



Quality of Nursing Work life: A Concept Analysis Review Using Walker and Avant Approach

Mahnaz Bahrami¹, Ahmad Nasiri^{2*}

1. Assistant Prof., Dept. of Medical-Surgical Nursing, School of Nursing and Midwifery, Birjand University of Medical Science, Birjand, Iran.
2. Professor, Dept. of Medical-Surgical Nursing, School of Nursing and Midwifery, Birjand University of Medical Science, Birjand, Iran.



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* **Corresponding author:**
Ahmad Nasiri,
E-mail:
Nasiri2006@bums.ac.ir

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Abstract

Background: Nurses' work life significantly impacts their overall well-being. This study aimed to comprehensively understand the quality of work life (QWL) in nursing, identifying its dimensions, attributes, and functions.

Materials and Methods: Walker and Avant used the eight-step concept analysis method to determine the defining attributes of the quality of nursing work life. The search was done in the English databases of Web of Science, Scopus, PubMed, Science Direct, and Google Scholar together with Persian databases of Magiran and SID with the main keyword 'Quality of Nursing Work-life'. The quality of work life of nurses and its derivatives were searched without a time limit. In the initial search (December 2022-September 2023), 135 articles and finally 26 articles were reviewed.

Results: The quality of nursing work life was defined and its dimensions including Work Design, work-life/Home Life, Work Context, and Work World were determined. Antecedents that can be assumed as potential factors of the quality of work life were categorized. Consequences were in managerial, professional, personal, and social domains.

Conclusions: The quality of work life, especially for nurses, is a concept in which many factors are involved and can have different consequences for nurses, managers, and even patients and their families. The results of this study can help better understand the quality of nursing work life in research and clinical environments

Keywords: Quality, Work Life, Nurse

Introduction

Everybody who has ever worked understands the significance of a job in daily life. Work frequently influences a person's thinking, daily routine, social identity, and, in some situations, whether they have an independent family. These effects extend beyond the legally mandated attendance hours. Thus, the quality of work life becomes an integral part of the general quality of people's life and can affect other areas of life and vice versa [1].

In health care institutions, and especially for nurses, a positive work environment should be created and

maintained to ensure an environment where nurses can provide high quality services [2]. Nevertheless, the conditions in the healthcare system are such that the constant pressure to provide more and better services using the same or reduced resources for the future is predictable; thus, in order to survive, healthcare organizations need to improve productivity [3].

On the other hand, the concept of the quality of work life is beyond providing jobs and income, where an environment should be provided for employees in whom they feel the organization needs them and they are accepted in their working environment [4]. In addition, the quality of work life is not limited to

organizational boundaries, and the personal life of nurses should also be considered [2].

The current healthcare system's major obstacle to improving patient outcomes has been identified as the shortage of competent nurses. Since their opinion of the work environment influences the retention of nurses, it follows that the leaders of healthcare organizations should place a high premium on recruiting and maintaining a sufficient number of qualified nurses. Good work environments have been linked to lower levels of stress at work, higher levels of job satisfaction, and lower rates of nurse turnover [5].

According to the Akter's study which examined the quality of work life among nurses, it was found that nurses often suffer from physical and mental problems during work [6]. Studies have shown that the quality of work life among nurses in different countries varies from low to medium level [6-7]. A key factor in nursing management is the standard of a nurse's working life; indeed, nurses play a crucial role in the hospital workforce. The effectiveness of a nurse's work and the standard of care they provide are determined by their quality of work life [7].

Considering the direct impact of the working life dimension on the entire life of people, it seems necessary to analyze the quality of work life to improve the working conditions, taking into account the physical, mental, psychological and social needs of people [2]. Quality of work life is an umbrella term, whose characteristics are not specified in nursing [3]. Therefore, analyzing the concept of nursing work life is crucial to clarify its definition, the relationships between its components, and its impact on nurses [5]. This knowledge is particularly valuable for nursing managers, as it can inform their understanding of the factors influencing nurses' work lives and the resulting consequences [8].

To achieve a precise definition of the concept of "quality of nursing work life," methodologies relevant to concept development should be utilized. Researchers have employed a variety of methods to create concepts, such as the concept analysis methodology, which is a well-known strategy in concept development which looks at a concept's fundamental components to ascertain its nature and function [9]. Concept analysis can be an appropriate starting point for understanding different aspects of a concept. Concept analysis also helps classify, categorize, and make phenomena compatible with one another. It also helps come to a shared understanding of phenomena, avoids conflict and personal perceptions, clarifies many hidden concerns, and ultimately strengthens the nursing profession [5, 9]. It is also necessary to analyze the main concepts of the nursing field based on the native nursing system of the

country to be the basis for future studies [10]. Accordingly, the present study aimed to analyze the concept of quality of nursing work life and to illuminate the knowledge related to this concept using the Walker and Avant (2011) method.

