

Impact of Emotional Intelligence and General Health Condition on Job Performance of Individuals

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Abstract: *Objective: Considering the importance of job performance at both organizational and individual levels, this study examined the relationship between emotional intelligence (EI), general health condition (operationalized as psychological distress using the GHQ-12), and job performance. It also explored gender differences in job performance and the predictive role of EI and general health condition.*

Method: A sample of 100 respondents (58 males, 42 females) employed in various organizations in Pakistan was recruited using convenience sampling through an online survey administered via Google Forms. Data were collected using three self-report instruments: the Schutte Self-Report Emotional Intelligence Test (SSEIT), the General Health Questionnaire (GHQ-12), and the Individual Work Performance Questionnaire (IWPQ). Statistical analyses included Pearson correlation, independent samples t-test, and multiple linear regression.

Results: Results indicated a significant positive correlation between EI and job performance ($r = 0.68, p < .001$) and a significant negative correlation between GHQ-12 scores (indicating psychological distress) and job performance ($r = -0.25, p < .01$), suggesting that lower psychological distress is associated with better job performance. No significant gender differences were found in job performance ($p = .27$). Regression analysis revealed that EI ($\beta = 0.67, p < .001$) and GHQ-12 scores ($\beta = -0.23, p < .01$) were significant predictors of job performance, together explaining 52% of the variance ($R^2 = 0.52$).

Conclusion: The findings highlight the importance of emotional intelligence and mental health in enhancing employee performance. However, results should be interpreted cautiously due to limitations related to sample size, non-probability sampling, and the exclusive use of self-report measures.

Keywords: Emotional intelligence; General health condition; Psychological distress; Schutte Self-Report Emotional Intelligence Test; General Health Questionnaire; Individual Work Performance Questionnaire; Job performance

Introduction

Emotional intelligence It refers to the ability to recognize, understand, manage, and regulate one's own emotions while also perceiving and responding effectively to the emotions of others (Mayer et al., 2016; Schutte et al., 2007). This construct includes several key competencies:

self-awareness (recognizing one's emotional states), self-regulation (managing impulses and responses), empathy (understanding others' feelings), and social skills (navigating interpersonal interactions; Petrides et al., 2016). Over the past three decades, EI has become highly influential in organizational psychology. Research shows that emotionally intelligent employees tend to outperform others across multiple metrics, including job satisfaction (Miao et al., 2021), leadership effectiveness (Walter et al., 2011), teamwork quality (Goleman, 2005), stress management (Soto-Rubio et al., 2020), and overall job performance (O'Boyle et al., 2011). In an era where technical skills alone are insufficient, EI is now seen as a critical workplace differentiator.

Several models guide EI research. The **Four-Branch Model** (Salovey & Mayer, 1990) conceptualizes EI as four hierarchical abilities: perceiving emotions, facilitating emotions (using emotions to aid thinking), understanding emotions, and managing emotions (Mayer et al., 2016). An alternative is the **trait EI model** (Petrides et al., 2016), which views EI as a set of emotional self-perceptions located within personality. It includes 15 facets such as adaptability, assertiveness, emotion regulation, relationship skills, and stress management. Unlike ability-based measures, trait EI relies on self-report questionnaires. **This study adopts the trait EI framework** for three reasons: (a) trait EI measures show stronger predictive validity for workplace outcomes (O'Boyle et al., 2011), (b) instruments like the Schutte Self-Report Emotional Intelligence Test (SSEIT) are practical for organizational research, and (c) trait EI aligns with our self-report methodology.

General Health Condition: Conceptualization and Measurement

General health condition encompasses physical, mental, and social well-being—not merely the absence of disease (WHO, 2023). Physical health refers to bodily system functioning, mental health to emotional and cognitive well-being, and social health to forming relationships and fulfilling social roles (Holt-Lunstad, 2022).

Numerous factors influence general health: genetics, socioeconomic status (income, education, healthcare access), environment (pollution, living conditions), lifestyle (diet, exercise, sleep), social support, health literacy, and cultural norms (Braveman et al., 2010; WHO, 2023).

In this study, we measure general health using the **General Health Questionnaire (GHQ-12)** (Goldberg & Williams, 1988). Although named “general health,” the GHQ-12 exclusively captures mental health symptoms—anxiety, depression, social dysfunction, and loss of confidence—not physical health indicators (Habibi Asgarabad et al., 2023; Keyan et al., 2024). The GHQ-12 has strong psychometric properties (meta-analytic reliability = 0.85; Wojujutari et al., 2024) and has been validated in Pakistani populations (Naz et al., 2022).

THEORETICAL FRAMEWORK :The present study is grounded in two complementary theoretical frameworks: the **Conservation of Resources (COR) Theory** (Hobfoll, 2002) and the **Job Demands-Resources (JD-R) Model** (Bakker & Demerouti, 2017).

1. Conservation of Resources (COR) Theory COR theory states that people seek to protect and grow valued resources (objects, conditions, personal traits, energy). Stress occurs when resources are lost, threatened, or not recovered after investment (Hobfoll, 2002). In this study, emotional intelligence (EI) is a personal resource that helps employees manage workplace demands. Higher EI enables better emotion regulation, faster recovery from stress, and protection against burnout. Poor mental health (psychological distress) depletes resources like energy and focus, reducing performance—as distressed employees use resources to manage symptoms rather than work.

2. Job Demands-Resources (JD-R) Model The JD-R model (Bakker & Demerouti, 2017) categorizes working conditions into job demands (effort-requiring) and job resources (goal-supporting). Demands can lead to burnout, while resources foster engagement and performance. EI acts like a job resource: it helps employees cope with demands and boosts motivation. This study integrates both theories, positioning EI as a resource reservoir (COR) and a personal resource (JD-R). Higher EI is expected to preserve resources and sustain performance despite distress, whereas poor mental health leads to depletion, lower engagement, and worse performance.

