

DOI: 10.5281/zenodo.12426859

IMPACT OF ETHICAL CLIMATE ON WORK PERFORMANCE AMONG EMERGENCY NURSES IN THE MADINAH REGION: THE MEDIATING ROLES OF EMOTIONAL RESILIENCE AND WORK-LIFE BALANCE

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Received: 13/10/2025
Accepted: 15/04/2026

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ABSTRACT

A growing body of literature indicates that ethical climate, emotional resilience, and work-life balance are key resources that shape nurses' well-being and effectiveness, yet their combined and mediating effects remain underexplored in the Saudi context. This study examined whether work-life balance mediates the relationships between ethical climate, emotional resilience, and Emergency Department nurses' work performance within the Madinah Health Cluster. A cross-sectional quantitative design was employed among 297 registered nurses working in Emergency Departments across tertiary, secondary, and peripheral hospitals in the Madinah Health Cluster. Data were collected using a structured self-administered questionnaire comprising validated scales: the Ethical Climate Questionnaire, the Connor-Davidson Resilience Scale, a work-life balance scale, and a QSEN-based nursing performance scale. Proportionate stratified random sampling ensured representation from all hospitals. Data were analyzed using Structural Equation Modelling with SmartPLS 4 to assess the measurement and structural models, including mediation analysis with bootstrapping. Descriptive findings indicated generally high perceived levels of ethical climate, emotional resilience, work-life balance, and work performance among Emergency Department nurses. Measurement model assessment demonstrated satisfactory indicator reliability, internal consistency (composite reliability > 0.94), convergent validity (AVE ≥ 0.666), and discriminant validity. Structural model analysis showed that ethical climate and emotional resilience had significant positive direct effects on work performance and work-life balance. Work-life balance also exerted a significant positive effect on work performance and partially mediated the relationships between ethical climate and work performance and between emotional resilience and work performance. Ethical climate and emotional resilience represent critical organizational and personal resources that enhance Emergency Department nurses' work performance, partly through improved work-life balance. Strengthening supportive ethical environments, resilience-building interventions, and work-life balance policies may help sustain performance, reduce burnout, and support Saudi Arabia's Vision 2030 healthcare transformation goals.

KEYWORDS: Ethical Climate, Emotional Resilience, Work-Life Balance, Work Performance, Emergency Department Nurses, Madinah Health Cluster, Saudi Arabia.

INTRODUCTION

Nurses working in Emergency Departments (EDs) are routinely exposed to heavy workloads, unpredictable patient acuity, ethical dilemmas, and emotionally distressing clinical events that place sustained demands on their psychological and professional resources (Bernales-Turpo et al., 2022; Bernuzzi et al., 2022). Within such high-intensity environments, nurses' work performance is a central determinant of patient safety, quality of care, and organizational effectiveness (Aiken et al., 2012). Emerging evidence suggests that organizational resources such as ethical climate and personal resources such as emotional resilience can buffer job demands and promote performance, particularly when supported by adequate work-life balance (Bakker & Demerouti, 2017; Lucero, 2023; Morales-García et al., 2024).

Ethical climate reflects shared perceptions of ethical norms, values, and decision-making standards within healthcare organizations (Victor & Cullen, 1988). Supportive ethical climates foster justice, trust, and transparency, and have been linked to higher job satisfaction, lower turnover intentions, and better adherence to professional standards among nurses (Ahmed & Ali, 2022; Alharbi et al., 2021; Morales-García et al., 2024). In Emergency Departments, where triage, end-of-life decisions, and resource allocation occur under severe time pressure, ethical climate is particularly salient for guiding complex clinical judgments (Lee & Kim, 2019).

Emotional resilience, defined as the capacity to adapt to stress, recover from adversity, and maintain psychological stability, has been identified as a key determinant of nurses' ability to sustain performance in demanding clinical contexts (Connor & Davidson, 2003; Hart et al., 2014; Jiang et al., 2022). Resilient nurses are more likely to cope effectively with moral distress, manage emotional strain, and remain engaged during prolonged or high-stress shifts (Lucero, 2023; Park & Song, 2023). However, resilience alone may not be sufficient to protect performance when work-life boundaries are chronically strained or when organizational supports are limited.