Materials and Methods

This is a review study in which the concept analysis method of Walker and Avant (2011) was used to investigate the multiple dimensions of the concept of the quality of work life of nurses to clarify the attributes of this concept. In this approach, a concept is analysed in detail to reach a better understanding. This method includes eight steps, and provides a systematic method for analyzing concepts [5]. The steps of concept analysis in this approach include: 1) Selecting a concept, 2) Determining the purpose of the analysis, 3) Identifying uses of the concept in the literature, 4) Identifying defining attributes, 5) Constructing a model case, 6) Constructing a borderline and a contrary case, 7) Identifying antecedents and consequences of the concept, and 8) Defining empirical referents.

The inclusion criteria of articles were as follows:

1. Articles were chosen without any date restrictions.
2. Articles must be indexed in English databases such as Web of Science, Scopus, PubMed, ScienceDirect, Google Scholar, as well as in Persian databases such as SID and Magiran, and should not belong to gray literature sources.
3. Articles could be written in English or Persian and had been published in a peer-reviewed journal.
4. The search strategy employed to retrieve related articles involved a literature review which incorporated a combination of keywords including "Quality of Life," "Nurses," "Quality of Work Life," and "Work Life," utilizing the operators "AND" and "OR". The keywords should be present in the title or abstract, with "Quality of Nursing Work life" as the primary keyword. Articles for which full text access was not available were excluded from the study.

Studies were analyzed and reviewed, basically with a focus on the concept of quality of work life. Additional studies were also identified from the references of the reviewed articles. The search was conducted within the time range December 2022-September 2023. After deleting duplicate studies, 26 studies were finally selected for the final review (Fig. 1). Most of the reviewed studies had been conducted in various fields such as psychology, nursing, management, and social sciences. Over time, the number of studies showed an ascending trend, where more than a third of them were related to the last six years (2017 to 2023). This indicates the increasing emphasis of researchers on the quality of work life.

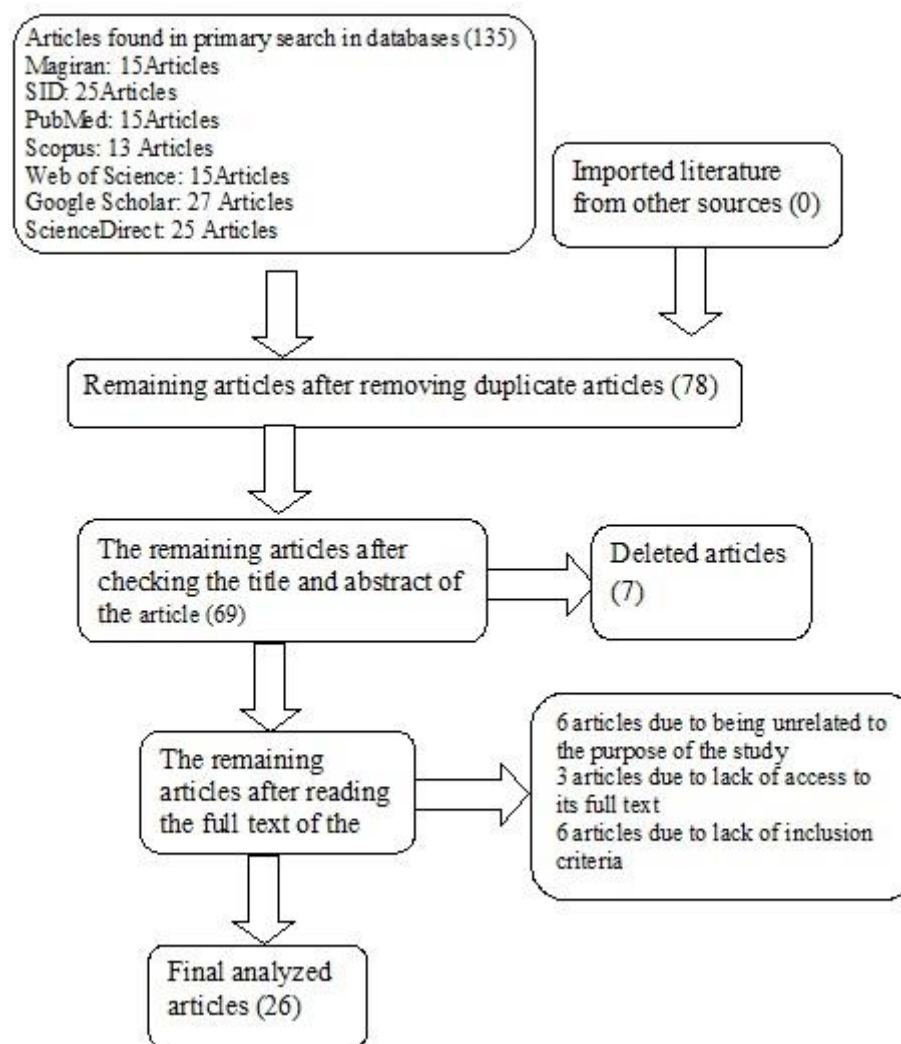


Fig. 1. Article search and exclusion process

Results

Reason for selecting the concept: Four aspects of nursing work are distinctive: 1. A nurse can work in a variety of roles and a complicated, diversified, and professional environment. 2. The sickness is so severe that many departments, including the ICU and emergency room, require round-the-clock supervision. 3. The sciences are always evolving; operating rooms and intensive care units frequently employ new instruments and technologies. 4. There are various nursing ranks in the health system [7]. In addition to these characteristics, studies have shown that nursing staff are more likely to experience psychological distress than the general population and are exposed to various burnout factors at work.

