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ORGANIZATIONAL SUPPORT AND COMMON MENTAL DISORDERS: THE MEDIATING EFFECT OF QUALITY OF LIFE IN REDUCING ANXIETY, DEPRESSION, AND STRESS AMONG PUBLIC PROSECUTOR'S OFFICE EMPLOYEES IN THE STATE OF CEARÁ (BRAZIL)

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ABSTRACT: Introduction: This study was grounded on the understanding that work can either promote health or contribute to illness, depending on the combination of demands, resources, and psychosocial factors. **Objective:** To investigate the relationship between work, perceived organizational support (POS), quality of life (QoL), and mental health (anxiety, depression, and stress) among ministerial technicians at the Public Prosecutor's Office of the State of Ceará, considering the WHO/ILO (2022) guidelines and CNMP Resolution No. 265/2023. **Method:** Thirty technicians participated (29–52 years; ***M*** = 35.82; ***SD*** = 14.71), 55% women, 64% married, 63% holding a law degree, and 88% with a postgraduate specialization. Most worked both morning and afternoon shifts (94%). Regarding working conditions, 70% reported work overload and 85% reported associated bodily pain; 62% had not sought psychiatric treatment and 64% had not undergone/were not undergoing psychotherapy. Conversely, 88% engaged in physical activity, with 70% doing so three or more times per week. **Results:** The measures of perceived organizational support (POS), quality of life (QoL), and common emotional distress showed good reliability. In multiple regression analyses (Enter method), POS did not show a

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significant predictive effect on anxiety, depression, or stress. QoL was the most relevant variable: higher QoL negatively predicted lower levels of anxiety, depression, and stress, although not all dimensions were consistent across all outcomes. In the mediation analysis, POS did not influence QoL; however, QoL maintained a protective effect, reinforcing the priority of QoL policies and demand-management practices aligned with the CNMP. **Conclusion:** The findings suggest the need for systematic interventions, including workload review, expansion of resources, psychosocial support, QoL initiatives, continuous monitoring, and evaluation of outcomes.

Keywords: Organizational Support; Quality of Life; Anxiety; Depression; Stress; Mediation.

Suporte organizacional e transtorno mental comum: O efeito mediador da qualidade de vida na inibição da ansiedade, depressão e estresse em servidores do ministério público no estado do Ceará (Brasil)

RESUMO: Introdução: Partiu-se do entendimento de que o trabalho pode promover saúde ou adoecimento, conforme a combinação de demandas, recursos e fatores psicossociais. **Objetivo:** investigou a relação entre trabalho, suporte organizacional percebido (SOP), qualidade de vida (QV) e saúde mental (ansiedade, depressão e estresse) em técnicos ministeriais do Ministério Público do Estado do Ceará, considerando as diretrizes OMS/OIT (2022) e a Resolução nº 265/2023 do CNMP. **Método:** Participaram 30 técnicos (29–52 anos; M = 35,82; DP = 14,71), 55% mulheres, 64% casados, 63% graduados em Direito e 88% com especialização. A maioria trabalha manhã e tarde (94%). Quanto às condições laborais, 70% relataram acúmulo de trabalho e 85% referiram dores corporais associadas; 62% não recorreram a tratamento psiquiátrico e 64% não fizeram/fazem psicoterapia. Em contrapartida, 88% realizam atividade física, sendo 70% três ou mais vezes por semana. **Resultados:** Os instrumentos do suporte organizacional (SOP), qualidade de vida (QV) e transtorno emocional comum apresentaram boa confiabilidade. Nas regressões múltiplas (método Enter), o SOP não apresentou efeito preditivo significativo sobre ansiedade, depressão ou estresse. A QV foi a variável mais relevante: maior QV predisse, de forma negativa, menores níveis de ansiedade, depressão e estresse, ainda que nem todas as dimensões fossem consistentes em todos os desfechos. Na mediação, o SOP não influenciou a QV, mas a QV manteve efeito protetivo, reforçando a prioridade de políticas de QV e gestão de demandas alinhadas ao CNMP. **Conclusão:** Isso sugere intervenções sistemáticas: revisão de cargas, ampliação de recursos, apoio psicossocial, ações de QV, monitoramento contínuo e avaliação de resultados.

