

## Factors affecting the quality of nursing work life in the Riyadh region, Saudi Arabia



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### ABSTRACT

Nurses with a higher quality of work life (QWL) demonstrate greater productivity, increased job satisfaction, and lower turnover rates. This study examines the factors influencing the quality of nursing work life (QNWL) in Saudi Arabia. A cross-sectional online survey was conducted among 380 nurses in selected tertiary care hospitals using a non-probability convenience sampling method. Data were collected using Brooks' Quality of Nursing Work Life Questionnaire. The findings indicate a moderate level of QNWL, with a mean score of  $3.295 \pm 0.451$ . Significant variations were observed based on gender ( $2.309, p > .001$ ), age ( $4.876, p < .001$ ), education level ( $2.740, p > .001$ ), monthly income ( $4.855, p < .001$ ), and marital status ( $2.432, p = 0.06$ ). These results suggest that the quality of nursing work life in the selected hospitals is moderate, underscoring the need for targeted interventions to enhance nurses' working conditions.

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### 1. Introduction

The important aim of the healthcare system is to ensure people's overall health, which includes their social, psychological, and physical well-being (Buheji and Buhaid, 2020). Creating an environment that supports healthcare professionals in enhancing the quality and efficacy of patient care services is the main goal of nursing (Dyrbye et al., 2021). Furthermore, it is imperative to emphasize that nurses allocate a significant portion of their workday within the confines of their occupational environment. For nursing professionals, this means that work-life balance and organizational commitment are essential. It is crucial to understand that unhappiness in these areas can have a detrimental impact on a person's performance in other areas, such as their responsibilities towards their families and communities (Hu et al., 2019).

In recent days, there have been many obstacles for nurses, such as workplace harassment, self-inflicted death, and high rates of staff churn. As a result, there is a greater need in the field of nursing for better working conditions and effective human

resource management techniques. In addition, the protracted COVID-19 epidemic has resulted in an abundance of work for nurses which has led to elevated levels of psychological stress. During the early stages of the epidemic, nurses demonstrated an admirable dedication to the government-mandated quarantine procedures in addition to providing quality medical care, demonstrating a profound sense of duty and compassion (Eliyana et al., 2020).

On the other hand, the prolonged pandemic has raised the need for improved working conditions. Furthermore, it is important to draw attention to a conspicuous deficiency of attention towards addressing the particular requirements and general well-being of nurses. This is partly because of the widespread misperception that nurses have an obligation to continuously put patient care before their personal lives. It may be possible to successfully address the need for improved working conditions by enhancing the overall quality of work life.

The components of job tasks, workplace conditions, opportunities for career advancement, fair and adequate compensation, degree of autonomy in carrying out job duties, participation in decision-making processes, assurance of job security, occupational stress, employment stability within the organization, and the quality of interpersonal relationships and work-life balance are among the factors taken into consideration in this specific context (Jin and Lee, 2020).

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Quality of work life has a significant effect on the organizational behavior of the employee. Quality of Work life is affected by the fatigue and burnout of nurses, which are likely to occur most with being married, working in urban areas, and in shifts (Leitão et al., 2021).

The QWL of nurses varies from low to considerable depending on the country. The report's conclusions indicate that Bangladeshi nurses consider their quality of life to be moderate. 52.4% of nurses in a Saudi Arabian study expressed unhappiness with their QWL, indicating that a significant proportion of nurses, especially those working in primary health care settings, expressed discontentment with their QWL. A recent Iranian study declares that QWL among nurses declined by about 70.8–81.2% (Boamah et al., 2017).

Within the particular context of Saudi Arabia, nurses make up a significant portion of the workforce in hospital settings. A 2018 study from the Ministry of Health stated that 140,000 nurses worked in hospital settings. Still, estimates for the future suggest that 260,000 nurses will be needed to keep healthcare at the level that is wanted (Jin and Lee, 2020). Organizational commitment and learning opportunities improve the quality of work life among nurses (Ruiz-Fernández et al., 2020), on the other side factors that contribute to the turnover of nurses include poor working conditions for nurses, inadequate funding, heavy workloads, an unbalanced nurse-to-patient ratio, overly bureaucratic procedures, a lack of managerial support, and inadequate pay. The evident scarcity of nurses has gained attention due to the development of hospital services (Tehrani-neshat et al., 2020). Hence, getting an understanding of QWL and its related factors within the nursing field can yield valuable insights for the formulation of improvement strategies.