For this reason, the quality of life related to their work is a topic that has attracted considerable interest recently due to the importance of personal, environmental, and organizational factors involved in work [11]. The quality of work life is basically a multi-dimensional concept and its analysis leads to the understanding of people, work, and organization [12].

Nurses have always been at the forefront of healthcare. Nurses experience more stress than other health care workers due to workload, shift rotation, suffering of patients and many other occupational stressors that are

an important factor in protecting public health, containment, as well as control of infection and isolation. Symptoms of depression, such as stress, anxiety, and worry, which affect the quality of work life, reduce the concentration and cognitive performance of nurses, which may affect their job performance and ultimately lead to a decline in the quality of patient care [13]. Notably, in Iran, 80% of the people working in the health system are nurses. This can have a negative effect on the behaviour, performance, and quality of work life of nurses [14]. Accordingly, the concept of the quality of work life of nurses was chosen for the analysis of the concept.

Determining the purpose of the analysis: Concept analysis is used for a variety of purposes. Its goal is to enhance the concept's exploratory potential by dissecting a vague idea's internal workings, figuring out what makes it up, elucidating frequently used notions, setting one concept apart from related concepts, and offering a foundation for the concept's development [15].

Since, based on the conducted research, there are many challenges regarding the concept of quality of work life and there is still no consensus on the definition of this concept, it is not possible to have a common understanding without a consensus on these concepts,

and it leads us to mistakes. Extensive research is needed in this field, as indicated by the findings of most previous studies [16-19].

In addition, if nursing researchers are going to investigate the quality of work life and its effects as well as develop the body of knowledge related to this concept, they should continuously conceptualize and operationalize the concept of quality of work life. It is only in this case that the results of different studies on the quality of work life are comparable (5). On the other hand, there is no consensus about the concept of quality of work life (QWL) and there are different models for its analysis and evaluation [11]. Therefore, the purpose of the current concept analysis is to clarify the concept of the quality of work life of nurses by using the Walker Avant approach, while trying to clarify and integrate the meaning of this concept to help enhance the stability in the application of this concept in relevant articles and discussions [15]. The selection of this particular method can be attributed to its simplicity and ease of use. Walker and Avant's approach is one method which serves as a means of conceptualization and development, eventually leading to theory development through simplification and clarification of a given concept.

Application of the concept of quality of work life in nursing: The conceptual components mentioned here help nursing managers be aware of the benefits that lead to enhancing the quality of nurses' professional life. Human resource managers who oversee nursing staff can create and execute employee productivity initiatives that enhance nurses' quality of life at work; these initiatives can help nurses manage their job and family responsibilities. Additional insights discovered from this conceptual study offer data that may be applied to enhance the workplace. Concerns regarding workplace safety and personal injury prevention are common among nurses. Just 50% (n = 187) of respondents in recent research said they could influence nursing managers' actions. These results highlight opportunities for improvement and reinforcement for nursing leaders, as well as further research into factors contributing to a higher quality of work life for nurses. In addition, nursing leaders may re-examine job satisfaction in light of the benefits of assessing the quality of nursing occupational life [9].

Definition of Quality of nursing work life: Before the quality of work life of nurses is defined, it is necessary to examine the concepts that make up this concept, which include the quality of general life and the quality of work life.

General quality of life: The concept of quality of life has been discussed over time in several fields of knowledge, but the study of quality of life in the field of health is relatively new and the first studies trace back to the 1930s. It is common practice to employ the World Health Organization's definition of this concept, which

is as follows: "People's perception of their position in life within the framework of the culture and value system in which they live and in relation to their goals." This definition takes into account an individual's state of mind and body, degree of independence, social interactions, personal beliefs, environment, and culture. It also reflects the state of human life globally and individual interests by enhancing the environmental, spiritual, political, moral, and social aspects of life [20]. Quality of work life: It was in the late 1960s that Irving Bluestone first used the term "quality of work life". Initially, QWL was synonymous with the degree of work fit with salary, job security, income, and benefits (1) and then this concept was developed for which researchers considered several factors. The quality of work life as a multi-dimensional and developing concept has been defined in various ways since the beginning of this concept, and different people have mentioned different definitions and examples for it [21]. In the following table 2, the definitions of the quality of work life are summarized:

In light of the aforementioned, the authors' suggested definition of QWL is as follows, which is predicated on the integration of the two notions of general quality of life and quality of work life: At a given point in time, an individual's quality of work life is determined by the circumstances surrounding his or her dynamic pursuit of goals in hierarchically organized work environments. A person's achievement of these goals is enhanced by the positive effect of working life on the general quality of a person's life, organizational performance and, as a result, the overall performance of society [1].

