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Review Article

Quality of Nursing Work Life (QNWL): A Scoping Review of Concepts, Determinants, and Outcomes

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Abstract

Background: Quality of Nursing Work Life (QNWL) is increasingly recognized as a critical determinant of nurses' well-being, retention, and performance. However, heterogeneity in conceptualization, measurement, and methodological approaches limits comparability and practical application.
Objective: This scoping review aimed to map and synthesize contemporary evidence on QNWL, focusing on its definitions, measurement instruments, determinants, outcomes, and research gaps.
Methods: A scoping review was conducted following the Joanna Briggs Institute (JBI) methodological framework and reported in accordance with PRISMA-ScR. Searches were performed in PubMed/MEDLINE, Scopus, Web of Science, CINAHL, and PsycINFO for studies published in English between January 2019 and February 2025. Google Scholar (first 200 results, sorted by relevance) and reference list screening were used as supplementary sources. Eligibility was defined using the Population–Concept–Context (PCC) framework. Data were charted descriptively and synthesized narratively. Methodological appraisal using JBI tools was conducted to describe study quality, not to exclude evidence.
Results: Fifteen studies met inclusion criteria, encompassing cross-sectional surveys, psychometric validation studies, and contextual reviews from diverse geographic settings. The Brooks Quality of Nursing Work Life scale and the Work-Related Quality of Life instrument were most frequently used, reflecting continued conceptual heterogeneity. Key determinants of QNWL included leadership quality, workload, staffing adequacy, and organizational climate. Higher QNWL was consistently associated with greater job satisfaction, organizational commitment, and intention to stay, whereas lower QNWL was linked to burnout and turnover intention. Most studies were cross-sectional, limiting causal inference.
Conclusions: QNWL is a multidimensional, context-sensitive construct shaped primarily by organizational and leadership factors. While evidence consistently links QNWL with workforce stability and well-being, methodological limitations and conceptual variability remain. Future research should prioritize longitudinal and interventional designs, standardized measurement, and broader contextual coverage to inform sustainable nursing workforce policies.

Keywords: Environment; JBI; Leadership; Nursing Workforce; PRISMA-ScR, Quality of Nursing Work Life; QNWL; Retention; Scoping Review; Work Burnout;

INTRODUCTION

Nurses constitute the backbone of healthcare systems worldwide, delivering continuous and essential care across diverse settings. In recent years, the sustainability of the nursing workforce has been increasingly threatened by workforce shortages, high workload demands, and psychological strain, challenges that were further intensified during and after the COVID-19 pandemic (1–3). These pressures have contributed to rising levels of burnout, job dissatisfaction, absenteeism, and premature exit from the profession, with direct consequences for patient safety and health system performance (4).

Within this context, the concept of Quality of Nursing Work Life (QNWL) has gained prominence as a framework for understanding nurses' professional experiences. QNWL broadly reflects nurses' perceptions of how well their work environment supports professional functioning, personal well-being, and work–life integration. Empirical studies suggest that higher QNWL is associated with improved job satisfaction, organizational commitment, retention, and care quality, whereas poor QNWL is linked to burnout, turnover intention, and reduced performance (5).

Although numerous studies have investigated factors influencing QNWL, a comprehensive synthesis that maps its global evidence base and conceptual evolution is still lacking. Existing reviews often combine QNWL with broader constructs such as general work quality, job satisfaction, or organizational commitment, resulting in conceptual overlap and limited specificity. Furthermore, there is insufficient understanding of how QNWL differs across cultural, organizational, and economic settings, and how contextual factors influence its relationship with outcomes such as nurse retention, well-being, and care quality. Addressing these gaps is essential for developing standardized measures and evidence-based policies that promote sustainable nursing workforces worldwide.

Despite growing interest, the literature on QNWL remains fragmented. Studies vary widely in how QNWL is defined, operationalized, and measured, using different instruments and emphasizing distinct dimensions such as work design, leadership, interpersonal relationships, or psychological well-being. This heterogeneity complicates cross-study comparisons and limits the development of coherent, evidence-based interventions (6).

Accordingly, the objective of this scoping review is to systematically map and synthesize global evidence on the Quality of Nursing Work Life (QNWL) including its definitions, measurement instruments, antecedents, outcomes, and contextual influences to inform future research, organizational strategies, and policy development in nursing and healthcare systems.

