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Personal, family and work-life balance of nephrology nurses in Spain

María Ruiz-García[1], Marta Broncano-Rodríguez[1], Sara Mencía-Prendes[1], Marina Peñalba-Sanz[1], Francesca Sgarbossa[1], Juan Francisco Pulido-Pulido[2]

[1] Nurse, Department of Nephrology, Gregorio Marañón University General Hospital, Madrid, Spain
[2] Nursing Supervisor, Department of Nephrology, Gregorio Marañón University General Hospital, Madrid, Spain

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Corresponding author:
María Ruiz García
maguie8614@gmail.com

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ABSTRACT

Introduction: Work-life balance policies play an essential role in today's society. The distribution of the working day, the high care load, the high specialization, the emotional overload, and the lack of professionals make work-life balance difficult, generating conflicts for the personal, family, and professional development of nephrology nursing professionals.

Objective: To explore the state of personal, work, and family reconciliation of nursing professionals in nephrology units in Spain.

Material and Method: National multicentre descriptive study. Population: Nursing professionals from different nephrology units in Spain. A questionnaire structured in five blocks was used for data collection: socio-demographic variables, personal/work area, individual area, and family area and consequences, with 59 questions.

Results: A total of 542 questionnaires were received, 87.1% being women. The community with the most participants was Madrid, with 22.5%. An association was found between the level of work-life balance and the personal (p=0.005), professional (p=0.0333), and family (p=0.001) projects.

Conclusions: Nephrology nursing professionals report seeing their personal, family, and professional lives affected by a lack of conciliation policies. The main resignations are related to partner, leisure, and professional development. They do not dedicate time to self-care, which affects stress and anxiety.

Keywords: work-life balance; work-life balance; reconciliation; nursing; family; policies.

RESUMEN

Conciliación personal, familiar y laboral de los profesionales de enfermería nefrológica en España

Introducción: Las políticas de conciliación laboral, personales y familiares desempeñan un papel importante en la sociedad actual. La distribución de la jornada, la alta carga asistencial, la alta especialización, la sobrecarga emocional y la falta de profesionales dificultan la conciliación generando conflictos para el desarrollo personal, familiar y profesional de los profesionales de enfermería nefrológica.

Objetivo: Explorar el estado de conciliación personal, laboral y familiar de los y las profesionales de enfermería de las unidades de nefrología en España.

Material y Método: Estudio descriptivo multicéntrico nacional. Población: Profesionales de enfermería de las distintas unidades de nefrología en España. Para la recogida de datos se utilizó un cuestionario estructurado en cinco bloques: variables sociodemográficas, área personal/laboral, área personal y área familiar y consecuencias, con un total de 59 preguntas.

Resultados: Se recibieron 542 cuestionarios, siendo un 87,1% mujeres. La comunidad con mayor número de participantes fue Madrid con un 22,5%. Se ha encontrado asociación entre el ni-

vel de conciliación y el proyecto personal (p=0,005), profesional (p=0,0333) y familiar (p=0,001).

Conclusiones: Los profesionales de enfermería nefrológica refieren haber visto afectado su proyecto personal, familiar y profesional debido a faltas de políticas de conciliación Las principales renuncias se relacionan con la pareja, el ocio y el desarrollo profesional, no dedican tiempo a su autocuidado afectando al estrés y a la ansiedad.

Palabras clave: equilibrio entre vida personal y laboral; conciliación; enfermería; familiar; políticas.

INTRODUCTION

Work–life balance policies encompassing occupational, personal, and family domains play an important role in contemporary society[1]. The term *conciliation* is defined by the Royal Spanish Academy as "bringing two or more people or things into agreement"[2]. Work–family balance has been described as "the balanced participation of men and women in family life and in the labor market, achieved through the restructuring and reorganization of labor, educational, and social resource systems, in order to introduce equal opportunities in employment, modify traditional roles and stereotypes, and meet the care needs of dependent persons"[3]. However, work–life balance is no longer limited to a single domain and now integrates work, family, and personal life, defined as "the strategy that facilitates the achievement of effective equality between women and men, aimed at creating a new organization of the social and economic system in which both can reconcile employment, family life, leisure, and personal time"[4].

Work–life balance is a longstanding issue that has historically generated conflict between professional demands and family responsibilities. Traditionally, this issue was addressed through a poorly resolved gender perspective, in which men were devoted full-time to professional life outside the home, while women assumed the roles of mother, caregiver, and homemaker. This model of conciliation persisted until the mid-21st century[1].

