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Determinants of Quality of Nursing Work Life among Staff Nurses at a Public Hospital in Indonesia: A Cross-Sectional Study

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Abstract

Background: The quality of nurses' work life has received increasing attention because it is associated with workforce sustainability, nurse well-being, and healthcare outcomes. In Indonesian public hospitals, nurses may face resource constraints, high service demands, and organizational pressures that can affect their work experiences. Evidence on the simultaneous contribution of individual, organizational, and psychological factors to Quality of Nursing Work Life (QNWL) in public-hospital nurses remains limited.

Objective: This study aimed to identify factors associated with Quality of Nursing Work Life among staff nurses at Karawang General Hospital, Indonesia.

Methods: An analytical cross-sectional study was conducted from November 2025 to April 2026 among 100 staff nurses working in inpatient wards, intensive care units, emergency departments, and outpatient services. Participants were selected using proportional stratified random sampling across service units. Data were collected using self-administered questionnaires, including the Brooks Quality of Nursing Work Life Survey and adapted instruments assessing workload, managerial support, reward system, work environment, job satisfaction, and organizational commitment. Data were analyzed using descriptive statistics, bivariate tests appropriate to variable type, and multiple linear regression with SPSS version 25.

Results: More than half of the participants reported moderate QNWL (57%), followed by high QNWL (28%) and low QNWL (15%). QNWL was significantly associated with age ($p = 0.041$), educational attainment ($p = 0.032$), and length of employment ($p = 0.018$). Organizational factors were also significantly associated with QNWL, including workload ($p = 0.001$), managerial support ($p < 0.001$), reward system ($p = 0.005$), and work environment ($p = 0.003$). Psychological factors, namely job satisfaction ($p < 0.001$) and organizational commitment ($p = 0.001$), were significantly associated with QNWL. In the adjusted regression model, managerial support had the largest standardized coefficient ($\beta = 0.524$, $p < 0.001$), followed by job satisfaction ($\beta = 0.411$, $p = 0.001$), workload ($\beta = -0.321$, $p = 0.002$), and work environment ($\beta = 0.298$, $p = 0.004$).

Conclusion: Organizational and psychological factors were important correlates of QNWL among staff nurses. Managerial support showed the strongest association in the adjusted model, suggesting that leadership development, structured feedback, workload review, and supportive work-environment initiatives may help create conditions for improved nurses' work life. Because of the cross-sectional design, the findings should be interpreted as associations and not as causal effects.

Keywords: Quality of nursing work life; nurses; managerial support; job satisfaction; work environment; cross-sectional study

INTRODUCTION

Nurses constitute the largest professional group within healthcare systems and are essential in delivering safe, effective, and patient-centered care. As frontline healthcare providers, nurses maintain continuous interactions with patients and families; therefore, their work experiences are closely linked to the quality and continuity of healthcare services. The ability of nurses to provide optimal care is influenced not only by clinical competence but also by the quality of the working environment and overall well-being (1,2)

Quality of Nursing Work Life (QNWL) is a central concept in nursing management. QNWL refers to nurses' perceptions of their work life and includes the interaction between personal needs, organizational expectations, work design, and broader social conditions surrounding nursing work. The Brooks QNWL framework includes four dimensions: work life/home life, work design, work context, and work world (2). A favorable QNWL has been associated with job satisfaction, productivity, organizational commitment, and retention, whereas poor QNWL may be associated with emotional exhaustion, absenteeism, decreased motivation, and intention to leave (3).

Global nursing workforce challenges, including increasing healthcare demand, staffing shortages, and changing disease patterns, have strengthened the need to protect nurses' work life and well-being. The COVID-19 pandemic also highlighted nurses' vulnerability to excessive workload, psychological distress, and burnout, making supportive work environments and resilient health systems important priorities (4).

In public hospitals, nurses may encounter complex workplace challenges such as high patient-to-nurse ratios, insufficient staffing, rotating shifts, administrative burden, and limited institutional resources. Evidence from hospital-based nursing studies indicates that unfavorable work conditions are associated with burnout, reduced job satisfaction, and turnover intention (5). These issues are particularly relevant to public healthcare institutions, where service demand and resource constraints may differ from private or specialized hospital settings.

Previous studies have demonstrated that QNWL is associated with multiple interrelated factors. Individual characteristics such as age,

educational attainment, and years of work experience may shape nurses' perceptions of their work life. Organizational factors, including managerial support, workload, reward systems, and workplace environment, have consistently been reported as important correlates of QNWL (6). Psychological factors such as job satisfaction and organizational commitment may also relate to engagement, retention, and professional performance.

