Journal of Multidisciplinary Healthcare

Dovepress
Taylor & Francis Group

Open Access Full Text Article

REVIEW

Factors Associated with Work Life Balance Among Nurses in Hospitals: A Socio-Ecological Scoping Review

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Background: A 24-hour shift system and high workload, nurses often struggle to balance work demands and personal life, which can impact their physical and mental well-being, job satisfaction, and the quality of healthcare services provided.

Objective: This study aimed to provide a more comprehensive understanding of the factors that influence work-life balance.

Methods: This study employed a scoping review based on the Arksey and O'Malley (2005) framework and PRISMA-ScR guidelines. Literature searches were conducted in PubMed, Scopus, and EBSCO using the PCC framework, with primary keywords including "work life balance", "nurses", and "hospital". A total of 851 articles were retrieved. After removing 391 duplicates and applying the eligibility criteria, 12 studies were included in the final analysis.

Results: Using the socio-ecological model as a guide, this review identifies the various factors that influence work-life balance. These factors range from individual and interpersonal levels to community and organisational levels. These twelve studies were conducted in various countries, including Indonesia, Japan, Uganda, Bangladesh, Turkey, Spain, Thailand, Malaysia, Jordan, South Korea and Australia.

Conclusion: Policies that support work flexibility, well-being enhancement, and optimal social support are necessary to ensure that nurses can maintain a balance between work and personal life, ultimately contributing to the improved quality of healthcare services.

Keywords: burnout, hospital, nurses, work life balance

Introduction

Nurses form the backbone of healthcare systems worldwide, accounting for over 50% of the healthcare workforce. According to the World Health Organization (WHO), a global shortage of nurses driven in part by burnout and poor work-life balance poses serious threats to access to and quality of healthcare.[1] In Indonesia, nurses account for 50.8% of the national health workforce (approximately 334,091 individuals), delivering vital frontline care.[2] However, the 24-hour shift system and the constant demands of hospital settings make it difficult to achieve a good work-life balance, which can lead to mental exhaustion, reduced job satisfaction and staff turnover.[3]

Recent studies show that burnout has become a widespread, systemic problem among healthcare workers, including medical and nursing students. According to research by Sipos et al (2023), although healthcare students experienced fatigue and high stress levels during the pandemic, direct assignments in hospitals (medical secondments) significantly reduced their burnout scores, while also increasing their professional efficacy and engagement.[4] Maintaining a good WLB not only impacts nurses' well-being and job satisfaction, but also impacts their families, communities, and the quality of healthcare they provide.[5] In addition, imbalance can lead to chronic stress and decreased motivation, which are linked to increased absenteeism and turnover.[6]

WLB involves a dynamic balance between work demands and personal life. The socio-ecological model examines the interactions between individual, interpersonal, organisational and societal factors. It offers a comprehensive approach to

Received: 16 April 2025
Accepted: 24 July 2025
Published: 31 July 2025

analysing work-life balance (WLB) challenges in nursing. There are two main aspects of WLB. These are work-family conflict and work-family enrichment. Conflict occurs when demands of work and family conflict with each other, hindering engagement in either role. In contrast, enrichment occurs when experiences in one role enhance quality of life in the other.[7,8] Although work-family conflict and enrichment are important aspects of work-life balance (WLB), these concepts may not fully capture the diverse and evolving realities of nursing. Other factors that influence nurses' perceptions of balance include exposure to workplace violence, pursuing further education, finding professional fulfilment through teaching or mentoring, and differences between shift-based and daytime schedules.[9,10] Furthermore, the experiences of single nurses or those in non-traditional relationships are frequently overlooked in discussions about work-life balance, highlighting the need for a more diverse range of perspectives.[11] Work-family conflict has been associated with lower life satisfaction and increased psychological exhaustion among nurses.[12] Conversely, engagement and resilience can be fostered when nurses find enrichment between work and life roles.[13]

High workloads and lack of personal time can lead to stress, burnout, and physical and mental health issues.[14] These effects can lower the quality of care and increase the likelihood of leaving the profession.[15,16]

