

## PREDICTORS ASSOCIATED WITH QUALITY OF WORKING LIFE AMONG NURSES IN THE HOSPITAL SETTING: A SYSTEMATIC SCOPING REVIEW

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### ABSTRACT

The level of Quality of Nursing Work Life (QNWL) in nurses is quite diverse and is also influenced by various factors. Identifying factors that influence QNWL is very important to increase job satisfaction which can increase nurse productivity. This study aims to identify the factors that affect the quality of work life in hospital nurse clinicians. This study used the scoping review method with the PRISMA ScR (Preferred Reporting Items for Systematic Reviews and Meta-Analyses Extension for Scoping Reviews) guidelines. The inclusion criteria used were articles with an RCT, cohort and cross-sectional design, in English and full-text. Some databases such as PubMed, Cinahl, and the search engine Google Scholar were used to search the study. We found 15 articles that met the criteria and came from 8 countries (Saudi Arabia, Portugal, Malaysia, Iran, Ethiopia, Indonesia, Jordan and Slovenia). The number of samples from the studies obtained varied quite widely from a minimum of 40 respondents to a maximum of 2391 respondents. The results of the analysis show that the QWL level of nurses working in hospitals is quite varied with the majority being in the low to moderate category (low score, 42-112 and moderate score, 113-182), three studies that obtained nurses' QWL results in the good range (high score, 183-252). **Conclusion:** An assessment of predictor factors of QNWL can help to make improvements to each factor in order to improve the nursing care services provided, and of course reduce the nurse turnover rate.

**Keywords:** Hospital, Nurse, Predictors, Quality of Work Life

### INTRODUCTION

Quality of nursing work life (QNWL) is a variable that shows nurses' feelings regarding various dimensions of their work (Raeissi et al., 2019). The dimensions in question are work-life-home life, work world, work design and work content (Eslamian et al., 2015). This dimension involves many aspects such as job content, workplace conditions, opportunities for promotion, appropriate compensation, involvement in

decision-making, and job stability (Zhang et al., 2022). Brook defines QWL as "*the degree to which registered nurses are able to feel satisfied with their personal needs through the experience of working in their organization while achieving organizational goals*" (B. A. Brooks et al., 2007).

Several studies have examined that QWL affects worker performance and consistency in many sectors, including in

healthcare settings (Nayak & Sahoo, 2015). QWL affects increasing job satisfaction, increasing nurse productivity, reducing fatigue, improving service quality, and reducing turnover (Lorber & Dobnik, 2023). When nurses feel dissatisfied with QWL, it can affect their personal lives, which indirectly also affects the quality of care provided and threatens patient safety (Suleiman et al., 2019). Based on statistics from the Ministry of Health of Saudi Arabia, the nurse turnover rate reached 20%, higher than the United Kingdom (Alluhidan et al., 2020). The results of research conducted by Almalki et al., 2012, obtained higher turnover results reaching 40% (Zhang et al., 2022).

The results of research that focuses on looking at the degree of QWL in nurses are quite varied in various countries, with the degree being low to the majority being at a moderate level. Research conducted on nurses in Bangladesh resulted in QWL at a moderate level (Akter et al., 2018). Studies conducted in Iran showed that around 70.8% -81.2% of nurses were dissatisfied with their QWL (Dehghan Nayeri et al., 2011). Another study found that 52.4% of nurses in primary care settings in Saudi Arabia also felt dissatisfied with their QWL (Zhang et al., 2022).

Several factors influence the results of assessing QWL levels in nurses, such as work overload, work-life balance, and working environment (Alharbi et al., 2019). Other research states that the factors that influence nurses' QWL are quite varied, such as the responsibility of caring for members. families such as parents and children who depend on nurses, nationality, income, and duration (shift) of work. In contrast to the research already mentioned, research conducted by Javanmardnejad et al., 2021 states that income is not related to nurses'

QWL level (Javanmardnejad et al., 2021). The large number of QWL studies on nurses illustrates that the factors or predictors of QWL itself are quite varied and can be contradictory or related to each other.

It is important to study the factors that influence QWL to improve the quality of life of nurses and services. Apart from that, organizational commitment is also greatly influenced by the work-life quality factor, where when nurses feel satisfied with their work life, they will feel more of a big obligation and will stay in the existing organization (Osemeke, 2016). By conducting an assessment of the factors that affect QWL, it is hoped that efforts can be made to increase nurses' job satisfaction and reduce turnover rates, as well as promote continuity of care (Oweidat et al., 2024). Improving the quality of nurses' work life is very important to improve nursing services. Therefore, this scoping review aims to identify the factors that affect the quality of work life in hospital nurse clinicians.