Among these determinants, managerial support is especially important in nursing practice. Supportive leadership may include effective communication, constructive feedback, fair supervision, recognition, and emotional support. These practices can strengthen nurses' professional motivation and perceived organizational support. Conversely, inadequate managerial support may be associated with work-related stress, dissatisfaction, and weaker organizational commitment (7).

Although evidence regarding QNWL has grown internationally, studies that simultaneously examine individual, organizational, and psychological factors in Indonesian public-hospital nurses remain limited. Public hospitals may operate under distinct organizational structures, staffing models, and service demands, so findings from other settings may not fully apply. This study therefore focused on staff nurses at Karawang General Hospital, a public healthcare institution in West Java, Indonesia, to provide context-specific evidence for nursing management.

Guided by a multifactorial perspective, this study grouped potential correlates of QNWL into individual, organizational, and psychological domains. The study aimed to: (1) describe the level of QNWL among staff nurses; (2) examine associations between individual characteristics and QNWL; (3) assess associations between organizational factors and QNWL; (4) examine psychological factors associated with QNWL; and (5) identify the strongest statistical correlate of QNWL in the regression model. Because the study used a cross-sectional design, the analysis was intended to identify associations rather than causal effects.

METHODS

Study Design

This study employed a quantitative analytical approach using a cross-sectional design to

examine factors associated with Quality of Nursing Work Life among staff nurses at Karawang General Hospital, West Java, Indonesia. Exposure variables and QNWL were measured at the same time; therefore, temporal sequence and causality cannot be established. The reporting of this observational study was aligned with the Strengthening the Reporting of Observational Studies in Epidemiology (STROBE) recommendations (8).

Study Setting and Participants

The research was conducted at Karawang General Hospital, a public healthcare institution in West Java, Indonesia. Data collection was carried out between November 2025 and April 2026. The study population comprised registered staff nurses working in inpatient wards, intensive care units, emergency departments, and outpatient clinics.

Inclusion criteria were registered nurses who were actively involved in direct patient care and willing to participate. Nurses occupying managerial positions and nurses on leave during data collection were excluded from the sampling frame. Only complete questionnaires were analyzed, resulting in a final sample of 100 staff nurses.

Sample Size and Sampling Technique

The target sample was estimated using Slovin's formula with a 95% confidence level and a 5% margin of error. A total of 100 staff nurses were included in the final analysis. Because Slovin's formula estimates a sample for a finite population and does not replace an analytical power calculation for regression, the inferential findings should be interpreted with caution and considered exploratory.

Participants were selected using proportional stratified random sampling with four service-unit strata: inpatient wards, intensive care units, emergency departments, and outpatient clinics. Eligible nurses within each unit were selected randomly in proportion to the planned sample contribution of each unit until the target sample of 100 nurses was reached.

Proportional allocation was applied across inpatient wards, intensive care units, emergency departments, and outpatient clinics. Within each stratum, eligible nurses were randomly selected from the unit sampling list until the final sample of 100 participants was reached.

Variables and Instruments

The dependent variable was Quality of Nursing Work Life. QNWL was measured using the Brooks Quality of Nursing Work Life Survey, a 42-item instrument covering four dimensions:

- Work life/home life: the balance between work responsibilities and personal or family life.
- Work design: job content, workload, staffing, and the organization of nursing tasks.
- Work context: the practice environment, communication, supervision, teamwork, and organizational support.
- Work world: the broader social, policy, and professional context of nursing work.

Responses were rated on a five-point Likert scale from 1 (strongly disagree) to 5 (strongly agree), with higher scores indicating better perceived QNWL. The total possible score ranges from 42 to 210. For descriptive interpretation, the possible total score was divided into three equal intervals: low QNWL (42–98), moderate QNWL (99–154), and high QNWL (155–210). The continuous QNWL score was used for multiple linear regression.

Independent variables were categorized into three groups: individual factors (age, sex, educational level, years of work experience, and marital status), organizational factors (workload, managerial support, reward system, and work environment), and psychological factors (job satisfaction and organizational commitment). Additional questionnaires were adapted from established nursing and organizational research instruments, including the Work Environment Scale and the Organizational Commitment Questionnaire. All additional scales were interpreted so that higher scores represented stronger endorsement of the measured construct.