Palavras-chave: Suporte Organizacional, Qualidade de Vida, Ansiedade, Depressão, Estresse, Mediação

Apoyo Organizacional y Trastornos Mentales Comunes: El Efecto Mediador de la Calidad de Vida en la Reducción de la Ansiedad, la Depresión y el Estrés en Servidores del Ministerio Público del Estado de Ceará (Brasil)

RESUMEN: Introducción: Este estudio partió del entendimiento de que el trabajo puede promover salud o generar enfermedad, según la combinación de demandas, recursos y factores psicosociales. **Objetivo:** Investigar la relación entre el trabajo, el apoyo organizacional percibido (AOP), la calidad de vida (CV) y la salud mental (ansiedad, depresión y estrés) en técnicos ministeriales del Ministerio Público del Estado de Ceará, considerando las directrices de la OMS/OIT (2022) y la Resolución nº 265/2023 del CNMP. **Método:** Participaron 30 técnicos (29–52 años; *M* = 35,82; *DE* = 14,71), 55% mujeres, 64% casados, 63% graduados en Derecho y 88% con especialización de posgrado. La mayoría trabajaba en turno de mañana y tarde (94%). En cuanto a las condiciones laborales, el 70% informó acumulación de trabajo y el 85% refirió dolores corporales asociados; el 62% no recurrió a tratamiento psiquiátrico y el 64% no realizó/ no realiza psicoterapia. En contraste, el 88% practica actividad física, siendo que el 70% lo hace tres o más veces por semana. **Resultados:** Los instrumentos de apoyo organizacional percibido (AOP), calidad de vida (CV) y malestar emocional común presentaron buena confiabilidad. En las regresiones múltiples (método Enter), el AOP no mostró un efecto predictivo significativo sobre la ansiedad, la depresión o el estrés. La CV fue la variable más relevante: una mayor CV predijo, de forma negativa, menores niveles de ansiedad, depresión y estrés, aunque no todas las dimensiones fueron consistentes en todos los desenlaces. En el análisis de mediación, el AOP no influyó en la CV, pero la CV mantuvo un efecto protector, reforzando la prioridad de políticas de CV y de gestión de demandas alineadas con el CNMP. **Conclusión:** Los hallazgos sugieren intervenciones sistemáticas, incluyendo revisión de cargas de trabajo, ampliación de recursos, apoyo psicosocial, acciones de calidad de vida, monitoreo continuo y evaluación de resultados.

Palabras clave: Soporte Organizacional; Calidad de Vida; Ansiedad; Depresión; Estrés; Mediación.

INTRODUCTION

Work plays a central role in human life and may act either as a promoter of health or as a source of illness, depending on organizational conditions and the psychosocial factors involved. In recent decades, transformations in the world of work—characterized by increased demands, productivity pressure, and the precarization of labor relations—have been associated with a rise in common mental disorders, such as anxiety, depression, and stress.

In this context, psychosocial factors at work have been widely recognized as key determinants of occupational mental health, encompassing aspects such as workload, interpersonal relationships, autonomy, and organizational support. International organizations, including the International Labour Organization, highlight these factors as a priority in contemporary occupational health.

Among these elements, perceived organizational support (POS) has been identified as an important resource for workers' well-being. Grounded in reciprocity theory, POS refers to employees' perception that the organization values their contributions and cares about their well-being, being associated with higher levels of engagement, performance, and mental health. Previous studies suggest that higher levels of organizational support are related to lower psychological distress and better quality of life indicators.

In parallel, quality of life (QoL) is understood as a multidimensional construct encompassing physical, psychological, social, and environmental domains, reflecting individuals' perceptions of their position in life. Evidence indicates that higher QoL is associated with reduced levels of anxiety, depression, and stress, acting as an important protective factor.

Despite these advances, important gaps remain in the literature. Although there is evidence of direct associations between organizational support, quality of life, and mental health, the mechanisms underlying these relationships are not yet fully understood, particularly regarding the mediating role of quality of life. Furthermore, there is a scarcity of studies investigating these relationships in specific public sector contexts, such as the Public Prosecutor's Office, which is characterized by high cognitive demands, institutional pressure, and significant social responsibility.