Burnout is not just an individual problem; rather, it is the result of systemic factors, such as labor shortages, administrative burdens, and a lack of organizational support. Sipos et al (2024) emphasize that an imbalance between work and life and emotional exhaustion among healthcare workers reduces the quality of care and can be passed on to new generations of professionals through an unsupportive work environment. This creates a cycle of burnout across generations.[17] In addition, organizational stressors are known to reduce professional commitment and motivation over time.[18] Chronic work-life imbalance has also been linked to long-term physical and emotional exhaustion among nurses.[19] Research shows that most nurses experience poor working life balance (WLB). For example, a study by Nurumal et al (2017) found that only 36.9% of nurses achieved good WLB, while another study showed that 94.5% of nurses experienced work-life imbalance.[20]

Various factors influence nurses' work–life balance, including individual aspects (age, income, work experience), social support, and organizational factors (working hours, workload, and policies). Younger nurses can manage schedules more flexibly, while older nurses have more family responsibilities.[21] Adequate income reduces stress,[5] and longer experience improves time management but may increase the risk of burnout.[22] These effects can lower the quality of care and increase the likelihood of leaving the profession.[23,24] For example, supportive leadership and supervisor behaviors have been associated with higher levels of work engagement and lower levels of conflict.[25] Hospitals that promote a culture of balance through institutional policies report better outcomes in staff retention and job satisfaction.[26]

Regional and cultural variations further influence how nurses experience WLB. For example, Scandinavian countries implement family-friendly policies and flexible scheduling, while in many Asian and African contexts, rigid institutional structures and cultural expectations can exacerbate WLB conflicts. These disparities highlight the need for a broader review to map influencing factors across diverse healthcare systems.[27–29] A study by Kim and Windsor (2015) in South Korea found that a good work-life balance increased nurses' emotional resilience, which helped them cope with work pressures.[30] Similarly, Holland et al (2019) in Australia reported that high workloads increased nurses' intentions to leave, especially when they were dissatisfied with their work-life balance.[31] The social-ecological model provides a practical approach to understanding these factors by examining influences at the individual, interpersonal, community, and organizational levels. Wong et al (2021) used this model to highlight how organizational policies and social support can reduce work stress.[32]

Although several studies have examined work-life balance (WLB) among nurses, most have considered isolated factors rather than the broader context in which nurses work. There is a lack of comprehensive models that account for influences at multiple levels, ranging from individual resilience to organisational culture. The socio-ecological model examines determinants at the individual, interpersonal, community and organisational levels and offers a holistic framework for analysing these factors. Recent studies have emphasised, for instance, how psychological resilience and social support play a pivotal role in shaping nurses' WLB across diverse settings.[7,33] This study aims to address this gap by mapping the key influencing factors and supporting the development of more integrated and effective strategies in nursing policy and practice.

Methods

Study Design

This study was conducted using the framework developed by Arksey and O'Malley (2005), which provides a comprehensive understanding of the research topic.[34] The scoping review method was chosen because it is well suited to analyzing the factors that influence the work-life balance of nurses working in hospitals. The research questions addressed in this review are: a). What are the main factors influencing the work-life balance of hospital nurses? b). How do rotating shift patterns affect nurses' time and well-being? The scoping review method was chosen because it is well suited for analyzing the factors that influence the work-life balance of nurses working in hospitals.

Search Strategy

Literature searches were conducted in PubMed, Scopus, and EBSCO primary keywords including "work-life balance", "nurses", and "hospital." The keywords were adjusted to Medical Subject Headings (MeSH) to identify alternative terms. Details of the search strategy are provided in Table S1.

Inclusion and Exclusion Criteria

The inclusion criteria was determined using the PCC (Population, Concept, Context) frameworks.

P (population): All nurses, regardless of background, level of education, or years of experience.

C (concept): Work-life balance (WLB) is defined as the ability to effectively manage and fulfill work responsibilities while maintaining personal well-being and fulfilling roles outside of work. WLB is measured by factors such as job satisfaction, stress levels, and ability to manage the demands of work and personal life.

C (context): Hospital settings are defined as healthcare institutions that provide inpatient services, including public, private, and specialized hospitals of various sizes and capacities.

Additionally, the exclusion criteria including Articles published with no English, more than 10 years (2015–2025), and research articles reporting on factors influencing work-life balance among community nurses. The year of publication was restricted to reduce bias due to disease and health condition dynamic.

