

## Original Article

# Predicting the Propensity for Infidelity Based On Quality Of Life and Emotional Literacy with the Mediating Role of Resilience in Nurses

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## Abstract

**Background:** Marital infidelity is a complex marital trauma associated with numerous psychological and social consequences. Due to occupational pressures and specific working conditions, nurses may be at a higher risk of experiencing this phenomenon.

**Objectives:** The present study aimed to predict the propensity for infidelity based on quality of life and emotional literacy, with resilience serving as a mediating role in nurses.

**Methods:** This descriptive correlational study, based on structural equation modeling (SEM), was conducted on 265 nurses in 2023-2024. Participants were recruited using a convenience sampling method. Data were collected using the Scale of Marital Infidelity (Bashirpour et al.), the Medical Outcomes Study (MOS) 36-item, Short-Form Health Survey (SF-36) (Ware & Sherbourne), the Emotional Literacy Scale (Kimiyaee), and the Connor-Davidson Resilience Scale (CD-RISC). Data were analyzed using Pearson's correlation in SPSS version 25 and SEM in LISREL version 8.8.

**Results:** The results revealed that the propensity for infidelity had significant negative correlations with quality of life ( $r = -0.38$ ,  $p < 0.01$ ), emotional literacy ( $r = -0.43$ ,  $p < 0.01$ ), and resilience ( $r = -0.49$ ,  $p < 0.01$ ). Furthermore, quality of life ( $\beta = 0.41$ ,  $p < 0.01$ ) and emotional literacy ( $\beta = 0.39$ ,  $p < 0.01$ ) had significant positive effects on resilience. The mediating role of resilience in the relationship between quality of life and emotional literacy with the propensity for infidelity was also confirmed ( $p < 0.01$ ).

**Conclusion:** Emotional literacy and quality of life are effective variables in predicting the propensity for infidelity in nurses. Therefore, strengthening these skills can be beneficial in counseling and preventative interventions to reduce the likelihood of marital infidelity within this population.

### Implications of this paper in nursing and midwifery preventive care

- Enhancing nurses' emotional literacy through targeted training and psychological interventions can improve their ability to regulate emotions and manage negative reactions, thereby reducing the tendency toward high-risk behaviors.
- Developing nurses' resilience, especially when faced with occupational pressures and professional stress, can improve their mental health and professional performance.
- Improving the quality of professional life by reforming workplace conditions and creating a supportive and respectful environment can strengthen nurses' motivation, job satisfaction, and professional identity. This, in turn, promotes preventive care in nursing and midwifery.



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## Introduction

Nursing is a high-stress and vital profession within the healthcare system. Due to its unique characteristics, such as irregular work shifts, high psychological pressure, emotional involvement with patients, and heavy responsibilities, it can profoundly impact the mental health and quality of life of those in this profession [1]. These pressures, particularly for women, can sometimes culminate in an inability to balance professional and family roles simultaneously and have been reported as a reason for female nurses leaving the profession [2]. Such conditions can also affect marital relationships, potentially leading to issues like emotional distance, marital conflicts, and even infidelity [3]. Research findings demonstrate that health-related professions, such as nursing and medicine, are prone to burnout, particularly during night shifts. This can negatively affect individuals' psychological and sexual functions, leading to an increased likelihood of infidelity [4,5].

Marital infidelity is one of the most damaging events in a couple's relationship, manifesting as emotional, sexual, or a combination of both [6]. This phenomenon leads to severe psychological consequences, such as depression, anxiety, reduced self-esteem, violence, divorce, and even suicidal ideation [7]. Statistics show that approximately 41% of married couples have experienced infidelity at least once. Men are more often involved in sexual infidelity, while women are more affected by emotional infidelity [8]. Additionally, some studies indicate that the incidence of marital infidelity is also on the rise in Iran [9], and this issue is more concerning in high-stress professions like nursing due to the specific characteristics of the job [6,10].

