

Nurses Work-Life Quality; A Concept Analysis

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Abstract

The quality of nurses' work life (QNWL) is a complex, multidimensional concept encompassing the balance, satisfaction, and well-being that nurses experience across their professional and personal domains. Although recognized as vital to healthcare systems, QNWL has often been inconsistently defined and conflated with overlapping constructs such as job satisfaction, work-life balance, and burnout. This study seeks to clarify the meaning and scope of QNWL, identifying its core characteristics, contributing factors, and resulting outcomes, while also establishing means for its practical measurement. Guided by Walker and Avant's eight-step concept analysis method, a comprehensive review of thirty-four relevant articles published between 2020 and 2024 was conducted, drawing from databases including Google Scholar, PubMed Central, Scopus, and Web of Science. The analysis revealed five defining attributes: balance between work and personal life, job satisfaction, supportive and equitable work environments, psychological and physical well-being, and opportunities for professional development and autonomy. Antecedents of QNWL included supportive leadership, sufficient staffing, organizational fairness, manageable workloads, and access to continued learning. Consequences were observed at individual, organizational, and patient levels, ranging from increased nurse satisfaction and retention to improved team performance and patient care quality. Empirical indicators such as the Quality of Nursing Work Life Scale and metrics like retention rates, absenteeism, and patient safety data were identified as effective tools for assessing QNWL in real-world settings. Ultimately, QNWL emerges as a distinct and actionable concept that integrates personal, institutional, and professional elements of nursing practice. By clarifying its structure and impact, this analysis contributes to the development of policies and strategies that foster nurse well-being, workforce resilience, and safer, more compassionate patient care.

1. Introduction

Nurses play a central role in ensuring the quality, safety, and continuity of healthcare, yet they often experience multiple professional and personal pressures that affect their overall well-being. The concept of quality of nursing work life (QNWL) has therefore gained prominence as a crucial factor in shaping nurses' performance, satisfaction, and retention within healthcare systems (Bahrami & Nasiri, 2024; Patrician et al.,

2022). QNWL encompasses the degree to which nurses are able to meet the demands of their work while maintaining a sense of personal well-being, balance, and professional fulfillment. It is considered multidimensional, including aspects such as fair compensation, safe working conditions, opportunities for professional development, supportive leadership, and the ability to harmonize professional and personal responsibilities (Alzoubi et al., 2024; Choi & Hwang, 2023). The importance of QNWL has been amplified by the global nursing shortage, rising turnover rates, and challenges intensified by the COVID-19 pandemic, which exposed systemic vulnerabilities and placed unprecedented stress on nurses worldwide. Studies have shown that poor work-life quality is linked to burnout, absenteeism, high turnover, and decreased patient safety, while a positive work-life experience promotes engagement, resilience, and higher-quality patient care (Agusto et al., 2022; Rohita et al., 2022; Hassan Helaly et al., 2022). For instance, research among critical care nurses demonstrated that QNWL significantly influenced both job satisfaction and organizational commitment, which in turn affected patient care outcomes (Alzoubi et al., 2024). Such evidence highlights the dual importance of QNWL, not only for individual nurse well-being but also for the overall sustainability of healthcare delivery systems.

Despite its recognized importance, the conceptual clarity of QNWL remains limited. In the literature, QNWL is often conflated with related constructs such as work-life balance, job satisfaction, well-being, and burnout (Ebadi & Tabanejad, 2022; Khatatbeh et al., 2022). For example, while work-life balance primarily refers to managing the boundaries between personal and professional roles (Askari et al., 2021), QNWL extends beyond this to include organizational justice, leadership support, autonomy, and opportunities for career advancement (Abdullatif Ibrahim et al., 2023). Similarly, burnout has been positioned as both a predictor and consequence of low QNWL, blurring the conceptual boundaries between the two constructs (Rohita et al., 2022). This ambiguity creates difficulties in measurement, comparison across studies, and the design of interventions that specifically address nurses' work-life quality (Bahrami & Nasiri, 2024; Sibuea et al., 2024). Empirical research has identified multiple antecedents of QNWL, including leadership styles, workload, organizational culture, staffing adequacy, and socio-demographic variables. Transformational leadership and perceptions of organizational justice, for example, have been associated with higher levels of QNWL by fostering trust, equity, and professional growth (Abdullatif Ibrahim et al., 2023). On the other hand, factors such as excessive workload, unsafe nurse-patient ratios, and lack of professional autonomy have been reported as significant barriers (Bozorgzad et al., 2021; Fotoohi et al., 2021). Demographic influences such as age, gender, marital status, and years of experience have also been shown to play a role, with younger or less experienced nurses often reporting lower QNWL compared to their senior counterparts (Lebni et al., 2021; Kheiri et al., 2021). The consequences of QNWL are equally far-reaching. Positive QNWL is linked with greater retention, enhanced patient safety, and higher levels of nurse satisfaction (Laserna Jimenez et al., 2022; Zaghini et al., 2023). Conversely, poor QNWL contributes to absenteeism, turnover, increased errors, and decreased patient satisfaction, creating both human and economic costs for healthcare organizations (Hassan Helaly et al., 2022; Rohita et al., 2022). These findings underscore the necessity of establishing conceptual precision to better guide workforce planning, interventions, and policy decisions aimed at sustaining the nursing workforce and ensuring quality care delivery.

