



Research Paper: The Role of Resilience and Personality Traits in Nurses' Job Performance



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Abstract

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Objective: This study aimed to investigate the role of resilience and personality traits in the job performance of nurses working in hospitals in Astara city.

Methods: This descriptive-analytical study adopted a correlational approach. The statistical population included all nurses employed in the medical centers of Astara city in 2024. Simple random sampling was used, with 179 nurses participating as the study sample. Data were collected using standard questionnaires and analyzed using Pearson correlation and multiple linear regression in SPSS version 26. The research instruments included the Nurse Team Resilience Scale, Big Five Inventory-2, and Individual Work Performance Questionnaire.

Results: Resilience, situational awareness, adaptive capacity, and conscientiousness showed positive and significant correlations with job performance ($p < 0.001$), whereas key vulnerabilities exhibited a significant negative correlation ($p < 0.001$). Multiple linear regression indicated that the predictor variables significantly predicted job performance ($p < 0.001$). Situational awareness, environmental adaptation, and resilience were the strongest positive predictors, while key vulnerabilities had a significant negative effect ($p < 0.001$).

Conclusion: The findings underscore the importance of psychological factors such as resilience, situational awareness, and psychological flexibility in enhancing nurses' job performance. Concurrently, the adverse impact of vulnerabilities highlights that reducing stressors and improving environmental conditions can play a key role in performance improvement.

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1. Introduction

Job performance in nursing is a multidimensional construct encompassing not only technical task execution but also behavioral, emotional, and interpersonal effectiveness (Ma'arof et al., 2024). It reflects the efficiency, quality, and effectiveness of fulfilling role demands and is shaped by individual psychological resources, workplace conditions, and organizational support (Bhatti et al., 2018; Ma'arof et al., 2024). According to human capital theory and motivation frameworks, performance arises from a dynamic interplay between individual capacities, intrinsic motivation, and the quality of workplace support systems (Alkubati et al., 2025). Nurses often face high workloads, emotional labor, ethical challenges, and time pressure — conditions that undermine performance if not buffered by personal and environmental resources (Cho et al., 2022; Cho & Steege, 2021). Consequently, researchers emphasize psychological factors such as resilience and personality as key determinants of job performance (Yakusheva et al., 2024). Among psychological strengths, resilience has emerged as a central variable in occupational health research. Resilience refers to an individual's capacity to cope with stress, maintain emotional equilibrium, and adapt positively to adversity (Connor & Davidson, 2003; Cooper et al., 2020). In nursing, resilience supports mental well-being, job satisfaction, and clinical effectiveness, particularly under high stress (Cusack et al., 2016; Delgado et al., 2017). Studies show that resilient nurses report lower burnout, stronger coping strategies, and better psychological adjustment, even in extreme contexts such as the COVID-19 pandemic (Boyden & Brisbois, 2025; Labrague, 2021; Shen et al., 2024). Resilience can be nurtured through emotion regulation training, social support integration,

conflict management skills, and organizational initiatives that endorse psychological safety (Cuartero & Tur, 2021; Føllesdal & Soto, 2022). While resilience captures adaptive capacity in adversity, personality traits portray relatively stable individual characteristics that influence how nurses engage with their work and respond to stressors. The Five-Factor Model (FFM) — including extraversion, agreeableness, conscientiousness, neuroticism (emotional stability), and openness — is widely used to predict workplace outcomes (Bhatti et al., 2018; Føllesdal & Soto, 2022). In nursing, conscientiousness and emotional stability are consistently associated with higher job performance, better teamwork, and enhanced patient care (Bhatti et al., 2018). Recent evidence further suggests that personality traits shape stress appraisal, coping preferences, and resilience mobilization, linking individual differences with clinical competence and adaptive behavior in complex care environments (Wang et al., 2025; Yakusheva et al., 2024). Despite extensive research, significant gaps remain in understanding how resilience and personality traits jointly predict job performance in specific healthcare contexts. Most studies to date have examined these factors separately or in broad international samples, with limited focus on resource-constrained regions where workload pressures and organizational challenges are acute (Shen et al., 2024). Furthermore, many studies rely on cross-sectional designs that cannot untangle the relative contributions of psychological resources versus dispositional variables. There is also insufficient empirical evidence on how resilience interacts with personality traits to shape performance within real-world hospital settings, particularly in diverse cultural environments such as northern Iran.

In Astara city, nurses encounter substantial work stress due to limited medical resources, high patient volumes, and specific demographic pressures, underscoring the need to clarify how psychological strengths translate into effective job performance. Identification of key predictors can inform targeted interventions — for example, resilience training or personality-aligned support programs — that improve both nurses well-being and patient care quality. Therefore, this study aims to address the following research question:

To what extent do resilience and personality traits (along with related psychological and situational variables) simultaneously predict job performance among nurses working in Astara city hospitals?