One factor that can either predispose or deter marital infidelity is quality of life. As a multifaceted concept, quality of life includes physical, psychological, and social well-being, referring to an individual's perception of their life satisfaction and functioning [11]. According to the findings of Beiromvand et al.'s research, marital quality is a significant negative predictor of the propensity for infidelity, and the propensity for sexual infidelity has negative relationships with quality of marital life and sexual satisfaction among women [12]. Similarly, Ferdowsi et al. observed a significant relationship between marital relationship quality and attitudes toward marital infidelity in married women [13].

Emotional literacy is another key variable in regulating couples' relationships. Emotional literacy

refers to the ability to identify, manage, and appropriately express emotions, and it can be effective in reducing marital conflicts [14]. Couples with low emotional literacy are often unable to understand each other's emotional needs, which can lead to reduced intimacy and an increased likelihood of infidelity [15]. Some research has shown that emotional literacy has an indirect effect on reducing the tendency toward extramarital affairs by helping regulate negative emotions [16]. Additionally, it is associated with a decrease in emotional divorce and an improvement in quality of life, and significantly affects emotional divorce and the desire to leave the relationship among women affected by a spouse's infidelity [17].

A third significant factor contributing to marital stability is resilience. This psychological trait enhances an individual's ability to cope effectively with life's challenges and pressures, thereby helping to reduce marital conflicts [18]. Resilient individuals not only report higher marital satisfaction but also are less likely to consider destructive behaviors like infidelity [19]. Furthermore, research on resilience has highlighted its role in improving the quality of care and increasing patient satisfaction [20]. Findings reveal a significant positive relationship between resilience and quality of life, suggesting that developing resilience in nurses can improve their quality of life [21]. Additionally, resilience is associated with increased adaptability in couples [22], reduced emotional divorce [23], and decreased marital infidelity and harmful outcomes, such as emotional distance, decision to divorce, and marital infidelity. It has also been found that women who have been exposed to infidelity tend to have lower levels of resilience [24].

Although there are no precise statistics on the rate of marital infidelity in Iran, this does not mean the social problem is nonexistent. The increasing number of individuals seeking counseling for this issue indicates the growing prevalence of this phenomenon in recent years. Studies have also shown that public culture is more accepting of male infidelity than female infidelity, and this disparity increases women's psychological vulnerability [25]. Physical separation from a spouse for work-related reasons, such as in healthcare professions like nursing, can be associated with infidelity. The spouses of these individuals often worry that their spouse may have committed infidelity during their absence. Individuals who discover a spouse's

infidelity frequently exhibit post-traumatic stress disorder (PTSD) and symptoms of severe depression. Because physicians and nurses spend long hours away from home for work, this may increase the incidence of infidelity [26].

Despite the high importance of marital infidelity and the determining role of psychological factors, such as quality of life, emotional literacy, and resilience, there are limited comprehensive and systematic studies that simultaneously investigate these variables within the nursing population. The extensive psychological and social consequences of infidelity, including anxiety, depression, decreased marital satisfaction, and increased divorce rates, further highlight the importance of conducting applied research in this area. Furthermore, due to the specific nature of their work, nurses are exposed to additional psychological and social pressures that may predispose them to familial distress. Therefore, a precise examination of the factors influencing infidelity, along with identifying the mediating role of resilience, can facilitate the development of targeted psychological and educational interventions, thereby improving the mental and marital health of this vital group. Accordingly,

### Objectives

The present study was conducted to predict the propensity for infidelity based on quality of life and emotional literacy, with resilience serving as a mediating role in nurses.

### Methods

#### Study Design

This research, as an applied study in terms of purpose, employs a descriptive-correlational design methodologically, utilizing structural equation modeling (SEM).

#### Participants

The statistical population comprised all nurses working in hospitals in an urban area of Iran during 2023-2024. A convenience sampling method was used to select 300 participants. Since the minimum sample size for SEM studies is 200 [27], we chose 300 participants to increase the precision of the research. Nurses with a minimum education of a bachelor's degree, an age range of 25 to 60,

employment in the specified city's hospitals, and at least three years of work experience were included in the study. Questionnaires with incomplete or corrupted responses were not included in the analysis.

#### Sampling Method

A convenience sampling method was used to select 300 participants.

