

Work-Life Balance of Nurses and Its Antecedents: A Systematic Literature Review

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To cite this paper

Rani, C., Kaur, R., & Goel, P. (2022). Work-Life Balance of Nurses and its Antecedents: A Systematic Literature Review. *Orissa Journal of Commerce*. 43(2), 161-175.

Keywords

Work-life balance, Health care, Work-life interference, Antecedent-consequences framework

JEL Classification

D23, M12, O15, I10

Abstract: The present work intends to collate the existing research on work-life balance (WLB), particularly in the healthcare industry. This paper provides an antecedents–outcome theoretical framework of WLB. The current review extracts the studies from Scopus and Web of Science databases. The period of this review paper is from 2011 to 2021. This study synthesizes various antecedents affecting WLB, such as demographic, socio-economic, organizational, and individual factors. Additionally, the prominent outcomes of WLB namely emotional exhaustion, turnover intention, job stress, burnout, organizational cynicism, organizational effectiveness, and psychological health were identified. This study is an attempt to present an antecedent–outcome framework of WLB in the healthcare industry. By synthesizing the literature, this study aims to suggest future research for academicians.

1. Introduction

The healthcare sector is facing major manpower challenge, with a high attrition rate and high levels of burnout among nurses. According to the report, “the majority of frontline workers (seventy-seven percent of the nurses and eighty percent of the doctors) wanted a better work environment, with more effective communication”. WLB is the established reason for attritions, it becomes important to understand the factors impacting work-life balance.

Today’s environment is highly driven by competition and strives for excellence and quality, which often puts undue pressure on employees working in organizations to perform beyond their capacities ultimately leading to burnout, anxiety, and failure to achieve work-life balance. To worsen the situation further, the ongoing situation of Covid-19 has caused undue work pressure on frontline workers with

a less supportive work culture, ultimately shacking the concept of WLB in the present times. Falter in achieving work-life balance due to these strenuous demands and high risks to health in this profession are the major reasons which influence nurses well-being and turnover intention. The benefits of WLB are astounding. It has been proved time and again that employees with better WLB are known to exhibit positive work behavior, feeling of well-being, higher productivity, reduced absenteeism, and reduced attrition (Khateeb, 2021).

The phenomenon of Quality of WLB is known to influence the performance and productivity of hospital employees. Work-life balance implies fostering a positive work environment, thereby allowing nurses to strike a fine balance between their work and family commitment. In other words, WLB strives to achieve a balance among three dimensions, namely organizational, social, and personal life (Poulose *et al.*, 2017). In general, activities under workplace social support include sports, psychological and physical health, community service, health promotion, confidential help, and financial advice, among others. In the healthcare setting, training initiatives and programs improve the nurses' perception of social support from co-workers and their supervisors (Romero *et al.*, 2020).

The authors of this paper acknowledge the relevance of WLB in ongoing strenuous healthcare settings. Moreover, without appropriate HRM policies and organizational support, nurses tend to give in to the psychological and physical pressures of work and even consider abandoning the nursing profession. Many factors namely, stress, exhaustion, fatigue, absence of training, and social support dig a hole in the concept of WLB, adversely affecting the nurse's work satisfaction and commitment levels in the long run. In our paper, we have followed the ADO framework. The proposed review is guided by four research questions:

- RQ1. What are the antecedents of work-life balance(WLB)?
- RQ2. What are the consequences of work-life balance(WLB)?
- RQ3. What are the theories of work-life balance(WLB) in the extant literature?
- RQ4. What are the research gaps in the existing literature and the scope for future research?

To address the above research questions, we present an integrated framework to highlight the synthesized findings/results from 24 studies about antecedents and consequences of WLB published from the year 2011 to 20 June 2021. Further, this framework is beneficial for a hospital administrator and management, Government, nurses, and other sectors/industries/organizations, we present an SLR of the existing literature on WLB. We have also identified the predominant journals, country and hospital contexts, and the theoretical perspective and methodology section. Finally, it identified the research gaps and insightful future directions are presented which will help to expand the boundaries of this domain/sector.

