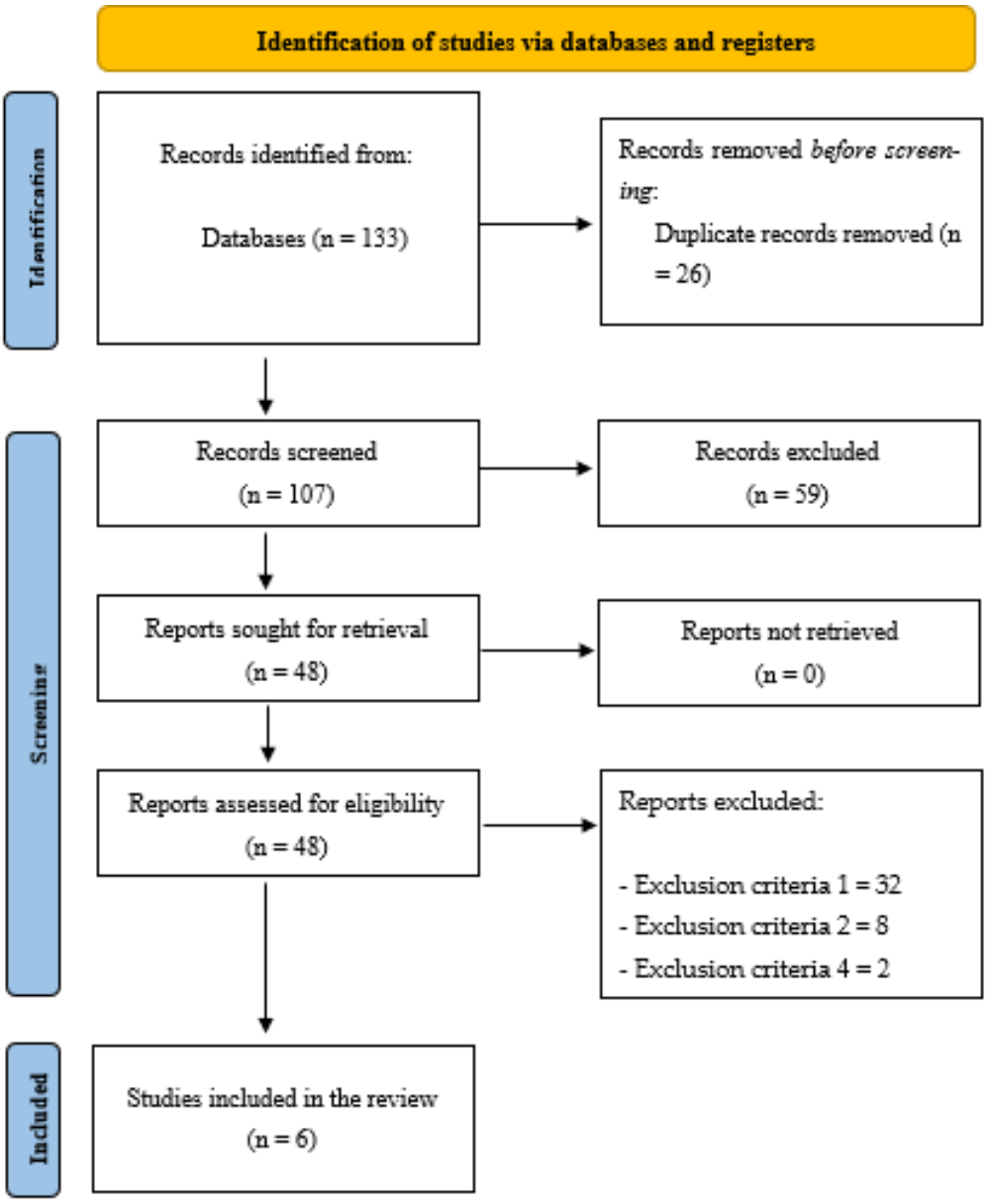

Figure 1. Flow diagram of the study.

3.2. Quality Assessment

The quality assessment for this systematic review can be found in the Table 2.

Table 2. Methodological assessment of the included studies.