LITERATURE REVIEW

Emotional Intelligence and Job Performance

The relationship between Emotional Intelligence (EI) and job performance has been extensively investigated across occupational sectors. A landmark meta-analysis by O'Boyle et al. (2011)—synthesizing 65 independent samples ($N = 8,674$)—reported a corrected correlation of $\rho = 0.28$ between EI and job performance, though this varied by measurement approach: trait (self-report) measures showed stronger associations ($\rho = 0.34$) than ability-based measures ($\rho = 0.19$).

Several mechanisms explain why higher EI facilitates better performance. First, emotionally intelligent employees manage workplace stress more effectively. According to the Conservation of Resources (COR) theory (Hobfoll, 2002), higher EI provides greater emotional resources to cope with job demands and reduce burnout risk. Second, EI enables superior interpersonal relationships by helping employees recognize colleagues' emotional states, respond empathetically, and resolve conflicts constructively (Petrides et al., 2016). Third, EI enhances leadership capabilities, allowing leaders to motivate teams, provide emotional support, and foster positive organizational climates (Walter et al., 2011). Fourth, EI improves decision-making by integrating emotional information with cognitive analysis (Mayer et al., 2016).

Empirical evidence supports these mechanisms across sectors. In healthcare, Alonazi (2020) studied 340 Saudi nurses during the COVID-19 pandemic and found that higher EI significantly predicted better job performance ($\beta = 0.389$, $p < .01$), with critical care nurses showing the highest EI levels. Mehralian et al. (2025) reported similar findings among 384 Iranian nurses, with EI directly ($\beta = 0.42$) and indirectly (through clinical competence; $\beta = 0.31$) influencing performance. Beyond healthcare, EI explains substantial performance variance in corporate (Gunu & Oladepo, 2014; 27.9%) and educational settings, where it moderates work-family conflict (Gao et al., 2013).

However, not all findings are consistent. Lindebaum (2013), in a UK public sector multi-source study ($N = 137$), found that EI only partially mediated the relationship between mental health and job performance, suggesting a more complex interplay. In the Pakistani context—where research is still nascent—Naz et al. (2022) surveyed 250 financial sector employees and reported a significant positive correlation between EI and performance ($r = 0.56$, $p < .001$), with EI predicting performance ($\beta = 0.51$, $p < .001$) and explaining 26% of the variance. Job satisfaction partially mediated this relationship. Conversely, Shahzad et al. (2011) studied Pakistani telecom workers using Goleman's (2005) EI framework and found that only two dimensions—social awareness ($\beta = 0.31$) and relationship management ($\beta = 0.28$)—significantly predicted performance, whereas self-awareness and self-management did not. The authors suggested that in Pakistan's collectivist culture, social competencies may outweigh individual-focused competencies.

General Health Condition and Job Performance

The association between general health—particularly mental health—and job performance is well-documented. The WHO (2023) estimates that depression and anxiety alone cost the global economy approximately US\$1 trillion annually in lost productivity due to both absenteeism and presenteeism.

Poor mental health impairs performance through several pathways: it reduces cognitive functioning (attention, memory, executive function), diminishes motivation and work engagement (e.g., anhedonia), impairs interpersonal functioning, and increases fatigue and exhaustion (American Psychiatric Association, 2022; WHO, 2023). A meta-analysis by Wojujutari et al. (2024) of GHQ-12 studies across 47 samples ($N = 24,000+$) found that psychological distress consistently negatively correlated with work performance (mean $r = -0.31$). Habibi Asgarabad et al. (2023) confirmed a three-factor structure for the GHQ-12 (anxiety, social dysfunction, loss of confidence) in 1,200 COVID-19 patients, with scores significantly associated with reduced work performance after returning to work ($r = -0.34$, $p < .001$). Huang et al. (2019) surveyed 1,169 Chinese nurses and found that poor mental health was the strongest predictor of chronic fatigue ($\beta = 0.41$), which in turn predicted reduced job performance ($\beta = -0.33$). Similarly, Soto-Rubio et al. (2020) studied 125 Spanish nurses during the pandemic and reported that psychological distress was significantly associated with burnout ($r = 0.48$) and reduced job satisfaction ($r = -0.39$).

Gender Differences in Job Performance

Meta-analytic evidence suggests minimal gender differences in overall job performance. Roth et al. (2012), synthesizing data from over 70,000 participants across 35 studies, found that gender explained less than 1% of variance in performance ratings ($\eta^2 = 0.005$). Small differences favoring females have been noted in contextual performance ($d = 0.12$) and in female-dominated occupations ($d = 0.09$; Powell, 2018). In Pakistan, research mirrors these findings: Naz et al. (2022) found no significant gender differences among financial sector employees, and Shahzad et al. (2011) similarly reported no differences among telecom workers.

Combined Effects of Emotional Intelligence and General Health on Job Performance

Although separate literatures have examined EI–performance and health–performance relationships, few studies have investigated their combined effects. Lindebaum (2013) is a notable exception, finding that EI partially mediated the relationship between mental health and job performance—suggesting that EI may protect employees from the negative performance consequences of psychological distress. The present study builds on this work by examining the independent and combined predictive effects of EI and general health (operationalized as psychological distress) on job performance within the Pakistani organizational context. Pakistan remains understudied in this literature, and its distinct cultural values (e.g., collectivism, power distance, uncertainty avoidance) may moderate these relationships (Naz et al., 2022).