#### Data Collection

To adhere to ethical principles in research, the consent of the participants was obtained, and they were also informed about all stages of the research. Additionally, participants were assured that their information would remain confidential. In the initial stage of data collection, the Kolmogorov-Smirnov test was used to assess the normality of the data distribution. The results demonstrated that the significance levels for the research variables, quality of life (0.319), emotional literacy (0.287), resilience (0.163), and propensity for infidelity (0.252), were all greater than 0.05. This indicates that the data follow a normal distribution, thus confirming the normality assumption for performing statistical tests. Descriptive analyses, including mean, standard deviation, skewness, and kurtosis, were then conducted using SPSS version 25.

#### Variables

The Scale of Marital Infidelity, developed by Habibi et al. (2018), consists of 45 questions across three subscales: Individual (15 questions), Family (22 questions), and Social (8 questions). Questions are scored on a 5-point Likert scale ranging from "very low" (1) to "very high" (5). Four questions (numbers 16, 19, 20, and 35) are reverse-scored. The score for each subscale is calculated by summing the scores of the relevant questions, and the total score, ranging from 45 to 225, is the sum of all questions. A higher score indicates a greater propensity for infidelity. In a study by Bashirpour et al., reliability was assessed using Cronbach's alpha and the split-half method.

The Cronbach's alpha for this scale was 0.90, and the split-half method yielded a reliability of 0.78 for the first half and 0.86 for the second half of the scale [28]. In the present study, the reliability of this questionnaire was confirmed with a Cronbach's alpha of 0.83.

The Medical Outcomes Study (MOS) 36-item, Short-Form Health Survey (SF-36), designed by Ware and Sherbourne (1992), consists of 36 questions across 8 subscales: "Physical functioning" (10 questions), "role limitations due to physical health" (4 questions), "role limitations due to emotional problems" (3 questions), "vitality" (4 questions), "mental health" (5 questions), "social functioning" (2 questions), "bodily pain" (2 questions), and general health perceptions" (5 questions). These subscales can be combined to calculate two broader components: Physical Component Summary (PCS) and Mental Component Summary (MCS). Scoring is standardized, with each subscale ranging from 0 to 100; higher scores indicate better quality of life in the respective subscale. The questionnaire's validity and reliability have been confirmed within the Iranian population, with internal consistency coefficients for the subscales reported between 0.70 and 0.85, and test-retest reliability coefficients over a one-week interval reported between 0.43 and 0.79 [29]. Furthermore, a Cronbach's alpha coefficient of 0.93 was obtained in the research by Veismoradi et al. [30]. In this current study, the reliability of the instrument was also confirmed with a Cronbach's alpha of 0.88.

The Emotional Literacy Scale is a component of the broader Iranian Family Psychological Function Scale (IFPFS), which was developed by Kimiyae (2012). The main instrument consists of 124 questions and 12 subscales. However, in the present study, only the "Emotional Literacy" subscale was used, which contains 10 questions. This subscale is scored on a 7-point Likert scale, ranging from 1 (strongly disagree) to 7 (strongly agree), with a total score ranging from 10 to 70. On this scale, higher scores indicate a more favorable status in family emotional functioning (absence of disorder symptoms), while scores below the average suggest

the presence of dysfunction in this area. In Kimiyae et al.'s study, content and face validity were confirmed, and the reliability of the Emotional Literacy Scale was reported as 0.87 using Cronbach's alpha [31]. In the current research, overall reliability was established at 0.79 through internal consistency, as measured by Cronbach's alpha.

The Connor-Davidson Resilience Scale (CD-RISC; 2003) is a 25-item questionnaire designed to measure resilience in adults. The scale uses a 5-point Likert scale, ranging from 0 (completely incorrect) to 4 (completely correct). The total score is calculated by summing the scores of all items, with possible scores ranging from 0 to 100. Higher scores denote greater resilience, while lower scores suggest lower resilience. Connor and Davidson reported a Cronbach's alpha coefficient of 0.99 for the scale [32]. The validity and reliability of this questionnaire have also been confirmed in Iran, with a reported Cronbach's alpha coefficient for the total scale exceeding 0.90, and a test-retest reliability coefficient (with a one-week interval) ranging from 0.80 to 0.90 [33]. In the current study, a Cronbach's alpha of 0.93 was obtained.

