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# Examining the Status of Work Adjustment and Resilience and Their Relationship with Moral and Emotional Intelligence: Evidence from Nurses' Perspectives

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**Abstract**

**Introduction:** Work adjustment and resilience are two crucial components for providing quality services to nurses, which are influenced by various factors. This study aimed to examine the status of work adjustment and resilience and their relationship with moral intelligence and emotional intelligence among nurses working in educational treatment hospitals of Jiroft University of Medical Sciences in Iran.

**Methods:** This cross-sectional descriptive-analytical study was conducted in 2024 at teaching hospitals affiliated with Jiroft University of Medical Sciences. Using the stratified sampling method and determining the appropriate sample size, 385 nurses were selected for the study. Data were collected using established instruments, specifically the Bradberry-Greaves questionnaire for emotional intelligence, the Kiel and Lenik questionnaire for moral intelligence, the Conker-Davidson questionnaire for resilience, and the Dawis and Lofquist questionnaire for work adjustment. Data were analyzed using t-test, ANOVA, Pearson correlation coefficient, and multiple linear regression using SPSS software version 23.

**Results:** The mean scores of the nurses' emotional intelligence, moral intelligence, resilience, and work adjustment were 88.54±8.31 (out of 168), 75.67±8.24 (out of 100), 67.28±6.57 (out of 125) and 98.75±8.25 (out of 175), respectively. A statistically significant positive correlation was observed between work adjustment and emotional intelligence (P<0.001, r=0.685) and moral intelligence (P=0.002, r=0.562), as well as between resilience and emotional intelligence (P<0.001, r=0.632) and moral intelligence (P=0.003, r=0.449). According to the results of multiple linear regression, components of emotional intelligence and moral intelligence, including self-awareness, self-management, accountability, compassion, forgiveness, social awareness, honesty, and relationship management, were identified as predictors of work adjustment and resilience among nurses (P<0.05).

**Conclusion:** This study highlights the significant relationships between work adjustment and resilience with emotional and moral intelligence among nurses. The findings indicate that specific components of emotional intelligence, such as self-awareness and relationship management, along with aspects of moral intelligence, including accountability and compassion, serve as important predictors of work adjustment and resilience. Therefore, nursing planners and managers need to incorporate training in these areas into continuing education programs, as this could enhance nurses' capabilities and ultimately improve the quality of patient care.

**Keywords:** Work Adjustment, Resilience, Emotional Intelligence, Moral Intelligence, Nurse

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## Introduction

Work adjustment enhances workplace harmony, boosts productivity, strengthens employee attachment, improves work quality, and promotes individual health and organizational performance (1). This adjustment is at its best when individuals align their work needs with their skills (1). Among various professions, nursing requires a high level of work adjustment to maintain the quality of

healthcare (2). Nurses' work adjustment combines psychological and non-psychological factors that are particularly important for successful employment. Non-psychological factors include all tools and equipment that the employees use to perform their jobs.

In contrast, psychological or internal factors include the individual's feelings or perceptions about their job, which define their relationship with their work (3). On the other hand, stress, subsequent incompatibility, and low job satisfaction among nurses can threaten their physical and mental health and quality of life and hinder their personal and social development goals (3). Studies show that nurses are regularly affected by stressors in the work environment, which can impact their work adjustment (4).

One of the most important human abilities that facilitates effective adaptation to stress and psychological pressure is resilience (5). Resilience is an individual ability that facilitates interactions between a person and their environment, enabling individuals to face life and work challenges and adversities without being harmed (6). Resilience is a factor that helps individuals cope with and adapt to harsh and stressful conditions, protecting them against psychological disorders and problems (7). Resilient individuals exhibit high adaptability to environmental stressors (7). According to experts, nurses require a very high level of resilience in their profession because resilient behaviors can help them overcome negative experiences and transform these experiences into positive ones (8). Moreover, resilience is one of the most important factors for nurses to cope with difficult work conditions. It is one of the strategies that keeps nurses in their workplace, enhances their quality of work life, increases their job satisfaction, and reduces their work-related burnout (6).

One of the factors that can influence work adjustment and resilience is emotional intelligence (9). Emotional intelligence encompasses the abilities, competencies, and cognitive and non-cognitive skills that enable one to cope with environmental pressures and needs, contributing to his/her happiness (10). Nurses with high emotional intelligence can make better goal-oriented decisions. In contrast, low emotional intelligence affects the nurses' happiness and well-being and complicates their management when dealing with problems and conflicts (11). Additionally, nurses who possess greater psychological and social skills can better handle stressful and challenging work conditions constructively (12). The research results by Mashreghi Kavijani et al. indicated a positive and meaningful relationship between adjustment and the emotional regulation coping strategy (13). The study by Khodajavadi and Peru showed that emotional intelligence skills had a positive and significant relationship with resilience, and the higher the emotional intelligence, the greater the likelihood of resilience in high-risk conditions (14).