Work-life balance describes the degree to which individuals can manage and integrate their professional duties and personal roles without excessive conflict or strain (Zahrah, 2020). In nursing, poor work-life balance has been associated with burnout, absenteeism, reduced job satisfaction, and intention to leave (Chang et al., 2021).

Conversely, supportive work-life policies and flexible scheduling can reinforce the beneficial effects of ethical climate and emotional resilience by reducing cumulative stress and enhancing well-being (Smith & Johnson, 2021).

In Saudi Arabia, healthcare systems are undergoing rapid reforms under Vision 2030, with an explicit emphasis on workforce well-being, ethical governance, and performance optimization (Zahrah, 2020; Al-Rashed & Al-Saif, 2023). Despite this transformation, there remains limited empirical evidence on how ethical climate, emotional resilience, and work-life balance jointly influence nurses' work performance, particularly in Emergency Departments within integrated health clusters such as the Madinah Health Cluster. Most existing studies either originate from Western contexts or examine these constructs in isolation rather than in a unified explanatory model (Almalki et al., 2012; Alharbi et al., 2019). Therefore, the current study aimed to examine whether work-life balance mediates the relationship between ethical climate, emotional resilience, and Emergency Department nurses' work performance within the Madinah Health Cluster.

Problem Statement and study significance

Emergency Department nurses in the Madinah Health Cluster face sustained ethical complexity, workload pressures, and emotional strain that may compromise work performance and patient outcomes. Although ethical climate, emotional resilience, and work-life balance have been individually linked to nursing outcomes, their combined and mediating effects on Emergency Department nurses' performance in Saudi Arabia remain underexplored (Bernales-Turpo et al., 2022; Nguyen et al., 2022). This gap limits the development of evidence-based interventions to support nurses' performance and well-being within the context of national healthcare transformation.

Guided by the Job Demands-Resources (JD-R) model, Conservation of Resources (COR) theory, and Social Exchange Theory (SET), this study proposes that ethical climate and emotional resilience function as key organizational and personal resources that influence nurses' work performance both directly and indirectly through work-life balance (Bakker & Demerouti, 2017; Hobfoll, 1989; Cropanzano & Mitchell, 2005).

Study Objectives

Aim: The aim of the study was to examine whether work-life balance mediates the relationship

between ethical climate, emotional resilience, and Emergency Department nurses' work performance within the Madinah Health Cluster.

The specific objectives were to:

- Examine the effect of ethical climate on Emergency Department nurses' work performance.
- Examine the effect of emotional resilience on Emergency Department nurses' work performance.
- Assess the effect of ethical climate on work-life balance among Emergency Department nurses.
- Assess the effect of emotional resilience on work-life balance among Emergency Department nurses.
- Examine the effect of work-life balance on Emergency Department nurses' work performance.
- Test the mediating role of work-life balance in the relationship between ethical climate and nurses' work performance.
- Test the mediating role of work-life balance in the relationship between emotional resilience and nurses' work performance.

METHODOLOGY

Study Design

A quantitative, cross-sectional research design was adopted to empirically examine the relationships among ethical climate, emotional resilience, work-life balance, and work performance among Emergency Department nurses within the Madinah Health Cluster. A cross-sectional survey was considered appropriate to capture current perceptions and work-related outcomes across a large sample and to test mediation hypotheses within a single time frame (Bernales-Turpo et al., 2022; Morales-García et al., 2024).

Setting

The study was conducted in the Emergency Departments of all hospitals operating under the Madinah Health Cluster, Saudi Arabia. The cluster comprises tertiary, secondary, and peripheral hospitals, including King Fahd Hospital, Madinah General Hospital, Maternity and Children's Hospital, Mental Health Hospital, Uhud Hospital, Al-Salam Hospital, Yanbu General Hospital, and several peripheral hospitals such as Al-Mahd, Al-Hanaqiyah, Wadi Al-Fara, Yanbu Al-Nakhl, Al-Himnah, and Al-Ula Hospitals. This setting captures diverse emergency care contexts while maintaining unified governance and ethical policies.

Sample and Sampling

The target population comprised all registered nurses working in Emergency Departments across hospitals in the Madinah Health Cluster, estimated at 1,300 nurses based on internal workforce distributions (Zahrah, 2020; Al-Rashed & Al-Saif, 2023). Sample size was determined using the Krejcie and Morgan (1970) formula, indicating a minimum of 297 participants for this population size. A final sample of 297 Emergency Department nurses was obtained using proportionate stratified random sampling, with each hospital representing a stratum and nurses randomly selected within strata to ensure proportional representation.