Quality of nursing work life: The concept of quality of work life in nursing is somewhat different from the general concept of quality of work life. The specific professional conditions of nurses have made this concept unique in this profession. Some authors have defined this concept in nursing. For example, in the Sirin's study, the quality of a nurse's working life is a comprehensive framework that outlines the elements of a positive work environment guaranteeing high job satisfaction, enhancing the nurses' feeling of well-being, and improving patient as well as healthcare worker outcomes [2]. Alternatively, according to Brooks's study, providing chances for nurses to engage in meaningful participation within their organization is key to improving the quality of work life for nurses [27]. A high-quality work environment, according to Viselita's study, is one in which "nurses' needs and expectations are met and patients achieve their health goals" [23]; however, Brooks' definition of nurses' work life is more acceptable has Brooks defines the quality of nurses' work life (QNWL) as follows: The degree to which nurses can meet their significant personal needs through their experiences in their work organization by accomplishing the organization's goals is referred to as the quality of the nursing work life. The quality of a

nurse's work life is determined by how well they can balance accomplishing organizational objectives with

meeting significant personal demands [6, 7, 9, 16, 17, 22, 23, 28, 29].

Table 2. Definitions of the quality of working life in different times

Author(s)	Year of publication	Findings
Walton	1973	The quality of working life is the reaction of employees to work, especially its necessary consequences in satisfying job needs and mental health [24]. QWL places a strong emphasis on both the social responsibility of the employee and the demands and goals of humans. This QWL approach highlights work as a whole, mentioning elements of non-work life in addition to one's work environment [11].
Boisvert	1977	QWL is a collection of beneficial effects that come with having a job for the person, the organization, and the community [1].
Carlson	1980	Quality of work life (QWL) is a goal and a continuous process to achieve this goal. As a process, QWL requires efforts to achieve this aim through the active participation of everyone within the organization. As a goal, QWL is the commitment of any organization to enhance work [1].
Smith, Hood & Piland	1981	Quality of work life (QWL) includes job satisfaction, feeling of job tension and perceived organizational atmosphere and is influenced by people's feelings and perceptions [18, 22].
Nadler & Lawler	1983	Apart from considering individuals, tasks, and organization, the quality of work life has its unique components: (1) apprehension about how work affects individuals as well as the efficacy of the organization; and (2) the notion of involvement in decision-making and problem-solving inside the organization [1].
Robertson	1990	QWL is defined as QWL conditions (the objective aspects of a job), QWL feelings (each person's subjective feelings about the job and working conditions), and QWL results (people's perceptions of the conditions and feelings) taken together [22].
Kiernan & Knutson	1990	QWL refers to an individual's understanding of their job at work and how that role interacts with other people's expectations [1].
Kerce & Boot Kewley	1993	The quality of work life is the employees' understanding of their work, organization and employer [1, 23].
Abo-Znadh	1998	Quality of work life (QWL) is a multifaceted variable that includes reactions, subjective feelings and personal perceptions of an employee that he/she receives at the workplace [2, 3, 7, 22]
Sirgy, Efraty, Siegel & Lee	2001	QWL refers to how satisfied workers are with the resources, activities, and outcomes they receive from their involvement in the workplace [1].
Lohfeld & Tjam	2002	Strengths and weaknesses throughout the entire work environment are referred to as QWL [22].
Bediako	2002	An organization that challenges the human spirit and fosters personal growth and development is considered to have a high-quality work environment [22].
Gifford, Zammuto & Goodman	2002	QWL measures include empowerment, job involvement, organizational commitment, and intention to leave the profession [22].
Brooks & Anderson	2004	QWL is a satisfactory structure for evaluating work or employees' feelings about work and work environment [22]. A worker's mental perception and contentment with the physical and psychological appeal of their workplace and the degree to which their requirements are satisfied constitute their quality of working life [24]. The degree of an employee's participation and contentment at work while meeting organizational objectives, personal requirements, and work-related demands is known as the quality of work life, or QWL [2].
Hsu & Kernohan	2006	QWL is a method of reasoning about individuals, work, and organizations [22].
Dargahi & NasleSeragi	2007	QWL is a comprehensive and extensive program throughout the organization to increase employee satisfaction [22]. QWL refers to the attitude towards the job and general satisfaction with working life and the feeling of value and respect in the organization [25]. The quality of work life is a new form of job satisfaction, which refers to the extent to which the personal needs of members of an organization are met through work experience in the organization [4].
Angilletta Argentero, Miglioretti	2007	When a person compares their desires, expectations, and hopes with what they perceive as reality, they arrive at QWL [22]. Quality of work life is a process in which employees can participate in decisions related to the design of their organization's jobs [12].
Khodayarian, Vanaki & Navipour, Vaezi, Griffin	2008	QWL has been defined as the ability of employees to meet important personal needs through their learning in the organization [22, 26]. QWL is a process during which employees and stakeholders of organizations learn how to work better with each other to improve both the quality of life of employees and the effectiveness of the organization at the same time (26). The quality of nurses' working life means that they can meet important individual needs through their experience and learning in the organization (12).

