The individual factors influencing the work-life balance of nurses and midwives at Mukono Church of Uganda Hospital. A cross-sectional study.

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ABSTRACT

Background

The study aimed to identify the individual factors influencing the work-life balance of nurses and midwives at Mukono Church of Uganda Hospital.

Methodology

A descriptive cross-sectional study was conducted among 32 nurses and midwives at Mukono Church of Uganda Hospital using purposive sampling. Data were collected via self-administered questionnaires, both electronic and face-to-face, covering demographic, individual, and health facility-related factors affecting work-life balance. Data were analyzed using descriptive statistics in Excel and thematic analysis for interviews. Validity and reliability were ensured through expert review and a pilot study. Ethical approval, informed consent, and confidentiality were strictly maintained throughout the study.

Results

Among the 32 respondents, most were aged 25–34 years (42.7%) and female (68.7%). The majority were married (53.1%) with 1–2 dependents (43.7%) and had 6–10 years of work experience (34.4%). Midwives represented 53.1% of the sample, while nurses represented 46.9%. Regarding work-life balance, 40.6% reported being unable to balance work and family duties at all, whereas 9.4% balanced easily. Emotional effects sometimes influenced work-life management for 37.5%, while 15.6% reported no effect. Fatigue due to work and family demands affected 31.3% strongly, and 21.9% were neutral. Most respondents (40.6%) had limited personal time, 28.1% rarely had time, and 21.9% had no personal time. Family support was not supportive for 43.7%, somewhat supportive for 28.1%, and very supportive for 21.9% of respondents.

Conclusion

Nurses and midwives at Mukono COU Hospital struggle with work-life balance due to heavy workloads, fatigue, limited personal time, and insufficient support.

Recommendation

Hospitals should improve staffing, shift management, and support systems, while staff should seek family support and practice self-care to enhance work-life balance.

Background of the study

Work-life balance is shaped by personal and family-related factors. Nurses' family responsibilities, number of children, and domestic obligations influence their ability to manage professional roles effectively (Fukuzaki, 2021). In South Africa, nurses balancing professional duties with childcare and household responsibilities reported emotional exhaustion and reduced family life quality (Akinrole, 2020). In Uganda, many nurses in urban and rural settings experience fatigue, minimal personal time, and challenges in meeting family expectations due to professional caregiving duties, which often take priority over personal

roles at home (Muliira, 2016). These individual factors interact with workplace pressures, collectively impacting mental health, social well-being, and overall quality of life. Work–family dynamics are increasingly recognized as critical determinants of nurses' well-being and performance within healthcare systems. Guided by the socio-ecological model, previous research has demonstrated that work and family factors operate across multiple interacting levels, where individual and family responsibilities intersect with health facility demands (Galletta et al., 2016). Within this framework, work–family conflict emerges when professional obligations interfere with personal or family roles, often resulting in elevated stress levels, emotional exhaustion, and reduced life satisfaction. In contrast, work–family enrichment occurs when positive work experiences contribute to improved personal well-being, resilience, and engagement in non-work domains (Galletta et al., 2016).

Empirical evidence indicates that relationship status and family responsibilities significantly shape nurses' experiences of work–life balance. Studies by Crawford et al. (2023) and Denson et al. (2018) found that a substantial proportion of nurses in committed relationships experience work interference with personal life, highlighting the challenges of balancing professional duties with partner expectations and household responsibilities. Nurses with young children are particularly vulnerable to heightened stress due to the dual demands of caregiving and demanding work schedules. Conversely, unmarried or single nurses may have greater autonomy over their time but may lack the emotional and social support typically provided by partners and family members. This study aimed to identify the individual factors influencing the work-life balance of nurses and midwives at Mukono Church of Uganda Hospital.