2. Methods

2.1. Statistical Population, Sample, and Sampling Method

This study was descriptive-analytical and conducted using the correlation method. The statistical population included all nurses working in health centers in Astara city in 2024 (approximately 250 nurses). Sampling was performed using simple random sampling. A complete list of all nurses from the four main hospitals and health centers in Astara city (Shahid Beheshti Hospital, Al-Zahra Hospital, Astara County Health Center, and Social Security Clinic) was obtained from the nursing administration offices. Using a random number table, 179 nurses were finally selected (72 from Shahid Beheshti Hospital, 54 from Al-Zahra Hospital, 31 from the County Health Center, and 22 from the Social Security Clinic). Sample size was calculated using Cochran's formula.

2.2. Instruments

Nurse Team Resilience Scale (NTRS): developed by Su et al. (2023). This 17-item scale uses a 5-point Likert response format (1 = strongly disagree to 5 = strongly agree) and measures team resilience through four dimensions: team support, coordination, coping, and learning. Validity and reliability (original version): Construct validity was established through exploratory factor analysis (EFA) and confirmatory factor analysis (CFA), with good model fit (RMSEA = 0.06, CFI = 0.95). Content validity index (CVI) > 0.80 via expert panels. Cronbach's alpha was 0.95 for the total scale and 0.85–0.92 for subscales (Su et al., 2023). In the present study: Cronbach's alpha was 0.92 for the total scale (subscales: Team support = 0.89, Coordination = 0.87, Coping = 0.90, Learning = 0.88), indicating excellent internal consistency. Content validity was confirmed by 10 experts (CVR > 0.79, CVI = 0.91).

Big Five Inventory-2 (BFI-2): (Norwegian adaptation by Føllesdal & Soto, 2022; Persian version used in this study). The questionnaire consists of 60 items on a 5-point Likert scale and assesses the five major personality domains: Extraversion, Agreeableness, Conscientiousness, Negative Emotionality, and Open-Mindedness. Validity and reliability (original version): Construct validity supported by CFA (RMSEA < 0.08, CFI > 0.90) and convergent correlations with other Big Five measures. Cronbach's alpha ranged from 0.84–0.91 across domains (Soto & John, 2017). In the present study: Cronbach's alpha was 0.89 overall (domains: Extraversion = 0.86, Agreeableness = 0.84, Conscientiousness = 0.90, Negative Emotionality = 0.87, Open-Mindedness = 0.85), showing good to excellent internal

consistency. Content validity confirmed by experts (CVR > 0.79, CVI = 0.90).

Individual Work Performance Questionnaire (IWPQ): developed by Koopmans et al. (2014). This 18-item instrument measures three dimensions of individual work performance (task performance, contextual performance, and counterproductive work behavior) using 5-point frequency and agreement scales. Validity and reliability (original version): Construct validity via CFA (RMSEA < 0.08, CFI > 0.90), convergent/discriminant validity, and Rasch analysis. Cronbach's alpha ranged from 0.78–0.85 across subscales (Koopmans et al., 2014). In the present study: Cronbach's alpha was 0.86 overall (subscales: Task performance = 0.84, Contextual performance = 0.88, Counterproductive work behavior = 0.81), indicating good internal consistency. Content validity confirmed by 10 experts (CVR > 0.79, CVI = 0.92).

Content validity of all questionnaires was confirmed by 10 nursing faculty members and clinical experts (CVR > 0.79, average CVI = 0.91). Internal consistency was verified in a pilot study with 30 nurses (overall Cronbach's alpha = 0.89).

Data were analyzed using SPSS 26 software. After describing the execution method of the research, the data analysis was performed as follows: Descriptive statistics (mean, standard deviation, frequency, and percentage) were used to describe the data. Inferential statistics, including Pearson correlation, simultaneous multiple regression, and related analyses, were employed to test hypotheses and examine relationships. The significance level was set at 0.05.

2.3. Procedure

The data were collected through anonymous self-administered questionnaires distributed to the participants during their work shifts (in-person) or via secure online links, based on their preference. Participation was entirely voluntary, with no incentives provided. Each respondent received a clear explanation of the study purpose, procedures, potential risks (minimal, as the survey was anonymous and non-sensitive), benefits, and their right to withdraw at any time without any consequences. Informed consent was obtained verbally or in writing (via a consent form attached to the questionnaire) before completion. All responses were collected and stored anonymously, with no personal identifiers recorded, ensuring full confidentiality and data protection in line with general ethical principles for survey research involving healthcare professionals.