## LITERATURE REVIEW

### Basic Concepts of Quality of Nursing Work of Life (QNWL)

Quality of Nursing Work Life is defined as a concept that describes nurses' perceptions of the fulfillment of needs through work experience. This is in line with the management function to manage superior human resources and have maximum work productivity, while providing personal satisfaction for employees for the fulfillment of their needs. (Brooks & Anderson, 2005). According to Riggio (2000), quality of work life is determined by the compensation and benefits received by employees, opportunities for participation in organizational

advancement, job security, and type of work, based on organizational characteristics and the quality of interaction between organizations from various members of the organization.

### **Quality of Nursing Work of Life (QNWL) Components**

For nurses, QWL is generally measured through four main dimensions: job design, which includes autonomy, variety, workload, skill utilization, and meaning of work (Rahmawati, 2014); work context, which includes the physical and psychological work environment, support from supervisors, and relationships with coworkers (Dargahi et al., 2012); work-life balance, which reflects the nurse's ability to balance the demands of work with personal life (Gusty & Merdawati, 2019); and the world of work, which includes nurses' perceptions of status, fairness, and promotion opportunities in the organization (Khoerullah, 2015).

### **Factors Affecting Nurses' Quality of Work Life (QNWL)**

Factors that influence the quality of work life according to Suleman, (2019) are: (1). Health and safety standards in the workplace, (2). Support from coworkers, (3). Type of work done, (4). Stress experienced in the workplace, (5). Balance between work and family, (6). Trust from senior management, (7). Career future, (8). Fair compensation according to the work done, (9). Supervisor support for employees.

### **Material And Methods Study Design**

The study design used a scoping review with the Guideline Preferred Reporting Items for Systematic reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR)

used to report the article selection process in this scoping review (Arksey & O'Malley, 2005), which was subsequently modified to 6 ScR steps (Levac et al., 2010) are 1) Identify research questions; 2) Identify relevant studies; 3) Selection of studies included in the review; 4) Carry out data mapping; 5) Organize, summarize and report results; 6) Consultation with Stakeholders (Optional).

### **Eligibility Criteria**

The PCC framework (Population, Concept, and Context) was used in developing research questions and study eligibility criteria. The research question that was successfully formulated was *"What are the factors that influence the quality of work life for nurses who work in hospitals?"*

P (Population): Nurses who work in hospitals

C (Concept) : Quality of work life

C (Context) : Predictor factors for the quality of work life

The inclusion criteria applied in this review were articles discussing the quality of work life of nurses in hospital settings, publications from 2014-2024, articles with full-text access and in English, as well as articles with RCT, cohort and cross-sectional designs. Articles with secondary research types, articles that were not accessible, and articles with publications other than English were excluded.

### **Data Collection and Analysis Search Strategy**

The search for articles in this study used databases such as PubMed and Cinahl, as well as the Google Scholar search engine. The author uses Boolean operators such as "AND" and "OR" to expand the search for articles with various words. The

keywords used are "nurse OR nurse clinician OR clinical nurse AND predictor OR determinant OR factor AND work quality of life OR working life OR work-related quality of life".

## RESULTS

### Study Selection

The results of study selection in the initial review stage reached 655 articles. Next, the author selected studies based on the title and abstract and carried out a comprehensive full-text assessment until 15 articles were included in the analysis process. As a result, the 15 studies were assessed using JBI tools. Figure 1. Is a PRISMA flowchart that shows the flow of the study identification and selection process that is included in the more in-depth analysis process.

### Study Characteristics

Based on the results of the analysis, 15 studies were obtained

from 8 countries (Saudi Arabia, Portugal, Malaysia, Iran, Ethiopia, Indonesia, Jordan and Slovenia). All studies that passed the selection process had a cross-sectional design. Based on the results, the majority of studies report that the QWL level in nurses is in the low to moderate range (Table 1). All samples analyzed were hospital nurse clinicians in both teaching and non-teaching hospitals and worked in various units/departments such as medical wards, surgical wards, critical units, psychiatry units, pediatric and obstetric units, emergency wards, hemodialysis wards, the outpatient departments. The number of samples from the studies obtained varied quite widely from a minimum of 40 respondents to a maximum of 2391 respondents. The results of the study quality analysis using JBI showed that all studies analyzed using the cross-sectional method had good quality (>70%).