Defining attributes: Numerous studies have been based on the concept of nurses' quality of work life provided by Brooks and Anderson. Since their definition offered common ground and was also the most widely agreed term among the analyzed research, it was utilized as a turning point in this investigation. In order to assess the quality of a nurse's work life, Brooks and Anderson identified four factors: work/home life, work design, work context, and work world.

The first attribute of Brooks and Anderson's definition is work life/home life or the work interface between nurses and home life. Since most nurses are women, this dimension reflects the role of mother (care of children), daughter (care of elderly parents), and wife (family needs) [9, 28, 30].

The second attribute of Brooks and Anderson's concept, known as the characteristic of work design, characterizes the actual work nurses do and is characterized as the composition of nursing work. Here are several characteristics of the nursing workplace, including workload, workforce, and autonomy [9, 30].

The definition of attributes allows us to distinguish a concept from related concepts [5]. One of the concepts that is very close to the concept of quality of work life is job satisfaction if the focus of quality of work life is beyond job satisfaction [3]. Considering the nature of the structure of job satisfaction, which is dependent on the personality of employees, it is not a suitable concept for a person's feelings about work [16]. Some recent studies have confused the quality of nurses' work life with job satisfaction. Conventional research on job satisfaction has primarily focused on employees' likes and dislikes, and this approach has been applied to nursing in the past [9] and the solution to the problems is "fixing" that problem [27]. Despite evidence that higher job satisfaction does not always translate into better performance or patient outcomes, many organizations still measure job satisfaction. Personality accounts for up to thirty percent of the variable in job satisfaction, and employers have little control over this [9].

Therefore, job satisfaction is an unfavorable structure for evaluating employees' feelings about work since the results are affected by the employees' personality [16]. Thus, job satisfaction is not the same as the quality of work life and only hinders the understanding of its meaning [9]. Numerous management science specialists and organizational psychologists hold the view that job satisfaction and quality of work life are distinct concepts, despite certain literature treating them as synonyms. The distinction between job satisfaction and work-life quality lies in the fact that job satisfaction is a consequence of high work-life quality. One of the key elements influencing employee performance and, eventually, the standard of healthcare delivery in health services organizations is the quality of work life [31].

Nurses' supportive work environments are another concept that is similar to but distinct from the idea of quality of work life. "Where the needs and expectations of nurses are met and patients achieve their health goals" is the definition of a high-quality work environment. It is important to establish and preserve a positive atmosphere at healthcare facilities so that staff members can deliver high-quality care. This area is crucial for developing a high-quality work environment that is furnished with managerial, organizational, psycho-social, and financial incentive instruments to foster the desire to offer nursing care [2]. To some extent, this concept includes the concept of the quality of work life of nurses. However, given the characteristics outlined by Brooks and Anderson, the concept of quality of work life appears broader than the working environment alone, as it encompasses social and family factors. Consequently, the definition of this concept may be insufficient.

Finally, the border between these concepts is not defined in some studies and in many of them they are used interchangeably. Clarifying the boundaries between the quality of work life, job satisfaction, and supportive work environment for nurses will help in accurate use of these terms in future studies.

Constructing a model case: A model case is a pure example of the studied concept and shows all the defining characteristics of the concept [32]. In this narrative, Mrs. A. J's work life conditions indicate a high-quality work life in which a person feels satisfied and belongs to her profession in all aspects.

Example: Mrs. A.J is 33 years old and has 2 children and is a nurse in the oncology department. She also takes care of her sick mother at home. Mrs. A.J manages her work schedule and taking care of her sick mother and children well so that there is no disturbance in her family life. In addition, in the oncology department where she works, the division of duties has been done well and correctly, and a sufficient number of nurses has reduced the workload and has led to the provision of quality care to patients and their families. Mrs. A.J is satisfied with the way the department is managed and there is no shortage of devices and equipment in the department. She has a friendly relationship with the head nurse and other colleagues and considers them as her family. All comfort facilities are provided in the work environment and she says that she has job security and she receives appropriate salaries according to her work. She feels that doctors and high-level managers value and respect nurses. Mrs. A.J was chosen as the best nurse last year and was honored and is happy that she is considered a useful and valuable person for the society by other friends and people around her.

Additional cases: Additional cases are defined to provide examples of what the concept is not and to

make the concept clearer along with making sure what the concept is. These cases include related, borderline, and opposite cases [33].