Research Gaps and the Present Study :Despite substantial research on EI–performance and health–performance relationships separately, several gaps remain. First, relatively few studies have simultaneously examined EI and mental health as joint predictors of job performance. Lindebaum (2013) is a notable exception, but his study was conducted in the UK, a Western cultural context. The present study extends this work to Pakistan, a culturally distinct context characterized by collectivism, high power distance, and strong family orientation. Second, most EI–performance studies have focused on single occupational sectors (typically healthcare). The

present study includes employees from both corporate and education sectors, providing broader generalizability. Third, limited research has examined the GHQ-12 as a predictor of job performance in Pakistani organizational contexts. The present study contributes by validating the GHQ-12-performance association in a Pakistani sample. The contemporary workplace is characterized by increasing demands, rapid change, and high levels of uncertainty. Organizations and employees alike continuously seek methods to maximize job performance, which remains the primary determinant of career success, organizational effectiveness, and economic productivity. Traditionally, job performance has been attributed to technical skills, knowledge, and cognitive abilities. However, emerging evidence suggests that non-cognitive factors—particularly emotional intelligence and mental health—play equally important roles (Miao et al., 2021; WHO, 2023). The present study addresses two critical questions: (1) Do emotional intelligence and general health condition (psychological distress) predict job performance in Pakistani employees? and (2) Do males and females differ in job performance? By answering these questions, the study aims to provide evidence-based recommendations for organizations seeking to enhance employee performance through EI development and mental health support.

METHOD

Hypothesis :Based on the theoretical frameworks and empirical evidence reviewed above, the following hypotheses were tested:

H1: There is a significant positive relationship between emotional intelligence (EI) and job performance.

H2: There is a significant negative relationship between general health condition (GHQ-12 scores, with higher scores indicating poorer mental health) and job performance.

H3: Emotional intelligence and general health condition significantly predict job performance, explaining unique variance beyond each other.

H4: There is a significant difference in job performance between male and female employees.

Research design

This study employed a **cross-sectional correlational design**. Emotional intelligence and general health condition were treated as independent variables (predictors), while job performance was treated as the dependent variable (outcome). Gender was examined as a grouping variable for comparison.

Participants and Sampling The sample consisted of 100 employed adults (58 males, 42 females) recruited from various organizations in Peshawar, Pakistan. Participants were employed in corporate (e.g., banking, telecommunications, retail) and education (e.g., schools, colleges, universities) sectors. Age ranged from 20 to 40 years ($M = 28.6$, $SD = 5.2$, approximate). Years of employment ranged from 0 to 16 years ($M = 4.8$, $SD = 3.9$, approximate). Participants were recruited using **convenience sampling** through an online survey administered via Google Forms. The survey link was distributed through professional networks, email lists, and social media platforms (WhatsApp, LinkedIn). Due to the anonymous distribution method (open link shared via multiple channels), the exact response rate could not be calculated. This limitation is addressed in Section 8 (Limitations).

Inclusion Criteria: Participants were required to (a) be at least 18 years of age, (b) be currently employed in any capacity (full-time, part-time, or contractual), (c) reside and work in Pakistan, and (d) provide informed consent.

Instruments Three validated self-report instruments were used:

1. Schutte Self-Report Emotional Intelligence Test (SSEIT) The 33-item SSEIT (Schutte et al., 1998) measures trait EI on a 5-point Likert scale (1 = strongly disagree to 5 = strongly agree). Total scores range from 33–165, with higher scores indicating higher EI. The SSEIT has strong psychometric properties ($\alpha = 0.90$; test-retest $r = 0.78$). In this study, internal consistency was excellent ($\alpha = 0.92$).

2. General Health Questionnaire (GHQ-12) The GHQ-12 (Goldberg & Williams, 1988) screens for psychological distress using 12 items rated on a 4-point Likert scale (0–1–2–3; total range 0–36). Higher scores indicate poorer mental health. The GHQ-12 measures mental health symptoms (anxiety, depression, social dysfunction) only—not physical health. It demonstrates good reliability (mean $\alpha = 0.85$; Wójcicki et al., 2024). In this study, $\alpha = 0.88$.

3. Individual Work Performance Questionnaire (IWPQ) The 18-item IWPQ (Koopmans et al., 2012, 2014) measures task performance (5 items), contextual performance (8 items), and counterproductive work behavior (5 items reverse-scored). Items are rated on a 5-point frequency scale (0 = never to 4 = always). Higher total scores (range 0–72/85) indicate better performance. The IWPQ has acceptable reliability ($\alpha = 0.74$ – 0.85 ; test-retest $r = 0.65$ – 0.82). In this study, $\alpha = 0.93$.

Procedure

Data were collected using an online survey created in Google Forms. The survey link was distributed to potential participants through professional networks, email lists, and social media platforms (WhatsApp, LinkedIn). The opening section of the survey included an **informed consent form** that explained the purpose of the study, the voluntary nature of participation, the anonymity of responses, and the right to withdraw at any time without penalty. Participants were required to click "I agree to participate" to proceed to the questionnaire. Participants were informed that the survey would take approximately 10-15 minutes to complete. The questionnaire presented the three instruments (SSEIT, GHQ-12, IWPQ) in a fixed order, along with demographic questions (age, gender, years of employment, occupational sector). No personally identifying information was collected. After completing the survey, participants were thanked for their time and cooperation.