2. Review of Literature

The crucial concept of WLB has been covered by existing literature enriched with a wide variety of definitions, diverse core concepts, and different perspectives and factors. Akter *et al.*, (2018) analyzed various factors which predicted the nurse's WLB but the monthly income was the prominent factor. It

is followed by job stress, work environment, and organizational commitment. Further, Labrague and Ballad (2020) identified that the age of the nurse, hospital location, and education affect WFC. However, Factors like intention to quit, job stress, perceived quality of care, and job satisfaction (JS) is the outcome of work-family conflict. Yeh *et al.*, (2021) revealed the effects of WFC and supervisor support on emotional exhaustion. Moreover, six areas of work-life showed a negative effect on burnout, and it depicts a positive effect on the intention to leave. The study by Boamah and Laschinger(2016) showed the effect of Work life interference on the intention to withdraw, indirectly through burnout. After that, work-family interference and short staffing are prominent factors that influence new graduate nurse burnout. In addition, it was observed that sleep disturbances played a mediating role in translating work-family conflict into depressive symptoms (Zhang *et al.*, 2017). Another factor that had a considerable positive effect on employee job satisfaction was trait mindfulness. The component of trait mindfulness also reduced turnover intentions through mediating effect of work-family conflict (Raza *et al.*, 2018).

The ongoing scenario of the pandemic has a significant impact on the research topic at hand and thus deserves a special mention. According to recent studies, the pandemic has impacted significantly the productivity of nurses, job stress, and job satisfaction (Basak, 2021). These findings have been seconded by Rashmi and Kataria (2021). The pandemic situation has led to drastic changes in organizations affecting their working patterns and operational activities which in turn has impacted the nurses 'WLB significantly. This section is followed by research methodology, results and discussion, conclusion, and future research direction.

3. Research Methodology

This section explains our approach to conducting an SLR in the scholarly field. The article for this paper was selected from Scopus and Web of Science by Clarivate Analytics and the article was published from 2011 to 2021. This study has followed an SLR method to review the three-stage process suggested by (Tranfield *et al.*, 2003). Figure 1 depicts three stages of work.

3.1. Planning Stage

In this stage, we listed the keywords for framing the search strategy. At the same time, the exclusion and inclusion criteria were also decided to select the studies for the current work.

Keywords Selection and Data Extraction Strategies

For this study, a list was developed after screening the first 70 search results returned by Google Scholar to make the keyword list more exhaustive and to make sure that no important keywords were left. Hence after collecting the various keywords, the authors made various combinations of primary keywords such as (work life balance or hospital sector) and (work life balance (WLB) or nurses) to run the search query both on Scopus and Web of Science databases. The current study followed the following inclusion criteria (IC):

IC1: Studies in English only;

IC2: Peer-reviewed articles;