Workload, managerial support, reward system, work environment, job satisfaction, and organizational commitment were measured using adapted structured questionnaires from nursing-management and organizational-behavior literature. Items were scored using Likert-type responses, with higher scores indicating stronger endorsement of each construct. The instruments were reviewed for clarity, relevance, and contextual appropriateness before data collection.

Validity and Reliability

The instruments were adapted from previously validated questionnaires used in nursing and organizational research. Before data collection, the questionnaires were reviewed for clarity, relevance, and contextual suitability. These procedures supported face and content suitability for the study context, and scale-based findings were interpreted cautiously in light of the self-reported measurement approach.

Reliability was evaluated for each multi-item scale using Cronbach's alpha before inferential analysis. The instrument review and reliability assessment supported the internal consistency and contextual suitability of the self-reported measurements.

Data Collection Procedure

Data were collected using self-administered questionnaires distributed directly to eligible participants. Before questionnaire completion, respondents received an explanation of the study objectives, procedures, voluntary nature of participation, and confidentiality safeguards. Completed questionnaires were checked for completeness before data entry; only complete questionnaires were included in the final dataset ($n = 100$). No personal identifiers were recorded on the questionnaires, and consent forms were stored separately from questionnaire data to maintain anonymity.

Questionnaires were distributed and collected in a manner intended to protect privacy and reduce response pressure. Respondents were informed that participation was voluntary and that their decision to participate or withdraw would not affect their employment status.

Data Analysis

Data analysis was performed using SPSS version 25. Descriptive statistics were used to summarize respondent characteristics, organizational and psychological variables, and QNWL categories. Bivariate analyses were conducted according to variable type, including chi-square tests for categorical associations and correlation or mean-comparison tests for scale-based variables, as appropriate. Statistical significance was determined at $p < 0.05$.

Variables with statistical significance in bivariate analysis and variables considered theoretically relevant were evaluated for inclusion in multiple linear regression. Regression interpretation

focused on standardized coefficients, direction of association, and p-values as reported in the available analysis table. The final reported model included workload, managerial support, work environment, and job satisfaction.

Before multiple linear regression interpretation, the direction and magnitude of standardized coefficients were reviewed. The final model was interpreted using standardized β coefficients and p-values, with attention to the cross-sectional nature of the data and possible multicollinearity among conceptually related predictors.

Ethical Considerations

This study was conducted in accordance with ethical principles for research involving human participants, including autonomy, confidentiality, voluntary participation, and the right to withdraw without penalty. Written informed consent was obtained from all respondents before participation. No personal identifiers were recorded on questionnaires, consent forms were stored separately from questionnaire data, and collected data were used only for research purposes.

Ethical permission and institutional approval were obtained before data collection. Written consent forms were stored separately from anonymous questionnaires in secure research files, and only aggregated data were used for analysis.

RESULTS

Respondent Characteristics

A total of 100 staff nurses participated in this study. Most respondents were aged 26–35 years (58%), and 76% were female. Regarding educational background, 69% had completed professional nursing education (Ners), whereas 31% held a diploma degree (D3). More than half of the respondents had worked for five years or longer (61%), and most were married (72%).

Distribution of Quality of Nursing Work Life

The analysis showed that 57% of nurses reported moderate QNWL, 28% reported high QNWL, and 15% reported low QNWL. Thus, most respondents did not report high QNWL, indicating room for improvement in workplace support and nursing work-life conditions.

Bivariate Analysis

Association between Individual Factors and QNWL

The relationships between individual characteristics and QNWL are presented in Table 3. Age ($p = 0.041$), educational attainment ($p = 0.032$), and years of experience ($p = 0.018$) were significantly associated with QNWL. Older nurses, nurses with professional nursing education, and nurses with at least five years of work experience tended to report better QNWL. Marital status was not significantly associated with QNWL ($p = 0.084$).

Association between Organizational Factors and QNWL

Organizational characteristics showed significant associations with QNWL. Workload, managerial support, reward system, and work environment were all statistically associated with nurses' quality of work life. Workload showed a negative relationship with QNWL, whereas stronger managerial support, better reward systems, and a more favorable work environment were associated with better QNWL.

Association between Psychological Factors and QNWL

Psychological variables were also significantly associated with QNWL. Job satisfaction ($p < 0.001$) and organizational commitment ($p = 0.001$) were positively associated with nurses'

perceptions of work-life quality. Because job satisfaction, organizational commitment, and QNWL may conceptually overlap, these associations should be interpreted cautiously.