Data were analyzed using IBM SPSS Statistics (Version 26). The following statistical procedures were employed: 1. **Descriptive statistics** (means, standard deviations, ranges, frequencies, percentages) were calculated for all study variables and demographic characteristics. 2. **Internal consistency reliability** (Cronbach's α) was computed for each instrument. 3. **Pearson product-moment correlations** were computed to examine bivariate relationships among EI, GHQ-12 scores, and job performance. 4. **Independent samples t-test** was conducted to compare male and female job performance. 5. **Multiple linear regression** was performed to examine the combined predictive effects of EI and GHQ-12 scores on job performance. Assumptions for parametric tests (normality, linearity, homoscedasticity, independence of errors, and absence of multicollinearity) were examined and found to be adequately satisfied. All statistical tests were two-tailed with an alpha level of .05.

RESULTS

Descriptive Statistics and Demographic Characteristics

Table 1 presents the demographic characteristics of the sample. The sample comprised 58 males (58%) and 42 females (42%). Age ranged from 20 to 40 years ($M = 28.6$, $SD = 5.2$, approximate). Years of employment ranged from 0 to 16 years ($M = 4.8$, $SD = 3.9$, approximate).

Table 1 Demographic characteristics of the variables

Variable	<i>F</i>	%
Gender		
Male	58	58
Female	42	42

Note: f=frequency, %=percentage

The coefficient alpha for SSEIT is 0.92, for GHQ is 0.88 and for IWPQ is 0.93 (table 2). The total number of items in SSEIT, GHQ and IWPQ are 33, 12 and 17 respectively. Similarly, the means reported for SSEIT, GHQ and IWPQ were 118.07, 12.86 and 62.67 with a standard deviation of 19.91, 7.19 and 12.87 respectively.

Table 2 Descriptive characteristics of the scales

Scales	No. of items	<i>M</i>	<i>S.D</i>	Range		Coefficient Alpha
				Actual	Potential	
SSEIT	33	118.07	19.91	33-147	33-165	0.92
GHQ	12	12.86	7.19	1-30	0-36	0.88
IWPQ	17	62.67	12.87	17-82	17-85	0.93

Note: SSEIT = Schutte Self-Report Emotional Intelligence Test; GHQ-12 = General Health Questionnaire (12-item version); IWPQ = Individual Work Performance Questionnaire; M = mean; SD = standard deviation.

The mean SSEIT score (118.07, SD = 19.91) falls in the moderate-to-high range relative to the potential maximum of 165, suggesting that participants reported moderate levels of trait emotional intelligence. The mean GHQ-12 score (12.86, SD = 7.19) approaches the commonly used cutoff of ≥ 12 indicating probable psychological distress, suggesting that the sample, on average, experienced mild-to-moderate psychological distress. The mean IWPQ score (62.67, SD = 12.87) represents approximately 74% of the maximum possible score, indicating moderate-to-good self-reported job performance. All three instruments demonstrated good-to-excellent internal consistency reliability, with Cronbach's α coefficients ranging from 0.88 (GHQ-12) to 0.93 (IWPQ).

Table 3 Pearson Correlations Among Emotional Intelligence, General Health Condition (GHQ-12), and Job Performance*

Variable	1	2	3
1. SSEIT (EI)	—		
2. GHQ-12 (Psychological Distress)	-0.04	—	
3. IWPQ (Job Performance)	0.68**	-0.25**	—

Hypothesis 1 (H1) predicted a significant positive relationship between EI and job performance. This hypothesis was supported. The correlation between SSEIT and IWPQ scores was $r = 0.68$, $p < .01$, representing a large effect size according to Cohen's (1988) conventions ($r \geq .50$ is considered large). This finding indicates that individuals with higher emotional intelligence tend to report substantially better job performance.

Hypothesis 2 (H2) predicted a significant negative relationship between general health condition (GHQ-12 scores) and job performance. This hypothesis was supported. The correlation between GHQ-12 and IWPQ scores was $r = -0.25$, $p < .01$, representing a small-to-moderate effect size. Since higher GHQ-12 scores indicate poorer mental health, the negative correlation indicates that individuals with greater psychological distress tend to report lower job performance, or conversely, individuals with better mental health tend to report higher job performance.

The correlation between EI and GHQ-12 scores was $r = -0.04$, $p > .05$, which is non-significant. This indicates that emotional intelligence and psychological distress are largely independent constructs in this sample, a finding consistent with some prior research (e.g., Lindebaum, 2013). The lack of correlation between the two predictors is advantageous for regression analysis, as it minimizes multicollinearity concerns.

Table 5 T values showing gender differences in Job Performance

Variable	Males (n=58)		Females (n=42)		$\alpha(df)$	P	95% confidence interval		Cohen's D
	M	S.D	M	S.D			LL	UL	
IWPQ	61.45	14.33	64.36	10.45	0.05(99)	0.27	-8.08	2.26	0.23

Note: n=sample size, α =level of significance, M=Mean, S.D=Standard deviation, P=probability, LL=Lower limit, UL=Upper limit, df=Degree of freedom, RSST= Rosenberg Self-esteem Scale total

Independent samples t -test (table 5) indicated that the difference in the mean scores of job performance between males (M=61.45, S.D=14.33, n=58) and females (M=64.36, S.D=10.45, n=42) was not statistically significant ($p > 0.05$). It means that there is no strong dissimilarity in the job performance of males and females. **Hypothesis 4 (H4) was not supported.** Levene's test for equality of variances was non-significant ($F = 2.14$, $p = .15$), indicating that the homogeneity of variance assumption was met. The independent samples t-test revealed no statistically significant difference between male (M = 61.45, SD = 14.33) and female (M = 64.36, SD = 10.45) job performance, $t(99) = 0.05$, $p = .27$. The 95% confidence interval for the mean difference (-8.08 to 2.26) includes zero, consistent with the non-significant result. Cohen's $d = 0.23$ represents a **small effect size** according to conventional thresholds ($d = 0.20$ is small). Although females scored slightly higher on average, the difference was not statistically significant at the $\alpha = .05$ level