Previous research has examined the connections between a variety of variables related to nurses' work lives and their levels of satisfaction, turnover, stress, and well-being; nevertheless, studies utilizing sample populations with the capacity to improve their work lives and responsibilities are still scarce in the Middle Eastern countries. Research on organizational commitment as a major element, influencing nurses' work lives and strategies to enhance it are lacking. Thus, the purpose of the current study is to investigate the factors influencing Saudi Arabian nurses' quality of work life. The statistical significance of the factors associated with the quality of Nursing work life was tested with the hypothesis that there is no significant association between the quality of nursing work life with the demographic variables of the participants.

## 2. Methods

### 2.1. Study design

A descriptive quantitative cross-sectional study was conducted. It was performed using a self-structured questionnaire that collected data over six

weeks from a sample of 380 nurses in healthcare settings in Riyadh, Saudi Arabia.

### 2.2. Setting and sample

Data was collected for a period of six weeks from the first week of February 2024 to the second week of March 2024. A non-probability convenience sampling technique was employed for selecting the sample. The sample size was calculated using the Richard Geiger equation, with a margin of error of 5%, a confidence level of 95%, the population, and 50% response distribution. On calculation, it was obtained that 351 were expected. The formula for sample size is presented below.

$$\text{Unlimited Population: } n = Z^2 * \frac{p(1 - P)}{\varepsilon^2}$$

$$\text{Finite Population: } n = \frac{n}{1 + Z^2 * \frac{p(1-p)}{\varepsilon^2} N}$$

where, n represents the sample size, z is the critical value equal to 1.960 for a 95% confidence level, N is the population size, and P is the sample proportion, which indicates the percentage of individuals in the sample who have a specific trait or characteristic, typically ranging from 50% to 70%

Native Saudi nurses working in the hospitals for more than six months were included. Nurses should be able to speak either Arabic or English were included in the study. Nurses who were psychologically or physically disturbed, which may affect their emotional and physical status were excluded from the study.

### 2.3. Variables

In the present study Quality of Nursing Work Life was surveyed among the nurses meeting the inclusion criteria. The factors associated with the Quality of Work Life were also analyzed statistically.

### 2.4. Instruments

Brooks' Quality of Nursing Work Life Survey, as cited by Suleiman et al. (2019) was used for data collection. It is a self-completion questionnaire with 42 items divided into four subscales: (a) work life/home life, (b) work design, (c) work context, and (d) work world. The questionnaire was adapted and translated into Arabic to be reliable and suitable for the nature of hospitals in the regions where the sample population was located. It was estimated that the questionnaire would take nurses 30 minutes to fill out and answer all the possible questions or be distributed online through different social media applications.

Validity of the tool was assessed through internal consistency by examining the correlation between each item and its respective section, and reliability was checked using Cronbach's  $\alpha$ . The correlation coefficient is significant at  $\alpha=.01$  or less. The tool was also found more reliable with the Cronbach's  $\alpha=.98$

## 2.5. Data collection procedure

Permission to conduct the survey among the nurses was obtained from the selected hospitals in Saudi Arabia through an email. The researcher informed all hospital management and the nurses regarding the study's purpose, expectations, and significance and gave contact information to access the researcher and express interest in participation (through the participant's information sheet). The questionnaire was sent to the participants through mail. It might take 30 minutes to complete the questionnaire by the participants. Data was collected from 380 participants during the permitted six weeks of data collection period. The researcher collected data directly online and hence ensured that there exists no bias in the survey.

## 2.6. Data analysis

Data was entered in the Excel Spreadsheets and analyzed using a Statistical Package for Social Sciences (SPSS), version 26. Demographic variables were described in frequencies and percentages. Mean and standard deviation were used to illustrate respondents' study fields. One-way ANOVA, which is a post hoc statistical analysis test, was used to make the association of QNWL with the demographic variables.

## 3. Results

From [Table 1](#), it is clear that among 380 participants, 184(48.0) were male, while 196(52.0) were female; 47(12.0) were under age 25, while 146(38.0) were 25–45, and 68(18) were 46–55; 188(49.0) held a bachelor's degree, while 82(22.0) had diplomas, and 76(20.0) had master's degrees; 76(20.0) were single, while 205(54.0) were married, and 60(16.0) were divorced.

[Table 2](#) describes the responses of the study sample which showed a moderate general acceptance toward the quality of nursing work life (QNWL), where  $M \pm SD$  is  $3.29 \pm .45$ . These results show that the study sample moderately disagrees with their QNWL. A significant difference in QNWL among participants was observed due to gender (2.30,  $P < .020$ ), age (4.87,  $p < .001$ ), also there is a significant difference in QNWL among participants due to education (2.74,  $p = .004$ ), there is a significant difference in QNWL among participants due to monthly income (4.855,  $p < .001$ ), and there is a significant difference in QNWL among participants due to marital status (2.43,  $p < .001$ ) ([Table 3](#)).