Data Collection and Data Analysis

Two reviewers (IGAA and HRA) conducted the study selection process, which included identifying duplicate articles using Mendeley as reference management software to automatically detect and remove duplicates, followed by manual verification. The selection process also included title and abstract screening, checking the availability of full-text articles, and the screening of full-text articles. The selected articles were then extracted and assessed for quality. Data were manually extracted using Microsoft Excel through a tabulation method. The quality of the included studies was assessed using the Joanna Briggs Institute (JBI) critical appraisal tool. Both reviewers independently conducted assessments. Although this review focuses on peer-reviewed literature, it excludes grey literature. This may limit the inclusion of policy reports or institutional evaluations. Additionally, as the reviewed studies predominantly represent regions in Asia and Europe, there is a need for future research to have broader geographic coverage. Any discrepancies between reviewers during the selection or appraisal process were resolved through discussion, with a third reviewer being consulted when necessary.

Result

Study Selection

We identified 851 articles from the PubMed (n= 293), Scopus (n= 270), and EBSCO (n= 288) databases. A total of 391 articles were identified as duplicates. Therefore, 460 articles were retained for further evaluation. During the initial assessment, 370 articles were excluded because they did not meet the inclusion criteria, based on their titles and abstracts. Consequently, only 90 articles were included in the full-text assessment. Following this evaluation, 76 articles were deemed ineligible based on the selection criteria, resulting in 12 studies for analysis (Figure 1).[5,8,21–23,31,33,35–39]

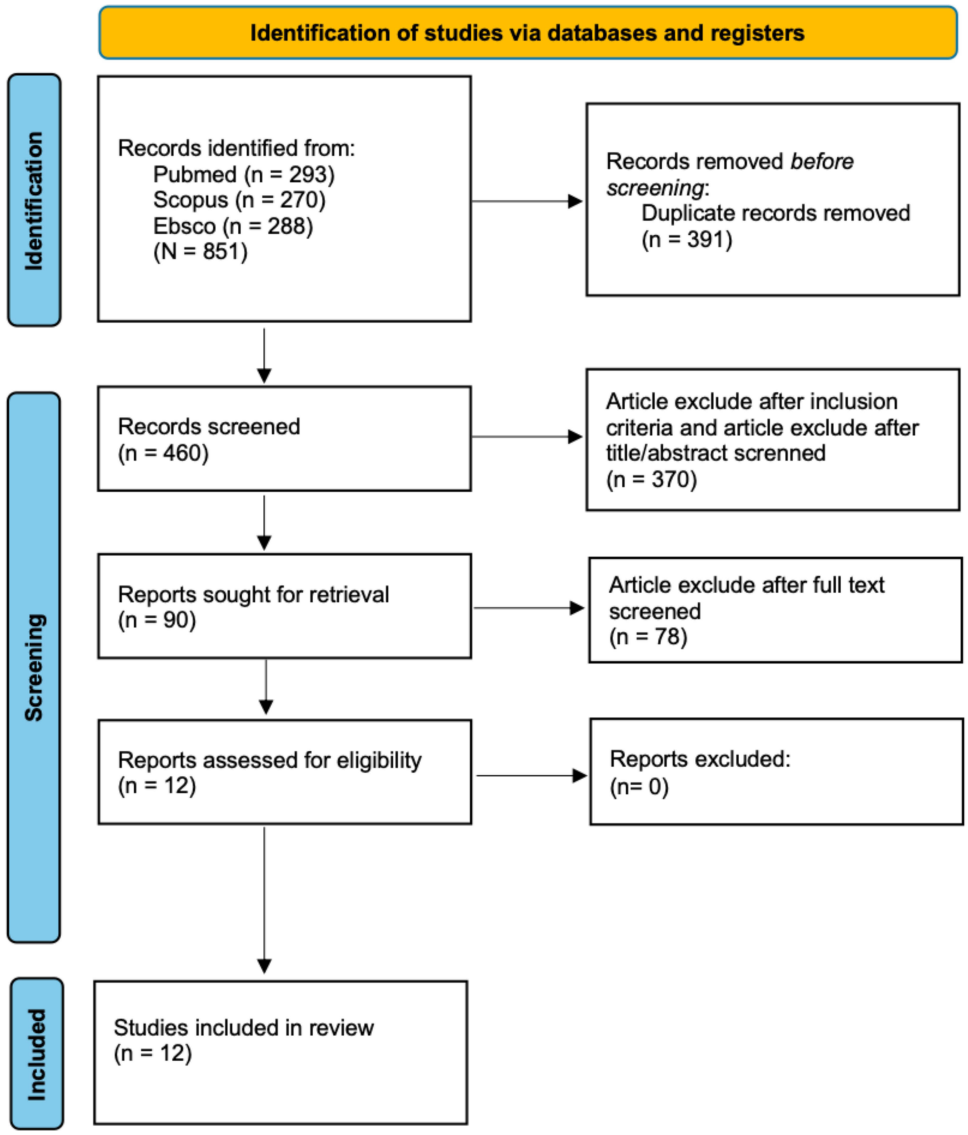

Figure 1 PRISMA flow diagram showing the process of study identification, screening, and inclusion.

