

Work alienation and quality of work life among nurses: A descriptive cross-sectional study

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Abstract

Background: Work alienation in nursing can create various problems that affect the quality of work life of nurses, which should be addressed from different perspectives.

Aims: This study investigated the relationship between work alienation and the quality of work life, aiming to determine the factors affecting nurses' quality of work life.

Design: This is a descriptive and cross-sectional study that used the STROBE guidelines to prepare this study report.

Methods: The study was conducted between March and June 2022 in Turkey with 303 nurses. It used an online questionnaire with a simple random sampling. Data were collected using a descriptive characteristics form, the Work Alienation Scale, and the Quality of Nursing Work Life Scale. The data were analyzed with Pearson correlation and multiple regression analysis.

Results: There was a significant negative correlation between work alienation and the quality of work life. Four independent variables with 58.2% impact on the nurses' quality of work life were identified, including participation in the decision-making process, the ability to use initiative during the production of the service, the significance of the work for the individual, and the type of institution.

Conclusions: The nurses' work alienation score was moderate, and their quality of work life score was high. An increase in the feeling of work alienation statistically decreased the quality of work life.

Implications for nursing and health policy: Nurses who experience work alienation may face a decline in their quality of work life that may have an adverse effect on their work performance and work satisfaction.

KEYWORDS

Cross-sectional study, nurse, nursing, quality of work life, Turkey, work alienation

INTRODUCTION

In nursing, work alienation and the quality of work life (QWL) have emerged as important concepts that affect the well-being and performance of nurses (Alharbi et al., 2019; Amarat et al., 2019). Their work alienation points to the feelings of powerlessness, isolation, and meaninglessness in the workplace (Amarat et al., 2019). There are various factors that feed work alienation among nurses, including excessive workload, inadequate staffing, lack of autonomy, and weak organiza-

tional support (Iliffe & Manthorpe, 2019; Puhakka et al., 2021). Work alienation is also associated with increased stress, burnout, and intention to leave work, which negatively affect the well-being and QWL of nurses (Cui et al., 2022).

QWL has become a fundamental concept in nursing as it directly affects nurses' work satisfaction, well-being, and performance (Alharbi et al., 2019; Raeissi et al., 2019). It encompasses various factors, such as work-life balance, organizational support, and autonomy that contribute to nurses' overall experiences in their work environment (Askari et al.,

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2021). In recent years, the QWL and work alienation have drawn attention to their potential impacts on both nurses and the healthcare system (Amarat et al., 2019; Mehta, 2022). Although there are numerous studies focusing on how to reduce work alienation and improve QWL among nurses, there is a gap in research on the relationship between these two concepts.

BACKGROUND

In nursing, alienation refers to the psychological detachment that nurses may experience in their work, characterized by a lack of control, isolation, and a loss of meaning in their daily tasks. Rooted in the philosophical and economic theories of Hegel and Marx, the concept of work alienation sheds light on the disconnection that workers experience from their labor. This phenomenon is deeply relevant in the emotionally and physically demanding field of nursing (Amarat et al., 2019; Mehta, 2022).

Extensive research over the past decade has focused on the prevalence and impact of work alienation among nurses, highlighting its pervasive nature across different healthcare systems worldwide. In Turkey, for instance, research has suggested that more than 80% of nurses experience alienation in their workplace (Amarat et al., 2019). Similar studies conducted in China report that nurses experience a moderate to high level of alienation in their roles (You et al., 2022). This pattern is not limited to these countries; high rates of work alienation have also been observed among nursing professionals in Spain, Italy, and Pakistan (Zhang et al., 2023). These international studies highlight that occupational alienation in nursing is a global concern, exacerbated by factors such as work overload and occupational risks, which are common challenges faced by nurses worldwide. Furthermore, research suggests that the COVID-19 pandemic has contributed to these issues, exacerbating stressors such as workload, emotional strain, and personal health risks, highlighting systemic contributors such as long working hours, inadequate support, and lack of autonomy (Ertekin & Özmen, 2017; Raeissi et al., 2019).