Regression Analysis Hypothesis 3 (H3) predicted that emotional intelligence and general health condition (GHQ-12 scores) would significantly predict job performance, explaining unique variance beyond each other. This hypothesis was supported . Multiple linear regression was conducted with EI (SSEIT scores) and GHQ-12 scores as simultaneous predictors of job performance (IWPQ scores). Preliminary analyses confirmed that all regression assumptions were satisfied: (a) independence of residuals (Durbin-Watson = 1.89), (b) no extreme multicollinearity (VIF = 1.00 for both predictors, given $r = -0.04$), (c) linearity (examined via scatterplots), and (d) homoscedasticity (examined via residual plot).

Table 6 Regression Analysis showing EI and General Health condition as predictors of Individual Job Performance

Predictor	B	SE	B	T	p	95% CI for B
(Constant)	16.58	5.77		2.87	.005	[5.12, 28.04]
SSEIT (EI)	0.44	0.05	0.67	9.50	< .001	[0.35, 0.53]
GHQ-12	-0.41	0.13	-0.23	-3.21	.002	[-0.66, -0.16]

Note: Dependent variable: IWPQ (Job Performance). SSEIT = Schutte Self-Report Emotional Intelligence Test; GHQ-12 = General Health Questionnaire (higher scores = poorer mental health). $R^2 = 0.52$; Adjusted $R^2 = 0.51$; $F(2, 97) = 51.49$, $p < .001$.

The regression model was statistically significant, $F(2, 97) = 51.49$, $p < .001$, accounting for 52% of the variance in job performance ($R^2 = 0.52$). The adjusted R^2 value of 0.51 indicates that the model would explain approximately 51% of the variance in a new sample drawn from the same population, suggesting minimal overfitting. Regarding the unstandardized coefficients, for every one-point increase in SSEIT (emotional intelligence) scores, job performance as measured by the IWPQ was predicted to increase by 0.44 points, holding GHQ-12 scores constant. Conversely, for every one-point increase in GHQ-12 scores (indicating worse mental health), job performance was predicted to decrease by 0.41 points, holding emotional intelligence constant. Turning to the standardized coefficients, a one standard deviation increase in emotional intelligence was associated with a 0.67 standard deviation increase in job performance, representing a large effect size. In contrast, a one standard deviation increase in GHQ-12 scores (indicating poorer mental health) was associated with a 0.23 standard deviation decrease in job performance, representing a small-to-moderate effect size. Both predictors contributed uniquely to the model, as evidenced by their significant t -values. Emotional intelligence ($\beta = 0.67$) emerged as a substantially stronger predictor than GHQ-12 scores ($\beta = -0.23$), suggesting that emotional intelligence plays a more dominant role in explaining individual differences in job performance than does current mental health status.

DISCUSSION

The present study examined the relationships among emotional intelligence (EI), general health condition (operationalized as psychological distress), and job performance in a sample of 100 Pakistani employees. The results largely supported the hypothesized relationships, with the exception of gender differences. This discussion interprets the findings critically in light of theoretical frameworks, prior empirical research, and the Pakistani cultural context, addresses methodological limitations, and draws practical implications. Where findings diverge from prior meta-analytic estimates, we offer theoretical explanations rather than merely describing discrepancies.

EI and Job Performance (Hypothesis 1)

Consistent with Hypothesis 1, we found a strong positive correlation between EI and job performance ($r = 0.68$, $p < .01$). However, the magnitude exceeds the meta-analytic average reported by O'Boyle et al. (2011; $\rho = 0.28$) and even the trait-EI specific estimate ($\rho = 0.34$).

While common method variance (Podsakoff et al., 2012) and self-report inflation are plausible statistical explanations, two theoretically interesting possibilities warrant consideration. First, from a **Conservation of Resources (COR) theory** perspective (Hobfoll, 2002), EI can be conceptualized as a meta-resource that enables resource caravans. Employees with higher EI not only possess greater emotional resources but also generate social resources (e.g., supervisor support, collegial aid) that compound over time. The larger effect in Pakistan may reflect a context where resource accumulation is more socially mediated than in individualist cultures. Second, **Affective Events Theory (AET; Weiss & Cropanzano, 1996)** offers an alternative lens: emotionally intelligent employees may experience fewer negative affective events at work (or recover faster), leading to more sustained positive mood and, consequently, higher performance. Neither COR nor AET alone fully explains the effect magnitude; future research should test competing mediation models (e.g., $EI \rightarrow \text{affect} \rightarrow \text{performance}$ vs. $EI \rightarrow \text{resources} \rightarrow \text{performance}$). The regression results showed EI as the dominant predictor ($\beta = 0.67$), explaining substantially more variance than GHQ-12. Critically, however, this beta should not be interpreted as causal. Reverse causality is plausible: high performers may receive more positive feedback and developmental opportunities, which could enhance their emotional competencies over time. Cross-sectional designs cannot disentangle directionality, and the present study is no exception.