The social evolution brought about by women's incorporation into the workforce transformed the family model from the "male breadwinner" to the "dual-earner" structure[1]. Currently, diverse family models coexist, highlighting that domestic and caregiving tasks are not exclusive to women and can be assumed by either parent. Sociocultural context and organizational traditions within families have influenced differing expectations and needs between women and men[3,5].

These demands have required the development of new strategies to reconcile family, personal, and professional life. In Spain, legislative, administrative, and social measures have gradually been implemented to facilitate work–life balance, although further efforts are necessary to achieve intended goals[5]. In 1999, Law 39/1999 was enacted to promote work–family balance among workers, aiming to facilitate equilibrium between family and professional life and promote equal opportunities between women and men[6]. Subsequently, Organic Law 3/2007 of March 22, on effective equality between women and men, established in Article 44.1 the rights to work–life balance while preventing discrimination. Twenty years later, Directive 2019/1158 of the European Parliament and Council (June 20, 2019) introduced various leave schemes to further guarantee work–life balance.

Despite legislative advances, work–life balance remains a major challenge for many parents, who may experience conflict between professional and family roles due to limited reconciliation periods, high stress levels, demanding work schedules, and shift changes[3,9].

Certain professional sectors demonstrate heightened need for work–life balance due to workforce feminization, with nursing being a prominent example. In Spain, 345,969 registered nurses were recorded in 2023, of whom 84.21% were women[10]. According to the 2020 Nursing Barometer of the Foundation for Nursing Development (FUDEN)[11], over half of nurses required job reassignment or schedule modification for work–life balance (54.27%); 56.56% of female nurses required reassignment; and 92.29% reported lack of childcare facilities at their workplace. Additionally, 70.39% had to request shift or day changes to reconcile work and personal/family life. The lowest satisfaction levels were associated with schedule flexibility, ease of obtaining leave, and insufficient conciliation measures in the workplace.

Unlike other nursing specialties, nephrology nursing involves prolonged care of chronic patients, during which strong emotional bonds often develop among professionals, patients, and families, generating emotional overload[4]. Growing healthcare demand, financial constraints, technological complexity, and high specialization contribute to stress and anxiety[12]. The demanding workload, emotional burden, shortage of professionals, and complex schedules significantly hinder work–life balance for nephrology nurses. Although studies have addressed work–life balance difficulties in nursing and the impact of insufficient conciliation measures, no studies specifically examine work–life balance in nephrology nursing[13-15]. Therefore, this study aimed to explore personal, professional, and family work–life balance among nephrology nurses in Spain.

MATERIAL AND METHODS

Study Design

Multicenter cross-sectional descriptive study conducted nationwide.

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Population and Sample

The study population comprised nurses working in nephrology units across Spain (hospital-based and outpatient), regardless of public or private affiliation, who voluntarily agreed to participate.

Data Collection

Data were collected in three phases: distribution of a QR code during the 48th National Congress of the Spanish Society of Nephrology Nursing (SEDEN); subsequent email invitations via SEDEN; and telephone outreach by the research team to nephrology units nationwide to encourage participation.

Measurement Instrument

The data collection form remained open from November 2023 to March 2024. The questionnaire was adapted from the FUDEN Nursing Barometer, incorporating nephrology-specific items.

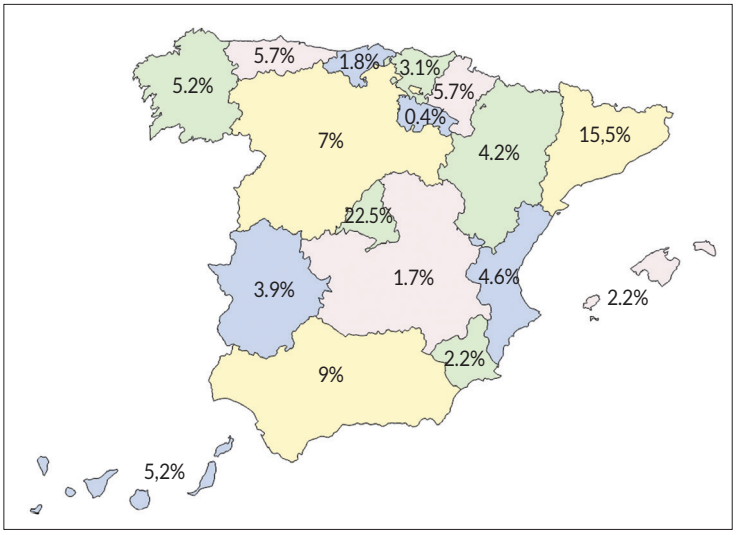

Figure 1. Workplace of the participants.