Moral intelligence is another factor that can influence work adjustment and resilience (15). Moral intelligence is the capacity and ability to understand right and wrong correctly, hold strong moral beliefs and act upon them, and behave appropriately and correctly. It can enhance an individual's flexibility, particularly in increasing tolerance and self-control (16). This type of intelligence gives nurses the ability and skill to deliver the necessary training to patients from different ethnicities and languages, resulting in the nurses' effective role in hospitals (17). Work ethics and work adjustment encourage the nurses to be engaged in their work and feel a sense of progress (17). The study by Mirmobini and Hashemi indicated that moral intelligence and its dimensions had a positive and significant relationship with work adjustment (18). Additionally, the ability to resist temptations, be empathetic, and reject unethical options are prominent characteristics of individuals with high moral intelligence, contributing to increased resilience in these individuals (19). The relationship between moral intelligence and resilience has been confirmed in studies by Reutter and Bigatti (15), Khademi et al. (20), and Khodabakhshi Koolaee et al. (21).

Given the lack of a similar study in Iran and the existence of studies in some dimensions of this research but not in all dimensions, as well as the role and importance of nurses in achieving the mission and goals of hospitals, conducting a study in this field is necessary. Consequently, this study was undertaken with two primary objectives:

To investigate the status of work adjustment, resilience, moral intelligence, and emotional intelligence among nurses working in teaching and therapeutic hospitals of Jiroft University of Medical Sciences in southern Iran.

To examine the correlation and effects of emotional and moral intelligence on work adjustment and resilience among the studied nurses.

## Methods

### *Study Design and Setting*

This descriptive-analytical study was conducted cross-sectionally in teaching hospitals affiliated with Jiroft University of Medical Sciences in Jiroft, a city in Kerman Province, southern Iran. The study encompassed six hospitals serving as key healthcare providers in the region, offering medical services and educational opportunities for nursing students. Data collection occurred from March to May 2024, during which the hospitals facilitated access to their nursing staff, ensuring a representative sample for the research. Jiroft University of Medical Sciences plays a vital role in healthcare education and practice, making these hospitals ideal for examining the interplay between work adjustment, resilience, and moral and emotional intelligence among nurses.

### *Participants*

The study population comprised nurses employed at the specified hospitals. The recruitment of nurses was conducted through a stratified sampling method, wherein participants were randomly selected from each hospital in proportion to the number of nurses within each department. The personnel numbers of the nurses guided this selection process, and a random number table was utilized to ensure an unbiased sample.

The inclusion criteria included work experience (at least one year), employment in clinical departments, and willingness to participate in the study. Exclusion criteria were employment in administrative departments (non-nursing job), an unfortunate event (death of a loved one, divorce, etc.) in the past month from the beginning of the study, and unwillingness to participate in the study.

### *Sample Size*

We estimated the sample size at 385 nurses using the following formula (22) with an error level of 5%. Then, the required sample size in each hospital was obtained by dividing 385 by the total number of nurses and multiplying the obtained number by the number of nurses in each hospital.

$$n = \frac{\left(Z^2_{\frac{\alpha}{2}} \times S^2\right)}{d^2}$$

In the above formula:
z=1.96
d=0.05

### *Study Variables*

The variables under investigation are classified into two main categories: outcomes and exposures, as outlined below. In addition, predictors and potential confounders are defined.
Outcomes:

Work adjustment: Measured using the Dawis and Lofquist standard work adjustment questionnaire, which assesses various dimensions of job satisfaction and fit within the work environment.

Resilience: Evaluated through the Conner-Davidson Resilience Scale (CD-RISC), quantifying an individual's ability to cope with stress and adversity.
Exposures:

Emotional intelligence: Assessed with the Bradberry-Greaves standard emotional intelligence questionnaire, measuring self-awareness, self-management, social awareness, and relationship management.

Moral intelligence: Measured using the Kiel and Lenik standard moral intelligence questionnaire, which evaluates honesty, accountability, compassion, and forgiveness.
Predictors:

Demographic variables: Age, gender, marital status, employment status, and years of work experience are considered predictors that may influence the outcomes of work adjustment and resilience.

Emotional and moral intelligence: These are predictor variables that may impact nurses' work adjustment and resilience levels.
Potential confounders:

Work experience: The number of years worked in clinical settings may confound the relationship between emotional/moral intelligence and work adjustment/resilience.