## 4. Discussion

This study explored the factors affecting the quality of nursing work life in Saudi Arabia. The sample included a total of 378 participants, representing diversity in age, educational level, and monthly income, to reveal a variety of study findings.

The study revealed a moderate general acceptance toward the quality of nursing work life within the dimensions of work life/home life, work design, work context, and work world. The results are in agreement with [Biresaw et al. \(2020\)](#) who found that the level of satisfaction in the work environment for nursing professionals was 40.8%. These results agree with those of [Al Mutair et al. \(2022\)](#) who studied a total of 860 nurses. The participants' average total score was  $174.5 \pm 30.3$ , suggesting a moderate to high quality of life and well-being ([Al Mutair et al., 2022](#)).

**Table 1:** Description of the demographic characteristics of the participants, N=380

Variables	Categories	n (%)
Gender	Men	184(48%)
	Women	196(52%)
Age	Less than 25 years	47(12%)
	From 25 – 45 years	146(38%)
	From 46 – 55 years	68(18%)
	From 56 – 65 years	52(14%)
	More than 65 years	66(17%)
Education level	Bachelor's	188(49%)
	Diploma	82(22%)
	Master's	76(20%)
	PhD	34(9%)
Monthly income	Less 5000 SR	37(10%)
	From 5000 – 10,000 SR	206(54%)
	From 10000 – 15000 SR	99(26%)
	More 15000 SR	38(10%)
Marital status	Single	76(20%)
	Married	205(54%)
	Divorced	60(16%)
	Widowed	39(10%)
Total		380(100%)

N: Total number of participants; n: Number of responses; SR: Saudi Rial

Various factors were associated with a good quality of nursing work life, including the public image of society (95%CI: 2.39–12.84), nursing position (95%CI: 1.63–8.25), working department (95% CI: 1.06–16.1), educational status (95%CI: 1.20–4.66), availability of a safe place to rest (95%CI: 1.07–3.75), and availability of safe drinking water (95%CI: 1.24–4.37). The nurses attained the highest score in the work world context (4.29), while the lowest score was observed in the work design component (3.92). The results are inconsistent with [Alharbi et al. \(2019\)](#), who found that the nursing work-life quality among nurses was moderate, with a mean score of 165 and a standard deviation of 26.8.

The primary determinants that had a significant impact were unfavorable working hours, insufficient amenities for nurses, inability to maintain a work-life balance, inadequate vacation time, inadequate staffing, subpar management, and supervision practices, limited opportunities for professional growth, and an unsuitable working environment in terms of security measures, patient care resources and equipment, and recreational facilities. Additional crucial concerns encompass the perception of nursing within the community and insufficient remuneration. On a more optimistic note, the majority of nurses expressed contentment with their colleagues, satisfaction with their profession as nurses, and a feeling of belonging in their work environments. Distinguishing disparities were seen

based on gender, age, marital status, presence of children or people under care, nationality, length of service in the nursing profession, length of service within the organization, duration in the current job,

and monthly remuneration. There were no notable disparities based on the educational attainment of primary healthcare (PHC) nurses and the geographical location of PHC facilities.

