



The Influence of Emotional Intelligence on High School Girls Students' Mental Health

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Abstract

Background and purpose: Present study which is of correlation type was done to examine the relation between high school sighted and blind girl students' EI (EI) and mental health in district 4 – Tehran.

Methodology: The universe included all high school sighted and blind girl students in district 4-Tehran. By simple random sampling method a sample of 120 ones were selected. The data were collected by two emotional intelligence GHQ (General Health Questionnaire) and Bar-on questionnaire; the findings were analyzed by SPSS software. Then the results were assessed by descriptive and inferential statistics (Regression analysis, T test and correlation test).

Findings: The gained results confirm that there is a significant relation between high school sighted and blind girl students' EI and mental health and all four hypotheses of the study were right.

Conclusion: EI influences mental health. There is a significant relation between high school sighted and blind girl students' EI and mental health.

Keywords: EI, mental health, GHQ, blind girl students', high school.

Introduction

Emotional intelligence (EI) is a type of non-cognitive intelligence. EI is one of the mind abilities helping people to understand their and others' feelings and conceptions and regulate their feelings and emotions including a set of social and emotional abilities and skills and increase individual success when one encounters with environmental stresses and conditions (Rezaeifar, Niknami et al. 2020). EI is one of the factors playing some role in increasing people's productivity and sufficiency during education (Keshavarz et al., 2018). Benson has defined EI as a necessary ability for people to be successful in personal life and occupational aspects. Baribla believes EI increases people's potential to adapt better, experience less tensions and keep their health. EI is a

personal ability considered as a personality feature and is often measured by self-report; such ability plays some role in adjustment, success, intelligence growth and in managing personal and others' feelings and generally in understanding people's affections (17, 19); meanwhile, it should be noted that EI is defined as ability, knowing and distinguishing affection concepts and meanings, their relations, reasoning about them, solving problems based on them and managing affections, too. So EI is considered as a factor to protect people against occupational stresses (Ciarrochi et.al, 2001). Different studies concerning EI have indicated that EI reinforcement has made people interested in learning science and having more creativity, responsibility, self-confidence and high

authority (Kalantari et al., 2015) and increases mental health and academic achievement (Emami, 2013). Researchers have examined EI as a variable influencing mental health and as a factor for success. A relatively new conception recently taken into consideration by psychologists is EI; probably if such variable is examined more, it will influence other important and essential variables of mental health. Many psychologists are interested in studying this subject to find if it is possible to promote mental health by teaching EI elements (Gatoter, 1983). To present time some definitions have been proposed for "mental health" and all of them have indicated the importance of personality integration. K. Goldstein considers mental health as equilibrium between the members and environment to achieve Self-actualization. Chauhan (1991) defines it as a condition for psychological puberty namely maximal effectiveness and satisfaction gained by individual and social confrontation including positive feedbacks and feelings toward him(her)self and others. Although mental health in mentioned meaning mental health considers itself responsible against all patients and sound people, but more vulnerable groups and people including students, children, youth and handicapped need more protection in relation to mental health (Abolghassemi, 2006). WHO considers health as complete individual physical, social and mental welfare and is not merely lack of illness or physical handicap. In other words, health is not lack of illness or physical handicap, but it includes other factors such as self-satisfaction, life hope and social health, too. Happiness namely life enjoyment is one of the most important stimuli for humans' goals and plays an important role in humans' mental and social health. In a community with happiness more talents actualize and all people benefit from welfare and security (Fardisi et al., 2020); meanwhile, our study indicated that as the result of health the mental health depends on the people's thinking, feeling and practice way. Generally people benefiting from mental health have a positive attitude toward life, they are ready to encounter with life problems and have a good sense toward themselves and others (Mental Health Booklet, 2012). Studies of Ghaderi and Shamsi (2015) indicate positive correlation between people's EI and mental health. Also study of Ruiz-Aranda et al. indicated that people with higher EI have less stress, are more satisfied with their life and are happier. Also our findings indicated high EI increases general health. Also Sabzi et al. (2020) found that teaching EI skills influences significantly mental health. The findings of other studies indicated that EI has relation with mental

health and EI elements may predict mental health. A meta-analytic study indicated that EI is one of the most important variables predicating mental and physical health in a way that high EI has relation with mental and physical health, general health, well-being, self-control, affectivity, social ability and physical signs (23, 22, 21, 20).