### Measurement Tools

(All measurement tools are already embedded in the Variables section because they are part of the same descriptive text. The content is kept EXACTLY as given.)

### Statistical Methods

To examine the relationships among the research variables, Pearson's correlation test was employed. To test the conceptual model and investigate the mediating role of resilience, SEM was performed using LISREL version 8.8. The model's fit was evaluated using several indices, including the Comparative Fit Index (CFI), Goodness-of-Fit Index (GFI), Normed Fit Index (NFI), and Root Mean Square Error of Approximation (RMSEA).

### Ethical Considerations

To adhere to ethical principles in research, the consent of the participants was obtained, and they were also informed about all stages of the research.



## 70 Resilience and Infidelity in Nurses

Additionally, participants were assured that their information would remain confidential.

### Results

Of the questionnaires collected, 35 were excluded due to incomplete or corrupted responses, leaving 265 questionnaires for the final analysis. Among the 265 participating nurses, 182 (68.7%) were female and 83 (31.3%) were male, responding to the study questions. Regarding marital status, 56 (21.1%) were single, 185 (69.8%) were married, and 24 (9.1%) were divorced or widowed. In terms of education level, 195 (73.6%) held a bachelor's degree, 64 (24.2%) held a master's degree, and 6 (2.3%) held a doctoral degree. Regarding work experience, 57

(21.5%) had less than 5 years, 51 (19.2%) had 5 to 10 years, 73 (27.5%) had 10 to 15 years, 50 (18.9%) had 15 to 20 years, 28 (10.6%) had 20 to 25 years, and 6 (2.3%) had 25 or more years of work experience.

The results of Table 1 reveal that in the components of the propensity for infidelity, the family dimension has the highest mean score of 34.28 (9.62), and the social dimension has the lowest mean score of 16.19 (4.26). In terms of quality of life, physical functioning has the highest mean score of 21.77 (5.33), and bodily pain has the lowest mean score of 5.46 (1.41). The total mean scores for quality of life, emotional literacy, and resilience are 86.18 (12.08), 27.92 (6.81), and 63.62 (15.51), respectively.

**Table 1.** Descriptive Indicators of Research Variables (Propensity for Infidelity, Quality of Life, Emotional Literacy, and Resilience)

Variable	Subscale	Mean	SD
Propensity for infidelity	Family	34.28	9.62
	Individual	27.92	6.65
	Social	16.19	4.26
	Total score	78.39	16.49
Quality of life	Physical functioning	21.77	5.33
	Role limitations due to physical health	5.56	1.02
	Role limitations due to emotional problems	6.08	1.19
	Vitality	11.34	2.31
	Mental health	14.05	3.13
	Social functioning	5.67	1.19
	Bodily pain	5.46	1.41
Emotional literacy	General health perceptions	13.57	2.41
	Total score	86.18	12.08
Resilience		27.92	6.81
		63.62	15.51

SD: Standard Deviation

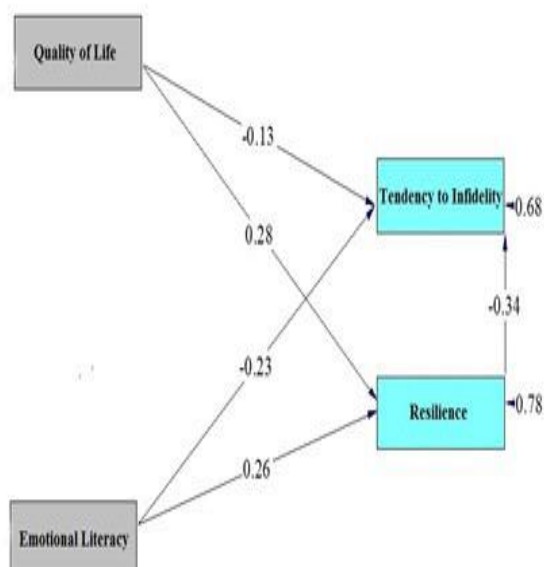
The results of Pearson's correlation coefficient reveal that the propensity for infidelity has significant negative relationships with quality of life, emotional literacy, and resilience ( $p < 0.01$ ).