METHODS

Study Design and Protocol Registration

This study employed a scoping review design in accordance with the Joanna Briggs Institute (JBI) methodological framework for scoping reviews (6). The conduct and reporting of the review followed the Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR). The aim of this review was to map the breadth and characteristics of the existing literature on the Quality of Nursing Work Life (QNWL), including its conceptualization, measurement instruments, determinants, and outcomes (7). The review protocol was prospectively registered in the Open Science Framework (OSF) to enhance transparency and methodological rigor. All methodological decisions were specified a priori and adhered to the principles of scoping review methodology, which emphasizes evidence mapping rather than effect estimation (8).

Eligibility Criteria

Eligibility criteria were defined using the Population–Concept–Context (PCC) framework, as recommended for scoping reviews by the JBI.

The population included registered nurses, professional nurses, or equivalent nursing personnel working in any healthcare setting. The concept of interest was Quality of Nursing Work Life (QNWL), including its definitions, theoretical frameworks, measurement tools, determinants, and associated outcomes. The context encompassed all healthcare environments globally, including hospital, community, and specialized care settings.

Eligible sources included quantitative, qualitative, and mixed-method primary studies published in peer-reviewed journals. Review articles were identified to support contextual

understanding and citation chaining but were not treated as primary evidence units in the synthesis. Editorials, commentaries, conference abstracts without full text, dissertations, and non–peer-reviewed literature were excluded. Only studies published in English between January 2019 and February 2025 were included to ensure contemporary relevance to post-pandemic nursing work environments.

Information Sources and Search Strategy

A comprehensive search strategy was developed in consultation with a research librarian to ensure sensitivity and reproducibility. Electronic searches were conducted in PubMed/MEDLINE, Scopus, Web of Science, CINAHL, and PsycINFO. Searches covered publications from database inception to 28 February 2025. Additional sources included ProQuest Dissertations and Theses (to identify potentially relevant unpublished work and support citation chaining), Google Scholar, and manual reference list screening of included articles and relevant reviews. Google Scholar results were sorted by relevance, and the first 200 records were screened, consistent with established scoping review practice. The Google Scholar search was conducted on 15 February 2025. Dissertations were excluded at the eligibility stage to retain peer-reviewed evidence only.

Study Selection Process

All retrieved records were imported into EndNote 21 for reference management, and duplicates were removed both automatically and manually. Screening occurred in two stages: (1) title and abstract screening and (2) full-text eligibility assessment. Two reviewers independently conducted screening using Rayyan QCRI software to ensure blinded decision-making. Disagreements were resolved through discussion, and unresolved conflicts were adjudicated by a third reviewer. The selection process was documented using a PRISMA-ScR flow diagram.

Data Extraction and Management

Data were charted using a standardized and pilot-tested extraction form. Extracted information included: author(s), year, country, study design, sample characteristics, healthcare setting, conceptual or theoretical framework, QNWL measurement instruments, determinants, outcomes, and key findings. Two reviewers independently extracted data and cross-checked all entries to ensure accuracy. Discrepancies were resolved through consensus, and extracted data were managed in Microsoft Excel.

Data Charting

Data were charted using a standardized, pilot-tested form capturing: author, year, country, study design, sample characteristics, setting, QNWL definition, measurement instrument, determinants, outcomes, and key findings. Two reviewers independently charted the data and resolved discrepancies by consensus.