To address these challenges, this study employs Walker and Avant's eight-step method of concept analysis, a systematic approach widely used in nursing research to clarify complex and evolving concepts (Bahrami & Nasiri, 2024; Pereira et al., 2024). This framework allows for the identification of defining attributes, antecedents, consequences, and empirical referents of QNWL, leading to an operational definition that distinguishes it from overlapping constructs such as burnout, job satisfaction, and work-life balance. By clarifying QNWL, this analysis aims to provide a conceptual foundation that enhances its utility in research, informs organizational strategies to improve nurse well-being, and ultimately strengthens the quality and safety of patient care. The aim of this study is therefore to analyze and clarify the concept of nurses' work-

life quality through Walker and Avant's framework, thereby contributing to both theoretical development and practical application in nursing workforce management and healthcare policy.

2. Methodology

This study applied Walker and Avant's (2011) eight-step method of concept analysis to clarify the meaning of nurses' work-life quality (QNWL). This method is widely used in nursing research to deconstruct abstract concepts and provide clarity by systematically identifying defining attributes, antecedents, consequences, and empirical referents (Bahrami & Nasiri, 2024; Pereira et al., 2024).

2.1 Selection of the Concept

The concept selected for this analysis is quality of nursing work life (QNWL). This construct was chosen because it has emerged as a critical determinant of nurses' job satisfaction, professional well-being, and patient safety, particularly in today's healthcare environment characterized by high demands and workforce shortages (Alzoubi et al., 2024; Choi & Hwang, 2023). QNWL is broadly understood as the degree to which nurses are able to meet the expectations of their professional role while simultaneously maintaining personal well-being, balance, and a sense of professional fulfillment (Bahrami & Nasiri, 2024; Patrician et al., 2022). The concept is particularly significant in nursing, where increasing workloads, staffing challenges, and organizational pressures have heightened concerns about retention, absenteeism, and burnout. Studies have shown that a positive work-life quality enhances engagement, performance, and patient care, while poor work-life quality contributes to turnover, reduced safety, and diminished nurse well-being (Agusto et al., 2022; Rohita et al., 2022). For instance, a cross-sectional study among critical care nurses found that QNWL was strongly associated with retention and reduced intent to leave, demonstrating its practical impact on workforce sustainability (Alzoubi et al., 2024).

Despite its importance, QNWL remains a conceptually ambiguous construct, often conflated with overlapping terms such as work-life balance, job satisfaction, and burnout (Ebadi & Tabanejad, 2022; Khatatbeh et al., 2022). While work-life balance emphasizes equilibrium between personal and professional roles, QNWL extends further to encompass organizational justice, safe working conditions, leadership, autonomy, and opportunities for career growth (Abdullatif Ibrahim et al., 2023). Similarly, burnout is frequently treated as both an antecedent and a consequence of QNWL, complicating its conceptual boundaries (Rohita et al., 2022). These overlaps underscore the need for a structured analysis to clearly define the unique scope of QNWL. The decision to analyze this concept was also informed by the global nursing shortage and the increased psychological and organizational pressures faced by nurses during the COVID-19 pandemic. These challenges amplified the importance of conceptual clarity, as policymakers and healthcare organizations seek strategies to improve nurse retention, support well-being, and sustain quality patient care (Agusto et al., 2022; Hassan Helaly et al., 2022). By selecting QNWL as the focus, this study responds to both theoretical gaps in nursing knowledge and pressing practical concerns in healthcare systems.

2.2 Determination of the Aim of Analysis

The primary aim of this concept analysis is to clarify and refine the meaning of quality of nursing work life (QNWL) by systematically identifying its defining attributes, antecedents, consequences, and empirical referents. Although QNWL is frequently discussed in nursing and healthcare literature, its conceptual boundaries remain blurred, often overlapping with constructs such as work-life balance, job satisfaction, well-being, and burnout (Ebadi & Tabanejad, 2022; Khatatbeh et al., 2022). This lack of clarity limits the

ability of researchers and practitioners to measure QNWL consistently, to compare results across studies, and to design interventions that specifically address its unique dimensions. Clarifying the concept of QNWL is essential for both theoretical and practical reasons. From a theoretical perspective, refining QNWL contributes to the development of nursing science by ensuring that the concept is distinct, operationally definable, and empirically measurable. A well-defined concept supports the advancement of nursing theories related to workforce well-being, job satisfaction, and organizational behavior (Bahrami & Nasiri, 2024; Patrician et al., 2022). From a practical perspective, clear conceptualization provides healthcare organizations with evidence-based insights to inform leadership strategies, policy development, and workforce planning. For example, research has shown that transformational leadership and organizational justice directly enhance QNWL, which in turn improves retention and patient outcomes (Abdullah Ibrahim et al., 2023). Without conceptual precision, however, such findings may be misinterpreted or inconsistently applied in practice.

The aim of this analysis is therefore twofold: (1) to distinguish QNWL from overlapping constructs, thereby establishing it as a unique and multidimensional phenomenon in nursing; and (2) to provide an operational definition that can guide measurement and inform interventions at both organizational and policy levels. This aim is especially timely given the ongoing global nursing shortage, the heightened stressors associated with the COVID-19 pandemic, and the need for sustainable workforce strategies (Agusto et al., 2022; Hassan Helaly et al., 2022). By addressing these goals, the concept analysis seeks to bridge the gap between theory and practice, ultimately contributing to improved nurse well-being, retention, and patient care quality.