EI is one of the important variables which has relation with mental health. Instructional activities to reinforce well-being related to a sector according to Mayral (1990) should be developed to promote mental health; nowadays EI skills are mentioned as the instructions emphasized by researchers. Instructional, promotional and actualizing potentials of EI have drawn increasingly more attention. As a new conception in psychology EI is resulted from intervening two emotional and rational minds. EI is mutual relation of intellect and sensation and considering neither intellect nor sensation is dominant in humans they benefit from a combination of their personal affectional and intellectual potentials to adapt with their environment and encounter with the problems in life. Nowadays EI is discussed in many researches related to personal differences examination. The ability predicating life successes and the essential role of the structure may lead to study EI in most of mental disorders so EI is considered as people's real and potential abilities to recognize and process the emotional data. This type of EI is assessed by objective functions and situations. One of the tasks of the Consultative Services Centers is to provide mental health (Brocken, 1985). Mental health is one of the important and essential conceptions in psychology to which many researchers have paid attention. Different factors may influence people's mental health.

Personal ability to adjust and challenge life problems depends on cohesive emotional potentials. Why are some people more successful than others? Which factors lead to such differences? It is necessary to examine emotional skills to answer such questions because it is supposed that emotional skills lead to the people's success probably due to mental health and EI. So considering the operational aspects of emotion in mental health and help to someone to create mental health it is useful and important to examine such variables in the blind girls as a class of society with special limits and needs. Also considering emotional elements instruction may influence their behavior it is more prominent the necessity to control EI skills. Also due to rare studies in the field in our country it is important and necessary to study in the field; hence, in

actual risky situation it is necessary to know the people susceptible to psychological disorders in different social classes whose their mental health may become at risk in order to find appropriate psychological techniques and approaches to maintain their mental health. So in this study we are to examine EI effect on mental health of high school blind girl students and compare it with high school sighted girl students and find how such phenomenon may promote social mental health as much as possible.

Materials and Methods

This study is descriptive – correlative and enriched by a case study and is to examine the relation between EI and mental health of sighted and blind high school girl students in district 4, Tehran in 2019-2020 school year. The universe included 120 sighted and blind students (60 sighted and 60 blind) by simple random sampling method. The subjects agreed voluntarily with cooperate with the study. Two questionnaires and field research method were used to collect the data; also desk study, internet and database were used to collect the related literature and previous studies. Following questionnaires were used to collect the data:

A: Bar – On EI questionnaire:

In 1980 Reuven Bar-On proposed why some people are more successful than others. He believes EI is a complex of potentials, competences and skills preparing people to adapt with his (her) environment and become successful in his (her) life and emotion is an essential column for the intelligence distinguished it from cognitive intelligence (Mayer, 2001 translated by Noori in 2004). Bar-On has proposed 15 EI components in an EQ (Emotional Quotient) questionnaire. The 15 factors known as EI by Bar-On are as follows:

Emotional self-awareness, self-esteem, self-assertion, Self-actualization, Independence, Empathy, Interpersonal Relationships, Social Responsibility, Problem Solving, Reality Test, Flexibility, Stress Tolerance, Impulse Control, Happiness, Optimism. In addition to above 15 subscales Bar-On proposed two validity subscales used in validity assessment resulted from test; they are as follows:

1 –Positive image (PI) presentation:

This subscale is used to measure the inclination to give exaggerative positive reply.

2 –Negative image (NI) presentation:

This subscale is used to measure the inclination to give exaggerative negative reply.

The EQ validity has been assessed by several devices in samples of different universes in different conditions since 1983 and the validity has been certified and generally the Bar-On's study indicated that non-cognitive EI structure is assessed by five combined factors. The reliability was reported 85 and 75 percent after one and four months, respectively (Bar-On, 1977). The measurement scale was Likert spectrum questionnaire.