Data Synthesis and Analysis

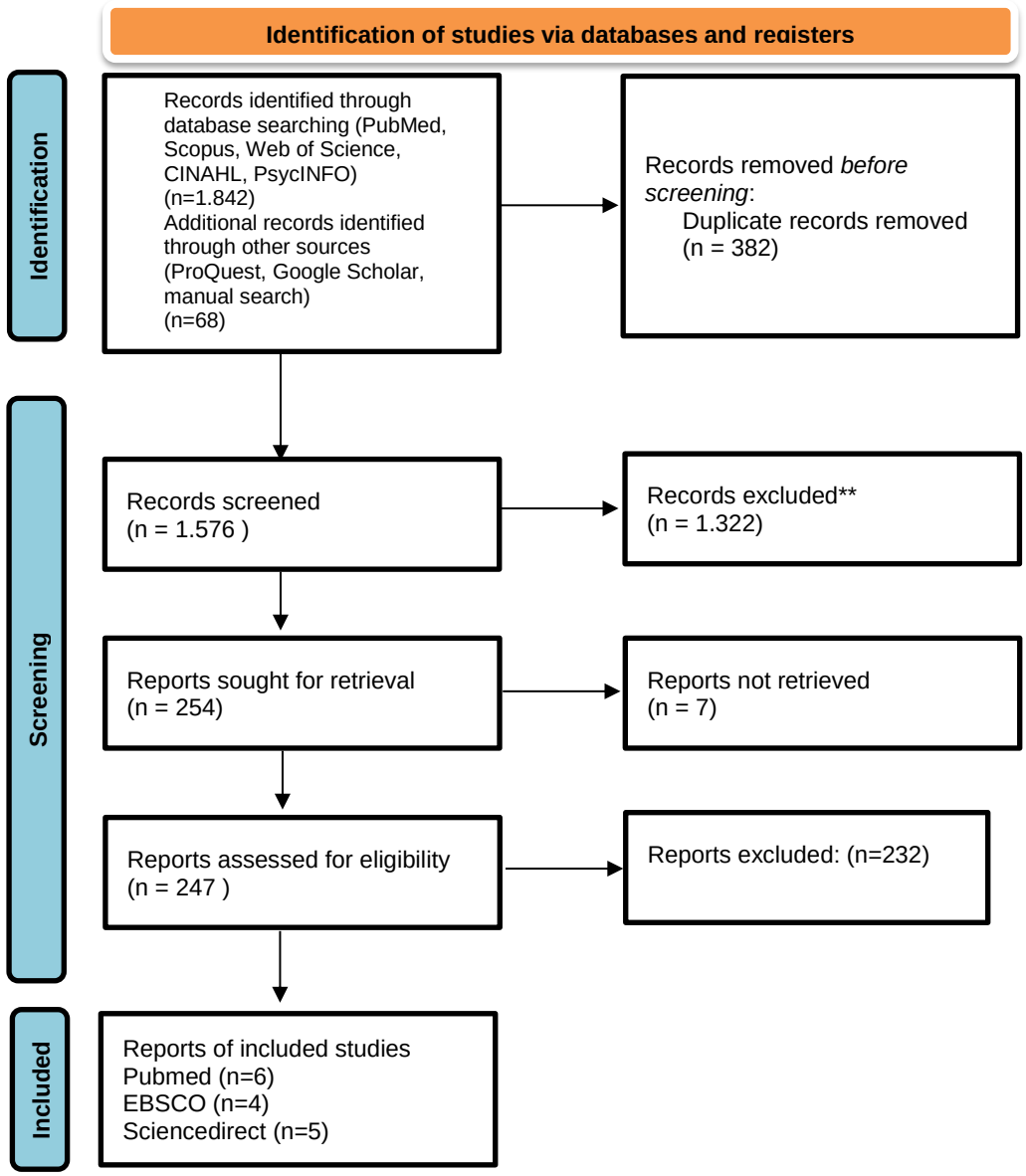
Consistent with the objectives of a scoping review, no meta-analysis was performed. A narrative synthesis approach was used to map and summarize evidence. Studies were grouped into thematic domains including: (1) conceptualization and measurement of QNWL, (2) determinants and influencing factors, (3) outcomes of QNWL, and (4) methodological trends and research gaps. Quantitative findings were summarized descriptively, while qualitative findings were synthesized thematically to identify recurring patterns and contextual insights.

RESULTS

Searching Result

A total of 1,894 records were identified through electronic database searches, including PubMed, Web of Science, Scopus, CINAHL, and PsycINFO. An additional 68 records were retrieved from supplementary sources such as ProQuest, Google Scholar, and manual reference list screening. After the removal of 382 duplicate records, 1,578 unique records were subjected to title and abstract screening. Of these, 1,322 records were excluded for not meeting the inclusion criteria.

Subsequently, 254 full-text reports were sought for retrieval, of which seven could not be accessed in full. The remaining 247 full-text articles were assessed for eligibility, and 232 were excluded due to reasons such as irrelevance to the Quality of Nursing Work Life (QNWL) construct, methodological limitations, or being outside the defined inclusion criteria. Finally, 15 studies met the eligibility requirements and were included in the qualitative synthesis. Among these, six studies were sourced from PubMed, four from EBSCO, and five from ScienceDirect. The included studies collectively provided empirical insights into the concepts, determinants, and outcomes associated with QNWL across diverse healthcare settings.