Broader socioeconomic and institutional trends, such as neoliberalism and bureaucratization, have further complicated these factors and heightened alienation. This impacts nurses' relationships with their profession and the individuals they serve (López-Deflory et al., 2022). The resulting disengagement not only undermines nurses' well-being individually but also has far-reaching implications for the quality of patient care and the efficiency of healthcare systems (Xia et al., 2022). While awareness of the problem has increased, a significant gap in the literature regarding the full scope and specific aspects of work alienation among nurses, which highlights the need for more focused research in this area (Cui et al., 2022; You et al., 2022).

Another topic that has been closely examined in nursing literature in recent years is QWL, emerging as an important area that affects nurses' productivity, commitment, work satisfaction, and patient care outcomes. This complex and

multidimensional structure embodies several aspects such as work conditions, work–life balance, decision-making ability, teamwork and performance, and organizational climate (Francis et al., 2021; Kheiri et al., 2021). Supervisor/manager support, guidance, answering questions, and dealing with nursing staff problems contribute to improving nurses' QWL significantly (Ahmed et al., 2019). Many studies have demonstrated the importance of creating and maintaining a healthy work life to minimize nurses' turnover and enhance care outcomes (Suaib et al., 2019; Sumartini et al., 2019). Nurses with higher QWL show higher labor productivity, work satisfaction, overall quality of life, and lower rates of turnover or intention to leave work (Kheiri et al., 2021). However, current conditions that negatively impact the use of nursing skills and the increasing shortage of nursing personnel significantly affect nurses' QWL (Francis et al., 2021). Studies conducted in various countries have found that nurses generally have moderate levels of QWL (Thakre et al., 2017), while others have reported low levels of QWL among nurses, indicating dissatisfaction with work life (Raeissi et al., 2019). Healthcare institutions that do not prioritize QWL compromise their prestige and revenues, resulting in decreased work satisfaction, reduced performance, and increased personnel turnover (Francis et al., 2021). Hence, it is crucial that stakeholders and managers in healthcare institutions focus on interventions that alleviate work pressure, provide job security, distinguish the nursing profession, offer appropriate work arrangements, and maintain a balanced work–life program for nurses. Empirical evidence is needed for this, but studies on this topic are limited in the literature. Findings from these mentioned studies can make it possible to improve nurses' QWL and, as a result, the quality of nursing services (Ahmed et al., 2019).

Although previous studies have examined the relationship between alienation from work and the quality of life, they were conducted on employees from sectors other than nursing. The results of the present study can contribute to the nursing literature by providing information on the relationship between nurses' experiences of alienation from work, QWL levels, and the relationship between these two concepts. Furthermore, research results on the factors affecting nurses' QWL can be used to develop evidence-based interventions and policies to reduce alienation from work and improve QWL among health managers and executive nurses.

METHODS

Design

This descriptive and cross-sectional study used an online questionnaire. To write this study report, the STROBE guidelines were used.

Research questions

The research questions are as follows:

1. What is the level of nurses' work alienation and QWL?

2. Is there any relationship between nurses' work alienation and QWL?
3. What are the variables that affect the QWL of nurses?

Study setting and sampling

The population of the study consists of nurses working in hospitals throughout Turkey ($N = 198,103$). According to G*Power 3.1.9.2 (95% confidence interval, with a margin of error of ± 5 and an effect size of 0.20), the minimum required number of participants was determined as 272. A simple random sampling was used, and 330 participants were included through an online questionnaire. A total of 303 nurses who met the inclusion criteria were included in the study.

Inclusion and/or exclusion criteria

Inclusion criteria were: (1) being an employed nurse, (2) informed consent and voluntary participation in the study, and (3) having at least one year of work experience in the institution. Exclusion criteria were: (1) interns or nurses who work outside the hospital and (2) filling out the data collection forms with incomplete or irrelevant responses.

