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Psychotherapeutic intervention for work-life balance in nursing professionals

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ABSTRACT

Objective: To determine the impact of a psychotherapeutic intervention on work-family life balance in nursing professionals. Materials and methods: A quantitative study with a pre-experimental design. The intervention was developed in 49 nurses from a surgical center of a hospital in Arequipa, Peru. A pre-test and post-test, a sociodemographic survey and the validated Work-Family Interaction Questionnaire (SWING) were applied. The data were then processed with SPSS version 25. The chi-square statistical test was also applied. Results: The intervention improved the percentage of positive interaction: professional work is pleasant after having a fun weekend with family, partner or friends (from "often" [48.9%] to "always" [77.5%]). Work-life balance improved as work "often" promotes family functioning (from 44.9% to 55.1%), and family functioning "always" promotes work performance (from 42.9% to 63.3%). Conflict was reduced in that family functioning "never" limits work performance (from 49.0% to 73.5%) and that work "sometimes" limits family functioning (from 79.6% to 73.5%). **Conclusion:** The psychotherapeutic intervention improved the indicators of positive work-family interaction, highlighting the importance of recreational activities, time organization and self-confidence; it also improved work-family balance and reduced work-family conflict and family functioning; and it made the nurses aware that family functioning often promotes work performance, and that it never limits it.

Keywords: work-life balance; family; nurses; psychotherapeutic processes; psychosocial intervention.

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INTRODUCTION

Work-life balance is a current issue that must be addressed to meet workers' personal needs and achieve the workplace's productivity goals (1). Healthcare institutions, as work environments that promote safety and health, and save lives, must ensure that all their employees have the right to a safe and healthy environment (2).

As for female nursing professionals, the nature of their work—providing care with professional responsibility—presents multiple challenges and difficulties due

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to the incompatibility with the expectations of their own family and personal role (3).

Based on 2023 data, nurses, despite representing an average of only 1.3% of the workforce in countries, are the backbone of any healthcare system, grouping around half of the human health and social labor force in Latin America and the Caribbean labor markets (4, 5).

The nursing profession, predominantly female, carries out caregiving tasks for other human beings with a high level of physical and emotional responsibility. In addition, nurses bear family responsibilities alongside household chores, performing a double workload without having free time to restore the energy that their job demands (6-8). In Latin American countries and Europe, due to the economic crisis, nurses take on excessive working hours, often exceeding 48 hours per week (9-11). Shift work requires nurses to adjust their personal and social routines to their professional schedule, generating barriers to family and social interactions. This leads to distant interpersonal relationships and can result in physical or mental health problems. The issue of balancing personal and family life with work, based on data from a sociological study conducted in Portugal, relates to how certain job characteristics—such as work schedule type, work pace, and activity demand index—affect time management, sleep and the ability to balance personal and family life (12, 13).

At an international level, according to legal, institutional and corporate framework, work-family balance is a process that benefits not only the workers themselves, but also their families and workplace environments (14). From a legal perspective, workfamily balance is characterized as a protection system aimed at promoting equal opportunities for men and women in the workplace, as well as ensuring the right distribution of family responsibilities. This allows individuals to achieve the desired personal and family well-being (15).

The relationships between work-family spillover (both conflict and enrichment), work-family balance, and role satisfaction and performance over time differ between the balance of satisfaction and effectiveness. Contrary to common theoretical and practical assumptions, role satisfaction seems to drive balance satisfaction rather than the other way around. In Canada, studies have shown that several factors contribute to balancing family and work life such as fun and family activities, counseling, periodic rest, trust and confidentiality. In addition, research has identified interventions that can enhance this balance

by promoting well-being satisfaction being through group health plans, employee assistance programs, gym memberships, flexible work agreements, and well-being and equity strategies (16, 17).

Work-life conflicts that impact the working life of employees' professional lives include limited resources, stress, poor relationships, substance abuse, and other external factors (18). A study conducted in China demonstrated that the work-family conflict had a direct negative effect on psychological safety ($\beta = -0.351$; p < 0.01) and a direct negative effect on psychological well-being ($\beta = -0.137$; p < 0.05). Therefore, organizations were recommended to develop a variety of training and educational sessions to support employees' personal and professional growth. These initiatives should include different methods to manage work-family conflicts to enhance employee effectiveness and ensure better performance by preventing the occurrence of such conflicts (19).