Characteristic of Included Studies

The included studies covered several countries, including Bangladesh, Japan, Uganda, Indonesia, Turkey, Spain, Thailand, Malaysia, Jordan, South Korea, and Australia, with a focus on nurses' work-life balance. The majority of respondents were female, reflecting the dominance of women in the profession, with sample sizes ranging from 59 to 2984. These studies used a variety of measurement tools, such as the work-life balance scale (WLBS), job satisfaction questionnaire, and Maslach Burnout Inventory (MBI) to assess job satisfaction, stress, and the impact of work on personal life. The quality of the research methodology was assessed using the JBI score, which ranged from 75% to 100%, with an average of 85.42%, indicating a good level of validity in understanding work-life balance and its influencing factors (see Table 1).

Factor Associated with Work-Life Balance Among Nurse in Hospital

Table 2 presents the results of the data extraction, which categorizes factors affecting work-life balance into individual well-being, interpersonal relationships, community, and workplace wellness policies. Within the individual category, demographic factors such as age and income adequacy were the most important considerations, followed by work

Table 1 A Summary of the Included Studies is Provided Below, Including the Location, Sample Size, Instruments Used, and Main Findings

Author (Year)	Aims	Type of Research	Sample	Country	Measurement Tool	Gender	JBI Score
Rony et al (2023)[39]	Analyze the relationship between work-life imbalance, employee dissatisfaction, the impact of work on the family, and the impact of the family on work.	Cross-sectional	656	Bangladesh	Employee Happiness (Job Satisfaction), Family's Impact on Employment, and Work's Impact on Family	Male: 232 Female: 401 Undisclosed: 23	75%
Makabe et al (2015)[35]	Analysis of work-life imbalance among hospital nurses in Japan and its impact on job satisfaction and quality of life.	Cross-sectional	1202	Japan	WHOQOL-26, NIOSH Job Satisfaction Scale and Sense Of Coherence Questionnaire	Female: 1116 Male: 83	87.5%
Obina et al (2024)[37]	Evaluate factors associated with perceived work/life balance among health workers in Gulu Rural District, North Uganda.	Cross-sectional	384	Uganda	Self-Administered Semi-Structured Questionnaire	Female: 207 Male: 177	100%
Rohita et al (2022)[38]	To analyze the relationship between shift scheduling and work-life balance among nurses and its impact on job satisfaction.	Cross-sectional	100	Indonesia	Nurse Characteristics Questionnaire, Job Satisfaction Questionnaire, Shift Schedule Arrangement Questionnaire, and Work-Life Balance Questionnaire	Female: 100	87.5%
Aslan et al (2023)[5]	Identify factors influencing the work-life balance and psychological resilience of nurses working in internal medicine.	Cross-sectional	472	Turkey	Personal Information Form, Work-Life Balance Scale (WLBS), and Brief Psychological Resilience Scale (BPRS)	Female: 472	75%
Antoli-Jover et al (2024)[33]	Describes the quality of life of nurses in Spain during the sixth wave of the COVID-19 pandemic and evaluates the influence of sociodemographic variables, work and the interaction between work and family on their health-related quality of life.	Cross-sectional	305	Spain	European Quality Of Life Questionnaire-5 Dimensions and Work–Family Interaction Questionnaire (SWING)	Female: 265 Male: 40	100%
Cordova-Martinez et al (2023)[23]	Analyzed the relationship between functional and physiological indicators and professional quality of life in nurses in the emergency departments of two public hospitals.	Cross-sectional	59	Spain	Questionnaire CVP-35 (Spanish Version Of QPL-35), Jamar Hydraulic Hand Dynamometer, Salivary Cortisol Test, and Portable Lactate Analyzer	Female: 49Male: 10	100%

(*Continued*)

Table 1 (Continued).