Reference	1	2	3	4	5	6	7	8	9	10	11	12	Score
MINORS													
Wang [17]	2	2	2	2	2	2	2	0	NA	NA	NA	2	16/18
Pavão et al. [18]	2	2	2	2	2	2	2	0	NA	NA	NA	2	16/18

Table 2. *Cont.*

Reference	1	2	3	4	5	6	7	8	9	10	11	12	Score
PEDro Scale													
Ferre-Rey et al. [19]	0	0	1	1	1	1	1	1	1	1	NA	NA	8/10
Amigo and Garaigordobil [20]	1	1	1	1	1	1	1	1	1	1	NA	NA	10/10
Mulvey et al. [21]	0	0	1	1	1	1	1	1	1	1	NA	NA	8/10
Kim et al. [22]	0	0	1	1	1	1	1	1	1	1	NA	NA	8/10

Note: NA = not applicable; The PEDro checklist: Subjects were randomly allocated to groups (in a crossover study, subjects were randomly allocated an order in which treatments were received) (item 1); allocation was concealed (item 2); the groups were similar at baseline regarding the most important prognostic indicators (item 3); there was blinding of all subjects (item 4); there was blinding of all therapists who administered the therapy (item 5); there was blinding of all assessors who measured at least one key outcome (item 6); measures of at least one key outcome were obtained from more than 85% of the subjects initially allocated to groups (item 7); all subjects for whom outcome measures were available received the treatment or control condition as allocated or, where this was not the case, data for at least one key outcome were analyzed by "intention to treat" (item 8); the results of between-group statistical comparisons are reported for at least one key outcome (item 9); the study provides both point measures and measures of variability for at least one key outcome (item 10). The MINORS checklist: Clearly defined objective (item 1); inclusion of patients consecutively (item 2); information collected retrospectively (item 3); assessments adjusted to objective (item 4); evaluations carried out in a neutral way (item 5); follow-up phase consistent with the objective (item 6); dropout rate during follow-up less than 5% (item 7); prospective estimation of sample size (item 8); adequate control group (item 9); simultaneous groups (item 10); homogeneous starting groups (item 11); and, appropriate statistical analysis (item 12).

3.3. Study Characteristics

Descriptive analysis: One study analyzed whether the increments in PE hours influenced emotional competence [17], another one compared two methodologies to analyze which of them could have a greater cause-effect on emotional competence [19], four of them analyzed whether certain programs influenced EI [18,21–23], and one article analyzed the correlations between emotional competence and physical education [20].

Qualitative analysis: The results showed that an increment in physical education hours has positive effects on emotional competence, that the dynamic psychomotricity methodology has greater positive effects on emotional competence than the normative methodology, and finally, the four programs showed positive effects on emotional competence.

The characteristics of the studies were extracted and clustered into Table 3:

Table 3. The effects of physical education in preschoolers' emotional intelligence.

Reference	Sample	Aim	Program				Extracted Outcomes		Highlights
			Groups (If Any) Differences	Program	Program's Main Ideas	Duration	EI Assessment	Results	
Ferre-Rey et al. [19]	No. children: 75 Country: Spain Mean age: 3–5 years	The aim of this study was to establish significant differences between both currents of psychomotricity in terms of emotional level	EXP Dynamic psychomotricity CON Normative psychomotricity	Two preschool groups were selected with two different psychomotor practice methodologies: one with the dynamic methodology and another with the normative type.	Regarding normative psychomotricity, the sessions should be directed where learning is acquired through exercises, games or activities that have been previously planned and organized. Dynamic psychomotricity is based on the idea that the session should not be directed; rather, it should be given from the child's spontaneous action and play, in order to promote psychomotor expressiveness. In this way, there are no fixed programmed activities, but there is planning on the distribution of spaces, materials, and proposals, adjusted to the group of children and their relationship with the curricular contents.	ND	Test of the human figure	Significant differences have been found in favor of the dynamic psychomotor group over the normative psychomotor group.	In conclusion, the data from this study suggest that dynamic psychomotor practice provides possible benefits on an emotional level.
Mulvey et al. [21]	No. children: 93 Mean age: ND	The current study tested whether an intervention promotes gender-integrated friendships in preschool-aged children.	CON Free-play EXP SKIP	SKIP	The SKIP intervention replaces free play only 2 days a week, which allows children the other 3 days a week to practice the motor skills they are learning in free play settings with boys and girls. During the SKIP intervention, children develop an array of motor skills (run, jump, leap, hop, gallop, slide, throw, catch, kick, dribble, strike, and roll) through group-based activities.	Two classes a week (10 weeks)	Gender-integrated related questions	Results documented that child (M_{age} = 7.38, SD = 6.21 months, range = 36.67–60.25 months) assigned to the SKIP condition (n = 56) as compared to a control free-play condition (n = 37) were more likely to report gender-integrated friendships post intervention. Growth in girls' reports of gender-integrated friendships drove the intervention effect on gender-integrated friendships.	In conclusion, young girls report more gender-integrated friendships following a motor competence intervention.

