

Original Article



Relationship with Emotional Intelligence and General Health among Male Smoker Staff in Urmia University of Medical Sciences

Shima Yadegar Tirandaz¹, Mohammad Hasan Sahebihagh¹, Hossein Namdar Areshtanab², Hossein Jafarizadeh³, Mohammad Asghari Jafarabadi⁴

ARTICLE INFO

Article type: Original article Article History: Received: 9 Nov. 2017

Accepted: 10 Sep. 2018 ePublished: 1 Dec. 2019

Keywords:

Emotional intelligence, Health, Smoking

*Corresponding Author: PhD in nursing. Email: Sahebihagh@yahoo.com

ABSTRACT

Introduction: One of the important factors in determining success in life is emotional intelligence. It could be considered as a protective factor against health threatening behaviors, including smoking. Considering the effect of emotional intelligence on the health of people and the amount of smoking in smokers, the present study aimed to investigate the relationship between emotional intelligence and general health in the male smokers.

Methods: In this descriptive-correlational study, 350 male smokers who were working in Uremia University of Medical Sciences were recruited, using convenience sampling. The instruments used in this study were demographic information questionnaires, Cyberia Shrink standard questionnaire, and 28-Question General Health Questionnaire (GHQ-28).

Results: The mean score (SD) of emotional intelligence and the mean score (SD) of general health were 110.26 (16.24) and 23. 60 (13.27), respectively. There was a significant negative relationship between emotional intelligence and general health scores.

Conclusion: Individuals with higher emotional intelligence scores had a better physical and mental health status. Therefore, teaching emotional intelligence can increase physical and mental health of the individuals through reducing risky behaviors.

Citation: Yadegar Tirandaz Sh, Sahebihagh MH, Namdar H, Jafarizadeh H, Asghari Jafarabadi M. Relationship with emotional intelligence and general health among male smoker staff in Urmia university of medical sciences. J Caring Sci 2019; 8 (4): 225-30. doi:10.15171/jcs.2019.032

Introduction

Smoking is the only cause of disability and early mortality, which could be preventable ^{1,2} and one of the biggest health threats that plays an important role in the development of chronic diseases such as cancer, cardiovascular diseases, and related mortalities. ^{3,4} Cigarette is the dominant form of tobacco throughout the world, which is important because of its dependence on nicotine. ⁵ If the current pattern of smoking and cigarette (tobacco) consumption continues, smoking-related deaths are expected to increase from 5 million in 2015 to 10 million in 2030. ⁶

Emotional intelligence is one of the psychological factors that can influence people's tendency to cigarette smoking.⁷ It is a set of individual abilities to understand one's own feelings and the feeling of others, differentiate between them and use this information as a guide to one's own thinking and behavior. In fact, the capacity to understand feelings, to combine feelings of emotions and to manage them".⁸ the components of emotional intelligence, from the perspective of Daniel Goleman who considers it a key to success in life, include self-awareness, recognition of the causes of emotions, self-regulation and regulation of emotions, empathy, motivation and correct decisioning, ability to understand

and analyze relationships, creative thinking and balanced life⁹ Emotional intelligence includes verbal and nonverbal assessment and expression of emotions, regulation of emotions in oneself and others, and the use of emotional content in problem solving.¹⁰

Emotional intelligence makes people adapt themselves to or cope with positive or negative life events if they are confronted with them.⁷ One of the strategies used by people with low emotional intelligence to cope with stress is health-threatening behaviors such as smoking, which can lead to health problems.¹¹ Studies showed that people with high emotional intelligence are more capable of understanding realities; are more flexible to changes in social environments and creation of supportive groups actually experience less negative events in life.^{12,7}

In addition, people who can adjust, understand and evaluate their emotional states can effectively adjust their moods. This set of features suggests that there should be a direct link between emotional intelligence and physical and mental health.¹

