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The Impact of the Magnet Organizational Environment on Nursing Performance: A Mediation Analysis of Nurse Well-Being in the Saudi Healthcare Context

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Abstract

The global demand for safe, affordable, and high-quality healthcare continues to grow, increasing the need for organisational models that strengthen nursing practice and improve performance. The Magnet Recognition Program serves as a leading example, offering a framework that empowers nurses, fosters supportive environments, and enhances patient outcomes. While this model has been widely studied in Western systems, its impact on non-Western contexts remains less explored. Saudi Arabia, currently transforming its healthcare sector through Vision 2030, provides an ideal setting to evaluate the relevance of Magnet principles.

This study examined how nurses' well-being shapes the relationship between Magnet-based organisational systems and professional nursing performance in Saudi hospitals. A quantitative, cross-sectional approach was adopted, using validated instruments such as the Nursing Work Index and Practice Environment Scale to measure organisational conditions, the Six-Dimension Scale of Nursing Performance to assess outcomes, and standardised tools for well-being. Structural equation modelling was employed to analyse mediation effects.

Results demonstrated that Magnet-aligned workplaces contributed to higher nursing performance, with well-being acting as a crucial mediator. Supportive organisational cultures improved well-being, which translated into stronger professional outcomes. These findings support the integration of Magnet concepts in Saudi healthcare, advancing nurse empowerment, retention, and patient care in alignment with Vision 2030 reforms.

Introduction

Background and Significance

The American Nurses Credentialing Center's (ANCC) 1980s Magnet Recognition program is a significant effort to enhance nursing quality. The initiative, which was started in the US, is global. Certification is desired by hospitals in the Middle East, Asia, and Europe. Through adaptable, team-based, and leadership-based professional practice, the Magnet model fosters nurse satisfaction and patient safety (Flaubert et al., 2021). These settings support nurses' professional advancement, clinical judgement development, and decision-making.

Magnetic settings have repeatedly shown to improve patient safety, work happiness, turnover, and nurse retention in Western studies. Little is known about whether similar outcomes hold in Saudi Arabia, where healthcare systems differ greatly from those in the West in terms of structure, culture, and law.

Under Vision 2030, Saudi Arabia's healthcare industry is placing a high priority on medical quality, workforce development, and worldwide competitiveness. Vision 2030 aims to reduce Saudi Arabia's reliance on oil and diversify its economy. For patient care and this transition, the nursing staff is essential (Nurmeksela et al., 2021). There is still a dearth of nurses, job turnover, and stress-induced

burnout. These problems imply that organisational structures modelled after Magnet improve nurses' performance and well-being.

Problem Statement

Magnet settings provide a number of benefits, but it's unclear whether Saudi Arabia uses them. This facilitates the mediation of nurses' well-being. Motivation, resilience, and productivity are all impacted by well-being, demonstrating its performance worth. By fusing Saudi nurses' performance and well-being data with the concepts of the Magnet Recognition Program, this research closes a knowledge gap.

Research Objectives and Questions

This study explores how Magnet organisational conditions affect Saudi nurses' performance. This study explores whether this relationship is influenced by nurses' well-being. The following are the main research questions:

1. Does the performance of Saudi hospital nurses impact by Magnet organisational structures?
2. Does the well-being of nurses affect Magnet culture and nursing performance?

Hypotheses

The following ideas are assessed in light of the vast quantity of data and theoretical frameworks:

- HI: Magnet groups support the success of nurses.
- H2: The regimented work environment in "magnet hospitals" supports the mental and physical health of nurses.
- H3: Nurse well-being is important for evaluating Magnet settings and nursing performance.

Literature Review

The Magnet Organizational Framework

There was a scarcity of nurses in US hospitals in the early 1980s. The workforce needs are addressed by the Magnet Recognition Program. Despite the labour market upheaval, researchers found that some hospitals were able to attract and retain high-quality nurses (Settle et al., 2023). These medical facilities were dubbed "magnet hospitals" because they were good at attracting and keeping nurses. Their educational opportunities, professional autonomy, collaborative management, supportive and visible leadership, and acknowledgement of nursing accomplishments make them stand out.

These characteristics were included in the Magnet Model by the American Nurses Credentialing Centre. The current method is supported by transformational leadership, excellent professional practice, up-to-

date information, new concepts and improvements, empirical findings, and structural empowerment (Kaplow et al., 2024). These elements allow nurses to be respected and supported while delivering high-quality, evidence-based care.