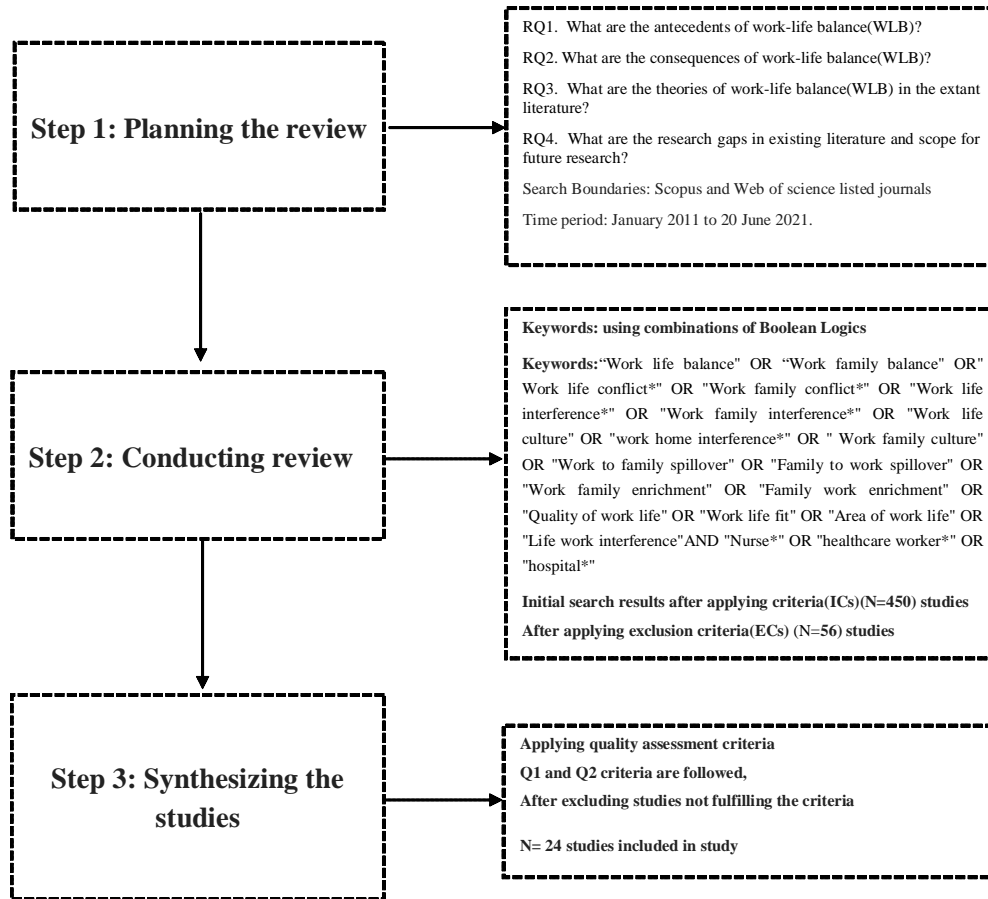


Figure 1: Data Extraction Process

Source: Authors' Own Compilation

- IC3: The source type is journal;
- IC4: Studies published from 2011 to June 2021;
- IC5: Studies addressing the issue of work life balance of nurses;
- IC6: Papers published under "Business, Management, and Accounting" subject area; and "Nursing", "Psychology Multidisciplinary".

The authors decided on the exclusion criteria (EC) as well. This is as follows:

- EC1: The Studies other than the English language;
- EC2: The Studies other than the hospital sector;
- EC3: Non- peer-reviewed article, including, book chapters, books, conference proceedings;
- EC4: The Studies are not available in full text.

3.2. Conducting Stage

For the present work, relevant papers were identified using the Scopus and Web of Science databases because of their widest coverage of journals. Before the final execution of search strings, “keywords” from a panel of two academic and two industry experts were validated which were associated with WLB in the hospital domain. After incorporating, their suggestions, the authors ran a search query on 20 June 2021. The final list of keywords is as follows:

Keywords: “Work life balance” OR “Work family balance” OR “Work life conflict*” OR “Work family conflict*” OR “Work life interference*” OR “Work family interference*” OR “Work life culture” OR “work home interference*” OR “Work family culture” OR “Work to family spillover” OR “Family to work spillover” OR “Work family enrichment” OR “Family work enrichment” OR “Quality of work life” OR “Work life fit” OR “Area of work life” OR “Life work interference” AND “Nurse*” OR “healthcare worker*” OR “hospital*”

After running the search query initially, we received 450 documents.

3.3. Synthesis Stage

After reading the title and abstract of these 450 studies (Scopus- 250, WOS-200) relevant to the domain in question we examined the studies based on the quality criteria (Q) that have been used for content analysis. Afterward, we ended up with 337 studies after eliminating the duplicates from two databases. Lastly, we read the full text of each article. We eliminated all the articles which have not focused on antecedents of WLB hence, left with 24 studies that explored antecedents and consequences of WLB. Thus, the authors review 24 studies in total.

Further, following the content analysis approach relevant information from the article was extracted, coded, and organized. For that purpose, two expert coders read the full text of selected papers to familiarize themselves with the content. The coders extracted the basic information of the paper related to source and publication year, different countries, methodology, antecedents, and outcomes to WLB, theories, relevant mediators/ moderators, limitations, future scope, and gaps mentioned in the article were also extracted.

4. Results

The sections showed that the review was analysed in such a way that work-life balance literature addressed in the form of various journals, sample country trends, theories, framework, antecedents, and consequences of WLB are explained.