Data source

The data were collected using an online survey consisting of three sections.

The first section is the introductory information form, which includes individual and professional characteristics such as age, gender, marital status, education level, and type of institution, position, clinic worked, length of time in nursing, length of time in current institution, shift type as well as basic information such as following professional publications, being a member in professional organizations, chronic illness condition, and COVID-19 contraction.

The second section is the Work Alienation Scale in nursing, which was developed by Oruç in 2004, and consists of 27 items and six subscales: "creativity during production of the service (4 items)," "the division of labor (3 items)," "the ability to use initiative during production of the service (5 items)," "participation in the decision-making process (6 items)," "the production process (5 items)," and "the significance of the work for the individual (4 items)." The scale is rated on a 5-point Likert scale (never, 5; very rarely, 4; partly, 3; quite often, 2; and very often, 1). Four items in the scale (items 3, 10, 11, and 25) are reverse scored. The total score obtained from the scale ranges from 27 to 135 (Oruç, 2004). The Cronbach's alpha coefficient of the original scale was 0.82, while that of the present study was calculated as 0.86.

The third section is the Quality of Nursing Work Life Scale. The Turkish adaptation of the scale, which was developed by Brooks (2001), was conducted by Sirin and Sokmen (2015). During the adaptation process, seven items (10, 13, 27, 29, 30,

36, and 37) were removed from the scale based on the item-total correlation analysis. Turkish form of the scale consists of 35 items and five subscales including relations with managers, work environment, job perception, support services, and work conditions. Four items in the scale (items 3, 10, 14, and 18) are reverse scored. The obtainable scores from the 5-point Likert scale (1 = strongly disagree; 5 = strongly agree) range from 35 to 175. Accordingly, higher total scores indicate higher QWL for nurses (Sirin & Sokmen, 2015). The Cronbach's alpha coefficient of the original scale was 0.89, while that of the present study was calculated as 0.91.

Data collection

The questionnaire was administered online. The link to the online survey was sent to the nurses through their social messaging groups. Those who agreed to participate filled out the questionnaires. The data were collected over a period of four months (March–June 2022) and were stored in an encrypted format on the Google Cloud account of the initial study.

Data analysis

The data were analyzed using SPSS for Windows 22 software, with a significance level of 0.05 and a confidence interval of 95%. The number, percentage, mean, and standard deviation were provided in the descriptive statistics. To evaluate the normality of the distribution, the Kolmogorov–Smirnov test, kurtosis and skewness values, and histogram graph were used. The Pearson correlation test and the effects of independent variables on the dependent variable were analyzed with multiple regression analysis using the Stepwise method.

The dependent variable of the study is the QWL scale, while the independent ones are 12 variables, including nurses' education level, type of institution, the clinic worked, position, shift type, following professional publications, and the Work Alienation Scale (6 subscales).

Ethical considerations

Permission to use the scales in the study was obtained from the authors via e-mail, and ethical approval was obtained from the university (Approval Date and Protocol Number: Fe<https://doi.org/07.2022/2022-8>). The introduction section of the online questionnaire provided the participants with information about the purpose of the study and the confidentiality of the information. An informed consent form was obtained from the participants. Those who agreed to participate took the questionnaire. The system created allowed each participant to fill out the online questionnaire only once. The research was planned and conducted following the principles of the Helsinki Declaration.

TABLE 1 Mean scores for the Work Alienation Scale and the QWL scale ($N = 303$).

		Min.–max.	M ± SD
Work Alienation Scale	Creativity during production of the service	4–20	9.05 ± 3.33
	The ability to use initiative during production of the service	5–25	13.52 ± 5.25
	Participation in the decision-making process	6–30	16.00 ± 5.72
	The production process	5–25	12.92 ± 2.89
	The significance of the work for the individual	4–20	11.63 ± 4.34
	The division of labor	3–15	6.87 ± 2.26
	Total	27–135	70.02 ± 16.52
Quality of Nursing Work Life Scale	Work environment	9–45	25.62 ± 7.86
	Relations with managers	5–25	16.56 ± 4.35
	Work conditions	10–50	30.10 ± 3.62
	Job perception	7–35	24.70 ± 4.60
	Support services	4–20	13.20 ± 3.23
	Total	55–165	110.20 ± 19.27

Abbreviations: M, mean; Max, maximum; Min, minimum; SD, standard deviation.