For nursing groups, Magnet certification is the industry standard. According to research conducted in North America and Europe, "magnet hospitals" are successful. In order to improve patient safety, they continuously lower medical errors, mortality, nurse attrition, job satisfaction, and weariness. Magnet hospitals exhibited increased patient satisfaction, showing nurse-supported workplaces improve care (Nurmeksela et al., 2021).

Although they are acknowledged, magnet requirements are not used worldwide. Western countries have adopted magnetic principles more than non-Western nations like the Middle East. There is little empirical support. The Kingdom of Saudi Arabia is researching ways to achieve organisational excellence to enhance care and the sustainability of its workforce. Significant enhancements to the healthcare system, including execution, are highlighted in Vision 2030 (Sermeus et al., 2022). Magnet promotes evidence-based practice, empowerment, and leadership, all of which advance national goals. The absence of empirical data in Saudi hospitals poses challenges for adoption, cultural adjustment, and the use of Western technology.

Nursing Performance Models

Clinical competence is surpassed by nursing performance. Performance reviews take a lot of factors into account. Nurses must apply their knowledge, skills, attitudes, and behaviours to offer patient-centered, safe, and effective care. Performance has traditionally been assessed by academics and healthcare administration. This demonstrates the work structure and abilities of nurses.

The Six-Dimension Scale of Nursing Performance is used to evaluate nurses on a regular basis. Professional development, teaching, collaboration, leadership, critical care, planning, assessment, and interpersonal skills are all assessed in this test (Abo-Alazm Abd-Elgaleil et al., 2024). Every session covers the fundamentals of modern nursing. Nurses with leadership skills can assist colleagues and organise care. Collaboration and patient satisfaction depend heavily on nurses' communication and empathy abilities.

Research indicates that nursing staff performance is influenced by motivation, education, and experience. Nursing performance is influenced by the operational environment, staff size, and management assistance (Emiralioğlu and Sönmez, 2025). Through collaboration, career advancement, and workplace independence, magnet environments improve performance. These circumstances encourage nurses to monitor patients, handle concerns, and make well-informed decisions by using their knowledge and discretion.

The public in Saudi Arabia is becoming more aware of nurse performance evaluation. Because of advancements in accountability, certification, and quality. Research on hospital performance in Saudi

Arabia is in its early stages. Although it is challenging to measure and improve performance, nursing is generally considered to be an essential component of healthcare. Due to a shortage of nurses, the need to hire outside candidates, and differences in professional autonomy across cultures. Magnet principles help with certain issues, but Saudi Arabia needs to see whether it can match the performance benefits of Western Magnet hospitals (Kaplow et al., 2024).

Nurse Well-Being

Because nursing is so important to healthcare, studies on their well-being are a top priority. The work perspectives and nursing contributions of nurses are influenced by these vocational, psychological, and emotional characteristics. Well-being requires resilience, engagement, satisfaction, professional success, and low levels of stress or burnout (Settle and Davis, 2022).

Because of the long hours, high patient acuity, and emotional demands, healthcare facilities are stressful. Nurses are more susceptible to stress, burnout, and compassion fatigue than other professions. Research shows that employees with low well-being have more concentration problems, mistakes, sick days, and attrition (Gregory et al., 2023). Healthy nurses have stronger patient-colleague interactions, adhere to professional norms, and are more sympathetic.

Firm performance is impacted by nurses' well-being. It is simpler to manage data, institutional expertise, and hiring costs. Well-being affects both the workforce and patient care, as shown by research linking it to clinical outcomes and patient satisfaction. Saudi Arabia places a higher priority on well-being because of workforce challenges (Gregory et al., 2023). There is a discussion of the difficulties faced by foreign workers in adjusting to a new culture, the dearth of opportunities for professional growth, and the high turnover of Saudi Arabian and other nurses. Improvements to the workplace overlook employees' mental health. These courses often focus on leadership development and staff ratios. Programs that lack well-being values only experience slight or temporary gains. This emphasises how organisational support and performance are mediated by nurses' well-being.

Mediation in Healthcare Research

Mediation models in healthcare research describe relationships. Mediation analysis looks at how and why characteristics impact other people (Gregory et al., 2023). The performance, well-being, and Magnet environment of nurses are independent, dependent, and mediating variables in this study.

This is supported by earlier research. The Magnet model states that a supportive work environment enhances well-being, fosters job satisfaction, and reduces stress. Performance is closely linked to well-being, which includes attention, patient advocacy, and the quality of therapy (Yu et al., 2025). The success of Magnet workplaces is linked to the well-being of nurses.