This gap is especially relevant in light of recent evidence indicating a high prevalence of psychological distress among public servants, particularly associated with factors such as work overload, low perceived institutional support, and interpersonal conflicts. Understanding the mechanisms that influence mental health in this context is essential to support the development of effective institutional policies aimed at promoting well-being.

Therefore, this study is justified by the need to advance the understanding of the relationships between perceived organizational support, quality of life, and common mental disorders, particularly by examining the mediating role of quality of life.

Accordingly, the aim of this study was to investigate the mediating effect of quality of life on the relationship between perceived organizational support and symptoms of anxiety, depression, and stress among employees of the Public Prosecutor's Office in the State of Ceará, Brazil.

METHODS

Study Design

This was a quantitative study with a descriptive and correlational design, conducted with employees of the Public Prosecutor's Office in the State of Ceará, Brazil.

The sample size was determined using the statistical software G*Power 3.2, which was used to calculate statistical power and define the required number of participants according to the intended analyses (Faul, Erdfelder, Lang, Buchner, 2007). The following parameters were adopted: a significance level of 95% ($p < 0.05$), an effect size considered relevant ($r \geq 0.50$), and a minimum desired statistical power of 80% ($\pi \geq 0.80$). Based on these criteria, an ideal sample size of 30 participants was established, including both men and women working in the Public Prosecutor's Office of the State of Ceará.

Participants were included if they met the following criteria: availability and willingness to participate in the study, active employment status in their respective work sector, and complete responses to all questionnaire items without missing data.

Instruments

Participants completed the following questionnaires

The **Perceived Organizational Support Scale (POS)** consists of 9 items (SO1 to SO9), originally developed by Eisenberger et al. (1986) and later adapted and validated for the Brazilian context by Siqueira (1995; Siqueira, Gomide Jr., 2004). The scale assesses the extent to which employees perceive that their organization values their contributions and cares about their well-being. Responses are recorded on a 7-point Likert scale ranging from 1 (strongly disagree) to 7 (strongly agree).

Quality of life was assessed using the **Medical Outcomes Study 36-Item Short-Form Health Survey (SF-36)**, a multidimensional instrument designed to measure quality of life. The instrument demonstrated satisfactory internal consistency and is easy to administer (Ciconelli et al., 1999; Campolina et al., 2011). It consists of 36 items distributed across eight domains: physical functioning (10 items), role limitations due to physical health (4 items), bodily pain (2 items), general health (5 items), vitality (4 items), social functioning (2 items), role limitations due to emotional problems (3 items), and mental health (5 items), in addition to a comparative question regarding current health status and that of one year prior. These domains can be grouped into two summary components: physical (physical functioning, role physical, pain, and general health) and mental (mental health, emotional role, social functioning, and vitality).

Symptoms of anxiety, depression, and stress were assessed using the **Depression Anxiety Stress Scales (DASS-21)**. This instrument was originally developed by Lovibond and Lovibond (1995) and consists of 21 items distributed across three subscales. Responses are recorded on a 4-point Likert scale ranging from 0 (did not apply to me at all) to 3 (applied to me very much or most of the time). Participants were asked to indicate the extent to which they experienced each symptom over the previous week.

Each subscale includes seven items designed to assess three distinct emotional states: depression, anxiety, and stress. The scale is based on the tripartite model, which proposes a factorial structure distinguishing between depressive and anxiety symptoms (Patias, Machado, Bandeira, Dell'Aglio, 2016). In Brazil, the instrument was adapted and validated by Machado and Bandeira (2013) in a sample of 686 adults from different regions. Additionally, Vignola and Tucci (2014) provided evidence of validity in a clinical sample of adult women, with reliability indices above 0.70.

In addition, a sociodemographic questionnaire was included, covering variables such as sex, age, income, professional specialization, length of service, city of residence, marital status, work sector, and work shift.

Procedures and Data Analysis

All procedures followed the ethical guidelines established by Resolution 466/2012 of the National Health Council (CNS), Resolution 016/2000 of the Federal Council of Psychology, and the Declaration of Helsinki (1964) for research involving human subjects (CNS, 2012; ANPEPP, 2000).

