Fostering the Job Performance of Nurses: A Responsibility of an Ethical Hospital

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Abstract

Introduction: Corporate social responsibility (CSR) practices refer to the deliberate actions and strategies implemented by a company or organization to generate positive outcomes for its stakeholders beyond the sole objective of profit maximization. Internal CSR is a significant management and investment concept within enterprises, such as hospitals, that enhances organizational performance excellence.

Objectives: The article aims to trace how hospitals thrive in nurses' job performance by leveraging internal CSR practices.

Methods: Cross-sectional design quantitative research through structured questionnaire interviews on 215 nurses in Vietnam. Data collection was conducted from May 2023 to August 2023. Partial least squares structural equation modeling was applied to test the hypotheses.

Results: The study has proven that a hospital's internal CSR practices impact nurses' job performance. Income and benefits, human resource training and development, and work-related quality of life directly and significantly impact three dimensions of a nurse's job performance (competence to practice patient care, attitude to performance work, and management and professional development capacity). Connection and trust in the workplace and health and safety at work significantly affect two dimensions of a nurse's job performance (namely, competence to practice patient care and attitude to performance work). Diversity in the workplace impacts nurses' competence in practicing patient care and their management and professional development capacity. Demographic variables did not correlate statistically significantly with dimensions of internal CSR and nurses' job performance.

Conclusion: The study presents significant findings on the influence of internal CSR on nurses' job performance within the hospital management theory of an emerging market. The results of the present study contribute to a better understanding of the benefits of hospitals' socially responsible actions and contribute further to resource management in hospitals, especially nursing. If the nursing staff positively perceives the hospital's internal CSR practices, they will be more able to perform their job, impacting the hospital's overall performance. This study has certain limitations regarding the representative nature of the sample, the use of the self-report survey instrument, and the use of cross-sectional data.

Introduction

Nurses constitute the most considerable proportion of the healthcare industry's medical personnel workforce (Akter et al., 2018) and play an indispensable role in delivering high-quality services to patients in hospitals and healthcare facilities around the globe (Lebni et al., 2021). The performance of nurses is an essential determinant of hospitals' performance excellence and the quality of healthcare services (Aung Po et al., 2023; Krijgsheld et al., 2022), which can be defined as the efficiency with which the nurse carries out duties and responsibilities related to direct patient care (Ko et al., 2007; Wang et al., 2023).

Practicing corporate social responsibility (CSR) is a concept that refers to a business/organization's activities and policies to benefit stakeholders in addition to maximizing profits (Carroll, 1999; Turker, 2009). Private hospitals are starting to participate in CSR initiatives (Yildirim & Dincer, 2016). Additionally, private hospitals were more

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significantly impacted by CSR than their public counterparts (Limbu et al., 2020). CSR has been proven to significantly impact the work performance of medical and nursing staff, thereby affecting the overall performance of hospitals (Hsieh et al., 2016; Htun, 2022; Liu et al., 2023; Pourteimour et al., 2021). However, research has yet to evaluate the impact of internal CSR implementation on nurses' work performance, especially in the context of hospital management in emerging markets.

The present study investigates the impact of internal CSR on nurses' job performance. In this study, we present our methodology, which employs a quantitative approach that prioritizes the exploration of well-established theoretical frameworks, employs a robust research design, and gathers survey data from a sample of 215 nurses at an international hospital in Vietnam. The collected data is then analyzed using partial least squares structural equation modeling (PLS-SEM) approaches. Subsequently, we comprehensively analyze and articulate our results and discussion, followed by the study's theoretical and managerial implications, address the limitations, and suggest potential avenues for further research. The study presents significant findings on the influence of internal CSR on nurses' job performance within the health business of an emerging market.

Review of Literature

Theoretical Foundations

Two significant theories elucidate the correlation between CSR and work performance: social exchange theory and social identity theory (Carroll, 1999). The justification for enhancing employee performance through CSR is grounded in social exchange theory, which emphasizes the reciprocal nature of social relationships. As per the statement above, when employees hold a favorable perception of the organization's commitment toward their development through CSR initiatives, it establishes a sense of obligation for them to reciprocate by enhancing their job performance (Blau, 1964). Based on the principles of social identity theory, individuals develop a sense of attachment to a particular social entity when they perceive a connection or affiliation with it (Jnaneswar & Ranjit, 2020; Turner, 1985). Therefore, the positive behavior of the organization toward different stakeholders will influence employees with the same identity, thereby creating a personal connection with the organization. Employees can understand the alignment of their values and ethics with the organization's actions, leading to increased job performance.

The concept of practicing internal CSR has been widely applied since the 1960s through the work of Bowen (1953), emphasizing that activities that benefit society are encouraged and accepted by the public, to some extent by corporations, but beyond the direct interests of companies and shareholders and not regulated by laws and government regulations (Turner, 1985).

CSR is divided into two categories based on the theoretical point of view of stakeholders, and management decisions should not only be designed to satisfy shareholders but also stakeholders (Carroll, 1999), namely (i) external CSR mainly refers to activities focused on the community of shareholders, customers, suppliers, local communities, environment, associations, non-governmental organizations, and local government; (ii) internal CSR refers to a hospital management activities that focus on internal members, including policies supporting employees' physical and mental well-being, such as salary and bonus policies, creating a healthy and safe working environment, and protecting rights and interests, work–life balance, employee training, and development programs and creates diverse and equal opportunities (Hsieh et al., 2016; Turker, 2009).

Nursing job performance encompasses the delivery of nursing care to patients, considering nurses' professionalism and all associated activities and processes (Cho & Kim, 2022; Ko et al., 2007; Krijgsheld et al., 2022). Performance assessment refers to the systematic procedure of observing and assessing an employee's performance, recording the evaluation, and delivering constructive feedback to the employee. Nurses can actively establish evaluation criteria, ensure that the evaluation process is equitable, receive ongoing feedback regarding their performance, and express dissent concerning their evaluation (Awases et al., 2013).

Firm Internal CSR Practices and Nurse Job Performance

Observing the importance of internal CSR, several studies (De Roeck et al., 2014; Glavas, 2016; Newman et al., 2015; Sheel & Vohra, 2016) have investigated how internal CSR affects employee attitudes and behaviors (Rupp & Mallory, 2015). Internal CSR refers to an organization's policies and practices concerning employees' psychological and physiological well-being (Brammer et al., 2007). The concepts for assessing the dimensions of internal CSR for nurses in Vietnam are modified and aligned to a certain extent with the content of labor practice as specified in TCVN 26000:2013 and ISO 26000:2010 (François et al., 2019; Tehemar, 2015), namely: (a) income and benefits, (b) health and safety at work, (c) human resource training and development, (d) connection and trust in the workplace, (e) diversity in the workplace, and (f) work-related quality of life. The concept for evaluating the work performance of nurses has also been adjusted to suit the context in Vietnam, including three dimensions: competence to practice patient care, attitude to performance work, and management and professional development capacity.

Current research has been done on the labor rights of nurses, which might be defined as protecting and respecting human life in the workplace and the right to work (Ugur et al., 2015; Umar, 2014). The rights afford chances to

improve patient care under their endorsement in various working contexts (Kadiresan et al., 2015). As part of their professional rights, nurses provide care to patients by utilizing their knowledge and acquired rights through education and work experience (Bahcecik et al., 2016).

H_1: Income and benefits are positively related to a nurse's job performance.