Shift patterns: Differences in work shifts (morning, evening, night) may also act as confounders in our analysis.

### *Potential Sources of Bias*

In conducting this study, we recognized the

importance of minimizing potential sources of bias to enhance the validity and reliability of our findings. In this regard, we employed a stratified random sampling method to ensure that participants were selected in proportion to the number of nurses within each department across the six hospitals. In addition, clearly defined inclusion and exclusion criteria were established to ensure that only relevant participants were included in the study. By excluding nurses with less than one year of experience and those currently facing significant personal distress (e.g., the recent death of a loved one), we aimed to minimize variability in resilience and emotional responses that could confound our results. Similarly, we utilized validated standardized questionnaires to minimize measurement bias and enhance the comparability of our findings with previous research. Last but not least, by identifying potential confounders, we aimed to isolate the effects of emotional and moral intelligence on work adjustment and resilience.

### *Measurement*

The data collection tool was a five-part questionnaire. The first part of the questionnaire contained the demographic characteristics of age, gender, marital status, employment status, and year of work experience. The other four sections included the standard questionnaires of emotional intelligence, moral intelligence, resilience, and work adjustment used in previous studies (1, 23-25). The second part was the Bradberry-Greaves standard emotional intelligence questionnaire, which has 28 questions and four components, including self-awareness (questions 1-6), self-management (questions 7-15), social awareness (questions 16-20), and relationship management (questions 21-28) (28). This questionnaire is scored using a 6-point Likert scale: never (1 point), rarely (2 points), sometimes (3 points), usually (4 points), almost always (5 points), and always (6 points). According to the score range (28 to 168), the mean score between 28 and 63 is considered a low level, between 64 and 98 is a medium level, between 99 and 133 is considered a reasonable level, and between 134 to 168 is classified as high level (23). Its validity and reliability (with Cronbach's alpha coefficient (0.83)) have been confirmed in previous studies (26, 27).

The third part was the Kiel and Lenik standard moral intelligence questionnaire with 40 questions and four components: honesty (questions 1-10), accountability (questions 11-20), compassion (questions 21-30), and forgiveness (questions 31-40) (24). This questionnaire was scored using a 5-point Likert scale: never (1 point), rarely (2 points), sometimes (3 points), most of the time (4 points), and in all cases (5 points). In this questionnaire, each respondent gets a score between a minimum of 40 and a maximum of 200, and by dividing it by 2, the final score of moral intelligence is between 20 and 100. Finally, a score of 90 to 100 is excellent, 80 to 89 is very good, 70 to 79 is medium, and 69 and below is low (24). The validity and reliability of this questionnaire (with Cronbach's alpha coefficient (0.89)) have been confirmed in Sadeghi et al.'s study (24).

The fourth part was the Conker-Davidson standard resilience scale (CD-RISC). This questionnaire has 25 questions and 5 components: individual competence (8 items), trust in individual instincts (7 items), positive acceptance of change and secure relationships (5 items), control (3 items), and spiritual influences (2 items) (25). It is classified on a scale between one (completely false) and five (always true). For determining the nurses' resilience status, categories of very favorable (109-125), favorable (88-108), moderate (67-87), unfavorable (46-66), and very unfavorable (25-45) are determined (25). The results of Keyhani et al.'s study have confirmed its reliability (with Cronbach's alpha coefficient (0.66)) and its validity (25).

The fifth part was the Dawis and Lofquist standard work adjustment questionnaire. This questionnaire has 35 questions and 7 components: achievement value (3 questions), comfort value (11 questions), position value (4 questions), altruism value (5 questions), safety (6 questions), autonomy (3 questions), and adjustment style (3 questions) (1). Scoring in this questionnaire is based on a 5-point Likert scale from very low (1), low (2), moderate (3), high (4), and very high (5). According to the score range of 35 to 175, the mean scores of 35 to 70, 71 to 105, 106 to 140, and 141 to 175 were classified as low, medium, reasonable, and excellent, respectively (1). The validity and reliability of this questionnaire (with Cronbach's alpha coefficient (0.83)) have been confirmed in Rahimi's study (1).

### *Procedures and Statistical Analysis*

To collect the data, one of the researchers

(ARY) visited the hospitals on different days of the week in the morning, evening, and night shifts and distributed and collected the questionnaires. For compliance with ethical considerations, participating in the study and filling out the questionnaire were done completely voluntarily. After explaining the project's objectives to the participants, the researchers emphasized the confidentiality of the responses, and verbal consent was obtained from them; then, the questionnaires were distributed and collected on the same day.

