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Multiple and simultaneous relationships between quality of work life, job engagement, and emotional intelligence with mental health variables (depression, anxiety, and stress)

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ABSTRACT

The existence of psychological problems in employees brings many harms and losses to organizations. Meanwhile, healthy employees show better job performance and lead to increased organizational productivity. Therefore, this study aimed to investigate the multiple and simultaneous relationship between quality of work life, job engagement and emotional intelligence with mental health variables (depression, anxiety and stress). The research method was a descriptive correlation type that used focal correlation analysis. The statistical population was 12,500 employees of the steel industries of Isfahan in 1401 and 348 people were selected as samples using the available sampling method. The data collection tools were the Stress-Anxiety-Depression Questionnaire (DASS-21), the Work Quality of Life Questionnaire (WRQoL-2), the Hi-Group Job Engagement Questionnaire and the Goleman Emotional Intelligence Questionnaire. Focal correlation in SPSS-23 software was used to analyze the data. The results showed that based on the significance of the lambda coefficient ($p<0.001$, $F=12.19$, $\lambda=0.74$), there is a significant relationship between the set of variables of quality of work life, job engagement and emotional intelligence with the set of mental health variables (anxiety, depression and stress). Also, each variable of quality of work life, job engagement and emotional intelligence explained 0.104, 0.12, and 0.19 of the mental health variables, respectively. Based on the results, it is concluded that organizations should focus on emotional intelligence training programs and necessary measures to improve the level of quality of work life and job engagement of employees to improve the mental health of employees.

Introduction

Work-life, as an important element in all societies, affects the health of employees (Torp and Bergheim, 2023). One of the most important health indicators is mental health, the lack of which leads to many complications such as a tendency to be late at work, absenteeism, and low levels of satisfaction (Karatepe et al., 2021). Employees who are involved in mental problems lose an average of 10 to 12 working days per year and suffer from 14 to 18 days of reduced productivity. Therefore, organizations suffer a lot of losses due to absenteeism and reduced productivity due to a lack of mental health (Carmichael et al., 2021). Studies have shown that the lack of mental health of employees leads to disruption in the performance of tasks and job performance; on the other hand, having mental health plays an effective role in increasing task performance and dedication to the job (Karatepe et al., 2021). In general, people who suffer from mental disorders and are affected by job stressors are likely to exhibit deviant behavioural responses, including smoking, alcohol or other substance use, antisocial behaviour (violence and conflict with colleagues), being late and slow to work, making more mistakes at work, or working too hard (Kuhn, 2013; Farhadi et al., 2015). Health in each individual includes three dimensions: physical, mental, and social. Mental health is considered a state of well-being in which a healthy person is not only not sick or infirm but is also aware of his or her abilities, can cope with normal stresses, can work productively, and is ultimately able to help others and his or her community (World Health Organization, 2004). In this positive sense, mental health is the foundation of well-being and effective functioning for an individual and society. This definition also states that mental, physical, and social functioning are interdependent, so neither mental health nor physical health can exist alone. In other words, the level of mental health does not only mean the absence of mental problems and illnesses but also that individuals are well-adapted to their environment and interact with people and culture, thus having interest and enthusiasm for life (Zia et al., 2021). Given the importance of employee health in the workplace, preventing mental disorders, and improving, and maintaining mental health are among the most important aspects of human resource development. Therefore, identifying the factors affecting it is of particular importance. Based on research evidence, enhancing the quality of work life of employees has been considered as one of the effective factors through which problems such as depression, stress, and anxiety of employees can be reduced (Bakhshi et al., 2018; Goda et al., 2023).