B : GHQ 28 (General health questionnaire): This questionnaire was created by Goldberg in 1972 to know mental disorders other than psychoses; it was used vastly to diagnose weak disorders and screen psychological disorders other than psychoses in treatment centers and other societies. This questionnaire has been used vastly in survey researches, general medicine and outpatient treatments and Goldberg (1972) stated that GHQ 28 isn't to find serious disorders such as schizophrenia or psychopathic depression; it is about malaises, disorders and personal general health with emphasis on present physical and social psychological problems and diagnoses and health states namely personal health is assessed by it. The questionnaire whose original form included 60 questions has been renewed repeatedly and is appropriate to different conditions and cultures and several forms of 12, 20, 28, 30 and 43 questions have been issued from it (Chong & Spears, 1994). The questionnaire was issued by factor analysis method on a long form and includes 4 scales and each scale has 7 questions. The scales are as follows:

- 1 – Physical disorders.
- 2 –Anxiety and Insomnia.
- 3 –Disorder in social function.
- 4 –Severe depression.

Goldberg reported 83 percent correlation between GHQ scores and the findings from assessing clinically disorders severity. In Iran many studies done related to different school and university students' and employees' universes and the Persian questionnaire reliability was reported as 62 and 92 percent.

The questionnaires were filled out by selecting 60 sighted and 60 blind girl high school students in the presence of the researcher; so none of the

questionnaires was lost nor incomplete because of the researcher's presence; in addition, the researchers answered all the probable questions of the subjects. It should be noted that the executors promised the subjects that all their replies and explanations would be kept secret; also the subjects' first names and surnames were not mentioned on the questionnaires. The data were analyzed by mean statistical indexes, SD, Pearson correlation coefficient and multivariable regression by gradation method.

Findings

First hypothesis: There is a significant relation between sighted and blind girl high school students' EI.

Test "t" was used to examine if the sighted high school girl students' EI differs from the blind ones'. Table 1 shows briefly the descriptive statistics of the EI variable. Table 2 shows the findings of test "t" to compare EI variable mean between the sighted and blind girls. Considering the significance rate of Levene's test which is more than 0.05 in Table 2 we accept that the variances are not equal between the sighted and blind girls. Then considering the significance rate of Test "t" is less than 0.05 in Table 2 we conclude that there is a significant difference between sighted (3.809) and blind (3.555) girl high school students' EI means. So due to significant difference between the means and the sighted girls' mean is more in amount of 0.254 the H1 is accepted.

Figure 1: EI variable mean.

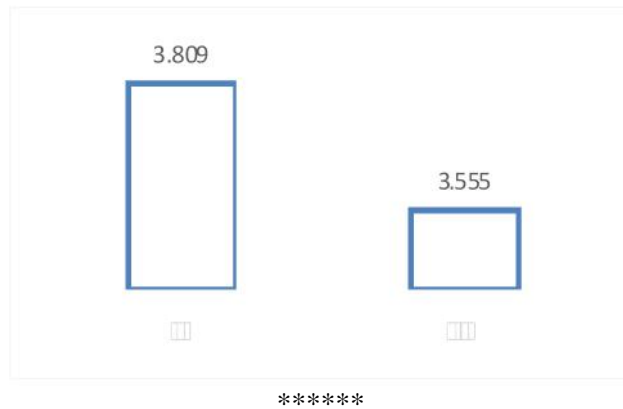


Table 1 : EI Variable Descriptive Statistics:

| | Abundance | Mean | SD | Mean standard error |
|---------|-----------|-------|-------|---------------------|
| Sighted | 60 | 3.809 | 0.367 | 0.067 |
| Blind | 60 | 3.555 | 0.404 | 0.074 |

Table 2: "t" Test Findings For EI Variable:

Levene's test "t" Test

| Statistic 'F' | Significance rate | Statistic 't' | Freedom degree | Significance rate | Mean difference | Percent distance | confidence | 95 |
|---------------|-------------------|---------------|----------------|-------------------|-----------------|------------------|------------|----|
| | | | | | | Low limit | High limit | |
| 0.371 | 0.545 | 2.550 | 118 | 0.013 | 0.254 | 0.099 | 0.055 | |
| | | 2.550 | 117.470 | 0.013 | 0.254 | 0.099 | 0.055 | |

Equal and unequal variances.