The study was submitted to the National Research Ethics Commission (CONEP) through Plataforma Brasil (CAAE: 84085624.6.0000.5296).

Data were collected individually through an electronic questionnaire hosted on Google Docs. Participants were invited to take part voluntarily, anonymously, and privately, according to their availability, either in their workplace or outside it. Invitations were sent via email and social media.

Participants were informed that the study was anonymous and confidential, and that they could withdraw at any time without any consequences. The researcher remained available via email and phone throughout the data collection process to clarify any doubts or misunderstandings. The average time required to complete the questionnaire was approximately five minutes.

Data analysis was performed using SPSSWIN, version 25.0. Descriptive and inferential statistical analyses were conducted, including Pearson's correlation, Student's t-test, Cronbach's alpha, and chi-square tests.

RESULTS

The final sample consisted of 33 employees, aged between 29 and 52 years (Mean = 35.82; SD = 14.71). Of these, 55% were female, 64% were married, 63% held a degree in Law, and 88% had a postgraduate specialization. Regarding length of service, 36% did not report this information; among those who did, 18% had more than 19 years of service. Additionally, 94% reported working both morning and afternoon shifts.

Concerning work conditions, 70% reported experiencing work overload, and 85% indicated experiencing bodily pain associated with this accumulation. Moreover, 62% had not undergone any psychiatric treatment, and 64% had not engaged in psychotherapy. Regarding lifestyle factors, 88% reported engaging in some form of physical activity, with 70% exercising three or more times per week.

Based on these sociodemographic characteristics, multicollinearity was assessed through correlations among variables, which were all below 0.90, ranging from -0.62 to 0.64. According to the criteria proposed by Tabachnick and Fidell (2001), these results indicate the absence of high multicollinearity, supporting the reliability of subsequent statistical analyses. Multivariate outliers and normality were assessed using the Shapiro–Wilk test, appropriate for samples with fewer than 100 participants, revealing indicators consistent with normal distribution (S–W = 1.08; $p < 0.51$).

Given the normality of the sample, the reliability of the measures was examined through the assessment of their psychometric consistency. This analysis is essential to ensure that the instruments adequately measure the intended constructs (Hair, Anderson, Tatham, Black, 2008). As highlighted by Formiga, Franco, and Nascimento (2020), the use of psychometric indicators to assess internal consistency contributes to understanding reliability indices, taking into account temporal and contextual aspects when applied to new samples. This approach ensures both theoretical and empirical robustness of psychological scales and preserves the fidelity of their original propositions.

The psychometric analyses followed the factorial structures previously established by the authors of the instruments used: the SF-36 (Campolina, Ciconelli, 2008; Lima et al., 2009; Laguardia et al., 2011; Oliveira et al., 2017); the Perceived Organizational Support Scale (POS), based on

Eisenberger et al. (1986), Siqueira (1995), Formiga, Fleury, and Souza (2014), and Formiga et al. (2018); and the DASS-21, developed by Lovibond and Lovibond (1995) and validated by Patias et al. (2016) and Formiga et al. (2021).

All analyses were performed using SPSS software (version 25). The results showed Cronbach's alpha coefficients above 0.70 for all applied scales, indicating satisfactory internal consistency. These findings confirm that the instruments measure their respective constructs in a homogeneous manner.

Variations in alpha values (V) were also examined following item deletion, with scores remaining close to the original values, further supporting the homogeneity of the measures even under potential adjustments. The Intraclass Correlation Coefficient (ICC) was also considered, with confidence intervals consistent with statistical standards reported in the literature and aligned with Cronbach's alpha results. This convergence between indicators reinforces the reliability of the instruments used in the present sample and supports their suitability for future research.

Table 1. Cronbach's alpha (α) coefficients for the applied scales.