Quality of work life refers to an effective work environment that shapes employee values, meets personal needs, and creates meaningful work by supporting and enhancing general health and well-being, job security, job satisfaction, competence, and work-life balance (Mirkamali and Thani, 2011). Quality of work life, as a multidimensional construct, encompasses all aspects of employees' organizational life and has a significant impact on employee performance levels, improving productivity, reducing absenteeism, minor accidents, and quitting (Pourali Gholi Ipchi and Farhadi, 2019). Overall, quality of work life encompasses the level of satisfaction, motivation, and engagement (Singh, 2017), employee happiness during and outside of work (Saidykhan and Ceesay, 2020), work-family balance, and avoiding job stress (Inarda, 2022). Therefore, a desirable quality of work life and its promotion are recognized as a fundamental condition and context for human resource empowerment, which can reduce or eliminate symptoms of depression and anxiety in employees (González-Baltazar et al., 2018). In contrast, an undesirable quality of work life can lead to employee fatigue and burnout (Cetrano et al., 2017). In other words, a desirable quality of work life is an influential and determining factor in the mental health, job and family performance of individuals, and is also one of the most important factors in creating job enthusiasm (Saedi et al., 1401)**.**

Job engagement is a strong attachment of employees, intellectually and emotionally, to their work, organization, supervisor, or colleagues, such that they voluntarily engage in their work more than other employees. These enthusiastic employees feel involved and willing to spend time and effort to provide the best of their ability when performing a task so that the results exceed expectations (Sudibjo and Sutarji, 2020). Job engagement can help cope with difficult and stressful situations and act as a

protective factor against burnout in all its dimensions (emotional exhaustion, depersonalization, and personal fulfilment) (Gómez-Salgado et al., 2021). Therefore, research evidence in the field of employee mental health has shown that job engagement may act as a measure of positive health, since the environmental-psychological resources of the workplace create job engagement and are closely related to happiness and productivity (Torp and Bergheim, 2023). Also, job engagement has the potential to prevent mental disorders such as depression and anxiety (Innstrand et al., 2012; Torp et al., 2013). Accordingly, job engagement at low levels is one of the most important factors of poor mental health (Torp and Bergheim, 2023), and at high levels leads to increased vitality and mental health, and reduced absenteeism (due to poor health) (Leijten et al., 2015). Beyond the factors mentioned, in the workplace, emotional intelligence acts as a protective factor for stress, anxiety and depression of employees (Doyle et al., 2021).

Emotional intelligence is the ability of an individual to express emotions and recognize emotions in others, who ultimately use this information to regulate psychological conditions and behaviour (Doyle et al., 2021). A key aspect of emotional intelligence is the ability to identify one's own and other's emotions, and people with high emotional intelligence help others to manage their emotions. These individuals not only read facial expressions and body language but also recognize other people's positive emotional messages during communication, which benefits them in the decision-making process (Mayer et al., 2000). In general, emotional intelligence includes emotional dimensions, individual, social, and survival skills for understanding oneself and others, relating to people, adapting, and coping with stress. Emotional intelligence is an essential concept because employees who can understand their own and others' emotions will be able to control negative emotions when they have to interact with others or face stressful situations (Sudibjo and Sutarji, 2020). Some studies have shown that employees with higher emotional intelligence have greater abilities and resources to adapt to emotional challenges and are also mentally healthy through several mechanisms, including understanding and accurately regulating negative emotions, using adaptive coping strategies, and having satisfying social relationships and stronger social support networks (Persich et al., 2021). In other words, emotional intelligence can have a significant impact on individuals' mental health through the aforementioned mechanisms (Zia et al., 2021; Giri et al., 2023) and also has the inhibitory effects of negative life events on psychological distress (Doyle et al., 2021; Wells et al., 2021; Sergi et al., 2021; Tolsa and Malas, 2022).

In general, in organizations, the mental health of employees is of great importance and can lead to better job performance, dedication to work, and task performance. However, psychological problems cause many losses for employees and the organization. Based on the reviewed theoretical and research background, there is a need for industrial psychologists, human resources of organizations, and personnel affairs to focus more on the role of the variables of quality of work life, job engagement, and emotional intelligence in promoting the mental health of employees; because through this, a healthier and more flexible work environment can be achieved that includes the basic needs of employees, higher-level needs, and continuous progress and growth. However, the theoretical background and evidence did not provide any research that examined the multiple and simultaneous roles of the variables of quality of work life, job engagement, and emotional intelligence about mental health, which has led to highlighting the gap in scientific and applied knowledge in this field. Similarly, this study sought to answer the question of whether there is a multiple and simultaneous relationship between the set of variables of quality of work life, job enthusiasm, and emotional intelligence and mental health variables (depression, anxiety, and stress).