Hypothesis 2:

There is a significant difference between high school sighted and blind girl high school students' mental health.

Test "t" was used to examine if the sighted high school girl students' mental health differs from the blind ones'. Table 3 shows briefly the descriptive statistics of the mental health variable. Table 4 shows the findings of test "t" to compare mental health variable

mean between the sighted and blind girls. Considering the significance rate of Levene's test which is more than 0.05 in Table 4 we accept that the variances are not equal between the sighted and blind girls. Then considering the significance rate of Test "t" is less than 0.05 in Table 4 we conclude that there is a significant difference between sighted (3.928) and blind (3.539) girl high school students' mental health means. So due to significant difference between the means and the sighted girls' mean is more in amount of 0.254 the H2 is accepted.

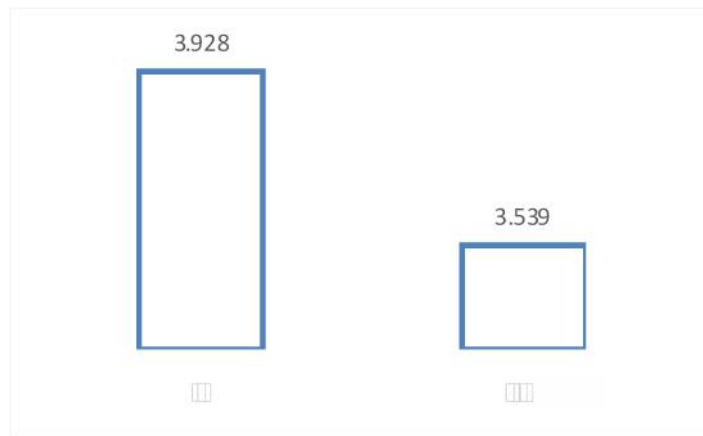


Figure 2 – Mental Health Variable Mean.

Table 3: Descriptive Statistics of Mental Health Variable:

| | Abundance | Mean | SD | Mean standard error |
|---------|-----------|-------|-------|---------------------|
| Sighted | 60 | 3.928 | 0.421 | 0.007 |
| Blind | 60 | 3.539 | 0.548 | 0.100 |

Table 4 : Findings of 't' Test For Mental Health Variable:
Levene's test "t" Test

| Statistic 'F' | Significance rate | Statistic 't' | Freedom rate | Significance rate | Mean difference | Percent distance | confidence | 95 |
|---------------|-------------------|---------------|--------------|-------------------|-----------------|------------------|------------|----|
| | | | | | | Low limit | High limit | |
| 1.297 | 0.259 | 3.082 | 118 | 0.003 | 0.389 | 0.126 | 0.136 | |
| | | 3.416 | 114.416 | 0.003 | 0.389 | 0.126 | 0.136 | |

Equal and unequal variances.

Hypothesis 3:

The sighted girls' EI influences their mental health.

At first we deal with the correlation between EI and mental health in the sighted girls to test the H3.

Considering the significance rate is equal to 0.000 in Table 5 the significant correlation is certified between EI and mental health as 95 percent confidence. Considering the Pearson correlation coefficient is 0.400 in Table 5 the relation is direct and positive in relatively mean rate.

Table 5: Correlation Test:

EI and Mental Health Correlation in Sighted Girls:

| EI | | Mental Health |
|----|---------------------------------|---------------|
| | Pearson Correlation Coefficient | 0.440 |
| | Significance Rate | 0.000 |
| | Numbers | 60 |

We used regression analysis to test if sighted girls' EI influences their mental health or not. We are to find what happened if the independent variable (EI) changes, which change appears in the dependent variable (Mental health). The coefficient defining variance application rate indicates the sighted girls' mental health variable by EI variable. Considering the rate of adjusted determination coefficient (0.145) a weak fitness is presented from mental health changes by EI. In fact, EI variable has been able to create 14.50 percent of the mental health changes. One of the regression hypotheses is errors independence and if

the errors independence hypothesis is refused and the errors have correlation with each other, it is not possible to use regression. Durbin-Watson statistic is used to examine the errors independence from each other so if the Durbin-Watson statistic is in the 1.5 and 2.5 distance, the correlation between the errors is refused and it is possible to use regression. The amount of Durbin-Watson statistic is 1.870 indicating the errors are independent from each other and there is no autocorrelation between the errors so the correlation hypothesis is refused and it is possible to use regression.