The collected data were entered into SPSS 23. Pearson's correlation coefficient was used to examine the correlation between resilience and work adjustment with emotional intelligence and moral intelligence and the correlation of these four variables with the nurses' age and year of work experience. A T-test was used to examine the difference in the mean score of the four main research variables according to gender and marital status. ANOVA test was used to investigate the difference in nurses' work adjustment scores, resilience, emotional intelligence, and moral intelligence based on employment status. Finally, multiple linear regression was used to examine the simultaneous effect of different aspects of the nurses' emotional intelligence and moral intelligence (as the independent variables) on their work adjustment and resilience (dependent variables). In the regression model, R-squared ($R^2$) shows the percentage of the dependent variable changes the independent variables explain. The value of this index is between zero and one, and if it is more than 0.6, it shows that the independent variables have been able to explain the changes in the dependent variable to a large extent (28). In addition, one of the presuppositions of multiple linear regression is the absence of collinearity or correlation between independent variables. VIF index was used to check for non-alignment. According to statistical logic, if the VIF is greater than 10, then alignment is possible (29). Two methods were employed to examine the homoscedasticity assumption—one of the key assumptions in regression analysis. First, a scatter plot was analyzed, and second, a residual plot was reviewed. Based on the outputs obtained, it was observed that the data points were randomly and uniformly distributed around a straight line in both plots, indicating that the assumption of homoscedasticity was met. Therefore, this assumption was confirmed. A significance level of 0.05 was considered.

## Results

The mean age of the nurses participating in the study was 30.41±8.15 years, and most (62.60%) were less than 30 years old. The average work experience was 5.87±4.29 years, and most of them (77.14%) were in the group of less than 10 years. 66.49% were women, and the rest were men. Most

**Table 1:** Frequency distribution of nurses under investigation (n=385)

| Variable | Category | Frequency | Percent |
|---|---|---|---|
| Age (year) | <30 | 241 | 62.60 |
| | 30-40 | 137 | 35.58 |
| | >40 | 7 | 1.82 |
| Total | ---------- | 385 | 100 |
| Gender | Male | 129 | 33.51 |
| | Female | 256 | 66.49 |
| Total | ---------- | 385 | 100 |
| Marital status | Single | 121 | 31.43 |
| | Married | 264 | 68.57 |
| Total | ---------- | 385 | 100 |
| Work experience (year) | <10 | 297 | 77.14 |
| | 10-20 | 81 | 21.04 |
| | >20 | 7 | 1.82 |
| Total | ---------- | 385 | 100 |
| Employment status | Official | 46 | 11.95 |
| | Temporary-to permanent | 14 | 3.64 |
| | Under -a-contract | 37 | 9.61 |
| | Contractual | 246 | 63.89 |
| | Corporative | 42 | 10.91 |
| Total | ---------- | 385 | 100 |

of the respondents were in the contractual forces (63.89%) and married (68.57%) (Table 1).

The mean scores of the nurses' emotional intelligence and moral intelligence were equal to 88.54±8.31 (out of 168) and 75.67±8.24 (out of 100), respectively, indicating the medium level of emotional intelligence and moral intelligence (Table 2). Also, the mean score of the studied nurses' resilience and work adjustment were equal to 67.28±6.57 (out of 125) and 98.75±8.25 (out of 175), respectively, indicating the medium level of resilience and low level of work adjustment (Table 2).

The results showed a statistically significant correlation between the nurses' emotional and moral intelligence and their resilience and adjustment. Thus, nurses who had higher emotional intelligence and moral intelligence had better resilience and work adjustment (P<0.05) (Table 3).

The results of multiple linear regression analysis to determine the effect of different dimensions of the nurses' emotional intelligence and moral intelligence on resilience and work adjustment showed that the significant variables in the model that were determined using the Enter method were self-awareness, self-management, accountability, compassion, forgiveness, social awareness, honesty, relationship management (for resilience) and self-management, self-awareness, relationship