METHODOLOGY
1   Study Design and Rationale
A descriptive cross-sectional study design was employed. This design is well-suited for the study because it enables the data gathering and assessment of variables at a single point in time, without the need for follow-up interventions or long-term tracking of participants. This makes the study more efficient, cost-effective, and aligns with the project's timeline.

2   Study Setting and Rationale

The study was conducted at Mukono Church of Uganda (COU) Hospital, a faith-based health facility located in Mukono Municipality, Uganda. The hospital offers a variety of medical services, including maternal, child health, outpatient, and inpatient services. It employs a multidisciplinary team of health workers, including nurses and midwives, who operate under diverse shift patterns and workloads. Mukono Church of Uganda (COU) Hospital was selected as the study site due to its relevance to the research topic, being a facility where staff often face extended working hours, high patient loads, and the challenge of balancing professional and personal life commitments.

3   Study Population and Rationale
The study focused on health workers at Mukono Church of Uganda Hospital, specifically targeting midwives and nurses. This group has been selected because they are directly involved in patient care and are therefore the most affected by the research topic under investigation. Their firsthand experiences, perceptions, and challenges provide valuable insights that are essential for understanding the study problem and generating practical, evidence-based recommendations.

4   Sample Size Determination and Rationale
The sample size was determined using the Krejcie and Morgan table, which was appropriate for health-related studies estimating prevalence or proportions. Since the total number of nurses and midwives at Mukono Church of Uganda (COU) Hospital (N) is 35, then from the table, the sample size was 32.

5   Sampling Procedure
This study used purposive sampling as the sampling procedure. Purposive sampling is a non-probability sampling technique in which participants are deliberately selected based on specific characteristics or knowledge relevant to the research objectives. Purposive sampling is appropriate because the study focuses on understanding the factors that influence work-life balance among nurses and midwives at Mukono Church of Uganda (COU) Hospital. These groups are directly involved in providing healthcare services and experience the challenges of balancing demanding work schedules with personal and family responsibilities. By purposely selecting nurses and midwives, the study ensures that the participants have

firsthand experience and insight into the topic, which is essential for obtaining meaningful and accurate data.

6 Inclusion Criteria

All nurses and midwives working at the Mukono Church of Uganda Hospital, who consented to participate in the study, were included.

7 Exclusion Criteria

Nurses and midwives at Mukono Church of Uganda Hospital who, upon informed consent, declined to participate in the study, those who are unable to respond due to communication impairments, and those who consent but are absent at the time of data collection.

8 Dependent Variables

The dependent variable was the work-life balance of nurses and midwives, which represents the key outcome being measured.

9 Independent Variables
Individual factors

Individual factors may include age, marital status, number of dependents/household size, primary caregiving role, childcare arrangements and reliability, spousal/family support, and financial responsibility.

Health facility-related factors.

Health facility factors include workload, shift pattern, and night shift frequency, staffing availability, Overtime/extra working hours, and work environment.

10 Research Instruments/Tools

Self-administered questionnaires were used to collect data from the study participants because they ensured autonomy and privacy. It consisted of closed-ended questions in the English language. It consisted of a section A (demographic data) and section B (individual related factors).

11 Data Collection Methods

Once the proposal was approved by my research supervisor and the institutional research committee (IRC), an introductory letter was obtained from the Dean, School of Nursing, Mildmay, Uganda, and the School of Nursing and Midwifery. Permission to collect data was obtained from the Hospital Administration. Data was collected using a structured, self-administered questionnaire. To avoid disrupting service delivery, some questionnaires were distributed electronically using data collection platforms like Kobo Toolbox. This online approach was convenient for staff, allowing them to complete the questionnaire at their own pace and preferred time. The links were shared through various workgroup communication channels. Where possible, a nurse or midwife can provide information, and face-to-face interviews using a structured interviewer-administered questionnaire were used.

12 Data Management

The study results were first checked for completion, correction of mistakes in case found, and editing of the questionnaire to avoid missing information after losing contact with study participants. The questionnaire was then stored in secure files under lock, key, and computer password to ensure safety management and for future reference.