Table 6: Model Summary:

| Correlation coefficient | Determination coefficient | Adjusted determination coefficient | Estimation standard error | Durbin- Watson |
|-------------------------|---------------------------|------------------------------------|---------------------------|----------------|
| 0.400 | 0.160 | 0.145 | 0.436 | 1.870 |

Table 7 indicates the variance analysis between EI (As independent variable) and mental health (As dependent variable); by virtue of the Table general significance of regression model is proved by following statistical hypotheses:

Opponent Hypothesis: There is linear relation between the two variables.

Zero Hypothesis: There is no linear relation between the two variables.

Considering the significance is less than 5 percent it is certified that the relation between the two variables is linear.

Table 7: ANOVA (Regression Variance Analysis):

| Model | Total squares | Freedom degree | Mean Squares | 'F' statistic | Significance |
|------------|---------------|----------------|--------------|---------------|--------------|
| Regression | 2.095 | 1 | 2.095 | 11.040 | 0.002 |
| Remainder | 11.004 | 58 | 0.190 | | |
| Total | 13.098 | 59 | | | |

Table 8: Regression Equivalent Coefficients:

| Model | Non-standardized coefficients | Standard error | Standardized coefficients | 't' statistic | Significance |
|--------------|-------------------------------|----------------|---------------------------|---------------|--------------|
| | B | | Beta | | |
| Fixed amount | 2.306 | 0.302 | | 7.627 | 0.000 |
| EI | 0.321 | 0.097 | 0.400 | 3.323 | 0.002 |

Considering the significance of regression coefficient equality test and fixed rate with zero is less than 5 percent so the hypothesis indicating the two coefficients are equal to zero is refused and we should not exclude them from regression equivalent; thus, regression equivalent is certified in above mentioned model. The Beta column coefficient indicates when the SD increases in sighted girls' EI their mental health increases 9.400 in SD, too. Considering above data zero hypothesis is refused and we agree with the study hypothesis. So the sighted girls' EI influences their mental health and considering EI coefficient is positive in the equivalent the influence is positive. So the H3 is certified, too.

Hypothesis 4:

The sighted girls' EI influences their mental health.

At first we deal with the correlation between EI and mental health in the blind girls to test the H4. Considering the significance rate is equal to 0.000 in Table 9 the significant correlation is certified between EI and mental health as 95 percent confidence. Considering the Pearson correlation coefficient is 0.662 in Table 4 the relation is direct and positive in mean rate.

Table 9: Correlation Test:

EI and Mental Health Correlation in Sighted Girls:

| EI | | Mental Health |
|----|---------------------------------|---------------|
| | Pearson Correlation coefficient | 0.662 |
| | Significance Rate | 0.000 |
| | Numbers | 60 |

We used regression analysis to test if blind girls' EI influences their mental health or not. We are to find what happened if the independent variable (EI) changes, which change appears in the dependent variable (Mental health). The coefficient defining variance application rate indicates the blind girls' mental health variable by EI variable. Considering the rate of adjusted determination coefficient (0.429) a moderate fitness is presented from mental health changes by EI. In fact, EI variable has been able to create 42.90 percent of the mental health changes. One of the regression hypotheses is errors independence

and if the errors independence hypothesis is refused and the errors have correlation with each other, it is not possible to use regression. Durbin-Watson statistic is used to examine the errors independence from each other so if the Durbin-Watson statistic is in the 1.5 and 2.5 distance, the correlation hypothesis between the errors is refused and it is possible to use regression. The amount of Durbin-Watson statistic is 1.681 indicating the errors are independent from each other and there is no autocorrelation between the errors so the correlation hypothesis is refused and it is possible to use regression.