Additionally, significant positive relationships were observed among quality of life, emotional literacy, and resilience ( $p < 0.01$ ). (Table 2).

**Table 2.** Correlation Matrix of Research Variables

Variables	Propensity for Infidelity	Quality of Life	Emotional Literacy	Resilience
Propensity for infidelity	1			
Quality of life	-0.38( $p < 0.01$ )**	1		
Emotional literacy	-0.43( $p < 0.01$ )**	0.48( $p < 0.01$ )**	1	
Resilience	-0.49( $p < 0.01$ )**	0.41( $p < 0.01$ )**	0.39( $p < 0.01$ )**	1

SD: Standard Deviation



**Figure 1:** Research Model Test (Standard Mode)

The results of Table 3 show that the Chi-square to Degrees of Freedom Ratio ( $X^2/df$ ) is 2.57, which is less than the criterion value of 3, indicating a good model fit. The Root Mean Square Error of Approximation (RMSEA) is 0.071, which falls within the "good" range. Furthermore, the Goodness of Fit Index (GFI) and Comparative Fit Index (CFI) are both 0.92, and the Adjusted GFI (AGFI) is 0.85, all of which exceed the acceptable thresholds.

Overall, the reported indices suggest a good fit of the conceptual research model.

**Table 3:** Fit Indices of the Conceptual Research Model

Index Name	Value	Acceptable Range (35)	Result
( $X^2/df$ )	2.57	Less than 3	Acceptable
(RMSEA)	0.71	Good: Less than 0.08 Moderate: 0.08 to 0.1	Good
(CFI)	0.92	Greater than 0.90	Acceptable
(GFI)	0.92	Greater than 0.90	Acceptable
AGFI)	0.85	Greater than 0.80	Acceptable

$X^2/df$ : Chi-square to Degrees of Freedom Ratio; RMSEA: Root Mean Square Error of Approximation; CFI: Comparative Fit Index; GFI: Goodness of Fit Index; AGFI: Adjusted Goodness of Fit Index

The results of Table 4 demonstrate that both quality of life and emotional literacy have significant negative direct effects on the propensity for infidelity ( $\beta = -0.13$  and  $\beta = -0.23$ , respectively;  $p < 0.05$ ). Moreover, quality of life and emotional literacy have significant positive effects on resilience ( $\beta = 0.28$  and  $\beta = 0.26$ , respectively;  $p < 0.05$ ). Finally, resilience has a significant negative effect on the propensity for infidelity ( $\beta = -0.34$ ;  $p < 0.05$ ). These findings suggest that as nurses' quality of life and emotional literacy increase, their resilience improves, which in turn reduces the propensity for infidelity.

**Table 4.** Direct Effects between Research Variables

Variables			Path Coefficients ( $\beta$ )	T-Value	Standard Error	$p$
Quality of life	→	Propensity for infidelity	-0.13	-2.23	0.085	$p < 0.05$
Quality of life	→	Resilience	0.28	4.50	0.035	$p < 0.05$
Emotional literacy	→	Propensity for infidelity	-0.23	-3.83	0.102	$p < 0.05$
Emotional literacy	→	Resilience	0.26	4.16	0.041	$p < 0.05$
Resilience	→	Propensity for infidelity	-0.34	-5.91	0.021	$p < 0.05$

## Discussion

The present study investigated the roles of quality of life and emotional literacy in predicting the propensity for infidelity among nurses, with an emphasis on the mediating role of resilience. The findings revealed that both quality of life and emotional literacy had significant effects on reducing the propensity for infidelity, both directly and indirectly, through resilience. One of the notable findings of the present study was the higher mean score for the propensity for infidelity in the familial dimension compared to the individual and social dimensions. This suggests that familial pressures and problems, such as marital conflicts, a lack of emotional support, and a lack of spousal harmony, have the greatest effects on nurses' tendency toward high-risk behaviors. Therefore, preventive interventions in the nursing profession should not only focus on individual resilience and emotional skills but also require special attention to family support and the teaching of communication and conflict resolution skills at the family level. Creating family-centered programs, offering marital counseling, and strengthening positive family interactions can play an important protective role in reducing the propensity for infidelity and enhancing the effects of quality of life and emotional literacy on interpersonal behaviors.