Health means having the complete ability to play social, mental, and physical roles; therefore, it is not only lack of illness or disability. In fact, general health refers to the triple physical, psychological, and social responses to internal and external stimuli to maintain stability and convenience.¹³ the concepts of mental health, goodness

¹Department of Community Health Nursing, Nursing and Midwifery Faculty, Tabriz University of Medical Sciences, Tabriz, Iran

²Department of Psychiatric Nursing, Nursing and Midwifery Faculty, Tabriz University of Medical Sciences, Tabriz, Iran

³Department of Community Health Nursing, Patient Safety Research Center, Nursing and Midwifery Faculty, Uremia University of Medical Sciences, Uremia, Iran

⁴Department of Statistics and Epidemiology, Road Traffic Injury Research Center, Faculty of Health, Tabriz University of Medical Sciences, Tabriz, Iran

and self-efficacy, self-reliance, competitive capacity, intergenerational membership, self-actualization, and potential intellectual abilities are emotional. Emotional Intelligence is an essential and important factor for mental health and plays an important role in shaping the interaction of individuals and their work environment.

In the main pattern of intelligence, introduced by Meyer and Salo, there are a series of learnable basic skills that can be advanced with age and increased life experiences. 9,15,16 it also has a moderating role between stress and mental health. Individuals with high levels of emotional intelligence are expected to effectively adapt themselves to environmental demands and pressures resulting from job stress. Therefore, emotional intelligence is strongly associated with both mental and physical health, and its increase plays an important role in health performance. 1

Considering the prevalence of smoking in the province of West Azerbaijan, 14% (11% of the country's prevalence)¹⁷ and The effect of emotional intelligence and its dimensions on the health status of people, as well as the status of smoking and its dependence on smokers, Therefore, this study was designed with the aim of investigating emotional intelligence and general health and their relationship with smokers working in Uremia University of Medical Sciences.

Materials and method

This study has been approved by the Vice-Chancellor of Research and Technology of Tabriz University of Medical Sciences and with the ethical code IR.TBZMED.REC.1395. 695. This research is a descriptive-correlational study in which 350 male smokers employed in the department of management and treatment of Uremia University of Medical Sciences were selected through convenience sampling in 2016. The sample size of the study was calculated using Pocock formula based on the main outcomes of study: "Relation between head masters' general health and emotional intelligence and job satisfaction of teachers" Considering a confidence of 0.95, a power of 0.8 using information obtained in the pilot of the study, at least 350 cases was calculated. The inclusion criteria included: the person is smoking in one of the chain-smokers (consuming more than 20 threads per day), active smokers (consuming at least 7 packs a week), inactive (less than 7 packs per week)18 having at least 5th elementary education so as to be capable of completing the questionnaire; a willingness to participate in the research; being a staff member of Uremia University of Medical Sciences; being male; having no addiction to other narcotic substances and, lacking a history of psychiatric treatment as declared by the person

The exclusion criteria were: addiction to consuming drugs other than cigarettes; a history of alcohol consumption; having a history of psychiatric treatment; not completing the questionnaires.

In order to achieve the goals, a demographic questionnaire, (Cyberia shrink) a standard questionnaire

and a General Health Questionnaire (GHQ-28) were used. Cyberia shrink emotional intelligence instrument: Emotional intelligence questionnaire has 33 questions¹⁹ designed to examine 5 dimensions of emotional intelligence, including self-esteem, self-awareness, self-control, empathy, and social skills. The scoring method of this questionnaire is done on the 5 point Likert scale.²⁰

Scores range from 33 to 165. This questionnaire was translated and standardized by Mansouri in the form of a master's thesis.²¹ the reliability of the test has been reported to be more than 80% in various studies using the calculation of Cronbach's alpha. The validity of the test, in the form of concurrent validity and construct validity, was examined through an evaluation of internal consistency and convergent and divergent factor analysis.²² the reliability of this questionnaire was reported by Jerabket, using split-half method; and Cronbach's alpha coefficient was reported to be 0.94% and 0.81% respectively.¹⁹