Characteristics of Included Studies

The 15 studies included in this review demonstrated considerable diversity in geographical settings, methodological approaches, and conceptual framing of the Quality of Nursing Work Life (QNWL). Most studies were conducted in Asia and the Middle East—particularly in Saudi Arabia (10,11) Jordan (5,12) Iran ,(13,14) and Indonesia (15–17) — while a smaller number originated from North America , (18,19) China ,(20) Ethiopia , (21) and the Philippines .(22) This distribution reflects the growing global attention to QNWL, particularly in low- and middle-income regions where nursing workforce challenges are most acute.

Methodological and Conceptual Trends

Most of the studies employed cross-sectional quantitative designs to explore associations between workplace factors and QNWL, while a few adopted systematic review or psychometric validation approaches. (16,17,20) The Brooks Quality of Nursing Work Life (QNWL) Scale and the Work-Related Quality of Life (WRQoL) Scale were the most frequently used instruments, indicating continued reliance on multidimensional frameworks encompassing work context, job design, work–life interface, and self-actualization. Several studies (20,23) adapted or validated these measures to local languages and cultural contexts, supporting

cross-cultural comparability and instrument robustness.

Conceptually, QNWL was consistently defined as the overall quality of a nurse's professional experience, integrating organizational, psychosocial, and personal well-being dimensions. (10,18) However, variations persisted regarding scope—some emphasizing structural determinants such as staffing ratios and leadership, (19,21)while others foregrounded interpersonal or psychological aspects like collaboration, autonomy, and burnout.(14,24)

Determinants and Influencing Factors

Across the included studies, organizational support, leadership quality, and workload management emerged as the most consistent determinants of QNWL (11,13,23). Leadership styles fostering empowerment, communication, and recognition were repeatedly associated with higher QNWL levels (10,24). Conversely, heavy workloads, insufficient staffing, and lack of managerial support were linked to diminished QNWL, particularly in resource-constrained settings (12,21). Personal and contextual factors such as age, experience, shift schedules, and family demands were also identified as moderating influences (15).

During and after the COVID-19 pandemic, studies highlighted additional stressors—fear of infection, occupational fatigue, and moral distress—as key threats to nurses' work-life quality (14,22).These findings emphasize the dynamic interplay between systemic conditions and psychosocial resilience in shaping QNWL.

Outcome Domains

High levels of QNWL were consistently associated with greater job satisfaction, organizational commitment, and intent to remain in the nursing profession (10,23,24). Conversely, lower QNWL predicted burnout, turnover intention, and reduced patient care quality (13,18). Some studies also linked QNWL with patient safety outcomes and psychological well-being, suggesting broader institutional implications (19).

Moreover, interventional and review-based studies (16,17). identified leadership training, workload optimization, and empowerment strategies as potentially effective mechanisms to enhance QNWL. Psychometric validation work (20) provided methodological advances, facilitating standardized assessment across international contexts.

Synthesis and Emerging Patterns

Overall, the evidence base portrays QNWL as a multifaceted construct sensitive to contextual and organizational determinants. Studies conducted in high-income countries tended to emphasize psychosocial and professional fulfillment, whereas those in low- and middle-income settings prioritized structural and resource constraints (15,21). Despite heterogeneity in methodologies, the convergence of findings underscores the centrality of supportive leadership, adequate staffing, and participatory management in sustaining nurses' work-life quality.

However, longitudinal and interventional research remains limited, with most studies adopting descriptive or correlational designs. The predominance of cross-sectional evidence constrains causal inference, highlighting the need for robust experimental and mixed-method investigations to test targeted QNWL improvement strategies across diverse healthcare systems.