**Table 2:** Mean and standard deviation of study variables and their subscales

| Variables | Subscale | Score | Mean | Standard deviation |
|---|---|---|---|---|
| Emotional intelligence | Self-awareness | 6-36 | 18.22 | 4.26 |
| | Self-management | 9-54 | 26.14 | 4.32 |
| | Social awareness | 5-30 | 19.56 | 3.55 |
| | Relationship management | 8-48 | 24.62 | 3.74 |
| | Total | 28-168 | 88.54 | 8.31 |
| Moral intelligence | Honesty | 5-25 | 22.43 | 5.04 |
| | Accountability | 5-25 | 17.59 | 4.47 |
| | Compassion | 5-25 | 18.27 | 2.69 |
| | Forgiveness | 5-25 | 17.38 | 4.11 |
| | Total | 20-100 | 75.67 | 8.24 |
| Resilience | Individual competence | 8-40 | 20.42 | 1.38 |
| | Trust in individual instincts | 7-35 | 19.03 | 3.11 |
| | Positive acceptance of change and secure relationships | 5-25 | 14.37 | 2.21 |
| | Control | 3-15 | 8.17 | 1.44 |
| | Spiritual effects | 2-10 | 5.29 | 2.09 |
| | Total | 25-125 | 67.28 | 6.57 |
| Work adjustment | Achievement value | 3-15 | 7.81 | 3.45 |
| | Comfort Value | 11-55 | 24.65 | 2.51 |
| | Position value | 4-20 | 10.23 | 3.26 |
| | Altruism value | 5-25 | 14.34 | 2.78 |
| | Safety | 6-30 | 23.92 | 1.85 |
| | Autonomy | 3-15 | 8.53 | 2.55 |
| | Adjustment style | 3-15 | 9.27 | 2.63 |
| | Total | 35-175 | 98.75 | 8.25 |

**Table 3:** Correlation of nurses' resilience and work adjustment with emotional intelligence and moral intelligence

| Row | Variables | 1 | 2 | 3 | 4 |
|---|---|---|---|---|---|
| 1 | Emotional intelligence | 1 | --- | --- | --- |
| 2 | Moral intelligence | P*=0.001<br>r*=0.543 | 1 | --- | --- |
| 3 | Resilience | P<0.001<br>r=0.632 | P=0.003<br>r=0.449 | 1 | --- |
| 4 | Work adjustment | P<0.001<br>r=0.685 | P=0.002<br>r=0.562 | P<0.001<br>r=0.467 | 1 |

*r: Pearson Correlation Coefficient, P: P value

management, accountability, compassion, social awareness, forgiveness, and honesty (for work adjustment), in order of importance. Also, this test showed that the coefficient of determination of the adjusted model ($R^2$ Adjusted) for resilience and work adjustment were 0.68 and 0.73, respectively. This means that 68% and 73% of the changes in resilience and work adjustment can be explained by the variables in the model, respectively. According to the multiple linear regression analysis, the nurses' resilience and work adjustment scores were obtained as follows:

$Y1 = 0.602 + 0.458x_1 + 0.393x_2 + 0.362x_3 + 0.319x_4 + 0.298x_5 + 0.285x_6 + 0.273x_7 + 0.258x_8$

$Y2 = 0.811 + 0.501x_2 + 0.438x_1 + 0.406x_8 + 0.365x_3 + 0.339x_4 + 0.328x_6 + 0.315x_5 + 0.301x_7$

Y1: Resilience

Y2: Work Adjustment

$X_{1,2,3,4,5,6,7,8}$: Variables affecting nurses' resilience and work adjustment (Table 4).

Based on the results, the mean score of emotional intelligence was significantly different based on the nurses' age (P=0.005), gender (P=0.03), marital status (P=0.04), and year of work experience (P=0.01). In this way, the mean score of their emotional intelligence increased with the increase in the nurses' age and work experience. Emotional intelligence was higher in female nurses (89.17±8.28 out of 168) and married ones (89.02±8.62 out of 168) than others. Also, the mean score of the nurses' moral intelligence was significantly different based on their age (P=0.03) and work experience (P=0.04). Thus, with the increase in nurses' age and work experience, the mean score of their moral intelligence increased. Moreover, the mean resilience score significantly

**Table 4:** Factors affecting the nurses' resilience and work adjustment using multiple linear regression model

| Dependent variable | | Influential variables | Unstandardized coefficients | | Standardized coefficient β | P value |
|---|---|---|---|---|---|---|
| | | | B | Std. Error | | |
| Resilience | --- | Constant | 0.602 | 1.24 | --- | 0.01 |
| | $X_1$ | Self-awareness | 0.458 | 0.057 | 0.435 | <0.001 |
| | $X_2$ | Self-management | 0.393 | 0.062 | 0.369 | <0.001 |
| | $X_3$ | Accountability | 0.362 | 0.068 | 0.339 | <0.001 |
| | $X_4$ | Compassion | 0.319 | 0.077 | 0.295 | <0.001 |
| | $X_5$ | Forgiveness | 0.298 | 0.083 | 0.281 | <0.001 |
| | $X_6$ | Social awareness | 0.285 | 0.089 | 0.264 | 0.001 |
| | $X_7$ | Honesty | 0.273 | 0.093 | 0.254 | 0.002 |
| | $X_8$ | Relationship management | 0.258 | 0.096 | 0.238 | 0.004 |
| Work adjustment | --- | Constant | 0.811 | 1.67 | --- | 0.02 |
| | $X_2$ | Self-management | 0.501 | 0.033 | 0.471 | <0.001 |
| | $X_1$ | Self-awareness | 0.438 | 0.035 | 0.406 | <0.001 |
| | $X_8$ | Relationship management | 0.406 | 0.047 | 0.375 | <0.001 |
| | $X_3$ | Accountability | 0.365 | 0.053 | 0.332 | <0.001 |
| | $X_4$ | Compassion | 0.339 | 0.057 | 0.311 | <0.001 |
| | $X_6$ | Social awareness | 0.328 | 0.063 | 0.298 | 0.001 |
| | $X_5$ | Forgiveness | 0.315 | 0.069 | 0.286 | 0.002 |
| | $X_8$ | Honesty | 0.301 | 0.073 | 0.271 | 0.003 |