Constructs / Variables	Alfa of *Cronbach*			ICC (CI 95%)
	α_{geral}	$V\alpha_{Item\ excluído}$	F Friedman	
Sorg	0.81*	0.80-0.92	21.13*	0.81* (0.75-0.86)
DASS-21	0.88*	0.85-0.94	38.32*	0.88* (0.83-0.91)
Anxiety	0.82*	0.79-0.89	29.16*	0.82* (0.84-0.90)
Depression	0.84*	0.81-0.92	27.45*	0.84* (0.87-0.90)
Stresses	0.87*	0.82-0.91	22,56*	0.85* (0.80-0.89)
SF-36 (QV)	0.79*	0.74-0.84	24.91*	0.79* (0.75-0.85)
Physical Domain	0.76*	0.72-0.80	27.31*	0.76* (0.71-0.80)
Mental Domain	0.83*	0.78-0.85	34.07*	0.83* (0.78-0.85)

Notes: POS = Organizational Support; DASS-21 = total score of common emotional disorder; SF-36 = Quality of Life; Vα = alpha variation when the item is deleted; F = Friedman test; ICC = Intraclass Correlation. * $p < 0.001$

With the confirmation of the reliability of the measures used, it can be concluded that the instruments are suitable both for application in the sample of workers in this specific occupational context and for the assessment of the constructs of Organizational Support, Quality of Life (SF-36), and Common Emotional Disorders (DASS-21), considering their respective dimensions. These findings made it possible to achieve the central objective of the study: to investigate how quality of life mediates the relationship between organizational support and mild emotional disorders (stress, anxiety, and depression) among judicial employees in the State of Ceará.

A predictive model was identified, considering perceived organizational support and quality of life (QoL), including its physical and mental domains, as explanatory criteria. In research, predictive power refers to the application of multiple regression analysis, which aims based on psychometric indicators—to estimate functional relationships between dependent and independent

variables, rather than the linear cause-and-effect relationship proposed by Pearson's correlation (Formiga, 2007).

According to Hair, Tatham, Anderson, and Black (2005), the importance of using linear regression in the analysis of variables lies in the variety of information it provides, which is useful for interpreting complex phenomena. This is possible because the method allows for the simultaneous analysis of multiple factors that may be interrelated with the variables under investigation.

Based on these assumptions, a multiple regression analysis was performed using the Enter method. The model considered the Perceived Organizational Support Scale (POS) influencing overall quality of life, which, in turn, was treated as a mediating variable in relation to common mental disorder variables (anxiety, depression, and stress) (see Figure 1).

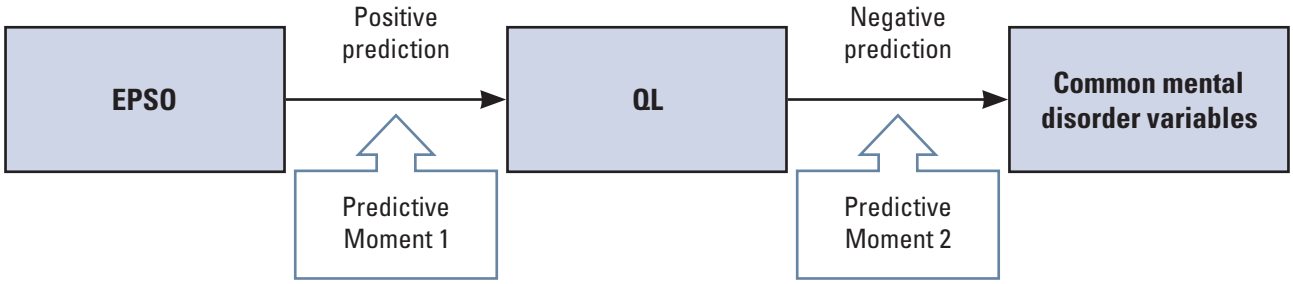

Figure 1. Graphical representation of the proposed theoretical mediation model.

In Figures 2, 3, and 4, the results of this model can be observed. Considering anxiety as the dependent variable, a regression analysis was performed, yielding the following results: in Predictive Moment 1, the Perceived Organizational Support Scale (POS) negatively and non-significantly predicted quality of life (standardized beta (β) = -0.14, t(> 1.96) = -0.66, p < 0.52), with statistical indicators that did not support the influence of this variable in the model [R^2 = 0.03; adjusted R^2 = -0.02; F (1/23) = 0.44, p < 0.52], explaining 2% of the variance.