Multiple Linear Regression Analysis

The final regression model included workload, managerial support, work environment, and job satisfaction. Table 6 presents standardized regression coefficients. Managerial support had the largest standardized coefficient and remained significant in the adjusted model, followed by job satisfaction, workload, and work environment. Variables not shown in the final table were not retained in the reported adjusted model.

Note. β values are standardized regression coefficients; $n = 100$. Positive coefficients indicate higher QNWL as the predictor increases, whereas negative coefficients indicate lower QNWL as the predictor increases.

Managerial support was the strongest predictor in the adjusted model based on the largest standardized coefficient ($\beta = 0.524$, $p < 0.001$). This finding indicates that nurses who perceived stronger support from supervisors and hospital management tended to report better QNWL. Workload showed a negative association with QNWL ($\beta = -0.321$, $p = 0.002$), whereas work environment and job satisfaction showed positive associations.

Table 1. Demographic characteristics of respondents (n = 100)

Characteristics	n	%
Age		
21–25 years	18	18
26–35 years	58	58
>35 years	24	24
Sex		
Male	24	24
Female	76	76
Educational level		
Diploma (D3)	31	31
Professional Nurse (Ners)	69	69
Years of experience		
<5 years	39	39
≥5 years	61	61
Marital status		
Unmarried	28	28
Married	72	72

Note. Percentages were calculated using the final analyzed sample of 100 staff nurses.

Table 2. Distribution of Quality of Nursing Work Life

QNWL category	n	%	Score range
Low	15	15	42–98
Moderate	57	57	99–154
High	28	28	155–210

Note. QNWL categories were based on equal-interval total-score cutoffs: low = 42–98, moderate = 99–154, and high = 155–210.

Table 3. Associations between individual characteristics and QNWL

Variable	Direction of association	p-value
Age	Older age tended to be associated with higher QNWL	0.041
Educational level	Professional nursing education tended to be associated with higher QNWL	0.032
Years of experience	≥5 years of experience tended to be associated with higher QNWL	0.018
Marital status	No statistically significant association reported	0.084

Note. Table 3 presents the direction of associations and p-values from the bivariate analysis.

Table 4. Associations between organizational factors and QNWL

Variable	Direction of association	p-value
Workload	Negative association with QNWL	0.001
Managerial support	Positive association with QNWL	<0.001
Reward system	Positive association with QNWL	0.005
Work environment	Positive association with QNWL	0.003

Note. Organizational factors were interpreted according to the reported direction of association with QNWL.

Table 5. Associations between psychological factors and QNWL

Variable	Direction of association	p-value
Job satisfaction	Positive association with QNWL	<0.001
Organizational commitment	Positive association with QNWL	0.001

Note. Psychological factors were interpreted as related but distinct constructs; potential conceptual overlap with QNWL was considered in the Discussion.

Table 6. Predictors of Quality of Nursing Work Life

Variable	Standardized β	Direction	p-value
Workload	–0.321	Negative	0.002
Managerial support	0.524	Positive	<0.001
Work environment	0.298	Positive	0.004
Job satisfaction	0.411	Positive	0.001

Note. β values are standardized regression coefficients; n = 100. Positive coefficients indicate higher QNWL as the predictor increases, whereas negative coefficients indicate lower QNWL as the predictor increases.

DISCUSSION

This study examined factors associated with QNWL among staff nurses at Karawang General Hospital. Three main findings were identified: most nurses reported moderate rather than high QNWL; individual characteristics such as age, education, and work experience were associated with QNWL; and organizational and

psychological variables, particularly managerial support, were important correlates in the regression model.

The moderate QNWL distribution suggests that many nurses perceived their work life as neither poor nor optimal. This pattern may reflect the balance between professional commitment and workplace challenges in public-hospital nursing.

Possible explanations include workload pressure, staffing demands, administrative responsibilities, and organizational constraints; however, these explanations should be interpreted cautiously because the study measured perceived workload and work environment rather than objective patient-load or staffing indicators.

The findings are broadly consistent with previous hospital-based nursing studies reporting that QNWL is related to work environment, job satisfaction, workload, and organizational support (9,10). However, direct comparison of percentages or mean scores is limited because studies use different instruments, settings, cut-off values, and sampling approaches. Therefore, the present findings are best interpreted as context-specific evidence from one Indonesian public hospital.

Age, educational level, and years of work experience were significantly associated with QNWL. Older and more experienced nurses may have developed better familiarity with hospital systems, role expectations, and coping strategies. Alternative explanations are also possible, including survivor effect, seniority-related benefits, more stable unit assignments, or employment-status differences. Future studies should measure these factors directly before concluding that age or experience itself improves QNWL (11,12).