Table 1. Summary of Studies on Quality of Nursing Work Life (QNWL)

Author(s) & Year	Country / Context	Study Aim	Sample	Instrument	Concept of QNWL	Key Determinants	Outcomes	Main Findings
Alzoubi et al. (2024)	Jordan	Assess QNWL and associated factors among critical care nurses	Registered/critical care nurses	Brooks QNWL / WRQoL	Multidimensional perception of work environment meeting professional and personal needs	Organizational support, leadership, workload, teamwork	Job satisfaction, retention intention, burnout	Higher support and manageable workload were associated with better QNWL.
Sibuea et al. (2024)	Global (Review)	Synthesize factors influencing nurses' QWL	Multiple studies	Not applicable	Organizational and individual domains of QNWL	Leadership, workload, autonomy, interpersonal support	Satisfaction ↑, burnout ↓, retention ↑	Organizational climate was the central determinant of QNWL.
Boudreau et al. (2024)	USA / Canada	Examine work environment impact on nurse outcomes	Registered nurses	QNWL-related scales	Work environment quality linked to well-being and performance	Managerial support, collaboration, role clarity	Burnout, turnover intention	Supportive environments predicted lower burnout and turnover intention.
Babamohamadi et al. (2023)	Iran	Investigate workload–QNWL relationship	Hospital nurses	WRQoL + workload measures	QNWL within occupational stress context	Workload, staffing ratios, overtime, psychological strain	Fatigue, dissatisfaction, intention to leave	Higher workload significantly reduced QNWL.
Al Mutair et al. (2022)	Saudi Arabia	Describe QNWL levels and correlates	Hospital nurses	Brooks QNWL / WRQoL	Brooks' multidimensional QNWL framework	Leadership, resource adequacy, communication, culture	Job satisfaction, retention intention	Leadership and staffing adequacy were key predictors of QNWL.
Widayana et al. (2025)	Indonesia	Identify factors linked to nurses' work–life balance	Nurses	Work–Life Balance / QWL scales	Work–life interface as QNWL component	Shift schedule, workload, family demands, supervisor support	Engagement, stress, intention to stay	Supportive supervision and manageable shifts improved WLB/QWL.
Viselita et al. (2019)	Indonesia (Review)	Review QNWL levels and improvement interventions	Multiple studies	Not applicable	Intervention-based QNWL improvement	Leadership training, staffing, scheduling, empowerment	Satisfaction, burnout, retention	Leadership and staffing interventions improved QNWL.

Salahat et al. (2022)	Middle East	Examine QNWL, satisfaction, and intent to leave	Registered nurses	QNWL + Job Satisfaction scales	QNWL as driver of motivation and commitment	Leadership, communication, workload balance	Satisfaction ↑, turnover ↓	QNWL positively related to satisfaction and negatively to turnover intention.
Biresaw et al. (2020)	Ethiopia	Measure QNWL and associated factors	Hospital nurses	QNWL scale	Work life quality in resource-limited settings	Workload, autonomy, supervision, resources	Motivation, perceived care quality	Low QNWL linked to staff shortages and high workload.
Embree et al. (2025)	USA	Assess safe staffing and QNWL	Nurses across institutions	Staffing perception + QNWL items	Safe staffing as structural QNWL determinant	Staffing ratios, acuity, support resources	Well-being, safety culture, retention	Perceived safe staffing improved QNWL indicators.
Navales et al. (2021)	Philippines	Explore QNWL during COVID-19	Uniformed nurses	QNWL + COVID-19 KAP scales	Crisis-context QNWL	Institutional support, stress, coping	Safety adherence, engagement	Higher QNWL predicted better safety compliance.
Al-Otaibi & Kerari (2025)	Saudi Arabia	Examine QNWL among nurses	Hospital nurses	Brooks QNWL / WRQoL	Organizational and cultural QNWL context	Leadership, recognition, workload, resources	Satisfaction, intention to stay, burnout	Contextual factors significantly shaped QNWL.
Suleiman et al. (2020)	Jordan	Evaluate sleep quality among emergency nurses	Emergency nurses	Sleep/Vigilance scales	Physiological well-being as QNWL component	Shift work, workload, stress	Sleep quality, fatigue	Shift work and stress reduced sleep quality and QWL indicators.
Li et al. (2022)	China	Validate WRQoL-S-2	Nurses	WRQoL-S-2	Psychometric QNWL definition	Not applicable	Reliability, validity	WRQoL-S-2 showed acceptable psychometric properties.
Roshangar et al. (2021)	Iran	Examine collaboration and QWL during COVID-19	Hospital nurses	QWL + collaboration scales	Collaboration as QNWL determinant	Autonomy, support, teamwork	QWL, stress, burnout	Better collaboration improved QWL.