2.3 Identification of All Uses of the Concept

To capture the breadth of meanings and applications of quality of nursing work life (QNWL), a comprehensive literature review was conducted across disciplines including nursing, occupational health, organizational psychology, and healthcare management. Searches were carried out in Google Scholar, PubMed Central, Scopus, and Web of Science using keywords such as “quality of nursing work life,” “QNWL,” “nurses’ work-life balance,” “nursing well-being,” and “concept analysis in nursing.” Boolean operators (AND, OR) and truncation (nurs*) were applied to broaden the search scope. Studies published in English between 2020 and 2024 were included if they addressed QNWL directly or examined related constructs in nursing. Out of 96 studies initially identified, 34 met the inclusion criteria after screening. The findings revealed that QNWL has been used in multiple ways across the literature. In nursing, it is often employed to describe the overall conditions under which nurses perform their duties while maintaining satisfaction and well-being (Bahrami & Nasiri, 2024; Alzoubi et al., 2024). In occupational health research, QNWL is framed as an essential dimension of work environment quality, influencing psychological well-being, stress levels, and staff retention (Kheiri et al., 2021; Lebni et al., 2021). From a management perspective, QNWL is frequently aligned with organizational outcomes such as productivity, turnover rates, and patient safety (Bozorgzad et al., 2021; Fotoohi et al., 2021).

The concept also overlaps with several related constructs. For instance, QNWL is sometimes equated with work-life balance, emphasizing harmony between professional and personal roles (Askari et al., 2021). Other studies treat QNWL as synonymous with job satisfaction or nurse well-being (Patrician et al., 2022; Laserna Jimenez et al., 2022). Additionally, burnout is both a consequence of poor QNWL and, in some studies, an overlapping construct, creating further conceptual ambiguity (Rohita et al., 2022; Khatatbeh et al., 2022). These varied uses underscore the necessity of systematic clarification to distinguish QNWL as a unique, multidimensional concept rather than a composite of related ideas. By identifying the diverse applications of QNWL across nursing and allied fields, this step highlighted both the richness and the ambiguity of the

construct. This recognition set the foundation for subsequent steps of the analysis, particularly the identification of defining attributes, antecedents, and consequences that give QNWL its distinct theoretical identity.

2.4 Determination of Defining Attributes

The fourth step in Walker and Avant's (2011) method is to identify the defining attributes of the concept, those essential characteristics that consistently appear in the literature and differentiate the concept from related constructs. In the case of quality of nursing work life (QNWL), several recurring attributes emerged from the review of studies across nursing, occupational health, and healthcare management. These attributes represent the fundamental aspects that shape nurses' experiences of work and their ability to maintain well-being while delivering quality care. One of the most prominent attributes is balance between personal and professional life, which is central to the concept's identity. Research indicates that when nurses achieve equilibrium between their work responsibilities and personal roles, they experience greater satisfaction and lower levels of stress, whereas imbalance often results in burnout, fatigue, and turnover (Askari et al., 2021; Rohita et al., 2022). This balance is not merely about time allocation but also about psychological integration, whereby nurses feel supported in managing dual responsibilities without compromising either domain. Another defining attribute is job satisfaction, which encompasses feelings of accomplishment, professional growth, and engagement in one's role. Several studies have demonstrated that nurses with higher QNWL report greater satisfaction with their jobs, leading to improved performance and retention (Laserna Jimenez et al., 2022; Choi & Hwang, 2023). Job satisfaction within QNWL is linked not only to the work environment but also to recognition, fairness, and the opportunity to provide safe, high-quality care.

A third critical attribute is the presence of a supportive and fair work environment. Transformational leadership, organizational justice, and effective communication are repeatedly identified as central components of QNWL (Abdullatif Ibrahim et al., 2023; Bozorgzad et al., 2021). Nurses who perceive fairness in workload distribution, equitable policies, and supportive leadership are more likely to report high QNWL. Conversely, environments characterized by heavy workloads, unsafe nurse-to-patient ratios, and limited autonomy undermine perceptions of work-life quality (Kheiri et al., 2021; Fotoohi et al., 2021). Additionally, psychological and physical well-being emerged as a recurring attribute. QNWL is not only about organizational factors but also about the extent to which nurses feel mentally and physically healthy within their work context. Studies show that QNWL correlates with reduced stress, lower burnout levels, and enhanced resilience among nurses (Bahrami & Nasiri, 2024; Khatatbeh et al., 2022). This well-being dimension highlights the holistic nature of the concept, which extends beyond job-related satisfaction to encompass overall quality of life. Finally, opportunities for professional development and autonomy were identified as defining features of QNWL. Nurses who have access to training, education, and career advancement are more likely to feel valued and satisfied in their roles (Patrician et al., 2022; Sibuea et al., 2024). Autonomy in decision-making and participation in policy or clinical practice design further strengthens QNWL by promoting a sense of empowerment and control.

2.5 Identification of a Model Case

In Walker and Avant's (2011) method, the model case is an example that includes all of the defining attributes of the concept. It serves as a practical illustration of how the concept manifests in real life and demonstrates its boundaries with clarity. For quality of nursing work life (QNWL), a model case must reflect balance between personal and professional life, job satisfaction, a supportive work environment, well-being, and opportunities for professional growth. Consider the following scenario: A registered nurse working in a

tertiary hospital is part of a unit where staffing levels are adequate, workloads are distributed fairly, and schedules are flexible enough to allow time for personal and family responsibilities. The nurse experiences a strong sense of balance, reporting that she can fulfill her professional duties while maintaining personal commitments, which reduces stress and enhances her overall life satisfaction (Askari et al., 2021; Rohita et al., 2022). The nurse's job satisfaction is also high because of meaningful engagement in patient care, recognition from supervisors, and the opportunity to contribute to decision-making processes on the unit. She feels valued by the organization and perceives fairness in policies related to promotion and workload distribution (Abdullatif Ibrahim et al., 2023). This sense of organizational justice contributes to her commitment to the profession and reduces her intention to leave (Choi & Hwang, 2023).