Connection and trust in the workplace via ethical labor practices encompass adherence to legal standards, fairness, and providing decent treatment to the workforce (Dirks & de Jong, 2022; Hogler et al., 2013). This entails establishing working conditions that safeguard employees' physical and emotional well-being. The nursing ethics standard governs the professional conduct of nurses (West, 2020). Ethics, clinical judgment, and care are the three fundamental principles of nursing care (Tønnessen et al., 2020). Nursing ethics significantly impact patients' health improvement (Witczak et al., 2021).

H_2: Connection and trust in the workplace are positively related to a nurse's job performance.

Human resource training and development is based on human capital development, enhancing an organization's personnel performance, competencies, and resources (Gerhart & Feng, 2021). Firms must invest in programs such as training to promote their performance and competencies (Kadiresan et al., 2015). Training and development programs help organizations maintain their employees' current status and equip them with the necessary knowledge, skills, experiences, and competencies (Ramendram et al., 2014). Numerous activities are found in hospitals, resulting in a more contented, dedicated staff and enhanced patient care (Parker & Collins, 2010).

H_3: Human resource training and development are positively related to nurse's job performance.

Health and safety involve the prudent handling of potential hazards to safeguard employees and the organization (Ulrich & Kear, 2018). Ensuring workplace safety is a crucial and complex concern for organizations, particularly within the healthcare sector. Nurses are crucial in providing essential healthcare services, encompassing physical and mental healthcare responsibilities. They are considered integral components of the treatment process (Ts, 2022). Nurses are entitled to a secure working environment that enables them to deliver safe care by upholding professional standards and ethical principles. This objective is achieved by providing enhanced and contemporary equipment and workplace safety measures, protecting healthcare personnel, and establishing favorable working conditions (Seren Intepeler et al., 2019). Improving nurse outcomes and health and creating positive work environments are the key determining factors for job

performance (Cramer et al., 2014; Dutra et al., 2018; Laschinger et al., 2016; Rivaz et al., 2017; Wei et al., 2018).

H_4: Health and safety are positively related to a nurse's job performance.

Nurses' work-related quality of life is how they can meet their essential and personal requirements through their work and ultimately achieve organizational objectives (Lin et al., 2015). Improving nurses' work quality is essential for ensuring the healthcare system's sustainability to provide high-quality patient care (Suleiman et al., 2019). Numerous healthcare organizations significantly emphasize the quality of labor performed in hospitals. Numerous researchers have investigated the relationship between the quality of work–life at various healthcare institutions and the quality of service provided to patients worldwide, which might translate into job performance (Davoodi et al., 2020; Lebni et al., 2021).

H_5: A nurse's work-related quality of life is positively related to a nurse's job performance.

Diversity in the workplace refers to employing individuals from a wide range of demographic categories, including but not limited to gender, race, ethnicity, age, sexual orientation, language proficiency, educational attainment, and personal background. The concept of diversity in the workplace encompasses more than just the act of recruiting individuals from varied backgrounds. It also involves promoting equitable engagement among these employees. Integrating diversity and inclusion into our workplace culture is essential, as it yields substantial advantages for the overall well-being of employees and the business's success. Workplace diversity is associated with better financial performance and a higher quality of patient care (LaVeist & Pierre, 2014). Diversification improves performance by providing various perspectives and skills (Morrison et al., 2021).

H_6: Diversity in the workplace is positively related to nurse's job performance.

The article aims to trace how hospitals thrive in nurses' job performance by leveraging internal CSR practices.

Methods

Research Design

Our study applied a quantitative design emphasizing mature theory research (Witczak et al., 2021) based on a multitheoretical approach. The scales were built on previous empirical studies and background theories. Besides, 12 in-depth interviews with two groups (with one manager in the top management team, three middle managers, and eight nurses (who met the standards of the quantitative survey, including internal medicine nurses, surgical nurses, resuscitation nurses,

and cardiovascular nurses in the international general hospital X) are conducted to revise the scale in the Vietnamese hospital sector context. Then, a pilot survey of 30 nursing employees is implemented in the international general hospitals X to assess scale reliability. Test results show that: (i) regarding testing the quality of the scale, the scales to evaluate the implementation of internal CSR for nurses in hospitals have good reliability (Cronbach's alpha reaches 0.756). Similarly, for the nursing job performance scale (Cronbach's alpha reaches 0.810; Hair et al., 2019). (ii) Regarding adjusting the scale: The measurement variables for the concepts used in the research are kept the same. However, there are minimal adjustments to the wording to suit the Vietnamese style (e.g., adjust the term "organization" to "our/your hospital"). Finally, the completed questionnaire is used for the final survey. The questionnaire is drafted in English and then translated into Vietnamese by academic and industry professionals in both languages. The questionnaire is then utilized to collect data. The Vietnamese version is subsequently translated into English (see Table A1 in the Supplemental Appendix for the details of the questionnaire used in the quantitative research), enhancing the questionnaire's linguistic, content, and ethical similarity (Valdez et al., 2021).

The present study adopted the self-reported reflective scale for all constructs in the model, given on a five-point Likert scale ranging from 1 = *totally disagree* to 5 = *totally agree*.

Scale for evaluating internal CSR practices: using The International Organization for Standardization (ISO) 26000's Guidelines on internal CSR in enterprises in general and the Toolkit of previous studies adapted to apply in the healthcare environment, hospital (Htun, 2022; International Organization for Standardization (ISO), 2010). Internal CSR is assessed through six dimensions, with five questions for each dimension, including (i) income and benefits, (ii) health and safety at work, (iii) human resource training and development, (iv) connection and trust in the workplace, (v) diversity in the workplace, and (vi) work-related quality of life. Each question comprised a five-point Likert scale; the higher the score, the higher the internal CSR practices.

The measurement tool for nursing job performance was developed by Ko et al. (2007) and consisted of 17 questions in three subareas: competence to practice patient care (10-item), attitude to performance work (4-item), and management and professional development capacity (3-item). Each question comprised a five-point Likert scale; the higher the score, the higher the nursing job performance.

This research tool's questions on general and nursing work characteristics were derived through a literature review of previous studies.

Research Question

The extent to which nurses' job performance is impacted by their perception of the hospital's internal CSR practices?

Sample and data collection

Based on the work of Westland (2010), the authors adopted the Soper (2020) sample size calculation instrument for determining the sample size (Hair et al., 2019). The participants voluntarily agreed to participate in the study; they were among the nurses working at an international hospital in B province, Vietnam, and gave consent by signature. The research carrying out period spans from October 2022 until October 2023. Data collection was conducted from May 2023 to August 2023. As a result, 215 copies were collected and used as the final analysis data. The integrated planning department provided the list of participants who have been approved for their involvement in the project. The employees were invited to participate in the study voluntarily, with the assurance that their input would be treated with anonymity and confidentiality. Furthermore, the author rigorously followed the rules and procedures that regulate safeguarding research participants (Smith, 2003).

Exclusion criteria:

- Are on long-term leave (maternity, long-term study, and unpaid leave).
- Participants were invited but not approached.

Ethical considerations

The study was approved by the institutional review board of Ha Noi University of Public Health in Ha Noi, Vietnam (No. 023-2211DD-YTCC). Before their participation, written informed consent was meticulously obtained from all participants with the help of hospital administrators we approached, ensuring the participants were fully aware of the study's objectives, procedures, and their rights to withdraw at any time without consequences. Their privacy will be fully protected. All methods were performed by following the Declaration of Helsinki and other relevant guidelines and regulations. The results of this study do not affect the participants.