Research Method

This was a descriptive correlational study conducted using the focal correlation method. The statistical population of this study was 12,500 employees of the steel industries of Isfahan in 1401. In this study, convenience sampling was used to estimate the sample size, and the Knofczynski and Mundfrom (2008) formula was used to select between 10 and 30 people for each variable; in this study, to reduce the effect of possible attrition and due to convenience sampling, the sample size was increased to 380

people. After the completion of the response time and collection of the questionnaires, 32 incomplete questionnaires were excluded from the study. Therefore, the sample was reduced to 348 people. The inclusion criteria for the study were employee volunteerism, willingness to participate in the study, lack of psychiatric medication, and absence of stressful events such as loss of relatives and divorce in the last 4 to 5 months. Also, failure to complete the questionnaires in full was considered an exclusion criterion.

In the present study, standard questionnaires were first prepared in the field of research variables, and after receiving the necessary information and permissions about the research sample, the researchers implemented the desired questionnaires in 30 days in the form of online distribution - using the Pressline survey form. Thus, the questionnaires were implemented in the online questionnaire format on the aforementioned site, then, after obtaining the necessary permission from the heads of the organizational units of the steel industries, the forms were sent as a link to the employees' contact numbers. It should be noted that the researchers provided explanations on how to answer the questions, the importance of the research, and to maintain ethical principles, gain confidence, and ensure the confidentiality of the answers, and the employees could contact the researchers via email or contact number if needed to resolve their ambiguities and questions. Therefore, the participants' questions were answered directly by the researchers and there was direct supervision. After administering the questionnaire and completing the employees' responses, the results were extracted in Excel and the collected data was analyzed descriptively and inferentially in SPSS-23 software.

Measurement tools

-1Mental health questionnaire (DASS-21)

In the present study, the Stress-Anxiety-Depression Questionnaire, developed by Lovibond and Lovibond (1995), was used to measure mental health. This questionnaire has 21 questions and includes 3 components, each of which subscales includes 7 questions; stress (questions 1, 6, 8, 11, 12, 14, 18), anxiety (questions 2, 4, 7, 9, 15, 19, 20) and depression (questions 3, 5, 10, 13, 16, 17, 21). The final score for each is obtained through the sum of the scores of the questions related to it. The scoring method is as follows: for each question, from zero (does not apply to me at all) to 3 (completely applies to me). Since this questionnaire is a shortened form of the original scale (42 questions), the final score of each subscale should be doubled. The severity of symptoms (normal, mild, moderate, and severe) of each subscale is determined through its classification table. In this questionnaire, an increase in scores according to the severity table of each subscale means the presence of severe symptoms. Lovibond and Lovibond (1995) reported the validity of this questionnaire as 0.77 and the reliability coefficient of this questionnaire using Cronbach's alpha method as 0.83. They also obtained the reliability of the components as depression (0.89), anxiety (0.84), and stress (0.82). In this study, the reliability coefficient of depression was calculated as 0.80, anxiety 0.82, and stress 0.82.

-2Work Quality of Life Questionnaire (WRQoL-2)

In the present study, this questionnaire, which was developed by Easton and Van Laar (2018), was used to measure work quality of life. This scale has 24 questions and 6 subscales; the subscales include general well-being (questions 4, 9, 10, 15, 17, 21), work-family relationship (questions 5, 6, 14), job satisfaction (questions 1, 3, 8, 11, 18, 20), control at work (questions 2, 12, 23), working conditions (questions 13, 16, 22), and job stress (questions 7, 19). The subscale scores were obtained from a 5-point Likert scale from strongly disagree (1) to strongly agree (5). Individual factor scores were calculated by taking the average of the subscale scores contributing to that factor with the inverse scores for the three items with a negative expression. The range of scores in this questionnaire is between 23 and 115 due to the non-calculation of the score of question 24. From 23 to 71, the quality of work life is low, from 72 to 82, the quality of work life is medium, and from 83 to 115, the quality of work life is high. This questionnaire has standard validity and reliability. In the study of Mazloumi et al. (2017), the face and content validity of the questionnaire was based on the opinions of nurses and head nurses, as well as members of the experts and experts regarding the translation, and the relevance of each question to the main topic was also examined. Mazloumi et al. (2017) reported an