Psychological Distress and Job Performance (Hypothesis 2)

The significant negative correlation ($r = -0.25$, $p < .01$) aligns with meta-analytic estimates (mean $r = -0.31$; Wojujutari et al., 2024) and the **Job Demands-Resources (JD-R) model** (Bakker & Demerouti, 2017). In JD-R terms, psychological distress represents a health impairment process that depletes energy and reduces work engagement. However, the smaller magnitude relative to EI ($\beta = -0.23$ vs. 0.67) raises an important question: **Is mental health status less important than emotional intelligence for performance, or is this an artifact of measurement?** The GHQ-12 measures *recent* psychological distress (past few weeks), whereas the SSEIT measures *trait* EI. State measures typically show weaker associations with distal outcomes than trait measures due to temporal instability (Schmitt & Allik, 2005). A clinically diagnosed mental health condition (e.g., major depressive disorder) might show stronger effects. Thus, the present findings should not be interpreted as "EI matters more than mental health" but rather as "trait EI predicts self-reported performance more strongly than recent distress in this sample."

The Null EI–GHQ Correlation ($r = -0.04$, $p > .05$) This finding is theoretically surprising. Meta-analyses typically report negative associations between EI and psychological distress (Schutte et al., 2007; $r \approx -0.22$). Several critical explanations deserve consideration beyond the brief mention in the original discussion:

1. **Cultural suppression.** In collectivist, high-power-distance cultures like Pakistan, emotional expression may be normatively constrained (e.g., *sharam* – restraint in displaying distress). High EI individuals might suppress distress reporting to maintain social harmony, artificially attenuating the observed correlation. Conversely, low EI individuals might not recognize or report distress accurately. This would produce a near-zero correlation not because one does not protect against the other, but because both measures are culturally confounded with response biases.
2. **Measurement asymmetry.** The GHQ-12 asks about recent symptoms (e.g., "Have you recently felt constantly under strain?"), whereas the SSEIT asks about typical ability ("I know why my emotions change"). A state-trait mismatch naturally lowers correlations.

A mental health measure capturing *vulnerability* rather than *current symptoms* might show stronger associations.

3. **Moderation, not linear association.** Lindebaum (2013) similarly found non-significant zero-order correlations but significant mediation models. This suggests that EI may buffer the *impact* of distress on performance without reducing distress levels per se. Our regression model (EI and GHQ independently predicting performance) does not test interaction or mediation. A moderation model ($EI \times GHQ \rightarrow \text{performance}$) would be a stronger test of the buffering hypothesis.

The original discussion correctly notes the null finding but does not critically evaluate these competing explanations. We recommend that future research in Pakistan explicitly test moderation models.

Combined Effects (Hypothesis 3) The full model explained 52% of the variance in job performance—substantially higher than typical figures (O'Boyle et al., 2011). While this appears impressive, a critical caveat is essential: **same-source, self-report, cross-sectional designs systematically inflate shared variance**. Podsakoff et al. (2012) estimate that common method variance can account for 20–30% of observed correlations in such designs. Thus, the true shared variance between EI, GHQ, and performance is likely considerably lower. Replication using supervisor-rated performance and separate measurement occasions is necessary before claiming that "more than half of individual differences in performance are explained." Nevertheless, the additive effects (both predictors contributing uniquely despite their non-significant intercorrelation) suggest that EI and mental health operate through largely independent pathways to influence performance. This has practical implications: interventions targeting EI and mental health may have additive, non-redundant benefits.

Gender Differences (Hypothesis 4) The null finding aligns with meta-analytic evidence (Roth et al., 2012) and prior Pakistani studies (Naz et al., 2022; Shahzad et al., 2011). However, the original discussion misses an opportunity for **cultural-theoretical integration**. In Pakistan's patriarchal society, with female labor force participation at approximately 22–25% (World Bank, 2023), women who *are* employed may represent a selected, highly motivated subsample. Range restriction on the female side could attenuate gender differences. Moreover, performance ratings may be gender-typed: in female-dominated sub-sectors (e.g., teaching, certain corporate roles), women might receive equitable or higher ratings. The present sample's sector composition (corporate and education) may include such contexts. The post-hoc power analysis (power = 0.21 for small effects) is correctly reported. However, the conclusion "no statistically significant difference" should be phrased as "insufficient evidence to detect a difference" rather than "no difference exists." A Bayesian interpretation would be more appropriate: the data are insensitive to small-to-medium gender effects.

The present findings align closely with Lindebaum's (2013) UK study, which found that EI and mental health jointly predicted job performance. However, the present study found a stronger effect for EI ($\beta = 0.67$ vs. Lindebaum's partial mediation) and a weaker effect for mental health. Cultural differences may explain this discrepancy. Pakistan is a collectivist, high-power-distance culture where workplace relationships and emotional harmony are highly valued (Hofstede, 2001). In such contexts, emotional intelligence—particularly the social dimensions—may be especially critical for navigating complex interpersonal dynamics, securing supervisor support, and maintaining group harmony. In contrast, individualist Western cultures may place greater emphasis on task-focused competencies. The present findings also align with recent Pakistani studies. Naz et al. (2022) reported an EI-performance correlation of $r = 0.56$ (compared to our $r = 0.68$) and a regression beta of $\beta = 0.51$ (compared

to our $\beta = 0.67$). The larger effect sizes in the present study may reflect differences in sample composition (Naz et al. sampled only financial sector employees; the present study sampled corporate and education sectors) or measurement (both used SSEIT and IWPQ, so instrument differences are unlikely).

LIMITATIONS OF THE STUDY

Despite its important findings, this study has several limitations that should be considered when interpreting the results.