Partial Least Squares Structural Equation Modelling (PLS-SEM)

The PLS-SEM method allows researchers to estimate complex models with numerous constructs, indicator variables, and structural routes without putting distributional assumptions on the data (Hair et al., 2019). Therefore, we used SmartPLS 3.2.6 (Ringle et al., 2015) to test our research model using a variance-based PLS-SEM method. PLS-SEM is our preferred technique due to its predictive character in optimizing the explained variance of dependent variables (Hair et al., 2019). Furthermore, PLS is also suitable for complex models due to the block-wise estimation. Specifically, our research contains five core variables and five hypotheses, which can be classified as complex.

Besides, PLS-SEM is a causal-predictive approach to PLS-SEM that stresses prediction in estimating statistical models, the structures of which are aimed to provide causal explanations (Wold, 1982). Thus, as generally stressed in academic research, the technique overcomes the seeming dichotomy between explanation and prediction, which is the basis for establishing managerial implications (Hair et al., 2019).

Results

Sample characteristics

Table 1 summarizes the main characteristics of the sample obtained. The nurses' perceptions of the hospital's internal social responsibility practices are positive, with scores above 3.5 out of 5.0. Specifically, the scores for income and welfare are 3.89 ± 0.56, human resource training and development are 3.77 ± 0.53, health and safety at work are 3.75 ± 0.53, connection and trust in the workplace are 3.74 ± 0.53, quality of life at work is 3.83 ± 0.53, and diversity in the workplace is 3.81 ± 0.47. Nurses reflect a high level of job performance, as indicated by their self-assessment scores above 3.5/5.0. Specifically, they rate their ability to provide nursing care at 3.85 ± 0.54, their job performance attitude at 3.86 ± 0.68, and their management and career development capacity at 3.76 ± 0.63.

The effect of internal CSR on nurses' job performance

Evaluation of the Measurement Model. The research model was tested using the variance-based PLS-SEM approach (Hair et al., 2019) with the assistance of SmartPLS 3.2.6.

During the initial stage of our analysis, we evaluated the reliability and validity of our measurement models through a component-based method to estimate that relies on variance (Wold et al., 2006). The estimated results showed that the constructs of the model exhibit indicator loadings of 0.50 or higher. This suggests that the constructs account for more than 50% of the variance in the indicators, hence confirming the reliability and credibility of the items (Hair et al., 2019). The study's high internal consistency dependability was fulfilled, as evidenced by the composite factor reliability coefficients (C.R.) in Table 2, which varied from 0.819 to 0.896 (Hair et al., 2019). The average variance extracted for each concept in the model is used as an indicator of convergent validity, with a recommended threshold of 0.502 or higher (Hair et al., 2019).

The discriminant validity of the constructs in each possible pair was evaluated by comparing the variance extracted estimates and pairwise correlations using PLS-SEM analysis. The common variance for all models was analyzed and presented in Table 3 (Hair et al., 2019).

Hypothesis Testing. The PLS technique was executed during the second phase of the data processing. The hypotheses are examined using the bootstrapping technique, founded on the PLS approach (Wold et al., 2006). Figure 1 provides the path coefficients of the model.

The R^2 value of the dependent variable is a measure of the model's explanatory and predictive ability (Hair et al., 2019). R^2 value of the components of the nurse's job performance variables: competence to practice patient care (0.749), attitude to performance work (0.673), and management and professional development capacity (0.502), demonstrating a good level of explanation of the component variables of

Table 1. Sample characteristics (*n*=215).

Variables	*n* (%)	Mean ± SD
Gender		
Male	10.02	
Female	89.8	
Age		32.04 ± 6.23
Level of education		
Hold a bachelor's degree or higher	62.8	
Otherwise	37.2	
Experience in the current department		5.49 ± 1.96
Work experience		9.08 ± 5.95
Competence to practice patient care		3.85 ± 0.54
Management and professional development capacity		3.76 ± 0.63
Attitude to performance work		3.86 ± 0.68
Connection and trust in the workplace		3.74 ± 0.53
Health and safety in the workplace		3.75 ± 0.53
Human resource training and development		3.77 ± 0.56
Income and benefits		3.89 ± 0.56
Work-related quality of life		3.83 ± 0.53
Diversity in the workplace		3.81 ± 0.47

Table 2. Results of reliability and convergent validity tests.

	Cronbach's alpha	rho_A	Composite reliability	Average variance extracted
Attitude to performance work	0.843	0.845	0.894	0.579
Competence to practice patient care	0.869	0.882	0.897	0.572
Connection and trust in the workplace	0.773	0.773	0.846	0.524
Diversity in the workplace	0.753	0.759	0.834	0.502
Health and safety in the workplace	0.749	0.752	0.834	0.503
Human resource training and development	0.764	0.774	0.841	0.514
Income and benefits	0.763	0.783	0.842	0.521
Management and professional development capacity	0.719	0.726	0.842	0.640
Work-related quality of life	0.736	0.747	0.819	0.576

the hospital's internal CSR practices. Chi-square $= 2238.87$ ($p < .001$). Standardized root means square residual equal 0.074, thus fitting the model (Hair et al., 2019). The value of f^2 reflects the importance of CSR components to competence to practice patient care ($f^2 = 0.034$–0.154), attitude to performance work ($f^2 = 0.007$–0.146), and management and professional development capacity ($f^2 = 0.006$–0.082). Q^2 values are positive and higher than 0, 0.25, which depicts the PLS-path model's small and medium predictive relevance: coefficient Q^2 is positive: competence to practice patient care (0.346), attitude to performance work (0.450), and management and professional development capacity (0.311), showing that the path model can predict good model fit.

A bootstrapping procedure using 1000 subsamples will determine the statistical significance of each path coefficient (Chin, 1998). The hypothesized path coefficients, bootstrap values, and C.R values are listed in Table 4. The study has also proven that a hospital's internal CSR practices impact nurses' job performance, the level of importance of which is ranked in the following order: (i) income and benefits, human resource training and development, and work-related quality of life positively relate to three dimensions of a nurse's job performance (competence to practice patient care, attitude to performance work, and management and professional development capacity); (ii) connection and trust in the workplace and health and safety at work significantly affect two dimensions of a nurse's job performance (namely, competence to practice patient care and attitude to performance work); and (iii) diversity in the workplace impacts nurses' competence to practice patient care and their management and professional development capacity. Demographic variables did not correlate statistically significantly with dimensions of internal CSR and nurses' job performance.

Discussion

Nurse job performance is central to health management research due to its core role in hospital performance and patient well-being (Janssen et al., 2020). Tracing the origins of nursing performance has taken up a substantial share of previous research, but the results need to be more solid and focused to stop the debate (Abdullah et al., 2021; Terzioglu et al., 2016). This study, therefore, contributes critical perspectives to contemporary debates. Under the lens of internal CSR, research results demonstrate the role of components, namely (i) income and benefits, (ii) health and safety at work, (iii) human resource training and development, (iv) connection and trust in the workplace, (v) diversity in the workplace, and (vi) work-related quality of life (Liu et al., 2023).

