

THE IMPACT OF THE IMPLEMENTATION OF QUALITY OF NURSING WORK LIFE IN REDUCING BURNOUT SYNDROME IN NURSES: A SYSTEMATIC REVIEW

Tita Rohita^{1*}, *Dedeng Nurkholik Sidik Permana*²

^{1,2} Faculty of Health Sciences, Universitas Galuh, West Java, Indonesia

Corresponding Author: ^{1} rohitatita@gmail.com*

ABSTRACT

Nurses as the primary group of healthcare providers need to have a satisfactory quality of working life to provide the desired care to patients. Quality of nursing work life has several impacts on nurses, nursing services, and organizations and can result in burnout. This study aims to identify the Application of the Quality of Nursing Worklife to the Burnout of nurses with a review approach. Conducting a literature review of journals using three academic databases (Science Direct, PubMed, and ProQuest), Inclusion criteria in literature studies are: English articles, research on nurses on the quality of work life, published in 2017-2022, with a mixed method/quasi-experiment and cross-sectional design. Keywords used Quality of Nursing Worklife AND Burnout AND Nurses. Instrument: Guide in reviewing journals using PRISMA. Fifteen literature studies met the criteria for inclusion in the review. The study used mixed (n = 2), quantitative correlational (n = 1), quasi-experimental (n = 1) and cross-sectional (n = 11) methods. The participants were nurses in various hospitals. The results of several articles show the quality of nurses' working life as a multidimensional construct including the physical, social, psychological, and environmental dimensions of an employee. In this systematic review, we looked at the impact of QNWL on nurse burnout. Improving QNWL by building a work environment, work stress, opportunities for growth, social support, and work-life balance can address these issues. The analysis showed a relationship between three of the six variables. As the workload increased, so did burnout levels among the participants, and the honesty and values categories. There needs to be organizational support to overcome burnout. Organizational support will reduce job dissatisfaction and absenteeism. This area of work life is a predictor of job burnout. The management of the work environment is said to be healthy if the work environment takes a strategic and comprehensive approach to providing physical, cultural, and psychological working conditions that maximize the health, safety, and well-being of nurses

Keywords: Quality of Nursing Worklife; Burnout; Nurses

INTRODUCTION

Nurses as the primary group of healthcare providers need to have a satisfactory quality of working life to provide the desired care to patients. Quality of work-life is an employee's perception of their job, organization, and employer, while nursing work-life quality (QNWL) is the extent to which registered nurses can meet their personal needs through experience in the work organization while achieving organizational goals[1]

The quality of nursing work life has several impacts on nurses, nursing services, and organizations. Several studies reveal that the quality of nursing work life is related to the quality of nursing care, work productivity, burnout, job satisfaction, performance barriers, horizontal violence, religious coping, organizational effectiveness, and organizational commitment[2]. Brooks et al state that when organizations assess nursing work life, it can help them understand how work design, work environment, social influences, and work-home life balance impact nurses, and therefore impact organizational productivity. In addition, by assessing the quality of nursing work life, organizations will know which areas of working life need improvement.

The nursing profession is a demanding profession that requires an individual's capacity to work under intense physical and emotional dynamics in the workplace. Work-related factors

cause burnout and need professional attention to reduce the effects of burnout among nursing staff[3]

Nurses must be able to adapt to high work stressors, and must not make mistakes so that concentration, physical, mental, and emotional readiness are needed in providing services, such as individual work stress such as decreased performance, lack of career development, and burnout. The impact on the organization is absenteeism, and *turnover*. High stressors are often experienced by nurses as conditions to save patients, work routines, uncomfortable workspaces, and large numbers of patients, and must act quickly in dealing with patient needs. Symptoms of *burnout* can arise due to some of these things if not treated immediately [4]. Burnout syndrome is an ongoing psychological response to chronic work stress, characterized by experiences of emotional exhaustion (emotional exhaustion), negative attitudes and feelings towards service recipients (depersonalization), and feelings of low achievement or professional failure (lack of personal achievement) (Rusca Putra & Setyowati, 2019). Symptoms of *burnout* can arise due to high stressors, for example, some factors classified as predictors of burnout are low/inadequate nurse staffing levels, \geq 12-hour shifts, low schedule flexibility, time pressure, high job and psychological demands, low task variation, role conflict, low autonomy, negative nurse-doctor relationship, poor supervisor or leader support, poor leadership, negative team relationships, and job insecurity [5]