4.1. Journal Profile

In this section, we depict the profiling information regarding the source of the Journal, International nursing review (5) had the highest number of studies that explored work-life balance. Journal of nursing management (JONM) (4), International Journal of advanced nursing (IJAN)(2), The International Journal of Human Resource Management (IJHRM) (2), and Journal of Transcultural Nursing (1), are some of the leading sources publishing in this domain. However, most of the journals are from nursing.

4.2. Sample Country

The analysis reveals the country of study. We observed that two studies were from Canada (Boamah and Laschinger, 2016; Boamah *et al.*, 2017). The geographical spread of the studies indicates that the concentration of scholarly attention on this area is more towards the western part of the globe. Table 1 shows the country in which the literature is based on WLB.

Table 1: Distribution of Papers by Country of Study

Country	Author and Year of Publication
Germany	Nitzsche <i>et al.</i> , (2017)
France	Brunault <i>et al.</i> , (2014)
Korea	An <i>et al.</i> (2011)
Canada	Boamah and Laschinger (2016), Boamah <i>et al.</i> , (2017)
Taiwan	Chen <i>et al.</i> , (2017), Yeh <i>et al.</i> , (2021)
Bangladesh	Akter <i>et al.</i> , (2018)
USA	Klein <i>et al.</i> , (2020)
Brunnei	Rahman <i>et al.</i> , (2017)
Lahore, Pakistan	Raza <i>et al.</i> , (2018)
Singapore	Kowitlawkul <i>et al.</i> , (2019)
Italy	Battistelli <i>et al.</i> , (2013)
Taipei	Simha <i>et al.</i> , (2014)
Uttarakhand	Sharma <i>et al.</i> , (2016)
Brazil	Nelson (2012)
Philippines	Labrague and Ballard (2020)

Source: Authors' Own Compilation

4.3. Extant Theories Employed

The concept of WLB is mainly based on these theories, out of which theory of conservation of resource theory (COR) is the most prominent one (Hobfoll, 1989). It understands that “work-family conflict ties up vital cognitive, emotional, and/or physical resources, leaving insufficient resources for work-related performance”. This loss of resources eventually leads to an increase in worry (Modaresnezhad *et al.*, 2020; Yeh *et al.*, 2020; Nitzsche *et al.*, 2017; Simha *et al.*, 2014).

According to role balance theory, “trait mindfulness has a positive effect on work-family balance. Role balance is connected with one’s overall role while performing the individual role” (Raza *et al.*, 2018). Another theory, which is the role theory proposes that employees’ ability to dedicate time to family duties is influenced by the limited time in a day mixed with high job demands and expectations. According to research, the important factors in determining WFC are high job demands and expectations (Yeh *et al.*, 2021; Chen *et al.*, 2017).

Further, the Theory of WLB explained six areas of work-life are critical to an employee's level of burnout at work. Manageable workloads, job control, contribution rewards, a feeling of community, equal rights, and personal and organizational values (Boamah and Laschinger, 2016). Theory of structural empowerment highlights "how leaders can influence employees' power to accomplish their work by providing access to four key organizational structures: information, support, resources, and opportunities" (Boamah *et al.*, 2017)

Spillover theory highlights the line between a worker's experiences and emotions from the job or from his or her family will spill over into the other area. Workers, for example, may have positive or negative psychological moods at work, which they carry home and affect their interactions with family members. The pleasant psychological state that people achieve at work spills over to their families, reinforcing the resources that they can employ in their personal lives. Poor Spillover, on the other hand, refers to a worker's negative psychological condition spilling over into his or her family (Chen *et al.*, 2017).

Table 2: Explained the Theories that have been Applied in the Literature on Work-Life Balance