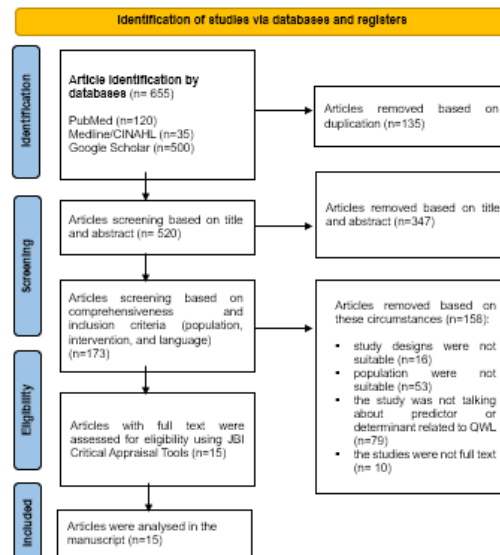


Figure 1. Prisma ScR Flowchart

Table 1. Data Extraction from the Study

| Author & Year          | Design          | Country      | Setting                                | Instrument | Sample |  | Results   |   |
|------------------------|-----------------|--------------|--|------------|--------|--|---|---|
|                        |                 |              |  |            | Size   | Age (Means $\pm$ SD)   | Level of QWL  | Predictors of QWL   |
| (Alharbi et al., 2019) | Cross-sectional | Saudi Arabia | National Hospital                      | QNWL       | 400    | 25-55 years (5.50%),<br>36-46 years (70.8%),<br>$\geq$ 47-57 years (23.8%) | Moderate (QNWL=165)<br>(SD = 26.8,<br>range = 44-232) | Non-Saudi nationals (p= .004)<br>Marital status (p= <0.05)<br>Age (>47-57) (p= 0.023)<br>Clinical experience (>10 years) (p= <0.014)<br>Worked full-time (p= <0.045)<br>Shift rotation (p= <0.020)<br>Worked in specialty units (p= <0.027) |
| (Alzoubi et al., 2024) | Cross-sectional | Jordania     | Critical Care Unit in Private Hospital | QNWL       | 250    | 33.1 (4.61)  | 31,2% reported fair QNWL                              | Marital status (Single, p= 0.030),<br>smoking status (smoking p= 0.048),<br>shift able to work (p= 0.401),<br>workplace noise   |

| Auth<br>or &<br>Year                  | Desi<br>gn                  | Coun<br>try         | Setting                                     | Instru<br>ment | Sample   |                        | Results                                     |   |
|---------------------------------------|-----------------------------|---------------------|---|----------------|----------|------------------------|---|---|
|                                       |                             |                     |   |                | Si<br>ze | Age<br>(Means<br>± SD) | Level<br>of QWL                             | Predicto<br>rs of<br>QWL  |
|                                       |                             |                     |   |                |          |                        |   | (p<br><0.001),<br>good<br>sleep<br>quality<br>(p<br><0.001)   |
|                                       |                             |                     |   |                |          |                        |   | Gender<br>(p=<br>0.522),<br>Nationali<br>ty (p=<br>0.001),<br>accompa<br>ny from<br>family<br>(p=<br>0.001),<br>marital<br>status<br>(p=<br>0.432),<br>educatio<br>n (p=<br>0.240),<br>years of<br>experien<br>ces (p=<br>0.572),<br>salary in<br>SAR (p=<br>0.001),<br>type of<br>health<br>care<br>facility<br>(p=<br>0.376),<br>hours per<br>shift<br>(0.001),<br>responsi<br>ble for<br>the care<br>of<br>special<br>needs<br>(child, |
| (Al<br>Mutai<br>r et<br>al.,<br>2022) | Cross<br>-<br>secti<br>onal | Saudi<br>Arabi<br>a | Govern<br>ment<br>and<br>Privat<br>Hospital | QNWL           | 86<br>0  | 33.2±6.<br>1.          | 174.5±3<br>0.3<br>(Moder<br>ate to<br>High) |   |

| Auth<br>or &<br>Year                 | Desi<br>gn                  | Coun<br>try  | Setting   | Instru<br>ment | Sample   |  | Results  |   |
|--------------------------------------|-----------------------------|--------------|---|----------------|----------|--|--|---|
|                                      |                             |              |   |                | Si<br>ze | Age<br>(Means<br>± SD)                                 | Level<br>of QWL                                | Predicto<br>rs of<br>QWL  |
| (Al<br>Zame<br>l et<br>al.,<br>2021) | Cross<br>-<br>secti<br>onal | Malay<br>sia | Medical<br>wards,<br>surgical<br>wards,<br>and<br>critical<br>units | QNW<br>L       | 43<br>0  | 21-51<br>(averag<br>e 31)                              | Moder<br>ate<br>(75%)<br>and<br>Low<br>(20.2%) | elder<br>parents,<br>or<br>spouse)<br>(p=<br>0.017)<br>Gender<br>(p =<br><0.05),<br>number<br>of<br>children<br>(p =<br><0.05),<br>wards/u<br>nits (p=<br><0.05)  |
| (Borh<br>ani et<br>al.,<br>2016)     | Cross<br>-<br>secti<br>onal | Iran         | General<br>ward,<br>intensiv<br>e units,<br>psychiat<br>ry units    | QNW<br>L       | 26<br>6  | >40<br>(19.2%),<br>30-40<br>(49.2%),<br><30<br>(31.6%) | Low<br>(146.97<br>, SD<br>45.14)               | Personal<br>life<br>dimensio<br>ns (lack<br>of<br>sufficien<br>t<br>vacation<br>time<br>(83.5%)),<br>work<br>framewo<br>rk (lack<br>of work<br>force in<br>working<br>environm<br>ents<br>(85.3%)),<br>work<br>field<br>(non-<br>respectf<br>ul<br>behaviou<br>rs of the<br>doctors<br>towards<br>nurses<br>(78.2%)),<br>global |