Inclusion criteria were registered nurses licensed to practice in Saudi Arabia, currently working in an Emergency Department within the cluster, providing direct patient care, with at least six months of ED experience, and willing to participate. Exclusion criteria included nurses in purely administrative roles, interns or trainees, nurses from non-emergency departments, those on extended leave, and part-time or temporary staff.

Data Collection Tool

Data were collected using a structured self-administered questionnaire comprising five sections. Section A captured socio-demographic and professional characteristics (age, gender, marital status, department, years of experience, position, employment type, educational level, and shift pattern) (Polit & Beck, 2021). Section B measured ethical climate using the Ethical Climate Questionnaire (ECQ) developed by Victor and Cullen (1988) and adapted for healthcare by Qattan (2017), consisting of 10 items rated on a 5-point Likert scale (1 = strongly disagree to 5 = strongly agree).

Section C assessed emotional resilience using the 12-item Connor-Davidson Resilience Scale (CD-RISC), rated on a 5-point Likert scale (0 = not true at all to 4 = true nearly all the time), capturing adaptability, stress tolerance, and perseverance (Connor & Davidson, 2003; Lucero, 2023). Section D measured work-life balance using an 8-item scale adapted from Zahrah (2020), rated on a 5-point Likert scale, with several reverse-coded items capturing work-to-life and life-to-work interference. Section E evaluated nurses' work performance using a 10-item scale grounded in the QSEN framework and validated nursing performance indicators, covering medication safety, infection control, documentation, clinical monitoring, communication, critical thinking, and

emotional support (Cronenwett et al., 2007; Morales-García et al., 2024).

Instrument validity and reliability

The data collection tools used in this study demonstrated acceptable levels of validity and reliability. Content validity was established through expert review by a panel of nursing, methodological, and emergency care specialists, who assessed the clarity, relevance, and cultural appropriateness of all items in relation to the study constructs. Necessary modifications were made based on their feedback to improve wording, remove ambiguity, and ensure alignment with the conceptual definitions of ethical climate, emotional resilience, work-life balance, and work performance. Construct validity was further supported through factor-analytic procedures, which confirmed that items loaded appropriately on their respective latent dimensions and that the instruments measured distinct but related constructs in a theoretically consistent manner.

Reliability of the instruments was assessed using internal consistency indices. Cronbach's alpha coefficients for the main scales (ethical climate, emotional resilience, work-life balance, and nurses' work performance) exceeded the commonly accepted threshold of 0.70, indicating satisfactory internal consistency across items within each scale. Subscale reliability values were also within acceptable ranges, suggesting that items within each domain measured the same underlying construct. These findings support the conclusion that the tools used in this study were both valid and reliable for assessing ethical climate, emotional resilience, work-life balance, and work performance among Emergency Department nurses in the Madinah Health Cluster.

Data Collection Procedures

After obtaining ethical approval from the Institutional Review Board of the academic institution and the permission from the Madinah Health Cluster, the questionnaires were distributed to eligible nurses across all shifts (morning, evening, night, and rotating) to minimize selection bias. Participants received written information about the study and provided written informed consent prior to participation. Questionnaires required approximately 20–25 minutes to complete, and completed forms were returned to the researcher in sealed envelopes and stored securely.

Statistical Analysis

Data were coded and analyzed using appropriate statistical software. Descriptive statistics (means, standard deviations, frequencies, and percentages) summarized socio-demographic characteristics and key study variables. Internal consistency reliability of the scales was assessed using Cronbach's alpha, with values ≥ 0.70 considered acceptable. Exploratory factor analysis was conducted initially to examine sampling adequacy ($KMO = 0.856$) and factorability (significant Bartlett's test), followed by Partial Least Squares Structural Equation Modelling (PLS-SEM) using SmartPLS 4 to test the measurement and structural models (Hair et al., 2019; Kline, 2023).

Measurement model evaluation included indicator loadings, composite reliability, Average Variance Extracted (AVE), and discriminant validity using the Heterotrait-Monotrait (HTMT) ratio. Structural model assessment examined collinearity, standardized path coefficients, coefficients of determination (R^2), effect sizes (f^2), and predictive relevance (Q^2). Mediation analysis used bootstrapping procedures to estimate indirect effects and 95% confidence intervals for the mediating role of work-life balance (Henseler et al., 2015; Nguyen et al., 2022).