13 Data analysis

Data from the questionnaires was exported from Kobo Toolbox to Microsoft Excel for cleaning and analysis. Kobo Toolbox was also used to generate quick summaries, such as percentages and simple charts. In Excel, the data was analyzed using basic descriptive statistics such as frequencies, percentages, means, and cross-tabulations to show relationships between workplace factors and individual factors on the work-life balance of nurses and midwives at Mukono COU hospital. Interview responses were written out and grouped into common ideas or themes. These themes were used to explain and support the questionnaire findings. Both sets of results were presented in tables, charts, and short summaries.

14 Validity

The validity of the research instruments was ensured by designing questions that directly address the research objectives and align with the purpose of the study on work-life balance among nurses and midwives. Each question was carefully reviewed to ensure it captures the intended information relevant to the study topic. Content validity was enhanced through expert review by the research supervisor and biostatisticians to confirm that the questions accurately represent the concepts being studied.

15 Reliability

The reliability of the questionnaire was tested through a pilot study conducted at **Mukono Church of Uganda Hospital**. A total of 5 nurses and midwives from Mukono General Hospital participated in the pre-test. The purpose of the pilot study was to identify unclear or ambiguous questions and to examine the consistency of responses. Necessary corrections and adjustments to the questionnaire were made based on the feedback and observations from the pilot study to ensure the tool produces stable and consistent results when used in the main study.

16 Ethical Considerations

Ethical approval was sought from the appropriate Institutional Review Board. Permission was also obtained from Mukono COU Hospital management. Written informed consent was obtained from all participants. Confidentiality was preserved by using unique codes instead of names and storing data securely in password-protected files accessible only to the research team.

RESULTS
Socio-Demographic Information of the study participants

Table 1: Shows the Socio-Demographic Information of the study participants n=32

Variable	Category	Frequency (f)	Percentage (%)
Age	Below 25	6	18.8
	25–34	14	42.7
	35–44	7	21.9
	45 and above	5	15.6
Gender	Male	10	31.3
	Female	22	68.7
Marital status	Single	8	25
	Married	17	53.1
	Divorced	4	12.5
	Widowed	3	9.4
Number of dependents	None	5	15.6
	1–2	14	43.7
	3–4	10	31.3
	5 or more	3	9.4
Working experience	Below 2	7	21.9
	2–5	10	31.3
	6–10	11	34.4
	Above 10	4	12.5
Profession	Nurse	14	46.9
	Midwife	17	53.1

Table 1 shows that the majority, 14(42.7%) of the respondents were aged 25-34 years, whereas the minority, 5(15.6%) were aged 45 years and above. Most 22(68.7%) were females while the least 10(31.3%) were male. Majority 17(53.1%) were married while the minority 3(9.4%) were widowed. Most 14(43.7%) stated that they had 1-2 dependents, whereas the least 3(9.4%) had more than 5 dependents. The majority, 11(34.4%), had 6-10 years working experience, while the minority, 4(12.5%), had more than 10 years working experience. Most 17(53.1%) were midwives while the minority 14(46.9%) were nurses.

Individual factors influencing the work-life balance of nurses and midwives at Mukono COU Hospital