Additionally, the nurse benefits from a supportive work environment characterized by transformational leadership, open communication, and teamwork. Leaders not only acknowledge her contributions but also provide mentorship and constructive feedback, which fosters trust and psychological safety (Bozorgzad et al., 2021; Fotoohi et al., 2021). This environment promotes her psychological and physical well-being, allowing her to manage stress effectively and avoid burnout (Bahrami & Nasiri, 2024; Khatatbeh et al., 2022). Furthermore, the organization invests in her professional development, offering regular training programs, continuing education opportunities, and pathways for career advancement. She is granted autonomy in clinical decision-making, which enhances her sense of empowerment and professional identity (Patrician et al., 2022; Sibuea et al., 2024). In this model case, all defining attributes of QNWL are clearly present: balance, satisfaction, supportive environment, well-being, and opportunities for growth. As a result, the nurse demonstrates strong retention intentions, high engagement, and provides safe, high-quality patient care. This case exemplifies the multidimensional and holistic nature of QNWL as described in the literature (Laserna Jimenez et al., 2022; Alzoubi et al., 2024).

2.6 Identification of Borderline, Related, and Contrary Cases

In Walker and Avant's (2011) framework, the identification of borderline, related, and contrary cases helps delineate the boundaries of a concept. While a model case demonstrates all defining attributes, borderline and contrary cases reveal partial or absent manifestations, while related cases highlight overlap with concepts that are similar but not identical. This process ensures conceptual clarity by showing what the concept is, as well as what it is not. A borderline case includes some but not all of the defining attributes of quality of nursing work life (QNWL). For example, consider a nurse working in a hospital where staffing is adequate and leadership is supportive, but the workload remains consistently heavy due to high patient acuity. The nurse experiences organizational fairness and receives recognition from supervisors, but she struggles to maintain personal responsibilities at home because of frequent overtime shifts. While she experiences satisfaction with her job and perceives professional growth opportunities, the absence of true work-life balance reduces her overall quality of work life (Askari et al., 2021; Rohita et al., 2022). This case illustrates how partial presence of attributes creates ambiguity in distinguishing QNWL from related constructs.

A related case is one that shares similarities with QNWL but lacks the full conceptual scope. An example is work-life balance, which focuses primarily on the ability to manage professional and personal responsibilities. While balance is a defining attribute of QNWL, the latter also incorporates organizational justice, leadership, job satisfaction, and opportunities for professional growth (Abdullatif Ibrahim et al., 2023; Bahrami & Nasiri, 2024). Similarly, nurse well-being is closely connected to QNWL, but it emphasizes psychological and physical health more broadly, without necessarily accounting for organizational factors such as fairness or autonomy (Patrician et al., 2022). These related cases highlight the multidimensionality of QNWL, which encompasses both personal and organizational domains. A contrary case is one where none

of the defining attributes of QNWL are present. For instance, a nurse working in an understaffed intensive care unit experiences chronic fatigue, lack of leadership support, and limited autonomy in clinical decision-making. She perceives injustice in workload distribution, receives little recognition, and has no access to professional development programs. The imbalance between professional and personal life results in high stress, frequent absenteeism, and growing intent to leave the profession. This situation represents the complete absence of QNWL and aligns more closely with outcomes such as burnout, turnover, and decreased patient safety (Hassan Helaly et al., 2022; Khatatbeh et al., 2022).

2.7 Identification of Antecedents and Consequences

In Walker and Avant's (2011) framework, antecedents refer to the events or conditions that must occur prior to the emergence of a concept, while consequences are the outcomes that result once the concept is realized. For quality of nursing work life (QNWL), identifying antecedents and consequences is particularly important because it highlights both the enabling factors that make QNWL possible and the implications of either high or low levels of QNWL in nursing practice. A recurring antecedent in the literature is the presence of supportive leadership and organizational justice. Transformational leadership styles that emphasize fairness, recognition, and empowerment consistently foster higher levels of QNWL (Abdullatif Ibrahim et al., 2023). Leaders who distribute workload equitably and involve nurses in decision-making processes create environments that nurture professional satisfaction and balance. Adequate staffing levels and manageable workloads are also critical antecedents. Research has shown that when nurses are burdened with high patient-to-nurse ratios, mandatory overtime, or unsafe staffing practices, perceptions of QNWL decline significantly (Bozorgzad et al., 2021; Fotoohi et al., 2021). On the other hand, organizations that provide sufficient resources and balanced scheduling enable nurses to manage professional demands without compromising personal responsibilities. Opportunities for professional development are another essential antecedent. Access to training, continuing education, and career progression pathways promotes autonomy and professional identity, thereby laying the groundwork for strong QNWL (Patrician et al., 2022; Sibuea et al., 2024). Additionally, socio-demographic factors such as age, marital status, and years of experience influence perceptions of QNWL. For example, younger or less experienced nurses often report lower QNWL compared to senior nurses with established routines and support systems (Kheiri et al., 2021; Lebni et al., 2021).