Study Variables

The final questionnaire comprised five domains: sociodemographic, professional/work, personal, family, and consequences, totaling 59 questions **(appendix 1)**.

Ethical Considerations

The study was approved by the SEDEN Scientific Committee. Participants were informed of objectives, participation conditions, benefits, and rights, and provided informed consent. Data were anonymized, and participants were provided contact details to exercise ARCO-GDPR rights.

Statistical Analysis

We conducted descriptive analysis of all variables was performed using absolute and relative frequencies for qualitative variables. Quantitative variables are presented as mean and standard deviation (SD), as they followed a normal distribution.

In addition, bivariate analyses were conducted using the chi-square test for qualitative variables and the Student t test and ANOVA for comparisons between qualitative and quantitative variables, as appropriate.

For analytical purposes, the following recategorizations were applied:

- Work–life balance outcome: recoded into 2 categories: good or fairly good vs acceptable, fairly poor, or poor.
- Personal, family, and professional project impact: recoded into 2 categories: little or no impact vs moderate, high, or very high impact.
- Personal sacrifice: recoded into 2 categories: none or minimal sacrifice vs some, considerable, or maximal sacrifice.

Statistical significance was defined as a *P* value <0.05. All analyses were performed using SPSS version 28 (IBM Corp).

RESULTS

A total of 542 questionnaires were obtained. Responses that were inconsistent across different items were treated as missing values.

Most participants were women (87.1%, *n*=471). Age distribution was as follows: 7.7% (*n*=42) were younger than 30 years; 31.0% (*n*=168) were between 31–40 years; 34.1% (*n*=185) between 41–50 years; 21.2% (*n*=115) between 51–60 years; and 5.9% (*n*=32) were older than 60 years. The geographical distribution of the sample is shown in **figure 1.**

Professional activity was mainly clinical (85.4%, *n*=463). Regarding the employment sector, 72.5% (*n*=390) worked in public institutions, 16.2% (*n*=87) in publicly funded private centers, and 11.3% (*n*=61) in private centers. Most participants worked in hospitals (87.6%, *n*=474), 11.1% (*n*=60) in peripheral centers, and the remainder in other settings. Permanent contracts were held by 66.4% (*n*=353), temporary contracts by 11.1% (n=60), and interim contracts by 23.5% (*n*=27). Sociolabor data are shown in **table 1**.

More than half of participants (53.3%, *n*=171) did not perform unpaid overtime. Most (74.3%, *n*=400) worked weekends or public holidays.

A large proportion (72.4%, *n*=391) had at some point required job relocation or schedule/shift changes due to work–life balance needs. Among them, 67.3% (*n*=261) were successfully relocated, had schedule adjustments, or were granted leave when needed. Most centers (93.4%, *n*=498) lacked on-site childcare facilities.

Tabla 1. Sociodemographic and employment data of health care professionals.