Consequently, addressing work-family balance facilitates employee identification, commitment, and loyalty to their workplace. When employees feel adequately valued, their performance and productivity improve, leading to better results based on goals rather than hours worked. Additionally, the involvement of partners and family members is essential in managing work-family conflict (20-22).

In Peru, work-life balance refers to the inclusion of women in the labor market. However, due to genderrelated issues, it has been little scarcely addressed. There is a social awareness with little interest in the problem of inequality, which is observed by working nurses (9, 23-26). In the city of Arequipa, nurses have working hours that lead to mental and physical exhaustion. The nurse is a professional, daughter, mother and wife with two and more responsibilities on the one hand, paid work, and on the other hand, unpaid domestic and family duties. In this situation, the nurse's daily routine makes her think about all the things she has to do at home to care for her family while she is at work. In turn, when she is at home, she thinks about her colleagues or work-related tasks. From this duality arose the concern to conduct a study aimed at determining the impact of a psychotherapeutic intervention on work-family balance among nursing professionals.

MATERIALS AND METHODS

A pre-experimental quantitative study was conducted with a single intervention group and with pre- and

post-test measures. The selected population consisted of 75 nurses working in the surgical center of a hospital in Arequipa, Peru. The sample included 49 nurses who agreed to participate in the study and intervention. Nurses on leave, those who were sick or pregnant were excluded from the study.

Before and after the intervention, a survey was conducted using two questionnaires: one for Sociodemographic Information and a Work-Family Interaction Questionnaire (SWING) (27), which had a Cronbach's alpha reliability coefficient of 0.72. It consisted of 4 dimensions and 22 items: negative work-family interaction (items 1-8), negative familywork interaction (items 9-12), positive work-family interaction (items 13-17), positive family-work interaction (items 18-22). The intervention was conducted through a program led by a psychotherapist with a master's degree in Psychology. It consisted of six sessions, each lasting two hours. The educational workshop seminar technique was used, covering topics such as emotional intelligence management, time distribution, and handling critical situations. The sessions were held in the recovery service conference room. Participants were notified in advance according to their shifts or days off.

Data analysis performed using SPSS version 25, and the chi-square statistical test was applied. This study was authorized and registered in the Postgraduate Unit of the Faculty of Nursing at Universidad Nacional de San Agustín de Arequipa (UNSA). It received approval from the Regional Health Administration of Arequipa, and was conducted under the supervision of Honorio Delgado Hospital. All participants were informed prior to the study and they subsequently signed the corresponding consent form.

RESULTS

A total of 49 nurses participated in the study, of whom 26 were married or in a domestic relationship (53%), 3 were divorced (6.1%), and the rest were single. Their ages were under 41 (38.78%), they had two children (44.9%), and their employment status was based on a permanent contract (61.2%), which gave them job stability.

Table 1 shows the results of positive family-work interaction before and after the intervention with the psychotherapist. All five indicators showed an increase in the percentage of positive interaction. The most notable item referred to the perception that professional work is more pleasant after having a fun weekend with family, a partner or friends—an aspect that was previously frequent (48.9%), but became consistent after the intervention (77.5%). A similar behavior was observed in items related to time management at home and work, as well as self-confidence at work for having a well-organized life at home.

Table 1. Characterization of work-family balance with positive interaction among nurses in the surgical center.

		Positive family-work interaction									
Item	Test	Never		Sometimes		Often		Always			
		n	%	n	%	n	%	n	%		
After having a fun weekend with your partner,	PRE	0	0.0	8	16.3	24	48.9	17	34.8		
family or friends, your job is more enjoyable.	POS	2	4.0	4	8.1	5	10.2	38	77.7		
You take work responsibilities very seriously	PRE	0	0.0	11	22.4	17	34.8	21	42.8		
because you must do the same at home.	POS	0	0.0	0	0.0	12	24.4	37	75.6		
You properly fulfill your job responsibilities	PRE	0	0.0	12	24.4	16	32.8	21	42.8		
because at home you learned to honor your commitments	POS	0	0.0	3	6.1	11	22.4	35	71.5		
Having to organize your time at home has made	PRE	0	0.0	14	28.5	19	38.9	16	32.6		
you learn to better organize your time at work.	POS	0	0.0	4	8.1	10	20.4	35	71.5		
You have more self-confidence at work because	PRE	0	0.0	11	22.4	21	42.8	17	34.8		
your life at home is well organized.	POS	0	0.0	1	2.0	15	30.6	33	67.4		

PRE: pretest measurement; POS: posttest measurement.