In Moment 2, quality of life negatively predicted anxiety, showing a moderate and statistically significant effect (standardized beta (β) = -0.35, t = 2.73, p < 0.05) [R^2 = 0.12; adjusted R^2 = 0.09; F (1/23) = 2.99, p < 0.05], explaining 9% of the variance in the proposed model (Figure 2).

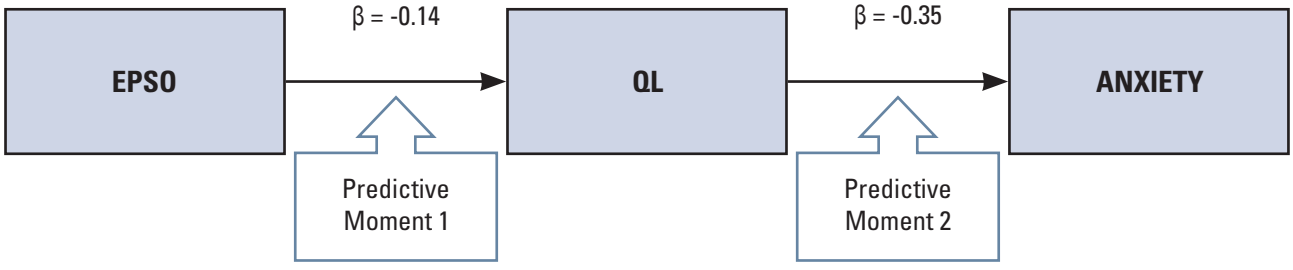

Figure 2. Graphical representation of the theoretical model explaining anxiety.
Source: Author's adaptation

In the next mediational model presented in Figure 3, depression was considered as the dependent variable. A regression analysis was conducted, and in Predictive Moment 1, the Perceived

Organizational Support Scale (POS) negatively and non-significantly predicted quality of life (standardized beta (β) = -0.14, t(> 1.96) = -0.66, p < 0.52), with statistical indicators that did not support the influence of this variable in the model [R^2 = 0.03; adjusted R^2 = -0.02; F (1/23) = 0.44, p < 0.52], explaining 2% of the variance.

In Moment 2, quality of life negatively predicted depression; however, this result was not statistically significant, despite presenting a moderate predictive effect (standardized beta (β) = -0.28, t = 1.36, p < 0.18) [R^2 = 0.08; adjusted R^2 = 0.04; F (1/23) = 1.85, p < 0.19].

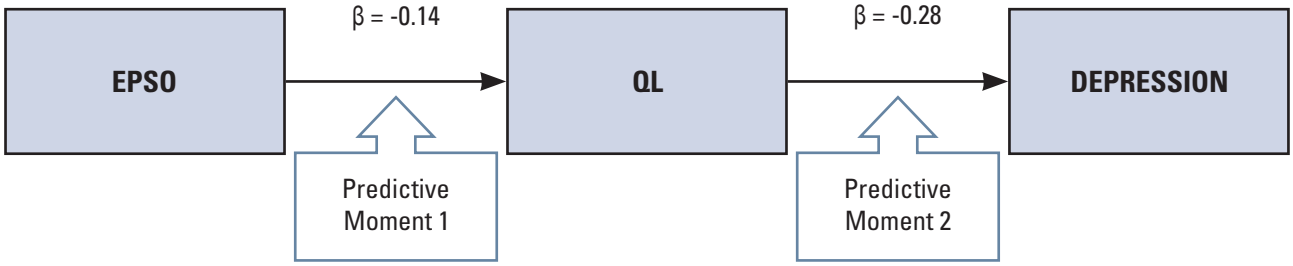

Figure 3. Graphical representation of the theoretical model explaining depression.
Fonte: Adaptação do autor

In Figure 4, stress was considered as the dependent variable. Based on the regression analysis performed, it was also observed in Predictive Moment 1 that the Perceived Organizational Support Scale (POS) negatively and non-significantly predicted quality of life (standardized beta (β) = -0.14, t(> 1.96) = -0.66, p < 0.52), with statistical indicators that did not support the influence of this variable in the model [R^2 = 0.03; adjusted R^2 = -0.02; F (1/23) = 0.44, p < 0.52], explaining 2% of the variance.