The consequences of QNWL are wide-ranging, influencing not only the nurse but also the organization and patient outcomes. On the positive side, high QNWL leads to greater job satisfaction, stronger organizational commitment, and reduced turnover intentions (Choi & Hwang, 2023; Laserna Jimenez et al., 2022). Nurses who perceive high QNWL are more engaged in their work and demonstrate higher retention, which contributes to workforce sustainability. At the organizational level, QNWL positively impacts patient care quality and safety. Studies have found that nurses reporting high QNWL are less likely to make errors, more likely to provide compassionate care, and contribute to higher patient satisfaction (Zaghini et al., 2023; Alzoubi et al., 2024). Conversely, poor QNWL is associated with absenteeism, presenteeism, medical errors, and overall declines in care quality (Hassan Helaly et al., 2022; Mohammadi et al., 2022). For the individual nurse, the consequences extend to psychological and physical well-being. High QNWL is correlated with reduced stress, better work-life integration, and stronger resilience (Bahrami & Nasiri, 2024). In contrast, low QNWL contributes to burnout, depression, and diminished life satisfaction (Rohita et al., 2022; Khatatbeh et al., 2022).

2.8 Definition of Empirical Referents

The final step in Walker and Avant's (2011) method is the identification of empirical referents, the

measurable indicators that demonstrate the existence of a concept in practice. For quality of nursing work life (QNWL), empirical referents are crucial for translating the concept into observable and quantifiable outcomes. They provide tools for researchers to assess QNWL systematically and for organizations to evaluate interventions aimed at improving nurse well-being. One of the most widely used instruments is the Quality of Nursing Work Life (QNWL) Scale, originally developed by Brooks and Anderson and subsequently adapted and validated in different contexts. This tool assesses multiple dimensions of QNWL, including work context, conditions of employment, personal-professional balance, and relationships within the organization (Ts, 2022; Sibuea et al., 2024). The scale has been applied across diverse nursing populations and healthcare settings, making it a reliable measure for comparative studies and organizational assessments. Other empirical referents include work-life balance questionnaires, which measure the degree to which nurses perceive harmony between professional and personal responsibilities (Askari et al., 2021). Although narrower in scope than QNWL, these instruments capture an important attribute of the concept and are often used alongside broader measures. Similarly, job satisfaction surveys and nurse well-being assessments are frequently employed as indirect indicators of QNWL, reflecting overlapping but relevant dimensions such as engagement, stress, and morale (Patrician et al., 2022; Bahrami & Nasiri, 2024).

In addition to self-report tools, organizational and behavioral indicators serve as empirical referents of QNWL. These include measurable outcomes such as nurse retention rates, absenteeism, turnover intentions, error reporting, and patient satisfaction scores (Alzoubi et al., 2024; Mohammadi et al., 2022). For example, research has shown that units with higher levels of reported QNWL also experience lower turnover and fewer adverse patient outcomes, suggesting that organizational performance metrics can act as proxy indicators of QNWL (Laserna Jimenez et al., 2022). Taken together, these instruments and indicators provide both direct and indirect ways of measuring QNWL. While scales such as the QNWL instrument offer targeted measurement, broader organizational outcomes and related constructs supplement understanding of how QNWL manifests in practice. The availability of these empirical referents enhances the applicability of QNWL as a concept, ensuring that it can be tested, validated, and integrated into both research and healthcare policy.

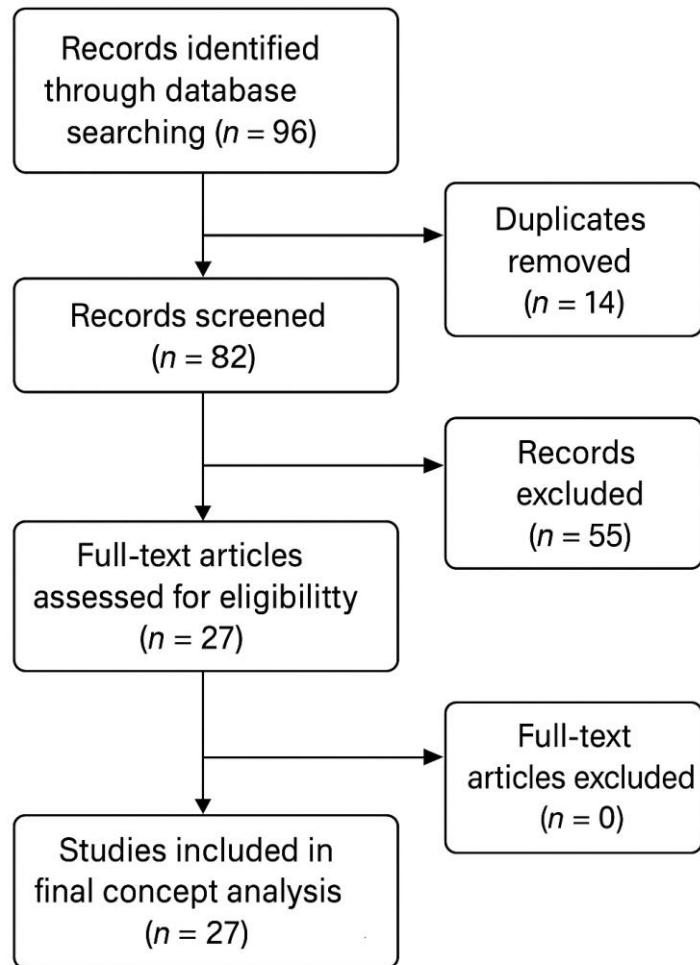


Figure 1. PRISMA-style flow diagram of article search, screening, and selection process, resulting in 27 studies included in the final concept analysis.

3. Results of Concept Analysis

The analysis of quality of nursing work life (QNWL) using Walker and Avant's (2011) framework resulted in the clarification of its defining attributes, antecedents, consequences, and empirical referents. These findings highlight QNWL as a multidimensional concept that integrates personal, professional, and organizational factors, shaping not only the experiences of nurses but also the quality of care provided to patients.