Variable	Percentage	Frequency
Years of experience as a nurse		
Less than 5 years	7.9%	43
6 to 10 years	12.0%	65
11 to 15 years	14.4%	78
16 to 20 years	20.0%	108
More than 21 years	45.7%	247
Years of experience as a nephrology nurse		
Less than 3 years	15.2%	82
4 to 7 years	17.8%	96
8 to 11 years	14.1%	76
12 to 15 years	13.9%	75
16 to 19 years	13.4%	72
More than 20 years	25.5%	137
Area of nephrology practice		
Haemodialysis	47.6%	258
Haemodialysis and outpatient clinics	19.2%	104
Inpatient care (including kidney transplantation) and haemodialysis	14.4%	78
Outpatient clinics	7.9%	43
Inpatient care, outpatient clinics and haemodialysis	5.0%	27
Inpatient care	3.5%	19
Inpatient care and outpatient clinics	0.4%	2
All areas	2.0%	11
Type of shift pattern		
Fixed morning shift	35.5%	189
Fixed afternoon shift	4.3%	23
Fixed night shift	1.7%	9
Rotating morning/night	5.1%	27
Rotating afternoon/night	4.3%	23
Rotating morning/afternoon/night	15.2%	81
Split shift	1.1%	6
12-hour shift	7.0%	37
Type of employment		
Full-time	84.2%	452
Reduced hours (primary contract holder)	14.3%	77
Reduced hours (temporary replacement)	1.5%	8
Percentage of reduction		
More than 75%	38.3%	31
Between 51% and 75%	44.4%	36
Between 26% and 50%	16.0%	13
Less than 25%	1.2%	1
Net monthly salary		
Less than €900	0.9%	5
€1,000–€1,500	15.3%	82
€1,600–€2,000	39.6%	212
€2,100–€2,500	35.7%	191
More than €2,600	8.4%	45
Weekly working hours (100% contract)		
35 hours	35.4%	189
37.5 hours	44.4%	237
40 hours	20.2%	108
Advance notice of monthly rota		
15 days in advance	11.1%	59
On the same working day	0.8%	4
Between one month and 15 days in advance	15.2%	81
More than one month in advance	59.0%	314
Less than one week in advance	6.2%	33
One week in advance	7.7%	41
Advance notice of rotation changes		
15 days in advance	7.3%	37
On the same working day	4.3%	22
Between one month and 15 days in advance	13.2%	67
More than one month in advance	30.3%	154
Less than one week in advance	28.3%	144
One week in advance	16.7%	85
Postgraduate education		
No postgraduate training	25.0%	135
University Master's degree	25.0%	135
University Expert qualification	22.2%	120
Other degree or bachelor's qualification	13.9%	75
Specialty certification	10.7%	58
Doctorate (PhD)	1.7%	9
Advanced practice diploma	1.5%	8

Regarding reduction in working hours for work–life balance, 6.5% (*n*=35) reduced their workday by more than 50% and 16.6% (*n*=90) by less than 50%. Among their partners, 1.8% (*n*=10) reduced working hours by more than 50% and 5.7% (*n*=31) by <50%.

Reasons for workday reduction among participants were: childcare (76.8%, *n*=116), care of children with health problems (7.3%, *n*=11), care of both children and parents (4.0%, *n*=6), care of parents (4.6%, *n*=7), personal health reasons (2.0%, *n*=3), other reasons (1.3%, *n*=2), and no reason (4.0%, *n*=6).

Most participants (65.2%, *n*=260) had taken one or two maternity or paternity leaves, while 30.1% (*n*=120) had taken none. The majority had not taken unpaid caregiving leave (88.8%, *n*=365), and 95.0% (*n*=381) of their partners had not taken such leave.

Workplace schedule flexibility was perceived as very flexible by 7.3% (*n*=39), flexible by 14.1% (*n*=75), moderately flexible by 25.2% (*n*=134), slightly flexible by 22.7% (*n*=121), and not flexible at all by 30.6% (n=163). The ease of obtaining one or two hours off during work was reported as very easy by 8.7% (n=46), easy by 17.0% (*n*=90), neither easy nor difficult by 22.6% (*n*=120), and quite difficult by 20.4% (*n*=108).

Satisfaction with workplace work–life balance measures was reported as satisfied or very satisfied by 21.3% (*n*=112), whereas 51.6% (*n*=271) were little or not at all satisfied.

Time dedicated to other activities is presented in **figure 2**.

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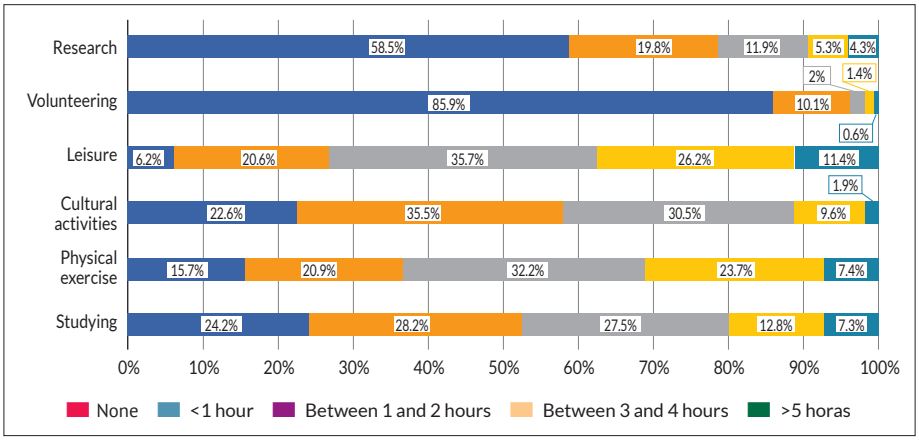

Figure 2. Percentage of hours devoted to other activities.