In the work-family balance (Table 2), the statistical results confirm a significant difference between the pre- and post-test results (p < 0.05). The educational intervention focused on personal guidance fosters a change in work perception, promoting family functioning in such a way that the nurse interacts

better with the family or environment as a result of job satisfaction. Similarly, the intervention fosters a change in the perception of family functioning, enhancing work performance in such a way that the nurse efficiently manages time at work, as they also do at home.

Table 2. Work-family balance and family functioning of nurses.

		Work-family balance								
Sense of balance	Test	N	ever	Some	etimes	imes Often		Always		Chi-square
		n	%	n	%	n	%	n	%	
Work promotes family	PRE	2	4.0	18	36.7	22	44.9	7	14.4	$x_{C}^{2} = 8.5 > x_{T}^{2} = 7.8$
functioning.	POS	3	6.1	6	12.2	27	55.2	13	26.5	p < 0.05
Family functioning	PRE	0	0.0	12	24.4	21	42.8	16	32.8	$x_{C}^{2} = 14.5 > x_{T}^{2} = 5.9$
promotes work performance.	POS	0	0.0	1	2.0	17	34.6	31	63.4	p < 0.05

PRE: pretest measurement; POS: posttest measurement.

Regarding work-family conflict and family functioning among nurses (Table 3), the statistical test results confirm a significant difference between the pre- and posttest results (p < 0.05). In this regard, the educational intervention focused on personal guidance fosters a change in the perception of family functioning so that nurses notice that problems in their family or social

environment do not affect their work performance. On the contrary, there is no significant difference between pre- and post-test results (p > 0.05) in the sense that work limits family functioning, since nursing professionals mostly experience a negative interaction between work and family; in other words, their work obligations make it difficult for them to feel relaxed at home.

Table 3. Work-family conflict and family functioning of nurses.

Sense of conflict	Test	Never		Sometimes		Often		Always		Chi-square
	•	n	%	n	%	n	%	n	%	
Family functioning limits	PRE	24	48.9	19	38.9	6	12.2	0	0.0	$x_{C}^{2} = 6.5 > x_{T}^{2} = 5.9$
work performance.	POS	36	73.6	11	22.4	2	4.0	0	0.0	p < 0.05
Work limits family	PRE	3	6.1	39	79.7	5	10.2	2	4.0	$x_{C}^{2} = 4.0 < x_{T}^{2} = 7.8$
functioning.	POS	9	18.3	36	73.6	3	6.1	1	2.0	p > 0.05

PRE: pretest measurement; POS: posttest measurement.

DISCUSSION

The study was conducted with a sample of nurses who are part of the economically active population, married, and characterized by being in the stage of raising their children, having a stable partner, pursuing personal development and growth, and looking for job improvements.

Despite having job stability, salaries have not increased in recent years. Additionally, the rising cost of living has forced nurses to seek other sources of income. Conejo et al. (25) state that women are now responsible for achieving balance—not for themselves, but for their families. In other words, they facilitate the ability of other members of their environment to meet their

needs, enjoy their time, work, and leisure, often at their own expense. In this regard, García et al. (26) indicate that healthcare workers are the most affected by the burden of maintaining both professional and family responsibilities.

In this study, a psychotherapeutic intervention was implemented with the support of a psychologist and the application of work-family balance techniques. These included workshops on managing emotional intelligence in critical situations, time management, and stress management. Comparing the before-andafter results of this intervention, positive outcomes were achieved. The five indicators of positive familywork interaction increased, particularly the item stating that professional work becomes more pleasant after having a fun weekend with the family, a partner or friends. Additionally, the items related to time management at home and work strengthen work selfconfidence, since their life at home is organized. In this regard, Barturen (22) reports that 73% of nurses are unable to attend family events due to schedule incompatibility; 82% consider that work days affect their social and family circles; 65% report that they do not participate in raising their children; 50% report that shift work affects their marital life; 40% experience irritability; 96% acknowledge having workfamily conflicts, and 72% say that work interferes in the household chores, highlighting how their roles as women, mothers, and wives are undermined. The findings reaffirm that work-family balance should guarantee the full development of the individual in the family, personal and work environment, as well as the ability to value and enjoy their free time.