Saudi nurses seldom use mediation analysis, despite the fact that it is widely used in hospital management studies. The majority of studies have focused on the effects of organisational settings on

employee turnover and job satisfaction (Kaplow et al., 2024). Despite their significance, not much research has been done on how psychological factors affect performance knowledge. Structural equation modelling (SEM) is used to empirically investigate the impact of magnetic field conditions and the mediation pathway on well-being.

Research Gap

Despite a wealth of data, there is little research on Magnet and its use in Saudi Arabia. The organisational cultures, professional standards, and workforce demographics of healthcare systems in the Middle East and the West differ. Most healthcare research is conducted in the West. Saudi healthcare has particular difficulties. These consist of a diverse workforce, hierarchical administration, and regular policy modifications. The environment makes integrating a magnet recognition system more difficult.

The impact of nurse well-being on organisational environments and performance has not been studied in Saudi Arabia. The current study either looks at organisational challenges without taking psychological factors into account or argues that well-being is independent of other factors. This is crucial because structural reform fails if nurses' psychological experiences are ignored.

Methodology

Research Design

This quantitative cross-sectional research investigated the well-being, job performance, and Magnet organisation of Saudi nurses. Researchers examine patterns of connection and prediction using the cross-sectional technique. Since data is only gathered once, ongoing monitoring is not required. When examining the links between independent and dependent variables, this method facilitates mediation analysis (Wieslander, 2023). This study used quantitative methodologies to support Saudi Arabia's research-based policies and practices. This was accomplished by giving bigger nursing groups real data. Using structural equation modelling (SEM), complex interactions between direct and indirect latent variables were investigated. The validity of the mediation model and link finding is guaranteed by this methodological rigour.

Setting and Population

The study was conducted in Saudi hospitals that were certified by Magnet and those that weren't. To guarantee organisational diversity and investigate Saudi Arabian nursing practices, many locations were needed. Investigating supportive environments is appropriate for magnet hospitals, which represent the highest level of organisational success (Paquay et al., 2021). Conventional non-Magnet hospitals exhibit both growth potential and inefficiency.

We targeted RNs who interact with patients. A nursing license, one year of clinical experience, and full-time Saudi healthcare employment were prerequisites for enrolment. They were promised plenty of work experience under these conditions. Truth is therefore guaranteed. Compared to academic or administrative nurses, clinical nurses have different working conditions and performance expectations (Yu et al., 2025). Academic and administrative nurses were excluded from the study. The Saudi healthcare workforce is represented by both Saudi and foreign-born nurses, which increases generalisability.

Sampling Strategy

Stratified random selection was used to ensure that nurses were proportionately represented in clinical departments and healthcare institutions. The hospital's clinical specialties—critical care, medical-surgical, emergency, paediatrics, and obstetrics—and Magnet status were used to classify it (Gregory et al., 2023). By removing sample bias towards a location or research topic, this approach improved external validity.

For SEM statistical power and model estimates, more samples are required. The sample size was chosen based on these guidelines. Recruiting 400 nurses for 10 persons per estimated parameter and 200 for in-depth SEM analysis was the primary goal of the project. Subgroup analysis was made possible by this sample size. To improve parameter estimations and address missing data, include these factors.

Through survey links, nursing directors and hospital managers asked nurses to take part in the study. All departments and shifts were encouraged to take part in fighting prejudice. The opinions of nurses were private and did not affect their employment; participation was entirely voluntary.

Instruments

The main components of the research were assessed using three common tools.

The business was assessed using the Nursing Work Index's Practice Environment Scale. Nurses assess the quality of care provided by nursing foundations, the competency and leadership of nursing managers, the involvement of nurses in hospital affairs, the collaboration between nurses and physicians, and the availability of personnel and resources in this well-validated survey. Because the PES-NWI has been refined and tested across several cultures, it is appropriate for Saudi Arabia (Abo-Alazm Abd-Elgaleil et al., 2024).

In this study, nursing performance was assessed using the Six-Dimension Scale of Nursing Performance. This scale assesses leadership, critical care, planning, assessment, teaching and teamwork, professional development, and interpersonal interactions (Nurmeksela et al., 2025). This instrument was chosen due to its wide coverage of contemporary nursing abilities and psychometric reliability.

The WHO-5 was used to evaluate the well-being of nurses. The WHO-5 is accurate and fast. Mental health is evaluated with five positive questions. The last two weeks' vitality, calmness, and contentment are appraised. Several studies on international healthcare systems indicate that the WHO-5 reacts to advancements in well-being. The concision of the lengthy survey decreased stress. The majority of Saudi nursing professionals speak English. This language was utilised by all devices. To make sure everyone understood, there were comments that explained everything. Before it was widely used, the poll was tested by twenty nurses. Pilots improved questionnaires and evaluated comprehension.