In Abdolmaleki's study, the reliability of the questionnaire of emotional intelligence of Cyberia shrink was reported to be 0.89. The validity of this report has been reported by various appropriate and acceptable measurement methods.²³

The General Health Questionnaire (GHQ-28): it is a screening instrument for the diagnosis or risk of mental disorders²⁴ designed by Goldberg and Williams for research purposes. It has also been designed to measure mental health problems in four areas of depression, anxiety, physical symptoms, and social isolation. ¹⁶⁻²⁴ the scoring method of this questionnaire is simple Likert scale (0,1.2,3). The overall health score ranges from 0 to 84. High scores indicate poor general health. ¹¹ The general health scores of 0-27, 28-55, and 56-84 of each of the studied units is considered normal, somewhat desirable, and undesirable respectively. ²⁵ This instrument has internal consistency (alpha=0.92). ¹¹ The reliability coefficients in various studies range from 0.78 to 0.95. ²⁴

In the study of Taghavi, the reliability of the questionnaire was reported to be 0.93, close to Goldberg and William's study. Its validity was also used through simultaneous narration. The correlation coefficient of the two questionnaires of GHQ and the Middlesex Hospital Questionnaire (MHQ) is similar to the results of validation overseas, such as Iceland and Australia.²⁶

In order to collect data, after receiving the necessary letters of reference and coordinating with the head of each department, male smoker employees were identified conveniently and purposively to participate in the study. The research objectives were then explained to the participants and they were asked if they would like to participate in the study. They were also assured that their information would remain confidential. The collected data was analyzed by SPSS (version 13.0, Chicago, IL,USA). (P<0.05).

Results

A total of 350 male smokers working in the Urmia University of Medical Sciences participated in this study.

Their demographic characteristics and statistical analysis of the demographic variables is illustrated in (Table 1).

The results of this study indicated that the mean (SD) score of emotional intelligence in the participants was 110.26(16.24). 23.60 (13.27). Out of the dimensions of this variable, the impaired social functioning had the highest mean 7.50(3.50) and depression had the lowest mean 3.32(4.26). According to the results of Pearson correlation test, there was a significant inverse relationship between emotional intelligence and general health scores (correlation coefficient: -0.654 and significance P<0.001).

There was also a significant inverse relationship between the scores of emotional intelligence and general health dimensions (Table 2) and there was also a significant inverse relationship between emotional intelligence dimensions scores (Table 2, 3).

Table 1. Frequency and percentage, mean and standard deviation, significance, and test statistics of emotional intelligence and general health scores by demographic characteristics