There are many cases of burnout in nurses' workplaces, so things are needed that prevent and overcome these behaviors. Improving the work environment remains a solution for hospitals in reducing burnout. The environment can support nurses in providing safe and quality care. Transform nurses' work environments to minimize burnout and support nurses in providing high-quality patient care. [6]QNWL enables organizations to be aware of how work environment challenges affect nurses' job satisfaction and commitment [7]

Nurses who have a high quality of life can be seen from the picture of their lives, in how a nurse maintain physical health so as not to get sick easily, maintain their psychological health always think positively when working to avoid stress, maintain the cleanliness of the environment, and how nurses interact with patients and colleagues. In addition, nurses who have a high quality of life can affect patient health, because nurses who have a high quality of life will have a positive impact on caring for patients who can help patients recover quickly and also affect nurse satisfaction at work.[8]

This literature review aims to analyze the application of QNWL to nurse burnout.

METHOD

Search strategy

This literature study through searching scientific publications ranges from 2017-2022. The databases used are Pubmed, Science Direct, and Proquest. A literature search was conducted with four groups of keywords based on *Medical Subject Heading* (MeSH) and combined with Boolean operators AND, OR, and NOT, the keywords Quality of Nursing Worklife AND Burnout AND Nurses found 74 articles, the next process was full-text search, double publication, and eligibility screening. From these results, 25 articles were found, but as a final process, all articles were adjusted back to the inclusion criteria based on the title of the literature, for the results obtained from 15 articles.

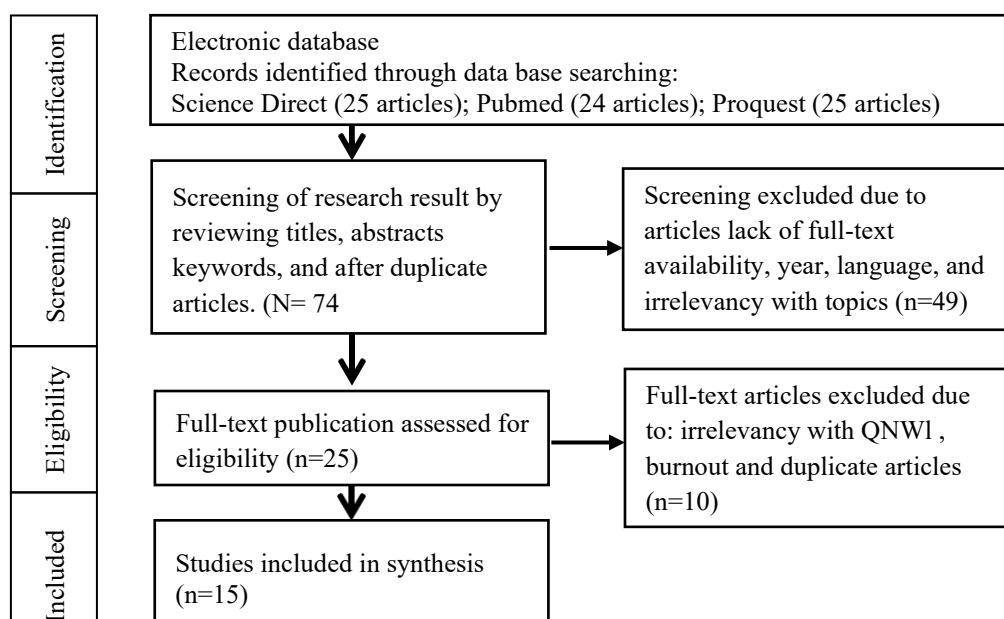


Figure 1. Flow chart and article selection

Review articles through systematic review with *The Preferred Reporting Items for Systematic Review and Meta-Analysis (PRISMA)* approach. After obtaining articles based on the database, the author will independently check each title and abstract to exclude irrelevant reports. After removing duplicate results, data is extracted based on inclusion and exclusion criteria. There were 15 selected articles from 74 articles found.