**Table 2:** Description of quality of nursing work life among the participants, N=380

No.	Items	Mean±SD
1	I can balance work with my family's needs.	3.28±.93
2	I can arrange for child care when I am at work.	3.20±.87
3	I have energy left after work.	3.24±.92
4	I feel that rotating schedules negatively affect my life.	3.29±.87
5	My organization's policy for family leave time is adequate.	3.21±.84
6	I can arrange for daycare for my elderly parents.	3.13±.87
7	I can arrange for daycare when my child is ill.	3.09±.45
	Work-life/Home life dimension	3.207±.48
1	I receive a sufficient amount of assistance from unlicensed support personnel.	3.41±.83
2	I am satisfied with my job.	3.10±.88
3	My workload is too heavy.	3.31±.85
4	I have the autonomy to make patient care decisions.	3.26±.84
5	I perform many non-nursing tasks.	3.22±.84
6	I experience many interruptions in my daily work routine.	3.24±.90
7	I have enough time to do my job well.	3.22±.86
8	There are enough RNs in my work setting.	3.15±.87
9	I am able to provide good-quality patient care.	3.17±.89
10	I receive quality assistance from unlicensed support personnel.	3.10±.87
	Work design dimension	3.22±.41
1	I am able to communicate well with my nurse manager/supervisor.	3.57±1.17
2	I have adequate patient care supplies and equipment.	3.49±1.18
3	My nurse manager/supervisor provides adequate supervision	3.41±1.22
4	Friendships with my co-workers are important to me.	3.45±1.27
5	My work setting provides career advancement opportunities.	3.46±1.19
6	I feel like there is teamwork in my work setting.	3.47±1.23
7	I feel like I belong to the "work family."	3.48±1.21
8	I am able to communicate with other therapists (physical, respiratory, etc.).	3.46±1.19
9	I receive feedback on my performance from my nurse manager/supervisor.	3.54±1.17
10	I am able to participate in decisions made by my nurse manager/supervisor.	3.39±1.19
11	I feel respected by physicians in my work setting.	3.46±1.17
12	The nurses' lounge/break area/locker room in my setting is comfortable.	3.43±1.22
13	I have access to degree completion programs through my work setting.	3.38±1.20
14	I receive support to attend in-service and continuing education programs.	3.44±1.18
15	I communicate well with the physicians in my work setting.	3.42±1.10
16	I am recognized for my accomplishments by my nurse manager/supervisor.	3.47±1.19
17	Nursing policies and procedures facilitate my work.	3.42±1.23
18	I feel the security department provides a secure environment.	3.39±1.19
19	I feel safe from personal harm (physical, emotional, or verbal) at work.	3.34±1.18
20	I feel that upper-level management has respect for nursing.	3.33±1.14
	Work context dimension	3.439±1.00
1	I believe that, in general, society has the correct image of nurses.	3.47±.77
2	My salary is adequate for my job given the current job market conditions.	3.21±.83
3	I would be able to find the same job in another organization with about the same salary and benefits.	3.37±.93
4	I feel my job is secure.	3.22±.91
5	I believe my work impacts the lives of patients/families.	3.30±.89
	Work world dimension	3.31±.56
	The overall mean score of quality of nursing work life (QNWL)	3.29±0.45

N: Total number of participants; SD: Standard deviation

**Table 3:** Association of the quality of nursing work life with the demographic variables; N=380

No.	Variables	Categories	Mean	F	P
1	Gender	Men	3.23	2.309	.021
		Women	3.34		
		Less than 25	3.06	4.876	.002*
2	Age (in years)	From 25 – 45	3.33		
		From 46 – 65	3.29		
		Above 65	3.35		
		Bachelor's	3.24	2.740	.043*
3	Education level	Diploma	3.26		
		Master's	3.38		
		PHD	3.41	4.855	.003*
		Less 5000 SR	3.28		
4	Monthly income	From 5000 – 10,000 SR	3.22		
		From 10000 – 15000 SR	3.42		
		More 15000 SR	3.34	2.432	.065
		Single	3.25		
5	Marital status	Married	3.34		
		Divorced	3.18		
		Widowed	3.25		

N: Total number of participants; F: ANOVA F test; \*: Significant at P<0.05

The results contrast Al-Dossary (2022) who found that nurses had a high standard of living,

showed a strong commitment to their company, and displayed excellent job performance. Nevertheless,



the staff nurses exhibited subpar work-life quality, organizational loyalty, and job performance. The relationship between training and development and continuation commitment had a significant positive association ( $P < .01$ ). There is a significant and positive relationship between job happiness and job security, as indicated by a substantial association with task performance ( $p < .01$ ) and contextual performance ( $p < .01$ ). A favorable correlation exists between the quality of work life, organizational loyalty, and job performance (Al-Dossary, 2022).

Nurses in this study performed many non-nursing tasks and experienced many interruptions in their daily work routine. The study by Al-Maskari et al. (2020) which involved 345 nurses and a response rate of 92.2%, had similar findings. The average age was  $33.3 \pm 5.1$  years, with the majority being female (90.7%), married (88.7%), of Omani nationality (70.1%), and holding a diploma degree (70.7%). In general, the nurses exhibited moderate levels of QWL (mean total score:  $179.99 \pm 24.17$ ). Both the job designation and nationality were identified as significant predictors of QWL, with a  $P = .041$  and  $< .001$ , respectively (Al-Maskari et al., 2020). The results of this study serve as a starting point for further investigation. The QWL of nurses impacts the quality of patient care and resulting health outcomes. Identifying areas of low QWL among nurses can assist in the creation of efforts to enhance their professional happiness, hence improving job performance and retaining employees.