In Moment 2, quality of life negatively predicted stress, showing a moderate and statistically significant predictive effect (standardized beta (β) = -0.20, t = 2.53, p < 0.05) [R^2 = 0.04; adjusted R^2 = 0.01; F (1/23) = 2.92, p < 0.05].

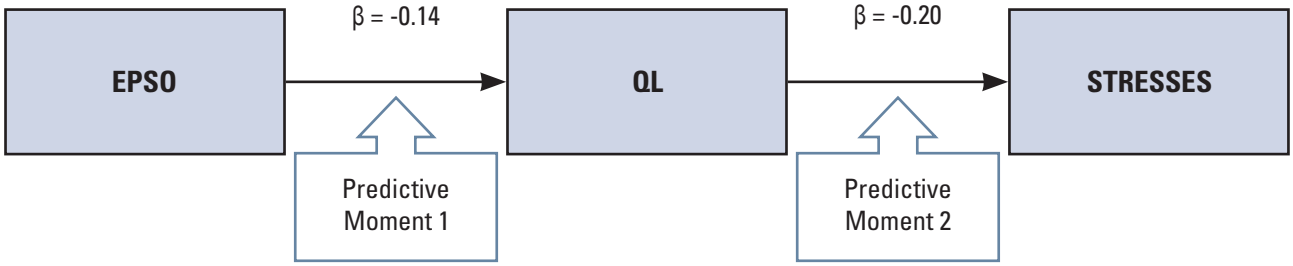

Figure 4. Graphical representation of the theoretical model explaining stress.
Source: Author's adaptation

Considering these models, the absence of mediational predictive validity is noteworthy; that is, the model was not supported, given that no significant results were found among the variables, either from the Perceived Organizational Support Scale (POS) to quality of life (QoL), or from QoL

to the specific dimensions of common emotional disorders (anxiety, depression, and stress). Another issue concerns the explained variance: in the general linear model (see Table 2), the R^2 was consistently above 20% (i.e., 0.20) for anxiety, depression, and stress, whereas in the hierarchical or mediational model it was considerably lower and even non-significant (see Figures 2, 3, and 4).

DISCUSSION

The present study aimed to investigate the mediating effect of quality of life (QoL) on the relationship between perceived organizational support (POS) and symptoms of anxiety, depression, and stress among technical staff of the Public Prosecutor's Office of the State of Ceará. Overall, the results did not confirm the proposed mediational model, as POS did not show a significant effect on QoL. However, QoL demonstrated a negative association with anxiety and stress symptoms, indicating its role as a protective factor in the mental health of these workers.

Initially, it is important to highlight that the instruments used showed adequate internal consistency, with Cronbach's alpha and ICC coefficients consistent with previous studies (Campolina, Ciconelli, 2008; Eisenberger et al., 1986; Siqueira, 1995; Formiga, Fleury, Souza, 2014; Formiga et al., 2018; Lovibond, Lovibond, 1995; Patias et al., 2016; Formiga et al., 2021). These findings reinforce the validity of the measures applied in the specific context of Public Prosecutor's Office employees, contributing to the robustness of the analyses conducted.

Regarding the theoretical model tested, the absence of a significant effect of POS on QoL contrasts with part of the literature, which suggests a positive relationship between these variables. Studies such as Formiga, Paula, and Silva (2022) and Lima (2025) indicate that higher levels of organizational support are associated with better quality of life indicators and fewer work-related damages. Similarly, Fidelis, Fonseca, and Formiga (2025) observed that organizational support plays a protective role in workers' mental health, favoring quality of life across different domains.

However, the findings of the present study suggest that this relationship may not manifest uniformly across all organizational contexts. In the specific case of the technical staff investigated, it is possible that perceived organizational support is not sufficient to offset the effects of adverse psychosocial factors, such as work overload, institutional pressure, and structural limitations, as identified in previous studies (Franco, Druck, Seligmann-Silva, 2010; CNMP, 2021; 2023). This hypothesis is reinforced by the descriptive data of the sample, which indicate a high workload and the presence of associated physical symptoms.