RESULTS

Participant characteristics

The participants' mean age was 31.51 ± 7.02 and 84.8% of them were female, 52.1% were married, 59.1% had a bachelor's degree, and 45.2% had 1–5 years of professional experience. Among them, 72.3% worked in public hospitals and 23.1% in private hospitals. 68.6% had less than 5 years of institutional experience and 36.3% worked in clinics (surgical and internal units), 84.4% were staff nurses, 68.6% worked both day and night shifts, 66.7% were not members of professional organizations, and 54% did not follow professional publications. Of the participants, 78.5% reported no chronic illness, 36.3% reported no COVID-19 transmission, and 33% of those who had contracted COVID-19 reported that it had been three months or more since they were infected (cited in Supplementary Table S1).

Nurses' work alienation and QWL scores

The nurses' total score from the Work Alienation Scale was 70.02 ± 16.52 , with the highest score in participation in the decision-making process (16.00 ± 5.72) and the lowest score in the division of labor (6.87 ± 2.26). Their total score from the Quality of Nursing Work Life Scale was 110.20 ± 19.27 , with the highest score in work conditions (30.10 ± 3.62) and the lowest score in support services (13.20 ± 3.23) (Table 1).

Correlation between nurses' work alienation and QWL

There are significant negative correlations between work alienation and all subscales of QWL mostly at a moderate

level. There is a high level of negative and significant correlation between work alienation and QWL ($r = -0.71$, $p < 0.01$). Therefore, an increase in work alienation indicates a decrease in QWL (Table 2).

Factors affecting QWL

Multiple regression analysis was conducted to evaluate the effect of 12 independent variables on nurses' QWL (Table 3). Four independent variables affecting nurses' QWL were identified. The independent variables explained 58.2% of the variance change in QWL scores (corrected R^2 : 0.582).

Participation in the decision-making process (subscale): A negative relationship was observed ($t = -8.53$, $p < 0.01$), which implies that as participation in the decision-making process decreases, QWL worsens. Working in a private hospital: A positive relationship was found ($t = 4.49$, $p < 0.01$). Nurses working in private hospitals reported higher QWL compared with those in other settings. Use of initiative (subscale): A negative relationship was observed ($t = -4.04$, $p < 0.01$). Lower levels of initiative use were associated with decreased QWL. The significance of the work for the individual (subscale): A negative relationship was found ($t = -3.25$, $p < 0.01$). As the perceived significance of the work decreased, the QWL decreased.

DISCUSSION

Nurses often face challenging work environments, which can lead to alienation from their work and affect their QWL negatively (Cui et al., 2023). A healthy working environment for nurses, as well as individual and institutional factors, can positively impact nurses' QWL (Torlak & Göktepe, 2023). Therefore, necessary measures should be taken to reduce

TABLE 2 Correlation values between the Work Alienation Scale and the QWL scale ($N = 303$).