Key Finding

Given the methodological heterogeneity among the fifteen included studies, a narrative synthesis approach was adopted to integrate findings across quantitative, qualitative, and review-based evidence. The studies, conducted between 2019 and 2025, reflected diverse geographic contexts including Asia (Jordan, Saudi Arabia, Indonesia, Iran, China, Philippines), Africa (Ethiopia), and North America (United States, Canada). Collectively, the evidence underscores the multidimensional nature of *Quality of Nursing Work Life (QNWL)*, which encompasses organizational, interpersonal, and individual domains shaping nurses' professional experiences and well-being.

Measurement Instruments and Conceptual Frameworks

The measurement of QNWL varied considerably across studies. The Brooks Quality of Nursing Work Life Scale and the Work-Related Quality of Life (WRQoL) scale were the most frequently employed instruments, capturing dimensions such as work design, organizational support, and work–life interface (10,11,13). Other studies utilized adapted or abbreviated instruments, including the WRQoL-S-2, validated for Chinese nurses with strong psychometric properties (20). Some studies extended conceptual frameworks by integrating additional psychosocial or contextual constructs such as collaboration, burnout, and resource adequacy (14,19) Review articles (16,17) reinforced the need for unified conceptualization and validated measurement across diverse healthcare systems.

Antecedents and Predictors of QNWL

Across the reviewed evidence, key predictors of QNWL consistently clustered around organizational, leadership, and workload-related domains. Positive leadership practices, adequate staffing levels, and participatory decision-making were associated with higher QNWL (10,23,24). Conversely, excessive workload, long shifts, and lack of supervisory support were negatively correlated with QNWL, particularly in resource-limited contexts (13,21) In several Asian studies, cultural and institutional factors—including hierarchical leadership styles and communication norms—were identified as influential determinants (11,15) Meanwhile, studies conducted during the COVID-19 pandemic highlighted additional stressors such as fear of infection, workload intensification, and emotional exhaustion as detrimental to work life quality (14,22).

Outcomes of QNWL

The reviewed studies demonstrated consistent relationships between higher QNWL and favorable professional outcomes, including increased job satisfaction, organizational commitment, and intention to remain in the profession (23,24). Conversely, poor QNWL was associated with burnout, turnover intention, and reduced performance (13,18). Studies in high-income settings emphasized psychological and engagement outcomes such as resilience and well-being (19), whereas those in low- and middle-income countries focused on structural outcomes, such as retention and staffing adequacy (15,21). Some research also linked QNWL with broader indicators of patient safety culture and health system quality, reinforcing its systemic relevance (10,19).

Mediators and Moderators

Only a subset of studies examined mediating or moderating mechanisms underlying QNWL relationships. Leadership quality, supervisor support, and organizational climate frequently operated as moderators between workload and QNWL (11,23), while job satisfaction, psychological well-being, and empowerment functioned as mediators linking QNWL with turnover intention and engagement (17,24). These findings suggest that QNWL is part of a complex multilevel framework influenced by both structural and psychosocial determinants. However, the small number of studies employing advanced multivariate or longitudinal modeling highlights a persistent gap in understanding causal pathways.

Research Gaps and Methodological Trends

Methodological heterogeneity was evident across the included studies, with most adopting cross-sectional quantitative designs, while only a few applied mixed-method or longitudinal approaches (16,17). The predominance of self-reported surveys raises potential concerns regarding common-method bias and social desirability effects. Moreover, while the majority of studies focused on hospital-based nurses, few addressed community, primary care, or academic nursing contexts. Regional disparities were also notable, with limited research from sub-Saharan Africa, Latin America, or Europe, constraining global generalizability. Despite these limitations,

the collective evidence demonstrates growing scholarly attention to QNWL, reflecting its critical role in workforce sustainability and healthcare quality.

Integrated Interpretation

Overall, the synthesis indicates that *Quality of Nursing Work Life* is a multifaceted construct encompassing organizational climate, leadership, resource adequacy, and individual well-being. While conceptual frameworks and measurement tools have become increasingly standardized, cultural and contextual variability continues to influence how QNWL is experienced and measured. Evidence across settings converges on the importance of supportive leadership and manageable workloads, yet future research must extend beyond descriptive correlational designs to include interventional, longitudinal, and comparative studies. Such advancements are essential to inform actionable strategies for improving nurses' work environments and strengthening global health system resilience.