Sr. No	Theory	Origin	Source
1.	Conservation of resource theory	(Hobfoll, 1988)	Nitzsche <i>et al.</i> , (2017), Modaresnezhad <i>et al.</i> , (2020), Yeh <i>et al.</i> , (2021), Simha <i>et al.</i> , (2014), Chen <i>et al.</i> , (2017)
2.	Role theory	(Kahn, Wolfe, Quinn, Snoek & Rosenthal, 1964), (allen, 2000)	Chen <i>et al.</i> , (2017), Yeh <i>et al.</i> , (2021),
3.	Job demand resources model	(Demerouti <i>et al.</i> 2001)	Chen <i>et al.</i> (2017)
4.	Spillover theory	(Evans & Bartolone, 1984)	Chen <i>et al.</i> (2017)
5.	Theory of authentic leadership	(Avolio and Gardner, 2005)	Boamah <i>et al.</i> (2017)
6.	Theory of burnout	(Leiter's, 1997)	Boamah <i>et al.</i> (2017)
7.	Theory of work-life balance	(Greenhouse <i>et al.</i> 's, 2003)	Boamah and Laschinger (2016)
8.	Areas of the work life Model	(Maslach and Leiter's, 1997)	Boamah and Laschinger (2016)
9	Spiral gain theory	(Hobfoll, 1989)	Yeh <i>et al.</i> , (2021)
10	Theory of structural empowerment	(Kanter's, 1993)	Boamah <i>et al.</i> , (2017)
11	Role conflict theory	(Kahn <i>et al.</i> , 1964)	Simha <i>et al.</i> , (2014)
12	Role balance theory	(Marks and Macder Mid, 1996)	Raza <i>et al.</i> , (2018)

Source: Authors' Own Compilation

5. Discussion

This review proposed an integrated framework following a thorough review of literature, it was discovered that a wide range of factors influences the WLB. Further, these factors were bifurcated into

antecedents and consequences of WLB. Figure 2 depicts the antecedents and consequences of work life balance.

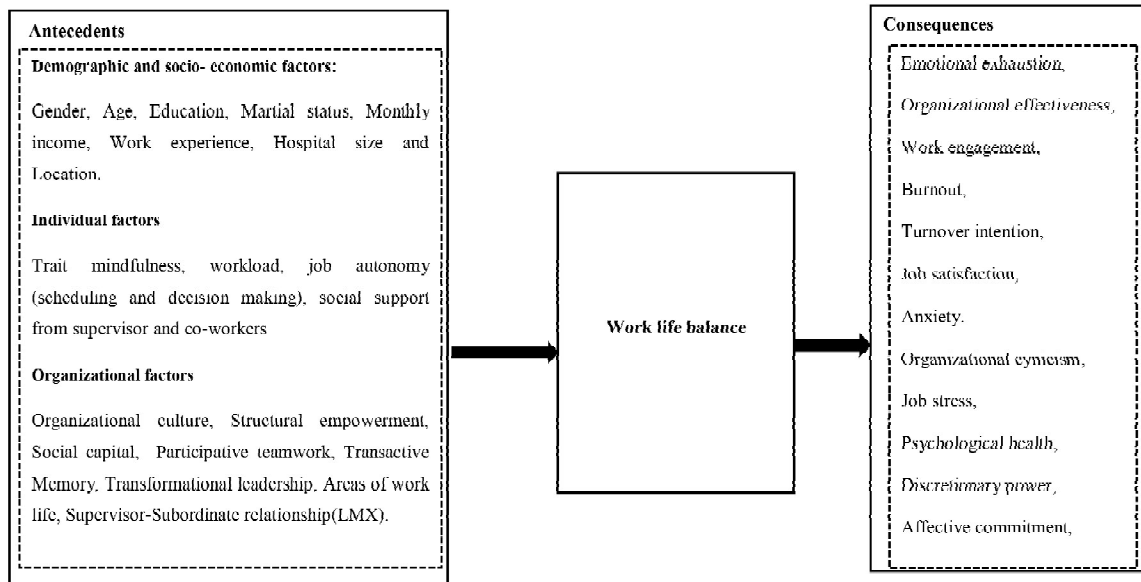


Figure 2: Depicts the Antecedents-outcome Framework.

Source: Authors' Own Compilation

5.1. Antecedents of Work Life Balance (WLB)

During the extensive review of the literature, myriads of factors were discovered that impact WLB. Both individual factors (Trait mindfulness, workload, autonomy, social support from co-workers and organizational factors (Social capital, organizational culture, transformational leadership, participative teamwork, transitive memory) have a significant relationship with WLB. Moreover, there are some demographic factors namely, age, marital status, employment type, gender, monthly income, level of education, etc.