3.1 Defining Attributes

The defining attributes of QNWL represent the essential features that consistently distinguish it from related constructs. First, balance between professional and personal life is central, as nurses who achieve equilibrium between their work responsibilities and personal commitments report greater satisfaction and lower stress levels (Askari et al., 2021; Rohita et al., 2022). Second, job satisfaction emerged as a defining attribute,

reflecting fulfillment, recognition, and professional growth opportunities (Choi & Hwang, 2023; Laserna Jimenez et al., 2022). Third, the presence of a supportive and fair work environment, characterized by organizational justice, adequate staffing, and transformational leadership, was consistently linked to higher QNWL (Abdullatif Ibrahim et al., 2023; Bozorgzad et al., 2021). Additionally, QNWL encompasses psychological and physical well-being, as the ability to remain mentally healthy and resilient is crucial for sustaining effective practice (Bahrami & Nasiri, 2024; Khatatbeh et al., 2022). Finally, professional development and autonomy strengthen QNWL by empowering nurses to grow within their careers and exercise clinical judgment (Patrician et al., 2022; Sibuea et al., 2024).

Table.1 : Descriptive data of the research studies on nurses' work-life quality (2021–2024)

No.	Citation	Setting (Domain)	Key Attributes (Conceptual/Methodological)
1	Abdullatif Ibrahim et al. (2023)	Egypt; hospitals	Transformational leadership and organizational justice linked to higher QNWL (cross-sectional survey).
2	Agusto et al. (2022)	Malaysia; review of global studies during COVID-19	Scoping review identified pandemic-related stressors (workload, lack of support) affecting QNWL.
3	Al Mutair et al. (2022)	Saudi Arabia; hospitals	Descriptive cross-sectional study: moderate QNWL; influenced by demographics, workload, and organizational support.
4	Alzoubi et al. (2024)	Jordan; critical care nurses	Cross-sectional: QNWL associated with job satisfaction, retention, and patient safety.
5	Askari et al. (2021)	Iran; hospital employees	Correlational study: strong relationship between work-life balance and quality of life.
6	Bahrami & Nasiri (2024)	Iran; nursing literature	Concept analysis using Walker & Avant: clarified QNWL attributes (balance, satisfaction, support, growth).
7	Bozorgzad et al. (2021)	Iran; emergency nurses	Cross-sectional: higher QNWL correlated with greater productivity.
8	Choi & Hwang (2023)	Korea; clinical nurses	Cross-sectional: job embeddedness and self-concept enhanced intention to stay; QNWL mediated.
9	Ebadi & Tabanejad (2022)	Iran; nursing research	Systematic review: inconsistent definitions and measures of QNWL across studies.
10	Fotoohi et al. (2021)	Iran; hospital nurses	Cross-sectional: safe nursing care positively associated with QNWL.
11	Hassan Helaly et al. (2022)	Egypt; ICU nurses	Cross-sectional: poor QNWL associated with absenteeism and low job satisfaction.
12	Kheiri et al. (2021)	Iran; hospital nurses	Correlational study: demographic factors and workload significantly influenced QNWL.
13	Laserna Jimenez et al. (2022)	Spain; primary care nurses	Systematic review: professional quality of life and QNWL linked; environment was a major determinant.
14	Lebni et al. (2021)	Iran; public hospital	Cross-sectional: demographic differences (age, gender, marital status) affected QNWL scores.
15	Mohammadi et al. (2022)	Iran; hospital nurses	Correlational study: job strain negatively predicted QNWL.
16	Rohita et al. (2022)	Indonesia; nursing literature	Systematic review: poor QNWL strongly linked with burnout.
17	Sibuea et al. (2024)	Indonesia; nursing literature	Systematic review: workload, leadership, and organizational support were key determinants of QNWL.

18	Ts (2022)	Middle East; nursing workforce	Scale development and validation: QNWL measurement tool created and tested.
19	Zaghini et al. (2023)	Italy; cardiovascular nurses	Cross-sectional: work-related stress and satisfaction influenced QNWL; linked to patient safety.

3.2 Antecedents

In Walker and Avant's (2011) framework, antecedents are the conditions or events that must occur before the concept can be realized. For quality of nursing work life (QNWL), antecedents are primarily organizational, professional, and individual-level factors that create the foundation upon which positive work-life quality can develop. One of the most consistently reported antecedents in the literature is supportive leadership and organizational justice. Transformational leadership styles, characterized by fairness, recognition, and empowerment, create environments where nurses feel valued, respected, and fairly treated. Such leadership directly enhances QNWL by fostering trust and participatory decision-making (Abdullatif Ibrahim et al., 2023). Conversely, a lack of organizational justice, where nurses perceive inequity in workload or recognition, undermines work-life quality and increases stress. A second antecedent is adequate staffing and manageable workload. Safe nurse-to-patient ratios and equitable distribution of tasks are prerequisites for achieving positive QNWL. Evidence shows that heavy workloads, overtime, and chronic understaffing significantly reduce nurses' perceptions of work-life quality and are major predictors of turnover (Bozorgzad et al., 2021; Fotoohi et al., 2021). Ensuring sufficient staffing not only supports balance but also allows nurses to maintain personal responsibilities outside of work.