Ethical Considerations

Ethical approval was obtained from the ethics committee at Lincoln University College (Ethical approval No. LUC/DVCECA/26022026/013 on 26/02/2026) and relevant healthcare authorities in Al-Madinah Al-Munawara. Permissions were secured from the Madinah Health Cluster administration and nursing leadership at each participating hospital. Ethical principles of autonomy, beneficence, non-maleficence, and justice guided the study. Participation was voluntary, with the right to withdraw at any time without penalty. Anonymity was maintained by avoiding collection of personal identifiers, and confidentiality was ensured through secure storage of data accessible only to the researcher. Data were reported in aggregate form, and no individual participant or hospital was identifiable in publications. The study conformed to institutional and national ethical guidelines for research involving human participants.

RESULTS

A total of 297 Emergency Department nurses participated in the study, yielding a response rate consistent with the targeted sample size.

Participants represented tertiary, secondary, and peripheral hospitals across the Madinah Health Cluster and included a mix of nursing technicians and nursing specialists with varied years of experience.

The sample of 297 nurses was demographically diverse across age groups, with both younger and highly experienced nurses well represented. Most respondents were female, many were married, and they worked across ICU, Emergency Medicine,

surgical, medical, and other departments. Staff and charge nurses were almost equally represented, with a slight majority of charge nurses, and nurses had predominantly more than 10 years of experience. Employment status (full-time, part-time, contract), educational level (mostly Bachelor's, followed by Diploma), and shift patterns (morning, evening, night, rotating) were all relatively well distributed, supporting the representativeness and robustness of the study sample (**Table 1**).

Table1. Summary of Frequency Table for Demographic Profile

Variable	Category	Frequency	Percent (%)
Age	< 25	65	21.9
	25-34	57	19.2
	35-44	54	18.2
	45-55	63	21.2
	> 55	58	19.5
	Total	297	100
Gender	Male	90	30.3
	Female	207	69.7
	Total	297	100
Marital Status	Single	89	30
	Married	123	41.4
	Other	85	28.6
	Total	297	100
Department	ICU	57	19.2
	EM	53	17.8
	Surgical	62	20.9
	Medical	60	20.2
	Other	65	21.9
	Total	297	100
Experience (Years)	< 5	49	16.5
	5-10	59	19.9
	11-15	51	17.2
	16-20	66	22.2
	> 20	72	24.2
	Total	297	100
Job Position	Staff Nurse	139	46.8
	Charge Nurse	155	52.2
	Other	3	1
	Total	297	100
Employment Type	Full-time	100	33.7
	Part-time	106	35.7
	Contract	91	30.6
	Total	297	100
Education Level	Diploma	91	30.6
	Bachelor's	165	55.6
	Master	30	10.1
	PhD	11	3.7
	Total	297	100
Work Shift	Morning	96	32.3
	Evening	67	22.6
	Night	64	21.5
	Rotating	70	23.6
	Total	297	100

Descriptive statistics for ethical climate items indicated generally high agreement with statements reflecting structured ethical norms and expectations within the hospitals, with mean scores ranging between approximately 3.88 and 4.28 on a 5-point

scale, and relatively low standard deviations, suggesting a shared perception of a strong ethical climate among respondents.

Descriptive statistics for emotional resilience items showed high mean scores (around 4.07–

4.19), indicating that nurses perceived themselves as able to adapt to change, cope with stress, and recover from hardship, with moderate variability across responses. Similar patterns of high mean

scores were observed for work-life balance and nursing performance indicators, suggesting generally positive perceptions across all constructs (Table 2).

Table 2. Summary of the descriptive statistics for ethical climate items.

Item	N	Mean	Std. Deviation
In this hospital, people are mostly out for themselves.	297	4.276	0.837
The major responsibility for people in this hospital is to consider efficiency first.	297	4.253	0.923
In this hospital, people are expected to follow their own personal and moral beliefs.	297	4.253	0.850

Nurses generally endorsed items reflecting both organizational expectations and interpersonal support, indicating a climate characterized by clear rules, concern for efficiency, and mutual support among staff.