internal consistency coefficient using Cronbach's alpha of 0.92 for the overall score of quality of work life and between 0.63 and 0.97 for its dimensions. In this study, the reliability coefficient of the entire questionnaire was calculated to be 0.93.

-3Job Enthusiasm Questionnaire

In the present study, the Hay Group (2015) questionnaire was used to measure job enthusiasm. This questionnaire includes 4 demographic questions and 64 main questions that also include 2 components, job enthusiasm and empowerment. 61 of its questions are scored based on a 5-point Likert scale (from 1 = strongly disagree to 5 = strongly agree) and 3 of its questions are open-ended. In the study by Davari and Moazami (2015), this questionnaire had standard validity and reliability, and its reliability was reported by Cronbach's alpha method as 0.96 for job enthusiasm questions and 0.94 for empowerment questions. The Cronbach's alpha coefficient in the present study was 0.97.

-4Emotional Intelligence Questionnaire

In the present study, the Goleman (2000) questionnaire was used to measure emotional intelligence. This questionnaire has 33 questions that include 5 main components: self-awareness (questions 6, 10, 12, 14, 24, 27, 32, 33), self-regulation (questions 5, 2, 11, 16, 18, 23, 30), spontaneity (questions 1, 9, 15, 20, 21, 26, 31), empathy (questions 3, 4, 17, 22, 25, 29), and social skills (questions 7, 8, 13, 19, 28). All questions are scored on a 5-point Likert scale (from most of the time to rarely). In some questions, if the subject chooses the first option, he gets a score of one and if he chooses option five, he gets a score of five. Conversely, if the subject chooses option A in questions 1, 9, 12, 20, 14, 13, 31, 33, 18, 22, and 28, he gets a score of five and if he chooses options B, C, D, E, he gets a lower score, respectively. The scoring of other questions is the opposite. The range of scores in this questionnaire was from 33 to 165 and the increase in scores in this questionnaire indicates an increase in emotional intelligence. In the study of Iranzadeh et al. (2013), regarding the validity of the questionnaire from the teachers' perspective and to ensure the instrument's reliability, its value was estimated as 0.95 using the Cronbach's alpha test. In this study, the total reliability coefficient of the questionnaire was calculated to be 0.85.

Findings

In the present study, most of the sample, 289 (83%) were married and 59 (17%) were single. 279 (80.2%) had a diploma, 41 (11.8%) had a post-diploma or associate degree, and 28 (8%) had a bachelor's degree or higher. The average age of the sample was 24.34 years and its standard deviation was 6.02 years. In this section, the data obtained were first analyzed using the Pearson correlation coefficient along with the mean and standard deviation. Also, the research questions were answered using focal correlation analysis. In this regard, multiple collinearity of predictor variables through tolerance and variance inflation factor (VIF) and independence of errors through the Durbin-Watson statistic were used to examine the statistical assumptions of normality through the Kolmogorov-Smirnov test.

Descriptive findings and internal correlation of research variables are reported in Table 1.