Income and benefits: This is a core element in human resource management in general and hospital personnel management (Abou Hashish, 2017). Due to the nature of their work, the hospital's nursing team is subject to high work pressure, but the average income compared to other positions could be higher (Htun, 2022). **Health and safety at work**: The safety system component of safety climate relates to employee attitudes about the effectiveness of the safety management system, including safety policies and practices performed in a hospital (Manapragada et al., 2019). Employees are likely to have different views about the effectiveness of safety policies and procedures in reducing accidents and injuries and their effectiveness in promoting job performance. **Human resource training and development**: Different elements of human capital, including professional education and previous professional experience, strategies to retain talent through promotion have a significant impact on performing nursing work (Cordeiro et al., 2017). The hospital's training policy receives special attention related to improving postgraduate qualifications, in-depth professional courses for nurses related to management, the ability to practice patient care, and the development of nursing skills. The hospital has a clear promotion policy through personnel planning policies, supplementation, and continuous training of the hospital management team in terms of in-depth expertise, hospital management knowledge, and skills. **Connection and trust in the workplace**: A working environment that creates connection, trust, and cohesion is vital in creating a soft foundation for the nursing team to feel secure in their work and promote their orientation capacity. Improve team strength by providing quality services to patients and families. The hospital is concerned with ensuring that nursing staff engage in fair, lawful work practices and ensure good

Table 3. Fornell–Larcker criterion analysis for testing discriminant validity and correlations matrix among constructs.

	1	2	3	4	5	6	7	8	9	10	11	12	13	14
1. Gender	1.000													
2. Age	−0.025	1.000												
3. Level of education	−0.116	0.061	1.000											
4. Experience in the current department	−0.013	0.900**	0.022	1.000										
5. Work experience	0.040	0.542**	−0.036	0.576**	1.000									
6. Health and safety in the workplace	0.036	−0.003	−0.008	0.004	−0.068	0.709								
7. Income and benefits	−0.011	0.015	0.063	−0.008	−0.010	0.478**	0.722							
8. Human resource training and development	−0.089	−0.089	0.115	−0.087	−0.073	0.491**	0.527**	0.717						
9. Connection and trust in the workplace	−0.034	−0.062	0.076	−0.054	−0.074	0.583**	0.430**	0.464**	0.724					
10. Diversity in the workplace	−0.014	−0.008	0.007	0.001	−0.068	0.425**	0.346**	0.453**	0.378**	0.708				
11. Work-related quality of life	−0.007	−0.031	−0.037	−0.028	−0.039	0.548**	0.594**	0.549**	0.515**	0.369**	0.759			
12. Competence to practice patient care	0.009	−0.038	0.047	−0.035	−0.094	0.667**	0.684**	0.690**	0.658**	0.526**	0.657**	0.756		
13. Attitude to performance work	0.051	−0.032	0.061	−0.033	−0.091	0.618**	0.668**	0.655**	0.623**	0.453**	0.619**	0.645**	0.760	
14. Management and professional development capacity	−0.031	−0.090	0.087	−0.107	−0.093	0.523**	0.598**	0.561**	0.480**	0.439**	0.549**	0.704**	0.591**	0.800

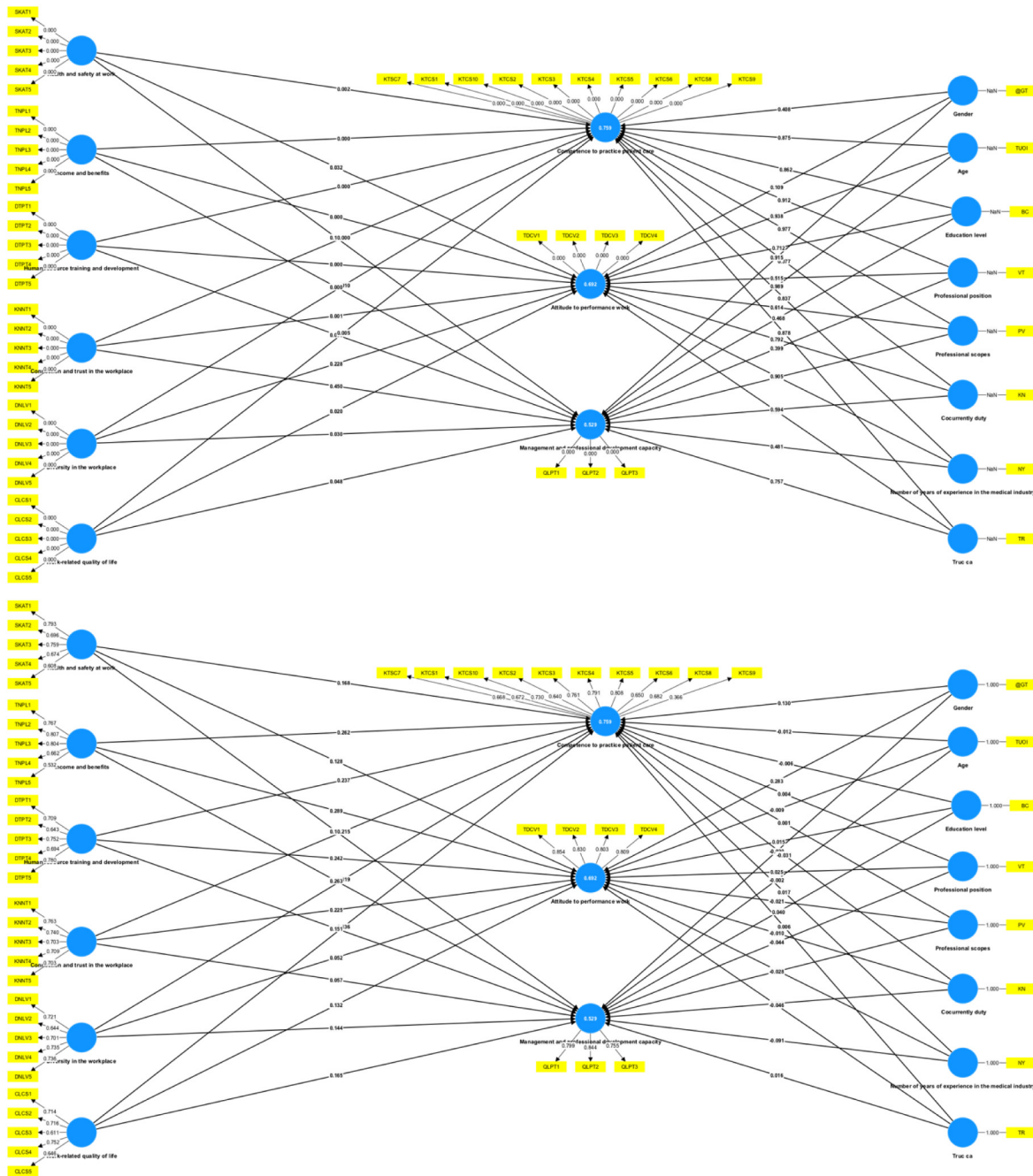*Note:* **Correlation is significant at the 0.01 level (2-tailed).

Figure 1. Path coefficients.

treatment of the workforce by providing conditions that are not injurious to others in physical or mental harm to employees of hospital leaders. **Diversity in the workplace**: Organizations have widely emphasized the importance of diversity in nursing to promote culturally competent and patient-centered care and reduce health disparities. Diversity in the healthcare workforce promises to enhance healthcare delivery both in terms of business operations and patient care outcomes (Rovito et al., 2022). **Work-related quality of life**: The nursing profession is

widely recognized to be associated with significant levels of stress, which has a major impact on nurses' overall quality of life and, in turn, their quality of life, services provided, and overall hospital performance (Davoodi et al., 2020; Suleiman et al., 2019).