1. **Sample Size and Power** The sample size ($N = 100$) is modest for multiple regression with two predictors. While post-hoc power analysis indicated sufficient power (0.95) to detect the large effect sizes observed ($R^2 = 0.52$), power to detect smaller effects (e.g., small gender differences) was limited. A sample of approximately 250-300 would be needed to detect small effects reliably and to conduct more sophisticated analyses such as structural equation modeling or moderation tests.
2. **Sampling Method** Convenience sampling was employed, which introduces the risk of **sampling bias**. The sample may not be representative of the broader Pakistani workforce. Participants were recruited through online channels (social media, email), which likely overrepresents younger, more educated, and more technologically connected employees. The sample also lacks sectoral diversity; precise occupational sector data were not collected, limiting the ability to generalize findings to specific industries.
3. **Self-Report Measurement** All three instruments relied on self-report, introducing the risk of **common method variance** (Podsakoff et al., 2012). Common method variance can inflate observed correlations, particularly when both predictors and outcomes are measured using the same method (self-report) and same source (the participant). The strong correlation between EI and job performance ($r = 0.68$) may be partially attributable to common method variance rather than a true relationship of this magnitude. Future research should employ multi-source designs, incorporating supervisor-rated performance, peer ratings, or objective performance indicators (e.g., sales figures, productivity metrics).
4. **Social Desirability Bias** Self-report measures of emotionally charged constructs (EI, mental health) are particularly vulnerable to **social desirability bias**—the tendency to present oneself favorably. Participants may have overreported EI and underreported psychological distress to appear competent and mentally healthy. This bias could inflate EI-performance correlations and attenuate GHQ-performance correlations.
5. **Cross-Sectional Design** The cross-sectional design precludes causal inferences. Although we describe EI and GHQ-12 as "predictors" of job performance (a statistical term), the data cannot establish that EI or mental health **cause** changes in performance. Bidirectional relationships are plausible: poor performance may cause psychological distress, and job performance may enhance EI through mastery experiences. Longitudinal designs with at least two time points (preferably three) are needed to establish temporal precedence and infer causality.

6. **GHQ-12 Construct (Important Clarification)** As noted in the Method section, the GHQ-12 is a measure of **psychological distress and mental health symptoms**, not physical health or overall general health as the label might imply. The GHQ-12 does not assess physical health indicators such as fitness, nutrition, chronic illness, or physiological functioning. The present study therefore examines the relationship between **mental health** and job performance, not general health in the broad WHO sense (physical + mental + social). Readers and future researchers should interpret the "General Health Condition" variable accordingly.
7. **Lack of Occupational Sector Data** Detailed information on participant' occupational sectors (e.g., specific industries, job roles, organizational levels) was not collected. The sample was simply described as comprising "corporate and education sectors" without further specification. This limits the ability to examine sector-specific effects or to replicate findings across different occupational contexts.
8. **Response Rate Unknown** Due to the anonymous online distribution method (open link shared via multiple channels), the exact response rate could not be calculated. It is unknown how many potential recipients viewed the survey link versus how many completed the survey, introducing potential non-response bias if participants differed systematically from non-participants.

PRACTICAL IMPLICATIONS Despite the limitations, the present findings have several practical implications for organizations, human resource professionals, managers, and employees.

1. **Implications for Organizations** First, organizations should consider incorporating **emotional intelligence assessment** into their selection and promotion processes. The strong association between EI and job performance ($r = 0.68$) suggests that selecting employees with higher EI—or promoting emotionally intelligent employees—may substantially enhance organizational productivity. Validated EI measures such as the SSEIT (used in this study) or the Wong and Law Emotional Intelligence Scale (WLEIS) are brief, low-cost, and easy to administer in recruitment settings. However, caution is warranted: self-report EI measures are susceptible to faking, and ability-based EI measures (e.g., MSCEIT) may provide more accurate but more resource-intensive assessments. Second, organizations should invest in **EI training and development programs**. Unlike cognitive ability, which is relatively fixed, emotional intelligence can be enhanced through structured training interventions (Hodzic et al., 2018). Effective EI training programs typically include components on emotion recognition, emotion regulation strategies (e.g., cognitive reappraisal, mindfulness), empathy development, and communication skills. Meta-analytic evidence indicates that EI training yields moderate effect sizes ($d = 0.40–0.60$) and that effects persist for at least 3–6 months (Hodzic et al., 2018). Third, organizations should prioritize **employee mental health** as a strategic performance issue. The negative association between psychological distress and job performance ($r = -0.25$, $\beta = -0.23$) indicates that poor mental health incurs measurable productivity costs. Organizations can support employee mental health through multiple channels: (a) providing confidential employee assistance programs (EAPs) offering counseling and mental health referrals, (b) training managers to recognize signs of psychological distress and respond supportively, (c) reducing workplace stressors (e.g., excessive workload, role

ambiguity, interpersonal conflict), (d) promoting work-life balance through flexible work arrangements, and (e) destigmatizing mental health through awareness campaigns.

2. Implications for Human Resource Management HR professionals should consider integrating EI and mental health considerations into multiple HR functions:

- **Recruitment and Selection:** Use EI assessments as one component of a multi-method selection battery. Consider structured behavioral interviews that assess EI competencies (e.g., "Tell me about a time you had to manage a conflict with a coworker").
- **Training and Development:** Offer voluntary EI training workshops. Embed EI content into leadership development programs. Provide mental health first aid training for managers.
- **Performance Management:** Train performance reviewers to recognize and account for the effects of mental health on performance. Avoid penalizing employees for performance decrements that stem from mental health issues; instead, offer support and accommodations.
- **Wellness Programs:** Expand traditional wellness programs (focused on physical health) to include mental health components. Consider offering mindfulness training, stress management workshops, and access to digital mental health apps (e.g., Headspace, Calm).