An important finding of this study was the significant negative correlation between quality of life and the propensity for infidelity, which aligns with the results of Ferdowsi et al. [13] and Beiromvand et al. [12]. Quality of life, as a key aspect of family life, affects the mental health and well-being of couples and is closely related to their physical and psychological health. In families with a higher quality of life, couples invest more emotional and psychological capital into strengthening their marital relationship, and due to mutual understanding, the propensity for infidelity decreases. Hence, quality of life is considered an important predictor of a successful marriage and a preventative factor against infidelity [13]. In high-stress work environments, such as hospitals, quality of life plays a crucial role in preventing maladaptive behaviors. Nurses with a lower quality of life are more susceptible to infidelity due to psychological burnout and emotional pressures. In contrast, nurses with a higher quality of life benefit from better social support, healthier emotional relationships, and more effective stress management skills, all of which serve as protective factors against the propensity for infidelity [34].

The research findings indicate a significant negative

effect of emotional literacy on the propensity for infidelity, which is consistent with the results of Shalchian et al.'s study [16]. Emotional literacy is a set of abilities for understanding, interpreting, regulating, and expressing emotions in oneself and others, and it plays a crucial role in improving the quality of interpersonal relationships. Individuals with a high level of emotional literacy use adaptive coping strategies when faced with conflicts and emotional pressures, making them less likely to engage in high-risk behaviors like infidelity. The lack of emotional skills in high-stress work environments, such as the nursing profession, paves the way for maladaptive behaviors, including infidelity. By empowering individuals to correctly recognize their own and others' emotions, appropriately express their feelings, and release negative emotions, emotional literacy helps nurses better cope with challenges in stressful situations and improve their emotional relationships [23].

In addition, the results of the present study revealed a significant positive relationship between nurses' quality of life and resilience, which is consistent with findings from studies conducted by Razmpoush et al. [35] and Moshtaghi et al. [36]. To explain this relationship, it can be noted that resilience refers to the psychological ability of individuals to cope with life's pressures, maintain emotional balance, and continue to function effectively in crises. By providing a supportive environment, a sense of satisfaction, and psychological well-being, a desirable quality of life provides the necessary internal and external resources to enhance an individual's resilience [37]. In the nursing profession, marked by exposure to death, illness, patient anxiety, and the physical and psychological pressures caused by resource shortages, resilience plays a fundamental role as a crucial protective factor for maintaining the mental health of staff. Nurses who have a higher quality of life are more likely to be able to return to psychological balance after experiencing intense pressures. These individuals not only suffer less from job burnout but also experience a greater sense of meaning, self-efficacy, and control over their professional lives [38]. The results of the current study indicate a significant positive relationship between emotional literacy and resilience among nurses, which aligns with the findings of Alagheband et al. [23], showing that nurses with higher levels of emotional literacy also possess a greater capacity for resilience.

when facing occupational pressures and crises. In explaining this finding, it can be stated that emotional literacy, which encompasses the ability to identify, understand, manage, and effectively use emotions, is a key factor in regulating an individual's emotional responses under stressful conditions. This ability allows nurses to gain better control over their negative emotions during stressful situations, return to psychological equilibrium more quickly, and prevent the emergence of ineffective reactions. Additionally, individuals with high emotional literacy tend to have better interpersonal skills, enabling them to more easily seek and receive required social support from colleagues and the work environment. The presence of such support networks is a well-known source of resilience. Moreover, these individuals typically experience a greater sense of self-efficacy in solving emotional problems, which also contributes to an increase in their overall resilience [16].