Risk of Bias

Methodological Quality Appraisal

Although scoping reviews do not typically exclude studies based on quality, a methodological appraisal was undertaken to enhance interpretive depth and contextualize the robustness of evidence. Using the Joanna Briggs Institute (JBI) Critical Appraisal Checklists, each study was assessed according to its methodological design—cross-sectional, cohort, or qualitative—by two independent reviewers, with disagreements resolved through consensus and, when necessary, adjudication by a third assessor (9)

Overall, the methodological quality of the included studies was moderate to high, reflecting a generally sound level of internal validity across the body of evidence. Among the quantitative cross-sectional studies, most (10,11,13,21,23,24) clearly articulated their inclusion criteria, applied valid and reliable instruments—such as the Brooks QNWL and Work-Related Quality of Life (WRQoL) scales—and utilized appropriate statistical analyses. However, several studies demonstrated moderate risk of bias due to limitations in sampling representativeness and lack of longitudinal follow-up, which constrained causal interpretation.

Cohort and validation studies (19,20) showed higher methodological rigor, particularly in instrument reliability testing and multivariate modeling, although attrition and confounding were not always adequately addressed. In contrast, qualitative and review-based designs (16,17) met most JBI quality criteria for credibility, dependability, and confirmability. These studies provided rich contextual insights into nurses'lived experiences and organizational environments but were limited by small sample sizes and lack of triangulation in data sources.

Across the dataset, measurement bias was minimal given that most studies used validated tools adapted to the local context, though self-report methods introduced potential for social desirability bias. The majority of cross-sectional surveys adequately controlled for confounding variables such as age, tenure, and unit type, yet relatively few incorporated multivariate adjustments to explore interaction effects between organizational and psychosocial factors. Only a small subset of studies explicitly discussed ethical approval and informed consent, suggesting minor reporting gaps rather than procedural weaknesses.

In aggregate, six studies were rated as high quality, seven as moderate, and two as low quality due to incomplete reporting or methodological ambiguity. High-quality studies tended to employ standardized instruments, transparent sampling procedures, and comprehensive analytical frameworks (10,19,23). Moderate-quality studies were characterized by adequate design and analysis but limited generalizability due to small, single-center samples (13,15). The few low-quality studies often lacked sufficient detail on measurement validation or response bias management.

Importantly, the appraisal outcomes were not used to exclude studies but rather to inform the interpretive weighting within the synthesis. Findings from high-quality studies were given greater inferential emphasis when identifying consistent determinants and outcomes of QNWL, while results from moderate or lower-quality evidence were interpreted cautiously. This approach ensured that the narrative synthesis reflects both the breadth and rigor of current research, providing a nuanced understanding of methodological strengths and limitations in the existing QNWL literature.

DISCUSSION

This scoping review aimed to map and synthesize current evidence on the Quality of Nursing Work

Life (QNWL), including its conceptualization, determinants, and outcomes, across studies published between 2019 and 2025. Using the Joanna Briggs Institute (JBI) methodology and the PRISMA-ScR framework, fifteen studies were identified that collectively highlight QNWL as a multidimensional construct encompassing organizational, psychosocial, and individual well-being domains. Despite variations in measurement tools, cultural contexts, and methodological approaches, the reviewed literature converges on the centrality of supportive work environments, effective leadership, and manageable workloads in shaping nurses' work-life quality and, consequently, their professional engagement and retention.

Across the studies, conceptual and measurement diversity was evident. While most investigations employed the Brooks QNWL or Work-Related Quality of Life (WRQoL) scales, conceptual extensions integrated factors such as burnout, collaboration, and resilience.(10,14,19) This indicates a shift from traditional structural and environmental models toward integrative frameworks that incorporate psychosocial and emotional well-being as essential dimensions of QNWL. Nevertheless, inconsistencies in operational definitions and measurement instruments challenge cross-study comparability, particularly across regions with differing cultural and institutional norms (11,20).

The review identified organizational and leadership factors as the most consistent determinants of QNWL. Transformational leadership, participatory decision-making, and effective communication were associated with improved QNWL (23,24), while excessive workload, role conflict, and insufficient staffing predicted lower levels (13,21). Notably, in low- and middle-income countries (LMICs), structural deficiencies such as inadequate human resources and limited institutional support were predominant barriers (15), whereas studies from high-income countries (HICs) emphasized psychosocial risks such as moral distress and burnout (18,19). This geographic divergence reflects differences in systemic resilience, healthcare infrastructure, and professional autonomy within nursing workforces globally.