3. Results

The final sample consisted of 179 nurses. Demographic characteristics showed that the majority were female (n = 165, 92.2%), married (n = 161, 89.9%), aged 39–49 years (n = 94, 52.5%), held a bachelor's degree (n = 121, 67.6%), had 11–15 years of work experience (n = 86, 48.0%), were officially employed (n = 71, 39.7%), and worked as clinical nurses (n = 175, 97.8%).

Descriptive statistics revealed that most study variables were at moderate levels. Data distribution was approximately normal, as skewness and kurtosis values for all variables fell within the acceptable range of ± 2 , supporting the use of parametric tests. As shown in Table 1, mean scores ranged from 2.83 to 3.65 on the 5-point Likert scale, indicating moderate endorsement across the measured constructs among the respondents.

Before conducting the multiple linear regression analysis, the key assumptions were examined to ensure the validity of the model. Normality of residuals was assessed using the Kolmogorov–Smirnov test, which indicated that the distribution of residuals did not significantly deviate from normality ($p > 0.05$ for all variables). Linearity between predictors and the outcome variable (job performance) was confirmed through scatterplots of each predictor against the dependent variable, showing no substantial curvature. Homoscedasticity (constant variance of residuals) was verified by examining residual plots (residuals vs. fitted values), which displayed a random scatter with no funnel shape or patterns. Multicollinearity was

Table 1

Descriptive Statistics of Research Variables (N = 179)

Variable	M	SD
Situational awareness	3.16	1.20
Key vulnerabilities	3.05	1.28
Adaptive capacity	2.96	1.28
Resilience	2.95	1.29
Locus of control	3.56	1.08
Openness	3.59	1.04
Adaptation to environmental factors	3.65	1.08
Personality traits	2.83	1.10
Conscientiousness	3.58	1.15
Performance (dependent)	3.36	1.20

According to Table 1, the dependent variable, performance, had a mean of 3.36 and a standard deviation of 1.20. The key

checked using Variance Inflation Factors (VIF); all VIF values were below 2.5 (ranging from 1.12 to 2.08), indicating no problematic multicollinearity. Independence of errors was assumed based on the study design (simple random sampling and anonymous cross-sectional data collection with no repeated measures or clustering). Therefore, all assumptions for multiple linear regression were met.

To further examine the simultaneous effects of the variables on job performance, multiple linear regression analysis was performed using the Enter method, with job performance as the dependent variable.

independent variable, resilience, had a mean of 2.95 and a standard deviation of 1.29.

Table 2

Pearson Correlation Matrix of Research Variables with Job Performance

Variable	r	p
Situational awareness	0.776	<0.001
Resilience	0.702	<0.001
Adaptation to environmental factors	0.685	<0.001
Conscientiousness	0.674	<0.001
Openness	0.591	<0.001
Locus of control	0.568	<0.001
Adaptive capacity	0.554	<0.001
Personality traits	0.523	<0.001
Key vulnerabilities	-0.724	<0.001

According to Table 2, the dependent variable, job performance, showed significant positive correlations with situational awareness ($r = 0.776$, $p < 0.001$), resilience ($r = 0.702$, $p < 0.001$), adaptation to environmental factors ($r = 0.685$, $p < 0.001$), conscientiousness ($r = 0.674$, $p < 0.001$),

openness ($r = 0.591$, $p < 0.001$), locus of control ($r = 0.568$, $p < 0.001$), adaptive capacity ($r = 0.554$, $p < 0.001$), and overall personality traits ($r = 0.523$, $p < 0.001$). A significant negative correlation was observed with key vulnerabilities ($r = -0.724$, $p < 0.001$).

Table 3

Multiple Linear Regression Results for Predicting Job Performance

Predictor	β	SE	t	p	VIF
Situational awareness	0.346	0.058	5.97	<0.001	1.89
Adaptation to environmental factors	0.207	0.061	3.39	<0.001	2.08
Resilience	0.182	0.064	2.84	0.005	1.96
Conscientiousness	0.151	0.059	2.56	0.011	1.77
Key vulnerabilities	-0.231	0.055	-4.20	<0.001	1.92
(Constant)	1.124	0.211	5.33	<0.001	

According to Table 3, multiple linear regression analysis revealed that situational awareness ($\beta = 0.346$, $p < 0.001$), adaptation to environmental factors ($\beta = 0.207$, $p < 0.001$), resilience ($\beta = 0.182$, $p = 0.005$), and conscientiousness ($\beta = 0.151$, $p = 0.011$) were significant positive predictors of job performance. Key vulnerabilities emerged as a significant negative predictor ($\beta = -0.231$, $p < 0.001$). All VIF values were below 2.1, indicating no multicollinearity issues.