Table 10: Model Summary:

| Correlation coefficient | Determination coefficient | Adjusted determination coefficient | Estimation standard error | Durbin- Watson |
|-------------------------|---------------------------|------------------------------------|---------------------------|----------------|
| 0.662 | 0.438 | 0.429 | 0.405 | 1.681 |

Table 11 indicates the variance analysis between EI (As independent variable) and mental health (As dependent variable); by virtue of the Table general significance of regression model is proved by following statistical hypotheses:

Zero Hypothesis: There is no linear relation between the two variables.

Opponent Hypothesis: There is linear relation between the two variables.

Considering the significance is less than 5 percent it is certified that the relation between the two variables is linear.

Table 11: ANOVA (Regression Variance Analysis):

| Model | Total squares | Freedom degree | Mean Squares | 'F' statistic | Significance |
|------------|---------------|----------------|--------------|---------------|--------------|
| Regression | 7.413 | 1 | 7.413 | 45.256 | 0.000 |
| Remainder | 9.500 | 58 | 0.164 | | |
| Total | 16.913 | 59 | | | |

Table 12: Regression Equivalent Coefficients:

| Model | Non-standardized coefficients | Standard error | Standardized coefficients | 't' statistic | Significance |
|--------------|-------------------------------|----------------|---------------------------|---------------|--------------|
| | B | | Beta | | |
| Fixed amount | 1.580 | 0.290 | | 5.445 | 0.000 |
| EI | 0.590 | 0.088 | 0.662 | 6.727 | 0.000 |

Considering the significance of regression coefficient equality test and fixed rate with zero is less than 5 percent so the hypothesis indicating the two coefficients are equal to zero is refused and we should not exclude them from regression equivalent; thus, regression equivalent is certified in above mentioned model. The Beta column coefficient indicates when the SD increases in blind girls' EI their mental health increases 0.662 in SD, too. Considering above data zero hypothesis is refused and we agree with the study hypothesis. So the blind girls' EI influences their mental health and considering EI coefficient is positive in the equivalent the influence is positive. So the H4 is certified, too.

Conclusion

Present study is to examine and compare sighted and blind high school girls students' EI and mental health; the analyzed data indicated a significant difference between the sighted and blind high school students' EI and mental health means. Also when the sighted students' EI increases their mental health increases, too and when the blind students' EI increases their mental health increases, too.

The findings of present study are in accordance with the findings of Ghaderi's and Shamsi's study (2015), Ruiz-Aranda's et al. study (2013) and Sabzi's et al. study (2020) indicating there is a relation between EI and mental health.

By virtue of above mentioned findings it can be said that people with high EI.

They are able to resist better against different stresses related to their profession, family, social relations, etc. and solve their problems effectively because they know their affections and emotions, powerful and sound management, self-regulation of their affections and self-motivation, powerful empathy and social skills (Soltanabadi & Beikmoradi, 2020). So it is possible to use the data gained in present study to increase people's EI with special needs specially the blind and low sighted ones by reinforcing EI components finally led to better life and more adjustment for such vulnerable class. Also people with more contact with the blind and low sighted are guided to emphasize on which components of the blinds' and low sighted people's EI and which components need more reinforcement and instruction; so the blind

people's life quality and mental health are ameliorated. As mentioned in the present study analysis and determination there is relation between the sighted and blind high school students' EI and mental health so we suggest the family with blind or low sighted member(s) should know the importance of EI in their life and it is necessary to teach the families the approaches and strategies to create and increase the importance. Also it is necessary to pay more attention to the EI aspects in the centers and schools and having known its components the authorities should create the conditions necessary to apply them for the blind and low sighted people; each component should be examined separately to define which one is stronger and which one should be reinforced; which ones are more effective and which is less important in their life. Considering a few studies done in relation to the blind and low sighted people's EI and mental health the present researcher had few references and sources so it was not possible to compare, discuss and comment a lot.

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