| Auth<br>or &<br>Year            | Desi<br>gn                  | Coun<br>try | Setting  | Instru<br>ment | Sample   |   | Results  |   |
|---------------------------------|-----------------------------|-------------|--|----------------|----------|---|--|---|
|                                 |                             |             |  |                | Si<br>ze | Age<br>(Means<br>± SD)  | Level<br>of QWL  | Predicto<br>rs of<br>QWL  |
| (Mora<br>di et<br>al.,<br>2014) | Cross<br>-<br>secti<br>onal | Iran        | General<br>hospital<br>, ear<br>nose<br>and<br>throat<br>hospital<br>,<br>psychiat<br>ric care<br>hospital | QNWL           | 20<br>0  | 20-30<br>(81.19±<br>23.47),<br>30-40<br>(85.55±<br>20.21),<br>40-50<br>(91.75±<br>19.53),<br>>50<br>(103±0) | Low<br>(84.36±<br>21.64)   | work<br>(inadequ<br>ate<br>salary<br>and<br>benefits<br>(86.8%))<br><br>Marital<br>status<br>(p=<br>0.13),<br>educatio<br>n (p=<br>0.04),<br>work<br>experien<br>ce (p=<br>0.01),<br>type of<br>hospital<br>(p=<br>0.003),<br>employ<br>ment<br>status<br>(p=<br>0.061),<br>monthly<br>salary<br>(p=<br>0.052),<br>age (p=<br>0.29) |
| (Lebn<br>i et<br>al.,<br>2021)  | Cross<br>-<br>secti<br>onal | Iran        | Internal<br>,<br>surgery,<br>pediatri<br>c,<br>emerge<br>ncy,<br>ICU,<br>obstetri<br>cs                    | WRQo<br>L      | 27<br>1  | 32±8.3  | High<br>QWL<br>(57.5%)<br>,<br>average<br>QWL<br>(36.5%)<br>, low<br>QWL<br>(5.2%) | Age,<br>marital<br>status,<br>educatio<br>n, work<br>experien<br>ces,<br>positio<br>n, depart<br>ment,<br>shift,<br>employ<br>ment<br>status  |



| Auth<br>or &<br>Year             | Desi<br>gn                  | Coun<br>try | Setting   | Instru<br>ment | Sample   |  | Results   |   |
|----------------------------------|-----------------------------|-------------|---|----------------|----------|--|---|---|
|                                  |                             |             |   |                | Si<br>ze | Age<br>(Means<br>± SD)   | Level<br>of QWL   | Predicto<br>rs of<br>QWL  |
| (Raei<br>ssi et<br>al.,<br>2019) | Cross<br>-<br>secti<br>onal | Iran        | Emerge<br>ncy<br>wards,<br>critical<br>units,<br>general<br>wards,<br>other | QWL            | 23<br>91 | 21-29<br>(42.9%)<br>30-39<br>(40.0%)<br>≥ 40<br>(17.1%)<br><br>Mean<br>age<br>31.26<br>(SD= 7) | Low<br>(mean<br>score<br>was<br>2.58 on<br>a scale<br>of 5) | (p=<br><0.05)<br><br>Age<br>(older<br>nurses<br>had<br>higher<br>QWL<br>than<br>younger,<br>p=<br>0.0038)<br>Gender<br>(male<br>had<br>higher<br>QWL<br>than<br>female,<br>p= 0.014)<br>Marital<br>status<br>(married<br>nurses<br>had<br>higher<br>QWL<br>than<br>single<br>nurses,<br>p= 0.008)<br>Educatio<br>nal<br>(master'<br>s and PhD<br>degree<br>nurses<br>had<br>higher<br>QWL<br>than<br>bachelor<br>degree<br>nurses,<br>p= 0.001)<br>Nurses<br>working<br>in non- |