RESULT

Based on the 15 articles analyzed, based on the selection process carried out, the population includes nurses about quality of working life and burnout. The articles used by year (2017-2021) are 3 articles each in 2017, 4 articles in 2018, 5 articles in 2020, 2 articles in 2021, and one article in 2022. (Narrated by country/RS setting)

Most articles use the *Maslach Burnout Inventory* to measure nurse burnout rates, and related questionnaires for QNWL, among others, using The Professional Quality of Life Scale (ProQOL v. IV)

Table 1.
Impact of QNWL on Nurse Burnout

No	Research Title	Methods (design, samples, variables, instruments, analysis)	Result
1	Areas of Work Life as Predictors of Occupational Burnout of Nurses and Doctors in Operating Theaters in Poland—Multicenter Studies (Piotr Jarzynkowski, Renata Piotrkowska)	D: cross-sectional S: 325 nurses and doctors from seven hospitals in Poland. V: Work Life, burnout I: Maslach Burnout Inventory (MBI) dan Areas of Worklife Survey (AWS) oleh Michael Leiter dan Christina Maslach A: Survey cross-sectional	The mean values for the level of burnout for the entire sample according to the scale from the Maslach Burnout Inventory by C. Maslach were 14.35 for emotional exhaustion, 8.56 for depersonalization, and 11.90 for personal achievement; When compared with reference levels, they classified emotional exhaustion at low

No	Research Title	Methods (design, samples, variables, instruments, analysis)	Result
	Wioletta Mędrzycka-Dąbrowska and Janina Książek, (2022)	multicenter.	levels, depersonalization at average levels, and personal achievement at high levels of burnout. This area of work life is a predictor of job burnout. The analysis showed a relationship between three of the six variables. As the workload increased, so did burnout levels among the participants, and the honesty and values categories.
2	Leveraging the Work Environment to Minimize the Negative Impact of Nurse Burnout on Patient Outcomes (Schlak, Aiken, Chittams, Poghosyan, & McHugh, 2021)	D: Cross-sectional S: 20,496 nurses across 523 nonfederal, acute care hospitals from California, Pennsylvania, Florida, and New Jersey, of which 83 were Magnet hospitals V: work environment, burnout I: Maslach Burnout Inventory, Practice Environment Scale of the Nursing Work Index-Revised (PES-NWI), Nurse Participation in Organization Affairs; Nursing Foundations for Quality of Care; Nurse Manager Ability, Leadership, and Support of Nurses; Staffing and Resource Adequacy; and Collegial Nurse-Physician Relations A: Multivariate logistic setbacks	Improving the work environment remains a solution for hospitals in reducing burnout. The environment can support nurses in providing safe and quality care
3	The impact of nurse manager caring behaviors and work environment on burnout syndrome among nurses (Putra, Sutadi, Setyowati, & Hariyati, 2021)	D: A survey design S: 366 male nurses in Guangzhou hospitals V: social support, reward, and skill diversity, Burnout syndrome I: The Burnout Scale (MBIGS) and the job Demands Resource Scale A: hierarchical regression analysis	The results of this study show that caring behaviors that are applied well by nurse managers will affect a good work environment, including workload, control, community, rewards, and values. In addition, good leadership and a caring approach will positively affect workload, control, community, reward, fairness, and value in the workplace.
4	Quality of Life in Nursing Professionals: Burnout, Fatigue, and Compassion Satisfaction (María Dolores Ruiz-Fernández, Esteban Pérez-García and Ángela María Ortega-Galán, 2020)	D: cross-sectional S: 325 nurses and doctors from seven hospitals in Poland. V: quality of life, Burnout, Fatigue, Compassion Satisfaction, and work-related variables. I: The Professional Quality of Life Scale (ProQOL v. IV) was measured, as well as several socio-demographic and work-related variables A: multiple exploratory analyses	Levels of compassion burnout (CF) and burnout (BO) increase. The level of compassionate satisfaction (CS) was below estimates. Marital status, health care settings, the area in which the center is located, and shift work are variables associated with CF. Factors associated with CF are getting married, working in primary care, in urban areas, and working morning/evening/night shifts. Variables related to CS were professional age, gender, marital status, central health care settings, central location, and work shifts. Specifically, according to the exploration model, factors predicting a decrease in CS are working in primary care, in urban areas, and working morning/evening/night