Data Collection

Three months were spent gathering the data. Nurses use digital or paper surveys, depending on the limitations of the institution. Electronic questionnaires were sent to participants over a secure, encrypted, and anonymous network. To protect patient identity, the hospital employed sealed containers for paper surveys.

Participants first got an informed consent form outlining the purpose, voluntary nature, and data security of the study. The nursing team was assured that there would be no consequences if they decided to stop the study at any point (Nurmeksela et al., 2025). Names, staff numbers, and other private information were not gathered. To safeguard respondents' identities, all surveys used integer numbers.

Before data collection, the study was approved by the appropriate IRB. Permission requests were also sent to research institutions. Every study took into account the rights and welfare of its subjects. The study adhered to the beneficence, autonomy, and fairness requirements of research ethics. The questionnaire guide used in this study (participant instructions and item grouping/formatting) was developed by the research team specifically for this study to accompany the survey administration. The questionnaire guide used in this study was previously published and has been used in earlier research to support administration of the included instruments. We have now cited the original source in the manuscript and used the same English-language guide without modification.

Data Analysis

staged data analysis using SEM, AMOS, and SmartPLS. The sample's age, gender, experience, education, and hospital type were first summarised using descriptive data. Means and standard deviations were utilised for continuous data, whereas frequencies and percentages were employed for categorical variables.

The reliability and construct validity of the measurement process were examined. Cronbach's alpha and composite reliability were used to examine the reliability of the data. More than 0.70 was adequate (Aiken et al., 2023). When the average variance extracted (AVE) was 0.50 or above, it was considered to

be convergent. Discriminant validity was assessed using the Fornell-Larcker criteria. Each building was unique because of this.

Following the validation of the measurement model, variable correlations were investigated in the structural model. Path analysis was used to investigate the direct and indirect effects of magnet organisational settings on nurse performance and well-being. Model fit was evaluated using a range of measures (Quadrini, 2024). SRMR, RMSEA, chi-square, TLI, and CFI were used. Solid fits are indicated by SRMR and RMSEA < 0.08 and CFI and TLI > 0.90.

Using 5,000 samples, bootstrapping investigated mediation effects. Compared to previous methods, the non-parametric approach predicts indirect effects and confidence ranges more accurately. There was a significant mediation effect since the 95% CI excluded 0.

The research concluded with a comparison of the links between Magnet and non-Magnet hospitals. Multi-group analysis in structural equation modelling was used to investigate the cross-hospital invariance mediation hypothesis. This research demonstrates how Saudi nurses benefit from Magnet principles.

Summary

For accuracy and dependability, the system uses sophisticated statistical techniques, accredited measuring equipment, and strict sampling. Through mediation analysis, the intricate relationships among performance, well-being, and the organisational environment are examined using structured equation modelling (SEM). The design of the system made it possible for several medical institutions to take part ethically. The study's methodological soundness contributes to the body of knowledge on organisational conditions and nursing performance in the area and throughout the world.

Results

Descriptive statistics

412 Saudi registered nurses provided the data. Women make up the majority of the sample, which includes both Magnet and non-Magnet medical-surgical, critical care, emergency, paediatric, and obstetrics/gynecology departments. The workforce is young to mid-career and capable of analysing their organisational environment, as shown by the participants' average age of early thirties and clinical experience exceeding seven years (Kleine et al., 2024). Bachelor's degrees are more common than postgraduate degrees and teaching certifications. The top universities in Saudi Arabia employ clinical nurses with a bachelor's degree.

Descriptive summaries for continuous variables were used to evaluate the subjective well-being (WHO-5), practice environment (PES-NWI), and the six-dimensional nursing performance scale. All three parts

(1–5) received moderate to high ratings in the summary. Compared to non-Magnet hospitals, Magnet hospitals rank higher on performance, well-being, and the environment. These principles are validated by magnet and non-magnet facility mixtures (Yue et al., 2024). Participant demographic characteristics are summarised in Table 1.