Strengths and Limitations

This study granted four main contributions to hospital management literature via the evidence from an emerging

Table 4. The total direct effect with standardized regression weights.

Paths	Original sample	Sample mean	Standard deviation	t statistics	p values
Income and benefits → Competence to practice patient care	0.259	0.254	0.051	5.077	0.000
Income and benefits → Management and professional development capacity	0.267	0.266	0.056	4.744	0.000
Income and benefits → Attitude to performance work	0.288	0.282	0.056	5.157	0.000
Human resource training and development → Competence to practice patient care	0.233	0.229	0.045	5.232	0.000
Human resource training and development → management and professional development capacity	0.168	0.165	0.074	2.258	0.024
Human resource training and development → Attitude to performance work	0.233	0.227	0.054	4.332	0.000
Health and safety in the workplace → Competence to practice patient care	0.176	0.180	0.050	3.549	0.002
Health and safety in the workplace → Management and professional development capacity	0.123	0.127	0.093	1.322	0.141
Health and safety in the workplace → Attitude to performance work	0.143	0.150	0.063	2.272	0.040
Connection and trust in the workplace → Competence to practice patient care	0.212	0.213	0.058	3.646	0.000
Connection and trust in the workplace → Management and professional development capacity	0.074	0.072	0.076	0.974	0.450
Connection and trust in the workplace → Attitude to performance work	0.221	0.222	0.066	3.365	0.001
Work-related quality of life → Competence to practice patient care	0.134	0.140	0.050	2.665	0.006
Work-related quality of life → Management and professional development capacity	0.169	0.170	0.083	2.039	0.020
Work-related quality of life → Attitude to performance work	0.122	0.127	0.056	2.163	0.050
Diversity in the workplace → Competence to practice patient care	0.122	0.120	0.047	2.617	0.010
Diversity in the workplace → Management and professional development capacity	0.130	0.129	0.063	2.052	0.031
Diversity in the workplace → Attitude to performance work	0.056	0.053	0.042	1.328	0.257
Gender → Competence to practice patient care	0.139	0.145	0.158	0.883	0.377
Gender → Management and professional development capacity	−0.019	−0.024	0.189	0.101	0.920
Gender → Attitude to performance work	0.295	0.305	0.176	1.672	0.095
Age → Competence to practice patient care	−0.011	−0.011	0.080	0.140	0.889
Age → Management and professional development capacity	−0.002	0.009	0.132	0.013	0.990
Age → Attitude to performance work	−0.007	−0.007	0.112	0.062	0.951
Professional position → Competence to practice patient care	−0.002	−0.004	0.036	0.064	0.949
Professional position → Management and professional development capacity	−0.045	−0.042	0.053	0.850	0.396
Professional position → Attitude to performance work	0.017	0.017	0.038	0.446	0.656
Level of education → Competence to practice patient care	−0.009	−0.010	0.036	0.260	0.795
Level of education → Management and professional development capacity	0.040	0.034	0.056	0.712	0.476
Level of education → Attitude to performance work	0.011	0.011	0.042	0.274	0.784
Professional scope → Competence to practice patient care	0.000	0.001	0.037	0.004	0.997
Professional scope → Management and professional development capacity	−0.028	−0.030	0.049	0.568	0.570
Professional scope → Attitude to performance work	−0.023	−0.020	0.042	0.536	0.592
Experience in the healthcare sector → Competence to practice patient care	0.045	0.047	0.084	0.535	0.593
Experience in the healthcare sector → Management and professional development capacity	−0.088	−0.101	0.132	0.666	0.506
Experience in the healthcare sector → Attitude to performance work	0.049	0.050	0.111	0.439	0.661
Experience in current hospital → Competence to practice patient care	−0.054	−0.056	0.042	1.297	0.195
Experience in current hospital → Management and professional development capacity	−0.007	−0.009	0.055	0.130	0.897
Experience in current hospital → Attitude to performance work	−0.070	−0.070	0.047	1.500	0.134
Concurrent duty → Competence to practice patient care	−0.029	−0.023	0.035	0.826	0.409
Concurrent duty → Management and professional development capacity	0.024	0.036	0.045	0.538	0.591
Concurrent duty → attitude to performance work	−0.007	−0.007	0.038	0.181	0.856
Number of shifts → Competence to practice patient care	0.000	0.000	0.039	0.010	0.992
Number of shifts → Management and professional development capacity	0.015	0.015	0.050	0.296	0.767
Number of shifts → Attitude to performance work	−0.053	−0.054	0.045	1.182	0.238

market. Firstly, in recent studies, CSR awareness has increased significantly, but the issue of individual response mechanisms for an organization's internal CSR implementation still needs to be completed. This contributing study sheds light on the critical overall effects of internal CSR activities on hospital performance at the micro and employee levels. Hospital CSR can meet employee needs based on the organization's ethical well-being policies, which can build a relationship between employee perception of CSR practices and the implementation performance of nursing work. An individual can rely on CSR policies and ethical behavior toward stakeholders as a potential indicator of expected working conditions. Individuals may perceive the organization involved in CSR as more trustworthy, which may impact nurses' successful job performance. A distinction can be observed between the evaluations of internal CSR practices by nurses in Vietnam and other case studies. Differences in economic development levels, regulations, and pressure from relevant parties can account for this result. For instance, in the context of Taiwan, the scrutiny of stakeholders regarding hospital CSR practices will be more rigorous compared to Vietnam or Myanmar, where such practices are expected to be more lax. Furthermore, hospitals that have constrained resources will give precedence to CSR initiatives that have an immediate effect on their financial or social performance rather than those that are discretionary or global in scope (Chang et al., 2021; Htun, 2022; Liu et al., 2023). Secondly, measuring the effectiveness of nursing care in hospitals is becoming increasingly important in monitoring the impact of nursing staffing levels and supporting quality improvement activities related to hospital nursing. Developing effective performance measurement systems will enable healthcare and hospital stakeholders to understand better and monitor the extent to which nursing care impacts patient safety and quality of service delivery. The research has inherited and developed a measurement scale system that constitutes the hospital's CSR practice for nurses in the context of private hospitals in Vietnam, including six components: (i) income and benefits, (ii) health and safety at work, (iii) human resource training and development, (iv) connection and trust in the workplace, (v) diversity in the workplace, and (vi) work-related quality of life. Thirdly, this study integrates quantitative and qualitative research methods in hospital management. The research adopted the PLS-SEM quantitative model in testing hypotheses/relationships between variables, precisely the dimensions of CSR practice and nurses' job performance. Integrating research and estimation methods will help provide additional estimation results for orienting practical hospital management policies. Finally, the research results have provided additional roles of hospitals' internal CSR practices and nurses' job performance, emphasizing the role of income and benefits, human resource training and development, health and safety, connection and trust, quality of life, and diversity in the workplace.

This study has certain limitations in terms of the representative nature of the sample, the self-report survey instrument used, and the use of cross-sectional data. Participants were selected from one hospital, part of a private health system, and shared a similar organizational culture related to working conditions, such as promotion policies and regulations on wages and salaries—labor welfare. Therefore, the homogeneity of the sample may limit the generalization of this study's findings. This suggests that it is necessary to continue to conduct larger-scale and more diverse studies to explore nurses' attitudes/expectations/feelings toward practicing CSR in other hospital environments (e.g., public or private, for-profit or not-for-profit, and university or nonuniversity hospitals). However, measuring the research concept of CSR and nurses' job performance is very complex and has yet to receive consensus from an academic and practical perspective. Therefore, future studies can continue to apply the scale proposed in this study to other research contexts. Besides, although this study is an initial investigation of the impact of internal CSR practices on nurses' job performance in the context of hospital management in Vietnam, it is an exciting adjustment to internal CSR and nursing work performance elements. However, the impact mechanism of CSR on hospital performance at the organizational level and individual level, in addition to the direct relationship as in this study, may also include the effects of mediator and moderator variables, requiring continued research to provide more theoretical and practical evidence for the field of hospital and nursing management through the lens of CSR practice.