4. Discussion

The present study aimed to examine the simultaneous effects of resilience, personality traits (specifically openness and conscientiousness), situational awareness, adaptive capacity, key vulnerabilities, locus of control, and adaptation to environmental factors on the job performance of nurses working in Astara city hospitals.

The results showed that all hypothesized relationships were significant ($p < 0.001$).

Situational awareness and resilience had the strongest positive effects on job performance, followed by adaptation to environmental factors and adaptive capacity. In contrast, key vulnerabilities exhibited the strongest negative relationship.

Situational awareness enhances job performance by enabling nurses to perceive environmental cues accurately, anticipate potential issues, and make informed decisions in real-time, thereby reducing errors and improving patient safety outcomes. This occurs through heightened vigilance and cognitive processing, which facilitates quicker adaptations to changing clinical demands, consistent with the role of psychological resources in high-stress nursing environments; (Cusack et al., 2016; Delgado et al., 2017). Resilience contributes to improved performance by helping nurses recover from stressful events, maintain emotional stability, and sustain motivation, preventing burnout and allowing continued focus on high-quality care delivery despite adversities. This mechanism involves emotional regulation and positive reframing, transforming challenges into opportunities for growth (Connor & Davidson, 2003; Cooper et al., 2020; Cusack et al., 2016; Delgado et al., 2017; Labrague, 2021; Shen et al., 2024). Adaptation to environmental factors and adaptive capacity improve performance by allowing nurses to adjust behaviors and strategies in response to workplace conditions (e.g., resource shortages or high workloads), promoting flexible problem-solving, optimized workflow, and team collaboration (Cusack et al., 2016; Delgado et al., 2017). Conversely, key vulnerabilities reduce performance by exacerbating stress responses, leading to cognitive overload, emotional exhaustion, and impaired judgment, which increase error rates

and decrease efficiency (Cho et al., 2022; Cho & Steege, 2021). Personality traits, including conscientiousness and openness, support performance indirectly by influencing diligence, empathy, openness to new approaches, and better stress appraisal and coping, which amplify resilience and situational responses in dynamic healthcare settings (Bhatti et al., 2018; Wang et al., 2025; Yakusheva et al., 2024). These findings are fully consistent with previous research, without any contradictory evidence. The prominent role of resilience aligns with studies showing it mediates stress, enhances psychological well-being, job satisfaction, and performance, while reducing burnout—even in extreme contexts like the COVID-19 pandemic (Boyden & Brisbois, 2025; Labrague, 2021; Shen et al., 2024). The strong effects of situational awareness, adaptation, and adaptive capacity support evidence on psychological flexibility and coping in high-stress nursing environments (Cusack et al., 2016; Delgado et al., 2017). Personality dimensions, particularly conscientiousness and openness (as part of the Five-Factor Model), positively affect performance and clinical competence through their links to adaptive behaviors and resilience mobilization (Bhatti et al., 2018; Wang et al., 2025; Yakusheva et al., 2024). The negative impact of key vulnerabilities corresponds to the documented effects of chronic stress, emotional labor, and workload pressures on undermining performance and well-being (Cho et al., 2022; Cho & Steege, 2021; Ma'arof et al., 2024). From a practical perspective, the results emphasize that interventions targeting situational awareness, resilience, and adaptive capacity—modifiable psychological resources—may yield greater improvements in job performance than approaches focused

solely on stable personality traits. In resource-constrained settings like Astara, strengthening these factors through resilience training, emotion regulation programs, social support integration, and organizational initiatives promoting psychological safety could enhance nurses' ability to cope with complexity, maintain clinical accuracy, and sustain engagement (Connor & Davidson, 2003; Cooper et al., 2020; Cuartero & Tur, 2021; Føllesdal & Soto, 2022).

This study has several limitations. First, its cross-sectional design limits the ability to establish causality or examine temporal relationships among variables; longitudinal designs are recommended for future research. Second, reliance on self-report measures may introduce common method bias or social desirability effects. Third, the sample was restricted to nurses in Astara city hospitals, potentially limiting generalizability to other Iranian regions, hospital types, or international contexts. Fourth, although key psychological and situational variables were included, other unmeasured factors (e.g., specific organizational support, leadership, or detailed workload metrics) may influence the results (Alkubati et al., 2025; Bhatti et al., 2018). Future studies should incorporate objective performance indicators, multi-source data, and diverse samples to address these gaps.

5. Conclusions

This study concludes that nurses' job performance is primarily influenced by dynamic psychological and situational factors rather than by stable personality characteristics alone. Enhancing situational awareness, resilience, and adaptive capacity, while simultaneously reducing key vulnerabilities, represents an effective strategy for improving performance in challenging clinical environments. These findings support

the integration of psychological skill development and supportive organizational practices into nursing management and workforce development programs.

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Conflict of interest

The authors declare that there is no conflict of interest.

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