Table 1: Descriptive findings and internal correlation of research variables

Variable type	Variable	Average	Standard deviation	1	2	3	4	5
Foreseeing	Quality of work life	**79/43**	**15/31**					
	Job engagement	**192/9**	**35/62**	**0/642****				
	Emotional intellige	**115/11**	**14/2**	**0/375****	**0/246****			

							nce	
		-0/379**	**-0/324****	**-0/296****	**8/78**	**7/42**	Depression	Criteria
	0/952**	**-0/426****	**-0/345****	**-0/307****	**9/76**	**8/69**	Anxiety	
0/958**	**0/957****	**-0/384****	**-0/338****	**-0/299****	**8/21**	**6/18**	Stress	

$^{**}p<0/01$ $^{*}p<0/05$

The results of Table 1 show that the average quality of life, job enthusiasm and emotional intelligence as predictor variables were obtained as 43.79, 9.192 and 11.115 respectively. The average of the criterion variables of depression, anxiety and stress were obtained as 42.7, 69.8 and 18.6 respectively. The results also showed that the internal correlation in the research variables was confirmed ($p<0.01$), which indicates a significant correlation of the research variables. The results of implementing the assumptions of normality, non-collinearity and independence of errors on the scores of the variables of this study are presented in Table 2.

Table 2. Results of the assumptions of data normality, noncollinearity, and independence of errors

Independence of errors	Non-collinearity		Normality		Scale
Durbin Watson	Variance inflation	Tolerance factor	Meaningfulness	Statistics	
2/009	-	-	0/058	1/32	Depression
2/12	-	-	0/052	1/35	Anxiety
2/05	-	-	0/191	1/08	Stress
	0/538	1/86	0/192	1/08	Quality of work life
	0/588	1/7	0/107	1/21	Job engagement
	0/859	1/16	0/144	1/15	Emotional intelligence

Based on the results of the Kolmogorov-Smirnov test in Table 2, it has been shown in all research variables that the null hypothesis of the normal distribution of the scores of the research variables remains, that is, the distribution of the sample scores is normal and similar to the population, and the skewness and elongation are the results of chance (all significance levels are greater than 0.05). The amount of variance inflation in this regression analysis is less than 2.5. The tolerance coefficient is also greater than 0.4. Therefore, the necessary assumptions in this regression have been confirmed. Also, the Durbin-Watson statistic to examine the assumption of independence of errors has been obtained between 1.5 and 2.5, which indicates the confirmation of this assumption.

To examine the relationship between the set of variables predicting the quality of work life, job enthusiasm and emotional intelligence with the set of mental health variables (depression, anxiety and stress), focal correlation analysis has been used. In Table 3, the results of the full model of focal correlation analysis are presented.

Table 3: Significance test for focal correlation analysis

Significance level	Degree of freedom of error	Hypothesis degrees of freedom	F	Value	Group effects

0/001	1032	9	11/07	0/264	Pillai effect
0/001	1022	9	13/11	0/346	Hotelling effect
0/001	832/49	9	12/19	0/739	Wilkes lambda
	-	-	-	0/248	The largest root of zinc

As can be seen in Table 3, the significance of the lambda coefficient ($p<0.001$, $F=12.19$, $\lambda=0.74$) indicates that there is a focal correlation between the two sets of variables with a probability of 99%. Table 4 presents the characteristics of the function resulting from focal analysis in this study.

Table 4: Characteristics of functions resulting from focal analysis

Squared correlation	Focal correlation	Cumulative percentage	Percentage	Special amount	Function number
0/248	0/498	95/44	95/44	0/33	1
0/009	0/099	98/32	2/88	0/01	2
0/006	0/079	100	1/67	0/006	3

As can be seen in Table 4, the squared focal correlation of the functions is 0.248, 0.009 and 0.006 respectively and functions that explain less than 10% of the variance should be discarded and cannot be interpreted. Therefore, the first function explains and explains nearly 25% of the common variance and the second and third functions are not interpreted. Accordingly, the research hypothesis is confirmed and there is a significant relationship between the set of variables of quality of work life, job engagement and emotional intelligence with the set of variables of mental health (anxiety, depression and stress).

Focal coefficients, standard coefficients, correlation between variables and percentage of variance are presented in Table 5.