Implications for Practice

The results of the present study contribute to a better understanding of the benefits of hospitals' socially responsible actions and contribute further to resource management in hospitals, especially nursing. If the nursing staff positively perceives the hospital's internal CSR practices, they will be more able to perform their job, impacting the hospital's overall performance.

Research results give hospital management teams an essential practical foundation for applying hospital quality management systems. ISO 26000:2010 is the first international standard to cover CSR. Although it describes the principles of CSR and provides guidance, unlike other standards, such as ISO14000 on environmental management management, ISO 26000:2010 is not a management standard, and this standard does not warrant certification. Instead, in line with CSR, the objective of the ISO 26000:2010 standard is to contribute to sustainable development by encouraging organizations to embed their activities toward the needs/expectations of stakeholders, especially employees. This study, in a hospital context, shows that whether the formal application is published (e.g., on websites and reports) or unpublished (but with the planned use of the implications

of labor practice, ISO 26000:2010 responsibilities) will provide essential resources for nursing staff to practice nursing care and work attitudes and improve management capacity and professional development, which can improve the hospital's overall performance.

From a strategic perspective, hospitals need to have an investment strategy for internal CSR practices as an official investment, enhancing hospital human resources and thereby making an essential contribution to the quality of hospital performance.

The ethical climate has the potential to serve as a predictor of job success among nurses. Nurse leaders and hospital management must develop ethical norms as the prevailing standards for evaluating the logical analysis of tasks and specific concepts related to nursing practice (Abou Hashish, 2017; Akkoç et al., 2022). The safety systems component of safety climate pertains to employees' attitudes regarding the effectiveness of safety management systems, including safety policies and practices, implemented inside their firm (Manapragada et al., 2019). There is potential for employees to hold varying perspectives regarding the efficacy of safety policies and procedures in mitigating accidents and injuries and their effectiveness in fostering worker performance. The nurses in personnel management utilized various elements of human capital, including specialized education and prior professional experience during the hiring process.

Additionally, strategies for talent retention through promotion were employed. The development of professionals was facilitated through support and training initiatives. Lastly, collaborative efforts were made to construct processes and assess outcomes (Cordeiro et al., 2017). The nursing profession is widely recognized as associated with significant stress levels, which has a detrimental impact on nurses' overall quality of life. The study of nurses' quality of life is essential due to its association with job performance. Numerous prominent national organizations have extensively emphasized the importance of diversity in nursing to promote culturally competent and patient-centered care and mitigate health disparities. The diversification of the healthcare workforce has promise to enhance healthcare delivery in terms of both business operations and patient outcomes. Despite a limited amount of comprehensive research establishing a direct correlation between diversity in healthcare and clinical results, an increasing body of evidence highlights the advantages of a diverse workforce from a corporate perspective. For instance, a favorable correlation exists between increased workforce diversity and financial performance indicators such as productivity, precision in risk assessment, and creativity. Existing research indicates that enhancing diversity within the healthcare workforce may serve as a means to enhance interactions between patients and providers, thereby leading to improved patient outcomes and reduced health inequalities (Rovito et al., 2022).

It is recommended that hospitals allocate resources toward internal CSR initiatives as a strategic and enduring investment in enhancing nursing performance, which translates into organizational performance. The maintenance and enhancement of ethical responsibility toward patients and stakeholders is of significant importance for nurses, necessitating the presence of an ethical working environment. A morally principled institution ensures its personnel have the resources to articulate their thoughts and ideas successfully.

Conclusion

Nurses allocate a more significant amount of time to patient interaction compared to other healthcare professionals, and the quality of nursing care has a direct impact on patient outcomes. Therefore, enhancement in patient safety can be attained by enhancing nursing performance. The study presents significant findings on the influence of internal CSR on nurses' job performance within the health business of an emerging market.

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Supplemental Material

Supplemental material for this article is available online.

References

Abdullah, M. I., Huang, D., Sarfraz, M., Ivascu, L., & Riaz, A. (2021). Effects of internal service quality on nurses' job satisfaction, commitment and performance: Mediating role of employee well-being. *Nursing Open*, *8*(2), 607–619. https://doi.org/10.1002/nop2.665

Abou Hashish, E. A. (2017). Relationship between ethical work climate and nurses' perception of organisational support, commitment, job satisfaction and turnover intent. *Nursing Ethics*, *24*(2), 151–166. https://doi.org/10.1177/0969733015594667

Akkoç, İ, Türe, A., Arun, K., & Okun, O. (2022). Mediator effects of psychological empowerment between ethical climate and innovative culture on performance and innovation in nurses. *Journal of Nursing Management*, *30*(7), 2324–2334. https://doi.org/10.1111/jonm.13849

Akter, M., Sikder, M. T., Rahman, M. M., Ullah, A. A., Hossain, K. F. B., Banik, S., & Kurasaki, M. (2018). A systematic review on silver nanoparticles-induced cytotoxicity: Physicochemical properties and perspectives. *Journal of Advanced Research*, *9*, 1–16. https://doi.org/10.1016/j.jare.2017.10.008

Aung Po, W. W., Wichaikhum, O. A., Abhicharttibutra, K., & Suthakorn, W. (2023). Factors predicting job performance of

nurses: A descriptive predictive study. *International Nursing Review*. https://doi.org/10.1111/inr.12873

Awases, M. H., Bezuidenhout, M. C., & Roos, J. H. (2013). Factors affecting the performance of professional nurses in Namibia. *Curationis*, *36*(1), 1–8.

Bahcecik, N., Ozturk, H., & Tiryaki, H. (2016). Protection of nurses rights in Turkey: A study on nurses' opinions. *JPMA. The Journal of the Pakistan Medical Association*, *66*(9), 1111–1115.

Blau, P. (1964). *Exchange and power in social life*. Wiley.

Brammer, S., Millington, A., & Rayton, B. (2007). The contribution of corporate social responsibility to organisational commitment. *The International Journal of Human Resource Management*, *18*(10), 1701–1719. https://doi.org/10.1080/09585190701570866

Carroll, A. B. (1999). Corporate social responsibility: Evolution of a definition construct. *Business & Society*, *38*(3), 268–295. https://doi.org/10.1177/000765039903800303

Chang, Y. P., Hu, H. H., & Lin, C. M. (2021). Consistency or hypocrisy? The impact of internal corporate social responsibility on employee behavior: A moderated mediation model. *Sustainability*, *13*(17), 9494. https://doi.org/10.3390/su13179494

Chin, W. W. (1998). Commentary: Issues and opinion on structural equation modeling. *MIS Quarterly*, vii–xvi. https://www.jstor.org/stable/249674

Cho, H. K., & Kim, B. (2022, February). Effect of nurses' grit on nursing job performance and the double mediating effect of job satisfaction and organizational commitment. In *Healthcare* (Vol. 10, No. 2, p. 396). MDPI.