Most participants (74.6%, *n*=402) reported having or having had family responsibilities. They were the primary caregivers in 64.9% (*n*=349). Two children were reported by 39.3% (*n*=209), while 29.9% (*n*=159) had none. Nearly half (46.8%, *n*=207) would have liked to have two children. Most partners or co-parents (79.3%, *n*=407) were not health care professionals. Household size ranged from one person (8.1%), two persons (24.3%), three persons (29.2%), four persons (32.8%), to five persons (5.5%).

The mean age at first childbirth or adoption was 31.33±4.81 years. Among divorced or separated participants with children, 53.5% (*n*=23) had sole custody. Approximately 27.8% (*n*=143) devoted 5–7 hours daily to household and family care, and 10.9% (*n*=56) devoted >14 hours.

More than half (53.3%, *n*=270) had no dependent persons under their care; 27.6% (*n*=140) cared for dependent children, and 19.1% (*n*=97) for other relatives. Only 4.6% (*n*=23) received financial assistance for caregiving.

Lack of work–life balance policies affected professional projects in 28.1% (*n*=147), personal projects in 28.4% (*n*=148), and family projects in 28.6% (*n*=150).

The most frequent sacrifices involved personal time (59.0%, *n*=311), time with friends (51.1%, *n*=269), and time with partners (46.0%, *n*=240). In contrast, the least sacrificed aspect was having children (59.0%, *n*=298).

During the previous year, 38.3% (*n*=202) rated their work–life balance as quite poor or poor, 39.1% (*n*=206) as acceptable, and 22.6% (*n*=119) as good or very good. Compared with previous years, 44.0% (*n*=234) perceived it as unchanged, while 40.4% (*n*=215) perceived it as worse or much worse. Compared with other professions, 48.9% (*n*=262) perceived their situation as worse or much worse.

The most prioritized proposal for improving work–life balance was establishing a 30–35 hour workweek (51.2%, *n*=265), whereas redefining shift schedules was the least prioritized (17.7%, *n*=89).

Figure 3 compares personal, family, and professional work–life balance by Spanish autonomous community.

Associations between work–life balance and contextual variables are shown in **table 2**. Statistically significant variables included type of shift schedule (*p*=0.008), professional project (*p*=0.033), personal project (*p*=0.005), family project (*p*=0.001), renouncing time with partner (*p*=0.032), renouncing time with friends (*p*=0.001), and renouncing job opportunities (*p*=0.021).

Associations with quantitative variables are presented in **table 3**. Statistically significant variables were hours of physical activity (*p*=0.030) and hours of leisure (*p*=0.015).

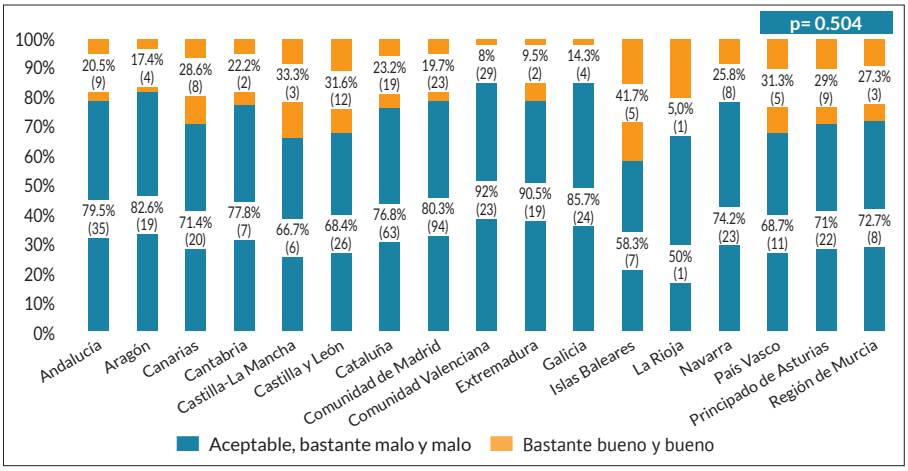

Figure 3. Association between work–life balance and the autonomous community where participants work.