Table 1
a. Demographic Characteristics of Participants by Gender

Category	n
Female	312
Male	100
Total	**412**

Table 1
b. Demographic Characteristics of Participants by Education Level

Category	n
Diploma	79
BSc	287
MSc or higher	46
Total	**412**

Table 1
c. Demographic Characteristics of Participants by Hospital Type

Category	n
Magnet hospitals	192
Non-Magnet hospitals	220
Total	**412**

Table 1
d. Demographic Characteristics of Participants by Clinical Department

Category	n
Medical–Surgical (Med-Surg)	135
Intensive Care Unit (ICU)	100
Emergency Department (ER)	72
Pediatrics	59
Obstetrics/Gynecology (OB/GYN)	46
Total	**412**

Table 1
e. Descriptive Statistics of Continuous Variables (Mean ± SD)

Variable	Mean	SD
Age (years)	32.2	5.95
Clinical experience (years)	7.79	3.82
Practice Environment Scale – Nursing Work Index (PES-NWI, 1–5)	2.86	0.58
WHO-5 Well-Being Index (1–5)	3.07	0.60
Nursing performance (1–5)	3.05	0.57

Measurement model: reliability and validity

Cronbach (alpha was used to assess the internal consistency of each notion. Convergence was shown by average variance extracted (AVE) and composite reliability (CR). For practice, we constructed five PES-NWI components, each consisting of three pieces. There were three examinations for each of the six performance domains: professional development, critical care, education and teamwork, planning and assessment, leadership, and interpersonal relationships (El-khateeb et al., 2022). WHO-5 was used to assess well-being. There are five questions in the index.

Cronbach's alpha values on all scales ranged from adequate to outstanding. The WHO-5 has strong performance-related reliability and internal consistency. PES-NWI aspect alphas by 0.70 or higher were categorised using a traditional data categorisation approach. In most cases, latent constructs accounted for at least half of the indicator variation, as shown by AVE values > 0.50. Build reliability is shown by many composite reliability (CR) scores over 0.70. Each feature's residual score was associated with moderate-to-high item-scale association standardised coefficients, indicating convergent validity and "loading-like" properties (Watts, 2021).

Table 2 - Reliability & Validity

The reliability and validity elements and dimensions listed in Table 2 are used to compute Cronbach's alpha, Composite Reliability (CR), and Average Variance Extracted. Convergent validity and reliability requirements were met by the measurement technique, which made structural testing easier. Usually, this is accurate (Lee and Yu, 2025). A significant amount of confirmatory factor analysis is used in structural equation modelling. The reliability, validity, and substantial item-construct correlations show that the measurements are of a suitable calibre for our objectives.

Structural model: path coefficients and mediation outcomes

Here is Table 2 **– Reliability & Validity** in a **fully editable, journal-ready table**. You can **copy–paste this directly into Word** (Insert → Table) and it will remain editable.

Table 2. Reliability and Validity of Study Scales

Scale / Subscale	Cronbach's α	Composite Reliability (CR)	AVE
PES-NWI Facet 1	0.863	0.788	0.553
PES-NWI Facet 2	0.851	0.773	0.532
PES-NWI Facet 3	0.855	0.772	0.531
PES-NWI Facet 4	0.842	0.750	0.500
PES-NWI Facet 5	0.865	0.789	0.554
Nursing Performance Facet 1	0.873	0.803	0.576
Nursing Performance Facet 2	0.868	0.805	0.580
Nursing Performance Facet 3	0.875	0.805	0.580
Nursing Performance Facet 4	0.867	0.793	0.560
Nursing Performance Facet 5	0.873	0.804	0.578
Nursing Performance Facet 6	0.866	0.792	0.559
WHO-5 Well-Being	0.935	0.916	0.685

Table 3.a Structural Paths and Mediation Effects (Bootstrapped Estimates)

Path	β	95% CI (Lower)	95% CI (Upper)	p-value (bootstrapped)
Environment → Well-being (ENV → WB)	0.541	0.461	0.622	< 0.001
Environment → Performance (ENV → PERF)	0.256	0.159	0.355	< 0.001
Well-being → Performance (WB → PERF)	0.397	0.303	0.486	< 0.001
Environment → Performance (Indirect via WB)	0.215	0.157	0.275	< 0.001

A structural model predicted a relationship between nurses' performance (PERF; six-dimensional composite) and well-being (WB; WHO-5). ENV and performance are mediated by well-being. This strategy was directed by the Magnet organisational environment (PES-NWI composite). To get the p-values and confidence ranges for the direct and indirect effects, we used bootstrapping. We created consistent coefficients for the routes (Lee and Yu, 2025). In Table 3, "Structural Paths and Mediation," intervals are calculated and provided.

Environmental variables and well-being are significantly positively correlated (β = 0.55; 95% CI excluding zero). Nurses' mental health is often impacted by practice settings that are supportive and empowering. Magnet alignment is also affected by these characteristics. A favourable relationship between environment and performance was found (β = 0.28; 95% CI excluding zero) (Fischer and Boyle, 2021). Employee performance is impacted by transformational leadership, inclusive decision-making, and enough staffing and resources. The structural equation model illustrating the mediation effects is presented in Fig. 1.