Table 5: Results of focal coefficients, standard coefficients and correlation between predictor variables with the set of criterion variables

Meaningfulness	**F**	**Error2**	**Error1**	**R^2 Adjusted**	**R^2**	**Predictor variable**
0/001	13/37	211/71	2831/98	0/096	0/104	Quality of work life
0/001	15/79	1125/27	1777/69	0/11	0/12	Career Passion
0/001	26/98	164/76	446/32	0/18	0/19	Emotional intelligence

The results in Table 5 show that each quality of work-life variable explained 10.4% of the mental health variables, job satisfaction 12%, and emotional intelligence 19%. As can be seen, emotional intelligence has the highest level of explanation in this regard. The results of focal loadings for drawing a prediction model for the set of mental health variables (depression, anxiety, and stress) through the predictor variables (quality of work life, job satisfaction, and emotional intelligence) are presented in Table 6 and the resulting model is presented in Figure 1.

Table 6: Results of focal loads

Focal load		Focal functions
0/53	Quality of work life	First function
0/56	Job engagement	
0/88	Emotional intelligence	
0/89	Depression	Second function
0/98	Anxiety	
0/92	Stress	

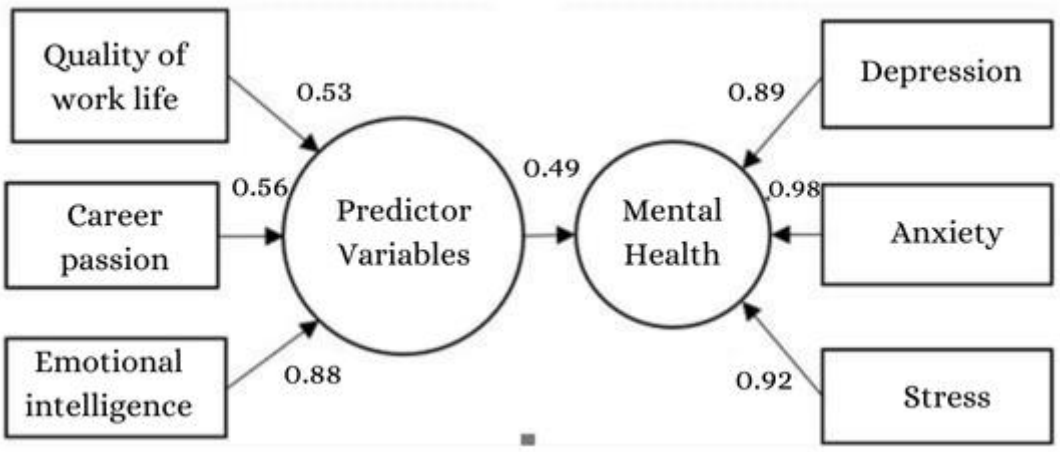

Figure 1: Model resulting from predicting mental health variables (depression, anxiety, and stress) by quality of work life, job engagement, and emotional intelligence

Discussion and Conclusion

The present study was conducted to determine the multiple and simultaneous relationship between quality of work life, job engagement, and emotional intelligence with mental health variables (depression, anxiety, and stress). The results of focal correlation analysis showed that there is a significant relationship between the set of quality of work-life variables, job engagement, and emotional intelligence with the set of mental health variables (anxiety, depression, and stress). Also, each quality of work-life variable, job engagement, and emotional intelligence are predictors of mental health variables, with emotional intelligence having the largest share.

Based on the finding that quality of work life is a predictor of the set of mental health variables (depression, anxiety, and stress) in this study, the results of studies including Bakhshi et al. (2018), Gonzalez-Baltazar et al. (2018), and Goda et al. (2023) were consistent with this finding. Improving the quality of work life through measures can effectively reduce the incidence of depression, stress, and anxiety disorders. In the study of Bakhshi et al. (2018), emphasis was placed on measures such as fair pay and rewards commensurate with employees' professional activities, creating a safe and healthy work environment, providing opportunities for employee advancement, applying the same rules for employees in terms of promotion and pay, and highlighting and utilizing employees' skills and abilities to reduce the incidence of depression, stress, and anxiety. In the study of Gonzalez-Baltazar et al. (15), great emphasis was placed on satisfaction in the concept of quality of work life. They stated that high satisfaction with the quality of work life is a protective factor for not having symptoms of depression or anxiety. Also, Goda et al. (2023) showed a negative and significant relationship between quality of work life and symptoms of depression and anxiety in their study.