Variable	N (%)	Emotional intelligence Mean (SD)	Statistical indicator	General health Mean (SD)	Statistical indicator
Age			P=0.92, F=0.15		P=0.33, F=1.13
Less than 30 years Between 31-40 years Between 41-50 years More than 50 years	70(22.0) 145(41.4) 90(25.7) 38(10.9)	110.01(15.85) 110.37(15.25) 109.35(18.33) 110.42(15.94)	1-0.13	24.48(14.45) 24.05(12.28) 23.25(14.60) 20.21(10.78)	1-1.15
Marital status			P=0.92, F=0.15		P=0.33, F=1.13
Single Divorced	44(12.6) 2(0.5)	110.65(16.31) 120.00(21.12)		25.00(14.18) 16.25(4.94)	
Number of children			P=0.16, F=1.58		P<0.001, F=3.88
Without any children One child Two children Three children Four children Five children	77(22.0) 94(26.8) 135(38.6) 31(8.9) 12(3.4) 1(0.3)	111.77(16.67) 109.93(15.16) 109.45(15.73) 111.87(18.34) 111.33(19.10) 112.65(12.35)	1.50	22.74(12.24) 26.05(13.62) 22.22(12.73) 23.70(13.69) 21.33(13.02) 12.56(11.23)	7 = 3.00
Education			P=0.56, F=0.73		P=0.92, F=0.22
Less than high school diploma High school diploma Associate degree Bachelor's Master's degree and more	53(15.1) 96(27.4) 63(18.0) 113(32.3) 25(7.2)	109.39(17.36) 108.30(16.06) 111.87(15.40) 111.58(16.53) 109.56(15.55)	1-0.73	23.58(14.32) 24.44(13.38) 23.15(12.56) 23.55(13.38) 21.08(10.06)	1-0.22
Type of employment			P=0.07, F=2.62		P=0.28, F=1.24
Permanent Contractual Others	103(29.4) 172(49.2) 75(21.4)	110.88(16.19) 108.47(15.07) 113.49(18.41)	1-2.02	21.88(11.90) 24.41(12.99) 24.12(15.47)	1-1.24
Duration of employment			P=0.85, F=0.69	(,	P=0.11, F=2.19
1-10 years 11-20 years More than 20 years	178(50.9) 101(28.9) 69(20.2)	110.20(15.86) 109.73(16.01) 111.11(17.66)	1-0.03	24.29(13.27) 24.46(13.57) 20.67(12.60)	1-2.13
Income	, ,	, ,	P=0.52, F=0.74	,	P=0.46, F=0.85
Between 1 and 2million tomans Between 2 and 3million tomans More than 3 million tomans Between 1 and 2million tomans	45(12.9) 232(66.3) 62(17.7) 11(3.1)	110.60(19.56) 109.5(15.41) 114.4(14.96) 116.18(24.61)	1-0.74	26.08(15.82) 23.56(13.07) 21.09(12.02) 23.72(13.16)	1-0.03
Income status			P=0.12, F=2.11		P=0.22, F=1.48
Expenditures > income Expenditures = income Expenditures < income	273(78) 65(18.6) 13(3.4)	109.61(16.32) 111.36(15.94) 119.00(14.34)	, 2,22	24.14(13.33) 22.32(13.49) 18.33 (9.24)	1 2110
Living place	, ,	, ,	P=0.64, F=0.43	,	P=0.21, F=1.25
City Village Outskirts	312(89.1) 28(8.0) 10(2.9)	110.49(19.19) 109.17(15.70) 106.00(20.03)	1-0.43	23.33(12.99) 24.46(13.77) 29.90(19.53)	1-1:25
Housing status		. ,	P=0.47, F=0.51		P=0.007, F=7.37
Personal Leased	220(62.9) 130(37.1)	110.74(15.81) 109.44(16.97)		22.14(12.68) 26.09(13.91)	
Smoking status Smoking	309(88.3)	109.77(16.28)	P=0.12, F=2.31	2401(13.31)	P=0.11, F=2.45
Quitted	41(11.7)	113.87(15.68)		20.56(12.37)	

Table 1 (Continue). Frequency and percentage, mean and standard deviation, significance, and test statistics of emotional intelligence and general health scores by demographic characteristics