No	Research Title	Methods (design, samples, variables, instruments, analysis)	Result
			shifts. However, being divorced increases CS. BO is only affected by shift work. Nursing professionals exposed Certain factors that can affect the quality of life of professionals
5	Predicting Nurses Burnout through Quality of Work Life and Psychological Empowerment: A Study Towards Sustainable Healthcare Services in Malaysia (P. Juktamrani Permarupan, Abdullah Al Mamun, Naresh Kumar Sami, Roselina Ahmad Saufi 1 & Naeem Hayat, 2020)	D: cross-sectional S: 432 nursing staff from 10 registered hospitals in the Selangor area that have been listed on the Malaysian Health Tourism Council (MHTC) website. V: psychological empowerment and work-life quality on the burnout experiences of nursing staff in Malaysia I: a self-reported questionnaire A: partial least square regression structural equation modeling (PLS-SEM)	The provision of quality of working life (adequate and fair compensation, constitution in work organization, safe and healthy working conditions, social integration in work organization, social relevance of work life, and work and life span) can promote psychological empowerment among nurses. Psychological empowerment statistically results in a reduction in the effects of burnout by mediating the effects of work-life quality (QWL) on burnout.
6	Occupational Factors Associated with Health-Related Quality of Life in Nursing Professionals: A Multi-Centre Study (María Dolores Ruiz-Fernández, Ángela María Ortega-Galán, Cayetano Fernández-Sola, José Manuel Hernández-Padilla, José Granero-Molina and Juan Diego Ramos-Pichardo, 2020)	D: A multi-center, cross-sectional S: 1521 nurses working in healthcare centers, in both primary care and hospital care, in the eight provinces of the Andalusian Public Health System (APHS), Spain. V: sociodemographic and work-related variables regarding HRQoL in nursing professionals I: The professional quality of life questionnaire (ProQOL), and HRQoL were measured using the SF-12 health questionnaire. A: Test t and ANOVA	Work-related stress and burnout affect HRQoL. Health systems should implement programs to improve workers' emotional well-being. Other sociodemographic and work-related variables were not significantly associated with HRQoL
7	The Role of Work Resources between Job Demands and Burnout in Male Nurses (Xian, Zhai, Xiong, & Han, 2020)	D: A survey design S: 366 male nurses in Guangzhou hospitals V: social support, reward, and skill diversity, Burnout syndrome I: The Burnout Scale (MBIGS) and the job Demands Resource Scale A: hierarchical regression analysis	The male nurse's MBI score is (2.72 ± 1.02). Job demands affect nurse burnout rates.
8	Performance Enhancement of Nurses with Quality of Nursing Work Life Model (Pujiyanto & Hapsari, 2020)	D: quasi-experiments S: 102 nurses V: knowledge management performance enhancement, externalization Combination internalization I: Questionnaire A: T-test	Moderate occupational nursing quality and job satisfaction level Nurses improve as the quality of nurses' work improves. For this reason, it may be advisable to improve the quality working life and to take necessary actions, especially in units where the quality of work has lower value.