In explaining these results, it can be stated that in the present study, the dimensions of quality of work life, according to Easton and Van Laar (2018), include general well-being (mental and physical health), job satisfaction, work-family balance, working conditions, control at work, and job stress. According to studies, these dimensions are related to mental health and are considered environmental factors affecting it. Among the most important of these factors is control at work, in other words, it has been shown that when employees can control the events and happenings in their workplace, their stress is significantly reduced (Mehdad, 2019). Work-family balance is another effective factor that reflects the perception that employees have a complete life inside and outside of their work (Easton & Van Laar, 2018). Therefore, by supporting family life in the organization or employer, employees' anxiety and mental health can be affected (Uzonwanne & Ijide, 2017). Working conditions and a safe work environment are other influential factors, dissatisfaction with which can threaten the foundation of mental health (Zhang et al., 2016). In addition, job stress is one of the most important factors threatening the mental health of employees, which is a harmful physical-emotional reaction and occurs when the requirements of the job do not match the capabilities, resources or needs of the employee (Easton & Van Laar, 2018). Another factor affecting mental health is job satisfaction because people who are interested in their jobs and are satisfied with them suffer less from the harmful effects of stress (Mehdad, 2019). Therefore, by taking appropriate measures to improve these aspects in the work life of employees, their stress, anxiety and depression can be reduced or prevented. Based on the finding that job enthusiasm predicts a set of mental health variables (depression, anxiety and stress) in this study, the results of studies such as Innstrand et al. (2012), Torp et al. (2013), Leijten et al. (2015), and Torp et al. (2023) were consistent with this finding. In the study of Torp et al. (2013), job engagement was positively related to job resources, including control and social support, and negatively related to depression, and was able to mediate the effect of job resources on depression; on the other hand, job demands were positively related to depression, but did not hurt job engagement, and job engagement did not play a mediating role between the relationship between job demands and depression. Also, in the longitudinal study of Leijten et al. (2015), it was shown that physical workload, high psychological job demands, and less autonomy were associated with poorer physical health at baseline. Higher job engagement at baseline was associated with better physical health and especially mental health during the 1-year follow-up. Innstrand et al. (2012) stated in their longitudinal study that job engagement is more of a precursor to anxiety and depression in employees than a consequence of it, and in their study, employee job engagement (especially the energy component) led to a reduction in depression and anxiety over 2 years. Torp et al. (2023) argued that meaning in work and the opportunity to use employees' strengths and potential have the greatest impact on job engagement and low-level job engagement is considered the most important factor in psychological problems. In explaining these results, it can be stated that job engagement is a key criterion in the Job Demand-Resource (JD-R) model (Bakker & Demerouti, 2007) and can be identified through the three components of absorption, energy, and dedication (41). In this model, job resources predict job engagement (Torp et al., 2013) and employees can cope with job demands and show more engagement in their work with the help of job resources (control, social support, meaning in work, decision-making, communication, etc.) (Bakker & Demerouti, 2008). On the other hand, numerous studies have shown that high demands, low control, and low social support are associated with health problems**.**
One is related (Torp et al., 2013). In other words, when individuals' jobs have too many or too few demands, especially a combination of low control and high demands or repetitive and monotonous work, stress and related illnesses increase (Kuhn, 2013). According to the Job Demands-Resources (JD-R) model, two distinct processes lead to poor health and positive organizational outcomes: the stress process and the motivational process (Schaufeli, 2017). The stress process is driven by job demands (such as quantitative and qualitative demands and role conflict), which lead to burnout and ultimately poor health and illnesses. The motivational process is driven by job resources (such as decision-making authority, social support, and meaningful work). This process leads to job engagement and positive organizational outcomes (such as workplace identification, intention to stay at work, and high productivity), which can reduce or prevent psychological problems such as anxiety

and depression (Torp et al., 2023).