Variable	N (%)	Emotional intelligence Mean (SD)	Statistical indicator	General health Mean (SD)	Statistical indicator
Duration of smoking			P=0.25, F=1.37		P=0.45, F=0.87
Between 1-10 years Between 11-20 years Between 21-30 years	132(37.7) 119(34.1) 67(19.1)	111.32(14.56) 110.44(14.64) 110.40(14.18)		23.55(12.79) 23.87(13.32) 21.89(11.46)	
Age of commencement of smoking	32(9.1)		P=0.56, F=0.57		P=0.13, F=1.99
Under 18 years Between 18-28 years More than 28 years	122(34.8) 192(54.9) 36(10.3)	109.66(17.99) 110.13(15.36) 112.94(14.65)		24.88(14.48) 23.49(13.83) 19.88 (10.60) 19.88(10.60)	
Daily cigarette consumption			P<0.001, F=9.94		P<0.001, F=9.16
Under 10 cigarettes Between 10-20 cigarettes Between 21-30 cigarettes More than 30 cigarettes	167(47.7) 151(43.1) 21(6.0) 11(3.2)	113.18(14.24) 109.88(15.07) 96.14(19.35) 97.90(25.04)		21.40(11.66) 23.76(12.09) 34.66(16.66) 33.81(19.61)	
Weekly cigarette consumption			P<0.001, F=6.72		P<0.00, F= 5.73
Under 70 cigarettes Between 70-140 cigarettes Between 141-210 cigarettes	165(47.1) 57(16.3) 16(33.2) 12(3.4)	113.52(13.90) 110.12(13.51) 107.06(18.30) 96.91(24.34)		21.39(12.05) 23.43(12.57) 25.63(13.74) 35.25(19.46)	

Table 2. Relationship between general healths dimensions scores

Variable	Relationship	Physical symptoms	Anxiety	Social isolation	Depression
Emotional intelligence	r	-0.530	-0.605	-0.440	-0.598
	Р	<0.001	<0.001	<0.001	<0.001
	N	350	350	350	350

Table 3. Relationship between emotional intelligence dimensions scores

Variable	Relationship	Self-esteem	Self-awareness	Self-control	Empathy	Social skills
General health	r	-0.507	-0.574	-0.529	-0.479	-0.473
	P	< 0.001	< 0.001	< 0.001	< 0.001	< 0.001
	N	350	350	350	350	350

Discussion

Since there is no baseline for the score for emotional intelligence, and in different studies, the high score of emotional intelligence in the range of 165-133 is considered to be better. Therefore, according to the mean of the study, the emotional intelligence of male smoker staff at the university of science Urmia medical center is relatively high. General health status of the male smoker's staff of Urmia University of Medical Sciences is classified according to the health status as normal.

Emotional intelligence is a kind of ability that leads an individual to effectively use his cognitive intelligence and his skills; as a learning skill, it can be strengthened through training and can increase the ability to solve a problem and help individuals adapt to the environment, which ultimately leads to improving the health and self-esteem of stress and stress; on the other hand, by training and thus enhancing emotional intelligence, it is possible to control the conversion of addictive substances, including cigarettes, which can result from failures, and an inability to solve problems.

There was an inverse association between the

scores of intelligence and general health in smokers, with increased intelligence scores and self-control skills, self-control, empathy and social skills in smokers, general health scores and physical symptoms, social dysfunction, anxiety and depression. They decrease, which means that the higher the emotional intelligence score in the smoker is, the better their physical and mental health will be than the smoker with a low intelligence score, in fact, the more people are able to understand and control their feelings and others and establish a constructive relationship with others are; Less to health-related behaviors, such as smoking due to the lack of control over the resulting emotions, will be less susceptible to physical and mental disorders; this finding is consistent with the findings of other studies. The study of Abdolmaleki et al., showed that there is a significant reverse relationship between the dimensions of intelligence and its relationship with general health and its dimensions.²³

The study of Namazi et al., also confirms a significant correlation between the mean total score of general health and emotional intelligence.¹⁴

The study by Tsaousis et al., conducted on adults, shows that there is a correlation between the high

score of emotional intelligence and the low score of physical and mental health, which can increase physical and mental health by increasing intelligence.11 Another study, conducted by Slaski et al., also shows a significant link between intelligence, health and performance, in naddition to the fact that intelligence plays an important role in flexibility and stress adjustment, so if it can be developed through training, stress can be managed.¹⁶

A review of Kun et al., showed that low levels of emotional intelligence are associated with smoking. In fact, emotion perception and reasoning act as a protective factor against smoking.²⁷

Awareness of your feelings (the consciousness dimension) plays an important role in the general health of the people, which is also in line with other studies in this study.28 Indeed, the more one understands their feelings, and it can easily be answered more reasonably in different stressful situations.