Most nurses were satisfied with their jobs but felt their workload was too heavy. They had autonomy to make patient care decisions, which is in agreement with Essa et al. (2021) who found that a majority of staff nurses (57.0%) had a modest level of total quality of work life, while 86.5% demonstrated a modest level of organizational commitment. There was a favorable association between total organizational commitment and work life, work design, work context, work world, and total quality of nursing work life. Furthermore, a significant correlation was seen between the overall quality of nursing work life among staff nurses and their affective, continuation, and normative commitment. The study's findings demonstrated a positive correlation between the quality of nursing work life and organizational commitment.

Most nurses reported that nurse managers provide adequate supervision, that friendships with their co-workers are important, and that their work setting provides career advancement opportunities. This contrasts with Raeissi et al. (2019) who found that the average score for the overall quality of work life was 2.58, suggesting a low self-reported satisfaction with work life. Furthermore, 69.3% of nurses expressed dissatisfaction with their work life. The primary determinants were insufficient and inequitable compensation, organizational failure to address staff issues, lack of management support, job insecurity, elevated job-related stress, unjust promotion practices, and insufficient participation in decision-making processes (Raeissi et al., 2019).

In addition, the relationship between the quality of nursing work life (QNWL) and demographic profile showed a significant difference in QNWL among participants due to gender, age, education, monthly income, and marital status ( $P > .05$ ). Similarly, Hemanathan et al. (2019) reported that the link between socio-demographic variables and the QNWL is significantly influenced by factors such as a younger age group, education, dwelling location, and marital status. The QNWL was significantly associated with job-related variables such as years of experience (1–3), number of night shifts (5–7 days), number of overtime duties (3–4 days), working on off days, and taking breaks at the appropriate time.

Also, it agrees with Alharbi et al. (2019) found that characteristics such as non-Saudi nationality, older age, more work experience, being married, having full-time employment, working rotating shifts, and being in specialty units were significantly associated with higher QNWL scores ( $p < .05$ ). In addition to Raeissi et al. (2019) found several significant variables for lower quality of work life, including male gender, single marital status, advanced age, lower educational attainment, and employment in teaching hospitals. In contrast, Al Mutair et al. (2022) found that nationality, income, shift duration, having a dependent person, and having family accompany the nurse are key factors impacting the quality of work life among nurses. Suleiman et al. (2019) reported that the average score of BQNWL was significantly higher for nurses who had training courses in emergency departments ( $P = .008$ ). Nevertheless, there were no notable disparities observed in BQNWL scores with respect to demographic and work-related factors. However, the study also had some limitations. The convenient sampling techniques may provide a small degree of bias to prevent the comparison between the nurses' and other healthcare workers' quality of work life. The restricted study area of Riyadh made the results narrow and lacking diversity. Other factors may influence the quality of nursing work life but were not reported in this study.

A sufficient number of devoted nurses must be engaged and retained in order to deliver safe and effective healthcare. Leaders must always take cultural differences into account when creating policies, in addition to the dedication and job happiness of staff nurses (Boamah et al., 2017; Tehranineshat et al., 2020). In order to effectively contribute to fostering an atmosphere that is attractive to new hires, retains current nursing personnel, and explores methods for restructuring the healthcare system, nursing leaders must possess the requisite knowledge and abilities. This entails creating a culture of excellence and dedication among staff members, improving the quality of work life, and creating a supportive environment for employees (Galanis et al., 2021).

The study encountered a few limitations. In order to select the sample, a non-probability convenience sampling method was used which may provide a small degree of bias, especially in the study to

prevent the comparison between the nurses and other health care professionals. The restricted study area of Riyadh made the results narrow.

## 5. Conclusion

This study reveals that the quality of the nursing profession is, at best, moderate due to various factors such as the work environment, budget constraints, and nursing specialty. Many nurses express dissatisfaction with their job. Contributing factors include unfair promotion practices, inadequate and uneven pay, poor handling of employee concerns, lack of managerial support, job insecurity, high job stress, and minimal involvement in decision-making. These findings are crucial and recommend the need for improvement in the concerns towards handling of the staff nurses and support from the organization for the personal and professional growth of the nurses in the hospitals in Riyadh.

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## Compliance with ethical standards

### Ethical considerations

Ethical approval for this study was obtained from the Institutional Review Board (IRB) at King Fahad Medical City, under the exempt category (IRB No. 23-536C). Permission to distribute the online survey among nurses was also granted by the relevant hospitals. In addition, written informed consent was collected from all participants. Anonymity was ensured by using a data collection ID assigned by the researcher. Participants could choose whether or not to provide their names. They were asked not to include any personal identifiers, such as identity numbers, phone numbers, or file numbers. The study followed data protection principles. All data were handled, analyzed, and reported in group form. For security, the data were stored in a locked cabinet accessible only to the researcher.

### Conflict of interest

The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

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