Based on the finding that emotional intelligence predicted a set of mental health variables (depression, anxiety, and stress) in this study, studies by Doyle et al. (2021), Wells et al. (2021), Sergi et al. (2021), and Tolsa and Malas (2022) have been consistent with this finding. Higher levels of emotional intelligence lead people to process, express, and regulate their emotions more efficiently. Therefore, high levels of emotional intelligence may potentially lead to increased well-being and reduced psychological problems (Doyle et al., 2021). Sergi et al. (2021) identified emotional intelligence as an important factor and predictor of mental disorders and emphasized the management of emotions to cope with stressful situations. Also, Tolsa and Malas (2022) stated that low levels of emotional intelligence increase stress symptoms and the risk of depression, and high levels are associated with a reduced risk of depression. Also, in their study, it was stated that low emotional capacities are a factor in maintaining disorders. In explaining these results, it can be stated that emotional intelligence plays an important role in active coping strategies through emotional competencies such as self-awareness, self-regulation, motivation, empathy, and social skills and can reduce destructive behaviours (Tolsa & Malas, 2022). Also, emotional intelligence is a predictor of social adaptation; Therefore, it can be assumed that competence and management of emotions are associated with positive mood and greater social support, which can protect individuals from a wide range of psychopathological conditions (Sergi et al., 2021). On the other hand, the inability to control negative emotions is associated with stress and depression, as emotional expression is difficult (Batool & Khalid, 2009). Certainly, appropriate emotion regulation involves inhibitory processes that lead to the control of inadequate emotional states (not their suppression) and, as a result, better individual adaptation. Therefore, the ability to use effective regulatory strategies increases psychological well-being, while the inability to regulate emotions leads to poor mental health. Finally, emotion regulation allows for the control of ruminative thoughts caused by anxiety and depression (Sergi et al., 2021). Overall, emotional intelligence helps people to be resilient in the face of problems and control their emotions, to positively evaluate stressful events and to consider them as challenges and opportunities for learning. Their high ability to adapt to difficulties and manage their emotions leads to them experiencing negative emotions with less intensity (Moroń M and Biolik-Moroń, 2021) and also show lower levels of depression, anxiety and psychological distress (Lea et al., 2019).

In general, the results of the study indicated that quality of work life, job satisfaction, and emotional intelligence are multiple and simultaneous predictors of mental health (depression, anxiety, and stress), with emotional intelligence having the highest level of explanation in these results. Therefore, considering these findings, it is suggested that first, the organization considers emotional intelligence as an essential soft skill, then at the individual level, identify and evaluate the elements of emotional intelligence, and increase it based on training workshops. This should also be done at the group and organizational levels; at the group level, it means coordinating interpersonal driving forces that make groups smarter. At the organizational level, it means revising the hierarchy of values and specifically prioritizing emotional intelligence in hiring, training and development, performance appraisal, and promotion. It is also suggested that factors such as quality of work life and job satisfaction be strengthened through measures in the organization. Some of these measures include: flexibility in time; Considering rewards and benefits commensurate with performance; Empowering employees to file complaints and take them seriously; Creating opportunities for control over work, authority and freedom of action; Minimizing physical hazards and creating favourable working conditions; Allowing employees to participate in decisions that affect them, matching workload to each individual's capabilities and resources, designing motivating tasks, providing clear job descriptions, providing opportunities for interaction, avoiding ambiguity in job security issues, providing training and learning opportunities, creating meritocracy and giving individuals an identity.

The present study, like other studies, has limitations. One of the main limitations of this study is its statistical population; because it includes employees who have had almost the same conditions in terms of working conditions, education (mostly diploma), age and gender (male). In this regard, with the limitation of diversity in age and gender and the lack of diversity, there is a difference in education

level and working conditions, which requires caution in generalizing the results and findings of this study. Therefore, considering this limitation, it is suggested that in future studies, the statistical population should include women with a variety of working and educational conditions in addition to men.

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