On the other hand, quality of life showed a negative association with anxiety and stress, corroborating the literature that recognizes it as an important protective factor for mental health. This finding is consistent with the study by Leite e Silva (2025), which identified a negative relationship between QoL and work-related damage, although with some limitations regarding statistical significance. Similarly, Freitas et al. (2025) demonstrated that higher levels of quality of life are associated with a reduction in emotional symptoms among public servants, regardless of working hours.

These findings reinforce the understanding that quality of life acts as an important individual resource for coping with work demands, potentially mitigating the negative impacts of the work environment on mental health. In this sense, QoL appears to play a more direct and consistent role in reducing emotional symptoms than organizational support, at least in the context investigated.

The absence of mediation may also be interpreted in light of the complexity of relationships among psychosocial variables at work. As highlighted by Formiga et al. (2025), factors such as subjective well-being, psychological capital, and coping strategies may significantly influence these relationships, acting as mediators or moderators. The absence of these variables in the tested model may have limited its explanatory capacity.

In addition, specific contextual aspects of the public sector, particularly within the Public Prosecutor's Office, should be considered. The CNMP (2021; 2023) report identified a high prevalence of psychological distress among employees, associated with structural and organizational factors such as productivity pressure, interpersonal conflicts, and the absence of effective institutional mental health policies. In this scenario, organizational support may be perceived as fragmented or insufficient, failing to be internalized as an effective resource for improving quality of life.

Another relevant point concerns the possible influence of individual factors on the perception of quality of life. As suggested by Formiga, Oliveira, Burine, Sena, and Lucena (2025), the psychological dimension particularly emotional regulation capacity—plays a central role in the relationship between work and health. Thus, quality of life may reflect not only objective working conditions but also subjective coping and adaptation strategies.

The results also align with the study by Basso (2020), which showed that different dimensions of organizational support exert distinct influences on engagement and work-related damage. This suggests that POS should not be analyzed as a single global construct, but rather in terms of its multiple dimensions, some of which may have a stronger impact on quality of life and mental health than others.

Complementarily, the study by Deprá, Almeida dos Santos, and Marchi (2021) indicates that organizational support is often more closely related to structural and operational aspects, such as material resources, than to psychosocial dimensions like personal development and well-being. This limitation may contribute to the reduced effectiveness of organizational support in promoting quality of life, especially in complex organizational contexts.

Despite divergences from previous studies, the findings of this research contribute to advancing knowledge by demonstrating that the relationship between organizational support, quality of life, and mental health is neither linear nor universal. Instead, it is a complex dynamic influenced by contextual, organizational, and individual factors.

From a practical perspective, the results suggest that interventions focused solely on strengthening organizational support may not be sufficient to promote significant improvements in workers' quality of life. Conversely, strategies that directly prioritize quality of life including actions targeting physical, psychological, and social well-being may be more effective in reducing symptoms of anxiety, depression, and stress.

Finally, some limitations of the study should be acknowledged. The relatively small sample size and cross-sectional design limit the generalizability of the findings and prevent causal inferences. Additionally, the absence of additional variables in the analytical model restricts a broader understanding of the factors involved. Therefore, future studies should employ larger samples, longitudinal designs, and more complex analytical models, including mediating and moderating variables, to further explore these relationships in the public work context.

CONCLUSION

This study investigated the mediating role of quality of life in the relationship between perceived organizational support and symptoms of anxiety, depression, and stress among public employees.

The findings indicate that perceived organizational support did not significantly predict quality of life, and the proposed mediational model was not confirmed. However, quality of life showed a consistent protective effect, being associated with lower levels of anxiety, depression, and stress.

These results suggest that, in this context, quality of life plays a more relevant role in mental health outcomes than organizational support alone. Therefore, interventions aimed at improving workers' quality of life across physical, psychological, and social dimensions may be more effective in promoting mental health.

Future studies with larger samples and more robust designs are recommended to better understand these relationships and explore additional psychosocial variables.

AI USE STATEMENT

No specific declaration regarding the use of artificial intelligence tools in the preparation of this manuscript was provided. Responsibility for the accuracy, integrity, originality, and entire content of the article, including any materials potentially produced or revised with the assistance of artificial intelligence tools, rests solely with the authors.

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