Cordeiro, A. L. A. O., Fernandes, J. D., Mauricio, M. D. A. L. L. D., Silva, R. M. D. O., Barros, C. S. M. A. D., & Romano, C. M. C. (2017). Human capital in the nursing management of hospitals. *Revista da Escola de Enfermagem da USP*, *51*. https://doi.org/10.1590/S1980-220X2016030203232

Cramer, M. E., High, R., Culross, B., Conley, D. M., Nayar, P., Nguyen, A. T., & Ojha, D. (2014). Retooling the RN workforce in long-term care: Nursing certification as a pathway to quality improvement. *Geriatric Nursing*, *35*(3), 182–187. https://doi.org/10.1016/j.gerinurse.2014.01.001

Davoodi, A., Azarsa, T., Shahbazpour, M., Sokhanvar, Z., & Ghahramanian, A. (2020). Relationship between quality of work life and caring behaviours among emergency nurses. *International Journal of Workplace Health Management*, *13*(6), 687–701. https://doi.org/10.1108/IJWHM-11-2019-0151

De Roeck, K., Marique, G., Stinglhamber, F., & Swaen, V. (2014). Understanding employees' responses to corporate social responsibility: Mediating roles of overall justice and organisational identification. *The International Journal of Human Resource Management*, *25*(1), 91–112. https://doi.org/10.1080/09585192.2013.781528

Dirks, K. T., & de Jong, B. (2022). Trust within the workplace: A review of two waves of research and a glimpse of the third. *Annual Review of Organizational Psychology and Organizational Behavior*, *9*, 247–276. https://doi.org/10.1146/annurev-orgpsych-012420-083025

Dutra, H. S., Cimiotti, J. P., & de Brito Guirardello, E. (2018). Nurse work environment and job-related outcomes in Brazilian hospitals. *Applied Nursing Research*, *41*, 68–72. https://doi.org/10.1016/j.apnr.2018.04.002

François, A., Bayle, E., & Gond, J. P. (2019). A multilevel analysis of implicit and explicit CSR in French and UK professional sport. *European Sport Management Quarterly*, *19*(1), 15–37. https://doi.org/10.1080/16184742.2018.1518468

Gerhart, B., & Feng, J. (2021). The resource-based view of the firm, human resources, and human capital: Progress and prospects. *Journal of Management*, *47*(7), 1796–1819. https://doi.org/10.1177/0149206320978799

Glavas, A. (2016). Corporate social responsibility and employee engagement: Enabling employees to employ more of their whole selves at work. *Frontiers in Psychology*, *7*, 796. https://doi.org/10.3389/fpsyg.2016.00796

Hair, J. F., Risher, J. J., Sarstedt, M., & Ringle, C. M. (2019). When to use and how to report the results of PLS-SEM. *European Business Review*, *31*(1), 2–24. https://doi.org/10.1108/EBR-11-2018-0203

Hogler, R., Henle, C., & Gross, M. (2013). Ethical behavior and regional environments: The effects of culture, values, and trust. *Employee Responsibilities and Rights Journal*, *25*, 109–121. https://doi.org/10.1007/s10672-013-9215-0

Hsieh, S. C., Chiu, H. C., Hsieh, Y. H., Ho, P. S., Chen, L. C., & Chang, W. C. (2016). The perceptions and expectations toward the social responsibility of hospitals and organisational commitment of nursing staff. *Journal of Nursing Research*, *24*(3), 249–261. https://doi.org/10.1097/jnr.0000000000000133

Htun, N. W. (2022). *The effect of internal CSR and organisational culture on OCB and job performance of Pun Hlaing Hospital*. (Master dissertation), Yangon University of Economics, Myanmar.

International Organization for Standardization (ISO) (2010). *Guidance on social responsibility* (1st ed.)—ISO 26000:2010(E). ISO.

Janssen, E., Van Strydonck, I., Decuypere, A., Decramer, A., & Audenaert, M. (2020). How to foster nurses' well-being and performance in the face of work pressure? The role of mindfulness as personal resource. *Journal of Advanced Nursing*, *76*(12), 3495–3505. https://doi.org/10.1111/jan.14563

Jnaneswar, K., & Ranjit, G. (2020). Effect of transformational leadership on job performance: Testing the mediating role of corporate social responsibility. *Journal of Advances in Management Research*, *17*(5), 605–625.

Kadiresan, V., Selamat, M. H., Selladurai, S., Ramendran, C. S., & Mohamed, R. K. M. H. (2015). Performance appraisal and training and development of human resource management practices (HRM) on organisational commitment and turnover intention. *Asian Social Science*, *11*(24), 162. https://doi.org/10.5539/ass.v11n24p162

Ko, Y. K., Lee, T. W., & Lim, J. Y. (2007). Development of a performance measurement scale for hospital nurses. *Journal of Korean Academy of Nursing*, *37*(3), 286–294. https://doi.org/10.4040/jkan.2007.37.3.286

Krijgsheld, M., Tummers, L. G., & Scheepers, F. E. (2022). Job performance in healthcare: A systematic review. *BMC Health Services Research*, *22*(1), 149. https://doi.org/10.1186/s12913-021-07357-5

Laschinger, H. K. S., Cummings, G., Leiter, M., Wong, C., MacPhee, M., Ritchie, J., & Read, E. (2016). Starting out: A time-lagged study of new graduate nurses' transition to practice. *International Journal of Nursing Studies*, *57*, 82–95. https://doi.org/10.1016/j.ijnurstu.2016.01.005

LaVeist, T. A., & Pierre, G. (2014). Integrating the 3Ds—social determinants, health disparities, and healthcare workforce diversity. *Public Health Reports*, *129*(1_suppl2), 9–14. https://doi.org/10.1177/00333549141291S204

Lebni, J. Y., Toghroli, R., Abbas, J., Kianipour, N., NeJhaddadgar, N., Salahshoor, M. R., & Ziapour, A. (2021). Nurses' work-related quality of life and its influencing demographic factors

at a public hospital in western Iran: A cross-sectional study. *International Quarterly of Community Health Education*, *42*(1), 37–45. https://doi.org/10.1177/0272684X20972838

Limbu, Y. B., Pham, L., & Mann, M. (2020). Corporate social responsibility and hospital brand advocacy: Mediating role of trust and patient-hospital identification and moderating role of hospital type. *International Journal of Pharmaceutical and Healthcare Marketing*, *14*(1), 159–174. https://doi.org/10.1108/IJPHM-04-2019-0029

Lin, P. Y., MacLennan, S., Hunt, N., & Cox, T. (2015). The influences of nursing transformational leadership style on the quality of nurses' working lives in Taiwan: A cross-sectional quantitative study. *BMC Nursing*, *14*(1), 1–9. https://doi.org/10.1186/s12912-014-0053-7

Liu, Y., Cherian, J., Ahmad, N., Han, H., de Vicente-Lama, M., & Ariza-Montes, A. (2023). Internal corporate social responsibility and employee burnout: An employee management perspective from the healthcare sector. *Psychology Research and Behavior Management*, *2023*, 283–302. https://doi.org/10.2147/PRBM.S388207

Manapragada, A., Bruk-Lee, V., Thompson, A. H., & Heron, L. M. (2019). When safety climate is not enough: Examining the moderating effects of psychosocial hazards on nurse safety performance. *Journal of Advanced Nursing*, *75*(6), 1207–1218. https://doi.org/10.1111/jan.13911

Morrison, V., Hauch, R. R., Perez, E., Bates, M., Sepe, P., & Dans, M. (2021). Diversity, equity, and inclusion in nursing: The pathway to excellence framework alignment. *Nursing Administration Quarterly*, *45*(4), 311–323. https://doi.org/10.1097/NAQ.0000000000000494

Newman, A., Nielsen, I., & Miao, Q. (2015). The impact of employee perceptions of organisational corporate social responsibility practices on job performance and organisational citizenship behavior: Evidence from the Chinese private sector. *The International Journal of Human Resource Management*, *26*(9), 1226–1242. https://doi.org/10.1080/09585192.2014.934892

Parker, S. K., & Collins, C. G. (2010). Taking stock: Integrating and differentiating multiple proactive behaviors. *Journal of management*, *36*(3), 633–662.