DISCUSSION

The regions most represented in the study were the Community of Madrid, Andalusia, and Catalonia, which also correspond to the regions with the highest number of registered nursing professionals. It was observed that regions in which the 35-hour working week has been implemented generally show better outcomes in terms of work–life balance. Therefore, the type of working schedule negatively influences work–life balance, as described in the literature[4].

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Tabla 2. Relationship between work–life balance level and occupational and personal variables.

	Work–Life Balance Level		p-value
	Acceptable/ Rather poor/ Poor (% n)	Rather good Good (% n)	
Sex			0.213*
Male	71.6% (48)	28.4% (19)	
Female	78.4% (360)	21.6% (99)	
Marital status/personal situation			0,397*
Stable partner	78.3% (347)	21.7% (96)	
Separated	64% (16)	36% (9)	
Single	75% (39)	25% (13)	
Widowed	80% (4)	20% (1)	
Age			0.082*
Under 30	87.2% (34)	12.8% (5)	
31–40 years	80.2% (130)	19.8% (32)	
41–50 years	78.7% (144)	21.3% (39)	
51–60 years	71.4% (80)	28.6% (32)	
Over 60 years	64.5% (20)	35.5% (11)	
Type of shift pattern			**0.008***
Fixed morning	70.8% (131)	29.2% (64)	
Fixed night	88.9% (8)	11.1% (1)	
Fixed afternoon	77.3% (17)	22.7% (5)	
Rotating mornings/nights	96% (24)	4% (1)	
Rotating mornings/ afternoons/nights	84.6% (66)	15.4% (12)	
Rotating afternoons/nights	85.7% (18)	14.3% (3)	
Rotating mornings/afternoons	82.2% (111)	17.8% (24)	
Split shift	66.7% (4)	33.3% (2)	
12-hour shift (mornings/nights)	62.2% (23)	37.8% (14)	
Works weekends or public holidays			0.063*
No	71.6% (96)	28.4% (38)	
Yes	79.4% (309)	20.6% (80)	
Type of contract			0.223*
Temporary	82.8% (48)	17.2% (10)	
Permanent	75.3% (262)	24.7% (86)	
Interim	81.5% (97)	18.5% (22)	
Employment sector			0.956*
Publicly funded, privately managed	76.2% (64)	23.8% (20)	
Private	77.6% (45)	22.3% (13)	
Public	77.7% (296)	22.3% (85)	
Work setting			0.250*
Hospital	77.8% (361)	22.2% (103)	
Peripheral centres	71.9% (41)	28.1% (16)	
Other	100% (6)	0% (0)	
Family responsibilities			0.620*
No	75.8% (97)	24.2% (31)	
Yes	77.9% (310)	22,1% (88)	
Are you the main caregiver?			0.321*
No	75.1% (133)	24.9% (44)	
Yes	79% (274)	21% (73)	
Divorced: type of custody			0.281*
Not shared, in your care	78.3% (18)	21.7% (5)	
Shared	63.2% (12)	36.8% (7)	
Is your partner or the parent of your children a healthcare professional?			0.515*
No	77% (305)	23% (91)	
Yes	80% (84)	20% (21)	
Number of people living in the household			0.589*
1 person	67.5% (27)	32.5% (13)	
2 people	78.9% (97)	21.1% (26)	
3 people	79.5% (120)	20.5% (31)	
4 people	76.9% (133)	23.1% (40)	
5 people	75.9% (22)	24.1% (7)	
Do you receive any benefit for caring for dependent persons?			0.800*
No	77.5% (220)	22.5% (64)	
Yes	79.2% (19)	20.8% (5)	
I do not have dependent persons in my care	75.5% (120)	24.5% (39)	
Professional project			**0.033***
Little or not affected	72.9% (153)	27.1% (57)	
Highly/considerably/ moderately affected	80.9% (245)	19.1% (58)	
Personal project			**0.005***
Little or not affected	70.8% (121)	29.2% (50)	
Highly / considerably/ moderately affected	81.8%% (278)	18.2% (62)	
Family project			**0,001***
Little or not affected	69.3% (124)	30.7% (55)	
Highly/considerably/ moderately affected	82.1%% (275)	17.9% (60)	
Giving up having children			0.309*
None or little renunciation	76.4% (285)	23.6% (88)	
Someconsiderable/ maximum renunciation	80.8% (101)	19.2% (24)	
Giving up having more children			0,094*
None or little renunciation	75,1% (211)	24,9% (70)	
Some/considerable/ maximum renunciation	81.4% (175)	18.6% (40)	
Giving up spending time with children			0.289*
None or little renunciation	75.2% (161)	24.8% (53)	
Some/considerable/ maximum renunciation	79.3% (218)	20.7% (57)	
Giving up spending time as a couple			**0.032***
None or little renunciation	71.2% (99)	28.8% (40)	
Some/considerable/ maximum renunciation	80.1% (298)	19.9% (74)	
Giving up spending time with friends			**0.001***
None or little renunciation	66.1% (72)	33.9% (37)	
Some/considerable/ maximum renunciation	80.9% (330)	19.1% (78)	
Giving up having time for myself			0.052*
None or little renunciation	70.2% (66)	29.8% (28)	
Some/considerable/ maximum renunciation	79.4% (336)	20.6% (87)	
Giving up job positions			**0.021***
None or little renunciation	73.7% (191)	26.3% (68)	
Some/considerable/ maximum renunciation	82.3% (204)	17.7% (44)	