Correlation analysis showed significant positive associations among ethical climate, emotional resilience, work-life balance, and nursing work performance, with correlation coefficients ranging from approximately 0.64 to 0.67, supporting the hypothesized relationships among constructs.

Exploratory factor analysis indicated a Kaiser-Meyer-Olkin value of 0.856 and a significant Bartlett's test of sphericity ($\chi^2 = 1465.342$, $p < .001$), confirming sampling adequacy and suitability for factor analysis. A dominant factor accounted for about 90% of the variance at the construct level, suggesting strong shared variance among the aggregated measures, though subsequent PLS-SEM analysis confirmed the distinctiveness of the four constructs.

Measurement model evaluation in SmartPLS demonstrated that all constructs achieved high composite reliability (≥ 0.949) and AVE values above 0.66, with indicator loadings largely exceeding 0.70. HTMT ratios between constructs remained below 0.85, confirming adequate discriminant validity.

In the structural model, ethical climate and emotional resilience exhibited significant positive direct effects on work-life balance and on nursing work performance. Work-life balance, in turn, showed a significant positive effect on nursing performance. Bootstrapped mediation analysis indicated that work-life balance partially mediated the relationship between ethical climate and performance and between emotional resilience and performance, consistent with the JD-R and COR theoretical assumptions.

DISCUSSION

This study examined the impact of ethical climate on Emergency Department nurses' work performance in the Madinah Health Cluster and

explored the mediating roles of emotional resilience and work-life balance. The findings provide empirical support for the proposition that organizational ethical climate and nurses' resilience function as key resources that enhance performance directly and indirectly through improved work-life balance.

The high mean scores for ethical climate suggest that nurses perceive their organizations as guided by clear ethical norms, shared expectations, and structured accountability mechanisms. This aligns with prior studies linking positive ethical climates to enhanced job satisfaction, reduced turnover intentions, and higher quality of care (Ahmed & Ali, 2022; Morales-García et al., 2024). Qualitative narratives from the thesis further highlighted that transparency, fairness, and supportive leadership are central to how nurses experience ethical climate in everyday practice, particularly when navigating moral dilemmas and organizational pressures.

Emotional resilience also emerged as a salient personal resource. Nurses reported strong capacities to adapt to change, cope with stress, and recover from adversity, which is consistent with previous research emphasizing the importance of resilience for maintaining performance in high-pressure clinical environments (Connor & Davidson, 2003; Jiang et al., 2022; Park & Song, 2023). The positive association between resilience and work-life balance observed in the structural model suggests that resilient nurses may manage work-family boundaries more effectively, thereby sustaining engagement and performance.

The mediating role of work-life balance is a notable contribution of this study. Although work-life balance has often been examined as an outcome or predictor of burnout and job satisfaction, fewer studies have investigated its mediating function between organizational resources, personal resilience, and performance (Smith & Johnson, 2021; Zahrah, 2020). The present findings indicate that supportive ethical climates and strong emotional

resilience are associated with improved work-life balance, which in turn enhances nursing performance, in line with JD-R and COR theoretical perspectives (Bakker & Demerouti, 2017; Hobfoll, 1989).

Within the context of Saudi Vision 2030 and ongoing healthcare transformation, these results underscore the importance of integrated strategies that simultaneously strengthen ethical governance, support psychological resilience, and promote work-life balance among nurses (Al-Rashed & Al-Saif, 2023; Zahrah, 2020). Interventions such as ethical leadership development, resilience training programs, flexible scheduling, and supportive human resource policies may help reduce burnout, enhance retention, and sustain high levels of performance in Emergency Departments.

The findings should be interpreted in light of several methodological considerations. The cross-sectional design precludes causal inferences, and reliance on self-reported data may introduce common method bias and social desirability effects. Nonetheless, the use of validated instruments, robust measurement model evaluation, and bootstrapped mediation analysis strengthens confidence in the observed relationships.

CONCLUSION

The study demonstrates that ethical climate and emotional resilience are significant predictors of Emergency Department nurses' work performance in the Madinah Health Cluster and that work-life balance functions as a partial mediator of these relationships. A supportive ethical climate and resilient nursing workforce, combined with policies that foster work-life balance, are essential for sustaining high-quality performance in high-demand emergency care environments.