No	Research Title	Methods (design, samples, variables, instruments, analysis)	Result
9	Development of an empowerment model for burnout syndrome and quality of nursing work life in Indonesia (Nursalam et al., 2018)	D: a mixed-method cross-sectional approach S: 134 respondents V: structural empowerment, psychological empowerment, burnout syndrome, and QNWL I: Work Effectiveness Questionnaire (CWEQ-II), Job Activities Scale (JAS), Organisational Relationship Scale (ORS), Psychological Empowerment Scale (PES), Maslach Burnout Inventory, and QNWL A: PLS	Structural empowerment affects psychological empowerment. Psychological empowerment affects burnout syndrome, and burnout syndrome affects QNWL.
10	Quality of nursing work life and turnover intention among nurses of tertiary care hospitals in Riyadh: a cross-sectional survey (Bayan Qadwara Amani, Abu-Shaheen and Muhammad Al-Tanir, 2018)	D: A multi-center, cross-sectional S: 364 nurses in tertiary care hospitals in Riyadh In: QNWL, Turnover I: Brooks' survey of QNWL, Anticipated Turnover Scale (ATS), open-ended questions, and demographic characteristics. A: Test t and ANOVA	The participants were dissatisfied with their working lives (54.7%), with nearly 94% indicating the intention of moving out of their current hospital. In addition, 154 (93.3%) of the 165 nurses who reported satisfaction with QNWL indicated an intention to move. The correlation between QNWL and ATS for binary variables was too weakly ($r = -0.024$) and statistically insignificant ($p = 0.206$) QNWL and nurse turnover are challenging issues for healthcare organizations because of their consequences and impact on patient care. Results provide critical findings indicating low nurse satisfaction with their QNWL and high willingness to move
11	The Role of the personality traits and work characteristics in the prediction of the burnout syndrome among nurses—a new approach within predictive, preventive, and personalized medicine concept (Grigorescu, Cazan, Grigorescu, & Rogozea, 2018)	D: quantitative correlational design S: 192 nurse Variable independent: personality traits and work characteristics In: Burnout Instrument: I: the NEO Five-Factor Inventory (NEO-FFI), the Copenhagen Burnout Inventory, the Romanian version, and the Inventory of Nursing Work Characteristics A: The quantitative data were normally distributed as indicated by the values of the skewness and kurtosis tests. The Pearson correlation analysis	This study confirms the influence of personality traits and characteristics of nursing work as predictive factors for the occurrence of burnout, opening up real possibilities for carrying out targeted prevention and providing personal intervention as an organizational service.
12	Burnout Syndrome and shift work among the nursing staff (Vidotti et al., 2018)	D: cross-sectional study S: 502 nursing workers from a philanthropic hospital facility V: dimensions of Burnout Syndrome: emotional exhaustion, depersonalization, professional fulfillment, sociodemographic and occupational characteristics, life	Burnout Syndrome rates were significantly higher in daytime work and related factors included: high demand; low control; low social support; and dissatisfaction with sleep and financial resources.