Conclusion

The emotional intelligence of the male smoker's staff of Uremia University of Medical Sciences is relatively high, general health of male smokers working in the Uremia University of Medical Sciences is normal.

Regarding the relationship between intelligence and general health in smokers, it can be concluded that smokers with high intelligence have a better general health than smokers with low emotional intelligence. In fact, intelligence is a set of skills and the ability to adapt to others and the environment, and give a suitable response to them. It can be strengthened through education.

Acknowledgments

This paper has been extracted from a master's thesis in Community Health Nursing, conducted in Tabriz University of Medical Sciences. It has been sponsored by Tabriz University of Medical Sciences and cofunded by Uremia University of Medical Sciences.

The authors of this paper are grateful to the abovementioned universities and all the participants in the study.

Ethical issues

None to be declared.

Conflict of interest

The authors declare no conflict of interest in this study.

References

1. Cinciripini PM, Wetter DW, McClure JB. Scheduled

- reduced smoking: Effects on smoking abstinence and potential mechanisms of action. Addict Behav 1997; 22 (6): 759-67. doi: 10.1016/S0306-4603(97)00061-0
- 2. Lakier JB, Jeffrey B. Smoking and cardiovascular disease. American Journal of Medicine 1992; 93 (1): 8-12. doi: 10.1016/0002-9343(92)90620-Q.
- Breslau N, Fenn N, Peterson EL. Early smoking initiation and nicotine dependence in a cohort of young adults. Drug Alcohol Depend 1993; 33 (2): 129-37. doi: 10.1016/0376-8716(93)90054-T.
- 4. Prokhorov AV, Pallonen UE, Fava JL, Ding L, Niaura R. Measuring nicotine dependence among high-risk adolescent smokers. Addictive Behaviors 1996; 21 (1): 117-27. doi: 10.1016/0306-4603(96)00048-2.
- 5. Saccone SF, Hinrichs AL, Saccone NL, Chase GA, Konvicka K, Madden PA, et al. Cholinergic nicotinic receptor genes implicated in a nicotine dependence association study targeting 348 candidate genes with 3713 SNPs. Hum Mol Genet 2007; 16 (1): 36-49. doi: 10.1093/hmg/ddl438.
- 6. Zareipour M, Sadeghi R, Sadeghi Tabatabaei S, Seyedi S. Effective factors on smoking based on basnef model in male students in tehran medical sciences university in 2009. Journal of Urmia Nursing and Midwifery Faculty 2011; 9 (1): 23-9.(Persian)
- 7. Ghaderi M, Nasiri M, Jamshidifar F, Shekofteh M. The relation between emotional intelligence and alcohol drinking, cigarette smoking and psychiatric drugs abuse in jiroft universities students. Rafsanjan University of Medical Sciences and Health Services 2014; 13 (5): 457-70.(Persian)
- Oginska-Bulik N. Emotional intelligence in the workplace: Exploring its effects on occupational stress and health outcomes in human service workers. Int J Occup Med Environ Health 2005; 18 (2): 167-75.
- 9. Mahmoodi Gh, Esteki M, Damavandi S. Relationship between thinking styles and emotional intelligence among university students. Journal Of Behavioral Sciences 2011; 3 (8): 107-23.(Persian)
- 10. Mayer JD, Salovey P. The intelligence of emotional intelligence. Intelligence 1993; 17: 433-42.
- 11. Tsaousis I, Nikolaou I. Exploring the relationship of emotional intelligence with physical and psychological health functioning. Stress and Health 2005; 21 (2): 77-86. doi: 10.1002/smi.1042
- 12. Kerr R, Garvin J, Heaton N, Boyle E. Emotional intelligence and leadership effectiveness. Leadership & Organization Development Journal 2006; 27 (4): 265-79. doi: 10.1108/01437730610666028.
- 13. Sharifi N, Jalili L, Najar S, Yazdizadeh H, Haghighizadeh MH. Survey of general health and related factors in menopausal women in Ahvaz city, 2012. Razi Journal of Medical Sciences 2015; 21 (128): 59-65. (Persian)
- 14. Namazi A, Alizadeh S, Kouchakzadeh-Talami S. The correlation between general health, emotional intelligence and academic achievement together on midwifery students. Journal of Clinical Nursing and Midwifery 2015; 4 (3): 20-8. (Persian).
- 15. Raisjouyan Z, Talebi M, Ghasimi Shahgaldi F, Abdollahian E. Investigating the effect of emotional intelligence on the addiction relapse after quitting. Asia Pac J Med Toxicol 2014; 3 (1): 27-30. doi: 10.22038/apjmt.2014.2467