Opportunities for professional development and career advancement are also important antecedents. Access to continuing education, training programs, and promotion pathways strengthen nurses' sense of autonomy, competence, and empowerment, which in turn enhances perceptions of QNWL (Patrician et al., 2022; Sibuea et al., 2024). These opportunities create a supportive context for professional growth and increase organizational loyalty. At the individual level, demographic and personal factors also act as antecedents. Studies indicate that variables such as age, marital status, years of experience, and family responsibilities influence how nurses perceive their work-life quality. For example, younger or less experienced nurses often report lower QNWL due to challenges with workload management and fewer coping resources, while more experienced nurses with stable family support systems report higher QNWL (Kheiri et al., 2021; Lebni et al., 2021). Together, these antecedents, supportive leadership, adequate staffing, professional development, and demographic context, form the conditions that must exist before nurses can experience high quality of work life. Recognizing these antecedents is critical for healthcare organizations seeking to design interventions and policies that promote nurse well-being and retention.

3.3 Consequences

In Walker and Avant's (2011) framework, consequences are the outcomes that follow the occurrence of a concept. For quality of nursing work life (QNWL), consequences manifest at the individual, organizational, and patient levels, demonstrating the broad impact of this construct. At the individual level, high QNWL fosters job satisfaction, motivation, and organizational commitment. Nurses with strong perceptions of QNWL are more engaged in their roles, show greater resilience to stress, and experience improved psychological well-being (Choi & Hwang, 2023; Laserna Jimenez et al., 2022). Enhanced QNWL is also linked with higher life satisfaction, reduced fatigue, and better mental health outcomes, which allow nurses to maintain professional performance without sacrificing personal well-being (Bahrami & Nasiri, 2024;

Khatatbeh et al., 2022). Conversely, poor QNWL results in negative consequences such as burnout, depression, absenteeism, and intent to leave the profession, highlighting its importance as a determinant of workforce sustainability (Rohita et al., 2022; Hassan Helaly et al., 2022).

At the organizational level, positive QNWL improves retention rates, teamwork, and productivity. Hospitals with high QNWL among staff report reduced turnover, lower recruitment costs, and enhanced performance metrics (Alzoubi et al., 2024; Sibuea et al., 2024). Poor QNWL, however, has been associated with higher absenteeism, presenteeism, and disengagement, which undermine the efficiency of healthcare delivery and strain limited resources (Mohammadi et al., 2022). Finally, at the patient level, QNWL has a direct impact on quality and safety of care. Nurses who report high QNWL are more likely to provide compassionate, attentive, and error-free care, leading to improved patient safety outcomes and higher satisfaction rates (Zaghini et al., 2023). In contrast, low QNWL contributes to medical errors, reduced patient satisfaction, and potential safety risks due to stress, fatigue, and disengagement among nurses (Fotoohi et al., 2021; Hassan Helaly et al., 2022).

3.4 Empirical Referents

Several empirical referents are available to measure QNWL in research and practice. The Quality of Nursing Work Life (QNWL) Scale remains the most widely validated instrument, assessing dimensions such as work context, organizational conditions, and work-life balance (Ts, 2022; Sibuea et al., 2024). Additional measures include work-life balance questionnaires (Askari et al., 2021), job satisfaction surveys, and nurse well-being assessments (Patrician et al., 2022; Bahrami & Nasiri, 2024). Beyond self-report instruments, organizational indicators such as turnover rates, absenteeism, intent-to-leave measures, and patient safety outcomes also serve as indirect indicators of QNWL (Alzoubi et al., 2024; Laserna Jimenez et al., 2022). Together, these referents provide both direct and indirect methods for capturing the presence and quality of QNWL.

3.5 Summary of Findings

The concept analysis of quality of nursing work life (QNWL) using Walker and Avant's (2011) framework provided a clearer and more comprehensive understanding of its defining characteristics and practical implications. The analysis revealed that QNWL is a multidimensional construct shaped by the interplay of organizational, professional, and individual factors. Its defining attributes include balance between personal and professional roles, job satisfaction, supportive and fair work environments, psychological and physical well-being, and opportunities for professional growth and autonomy (Bahrami & Nasiri, 2024; Choi & Hwang, 2023). These attributes distinguish QNWL from related constructs such as burnout or work-life balance and demonstrate its broader scope.

The study also identified key antecedents that must be present for QNWL to occur, including supportive leadership, organizational justice, adequate staffing, fair workload distribution, and professional development opportunities, alongside demographic influences such as age and experience (Abdullatif Ibrahim et al., 2023; Kheiri et al., 2021). In turn, QNWL leads to significant consequences at multiple levels. For nurses, high QNWL promotes satisfaction, motivation, resilience, and improved well-being; for organizations, it enhances retention, teamwork, and productivity; and for patients, it ensures safer, more compassionate, and higher-quality care (Alzoubi et al., 2024; Zaghini et al., 2023). Conversely, poor QNWL contributes to burnout, absenteeism, turnover, and reduced patient safety (Rohita et al., 2022; Hassan Helaly et al., 2022). Finally, the analysis confirmed the availability of robust empirical referents to measure QNWL,

such as the Quality of Nursing Work Life (QNWL) Scale, work-life balance questionnaires, job satisfaction surveys, and organizational indicators including turnover and patient safety outcomes (Ts, 2022; Sibuea et al., 2024). These tools make the concept measurable, allowing researchers and practitioners to monitor QNWL and evaluate interventions effectively.

4. Discussion

This concept analysis clarified quality of nursing work life (QNWL) as a multidimensional construct that integrates personal, organizational, and professional dimensions. Using Walker and Avant's (2011) eight-step framework, the analysis identified defining attributes, antecedents, consequences, and empirical referents that distinguish QNWL from overlapping constructs. The following subsections discuss the theoretical implications, management and policy relevance, practical applications, and directions for future research.