Regarding work-family balance and family functioning, the most significant changes were observed in the item indicating that family functioning promotes work performance, while moderate changes were noted in the perception that work promotes family functioning. This means that, after the intervention, nurses were aware of assigning greater emotional value to the family—an aspect that influences their work performance—while placing less emotional weight on the idea that work influences family functionality. This situation is understandable, as family is a lifelong and personal aspect, unlike work, which can be temporary and not inherently theirs. In essence, if family functioning is stable, work performance will also be okay. This reaffirms that a positive work-family balance enhances workers' wellbeing and increases job motivation, as it allows them to dedicate more time to the family and improves the organization in the work environment (20). On the other hand, here the emotional aspect addressed in the intervention plays a key role, aligning with the findings of Recuero & Segovia (28) in their study with nurses from Spain. This research demonstrated that behavioral and emotional coping strategies improve work-family balance in women, especially when work-family conflict is high. At the same time, work-family conflict has a negative impact on security and psychological well-being (18), while affecting work life (19).

Psychotherapeutic intervention has helped nurses become more aware that work should not interfere with family life. This is reflected in the assessment of work-family conflict and family functioning, where it was demonstrated that, after the intervention, a higher percentage of nurses agreed that family functioning never limits work performance. At the same time, the percentage of those who stated that work sometimes limits family functioning decreased. It is necessary to keep in mind that many times work situations that are difficult to control occur. These do not depend solely on nurses, but there are other elements such as people who also influence. Although work should not affect the family functioning, as human beings we often find in our family environment a space to release our work experiences. This contrasts with family conflicts, which are a greater personal responsibility and are within the nurses' control to manage so that they do not impact their work performance. This aligns with Martín (29), who states that a good work-family balance does not depend solely on the individual and their attitudes but also on the work environment, as well as the rules and policies implemented by supervisors and managers overseeing the staff with whom they interact. At the same time, Eyzaguirre (23) asserts that working conditions should be structured in a way that does not hinder nurses in their different roles within the family, emphasizing the human aspect while meeting the productivity and performance expectations that the employer demands.

Thus, psychotherapeutic intervention can effectively facilitate work-family balance, an issue that must be addressed within healthcare organizations under the recommendations of the International Labour Organization (ILO) regarding the need to ensure proper working conditions (2,5). Similarly, Dorothea Orem argues that individuals are capable of taking care of themselves through self-care of their physical, emotional and mental health, striving for balance between their personal, family and professional life (30).

Achieving this balance depends on generating the appropriate conditions both in the workplace and the family environment. Regarding the work environment, Carrasco et al. (15) point out that rotating shift work leads to health disturbances, as well as physical, psychological and emotional overload. However, this situation can be mitigated by the satisfaction derived from strong connection with co-workers. Regarding the family environment, Arredondo et al. (8) point out the importance of the positive work-family relationship, facilitated by moderate organizational support within the personal circle, particularly through the help of relatives and spouses in household chores.

Consequently, work-family balance should be addressed through specialized interventions that encourage nurses to analyze the work-family dynamic and vice versa, seek professional support if necessary, and take responsibility for their well-being. This should be reinforced by mental health strategies, active participation in the workplace, and impact on their family environment.

CONCLUSIONS

After the psychotherapeutic intervention, the indicators of positive family-work interaction increased, particularly regarding the perception that professional work is pleasant after having a fun weekend with the family, a partner, or friends. Additionally, time management at home and at work fosters self-confidence in the workplace, as they have an organized home life and emotional stability.

The intervention, which included balance techniques, emotional intelligence management, conflict resolution, leisure time and stress management, significantly improved work-family balance and family functioning. After the intervention, nurses reported that family functioning often promotes work performance, reduces work-family conflict and family functioning, and confirmed that family functioning never limits work performance.

There was no significant difference between pre- and post-test results regarding the perception that work limits family functioning, as work obligations make it difficult for nurses to feel relaxed at home.

Similar or more extensive psychoeducational interventions are recommended, according to the work-family balance needs of nurses in the different healthcare institutions across the country. Future research projects have the challenge of identifying

strategies for the new generation of nurses to cope with family-work duality.

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Authorship contribution:

PCFM: conceptualization, formal analysis, research, methodology, validation, visualization, writing - original draft, writing - review & editing.

IIF: formal analysis, research, methodology, validation, visualization, writing - original draft, writing - review & editing.

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