5.1.1. Demographic Factors

Demographic factors included seven interrelated subthemes which were identified as gender, age, level of education, marital status, employment type, monthly income, experience, hospital size, and location. However, certain demographic variables had a significant impact on work-home conflict. According to the findings by Nitzsche *et al.*, (2017), As compared to Physicians, younger nurses experienced more work-home conflict. Whereas, hospital size depicts a negative relationship with WFC, implying that workers in smaller hospitals encountered greater work-home conflict. Work-life interference did not share any significant relationship with hospital ownership. Further, investigated

by Akter *et al.*, (2018), implied that with the help of monthly income nurses can manage their families and are more energetic towards organizational goals. However, monthly income was shown to be the best predictor of quality of work life(QWL). On the other hand, years of experience and education are not the well-explained variance of nurses' Quality of Work Life (QWL). As per the existing investigations, most of the nurses were female (Kowitlawkul *et al.*, 2019; Boamah and Laschinger, 2016). Whereas, Brunault *et al.*, (2014) indicated that increasing age and length of service was significantly and negatively associated with nurses' quality of work life (QWL). Despite the established fact that no study has analyzed the relationship between the length of service or age and quality of work life(QWL) so far. Nurses with other demographic factors such as being single (Kowitlawkul *et al.*, 2019) were a predictor of nurses' turnover intention in healthcare organizations (Lee *et al.*, 2013). Another research conducted by An *et al.* (2011) concluded that demographic factors were highly related to Quality of Work Life. Extensive investigations by Labrague and Ballad (2020) revealed that demographic factors such as nurses' age, education, and hospital significantly predicted work-life interference.

5.1.2. Individual Factors

Within the individual factors, four interrelated subthemes were identified: trait mindfulness, workload, job autonomy (scheduling and decision making), social support from supervisor and co-workers, and sense of coherence.

Trait Mindfulness

Mindfulness is explained as a "State of consciousness characterized by receptive attention to and knowledge of current events and experiences without judgment". Role balance theory elaborated trait mindfulness has a positive impact on WFB. Role balancing concerns an individual role as well as one's overall role. Attentiveness is a vital trait for the partner's regular role. Mindfulness improves self-determined behavior and inhibits automatic responses. In other words, it means that someone with mindful capacity may focus fully on the current function without thinking about another. Furthermore, mindfulness will be better if the person with high characteristics focused on the current role which will eventually improve his capacity to achieve work-family balance (Raza *et al.*, 2018).

Social Support

Defined by Yeh *et al.*, (2021), social support implies "support mechanisms that can increase personal self-esteem" (emotional, informational, and assessment support). Social support acts as a helpful resource and an effective coping technique for minimizing the harmful impacts of high levels of stress. The existing literature on the topic confirms that greater workload and less social support (as subjectively perceived) by managers and colleagues resulted in greater work-home conflict (Nitzsche *et al.*, 2017). Research by Kowitlawkul *et al.*, (2019) found that a sense of coherence (SoC) was an important predictor of quality of life. Social support at the workplace involves support from co-workers, the organization itself, and the supervisor may lessen the frequency of work problems.

Job Autonomy and Workload

The past and existing literature is full of evidence that confirms that workload and autonomy are significant factors of WLB (Nitzsche *et al.*, 2017). The results of the study explained that social support from supervisor and co-workers' have a positive influence on WLB (Yeh *et al.*, 2021; Kowitlawkul *et al.*, 2019; Nitzsche *et al.*, 2017).

5.1.3. Organizational Factors

Within the organizational factors, eight interrelated subthemes were identified: the organizational culture, organizational commitment, structural empowerment, social capital, participative teamwork, transactive memory, work environment, job stressors, control, reward, community, fairness, value, emotional demands, transformational leadership, depersonalization, role conflict, perceived fairness, supervisor-subordinate relationship (LMX).

Organizational Culture

It is imperative to study the concept of organizational culture in order to deploy strategies to deal with a highly volatile health care environment. Organizational culture is the main antecedent of WLB. Moreover, the desired outcome for nurses in the workplace can be achieved with this variable. OC is defined as "a set of beliefs, values, behavioral patterns, and assumptions shared by the members of the organization" (An *et al.*, 2011). Organizational culture is further sub-categorized into four types: Affiliation culture, progressive culture, maintenance culture, and rationality culture. Affiliation culture is characterized by organizations emphasizing cohesion and interpersonal relationships. Whereas progressive culture engulfs organizations in which growth and resource acquisition are valued. Further, maintenance culture is recognized by stable and standardized organizations. Lastly, Rationality culture is one in which productivity and efficiency are valued.