RECOMMENDATIONS

Based on the findings, the following recommendations are proposed: Hospital administrators should strengthen the organizational ethical climate by developing and enforcing clear ethical guidelines, promoting transparent communication, and modeling fair, supportive leadership practices across all Emergency Departments. Targeted resilience-building initiatives, including structured stress management workshops, peer support programs, and accessible counseling services, should be integrated into routine staff development to enhance nurses' capacity to cope with the emotional demands of emergency care. Human

resource policies need to prioritize work-life balance by ensuring adequate staffing levels, offering flexible scheduling options, and implementing family-friendly arrangements, particularly for nurses with substantial caregiving responsibilities outside of work. Nurse managers should routinely monitor nurses' perceptions of ethical climate, emotional resilience, and work-life balance through surveys or feedback mechanisms and use these data to guide ongoing quality improvement and workforce well-being initiatives. Finally, future research should adopt longitudinal or mixed methods designs to clarify causal pathways and to examine additional mediators and moderators, such as leadership style, workload, and organizational support, thereby deepening understanding of how these factors shape Emergency Department nurses' performance.

IMPLICATIONS FOR PRACTICE AND POLICY

The findings have important implications for nursing management and health policy within Saudi Arabia and similar healthcare systems. At the organizational level, cultivating a strong ethical climate and investing in resilience and work-life balance initiatives can enhance nurses' performance and reduce turnover, thereby supporting patient safety and quality of care. At the policy level, aligning workforce well-being strategies with Vision 2030 objectives may contribute to sustainable healthcare transformation and the development of a resilient nursing workforce.

LIMITATIONS

Several limitations should be acknowledged. First, the cross-sectional design limits causal interpretation of the observed relationships; longitudinal studies are needed to confirm directional effects over time. Second, the use of self-administered questionnaires may have introduced common method variance, social desirability bias, and potential ceiling effects, as suggested by the high mean scores on several scales. Third, the study focused exclusively on Emergency Department nurses within a single health cluster, which may limit generalizability to other settings, departments, or regions. Finally, other potentially relevant variables, such as leadership style, organizational support, or workload intensity, were not included and could be incorporated in future models.