| Auth<br>or &<br>Year                 | Desi<br>gn                  | Coun<br>try   | Setting  | Instru<br>ment | Sample   |  | Results                           |  |
|--------------------------------------|-----------------------------|---------------|--|----------------|----------|--|-----------------------------------|--|
|                                      |                             |               |  |                | Si<br>ze | Age<br>(Means<br>± SD)   | Level<br>of QWL                   | Predicto<br>rs of<br>QWL   |
|                                      |                             |               |  |                |          |  |                                   | teaching hospitals had higher QWL than in teaching hospitals (p= <0.001)   |
| (Mosi<br>sa et<br>al.,<br>2022)      | Cross<br>-<br>secti<br>onal | Ethio<br>pia  | OPD,<br>inpatien<br>ts,<br>emergen<br>cy,<br>delivery  | QNWL           | 21<br>2  | 28.36<br>(SD =<br>4.1)   | Moderate<br>(154.5<br>±<br>28.19) | Marital status, work experiences, income, dependent family (p= 0.25)   |
| (Nurs<br>alam<br>et<br>al.,<br>2020) | Cross<br>-<br>secti<br>onal | Indon<br>esia | Inpatien<br>t care,<br>intensive<br>care,<br>surgical<br>installat<br>ions,<br>neonate<br>s,<br>hemodia<br>lysis | QNWL           | 43<br>0  | 17-25<br>(35.3%),<br>26-35<br>(36.5%),<br>36-45<br>(23.7%),<br>46-55<br>(4.4%) | Good<br>(50.93%)                  | Individual factor (marital status, age, gender, clinical level of work, and income) p= 0.042 Social and environmental factors (leadership, communication, relationship between nurses, departments, environment, and |

| Auth<br>or &<br>Year                  | Desi<br>gn                  | Coun<br>try  | Setting               | Instru<br>ment | Sample   |                        | Results  |  |
|---------------------------------------|-----------------------------|--------------|-----------------------|----------------|----------|------------------------|--|--|
|                                       |                             |              |                       |                | Si<br>ze | Age<br>(Means<br>± SD) | Level<br>of QWL  | Predicto<br>rs of<br>QWL   |
|                                       |                             |              |                       |                |          |                        |  | profession<br>ns) p=<br>0.025<br>Administ<br>rative<br>factors<br>(occupati<br>onal<br>health,<br>organizat<br>ional<br>policies,<br>safety,<br>and<br>salary)<br>p= 0.001<br>Performa<br>nce<br>(work<br>quality<br>and<br>quantity)<br>p=0.000 |
| (Sulei<br>man<br>et<br>al.,<br>2019)  | Cross<br>-<br>secti<br>onal | Jord<br>an   | Emerge<br>ncy<br>ward | BQNW<br>LS     | 18<br>6  | 30.53±6<br>.46         | Moderate (M =<br>140.15,<br>SD =<br>28.34)   | Gender<br>(p=<br>0.512)<br>depende<br>nt<br>children<br>(p=<br>0.478),<br>educatio<br>n level<br>(p=<br>0.546)   |
| (Lorb<br>er &<br>Dobni<br>k,<br>2023) | Cross<br>-<br>secti<br>onal | Slove<br>nia | Hospital              | QWL            | 48<br>6  | 39.5±10<br>.6          | Tertiary<br>hospital<br>(77.2±9<br>.75)<br>Second<br>ary<br>hospital<br>(71.76±<br>9.19) | Level of<br>educatio<br>n (p=<br>0.045),<br>working<br>position<br>(p=<br>0.036),<br>safe<br>work<br>equipme<br>nt (p<br><0.0001)  |

| Auth<br>or &<br>Year                | Desi<br>gn                  | Coun<br>try   | Setting  | Instru<br>ment | Sample   |   | Results                        |  |
|-------------------------------------|-----------------------------|---------------|--|----------------|----------|---|--------------------------------|--|
|                                     |                             |               |  |                | Si<br>ze | Age<br>(Means<br>± SD)  | Level<br>of QWL                | Predicto<br>rs of<br>QWL   |
|                                     |                             |               |  |                |          |   |                                | ,<br>obtained<br>all<br>informati<br>on for<br>work or<br>not (p=<br>0.106)  |
| (Owei<br>dat<br>et<br>al.,<br>2024) | Cross<br>-<br>secti<br>onal | Jord<br>an    | Hospital   | BQNW<br>LS     | 16<br>6  | 21-30<br>(21%),<br>31-40<br>(58.6%),<br>41-50<br>(18.8%),<br>51-55<br>(1.60%) | Moderate<br>(152.85<br>±27.52) | Insuranc<br>e type<br>(p=<br>0.41),<br>marital<br>status<br>(p=<br>0.21),<br>educatio<br>nal level<br>(p= 0.46)<br>There<br>were no<br>significa<br>nt<br>factors<br>that<br>impact<br>on QWL<br>scores. |
| (Hida<br>yah &<br>Putri,<br>2020)   | Cross<br>-<br>secti<br>onal | Indon<br>esia | Hospital   | QNWL           | 40       | <25<br>(40%),<br>25-30<br>(55%),<br>>30 (5%)                                  | N/I                            | Knowled<br>ge of<br>nurse (p=<br>0.006),<br>the<br>attitude<br>of a<br>nurse (p=<br>0.000)   |
| (Bires<br>aw et<br>al.,<br>2020)    | Cross<br>-<br>secti<br>onal | Ethio<br>pia  | ICU,<br>emerge<br>ncy,<br>surgical,<br>pediatri<br>cs,<br>general<br>ward,<br>medical<br>, OPD,<br>OR, | QNWL           | 94<br>3  | 30.9 ±<br>4.02  | 3.22 ±<br>0.53                 | Educatio<br>nal level,<br>position,<br>working<br>departm<br>ent (AOR<br>= 4.13,<br>95% CI:<br>1.06-<br>16.1),<br>availabili   |