Areas of Work-life

The research study developed a framework by integrating Maslach and Leiter's (1997) areas of the work-life model and Greenhaus *et al.*, (2003) theory of work-life balance. Maslach and Leiter (1997) listed six crucial areas of work-life wherein a person-job fit is a core to the employees' degree of engagement in work or burnout. These six areas include manageable workloads, control over work, rewards for contribution, fair and unbiased treatment, a sense of community, and correspondence between personal and organizational values. 'A manageable workload' refers to the job-related physical and emotional demands faced by an employee under time and resource constraints. 'Control' is the professional capability of employees to make important decisions about their work accompanied by the ability to gain access to resources necessary to do their job effectively. 'Reward' is the extent to which an employee's expectations are fulfilled by the social reward system, Rewards can be both intrinsic and extrinsic. 'Community' is the quality of social interaction at work, including relationships with colleagues, managers, and subordinates. 'Fairness' is the extent to which the decision-making process at work is perceived by employees as being impartial and presence of managerial support in the organization" (Boamah and Laschinger, 2016).

Structural Empowerment

It is possible that workplace structural empowerment might be a key factor in reducing new graduate nurses' views of WFC (Boamah *et al.*, 2017). In addition, working circumstances and support from supervisors and co-workers, according to research, are vital in striking harmony between work and personal duties.

The structural empowerment theory of Kanter (1993) reveals "how leaders can impact employees' ability to complete tasks by offering access to four essential organizational structures: knowledge, support, resources, and opportunities". 'Access to information' includes awareness of the organization's aims, values, and policies, as well as the experience and knowledge required to be productive at work. A few more examples of 'support' include peer, subordinate, and supervisory guidance and feedback from colleagues.

Transformational Leadership

Transformational leaders have been defined and recognized as the ones who "broaden and elevate the interests of their employees when they generate awareness and acceptance of the purposes and mission of the group, and when they stir their employees to look beyond their own self-interest for the good of the group" (Gillet *et al.*, 2013).

Social Capital

Through the lens of network theorists, social capital is explained as "resources embedded in social networks accessed and utilized by actors for actions" (Nitzsche *et al.*, 2017). Social capital is conceived as a 'private good', in which individuals can invest in both and benefit from their 'own capital'. Furthermore, it is regarded as the main resource in the workplace, wherever individuals spend a lot of time together. The Work-Home Resources Model and COR theory (Hobfoll, 1989) are also explained by social capital.

Supervisor-Subordinate Relationship (LMX theory)

LMX theory explained "a set of ideas and insights for exploring the supervisor-subordinate relationship. At the heart of LMX is the insight that supervisors treat subordinates differently and that some subordinates are provided with varying levels of support and encouragement, information, trust and participation in decision making" (Nelson, 2012).

Transactive Memory and Participative Teamwork

According to Brunault *et al.*, (2014), the QOL showed a positive correlation with transactive memory and participative teamwork through mediating variable perceived organizational support (POS) and perceived organizational justice (POJ).

5.2. Outcome of Work Life Balance

It is clear from figure 2 that the integrated frame work has targeted antecedents and research on its outcome variables of WLB discussed in the extant literature, namely, emotional exhaustion, turnover

intention, job stress, musculoskeletal disorder, affective commitment, work engagement, organizational effectiveness, burnout, psychological health. Further exploration is encouraged on the variable intention to leave. Work-family interference predicted job stress and turnover intention. (Labrague and Ballad, 2020; Boamah and Laschinger, 2016; Battistelli *et al.*, 2013). Such studies will help the organization to understand the motives which help to predict the WLB of nurses. In addition to this, work-life interface can be enhanced through affective commitment (Nelson, 2012). The result of this study elaborated that QOL was the strongest consequence of organizational effectiveness. Future research should explore how work-life balance directly impacts organizational effectiveness (An *et al.*, 2011).