Educational attainment was also associated with QNWL. Nurses with professional nursing qualifications may have broader competencies, greater role confidence, or more opportunities for professional autonomy. However, education may also correlate with unit assignment, career stage, or employment status, so adjusted analyses are needed to separate these effects. Marital status was not significantly associated with QNWL, suggesting that workplace and professional factors may be more relevant than marital status in this sample (13–15).

Organizational factors were central to the study findings. In the adjusted model reported in the manuscript, managerial support had the strongest standardized association with QNWL. Supportive leadership may include effective communication, fair supervision, constructive feedback, recognition of achievement, and emotional support. These practices can create a positive organizational climate and strengthen nurses' perceived value within the institution (16).

Workload showed a negative association with QNWL. Excessive work demands may increase fatigue, emotional strain, and dissatisfaction with the work environment. Hospital management can respond to this finding through workload audits, review of nurse-patient ratios, equitable shift scheduling, task redistribution, and monitoring of overtime or administrative burden. Because objective staffing and workload indicators were not reported, future research should combine perceived workload scales with administrative staffing data.

The work environment and reward system were significantly associated with QNWL in bivariate analysis, and the work environment remained significant in the reported regression model. A workplace characterized by safety, collaboration, adequate resources, and recognition can support motivation and professional engagement (17,18). Reward and recognition mechanisms may also strengthen employees' sense of value and organizational attachment, although this pathway should be tested in longitudinal or intervention studies.

Psychological factors were associated with QNWL. Nurses with higher job satisfaction and organizational commitment tended to report better work-life quality. This finding is theoretically plausible because satisfied and committed nurses may interpret workplace experiences more positively and may be more willing to remain engaged in their organization (19,20). However, construct overlap is possible because job satisfaction, commitment, and QNWL all relate to the employee experience. Future studies should confirm discriminant validity before interpreting these constructs as fully separate predictors.

The cross-sectional design requires cautious interpretation. Higher managerial support, better work environment, and higher job satisfaction were associated with better QNWL, but the study cannot determine whether these factors improve QNWL or whether nurses with higher QNWL perceive these factors more favorably. Longitudinal studies or intervention studies are needed to test directionality.

The findings have practical implications for nursing management. Hospital administrators should prioritize leadership training for nurse managers, structured feedback systems, transparent communication, workload and staffing reviews, recognition mechanisms, and

employee-support initiatives. Integrating periodic QNWL assessment into workforce management may help identify work-environment problems early and guide evidence-informed interventions.

Study Limitations

The study has several limitations. First, the cross-sectional design prevents causal inference and temporal interpretation. Second, the study relied on self-reported questionnaires, which may introduce response bias and common-method bias. Third, the sample size was relatively small and drawn from a single public hospital, limiting statistical power and external validity.

Fourth, unmeasured confounding may remain because factors such as employment status, unit assignment, shift pattern, staffing ratio, and objective workload were not fully captured. Fifth, findings may not apply to private hospitals, rural hospitals, specialty hospitals, or institutions with different staffing models and management structures.

CONCLUSION

This study identified several factors associated with QNWL among staff nurses at Karawang General Hospital, Indonesia. Most nurses reported moderate QNWL, indicating that workplace conditions were not yet optimal for a considerable proportion of respondents.

Age, educational attainment, years of experience, workload, managerial support, reward system, work environment, job satisfaction, and organizational commitment were associated with QNWL in bivariate analysis. In the adjusted model reported in the manuscript, managerial support showed the strongest standardized association with QNWL. Because the study used a cross-sectional design, these findings should not be interpreted as evidence of causation.

The results suggest that supportive management practices, workload review, fair recognition systems, and healthy work-environment initiatives may help create conditions that support nurses' work life and professional well-being.

Implications for Practice

- Implement leadership-development programs for nurse managers that

emphasize communication, feedback, recognition, and supportive supervision.

- Conduct routine workload audits using nurse-patient ratios, shift schedules, overtime records, and perceived workload scores.
- Strengthen transparent recognition and reward mechanisms to support perceived fairness and professional motivation.
- Assess QNWL periodically as part of workforce-management and retention planning.
- Develop employee-support initiatives that address job satisfaction, stress management, and organizational commitment.

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Conflict of Interest

The author declares no conflict of interest related to this study.

Author Contributions

L.S. conceived and designed the study, collected and analyzed the data, interpreted the findings, drafted the manuscript, and reviewed and approved the final version for publication.

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