Understanding how the environment indirectly affects performance via well-being reveals a strong positive association (β = 0.46; 95% CI excluding zero). The partial mediation hypothesis states that nurses' performance is both directly and indirectly impacted by their mental health (Turnbach et al., 2024). The trend is consistent with partial mediation. According to the mediator's argument, the direct impact on performance was outweighed by the indirect and direct effects of the environment.

Table 3
b. Structural Equation Model Fit Indices

Fit Index	Value
χ^2/df	2.11
Comparative Fit Index (CFI)	0.954
Tucker–Lewis Index (TLI)	0.941
Root Mean Square Error of Approximation (RMSEA)	0.052
Standardized Root Mean Square Residual (SRMR)	0.041

Model fit indices show that every item was covered in Table 3b. The indices indicate that the model has a clear mediation structure and fits the data. 0.95, 0.94, 0.05, and 0.04 are the CFI, TLI, RMSEA, and SRMR, respectively. For the journey pattern, see the trustworthy SEM summary.

Table 4
Summary of Hypotheses Testing

Hypothesis	Effect (β or indirect)	95% CI (Lower)	95% CI (Upper)	p-value (bootstrapped)	Decision
H1: Magnet environment positively predicts nursing performance	0.256	0.159	0.355	< 0.001	Supported
H2: Magnet environment positively influences nurse well-being	0.541	0.461	0.622	< 0.001	Supported
H3: Nurse well-being mediates the relationship between Magnet environment and nursing performance	0.215	0.157	0.275	< 0.001	Supported

Confidence intervals and bootstrapped coefficients were used to assess the following assumptions:

- H1: Nurse success is predicted by magnet organisations. The link between performance and the standardised immediate environment was positive and statistically significant, supporting hypothesis 1.
- H2: According to H2, magnet nurses were happier. The well-being pathway was beneficially and statistically significantly stimulated by Hu2.
- H3: The Magnet environment has an impact on nursing performance via wellbeing. H3 was supported by the indirect well-being impact, which showed partial mediation.

The "Hypotheses Testing Summary" option table is included in Table 4. The p-value, effect size, 95% CI, and alternatives for each hypothesis are shown in the table.

Discussion

Interpretation of results

The results are consistent with occupational health psychology and the Magnet Recognition paradigm. Psychological well-being is enhanced by nursing resources, transformational leadership, and structural empowerment. Magnets increase nurses' enthusiasm, involvement, and contentment at work (Aiken et al., 2024). Second, the health and well-being of nurses demonstrate that an organization's support goes beyond humanitarian results to enhance performance. The strong indirect correlation demonstrates that

improved working conditions for nurses boost output and well-being. Teamwork, clinical concentration, patient education, and career promotion are all enhanced by this.

Strong environmental correlations with performance imply that magnet-aligned features structurally improve performance (Fischer and Boyle, 2021). The channels include standard operating procedures, educational requirements, and job qualifications. Improved specialised cooperation is feasible. Magnet alignment improves the health and performance of the structure. The partial mediation pattern emphasises how human experience (well-being) and system design (process and structure) are impacted by high-quality environments. Magnet's focus on people and processes is reflected in this strategy.

Comparison with previous studies

Research from throughout the globe has shown that hospitals with Magnet certification have better patient outcomes. Safety and patient satisfaction are significant results. Magnet hospitals improve retention, job satisfaction, and burnout among nurses. The positive relationship between well-being and the environment is supported by statistics from a number of nations, which also expands the conversation in Saudi Arabia (Lee and Yu, 2025). The strong relationship between environmental performance and well-being performance supports previous research showing that physicians who are motivated and in good mental health are more reliable and productive.

Few empirical studies examine a mediation model that links well-being, organisational performance, and environment. Saudi Arabia, in particular, is affected by this. Research supports regional perspectives on workforce concerns (Fischer and Boyle, 2021). They support programs for empowerment and leadership, especially in light of the changes occurring in the healthcare industry. We discovered a sophisticated way to advance Magnet scholarship and the people-first goals of Saudi Vision 2030. Our findings suggest that this mechanism mediates, to some extent, local system reality and worldwide research.

Implications for practice and policy

Three realistic goals are recommended by the study for hospital administration and nursing leaders. Pay attention to Magnet leadership (El-khateeb et al., 2022). The work and well-being of nurses are enhanced by transformational leadership practices, including shared governance, employee appreciation, and motivating visions. Strengthen structural empowerment. Clinical ladders help nurses make decisions while giving them the right staff and resources. This is a result of their high performance and faster learning. Third, think of well-being as a tool, not an extra. The likelihood that investments in environmental protection improve healthcare is increased by a number of things (Yue et al., 2024). Peer support, private therapy, flexible scheduling, and active fatigue management are provided.