6. Research gaps

6.1. Antecedents Related Direction

- RQ1. How psychosocial factors are related to work life balance (WLB)?
- RQ2. How do variables like the quality of leadership, role clarity, rewards, and emotional demand impact work-life balance (WLB)?
- RQ3. What is the impact of trait mindfulness on work life balance?
- RQ4. How does organizational culture impact work life balance (WLB)?
- RQ5. What are the outcomes of participative teamwork on work life balance (WLB)?
- RQ6. What are the outcomes of transactive memory on work life balance (WLB)?

6.2. Consequences Related Direction

- RQ1. How does Work-life balance (WLB) directly lead to organizational effectiveness?
- RQ2. How does work-life balance (WLB) directly impact turnover intention?
- RQ3. How work-life balance(WLB) leads to emotional exhaustion?
- RQ4. How work-life balance (WLB) leads to affective commitment?

6.3. Theory-Related Direction

- RQ1. How new theoretical framework (such as social identity theory) can be designed/ applied to measure the impact of psychosocial factors on the work-life balance of nurses?
- RQ2. How a new theoretical framework can develop the relationship among quality of work life(QWL), intention to leave the organization, and nurse turnover.

6.4. Moderators Related Direction

- RQ1. How organizational support can moderate the associations among antecedent and outcome variables?
- RQ2. How do experience, age, and level of education of employee moderates the relationships among antecedent and outcome variables?

6.5. Methodological Related Direction

- RQ1. What new antecedents and outcomes of work-life balance (WLB) can be explored using qualitative research methods?
- RQ2. Does cross-cultural studies will help in comprehending the phenomenon of WLB?
- RQ3. Does there is a difference in the work-life balance(WLB) of the employees working in public or private hospitals?

7. Implications of the Study

The findings of the study provide some practical implications. After analyzing the results, we created new knowledge about antecedents that address the work-life balance in nurses. There are many factors that affect the work-life balance but the Trait mindfulness is the prominent one. The organization should introduce some programs in the workplace, like mindfulness at an individual level. This study will help individuals/nurses to balance “work” and “life”. Trait mindfulness is a concept that will help to reduce stress in the workplace. These factors can be beneficial for hospital administrators, government, nurses, and other organizations and industries. This research will help to promote Quality of Work Life (QWL), physical and mental health, and a good working environment (Kowitlawful *et al.*, 2019). This study's results offer new insight into the more important consequences/outcomes like turnover intention, Burnout, and emotional exhaustion of nurses it can be controlled through organizational policies and environmentally friendly programs, support from supervisors and subordinates. Further, an empirical study can be undertaken to increase the nurse's ability to balance WLB. For more insight, situational/ contextual factors must be included to decrease the work-family conflict among nurses/ others. Furthermore, the participants of this study are nurses; the same research questions should be addressed quantitatively.

8. Limitations

Though this study has several merits still we cannot ignore its limitations of this study. This study mainly has five limitations. First, the current study was mainly focused on analyzing the extant literature related to the WLB of nurses in the hospital industry/ healthcare sector. Future research must on work-life balance be conducted in different sectors/industries, cultures/regions of the country(national/ international level). Second, no gray literature(reviews, books, book chapters, conference proceedings) has been considered in this study. Thirdly, this report only included papers published in the English language. Further, research can be included in other languages. Fourth, only two databases Scopus and Web of Science(WOS) for this study have been considered. Further, research can be done through other databases. Lastly, in this research, the ADO framework has been suggested, and further study can be done through TCCM or PICO framework.

9. Conclusion

WLB among nurses is of paramount importance during this pandemic. In the current study, the authors have discussed various antecedents and outcomes of WLB of nurses in the healthcare sector. Work-

life balance is very important for all professionals to prevent stress, burnout, intention to leave, depression, and anxiety. However, individual, organizational and demographic antecedents have affected the work-life balance of nurses. We attempted to integrate all the available evidence into the systematic conceptual antecedents-outcome framework of WLB. From a theoretical perspective, the antecedents-outcome framework was designed in order to serve as a guiding framework for the researcher interested in capturing work-life balance from a multi-dimensional perspective. Hence, future work can be conducted to cover this gap.

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