Borderline case: Some concepts do not ensure all aspects of quality of work-life and only cover some of these aspects. Some of these concepts, such as job satisfaction (professional aspect), occupational safety (security in the workplace), or professional resilience, only cover certain aspects of quality of work-life. A borderline case includes most, but not all, defining attributes of a concept [5]. Ms. S. A's working conditions are an example of the quality of working life, which has been paid attention to in some aspects and is deficient in others. In this situation, the quality of working life is neither optimal nor not optimal.

Example: Mrs. S.A, 38 years old, married and has one child, works as a nurse in the surgery department. She tries to spend weekends with her family. In the surgical department where she works, team work and collaborative decision-making in the department is extremely low, and due to the lack of coordination between different professions, arguments have arisen several times. Mrs. S.A does not have freedom of action and independence in care giving of patients and she will be reprimanded if she takes care outside of the doctor's order. However, there is a friendly relationship between the nurses. In the department, there is a suitable space for nurses to rest, but the old equipment sometimes has technical defects that even cause safety problems. Mrs. S.A has referred to the supervisor and nursing manager several times for her work problems and they have listened carefully to her and provided the necessary cooperation. Despite her efforts to perform her duties correctly, she has never been appreciated or promoted.

Contrary case: Nurses with low quality of work-life are demotivated and become indifferent towards their profession. Ultimately, this condition leads them towards burnout. Indeed, in contrast to a nurse who possesses the quality of work life, there is a nurse who has become demotivated and experienced burnout. A contrary case cannot satisfy the defining characteristics of a concept [5]. Mrs. A.J and Mr. B. T's working conditions are completely opposite to each other. The quality of Mrs. A. J's work life encourages her to provide quality services to patients and their families and reduces job burnout.

Example: Mr. B.T, 27 years old and married, lives in the outskirts of the city and is newly hired as a nurse in the city's central hospital. Upon entering the hospital, he started his work in the ICU department, which has a large number of patients and 3 of the nursing staff are on leave and has a high workload. Mr. B.T has sleep problems and back pain due to frequent shifts, and the head nurse is unable to reduce his shifts due to lack of manpower. On the other hand, the frequent shifts caused his wife's dissatisfaction. Mr. B.T, despite his interest in continuing his education, has been banned

from continuing his education by nursing managers. His monthly salary is not enough for his living expenses and he has faced financial problems. In the ICU department, the communication between the nurses was not respectful and friendly, and Mr. B.T was criticized and blamed especially because he was newly hired and made possible mistakes. The Electrocardiograph machine has a short circuit and Mr. B.T got mild electrocution several times while taking his ECG. These conditions have caused Mr. B.T to not have enough motivation to provide quality care to patients.

Antecedents: The antecedents of the quality of work life are a set of factors that can influence this concept. Studies have shown that many factors can contribute to the creation or lack of quality of work life. These factors, which can be assumed as potential factors of the quality of work life, are categorized into 9 items, which include: personal characteristics, salary and benefits and job opportunities, management and leadership, professional nature, participation and teamwork, professional independence, environmental-psychological factors, work and social communication, and work-life balance.

Consequences: Increasing or decreasing the quality of work life can lead to possible positive and negative consequences in the employees, and even the level of the organization and society. A summary of these results is presented in Table 3. As can be observed, these consequences were in managerial, professional, personal, and social domains. Quality of work life is thought to be one of the key factors influencing public life quality; therefore, its effects can have a significant impact on many aspects of an individual's life and even have societal implications (Fig. 2).

Empirical referents: The identification of empirical referents for the defined attributes is the final step in the concept analysis process. The concept's measurement and the degree to which the definition can help measure and verify it are demonstrated by the empirical referents [34]. Empirical referents enable us to identify and measure a clinically relevant phenomenon in study and practice [35]. According to the review of the conducted studies, considering the context-based nature of the concept of quality of work life in different societies and cultures, scales have been tried to be designed to measure it (Table 4). Although before the scale designed by Brooks et al., sometimes even the job satisfaction scale was used to measure the quality of work life, with the design of a special scale by Brooks et al., a more specific view was created for this concept. Thus, Brooks' quality of work life scale is the most widely used scale by researchers, which includes 4 dimensions (work life/home life, work design, work context, and work world). Other researchers such as Attridge & Callahan (1990), Villeneuve et al. (1995),

and Sirin & Sokmen (2015) have elaborated on this concept by developing tools [2, 36] that summarize the

key features of common instruments for measuring the quality of work life, as presented in Table 5.