| Auth<br>or &<br>Year | Desi<br>gn | Coun<br>try | Setting  | Instru<br>ment | Sample   |                        | Results   |                          |
|----------------------|------------|-------------|--|----------------|----------|------------------------|---|--------------------------|
|                      |            |             |  |                | Si<br>ze | Age<br>(Means<br>± SD) | Level<br>of QWL   | Predicto<br>rs of<br>QWL |
|                      |            |             | recover<br>y,<br>fistula,<br>ophthal<br>mology |                |          |                        | ty of safe<br>place to<br>rest (AOR<br>= 2.01,<br>95%CI:<br>1.07-<br>3.75),<br>availabili<br>ty of safe<br>drinking<br>water<br>(AOR =<br>2.33,<br>95%CI:<br>1.24-<br>4.37) |                          |

BQNWLS, Brook's quality of nursing work life survey; C-WNQL, Chinese version of the Quality of Nursing Work Life Scale; IQN-WE, The Indicators of Quality Nursing

Work Environment scale; N/I, not information; QNWL, Quality of Nursing Work Life; OPD, Out-patient department: WRQoL, Work-related quality of life.

**Tabel 2. Category of Predictors based on QWL Dimensions**

| Domains    | Sub-Domains       | References  |
|------------|-------------------|---|
| Demography | Age               | (Al Mutair et al., 2022; Alharbi et al., 2019; Lebni et al., 2021; Moradi et al., 2014; Nursalam et al., 2020; Oweidat et al., 2024; Raeissi et al., 2019; Suleiman et al., 2019) |
|            | Gender            | (Al Zamel et al., 2021; Moradi et al., 2014; Nursalam et al., 2020; Raeissi et al., 2019; Suleiman et al., 2019)  |
|            | Educational level | (Al Mutair et al., 2022; Biresaw et al., 2020; Hidayah & Putri, 2020; Lebni et al., 2021; Lorber & Dobnik,  |

|                     |   |  |
|---------------------|---|--|
|                     |   | 2023; Moradi et al., 2014; Oweidat et al., 2024; Raeissi et al., 2019; Suleiman et al., 2019)  |
|                     | Years of experiences in nursing             | (Al Mutair et al., 2022; Alharbi et al., 2019; Lebni et al., 2021; Moradi et al., 2014; Mosisa et al., 2022; Nursalam et al., 2020; Oweidat et al., 2024)                        |
|                     | Unit/department                             | (Al Zamel et al., 2021; Alharbi et al., 2019; Biresaw et al., 2020; Lebni et al., 2021; Nursalam et al., 2020)   |
|                     |   | (Al Zamel et al., 2021; Alharbi et al., 2019; Biresaw et al., 2020; Lebni et al., 2021; Nursalam et al., 2020)   |
|                     | Marital status                              | (Al Mutair et al., 2022; Alharbi et al., 2019; Lebni et al., 2021; Moradi et al., 2014; Mosisa et al., 2022; Nursalam et al., 2020; Oweidat et al., 2024; Suleiman et al., 2019) |
|                     | Number of children                          | (Al Zamel et al., 2021)  |
|                     | Nationality                                 | (Al Mutair et al., 2022; Alharbi et al., 2019)   |
|                     | Smoking behaviour                           | (Alzoubi et al., 2024)   |
|                     | Sleep Quality                               | (Alzoubi et al., 2024)   |
| Work Life-Home Life | Balance of work and family needs            | (Al Mutair et al., 2022)   |
|                     | Fulfilment of children's and family's needs | (Al Mutair et al., 2022)   |

|              |  |   |
|--------------|--|---|
|              | Nurse's ability in caring their parents  | (Al Mutair et al., 2022; Mosisa et al., 2022; Suleiman et al., 2019)  |
|              | Regulating the program of care from the children during their disease                | (Al Mutair et al., 2022; Mosisa et al., 2022; Suleiman et al., 2019)  |
| Work World   | Balance between income and inflation rate in the market                              | (Al Mutair et al., 2022; Borhani et al., 2016; Moradi et al., 2014; Mosisa et al., 2022; Nursalam et al., 2020; Sousa et al., 2022) |
|              | Satisfaction with professional condition and self-concept from their social position | (Biresaw et al., 2020; Lorber & Dobnik, 2023; Nursalam et al., 2020)  |
|              | Designing secure and healthy workplace   | (Biresaw et al., 2020; Lorber & Dobnik, 2023)   |
|              | Positive effect of nursing on patients' and their families' life                     | (Biresaw et al., 2020; Lorber & Dobnik, 2023)   |
| Work Design  | Type of health care  | (Al Mutair et al., 2022; Moradi et al., 2014; Raeissi et al., 2019)   |
|              | Adequate nursing force in workplace  | (Borhani et al., 2016; Nursalam et al., 2020)   |
|              | Giving time to vacation  | (Borhani et al., 2016)  |
| Work Context | Workplace situation  | (Alzoubi et al., 2024)  |
|              | Communication with treatment team and other health providers                         | (Nursalam et al., 2020)   |
|              | Nurses' proper communication with physicians at work                                 | (Borhani et al., 2016)  |
|              | Work time  | (Alharbi et al., 2019)  |
|              | Shift-rotation   | (Alharbi et al., 2019; Alzoubi et al., 2024; Lebni et al., 2021)  |