**Table 5:** The relationship between emotional intelligence, moral intelligence, resilience, and work adjustment with the demographic variables of the studied nurses

| Variable | Emotional intelligence | Moral intelligence | Resilience | Work adjustment |
|---|---|---|---|---|
| Age | $p^*=0.005$<br>$r^*=0.512$ | P=0.03<br>r=0.323 | P=0.004<br>r=0.603 | P=0.001<br>r=0.641 |
| Work experience | P=0.01<br>r=0.419 | P=0.04<br>r=0.285 | P=0.01<br>r=0.384 | P=0.002<br>r=0.579 |
| Gender | P=0.03<br>$t^*=2.138$ | P=0.22<br>t=1.245 | P=0.09<br>t=1.763 | P=0.34<br>t=1.015 |
| Marital status | P=0.04<br>t=2.121 | P=0.19<br>t=1.362 | P=0.12<br>t=1.557 | P=0.23<br>t=1.237 |
| Employment status | P=0.17<br>$F^*=1.289$ | P=0.31<br>F=1.012 | P=0.08<br>F=1.769 | P=0.04<br>F=2.369 |

*r: Pearson Correlation Coefficient, P: P value, t T-Test, F: Test ANOVA, (Correlation is significant at the 0.05 level)

differed based on the nurses' age (P=0.004) and work experience (P=0.01). Therefore, with the increase in nurses' age and work experience, the level of resilience increased. Finally, the mean score of work adjustment increased significantly with an increase in the nurses' age (P=0.001) and work experience (P=0.002), and this mean score was higher in nurses with official employment status (P=0.04, 99.68±8.53) than others (Table 5).

## Discussion

The results showed low work adjustment among the studied nurses, consistent with Tsay et al.'s findings of similarly low levels among female nursing assistants in Taiwan's intensive care units (30). The challenging workplace and management atmosphere in hospitals may contribute to the nurses' low work adjustment levels. In contrast, a study by Moradali et al. in West Azerbaijan found that 58.1% of midwives had moderate work adjustment (31). Rahimi et al. found nurses' work adjustment at a medium level in Kashan (3), while Samadifard and Narimani reported higher than medium levels among female nurses in public hospitals in Ardabil (32). Similarly, Jalilian and Karimianpour found that Kermanshah University of Medical Sciences staff had work adjustment levels above medium (33).

Additionally, a study by Nagib et al. in Egypt reported that 60% of nurses had a high level of work adjustment (34). The comparison of work adjustment levels among nurses reveals both similarities and differences influenced by contextual factors. Our study found low work adjustment levels, consistent with Tsay et al.'s findings among female nursing assistants in Taiwan, suggesting that challenging workplace environments may be common contributors (30). In contrast, studies in Iran show varied results; Moradali et al. reported moderate work adjustment among midwives (31), while Rahimi et al. found medium levels among nurses in Kashan (3). Samadifard, Narimani, Jalilian, and Karimianpour noted higher than medium levels in female nurses at public hospitals and Kermanshah University of Medical Sciences. These discrepancies highlight the impact of local healthcare conditions and organizational support. Additionally, Nagib et al.'s study in Egypt, where 60% of nurses reported high work adjustment, emphasizes the influence of regional healthcare policies on outcomes.