No	Research Title	Methods (design, samples, variables, instruments, analysis)	Result
		habits, and the DCSQ dimensions I: Maslach Burnout Inventory – Human Service Survey and the Demand-Control, Support Questionnaire A: descriptive statistics and multiple binary logistic regression	
13	Relationship of work-family conflict, self-reported social support and job satisfaction to burnout syndrome among medical workers in southwest China: A cross-sectional study (Yang, Liu, Liu, Zhang, & Duan, 2017)	D: cross-sectional S: 1382 medical workers were enrolled in the study V: work-family conflict, self-reported social support, and job satisfaction In: Burnout syndrome I: a self-administered questionnaire A: Pearson correlation analysis and general linear model univariate analysis.	Five dimensions of self-reported job satisfaction and social support were negatively associated with burnout syndrome, while three dimensions of work-family conflict showed a positive correlation
14	The role of psychological factors in oncology nurses' burnout and compassion fatigue symptoms (Joanna Duarte, MSc.1*, José Pinto-Gauveia, MD, PN, 2017)	D: A multi-center, cross-sectional S: 221 oncology nurses recruited from several public hospitals V: several psychological factors in professional quality of life in nurses, including self-compassion, psychological inflexibility, and positive (compassion satisfaction) and negative (burnout and compassion fatigue) domains of professional quality of life. I: The Professional Quality of Life Scale, version 5 (ProQOL-5; Stamm, 2010). , Interpersonal Reactivity Index (IRI; Davis, 1983), Self-Compassion Scale (SCS; Neff, 2003b), Acceptance and Action Questionnaire – II (AAQ-II; (Bond et al., 2011). A: Pearson's coefficient correlations, Uji t dan multiple regression	Workload causes high emotional stress that impacts burnout, Although interventions targeting workplace factors, such as workload and time pressure, social support, or job security, can help reduce burnout, are sometimes difficult to implement, and may not adequately address burnout issues, and especially Cf. Intervention and training programs aimed at targeting psychological factors as explored in the future Now studies can improve an individual's ability to cope with stress and thus can be an alternative to the prevention and treatment of burnout and Cf
15	Factors predicting quality of work life among nurses in tertiary-level hospitals, Bangladesh (Akter, N, Akkadechan unt, R. Chontawan, 2017)	D: Correlational design trial S: 2459 nurses from six tertiary-level hospitals V: Organizational Commitment I: The questionnaire consisted of a Demographic Data Sheet, Quality of Nursing Work Life Survey, Expanded Nursing Stress Scale, Questionnaire of Organizational Commitment, and Practice Environment Scale of the Nursing Work Index A: descriptive statistics and multiple regression	Quality of working life as felt by Bangladeshi nurses to be at a moderate level. Monthly income was found to be the best predictor followed by work environment, organizational commitment, and job stress. Higher monthly income helps nurses to meet personal needs, a positive work environment

Based on the results of the research search table above, from 15 research results more than 60% of respondents have nurse work-life quality problems, so they require intervention related to improving the quality of nurses' working life. Of the 15 studies that met the criteria of this systematic review, mixed methods (n = 2), quantitative correlational (n = 1), survey design (n = 1), quasi-experimental (n = 1) and cross-sectional (n = 10) were obtained.

The results of several articles show that in matters related to the quality of nursing work, there needs to be organizational support to overcome burnout. Organizational support will reduce job dissatisfaction and absenteeism[9]. This area of work life is a predictor of job burnout. The analysis showed a relationship between three of the six variables. As the workload increased, so did the level of burnout among the participants, and the categories of honesty and values [10]. The majority (54.7%) of respondents are dissatisfied with work life and 94% have a desire to move. Effective QNWL strategies in healthcare settings can improve employee self-esteem and organizational efficiency. Furthermore, QNWL can advance the quality of care provided in addition to staffing and preservation of the nursing workforce. This high level of willingness to move should motivate nursing leaders to develop appropriate and efficient strategies to combat this serious problem and improve the working conditions of nurses and their QNWLs, which consequently, enable nurses to perform better care for their patients.[11]

Nurses who lack a sense of personal accomplishment while performing duties can be an early indicator of burnout syndrome. The absence of appreciation by the hospital or team can result in negative feelings about the task and lack of motivation to perform high. As a result, nurses end up feeling exhausted, degrading the quality of work. The correlation between the field of working life and the level of professional satisfaction is moderate, where nurses indicate the absence of a balance between their workload and rewards, for example, the absence of promotions (the absence of a sense of personal achievement) as one of the main factors leading to work burnout.[10]

ProQoL, affection satisfaction differs significantly according to all variables except gender. Compassion fatigue differs significantly according to years of experience, type of work, and job satisfaction. Nurses who had less than 5 years of experience showed significantly lower compassion satisfaction and higher compassion fatigue than nurses who had 10 years or more of experience. Nurses who had rotating shifts showed significantly lower compassion satisfaction and higher compassion fatigue than full-time nurses. Job satisfaction showed similar results.[12]

The quality of a nurse's working life as a multidimensional construct includes the physical, social, psychological, and environmental dimensions of an employee. In this systematic review, we looked at the impact of QNWL on nurse burnout. Improving QNWL by building a work environment, work stress, opportunities for growth, social support, and work-life balance can address these issues. The management of the work environment is said to be healthy if the work environment takes a strategic and comprehensive approach to provide physical, cultural, and psychological working conditions that maximize the health, safety, and well-being of nurses.