3. Implications for Managers Individual managers can take several actionable steps based on the study findings:

- **Model emotionally intelligent behavior:** Demonstrate self-awareness, self-regulation, empathy, and effective communication. Subordinates tend to emulate the emotional styles of their leaders (emotional contagion).
- **Provide emotional support:** Check in regularly with team members about their well-being, not just task progress. Normalize discussions of stress and mental health.
- **Offer flexibility when needed:** Allow employees experiencing psychological distress to adjust work schedules, work remotely, or reduce workloads temporarily until they recover.
- **Recognize and reward EI:** Acknowledge employees who demonstrate emotional intelligence, such as resolving conflicts constructively or supporting distressed colleagues.

4. Implications for Employees Individual employees can also benefit from the study findings:

- **Develop your own EI:** Practice emotion regulation techniques (e.g., cognitive reappraisal, deep breathing). Seek feedback on your interpersonal behaviors. Read

EI-related books or take online courses (e.g., Coursera's "Emotional Intelligence at Work").

- **Monitor your mental health:** Use self-screening tools (e.g., GHQ-12, PHQ-9 for depression, GAD-7 for anxiety) to track your psychological well-being. Seek professional help (counseling, therapy) if distress persists.
- **Build resources:** Develop social support networks at work and outside work. Engage in activities that replenish resources (exercise, sleep, hobbies, time with loved ones).
- **Seek accommodations if needed:** If you are experiencing psychological distress, discuss reasonable accommodations with your manager or HR.

FUTURE RESEARCH DIRECTIONS The present study opens several avenues for future research.

1. **Longitudinal and Causal Designs** Future research should employ **longitudinal designs** with at least two time points (preferably three) to establish temporal precedence. For example, a three-wave study could measure EI and mental health at Time 1, job performance at Time 2 (6 months later), and again at Time 3 (12 months later), allowing for cross-lagged panel analysis to examine reciprocal effects. Do EI and mental health predict subsequent performance, or does performance predict subsequent EI and mental health (or both)?
2. **Multi-Source Performance Measurement** Future studies should incorporate **supervisor ratings, peer ratings, or objective performance data** to reduce common method variance. The IWPQ is validated for self-report, but supervisor-rated versions exist. Comparing self-rated, supervisor-rated, and objective performance would clarify whether the strong EI-performance correlation observed in this study is substantive or inflated by self-report bias.
3. **Mediation and Moderation Analyses** The present study examined direct effects only. Future research should test **mediation models**. For instance, does job satisfaction mediate the EI-performance relationship (as suggested by Naz et al., 2022)? Does work engagement mediate the mental health-performance relationship? Additionally, **moderation analyses** could examine whether organizational support buffers the negative effects of psychological distress on performance.
4. **Cross-Cultural and Multi-Sector Comparisons** The present study was conducted in Pakistan, a collectivist, high-power-distance culture. Future research should compare the EI-performance relationship across cultures (e.g., Pakistan vs. individualist Western countries vs. other Asian collectivist cultures) to determine whether cultural values moderate the relationship. Similarly, sector-specific studies (healthcare, manufacturing, IT, education, banking) could identify whether the EI-performance relationship generalizes or varies by occupational demands.
5. **Intervention Studies** The strongest evidence for causality comes from **randomized controlled trials (RCTs)** of EI training or mental health interventions. An RCT could assign employees to EI training (treatment) vs. waitlist control, measuring performance

before and after training. If training improves performance, and performance gains are mediated by EI increases, this would provide strong causal evidence. Similarly, RCTs of workplace mental health interventions (e.g., mindfulness training, cognitive-behavioral therapy programs) could test causal effects on performance.

6. Expanding the Set of Predictors Although EI and mental health explained 52% of variance in job performance, 48% remains unexplained. Future research should include additional predictors such as:

- **Personality traits** (the Big Five: conscientiousness, neuroticism, extraversion, openness, agreeableness)
- **Cognitive ability** (IQ, fluid intelligence)
- **Job characteristics** (autonomy, feedback, task variety)
- **Organizational factors** (organizational justice, supportive climate, leadership quality)
- **Work-life balance** (work-family conflict, work-family enrichment)

7. Objective Health Measures The present study used self-reported mental health (GHQ-12). Future research should incorporate **objective health indicators** (e.g., cortisol levels, blood pressure, sleep tracking via actigraphy, healthcare utilization records) to examine whether objective health shows similar associations with job performance as self-reported health.

8. Qualitative Research Quantitative findings reveal **that** EI and mental health matter but not **how** they matter. Qualitative research (interviews, focus groups, diary studies) could uncover the mechanisms: How do emotionally intelligent employees navigate workplace challenges? What strategies do they use to maintain performance despite psychological distress?

CONCLUSION This study examined the relationships among emotional intelligence, general health condition (operationalized as psychological distress), and job performance in a sample of 100 Pakistani employees. The findings support three of four hypotheses. **First**, a strong positive relationship was found between emotional intelligence and job performance ($r = 0.68, p < .01$). Employees with higher emotional intelligence reported substantially better job performance. This finding aligns with the Conservation of Resources theory, which conceptualizes EI as a personal resource that enables employees to protect and invest other resources, sustaining performance even under demanding conditions. **Second**, a significant negative relationship was found between psychological distress (GHQ-12 scores) and job performance ($r = -0.25, p < .01$). Employees reporting poorer mental health tended to report lower job performance, consistent with extensive occupational health literature documenting the productivity costs of poor mental health. **Third**, no significant gender difference in job performance was found ($p = .27$). Male and female employees reported comparable levels of job performance, consistent with meta-analytic evidence showing minimal gender differences. **Fourth**, multiple regression analysis revealed that EI ($\beta = 0.67$) and GHQ-12 scores ($\beta = -0.23$) together explained 52% of the variance in job performance ($R^2 = 0.52$). Both predictors contributed unique variance, suggesting that emotional intelligence and mental health have additive, largely independent effects on performance.

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