Table 3. Antecedents of quality of nursing work life

Variables	Antecedents
Work and social communication	Positive and constructive communication with managers, doctors, and nurses Respectful human relations
participation and teamwork	Joint decision-making and group cohesion Team building and teamwork
professional independence	Freedom of action and decision-making Job independence
work-life balance	-
salary and benefits and job opportunities	Fair pay and benefits Promotion Professional appreciation Welfare and sports facilities
personal characteristics	Age and sex Education Experience and work history Culture and personality traits
professional nature	Load and volume of work Working conditions and hours Lack of power Non-nursing duties Role conflict
management and leadership	Leadership and management style Hospital policies and procedures Managers' support Competency and competence of the manager
environmental-psychological factors	Occupational safety Job stress Supportive environment work discipline

Table 4. Consequences of the quality of nursing work life

Variables	Consequences
Individual (personal) results	Increasing job satisfaction Enhancing motivation Reducing job burnout Decreasing the intention to leave the profession
Organizational and professional results	Increasing organizational commitment and attracting and retaining nurses Heightening productivity and efficiency Stability of the nursing team Augmenting job security Increase work commitment
Social results	Enhancing the quality of care Increasing patient satisfaction Reducing health risks in society Lowering patient mortality

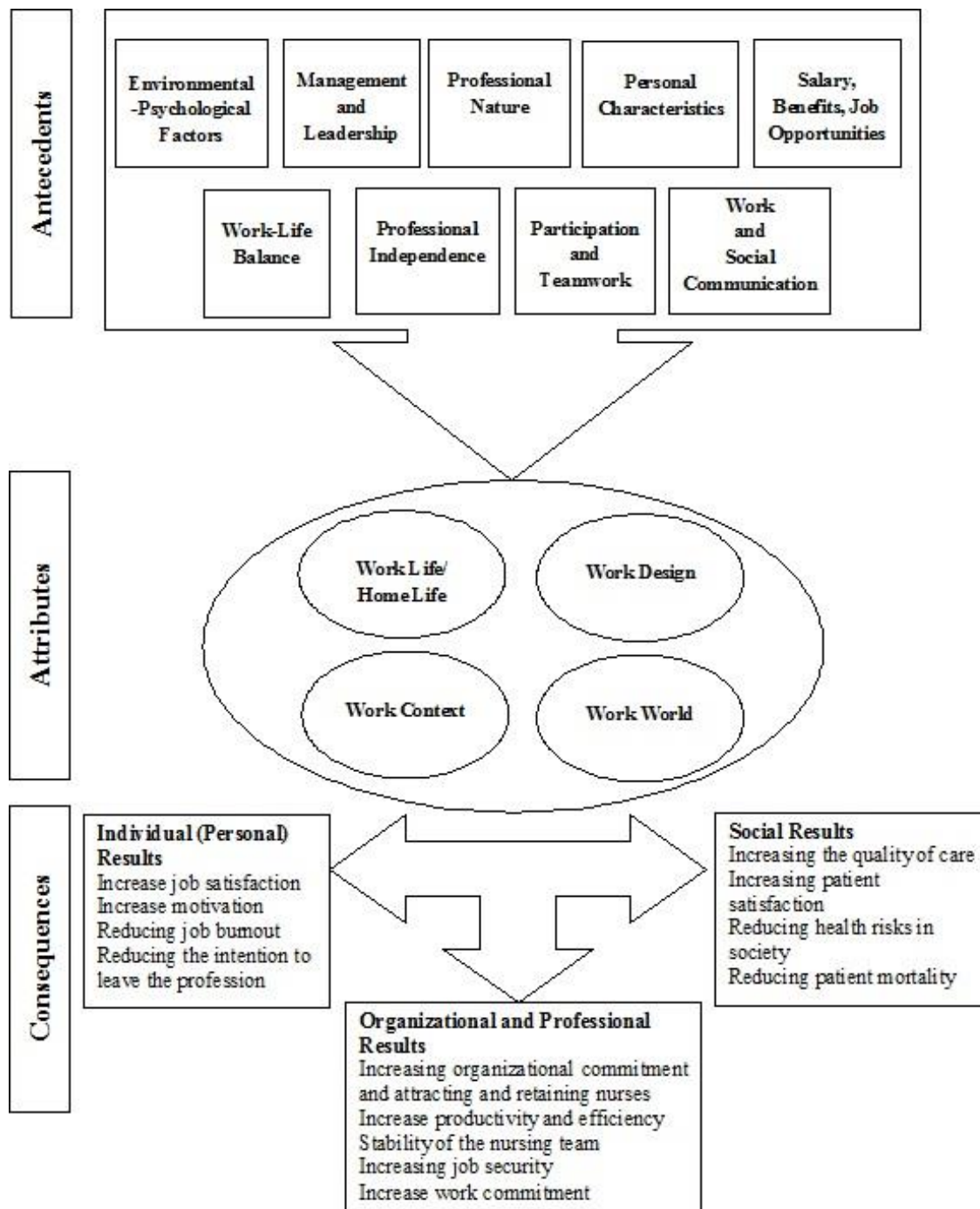


Fig. 2. Conceptual model of quality of nursing work life

Table 5. Empirical referents of the quality of nursing work life

Authors (year)	Attridge & Callahan (1990)	Villeneuve et al., (1995)	Brooks & Anderson (2006)	Sirin & Sokmen (2015)
Dimensions	<ul style="list-style-type: none"> •Characteristics of the organization •Acknowledgment of value •Nature of nursing work <ul style="list-style-type: none"> •Human and other resources •Self-career development •Collegial relationships 	<ul style="list-style-type: none"> •Work setting issues <ul style="list-style-type: none"> •The work itself •Work life/Home life Interactions •Personal satisfaction and feelings about work <ul style="list-style-type: none"> •Societal/Work world issues •Management/Leadership issues 	<ul style="list-style-type: none"> •Work life/Home life •Work design •Work context •Work world 	<ul style="list-style-type: none"> •Work Environment •Work conditions <ul style="list-style-type: none"> •Relations with managers •Support Services •Job perception

Discussion

To employ and retain nurses as well as enhance their quality of life and productivity, healthcare businesses should offer a high-quality work environment. Many factors in the clinical environment or even outside the

work environment affect the quality of work life of nurses. The concept of quality of nursing work-life has long been a subject of interest to researchers, particularly in today's world where nurses play a prominent role in managing and controlling significant healthcare challenges.

Managers are expected to pay attention to quality of nursing work-life under all circumstances, examine the influential factors within their organization, and develop operational plans to enhance quality of nursing work-life. Although it is possible to adopt strategies to improve the quality of work life of nurses after creating problems for nurses by managers, it is more logical to anticipate measures to improve the quality of work life of nurses in advance. The specified antecedents for the quality of work life of nurses identified in the present study can be useful in providing strategies to improve the quality of work life. It is even necessary to identify the needs and problems affecting the quality of their work life in each organization during brainstorming sessions with nurses. Investigating the roots of nurses' problems and trying to solve them by managers can be promising for nurses even if there is no change in their work life conditions. These measures make nurses feel important and support them mentally and emotionally. The efficiency of the nurse in the health system depends on the measures taken to preserve the body and soul of the nurse [24].