The Nursing Work-Life Model explains how the characteristics of the work environment that influence nursing practice affect nurses' lives in the workplace by contributing to or reducing burnout. Using characteristics known to be preferred by nurses and consistent with the magnetic nature of hospitals will help nurse managers reduce nurse turnover by reducing fatigue and increasing job satisfaction for their staff. This systematic review describes how the five domains of the Nursing Work-Life Model can be applied in critical care settings. Within each of the five domains (nursing leadership, nurse involvement in hospital affairs, staffing,

resource adequacy, nurse-doctor collaboration, and nursing care model) are some of the strategies that can be applied to improve nurse practice environments.[13]

Improving the work environment remains a solution for hospitals in reducing burnout. The environment can support nurses in providing safe and quality care. In addition, nurse managers need to implement caring behaviors (Olender, 2017). Caring behavior directly affects personal achievement; The better the behavior of the nurse manager, the better the nurse performs. [6][14]

Based on the results of research, one component of the quality of nursing work life associated with burnout is quite close. The components involved in this are a balanced reward or compensation component and employee involvement in problem-solving. While the influential components in burnout are programs and activities, conditions, conditions, and intrinsic factors of a person. The nurse's job in conducting comprehensive nursing care cannot be done individually but is done in a team which means involving more than one person.

The design of work in a team allows someone to be able to interact and understand each other. Therefore, good communication and cooperation are needed to create a conducive working atmosphere which results in the formation of a quality work life. A quality work life will make a worker feel happy with the activities carried out. Although physically it looks heavy, if done with a happy heart, then a person's psychological response will cover the fatigue that occurs. This is evidence of the assumption that the better the quality of a nurse's work life, the lower the level of work stress felt.

The results of this study suggest that burnout in nurses can be managed by providing the necessary QNWL attributes, namely adequate and fair compensation, constitution in the workplace, safe and healthy working conditions, social integration in the workplace, social relevance of working life, opportunities for growth and security, opportunities to use and develop human resources, as well as employment and life span in the workplace.

Therefore, a reward system should be introduced to increase the motivation and loyalty of employees towards their work and the hospital as well as improve the quality of their work. QNWL can be enhanced by maximizing the context of the workplace, through communication, supervision, cooperation, career development, rewards, employability facilities, and job security. Positive relationships between nurses and other hospital staff result in a comfortable work environment and increase employee motivation. Likewise, effective communication can reduce medical errors, improve patient safety, and promote high-quality patient care

CONCLUSION

Quality Nursing Work Life in the majority of nurses in the good category. The rate of burnout syndrome experienced by nurses is almost entirely in the low category. There is an association between quality nursing work life and burnout in moderate levels of relationships and the direction is negative. This means that the better the quality of work life, the lower the burnout. One of the factors that influence QNWL is a conducive work environment.

The work environment can prevent the risk of burnout or burnout in nurses by increasing support from managers or colleagues both socially and psychologically, the application of effective communication, caring behavior by nurse managers or leaders, and establishment of appropriate leadership styles. The importance of nursing leaders in reducing nurse burnout and dissatisfaction behaviors in the workplace by identifying and managing such behaviors, and finding future solutions to prevent and eliminate behaviors reinforces psychological empowerment.

Implications for practice stemming from current systematic reviews include that efforts to provide a good working environment for nurses lead to increased patient satisfaction from nursing care, as well as increased nurse job satisfaction and low burnout. Thus a supportive environment for nurses can provide motivation and opportunities for professional development, education on communication skills, and ways of improving professional relationships and resolving conflicts.