In terms of outcomes, higher QNWL was consistently linked to enhanced job satisfaction, organizational commitment, retention, and patient care quality, while lower QNWL correlated with burnout, turnover intention, and reduced performance (10,24). These findings reinforce the dual significance of QNWL—as both a workforce sustainability indicator and a patient safety determinant. However, limited longitudinal and intervention-based evidence constrains the ability to infer causal pathways. The few studies examining mediators and moderators suggested that job satisfaction, empowerment, and supervisor support may operate as mechanisms linking QNWL to professional engagement and retention (17,23). Yet, the lack of standardized theoretical modeling restricts comprehensive understanding of these interdependencies.

The current evidence base provides robust descriptive insight into the determinants and outcomes of QNWL but remains methodologically fragmented. It is well established that supportive leadership, fair workload distribution, and professional recognition are protective factors enhancing QNWL across settings. Likewise, the negative effects of excessive workload, poor communication, and limited autonomy are consistent across contexts. However, what remains less understood are the mechanisms by which organizational culture, resilience, and systemic reforms interact to sustain QNWL over time. There is also limited empirical research addressing QNWL within non-hospital settings, such as community health, long-term care, and academic institutions—domains where nurses face distinct challenges in balancing professional and personal roles. Furthermore, few studies have explored digital transformation and technology-enabled care as potential influences on nurses' work-life quality, despite their growing relevance in post-pandemic healthcare systems.

The reviewed studies demonstrate several methodological strengths, including the use of validated scales, transparent analytical frameworks, and consistent focus on core QNWL domains. Nevertheless, methodological limitations remain pervasive. The predominance of cross-sectional designs limits causal inference, while reliance on self-report instruments introduces the risk of common-method bias and social desirability effects. Few studies incorporated longitudinal designs or mixed-method triangulation, and statistical control for confounding variables was often insufficient. Moreover, cultural adaptation of QNWL

instruments was not always accompanied by rigorous psychometric validation, raising concerns about construct equivalence across diverse populations. Collectively, these limitations underscore the need for more theoretically grounded and methodologically rigorous research to advance the field.

Implications for Nursing Practice, Research, and Policy

From a practice perspective, improving QNWL requires an integrated approach that balances structural reform with psychosocial support. Evidence suggests that empowering leadership, equitable workload management, and recognition-based performance systems can substantially improve nurses' well-being and retention (10,23). In LMICs, policy efforts should prioritize strengthening human resources, ensuring safe staffing ratios, and embedding nurse leadership in organizational decision-making. In HICs, interventions might focus on mitigating emotional exhaustion, promoting resilience, and optimizing work–life integration through flexible scheduling and wellness programs.

For research, there is an urgent need for longitudinal, interventional, and comparative studies that examine QNWL as part of a dynamic system rather than a static outcome. Future investigations should employ multilevel and mixed-method designs, integrating organizational metrics, qualitative narratives, and objective performance indicators. Cross-national studies could elucidate cultural and policy-level moderators, while psychometric validation across diverse contexts would facilitate the development of a unified global QNWL framework.

In terms of policy, QNWL should be recognized as a strategic component of healthcare workforce sustainability. National and institutional policies that promote safe staffing levels, fair compensation, and participatory governance are not only ethical imperatives but also key drivers of patient safety and quality of care. Embedding QNWL indicators into accreditation and performance evaluation systems may further institutionalize its value within healthcare governance structures.

CONCLUSION

Quality of Nursing Work Life is a critical, multidimensional determinant of nursing workforce sustainability. While evidence consistently links QNWL with well-being and retention, conceptual and methodological heterogeneity persists. Advancing the field will require rigorous, theory-informed, and contextually sensitive research to translate evidence into sustainable workforce policies.

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Author Contributions
L.S. was responsible for the conceptualization and design of the study, literature search strategy development, data screening and selection, data extraction, synthesis and interpretation of findings, and manuscript drafting and revision. The author approved the final version of the manuscript and is accountable for all aspects of the work.

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

Data Availability Statement
All data generated or analyzed during this study are included in this published article. Additional details related to the search strategy and extracted data are available from the corresponding author upon reasonable request.

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