*Chi-square test.

Table 3. Association between work–life balance among professionals and quantitative variables.

	Work–Life Balance Level		p value
	Acceptable/ Rather poor/ Poor (Mean±SD)	Rather good/ Good (Mean±SD)	
Number of hours per week devoted to studying (n=511)	1.49±1.198	1.56±1.172	0.581*
Number of hours per week to physical exercise (n=525)	1.80±1.170	2.06±1.137	**0.030***
Number of hours per week devoted to cultural activities (n=509)	1.29±0.970	1.44±1.055	0.178*
Number of hours per week devoted to leisure activities (n=521)	2.08±1.041	2.38±1.150	**0.015***
Number of hours per week devoted to volunteering (n=492)	0.19±0.558	0.27±0.750	0.297*
Number of hours per week devoted to research (n=501)	0.72±1.077	0.94±1.239	0.059*
Age at which you had/adopted/ fostered your first child (n=359)	31.24±5.116	31.69±3.642	0.464*

***Hypothesis testing:** Student's t-test.

Most participants work in clinical care, with the highest proportion employed in public institutions and hospitals; however, no differences were found between these settings with respect to work–life balance. The same was observed in private institutions, where nurses with family responsibilities tend to work morning shifts.

The caregiving role continues to fall predominantly on women; thus, reduced working hours as a work–life balance measure are requested mainly by women. As described in the literature[4,16], caregiving responsibilities have a negative impact on women's employment. When women have children or family responsibilities, as in our study, they are compelled to work fewer paid hours and devote more time to family caregiving.

Regarding the relationship between age and work–life balance, results show that between 40 and 60 years of age, a higher proportion perceive their balance as good or fairly good. This may be explained by the fact that professionals in this age group have generally passed the early years of child-rearing and have not yet begun acting as caregivers for older relatives.

In our study, no differences were found between the level of work–life balance and sociodemographic variables, despite the feminisation rate being higher than that described by Amezcua et al.[15]. Shift work was identified as one of the main factors hindering work–life balance; this finding is consistent with the literature, where fixed morning shifts offer greater personal benefits than rotating or night shifts[18].

Currently, a large number of patients receive care in hospital and community settings, provided by a substantial number of nursing professionals[17]. The shortage of nurses with specialised training in nephrology, the generational turnover requiring training of new recruits, and the organisational structure of institutions make work–life balance more difficult for nursing staff. Establishing specialised training and maintaining staffing pools of trained nurses available for employment would support decision-making and ultimately improve patient safety.

The limitations of this study are directly related to its design and the degree to which the data can be generalised. It does not allow causal relationships between variables to be established, nor does it demonstrate true associations; it only permits reporting relationships between them. It would be valuable to repeat the study with greater representation from all regions.

In conclusion, nephrology nursing professionals report that their personal, family, and professional lives have been affected by the lack of work–life balance policies. The main sacrifices relate to relationships, leisure, and professional development. Insufficient time is devoted to self-care, affecting stress, anxiety, and workers' health. These findings highlight the urgent need to implement effective work–life balance policies.

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Conflicts of interest

None declared.

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Annex 1. Study variables.