REFERENCES

- [1] Zahednezhad H, Zareiyan A, Jame SZB. Relationship between quality of work-life, resilience and burnout among nursing professionals during COVID-19 pandemic in Iran: A cross-sectional study. *Belitung Nurs J* 2021;7:508–15. <https://doi.org/10.33546/bnj.1702>.
- [2] Akter N, Akkadechanunt T, Chontawan R, Klunklin A. Factors predicting quality of work life among nurses in tertiary-level hospitals, Bangladesh. *Int Nurs Rev* 2018;65:182–9. <https://doi.org/10.1111/inr.12401>.
- [3] Permarupan YY, Mamun A al, Samy NK, Saufi RA, Hayat N. Predicting nurses burnout through quality of work life and psychological empowerment: A study towards sustainable healthcare services in Malaysia. *Sustainability (Switzerland)* 2020;12. <https://doi.org/10.3390/su12010388>.
- [4] Maslach C. Burnout: A multidimensional perspective. In *Professional Burnout: Recent Developments in Theory and Research*; Schaufeli, W.B., Maslach, C., Marek, T., Eds.; Taylor and Francis: Washington, DC, USA, 1993; pp. 19–32. n.d.
- [5] Dall’Ora C, Ball J, Reinius M, Griffiths P. Burnout in nursing: a theoretical review. *Hum Resour Health* 2020;18:41. <https://doi.org/10.1186/s12960-020-00469-9>.
- [6] Schlak AE, Aiken LH, Chittams J, Poghosyan L, Mchugh M. Leveraging the Work Environment to Minimize the Negative Impact of Nurse Burnout on Patient Outcomes 2021. <https://doi.org/10.3390/ijerph18020610>.
- [7] Ruiz-Fernández MD, Pérez-García E, Ortega-Galán ÁM. Quality of life in nursing professionals: Burnout, fatigue, and compassion satisfaction. *Int J Environ Res Public Health* 2020;17. <https://doi.org/10.3390/ijerph17041253>.
- [8] Digdyani N, Veronika D, Kaloeti S. HUBUNGAN ANTARA REGULASI DIRI DAN RESILIENSI DENGAN KUALITAS HIDUP PADA PERAWAT RUMAH SAKIT SWASTA X DI KOTA SEMARANG. vol. 7. 2018.
- [9] Jiang W, Zhao X, Jiang J, Zhou Q, Yang J, Chen Y, et al. Hospital ethical climate associated with the professional quality of life among nurses during the early stage of COVID-19 pandemic in Wuhan, China: A cross-sectional study. *Int J Nurs Sci* 2021;8:310–7. <https://doi.org/10.1016/j.ijnss.2021.05.002>.
- [10] Jarzynkowski P, Piotrkowska R, Mędrzycka-Dąbrowska W, Książek J. Areas of work life as predictors of occupational burnout of nurses and doctors in operating theaters in Poland—multicenter studies. *Healthcare (Switzerland)* 2022;10. <https://doi.org/10.3390/healthcare10010026>.
- [11] Kaddourah B, Abu-Shaheen AK, Al-Tannir M. Quality of nursing work life and turnover intention among nurses of tertiary care hospitals in Riyadh: a cross-sectional survey. *BMC Nurs* 2018;17:43. <https://doi.org/10.1186/s12912-018-0312-0>.

- [12] Kim Y, Lee E, Lee H. Association between workplace bullying and burnout, professional quality of life, and turnover intention among clinical nurses. *PLoS One* 2019;14:e0226506. <https://doi.org/10.1371/journal.pone.0226506>.
- [13] Biresaw H, Boru B, Yimer B. Quality of nursing work life and associated factors in Amhara Region Referral Hospitals, Northwest Ethiopia: A cross sectional study. *Int J Afr Nurs Sci* 2020;13:100214. <https://doi.org/10.1016/J.IJANS.2020.100214>.
- [14] Putra KR, Sutadi H, Setyowati S, Hariyati RTS. The impact of nurse manager caring behaviors and work environment on burnout syndrome among nurses. *Kontak* 2021;23:90–6. <https://doi.org/10.32725/kont.2021.019>.