Author (Year)	Aims	Type of Research	Sample	Country	Measurement Tool	Gender	JBI Score
Sripo et al (2019)[21]	Investigating factors associated with work-life balance among occupational health nurses in Thailand	Cross-sectional	287	Thailand.	Social Support in The Workplace, Perceived Work Roles and Responsibilities, Family Support Work-Life Balance	Female: 215 Male 72	75%
Mahendran et al (2019)[8]	Identifying the influence of work-life balance on nurse burnout	Cross-sectional	135	Malaysia	Work-Family Conflict (WFC), Work-Family Enrichment (WFE), and Maslach Burnout Inventory (MBI)	Female: 114 Male: 21	75%
Suleiman et al (2019)[22]	To assess the quality of the work life of nurses and the factors associated with it among nurses working in emergency departments.	Cross-sectional	185	Jordan	Demographic Sheet and Brooks' Quality of Nursing Work Life Survey (BQNWLS)	Female: 95 Male: 90	87.5%
Min (2022)[36]	To explore the impact of resilience, burnout, and work-related physical stress on the work-life balance of nurses.	Cross-sectional	155	South Korea	Korean version of the Work-Life Balance Tool, Korean Resilience Tool (Park & Park), Korean version of the Maslach Burnout Inventory (MBI), and Work-Related Physical Pain Questionnaire	Female: 155	75%
Holland et al (2019)[31]	Analyzing the relationship between workload, satisfaction with work-life balance, and intention to leave the profession.	Cross-sectional	2984	Australia	Quantitative Workload Inventory, Work-Life Balance Scale, Occupational Turnover Intention Scale, High Involvement Work Practices Scale	Female: 2745 Male: 239	87.5%

Table 2 Thematic Classification of Factors Associated with Nurses' Work-Life Balance Across Four Ecological Levels is Presented

Category	Theme	Sub Theme	Study
Individual	Demographic	Age	Sripo et al (2019).[21]
		Status of the Income Sufficiency	Aslan et al (2023)[5], Sripo et al (2019).[21]
	Experience	Work experience	Suleiman et al (2019).[22]
	Role management	Role ambiguity and role conflict	Sripo et al (2022).[21]
	Mental health	Psychological resilience	Aslan et al (2023).[5]

(*Continued*)

Table 2 (Continued).

Category	Theme	Sub Theme	Study
Interpersonal	Family relationship	Family support	Antoli-Jover et al (2024),[33] Sripo et al (2019),[21] Mahendran et al (2019).[8]
Community	Social well-being	Social support	Obina et al (2024),[37] Rony et al (2023).[39]
Healthcare and Policy	Workplace well-being	Total working hours	Obina et al (2024),[37] Rohita et al (2022),[38] Sripo et al (2022),[21] Holland et al (2019).[31]
		Organizational policy and culture	Makabe et al (2015).[35]
		Work-related physical pain	Cordova-Martinez et al (2023),[23] Min (2022).[36]

experience, role management, including role ambiguity and conflict, and mental health, with a focus on psychological resilience. At the interpersonal level, family support has been identified as an important factor for individual well-being. Social well-being was examined at the community level using social support. Meanwhile, in workplace health policies, well-being is analyzed in terms of the number of hours worked, organizational policies and culture, and the physical effects of work such as work-related pain. The factors visualized in the socio-ecological framework are shown in Figure 2.

Discussion

Several factors influence nurses' work-life balance, including age. Younger nurses tend to be more flexible in adapting to unpredictable work schedules, and generally have fewer responsibilities outside of work. On the other hand, older nurses often have more family responsibilities and health issues, which require better time management to maintain a balance between work and personal life,[21] with Income also plays an important role. Nurses who feel that their income is sufficient to meet their living needs tend to be more satisfied and experience less financial stress, allowing them to focus