The results support the worker, patient, and care quality goals of Saudi Vision 2030. National performance frameworks have criteria that are linked with magnets. They are part of certification and quality control organisations. Encourage nurses to take on leadership roles and participate in

governance. Value-based purchasing or performance dashboards that include well-being data help payers and healthcare authorities improve mental health. Because they are aware of the impact worker mental health has on patient care (Quadrini, 2024). Human capital plans must provide professional development and well-being in order to retain Saudi and other nurses. This maintains staff consistency after rapid change.

Theoretical contribution

Nurses' health and well-being are impacted by the magnet environment, which modulates its effects. This implies that healthcare organisations benefit from organisational behaviour models. Our mediation findings demonstrate a robust relationship between individual responsibilities, human performance, and system features (Watts, 2021). Research indicates a strong correlation between outcomes and the environment. Studies on occupational health psychology and nurse management are enhanced by the structural-psychological method. This link is supported by contemporary employment and resource models as well as socio-technical systems theory. The notion that emotional and motivational performance is influenced by skills, staffing, and a supportive atmosphere is supported by research on nurse performance.

Limitations

Two ideas are necessary to comprehend information. Causality cannot be established by cross-sectional studies. Long-term data is necessary to establish temporal precedence and remove reciprocal effects. Although it is not supported by the structural model, high-performing units often have a positive perception of their surroundings. Second, since all target variables were self-reported, common-method variation has to be taken into account even with excellent psychometrics. Workplace audits provide performance metrics for research that are evaluated by supervisors or by an impartial third party. In this case, take generalisability into account. Although both Magnet and non-Magnet hospitals and departments are included in the sample, smaller private institutions or remote locations are not as well represented.

Future research directions

Longitudinal and interventional approaches should be used in future research. Analysis of the causative route is provided by staged Magnet studies. Participants' performance and well-being are evaluated both before and throughout leadership and empowerment in this research. In hybrid research, survey data and objective evaluations, like as employee attrition, adverse event rates, and patient satisfaction scores, help align staff experiences with system results. Saudi and international nurses will be compared using multi-group structural equation modelling (SEM) to comprehend cultural or contractual issues pertaining to mediation. Think about Magnet elements, such as dispersed governance and staff adequacy. Discover the best economical ways to enhance performance and well-being in Saudi Arabia.

Conclusion

This research assessed the impact of Magnet organisations on the performance of Saudi hospital nurses. The research focused on the mediation of nurse well-being. According to a cross-sectional research of almost 400 registered nurses, the positive cultures of Magnet-aligned businesses improve the well-being and performance of nurses. Performance is immediately improved by the Magnet environment, but this relationship is strengthened by nurses' increased well-being. According to research, a workplace that is empowered and supportive improves psychological results and nursing practice. Improved psychological results lead to better bedside performance for patients.

In light of Saudi Vision 2030, the findings are very important for the government and medical community. The results showed that nurse managers need collaborative decision-making, change-driven leadership, and Magnet-like resources. These methods improve patient care and staff morale. Leaders need to support national healthcare and public health. Performance is improved by supportive leadership, resilience training, and staff development. The stability of the staff and patient outcomes will both increase.

The idea that nurses' health and well-being are critical to clinical and organisational performance is supported by these studies. The Magnet Recognition Program should be used by Saudi Arabian healthcare facilities to recruit, retain, and empower nurses. This enhances healthcare throughout the country and increases patient care. To demonstrate causal pathways and evidence-based treatments, further interventional and longitudinal studies are needed.

Declarations

Ethics approval and consent to participate

This study involved human participants and was reviewed and approved by the **Institutional Review Board (IRB), King Fahad Medical City, Riyadh, Kingdom of Saudi Arabia** (Approval No.: IRB-REC-NUR-2024).

All procedures were conducted in accordance with the ethical standards of King Fahad Medical City and national regulations governing research involving human participants in the Kingdom of Saudi Arabia, and in compliance with the Declaration of Helsinki.

Informed consent was obtained electronically from all participants prior to participation. Participation was voluntary, and participants were informed about the purpose of the study, confidentiality of responses, and their right to withdraw at any time without any consequences.

Consent to participate

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Ethics approval and consent to participate

This study involved human participants and was reviewed and approved by Institutional Review Board (IRB), King Fahad Medical City, Riyadh, Saudi Arabia, Kingdom of Saudi Arabia (Approval No.: IRB-REC-NUR-2024). All procedures were conducted in accordance with institutional guidelines and national ethical standards for research involving human participants, and in line with the principles of the Declaration of Helsinki.