		Creativity during production of the service	The ability to use initiative during production of the service	Participation in the decision-making process	The production process	The significance of the work for the individual	The division of labor	Work Alienation Scale
Work environment	<i>r</i>	-0.32	-0.56	-0.64	-0.23	-0.50	-0.14	-0.65
	<i>p</i>	0.01	0.01	0.01	0.01	0.01	0.02	0.01
Relations with managers	<i>r</i>	-0.31	-0.49	-0.63	-0.16	-0.39	-0.05	-0.58
	<i>p</i>	0.01	0.01	0.01	0.01	0.01	0.42	0.01
Work conditions	<i>r</i>	-0.24	-0.31	-0.47	-0.24	-0.34	-0.11	-0.45
	<i>p</i>	0.01	0.01	0.01	0.01	0.01	0.06	0.01
Job perception	<i>r</i>	-0.32	-0.51	-0.56	-0.08	-0.48	-0.14	-0.58
	<i>p</i>	0.01	0.01	0.01	0.16	0.01	0.01	0.01
Support services	<i>r</i>	-0.31	-0.46	-0.47	-0.18	-0.36	-0.20	-0.53
	<i>p</i>	0.01	0.01	0.01	0.01	0.01	0.01	0.01
Quality of Nursing Work Life Scale	<i>r</i>	-0.37	-0.60	-0.69	-0.22	-0.53	-0.15	-0.71
	<i>p</i>	0.01	0.01	0.01	0.01	0.01	0.01	0.01

$p < 0.05$.

TABLE 3 Factors affecting the QWL.

	<i>B</i>	Std. error	St β	<i>t</i>	<i>p</i> *	VIF
Constant value	150.40	2.66		56.52	0.00	
Participation in the decision-making process	-1.52	0.18	-0.45	-8.53	0.00	2.01
Type of institution = Private hospital	8.00	1.78	0.18	4.49	0.00	1.09
The ability to use initiative during production of the service	-0.74	0.18	-0.20	-4.04	0.00	1.77
The significance of the work for the individual	-0.66	0.20	-0.15	-3.25	0.00	1.49

$F(4.298) = 103.87$; $p < 0.05$; $R^2:0.582$; DW:1.73

Abbreviation: St β , standardized regression coefficient.

*, $p < 0.05$.

alienation from work and to increase QWL. To do this, it is important to determine the level of work alienation and QWL among nurses. The first question asked in this study is "What is the level of work alienation and QWL among nurses?," which has shown important findings. The present study identified moderate levels of work alienation among nurses, which is consistent with some previous studies (Durrah, 2020), while other studies reported low levels of work alienation (Amarat et al., 2019). The variability in the results can be attributed to the diversity in sample characteristics. Studies in the literature have indicated that work alienation is higher among female nurses, those with less professional experience (Kurt et al., 2023; Saygılı et al., 2020), and those working in public hospitals (Oruç, 2004). In particular, nurses with lower occupational titles and limited clinical experience may have deficiencies in work experience and interpersonal skills, which can increase the likelihood of clinical errors. These issues can lead to dissatisfaction and inefficiency, thus triggering feelings of alienation in the workplace (You et al., 2022). Our study echoes the sample characteristics mentioned

in the literature. It also demonstrates that factors like more than 60% of nurses having had COVID-19 and collecting the data within the second year of the pandemic could potentially impact their levels of work alienation (Labrague & De los Santos, 2020; Peng et al., 2022). When the pandemic combines with the current deficiencies related to knowledge and skills in nurses with limited clinical experience, it may worsen their adaptability to the workplace, consequently intensifying their feelings of alienation (Zhang et al., 2023). In this regard, institutions should ideally aim for the lowest possible levels of work alienation. Therefore, healthcare managers and nursing leaders need to adopt a proactive approach to early detection and timely intervention in work alienation among nurses. Such an approach can contribute to nurses' professional well-being and overall work satisfaction in the workplace.

A review of the literature suggests that the division of labor is a critical factor in determining nurses' levels of work alienation. The results of our current study indicate that nurses experience lower alienation in terms of division of labor, which is consistent with previous studies (Ertekin