Table 3. *Cont.*

Reference	Sample	Aim	Program				Extracted Outcomes		Highlights
			Groups (If Any) Differences	Program	Program's Main Ideas	Duration	EI Assessment	Results	
Kim et al. [22]	No. children: 15 boys Country: Seoul Mean age: 5–7 years	The aim of this study was to inculcate confidence in children	EXP (n = 8) Psychomotor training program CON (n = 7)	Psychomotor training program	The psychomotor training program aims to inculcate confidence in children by making them participate voluntarily in various physical, material, and social experiences. This study applied basal fitness, obstacle running, and prop play	Two classes a week (12 weeks)	Körperkoordinationstest für Kinder test	The results are that the psychomotor training program brought about a significant change in the children with developmental delay in the EXP.	The program seems suitable to foster confidence in children.
Amigo and Garaigordobil [20]	No. children: 74 Country: Spain Mean age: 5 years	The objectives of this study was to analyze the relationship between intelligence and self-concept, psychomotricity, variables, and behavioral and emotional factors.	-	Descriptive, comparative, and correlational methodology	This program seeks to establish concomitant relationships of intelligence with self-concept, psychomotor skills, and behavioral and emotional factors.	10 sessions of 4 h each	K-BIT, BASC, EPP, MSCA, EA, DFH	Pearson's correlation coefficients have highlighted positive relationships of total intelligence with self-concept, with some psychomotor functions (coordination, body schema) and with emotional stability.	The development of some basic motor functions could help in emotional stability.
Wang [17]	No. children: 366 Country: China Mean age: 5–6 years	The aim of this study was to determine the relationship between physical education and social and emotional development of preschool children.	Additional physical education and fitness classes	Children took part in rhythmic and physical education classes. Rhythmic exercises included dancing or a series of isolated simple dance and gymnastic movements aimed at developing a sense of rhythm, increasing coordination and accuracy of orientation in space.		3 months	A questionnaire containing 33 questions: Ages and Stages Questionnaires: Social-Emotional Cornell Critical Thinking Test	As a result of the study, the main regularities of the influence of physical education on social and emotional behavior of children were established. It was determined that there is a positive correlation between age, physical education, and social-emotional behavior.	The results can be applied to programs for the prevention of psychosocial and social-emotional developmental delays of children in kindergartens.
Pavão et al. [18]	No. children: 24 Country: Portugal Mean age: 5 years	The purpose of this study was to understand the experiences of a program leader, a TPSR-based program in a preschool setting.	TPSR program	1. Promoting awareness (sharing the responsibility goals of the physical education session). 2. Physical activity (sharing the levels of responsibility within the motor skills developed during the physical education session). 3. Group connections (discussing the positive and negative results of participating in the task and guiding the children through the activity). 4. Time for reflection (how the responsibility goals were achieved during the session).		4 months One class once a week (30 min)	Notes and daily reflection	The results suggest that the TPSR model could be adapted and applied with preschool children.	In summary, this study provided an innovative understanding of how TPSR can be implemented in a preschool context to promote social and emotional learning and improve school readiness.

Note: BASC = children's and adolescents' behavior evaluation system; CON = control group; EA = scale for children's self-concept; EI = emotional intelligence; EPP = psychomotricity scale for preschoolers; EXP = experimental group; K-BIT = brief test of intelligence; MSCA = McCarthy's scale for children's attitudes and psychomotricity; ND = not detailed; SKIP = Successful Kinesthetic Instruction for Preschoolers; PE = physical education; TPSR= teaching personal and social responsibility model.

4. Discussion

The aim of this systematic review is to summarize the studies that have evaluated the effects of physical education in preschool-aged children's EI. The main results lead to the conclusion that psychomotor classes at preschool could positively influence the development of emotional competence in children at the early childhood education stage. In particular: (i) Increasing PA hours in early childhood could positively influence children's emotional competence. (ii) The dynamic psychomotor methodology seems more effective than the normative psychomotor teaching methodology for improving preschool-aged children's EI. (iii) The application of different intervention programs has positively influenced preschool children's emotional education: the teaching personal and social responsibility model (TPSR) for promoting socio-emotional learning, the psychomotor education program for improving affects, and the psychomotor training program for fueling the emotional competence in children with developmental delays.

EI is defined as the ability to perceive, internalize, understand and regulate one's own and others' emotions [2]. Thus, emotional competence from the preschool educational stage is essential in the life of a child [9]. Therefore, this systematic review could be very useful for teachers at this stage.