### Levels and Categories of Nursing Quality of Work-Life

The results of the analysis show that the QWL level of nurses working in hospitals is quite varied with the majority being in the low to moderate category (low score, 42-112 and moderate score, 113-182), (Al Zamel et al., 2021; Alharbi et al., 2019; Biresaw et al., 2020; Borhani et al., 2016; Lorber & Dobnik, 2023; Moradi et al., 2014; Mosisa et al., 2022; Oweidat et al., 2024; Raeissi et al., 2019; Suleiman et al., 2019) three studies that obtained nurses' QWL results in the good range (high score, 183-252), (Al Mutair et al., 2022; Lebni et al., 2021; Maf'ula et al., 2020) and there are two studies that there is no information regarding the QWL category (Alzoubi et al., 2024; Hidayah & Putri, 2020).

### Factor Associated with Nursing Quality of Work Life

This review identified factors that were significantly ( $p \leq 0.05$  or  $p \leq 0.001$ ) associated with the QWL level of nurses working in hospitals. Based on the analysis of very varied studies, the author grouped these factors into 5 domains, namely sociodemography, work life-home life, work world, work design, and work context (Table 2).

Work-life/home life is defined as the relationship between nursing experiences at work and home. The work world is defined as the composition of nurses' work and is described as what nurses do. World

context is defined as the nurse's workplace setting and examines the impact of the workplace environment on nurses and patients. The work world is defined as the influence of social support and changes in the nursing practice system (B. Brooks & Anderson, 2004).

The majority of predictor factors that have been analyzed in the studies included in this review are sociodemographic domains such as age, gender, education level, marital status, unit/department where you work, and length of time working as a nurse. The next domain is the work world, with the most researched subdomains being salary, the level of satisfaction of nurses with their current role, and a safe and comfortable workplace. The subdomains most frequently analyzed in the work context domain include supervision, teamwork, communication between nurses and other health workers, working time, and shift rotation. Then, the work-life-home life domain discusses a lot about the balance between work and family, and the role of nurses in caring for dependent members such as children and parents. Meanwhile, in the work design domain, the aspects discussed are only regarding the type of health service at work, support from the team, and whether or not there is time to be used for vacation.

## DISCUSSION

Routine assessments of QWL (Quality work of life) can potentially provide information for organizations or agencies regarding the welfare of their workers, such as levels of job satisfaction, stress due to work, general well-being, and how to deal with housework (Essa et

al., 2021). Efforts that focus on improving QWL can increase worker happiness and satisfaction, which has an impact not only on the workers themselves but also on the organization and patients, of course. Good quality of nursing work life can improve the quality of care, increase



organizational commitment, and of course, increase the productivity of nurses and hospitals (Liu et al., 2018).

Based on the results of data analysis, the QWL (Quality of work life) level of nurses working in hospitals is in the low to moderate category, which means that there are still many nurses who feel dissatisfied with their work (Al Zamel et al., 2021; Alharbi et al., 2019; Biresaw et al., 2020; Borhani et al., 2016; Lorber & Dobnik, 2023; Moradi et al., 2014; Mosisa et al., 2022; Oweidat et al., 2024; Raeissi et al., 2019; Suleiman et al., 2019). This results were in contrast to research involving 193 nurses at Chest Disease Hospital, where the majority (57%) had QWL levels in the moderate and high categories (43%) (Essa et al., 2021).

The results are still in the low to moderate range, then shows that the sample studied did not have an adaptive response in balancing work with family needs. This can be based on the possibility that nurses did not feel comfortable with the work environment, did not have good relationships at work, did not receive sufficient assistance from supporting personnel, did not have autonomy in making care decisions, and can be caused by limited time to complete his job (Essa et al., 2021).