Neglecting the quality of work life of nurses can have wide-ranging consequences, and most importantly, job burnout and leaving the profession or staying in the profession. As a result, it leads to a decline in the quality of patient care. As a result, since nurses make up the majority of those employed by the health system, it is imperative that we pay attention to their quality of work life. This is because attaining high standards of patient care quality depends in large part on comprehending and subsequently improving the quality of a nurse's work life [24]. Therefore, managers should evaluate the quality of work life of nurses. If the level of quality of work life of nurses is low, managers should initiate plans and strategies to improve the quality of work life of nurses in the organization so that they can prevent its consequences in time.

Given the shared attributes of a high-quality work life, the majority of the organization's employees may share a common understanding of this concept. Thus, in-depth research based on the context of individuals in various businesses is required for the practical definition of the quality of work life. Among these studies are qualitative research, particularly grounded theory research. The potentially diverse nature of work situations must be emphasized while operationalizing this concept. The conditions related to the quality of work life in health care organizations are very different compared to other organizations, especially considering the professional nature of nursing. As a result, nurses might not be able to use the findings of quality of work life studies done in domains other than nursing. Scales that are appropriate for each particular society and organization can be developed based on the findings of qualitative research conducted in various paramedical groups.

In the current research, using the methodology of Walker and Avant (2011), a theoretical definition for this concept was presented by analyzing the concept of quality of work life. Quality of work life, especially for nurses, is a concept in which many factors are involved and can have different ramifications for nurses, managers, and even patients and their families. Although studies on the quality of nursing work life are less extensive than the quality of work life in other professions, they are close and parallel to each other. Also, the quality of nursing work life provides direct and more useful feedback for leaders who are eager to manage employees and achieve organizational results, and as a valid scale for better understanding and more effective guidance for productivity and professional fulfilment [24]. Future studies should focus on program design and innovative strategies to improve the quality of work life of nurses.

Conclusion

Finally, in spite of previous extensive studies, which were mostly conducted on the factors affecting the quality of life of nurses, the quality of work life of nurses is an issue that requires a deep and detailed look by managers and policymakers in the health field, in order to provide effective strategies that deal with this problem in a root way. The results of this study can be helpful in understanding the quality of work life of nurses in research and clinical environments as well as guide managers in designing newer interventions to improve it.

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Conflict of interest

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Ethical Considerations

This study has been in agreement with the Helsinki Declaration and Iranian national guidelines for ethics in research.

Code of Ethics

This study is adapted from the plan approved by the ethics and research committee of Birjand University of Medical Sciences with code IR.BUMS.REC.1401.057

Authors' Contributions

Mahnaz Bahrami: Wrote the manuscript, Contributed to data collection, Ritically reviewed the manuscript, Approved the final version, Edited the manuscript, Read and approved the manuscript. Ahmad Nasiri: Ritically reviewed the manuscript, Approved the final version, Read and approved the manuscript.

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