Overall, seven studies have analyzed interventions and evaluated their effects in terms of emotional competence in preschool-age children. One of them analyzed whether the increments in physical activity hours influenced emotional competence [17], another analyzed the correlations between emotional competence and physical education [20], a third compared two methodologies to analyze which of them could have the greatest causal effect on emotional competence [19], and four of them analyzed certain programs that influenced said competence [18,21–23].

First, Wang [17] showed that additional physical activity classes could positively influence emotional competence. The author took a sample of 366 boys and girls (3–5 years old) and introduced them to a program that consisted of additional physical activity classes (i.e., rhythmic and physical activity classes) for three months. The results showed regularities in the influence of physical education on the social and emotional behavior of children, suggesting that there is a positive correlation between age, physical activity, and socio-emotional behavior. Similarly, Amigo and Garaigordobil [20], after a program of 10 sessions with 74 children (5 years old), established a correlation between intelligence and self-concept, psychomotor skills, and behavioral and emotional variables. The results showed positive relationships of total intelligence with self-concept, with some psychomotor functions (coordination and body schema), and with emotional stability. These studies show that physical activity classes applied to preschool children help in the development of their emotional competence.

Interestingly, the development of this competence could be reinforced through some methodologies that seem to be more effective than others. Specifically, Ferre-Rey et al. [19] divided 75 children (3–5 years old) into an experimental group, whose classes followed the dynamic psychomotricity methodology (i.e., there was nothing directed, and the sessions were based on the child's spontaneous play with the aim of promoting psychomotor expressiveness), and a control group, whose classes followed normative psychomotor skills (i.e., the sessions were guided, and learning was done through exercises, games, or planned and organized activities). The results showed how dynamic psychomotor practice provides benefits at an emotional level.

Finally, some authors have proposed specific intervention programs to analyze their effects on emotional competence. First, Pavão et al. [18] analyzed the effects of a program called the teaching personal and social responsibility model (TPSR) in 24 five-year-old children for 4 months (one class/week of 30 min).The TPSR program is based on the following characteristics: awareness talk, physical activity, group meetings, and reflection time. The results suggested that the TPSR model could be adapted and applied to preschool children to promote social and emotional learning. Second, Mulvey et al. [21] divided 93 children into two groups to test whether an intervention promotes gender-integrated

friendships in preschool children. The experimental group focused on substituting free play for program called Successful Kinesthetic Instruction for Preschoolers (SKIP) two days a week, where motor skills were developed through group skills. Meanwhile, children in the control group always did free play. The results showed that children in the SKIP group compared to the free play group were more likely to have gender-integrated friendships after the intervention. Third, Lupu (2011) divided 37 children into an experimental group, who were doing a program called psychomotor education, and a control group. The psychomotor education program consisted of physical exercise and movement games divided into four classes: body awareness, body shape awareness, body awareness II, and body and spatial orientation. The results showed benefits at an affective level, although they also obtained improvements at a motor and cognitive level. Finally, Kim et al. (2017) divided 17 children (5–7 years old) into an experimental group, who did a program called psychomotor training, and a control group, for 12 weeks (two classes per week). This program aimed to develop confidence in children through voluntary participation in different physical, material, and social experiences. The results showed how the program produced a significant change at the emotional level in children with developmental delays who belonged to the experimental group. Therefore, the four training programs evaluated showed positive effects on the emotional competence of preschool children.

However, considering the low level of studies published, the results must be interpreted with caution, and new studies are needed to corroborate these findings.

5. Conclusions

Although the development of emotional competence requires a larger number of studies to reinforce these findings, this systematic review concludes that:

- An increment in physical activity hours at preschool could positively influence the emotional competence of children.
- Dynamic psychomotricity may be more effective than normative psychomotricity for the development of emotional competence. Therefore, teachers could program physical education classes in preschool using a non-directed methodology, leading children to perform spontaneous action and play in order to promote psychomotor expressiveness. In addition, lacking fixed programmed activities, teacher could program the progression in their classes focusing on the distribution of spaces, materials, and proposals adjusted to the group of children and their relationship with the curricular contents. This suggestion should be followed, at least, until future investigations support the suitability of other methodologies for improving EI.
- The application of some intervention programs has a positive influence on the emotional competence of preschool children, at least with the number of sessions to which the children were subjected. Therefore, teachers may follow: (i) the TPSR model to promote socio-emotional learning, (ii) the psychomotor education program to an effective level, and (iii) the psychomotor training program for the development of emotional competence in children with developmental delays.

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