The sociodemographic factor that most influences the level of QWL in nurse clinicians in this scoping review is the level of education (Al Mutair et al., 2022; Biresaw et al., 2020; Hidayah & Putri, 2020; Lebni et al., 2021; Lorber & Dobnik, 2023; Moradi et al., 2014; Oweidat et al., 2024; Raeissi et al., 2019; Suleiman et al., 2019) and age (Al Mutair et al., 2022; Alharbi et al., 2019; Lebni et al., 2021; Moradi et al., 2014; Nursalam et al., 2020; Oweidat et al., 2024; Raeissi et al., 2019; Suleiman et al.,

2019). Other sociodemographic factors are marital status, (Al Mutair et al., 2022; Alharbi et al., 2019; Lebni et al., 2021; Moradi et al., 2014; Mosisa et al., 2022; Nursalam et al., 2020; Oweidat et al., 2024; Suleiman et al., 2019) gender, (Al Zamel et al., 2021; Moradi et al., 2014; Nursalam et al., 2020; Raeissi et al., 2019; Suleiman et al., 2019) and work experiences (Al Mutair et al., 2022; Alharbi et al., 2019; Lebni et al., 2021; Moradi et al., 2014; Mosisa et al., 2022; Nursalam et al., 2020; Oweidat et al., 2024). Education level is related to QWL because it influences salary (Kelbiso et al., 2017), workload (Kelbiso et al., 2017), work position, and promotion opportunities (Wang et al., 2020). Based on studies, nurses with a low level of education have a better QWL level than nurses with a higher level of education. This is because nurses with advanced education have higher expectations for their work, and this has an impact on the emergence of psychological fatigue when their expectations do not come true (Moradi et al., 2014).

Nurses who can balance working in the hospital with doing housework, including caring for dependent family members such as parents and children when sick tend to have a high QWL (Al Mutair et al., 2022; Mosisa et al., 2022; Suleiman et al., 2019). The imbalance work can be caused by the high workload that nurses have to bear (Alharbi et al., 2019). This is also related to gender factors, where female nurses tend to have a lower QWL than men, especially when they are married and have dependent family members because they have to care for those family members.

In the work world domain, income is one of the factors that is closely related to QWL (Al Mutair et al., 2022; Alharbi et al., 2019; Lebni

et al., 2021; Moradi et al., 2014; Mosisa et al., 2022; Nursalam et al., 2020; Oweidat et al., 2024). Income that is appropriate or can be higher will make individuals feel satisfied with fulfilling life's needs for themselves and their families (Akter et al., 2018). Compensation that is not appropriate can cause dissatisfaction and lead to psychological stress that influences QWL in nurses (Mosadeghrad, 2013). Salary factors, involvement in clinical decision-making, and job stress greatly influence nurses' QWL. (Oweidat et al., 2024) Working in a safe and comfortable place is also one of the factors that affect the QWL level of nurses (Alzoubi et al., 2024; Biresaw et al., 2020; Lorber & Dobnik, 2023). Nurses who work in safe and comfortable places, especially workplaces that are facilitated with places to rest safely are proven to have twice the QWL higher than nurses who do not (Oweidat et al., 2024).

Apart from the factors mentioned previously, the type of hospital also has a big influence on the QWL level of nurses because in the hospital there will be a managerial system that affects the welfare of the workers. The results of several studies state that nurses who work in general, tertiary and teaching hospitals tend to have lower QWL (Moradi et al., 2014). Another study also states that nurses who work in small hospitals have greater satisfaction towards their QWL (Dargahi et al., 2012). This condition is influenced by the patient's demographic characteristics, hospital size, hospital regulations, nurse compensation, and the physical environment, each of which can influence the work well-being of nurses (Moradi et al., 2014).

## CONCLUSION

In conclusion, nursing quality of work life is influenced by many factors. Hospital management must routinely carry out QWL assessments and be aware of the problems and obstacles experienced by nurses. Attention to nurses' QWL levels can help in creating a more supportive work atmosphere. An assessment of predictor factors such as sociodemographics and QWL dimensions (work life, work design, work world, and work context) can help to make improvements to each factor in order to improve the nursing care services provided, and of course reduce the nurse turnover rate. In this scoping review, the factors that have the greatest impact on nurses' QWL are sociodemographic factors such as age, education level, work experience, and marital status. Meanwhile, the factors for each dimension are quite general, such as the presence or absence of a dependent family, a comfortable work environment, a supportive team, and a manager who provides work encouragement.

Currently, research regarding the level of quality of nursing work life has made quite a lot of progress, including research regarding the predictor factors of QWL itself. However, research on each of the factors discussed in detail is still limited. Then, research regarding each intervention that must be carried out to overcome low QWL in nurses is also still very limited. Therefore, the author recommends that the data obtained in this study can be used to plan alternative solutions to problems regarding factors that reduce QWL by policy makers such as hospital managerial teams.

### Limitations

The results obtained in this scoping review cannot be used to generalize QWL levels for all nurses because the population included in the inclusion criteria is hospital nurse clinicians, which means it does not include nurses who work in the community, home-care nurses, research nurses, or nurses. Educators.

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