Pourteimour, S., Yaghmaei, S., & Babamohamadi, H. (2021). The relationship between mental workload and job performance among Iranian nurses providing care to COVID-19 patients: A cross-sectional study. *Journal of Nursing Management*, *29*(6), 1723–1732. https://doi.org/10.1111/jonm.13305

Ramendram, C. S., Supian, C. M. N., Kadiresan, V., Kumar, R., Mohamed, M. H., & Rethinam, K. (2014). Promoting employment security through training for employability. *International Journal of Management Sciences*, *3*, 45–55.

Ringle, C., Da Silva, D., & Bido, D. (2015). Structural equation modeling with the SmartPLS. *Brazilian Journal of Marketing*, *13*(2), 56–73.

Rivaz, M., Momennasab, M., Yektatalab, S., & Ebadi, A. (2017). Adequate resources as an essential component in the nursing practice environment: A qualitative study. *Journal of Clinical and Diagnostic Research: JCDR*, *11*(6), IC01.

Rovito, K., Kless, A., & Costantini, S. D. (2022). Enhancing workforce diversity by supporting the transition of internationally educated nurses. *Nursing Management*, *53*(2), 20–27. https://doi.org/10.1097/01.NUMA.0000816252.78777.8f

Rupp, D. E., & Mallory, D. B. (2015). Corporate social responsibility: Psychological, person-centric, and progressing. *Annual Review of Organizational Psychology and Organizational Behavior*, *2*(1), 211–236. https://doi.org/10.1146/annurev-orgpsych-032414-111505

Seren Intepeler, S., Esrefgil, G., Yilmazmis, F., Bengu, N., Gunes Dinc, N., Ileri, S., & Dirik, H. F. (2019). Role of job satisfaction and work environment on the organizational commitment of nurses: A cross-sectional study. *Contemporary Nurse*, *55*(4–5), 380–390. https://doi.org/10.1080/10376178.2019.1673668

Sheel, R. C., & Vohra, N. (2016). Relationship between perceptions of corporate social responsibility and organisational cynicism: The role of employee volunteering. *The International Journal of Human Resource Management*, *27*(13), 1373–1392. https://doi.org/10.1080/09585192.2015.1072102

Smith, D. (2003). Five principles for research ethics. *Monitor on Psychology*, *34*(1), 56.

Suleiman, K., Hijazi, Z., Al Kalaldeh, M., & Sharour, L. A. (2019). Quality of nursing work life and related factors among emergency nurses in Jordan. *Journal of Occupational Health*, *61*(5), 398–406. https://doi.org/10.1002/1348-9585.12068

Tehemar, S. (2015). Corporate social responsibility for healthcare organizations. In *Management innovations for healthcare organizations* (pp. 119–135). Routledge.

Terzioglu, F., Temel, S., & Uslu Sahan, F. (2016). Factors affecting performance and productivity of nurses: Professional attitude, organisational justice, organisational culture and mobbing. *Journal of Nursing Management*, *24*(6), 735–744. https://doi.org/10.1111/jonm.12377

Tønnessen, S., Scott, A., & Nortvedt, P. (2020). Safe and competent nursing care: An argument for a minimum standard? *Nursing Ethics*, *27*(6), 1396–1407. https://doi.org/10.1177/0969733020919137

Ts, N. (2022). Nurses quality of work life: Scale development and validation. *Journal of Economic and Administrative Sciences*, *38*(2), 371–394. https://doi.org/10.1108/JEAS-09-2020-0154

Turker, D. (2009). How corporate social responsibility influences organisational commitment. *Journal of Business Ethics*, *89*(2), 189–204. https://doi.org/10.1007/s10551-008-9993-8

Turner, J. C. (1985). Social categorisation and the self-concept: A social cognitive theory of group behavior. In E. J. Lawler (Ed.), *Advances in group processes (vol. 2*, pp. 77–122). JAI Press.

Ugur, E., Scherb, C. A., & Specht, J. K. (2015). Decisional involvement among staff nurses based on educational level and certification status. *Western Journal of Nursing Research*, *37*(5), 619–633. https://doi.org/10.1177/0193945914528069

Ulrich, B. T., & Kear, T. M. (2018). The health and safety of nephrology nurses and the environments in which they work: Important for nurses, patients, and organizations. *Nephrology Nursing Journal*, *45*(2), 117–139.

Umar, A. (2014). Effect of wages, work motivation and job satisfaction on workers' performance in manufacturing industry in Makassar city. *European Journal of Business and Management*, *6*(5), 75–88.

Valdez, D., Montenegro, M. S., Crawford, B. L., Turner, R. C., Lo, W. J., & Jozkowski, K. N. (2021). Translation frameworks and questionnaire design approaches as a component of health research and practice: A discussion and taxonomy of popular translation frameworks and questionnaire design approaches. *Social Science & Medicine*, *278*, 113931. https://doi.org/10.1016/j.socscimed.2021.113931

Wang, C. Y., Lin, Y. K., Chen, I. H., Wang, C. S., Peters, K., & Lin, S. H. (2023). Mediating effect of job performance

between emotional intelligence and turnover intentions among hospital nurses during the COVID-19 pandemic: A path analysis. *Collegian*, *30*(2), 247–253. https://doi.org/10.1016/j.colegn.2022.09.006

Wei, H., Sewell, K. A., Woody, G., & Rose, M. A. (2018). The state of the science of nurse work environments in the United States: A systematic review. *International Journal of Nursing Sciences*, *5*(3), 287–300. https://doi.org/10.1016/j.ijnss.2018.04.010

West, E. (2020). Ethics and integrity in nursing research. In *Handbook of research ethics and scientific integrity* (pp. 1051–1069). Springer.

Witczak, I., Rypicz, Ł, Karniej, P., Młynarska, A., Kubielas, G., & Uchmanowicz, I. (2021). Rationing of nursing care and patient safety. *Frontiers in Psychology*, *12*, 676970. https://doi.org/10.3389/fpsyg.2021.676970

Wold, H. (1982). Soft modeling: The basic design and some extensions. In K. G. Jöreskog, & H. Wold (Eds.), *Systems under indirect observations: Part II* (pp. 1–54). North-Holland.

Wold, S., Martens, H., & Wold, H. (2006). The multivariate calibration problem in chemistry solved by the PLS method. In *Matrix pencils: Proceedings of a conference held at Pite Havsbad, Sweden* (pp. 286–293). Springer.

Yıldırım, M., & Dinçer, M. A. M. (2016). How the process of the CSR activities works on private hospitals: Case study from strategic perspective. *Procedia-Social and Behavioral Sciences*, *235*, 46–59. https://doi.org/10.1016/j.sbspro.2016.11.024