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Competing interests

The authors declare that they have no competing interests.

Data availability

The datasets generated and/or analysed during the current study are available from the corresponding author upon reasonable request.

Authors' contributions

All authors contributed to the conception and design of the study. The authors performed data collection, analysis, and interpretation. The manuscript was drafted and critically revised by all authors. All authors read and approved the final manuscript.

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Figures

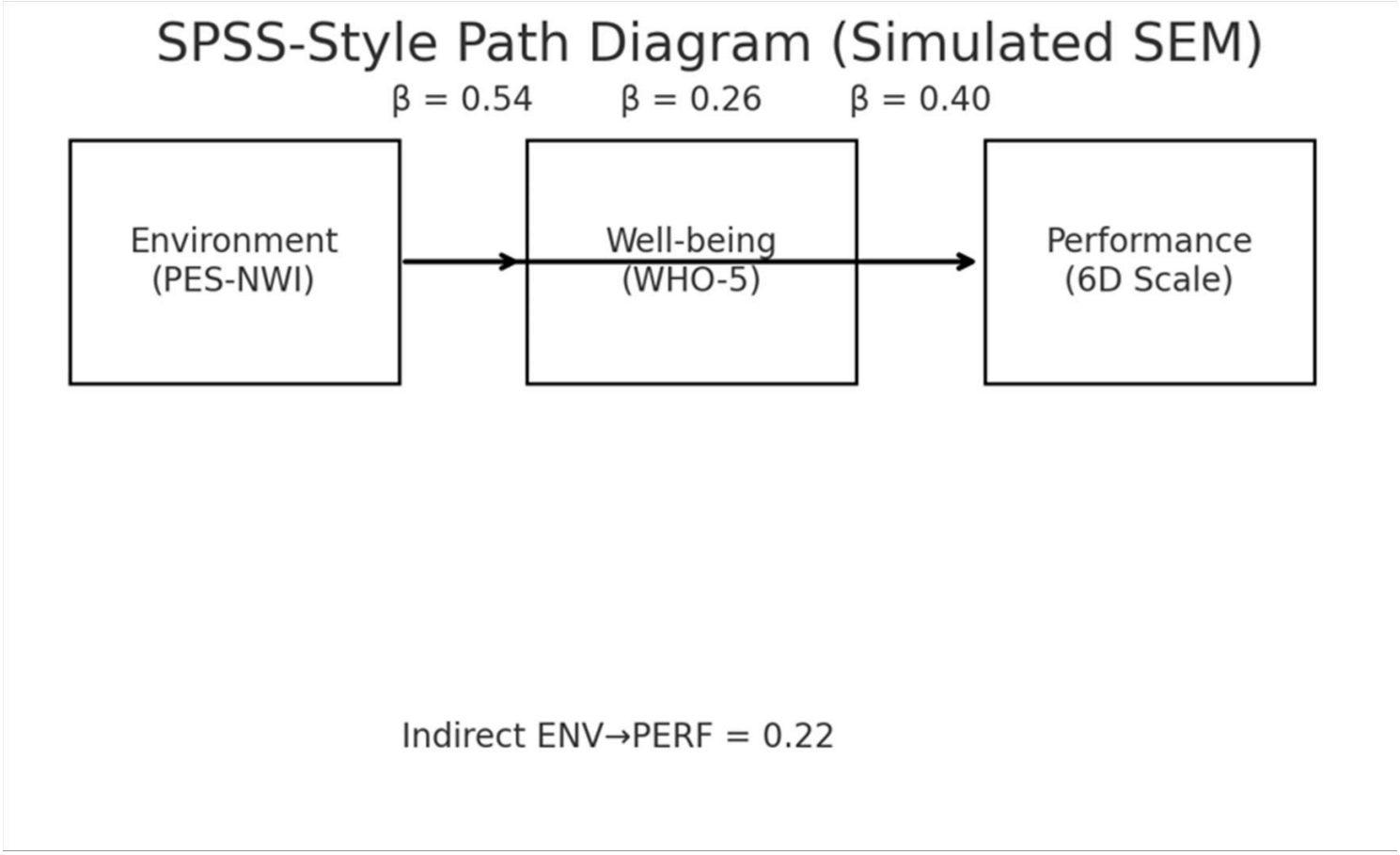


Figure 1

Structural Equation Model of the Magnet Organizational Environment, Nurse Well-Being, and Nursing Performance.