4.1 Theoretical Implications

The results of this analysis position QNWL as a distinct yet integrative construct that extends beyond related concepts such as burnout, job satisfaction, or work-life balance. Five defining attributes, balance, job satisfaction, supportive environment, well-being, and professional growth, emphasize that QNWL is holistic, encompassing both personal and organizational dimensions (Bahrami & Nasiri, 2024; Choi & Hwang, 2023). These findings are consistent with the Job Demands–Resources (JD-R) model, which suggests that a balance between job demands and available resources determines worker well-being and performance (Zaghini et al., 2023). In this context, adequate staffing, supportive leadership, and opportunities for professional development act as resources that strengthen QNWL, while excessive workloads or inequitable practices act as demands that undermine it (Bozorgzad et al., 2021; Abdullatif Ibrahim et al., 2023). The analysis also aligns with the concept of positive practice environments (Pereira et al., 2024), reinforcing the theoretical view that organizational and psychosocial conditions are central to sustaining nurse well-being.

4.2 Management and Policy Implications

From a management perspective, the antecedents and consequences of QNWL underscore its strategic significance for healthcare organizations. High QNWL is associated with greater job satisfaction, retention, and reduced turnover intentions, which directly contribute to workforce sustainability (Choi & Hwang, 2023; Alzoubi et al., 2024). Conversely, poor QNWL leads to absenteeism, presenteeism, and increased turnover, with negative financial and operational consequences (Hassan Helaly et al., 2022; Mohammadi et al., 2022). At the policy level, QNWL can be viewed as a quality indicator for healthcare organizations. Enhancing leadership training, ensuring safe staffing levels, promoting fairness, and providing opportunities for professional growth should be prioritized as part of workforce strategies. Given the global nursing shortage, incorporating QNWL assessments into workforce planning policies can support retention and mitigate the risks of attrition.

4.3 Practical Applications

The availability of validated empirical referents, such as the Quality of Nursing Work Life (QNWL) Scale (Ts, 2022) and related tools, makes the concept measurable and actionable. Organizations can use these instruments to assess nurses' perceptions of QNWL, identify problem areas, and evaluate the impact of interventions over time. Indirect indicators such as turnover rates, absenteeism, and patient safety outcomes also provide valuable insights into the organizational effects of QNWL (Laserna Jimenez et al., 2022; Sibuea

et al., 2024). Practical interventions might include implementing flexible scheduling, fostering transformational leadership, promoting staff recognition, and investing in career development. In clinical practice, addressing QNWL is not only a matter of supporting nurse well-being but also a strategy to ensure safer and higher-quality patient care (Zaghini et al., 2023).

4.4 Future Research Directions

While this analysis strengthens the conceptual foundation of QNWL, it also highlights gaps in the current evidence base. Much of the literature relies on cross-sectional designs, which limit causal inference (Al Mutair et al., 2022; Alzoubi et al., 2024). Future research should employ longitudinal studies and intervention-based designs to test the effectiveness of strategies aimed at improving QNWL. Cultural variations in QNWL also warrant further exploration. Most studies originate from Asia and the Middle East, with fewer conducted in Western or African contexts. Comparative and cross-cultural studies would broaden understanding of how organizational culture, healthcare systems, and social norms shape QNWL (Lebni et al., 2021; Laserna Jimenez et al., 2022). Additionally, post-pandemic studies are needed to assess how structural changes in healthcare delivery have affected QNWL and what interventions are sustainable in the long term. Overall, this discussion underscores that QNWL is both a theoretical construct and a practical strategy for sustaining the nursing workforce and improving patient outcomes. Clarifying its defining attributes, antecedents, and consequences provides a foundation for future research, while highlighting management and policy implications positions QNWL as a central focus in healthcare leadership. By addressing QNWL proactively, healthcare organizations can improve nurse well-being, strengthen workforce resilience, and enhance the quality and safety of patient care.

5. Conclusion

This concept analysis provided a comprehensive exploration of quality of nursing work life (QNWL), clarifying it as a multidimensional construct with wide-ranging implications for nurses, healthcare organizations, and patients. By applying Walker and Avant's eight-step method, the study brought conceptual clarity to an area where definitions have often been inconsistent or overlapping. The findings confirmed that QNWL is not limited to the simple balance between professional and personal life, but also integrates deeper dimensions such as workplace fairness, supportive leadership, professional growth, and overall well-being. The analysis demonstrated that QNWL is shaped by a range of antecedents, including organizational justice, leadership styles, staffing levels, workload distribution, and opportunities for advancement. These antecedents highlight the fact that QNWL is not solely the responsibility of individual nurses but is largely dependent on the systems and structures within which they work. Creating environments that prioritize fairness, provide sufficient resources, and empower nurses is essential for enabling positive experiences of work-life quality.

The consequences of QNWL were also shown to extend far beyond the individual nurse. At the personal level, high QNWL promotes job satisfaction, motivation, resilience, and overall life quality. At the organizational level, it enhances retention, reduces absenteeism, and fosters a culture of teamwork and productivity. At the patient level, QNWL contributes directly to safety, compassion, and the overall quality of care. These findings emphasize that QNWL is not merely an individual concern but a critical factor for the success and sustainability of healthcare systems. Another significant outcome of this analysis was the identification of empirical referents that make QNWL measurable and actionable. Tools such as structured questionnaires, organizational performance indicators, and well-being assessments provide a way to evaluate QNWL, track progress over time, and assess the effectiveness of targeted interventions. The ability to

measure QNWL ensures that it can be systematically integrated into nursing research, workforce planning, and healthcare policy.

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