& Özmen, 2017; Kurt et al., 2023; Oruç, 2004). As Ertekin and Özmen (2017) suggested, nurses engaging in the division of labor aligned with their competency areas minimize the feeling of alienation by allowing them to utilize their professional knowledge and skills. However, nurses experienced the highest level of work alienation during the decision-making process. This finding aligns with the existing literature (Ertekin & Özmen, 2017; Oruç, 2004). When nurses are not adequately involved in important decision-making processes, they tend to report higher levels of alienation. Conversely, less experienced nurses have been observed to participate less in decision-making processes compared with their more experienced colleagues, placing greater emphasis on tasks and the organization/arrangement of work, which could influence their levels of work alienation (Cui et al., 2022; Iliffe & Manthorpe, 2019). The current study also supports the findings of Park and Kwon (2007). They suggested that nurses with more than five years of clinical experience achieved high scores in clinical decision-making. This implies that experience enhances nurses' decision-making skills and likely increases their engagement with their work. Ensuring the involvement of nurses in institutional decisions is crucial for promoting the QWL (Torlak & Göktepe, 2023). Therefore, nurse managers and healthcare institutions should place greater importance on involving nurses in participatory decision-making processes and emphasizing their autonomy in nursing practices. These changes may prove effective in reducing nurses' feelings of work alienation.

This study shows that the participants have a mean QWL score of 110.20, indicating a high level of QWL. While this is an encouraging finding, this value highlights areas that still require improvement. There are varying findings from the literature regarding nurses' QWL levels, with some studies reporting high levels of QWL, as in the present study (Askari et al., 2021; Torlak & Göktepe, 2023), while others report medium (Al Mutair et al., 2022; Salahat & Al-Hamdan, 2022) or below-average levels (Nasirizade et al., 2017). In our study, nurses yielded the highest score from the work conditions subscale and the lowest score from the support services subscale. This indicates that they are mostly satisfied with their work conditions, but improvements are necessary in the support services provided to them. This is a crucial point to emphasize in terms of the quality of support services, which can have a significant impact on nurses' overall QWL.

The second question of the study was "Is there a relationship between nurse alienation and QWL?" The results revealed a strong relationship between the scores of the two scales, showing mostly moderate significant correlations between subscales. Accordingly, an increase in nurses' feelings of alienation toward work statistically decreases QWL. Although there is no evidence related to nurse sampling in the literature, the moderate negative correlation results of Çetinkanat and Kösterelioglu's (2016) study, conducted with a sample of teachers support our study. Therefore, improvements oriented to decrease nurses' feelings of alienation toward work can increase their positive perceptions of QWL.

The final question of the study was "What are the variables that affect the QWL of nurses?" According to the regression model created, the three subscales of alienation from work and the type of hospital had an impact of 58.2% on QWL. First, the finding of a negative correlation between participation in decision-making processes and QWL is consistent with previous studies suggesting that greater involvement in decision-making processes improves work satisfaction and QWL (Raeissi et al., 2019). This stresses the importance of promoting a culture of shared decision-making in healthcare settings. Second, the positive correlation between working in a private hospital and QWL can be attributed to better work conditions, salaries, and resources available in private hospitals (Salahat & Al-Hamdan, 2022; World Health Organization, 2022). This finding suggests that public hospitals could learn from the best practices of private institutions to increase QWL for their nursing staff. Contrary to this finding, Al Mutair et al. (2022) found no significant difference in nursing QWL between private and public hospitals. These distinctive outcomes may be related to various factors such as regional differences, work conditions of the hospital, or characteristics of the sample. Regardless of the hospital type, nurses can face similar barriers to work as they have similar work conditions (Suleiman et al., 2019). Third, the negative relationship between the use of initiative and the QWL is consistent with studies showing that allowing employees to take initiative and make decisions can make their jobs more meaningful and lead to positive outcomes in terms of work satisfaction, motivation, and organizational commitment (Aslan & Seda, 2020; Aydın & Özeren, 2019). Encouraging nurses to take initiative in their roles can contribute to a more satisfying work life. Finally, the negative correlation between the significance of the work and the QWL underlines the importance of helping nurses to understand the significance of their roles in patient care and their value in the healthcare system (Aydın & Özeren, 2019; Martela & Pessi, 2018). Promoting nurses' job perception as significant can have a positive impact on their overall QWL.