Another finding of this study is the presence of a significant negative correlation between resilience and the propensity for infidelity among nurses. This result aligns with the research of Tamrchi et al. [39], which demonstrated that individuals with higher levels of resilience are less likely to resort to maladaptive strategies like emotional or sexual infidelity when faced with emotional or interpersonal conflicts and dissatisfaction. Defined as the ability to return to psychological equilibrium after experiencing a crisis or stress, resilience plays a crucial role in regulating negative emotions, managing frustration, and maintaining psychological well-being in difficult circumstances. In high-stress environments, such as healthcare centers, where nurses encounter a range of emotional, physical, and social challenges, resilience helps them utilize more adaptive coping strategies, such as dialogue, problem-solving, and seeking social support; consequently, they are less susceptible to high-risk behaviors like infidelity. Additionally, resilient individuals are more successful at emotion regulation and impulse control. In crises or feeling emotional deprivation, they can overcome immediate urges and make decisions based on their values, sense of responsibility, and ethical commitments, which acts as a deterrent against infidelity [40].

Ultimately, as demonstrated by the results of the present study, quality of life and emotional literacy indirectly reduce nurses' propensity for infidelity through resilience. Due to the lack of previous

research specifically examining the mediating role of resilience in the relationship between these variables, direct comparisons with other studies are not possible. In explaining this finding, it can be said that nurses who have a desirable quality of life and a high level of emotional literacy typically have access to more internal (such as self-efficacy and self-esteem) and external resources (such as social support) to cope with environmental pressures, which strengthens their resilience [21]. According to the protective-risk model, quality of life and emotional literacy act as protective factors that reduce the likelihood of high-risk behaviors like infidelity by enhancing resilience. Resilience plays a mediating role by managing emotions and employing adaptive strategies. Specifically, nurses with higher emotional literacy have a greater ability to regulate their own emotions and understand the emotions of others, and under conflict-ridden situations, they utilize adaptive strategies instead of impulsive reactions. This capability increases their resilience, thereby reducing the occurrence of maladaptive behaviors like infidelity in interpersonal or marital relationships [34]. Overall, it can be concluded that resilience, by acting as a mediator, facilitates and strengthens the path through which quality of life and emotional literacy impact the propensity for infidelity.

This research, despite its best efforts to adhere to scientific principles, faced several limitations. First, the use of self-report tools for measuring sensitive variables, such as the propensity for infidelity, may have been influenced by social response bias. Second, the study's cross-sectional design prevents drawing causal inferences between variables. Third, the sample was limited to nurses from a specific region, which restricts the generalizability of the findings to other nursing populations or similar professions.

Based on the research findings, future studies are encouraged to employ longitudinal or quasi-experimental methods to investigate causal relationships among resilience, emotional literacy, and the propensity for infidelity. This model could also be tested in other high-stress occupational groups, such as individuals working as teachers, social workers, and emergency services staff. It is also recommended that the impact of educational programs designed to enhance resilience and emotional literacy on reducing the propensity for infidelity be examined. Furthermore, medical centers



and hospitals should hold training workshops to boost nurses' emotional literacy and resilience, thereby strengthening their coping mechanisms against occupational stressors and pressures. Improving nurses' quality of work life by enhancing working conditions and reducing overtime hours could also help alleviate psychological pressure. Finally, ongoing psychological support programs and preventive interventions are suggested to both decrease the propensity for infidelity and promote resilience and emotional literacy.

### Conclusion

Overall, the findings indicated that quality of life, emotional literacy, and resilience had significant negative effects on nurses' propensity for infidelity. Furthermore, quality of life and emotional literacy had significant positive effects on nurses' resilience, and the mediating role of resilience in the relationship of quality of life and emotional literacy with the propensity for infidelity was confirmed. It can be inferred that emotional literacy and quality of life can be used to predict nurses' propensity for infidelity. Therefore, they are of particular importance in providing counseling to reduce infidelity. These findings emphasize the necessity of strengthening resilience, emotional literacy, and improving the quality of life in nurses' training and support programs to reduce high-risk behaviors, such as infidelity in clinical settings.

### Ethical Considerations

The present study was approved by the Ethics Committee of Islamic Azad University, Zanjan Branch (IR.IAU.Z.REC.1403.047). Throughout this research, the following ethical principles were observed: Informed consent was obtained from all participants; codes were assigned to those who wished to remain anonymous; results were provided to participants upon request; the reliability and confidentiality of all data and findings were maintained; and participants were free to withdraw from the study or discontinue tests at any time without penalty.

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### Conflict of Interest

No conflict of interest.

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### Authors' Contributions

The authors contributed equally to this study.

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