This research showed that the studied nurses' resilience was at a medium level. In the study by Guo et al. in China (5), Öksüz et al. in Turkey (8), and Yusefi et al. in southern Iran (35), the nurses' resilience was reported to be at the medium level, which aligns with the findings of this study. However, in the study by Fathy et al. in Egypt, a high percentage of nurses reported a high level of resilience (36). In the study by Pragholapati et al. in Indonesia, 57.89% of nurses had a high level of resilience (37). Due to the different measurement tools for resilience used in various studies and considering the COVID-19 pandemic, resilience among nurses in different countries has been reported to vary. Overall, nurses' resilience varies across countries. A comparison among nurses in Japan, Korea, Turkey, and the United States found that U.S. nurses exhibited significantly higher resilience, attributed to respect, organizational support, community appreciation, trust, and the preservation of health and well-being (38).

The results of this study indicated a medium level of moral intelligence among the nurses studied. In the study by Majidi et al. in northern Iran (39), as well as the study by Dur et al. in Turkey (16), moral intelligence was reported to be at a medium level among most nurses; this is in the same line with the findings of the present study. In the research conducted by Mohammadi et al. in South Khorasan (40) and by Mirzaee Jirdehi et al. in Rasht (41), the overall score of nurses' moral intelligence was reported to be more than the mean score. In the study by Gorzin et al. (42), nurses at a military hospital in Tehran and in the study by Mahmoudirad et al. (43), nurses in public hospitals in Birjand exhibited high moral intelligence. Another study in Egypt by Fathy et al. (36) found that many nurses had high moral intelligence. Based on the study by Karabey (44), the mean scores of moral intelligence among nurses in Turkey were high. A high level of nurses' moral intelligence reflects their focus on ethical principles in patient care. The nursing profession's human nature and interaction with individuals' privacy make these aspects particularly significant. The type of tools used to measure variables, research environment, time of the study, type of hospital, and characteristics of the studied sample can justify the different results of the studies. The study by Updegraff on the nurses' moral intelligence (45) showed that the adherence of nurses and other staff

in healthcare centers to ethics improved their services. A desirable level of moral intelligence enhances nurses' effective role performance in hospitals. Thus, prioritizing efforts to cultivate moral intelligence among nurses is essential.

The results of this study indicated a medium level of emotional intelligence among the nurses studied. In the study by Cichon et al. in Poland (12), most ICU nurses showed moderate emotional intelligence. Findings from Othman et al. in Qatar (46) revealed that nursing managers had moderate levels of emotional intelligence. In Almansour's study in Saudi Arabia (47), most nursing students exhibited moderate to high emotional intelligence. In studies conducted in Iran, including Cheraghi et al. research in Urmia (48), the mean score of nurses' emotional intelligence was reported as good. Also, in the study by Masoudi and Alavi (23), nurses' emotional intelligence in Shahr-e Kord was more than average. Jafari et al. in Bam (49) revealed that the nurses' emotional intelligence was rated high. Cordier et al. stated that emotional intelligence played a key role in forming successful human relationships and establishing a therapeutic relationship between nurses and patients. Patients and families receiving care from nurses with higher emotional intelligence felt more secure (50). These variations suggest that cultural and educational factors may significantly impact emotional intelligence levels in nursing. In addition, differences in the studied sample, type of departments, research environment, and study time may account for the variations in the levels of emotional intelligence among the studied group.

The findings also indicate a positive and significant correlation between nurses' work adjustment and moral intelligence, suggesting that higher moral intelligence is associated with improved work adjustment. Results from several studies suggest a significant relationship between different components of intelligence (moral, cultural, spiritual) and work adjustment. For instance, the research findings by Mousavi and Zangibadi (51) indicated a significant relationship between the components of work adjustment and moral intelligence among sports coaches in Kerman. In another study, Aboutalebi et al. (52) found that the relationship between spiritual intelligence and Islamic work ethics with work adjustment of primary school teachers was positive and significant. The results of the research conducted by Hasani et al. (53) showed a positive and significant relationship between cultural intelligence (as a manifestation of moral intelligence) and the work adjustment of faculty members at Urmia University. Moral intelligence fosters internal motivation, aiding nurses in adapting to new experiences and resolving job-related issues. Enhancing this intelligence through targeted interventions may improve work adjustment and reduce job stress in their stressful workplace.

The study found a significant positive correlation between nurses' work adjustment and emotional intelligence, indicating that higher emotional intelligence is associated with improved work adjustment. Additionally, previous studies have shown a significant relationship between the components of emotional intelligence and work adjustment. For instance, in the study by Rezghi et al. (54), a positive relationship was found between emotional intelligence and work adjustment among Babol University of Medical Sciences staff. Additionally, in the study by Sadeghikia (55), a positive and significant relationship was observed between emotional intelligence and work adjustment among teachers in Izeh. In nursing, emotional intelligence significantly enhances patient care quality, mental health, and job satisfaction. It also facilitates career success and improves interpersonal relationships. Moreover, in addition to increasing the individuals' problem-solving abilities, it enhances effective stress management (56).