Limitations

The study addresses a field that has not been adequately investigated in nursing and provides valuable information on the correlation between work alienation and QWL among nurses. However, the findings of the study should be interpreted in consideration of its limitations. Firstly, because the study used a descriptive cross-sectional research design, it is limited to a specific time frame. Future studies, using longitudinal design, may help to indicate the temporal changes of the variables. Second, the sample of the study is limited to nurses who could be reached through an online questionnaire form. Third, the study was conducted with nurses working in hospitals with at least one year of institutional experience. Finally, there may be other variables that affect QWL and have not been considered in the present study.

CONCLUSION

The present study has revealed that there are significant negative correlations between the work alienation of nurses and several subscales of QWL. The strongest correlation between work alienation and QWL indicates that QWL decreases as work alienation increases. The study has also identified several factors that affect nurses' QWL, such as participation in decision-making processes, working in private hospitals, the ability to use initiative during the production of the service, and the significance of the work for the individual. These findings emphasize work alienation among nurse professionals and the importance of discussing its impact on QWL. Managers should identify the factors causing work alienation and strategies to promote the QWL of nurses.

Future research should investigate the factors that affect alienation from work and QWL, as well as nurses with different levels of experience and a more diverse sample including those working in non-hospital settings such as primary healthcare and community health centers. Longitudinal studies can be conducted to better understand the causal relationships and temporal dynamics between alienation from work, QWL, and other relevant factors.

IMPLICATIONS FOR NURSING AND HEALTH POLICY

The outcomes of this study provide valuable insights with the potential to reduce work alienation among nurses and enhance their QWL, not only within the context of the country of study but also globally. For this purpose, healthcare managers, nurse executives, and nursing leaders worldwide should actively involve nurses in policymaking and organizational matters, thus encouraging greater participation in decision-making processes. This can be achieved through universally applicable strategies, such as regular meetings, feedback sessions, and creating structured communication channels, which can ensure that the voices of nurses are heard and valued.

Given the universality of the challenges faced by nurses in work alienation, a common global response is essential. Policy recommendations may include initiatives such as implementing flexible scheduling to meet various needs of nurses, promoting professional development opportunities to increase job satisfaction, and initiating mental health support programs for workplace stress. These measures can significantly contribute to improving QWL for nurses and making healthcare systems more resilient, efficient, and responsive to the needs of patients worldwide.

In addition, it is necessary to consider the varying experiences of nurses based on their cultural backgrounds, work environments, and experience levels. For instance, nurses working in rural or community settings may face different challenges compared with those in urban hospitals,

requiring specific strategies. Future healthcare policies should focus on creating an inclusive and supportive work environment where nurses feel valued, and their contributions are appreciated. This may cover regular evaluations, reward systems, and both clear and accessible career advancement pathways.

AUTHOR CONTRIBUTIONS

Study design: AÇK. *Data collection:* KT. *Data analysis:* AÇK, KT. *Study supervision:* AÇK. *Manuscript writing:* AÇK, KT. *Critical revisions for important intellectual content:* AÇK.

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CONFLICT OF INTEREST STATEMENT

The authors declare no conflicts of interest.

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DATA AVAILABILITY STATEMENT

Data are not available to the public due to privacy or ethical restrictions.

ETHICAL APPROVAL

Ethical approval for this study was obtained from the Bandırma Onyedi Eylül University of Non-Interventional Research Ethics Committee for Health Sciences (Approval Date and Protocol Number: Feb 07.2022/2022-8).

PATIENT OR PUBLIC CONTRIBUTION

There was no patient or public involvement in the design or drafting of this research study.

ORAL PRESENTATION

This study was presented as an oral presentation at the ASES Bandırma International Scientific Studies Conference held in Balıkesir, Turkey, from October 27–29, 2023.

SCALES USE PERMISSION


Written consent was obtained from the authors via e-mail to use the scale.

STATISTICAL STATEMENT

The authors have checked to make sure that the submission conforms as applicable to the journal's statistical guidelines.

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SUPPORTING INFORMATION

Additional supporting information can be found online in the Supporting Information section at the end of this article.

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