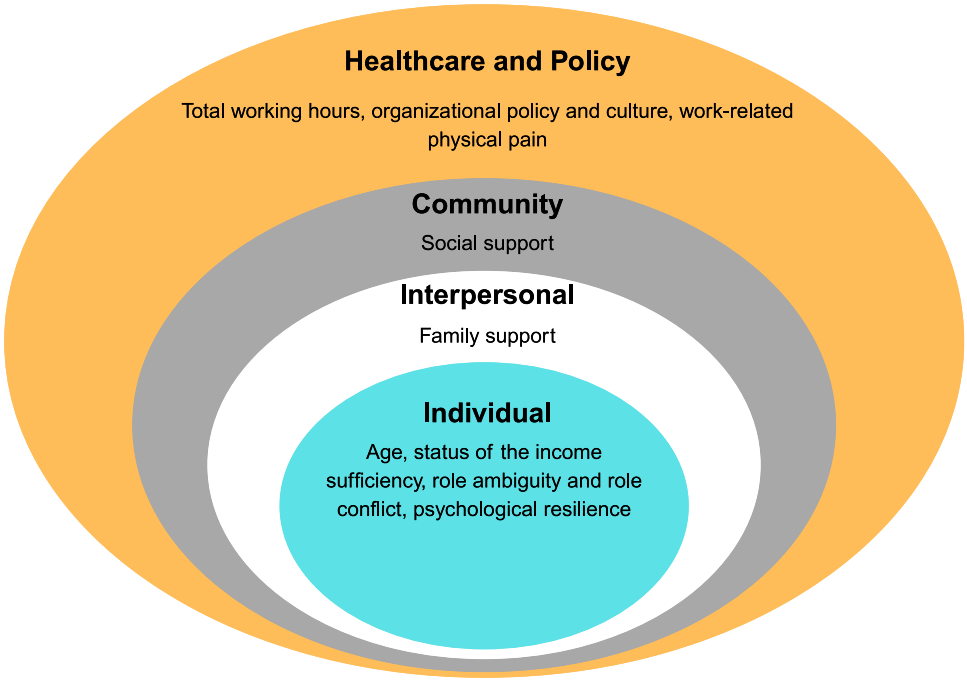

Figure 2 Thematic classification of factors associated with nurses' work-life balance across four ecological levels is presented.

https://doi.org/10.2147/JMDH.S534729

more on their personal lives without having to work extra to meet financial needs.[5] A stable financial situation supports focus on both work and family responsibilities.[40]

Research shows that most nurses experience a poor work-life balance (WLB). For instance, Nurumal et al (2017) found that just 36.9% of nurses had a good work-life balance, whereas another study revealed that 94.5% of nurses had an imbalanced work-life.[20] These contrasting figures indicate that WLB is experienced differently in different contexts. This variability may stem from different cultural norms, institutional policies and variations in the way WLB is measured across studies. Therefore, comparisons between studies should be made cautiously, and future research should aim to systematically explore these disparities in order to inform the development of culturally sensitive interventions more effectively.

Nurses with more work experience may develop better coping mechanisms and time-management strategies. However, they may also be more susceptible to chronic fatigue and burnout due to prolonged exposure to workplace stressors.[22,41] Nurses who can maintain a balance in their work experience tend to be more effective in managing stress and adapting to work challenges. Additionally, nurses' roles had a significant impact on their well-being. Role ambiguity, where job responsibilities are unclear, and role conflict between work responsibilities and personal life can lead to stress that disrupts work-life balance.[21]

Psychological factors are also important in maintaining nurses' work-life balance. Those with strong psychological resilience, such as the ability to think positively, regulate emotions, and develop problem-solving strategies, tend to be better able to cope with work stress and adapt to job demands.[5] Mindfulness-based stress reduction has also been shown to improve psychological resilience and support WLB in high-stress occupations.[42] In addition, family support plays a critical role in nurses' well-being. Emotional and practical support from the family, such as help with household chores or childcare, enables nurses to focus more on their work without being overwhelmed by responsibilities at home.[33]

Family is not the only source of support for nurses; colleagues, friends, and other social networks also play a role in maintaining work-life balance. Positive social interactions can help reduce stress and provide the emotional support needed to cope with the pressures of work.[37] Positive peer relationships have been linked to higher retention rates and less emotional exhaustion.[43] Workplace conditions also have a significant impact on nurses' well-being. Long working hours and inflexible schedules can increase the risk of physical and mental exhaustion, limit time for personal life, and affect their quality of life.[38] Evidence shows that shorter shifts and structured rotations can lead to better quality of life.[44] Organizational commitment to work-life balance, such as recognition programs or wellness initiatives, can increase motivation and decrease burnout.[23]

In addition, the physical condition of the workplace presents unique challenges for nurses. Heavy workloads, injuries from lifting patients, and fatigue from prolonged standing can affect work-life balance. Persistent physical pain not only impairs performance but also reduces quality of life, making it difficult for nurses to enjoy leisure time and rest optimally.[36] Nurses who frequently experience work-related pain are less able to fully engage in life outside of work.[45] Creating a supportive environment requires not only policy reforms but also social and psychological interventions.[46] Hospitals that implement integrated health and scheduling strategies report improvements in nurse retention and quality of care.[47] These strategies include flexible shifts, resiliency training, and wellness programs tailored to the needs of nurses.[48] Therefore, a comprehensive approach to creating a supportive work environment, including policy improvements, social support, and physical and mental well-being initiatives, is needed to ensure that nurses can achieve work-life balance.