Variable	Response Categories
Age	Under 30 years 31–40 years 41–50 years 51–60 years Over 60 years
Sex	Male / Female
Autonomous community	Autonomous community where the participant works
Marital status / personal situation	Stable partner Single Widowed Separated
Years of experience as nursing staff	Less than 5 years 6–10 years 11–15 years 16–20 years More than 21 years
Years of experience as a nephrology nurse	Less than 3 years 4–7 years 8–11 years 12–15 years 16–19 years More than 20 years
Nephrology area of practice	Haemodialysis Haemodialysis and outpatient clinics Inpatient care (Kidney Transplantation) and haemodialysis Outpatient clinics Inpatient care, outpatient clinics and haemodialysis Inpatient care Inpatient care and outpatient clinics All areas
Professional role	Clinical nurse / Management
Type of contract	Temporary Interim Permanent Self-employed
Employment sector	Public Private Contracted (publicly funded–privately managed); Self-employed
Work setting	Hospital Peripheral centres Other: Home Haemodialysis (HHD); Self-employed
Working hours arrangement	Full-time Part-time as primary contract holder Part-time as replacement staff
Percentage of part-time employment	Less than 25% 26%–50% 51%–75% More than 75%
Additional job besides main employment	No Yes, several times per month Yes, several times per week Yes, every day Yes, occasionally
Net monthly salary	Euros
Number of working hours per week	35 hours 37.5 hours 40 hours
Shift pattern	Morning fternoon Night Rotating mornings/nights Rotating afternoons/nights Rotating mornings/ afternoons/nights Rotating mornings/afternoons Split shift 12-hour shifts
Work on weekends and public holidays	Yes/No
Advance notice of monthly work schedule	More than one month in advance Between one month and 15 days in advance 15 days in advance One week in advance Less than one week in advance On the same working day
Advance notice of changes to work schedule	More than one month in advance Between one month and 15 days in advance 15 days in advance One week in advance Less than one week in advance On the same working day
Postgraduate education	None Expert qualification Specialty Advanced practice diploma Master's degree Bachelor's degree Doctorate
Commuting time between home and workplace (round trip, minutes)	Less than 15 minutes 15–30 minutes 30–60 minutes 60–120 minutes More than 120 minutes
Need for relocation or change in schedule/shift	Yes/No
Relocation or schedule adjustment provided	Yes/No
On-site nursery at workplace	Yes/No
Percentage of working time reduction	Less than 50% More than 50%
Reason for reduction	Childcare Childcare for children with health problems Parental care Childcare and parental care Health reasons Other reasons No reason

Variable	Response Categories
Work–life balance measures during COVID-19	Yes/No
Number of fully taken maternity/paternity leaves	Number of leaves
Number of maternity/ paternity leaves taken by your partner	Number of leaves
Months of unpaid leave in the last year	Number of months
Months of unpaid leave in the last year (partner)	Number of months
Workplace schedule flexibility	Likert scale from 1 (none) to 5 (maximum)
Ease of obtaining time off	Likert scale from 1 (none) to 5 (maximum)
Level of satisfaction with workplace work–life balance measures	Likert scale from 1 (not satisfied at all) to 5 (very satisfied)
Weekly hours dedicated to: -studying -physical exercise -cultural activities -leisure -research	None Less than 1 hour 1–2 hours 3–4 hours More than 5 hours
Family responsibilities	Yes / No
Primary caregiver	Yes / No
Number of children	Number of children
Partner or child's parent working in healthcare	Yes / No
Household members	Number of cohabitants
Desired number of children	Desired number of children
Age when you had/adopted/ fostered your first child	Age
Type of custody if separated/ divorced	Shared Not shared , in your care Not shared, in another person's care
Time devoted to household and family care	Number of hours
Time devoted to household and family care (partner)	Number of hours
Benefit for caring for dependent persons	Yes/No
Level of impact on your personal project	Likert scale from 1 (not at all) to 5 (affected)
Level of impact on your family project	Likert scale from 1 (not at all) to 5 (affected)
Level of impact on your work project	Likert scale from 1 (not at all) to 5 (affected)
Degree of sacrifice regarding: -Having children -Having fewer children than desired -Spending time with my children -Spending time with my partner -Spending time with my friends -Having time for myself -Jobs or career positions	Likert scale from 1 (minimal sacrifice) to 5 (maximum sacrifice)
Work–life balance over the last year	Likert scale from 1 (minimal sacrifice) to 5 (maximum possible)
Work–life balance compared with previous situation	Likert scale from 1 (worse) to 5 (better)
Work–life balance compared con respecto a otras profesiones	Escala Likert de 1 (peor) a 5 (mejor)
Propuestas de mejora	Orden de prioridad de 1 (más prioritaria) a 7 (menos prioritaria)