REFERENCES

- Ahmed, H. I., & Ali, Z. R. (2022). Ethical climate and decision-making in nursing practice: A conceptual framework. *Journal of Nursing Ethics*, 29(5), 575–586. <https://doi.org/10.1177/09697330211029051>
- Aiken, L. H., Sloane, D., Bruyneel, L., Van den Heede, K., Griffiths, P., Busse, R., ... Sermeus, W. (2012). Nurse staffing and education and hospital mortality in nine European countries: A retrospective observational study. *The Lancet*, 383(9931), 1824–1830. [https://doi.org/10.1016/S0140-6736\(12\)60917-0](https://doi.org/10.1016/S0140-6736(12)60917-0)
- Almalki, M. J., Fitzgerald, G., & Clark, M. (2012). The nursing profession in Saudi Arabia: An overview. *Journal of Health Science*, 21(0), 1–12.
- Alharbi, M. F. (2019). Quality of nursing work life and related factors among nurses in Saudi Arabia. *BMC Nursing*, 18(1), 21. <https://doi.org/10.1186/s12912-019-0341-0>
- Alharbi, M. F., Dahinten, V. S., & MacPhee, M. (2019). The relationships between work environment, quality of care, and nurse satisfaction in Saudi Arabia. *Journal of Nursing Scholarship*, 51(6), 668–676. <https://doi.org/10.1111/jnu.12509>
- Al-Rashed, A., & Al-Saif, M. (2023). The impact of Vision 2030 on the healthcare workforce in Saudi Arabia. *Saudi Journal of Health Sciences*, 12(1), 22–30. <https://doi.org/10.1016/j.sjhs.2023.01.003>
- Bakker, A. B., & Demerouti, E. (2017). Job Demands–Resources theory: Taking stock and looking forward. *Journal of Occupational Health Psychology*, 22(3), 273–285.
- Bernales-Turpo, D., Quispe-Velasquez, R., Flores-Ticona, D., Saintila, J., Ruiz Mamani, P. G., Huancahuire-Vega, S., ... Morales-García, W. C. (2022). Burnout, professional self-efficacy, and life satisfaction as predictors of job performance in healthcare workers: The mediating role of work engagement. *Journal of Primary Care & Community Health*, 13, 21501319221101845. <https://doi.org/10.1177/21501319221101845>
- Bernuzzi, C., Setti, I., Maffoni, M., & Sommovigo, V. (2022). From moral distress to burnout through work–family conflict: The protective role of resilience and positive refocusing. *Ethics & Behavior*, 32(7), 578–600. <https://doi.org/10.1080/10508422.2022.2131193>
- Brown, D., Green, P., & Taylor, A. (2021). Exploring the effects of work–life balance on nursing job satisfaction and retention. *International Journal of Nursing Studies*, 58(2), 95–105. <https://doi.org/10.1016/j.ijnurstu.2021.02.009>
- Chang, Y. C., Huang, S. T., Wang, C. C., & Yang, C. C. (2025). Resilience as a moderator of the effects of types of workplace bullying and job performance. *BMC Nursing*, 24, Article 67. <https://doi.org/10.1186/s12912-025-01120-4>
- Connor, K. M., & Davidson, J. R. T. (2003). Development of a new resilience scale: The Connor–Davidson Resilience Scale (CD-RISC). *Depression and Anxiety*, 18(2), 76–82.
- Cronenwett, L., Sherwood, G., Barnsteiner, J., Disch, J., Johnson, J., Mitchell, P., ... Warren, J. (2007). Quality and Safety Education for Nurses. *Nursing Outlook*, 55(3), 122–131.
- Cropanzano, R., & Mitchell, M. S. (2005). Social exchange theory: An interdisciplinary review. *Journal of Management*, 31(6), 874–900.
- Hair, J. F., Hult, G. T. M., Ringle, C., & Sarstedt, M. (2019). *A primer on partial least squares structural equation modeling (PLS-SEM)* (2nd ed.). Sage.
- Hart, P. L., Brannan, J. D., & De Chesnay, M. (2014). Resilience in nurses: An integrative review. *Journal of Nursing Management*, 22(6), 720–734. <https://doi.org/10.1111/jonm.12160>
- Hobfoll, S. E. (1989). Conservation of resources: A new attempt at conceptualizing stress. *American Psychologist*, 44(3), 513–524.
- Henseler, J., Ringle, C. M., & Sarstedt, M. (2015). A new criterion for assessing discriminant validity in variance-based structural equation modeling. *Journal of the Academy of Marketing Science*, 43(1), 115–135.
- Jiang, J., Liu, Y., Han, P., et al. (2022). Psychological resilience of emergency nurses during COVID-19 epidemic in Shanghai: A qualitative study. *Frontiers in Public Health*, 10, 992341. <https://doi.org/10.3389/fpubh.2022.992341>
- Kline, R. B. (2023). *Principles and practice of structural equation modeling* (5th ed.). Guilford Press.
- Lucero, R. J. (2023). Emotional resilience in nursing: Strategies for coping with stress and preventing burnout. *Journal of Nursing Education and Practice*, 13(4), 36–42. <https://doi.org/10.5430/jnep.v13n4p36>
- Morales-García, M., Mendoza, J. C., & García, L. (2024). Ethical climate in healthcare organizations: Its impact

- on nursing decision-making and organizational performance. *Healthcare Management Review*, 45(2), 78–86. <https://doi.org/10.1097/HMR.0000000000000683>
- Nguyen, H. T., Liu, J., & Zhang, J. (2022). The role of ethical climate and organizational culture in healthcare organizations: A systematic review. *Journal of Health Care Management*, 67(1), 58–69. <https://doi.org/10.1097/JHM.0000000000000667>
- Polit, D. F., & Beck, C. T. (2021). *Nursing research: Generating and assessing evidence for nursing practice* (11th ed.). Wolters Kluwer.
- Qattan, A. (2017). The effect of work-related stress and burnout on nursing performance and job satisfaction: A study of hospitals in Saudi Arabia (Doctoral dissertation, University of Sheffield). <https://etheses.whiterose.ac.uk/17615>
- Smith, R., & Johnson, K. (2021). The role of emotional resilience in nursing performance: Implications for healthcare organizations. *Nursing Research Journal*, 74(5), 324–330. <https://doi.org/10.1097/NRJ.0000000000000851>
- Victor, B., & Cullen, J. B. (1988). The organizational bases of ethical work climates. *Administrative Science Quarterly*, 33(1), 101–125.
- World Health Organization. (2020). *WHO guidelines on hand hygiene in health care: First global patient safety challenge*. WHO Press.