Despite the prevalence of work-life balance challenges, some institutions have successfully implemented interventions. For example, Magnet-recognised hospitals in the United States promote nurse-led wellbeing programmes and flexible scheduling, while Scandinavian healthcare systems provide institutional support for parental leave and reduced working hours. These examples demonstrate how an organisation's commitment to staff well-being can improve work-life balance (WLB) and reduce burnout.[49,50] However, while this review provides a structured overview of work-life balance among hospital nurses, its focus on widely reported factors such as shift work and family responsibilities may reflect a bias towards traditional nursing roles. Emerging themes in the global literature, such as moral injury, workplace violence, professional identity and academic engagement, were not prominently captured in the included studies. Future reviews should consider broadening their scope to include these underrepresented yet increasingly relevant dimensions of nursing practice, and explore how evolving roles shape work-life balance (WLB) across diverse healthcare settings.

Implications for Clinical Practice and Future Research

The results of this scoping review highlight the critical need for hospital administrators and policymakers to implement strategies to promote work-life balance (WLB) among nurses. Policies that support flexible work schedules, adequate staffing, mental health resources, and fair compensation can significantly improve nurses' job satisfaction, reduce burnout, and improve quality of patient care. Integrating resilience training and stress management programs into professional development could further support nurses' wellbeing. Longitudinal studies are needed to examine the long-term effects of organizational policies on nurses' WLB. In addition, examining cultural and regional differences in perceptions of WLB could provide a more comprehensive understanding of effective interventions.

Limitations

This study has several limitations. The reliance on cross-sectional studies limits the ability to draw causal inferences between identified factors and WLB. Additionally, the heterogeneity of the study designs and measures across the included articles may have affected the consistency of the findings. Future research should consider more diverse methodologies, including qualitative studies, to gain deeper insight into nurses' lived experiences with WLB.

The relatively small number of included studies (n = 12) can be attributed to the strict inclusion criteria, which focused on peer-reviewed articles in English published within the last 10 years. While this ensured methodological rigour, it may have excluded relevant literature from non-English sources, grey literature or contexts outside of traditional nursing roles, such as academic or community-based settings. In addition, most of the included studies originated from Asia and Europe, with limited representation from regions such as Latin America and Africa. This geographic concentration may limit the generalizability of findings to more diverse healthcare contexts. A more comprehensive and diverse body of evidence on this topic could be captured by expanding the search strategy in future reviews.

Conclusion

The work-life balance of hospital nurses has a significant impact on their physical and mental well-being, job satisfaction, and decisions to stay in or leave the profession. Key factors, such as adequate income, family support, supportive organizational policies, and reasonable working hours are essential for achieving this balance. Work-life imbalance can reduce job satisfaction and quality of life, which ultimately affects the quality of patient care. Therefore, it is imperative that hospital administrators and policymakers consider the various factors that influence nurses' work–life balance. Strategic measures, such as flexible scheduling, provision of mental health support, and increased compensation and rewards, can make a significant contribution to maintaining nurses' well-being. One limitation of this review is its reliance on cross-sectional studies, which restricts the ability to interpret the findings as causal. However, practical steps such as implementing flexible shift rotations, establishing peer support programmes and providing mental health resources could improve nurses' work-life balance in hospital settings. Thus, implementing policies that are holistic and focused on the needs of nurses will not only improve their quality of life, but also potentially improve the overall quality of healthcare. While this review provides an integrated understanding of work-life balance (WLB) among nurses, most of the included studies are concentrated in Asia and Europe, with limited representation from Africa and Latin America. Future research should prioritise these underrepresented regions to ensure the global applicability of the findings. Furthermore, studies examining culturally adapted WLB interventions are essential for developing inclusive, context-sensitive strategies.

Acknowledgment

We would like to thank my colleagues, Sidik Maulana, BSc., RN., and MSc., for feedback and proofreading the article. We would also like to thank Universitas Padjadjaran for financial support with the article processing charge (APC).

Disclosure

The authors report no conflicts of interest in this work.

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