- Slaski M, Cartwright S. Health, performance and emotional intelligence: An exploratory study of retail managers. Stress and Health 2002; 18 (2): 63-8. doi:10.1002/smi.926.
- Jesri N, Saghafipour A, Rezaei F, Karami Jooshin M. Mapping of cigarette smoking in iran by using geographic information system. Journal of Sabzevar University of Medical Sciences 2016; 23 (3): 496-503. doi: 10.21859 /sums-2303496.(Persian)
- Ebadi M, Vahdanineya M, Azin A, Aeeinparast A, Omidvari S, Jahangiri K. Prevalence of smoking: Health study of people's view of Iran. Payesh 2011;10 (3): 365-72. (Persian)
- 19. Eydi H, Abbasi H, Monsef A. The relationship between faculty members emotional intelligence with effectiveness of physical education faculties in Tehran. Journal of Sport Management and Action Behavior 2013; 9(18):169-81. doi: 10.22080/jsmb.2013.802. (Persian)
- Ezzatabadi MR, Bahrami MA, Hadizadeh F, Arab M, Nasiri S, Amiresmaili M, et al. Nurses' emotional intelligence impact on the quality of hospital services. Iran Red Crescent Med J 2012; 14 (12): 758-63. doi: 10.5812/ircmj.926.
- 21. Sheikhol Eslami R, Hassan Nia S. The mediating role of emotional intelligence on the causal relationship between parental meta-emotion and child resiliency. Journal of Family Psychology 2015; 2 (1): 71-82. (Persian)
- 22. Abbasabad Arabi H, Bastani F, Navab E, Haghani H.

- Investigating quality of life and its relationship with emotional intelligence (EQ) in elderly with diabetes. Iranian Journal of Psychiatry and Clinical Psychology 2015; 21(3): 215-24. (Persian)
- Abdolmaleki J, Shahriari SH, Abdolmaleki S, Dehdar behbahani H. The relation of social capital and emotional intelligence with the mental health of bushehr coast guard staff. Journal Management System 2015; 4 (2): 25-52.(Persian)
- Jackson C. The general health questionnaire. Occupational Medicine 2007; 57 (1): 57-79. doi: 10.1093/occmed/kq1169.
- Samimi R, ValiZadeh A. Relationship between smoking and general health in students of iran university of medical sciences, 2006. Medical Journal of Hormozgan University 2008; 11 (4): 303-8.(Persian)
- 26. Taghavi S. Validity and reliability of the general health questionnaire (ghq-28) in college students of shiraz university. Journal of Psychology 2002; 5 (4): 381-98.(Persian)
- 27. Kun B, Demetrovics Z. Emotional intelligence and addictions: a systematic review. Subst Use Misuse 2010; 45 (7-8): 1131-60. doi: 10.3109/10826080903567855
- 28. Niazi M, Menati R, Delpisheh A, Menati S, Kassani A. The Association between general health and emotional intelligence in the nurses of Ilam province. Sadra Medical Sciences Journal 2015; 3 (3):179-90.(Persian)