The study found a positive and significant correlation between nurses' resilience and moral intelligence, suggesting that higher moral intelligence is associated with improved resilience. A review article noted a significant relationship between moral intelligence and resilience among Iranian nurses (57). In another study conducted by Areshtanab et al. in Tabriz (58), a significant relationship was found between the moral intelligence score and resilience of nursing students. Further, Fathy et al. in Egypt (36) found a significant positive statistical relationship between resilience and moral intelligence among nurses. Since resilience significantly impacts the quality of nurses' performance, it is crucial to maintain and enhance it. Therefore, planning interventions to boost moral intelligence and, in turn, improve resilience among nurses should be prioritized.

The study revealed a positive and significant correlation between nurses' resilience and emotional intelligence, indicating that higher emotional intelligence is associated with improved resilience. Previous studies, including the research by Aljarboa et al. in Saudi Arabia (9), Chikobvu and Harunavamwe in South Africa (59), and Abualruz et al. in Jordan (60), found a significant relationship between resilience and emotional intelligence among nurses. Additionally, based on studies by Ang and Lau in Singapore (61) and Kim and Park in South Korea (62), resilience was positively and significantly related to emotional intelligence in nursing students. The components of emotional intelligence, such as perceiving and expressing emotions and managing emotions in high-risk situations, serve as protective factors that enhance nurses' resilience. Studies indicate that emotional intelligence interventions effectively improve nurses' psychological resources, including resilience and coping skills while reducing anxiety and stress. These interventions also enhance leadership quality, job performance, and patient experiences of nursing care (63). Working in a high-stress environment can jeopardize nurses' physical and mental health. Therefore, hospital managers and policymakers should strengthen moral and emotional intelligence to enhance resilience, maintain mental health, improve performance, and provide better patient care.

## Conclusion

According to the results of the present study, the nurses' work adjustment was at a low level, and their resilience, moral intelligence, and emotional intelligence were at a medium level. Also, a positive and significant correlation was observed between work adjustment and resilience with moral and spiritual intelligence. Given that nurses face high-stress situations, enhancing resilience and work adjustment is important. To increase resilience and work adjustment, nurses must focus on improving moral intelligence and emotional intelligence. A multifaceted approach is recommended to enhance moral and emotional intelligence among nurses. First, training programs to develop these competencies should be integrated into nursing curricula and continuous professional development. Workshops and seminars can focus on key areas such as ethical decision-making, empathy, self-awareness, and interpersonal communication skills. Incorporating case studies can provide practical experience in navigating ethical dilemmas and fostering emotional resilience.

Additionally, mentorship programs can pair less experienced nurses with professionals who exemplify high moral and emotional intelligence, allowing for experiential learning and guidance. Regular feedback mechanisms and reflective practices should also be encouraged, enabling nurses to assess their emotional responses and moral reasoning in clinical situations. Lastly, fostering a supportive work environment that prioritizes psychological safety can empower nurses to express their emotions and ethical concerns openly, further cultivating their moral and emotional capabilities.

To enhance insights into nursing, future research should consider several avenues. Longitudinal studies on the long-term effects of emotional and moral intelligence interventions on nurses' resilience and job performance would provide valuable data. Comparative studies across various healthcare settings and countries could highlight cultural influences on emotional intelligence and resilience. Additionally, investigating which components of emotional intelligence most significantly impact resilience and job satisfaction could help tailor interventions. Qualitative research exploring nurses' experiences with emotional and moral intelligence in high-stress situations could also deepen understanding and inform training programs.

### *Limitations*

The limitations of this study were the limited methodology and collection of data through a questionnaire, which may affect the generalizability of the findings. Therefore, conducting longitudinal and comparative studies and research with a qualitative approach could help mitigate this limitation as they reveal new dimensions of this study, which are hidden and unexpressed findings. Additionally, it is recommended that the framework of this study should be considered for further research on other health staff, such as doctors and paramedics.

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## Authors' Contribution

ARY designed the study and prepared the initial draft. ARY contributed to data collection and data analysis. NAN, AB, FRD, and JB supervised the study and finalized the article. All authors have read and approved the manuscript.

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## Availability of Data and Materials

All the data is presented as a part of tables or figures. Additional data can be requested from the corresponding author.

## Ethics Approval and Consent to Participate

This study is approved by the Jiroft University of Medical Sciences Ethics Committee with the code of IR.JMU.REC.1402.032. All the methods were carried out following relevant guidelines and regulations. Meanwhile, informed consent was obtained from all the study participants.

## Conflict of Interest

There are no conflicts of interest.

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