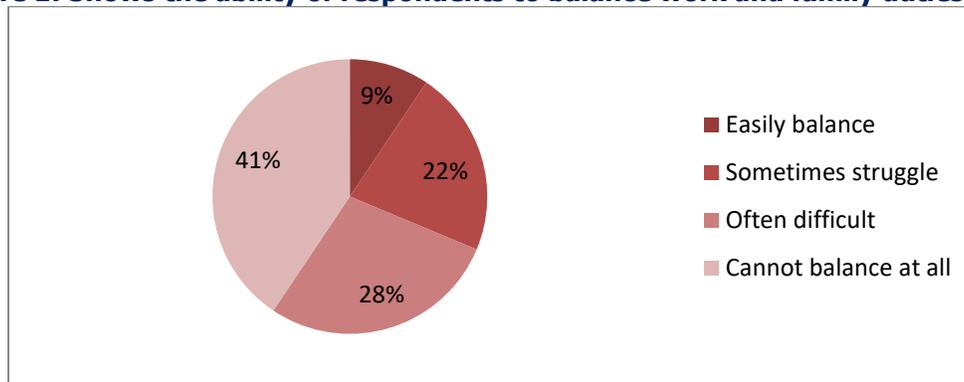**Figure 1: Shows the ability of respondents to balance work and family duties *n=32***

Figure 1 shows that the majority, 13(40.6%) of the respondents stated that they could not balance work and family duties at all, whereas the minority, 3(9.4%), revealed that they easily balanced work and family duties.

Figure 2: Shows the effect of physical/ emotional health on work-life management *n=32*
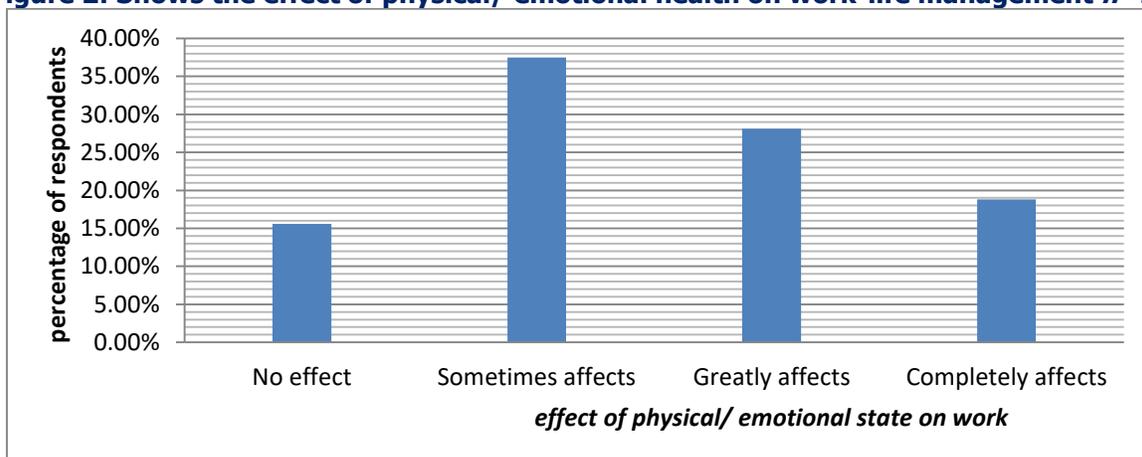

Figure 2 shows that the majority, 12(37.5%) of the respondents stated that emotional effect sometimes affects the management of work and personal life, whereas the minority, 5(15.6%), revealed that emotional effect does not affect the management of work and personal life.

Table 2: Shows individual factors influencing the work-life balance of nurses and midwives at Mukono COU Hospital, n=32

Variable	Category	Frequency (f)	Percentage (%)
Fatigue/burnout due to work and family demands	Strongly disagree	3	9.4
	Disagree	6	18.8
	Neutral	7	21.9
	Agree	10	31.3
	Strongly agree	6	18.8
Availability of personal life	Have enough time	3	9.4
	Limited time	13	40.6
	Rarely have time	9	28.1
	No personal time	7	21.9
Family support in coping with work responsibilities	Very supportive	7	21.9
	Somewhat supportive	9	28.1
	Not supportive	14	43.7
	Extremely supportive	2	6.3

Table 2 shows that the majority, 10(31.3%) of the respondents agreed that they felt fatigue due to work and family demands, whereas the minority, 3(9.4%), strongly disagreed. Most 13(40.6%) stated that they had limited time to balance work and family demands, while the least 3(9.4%) had enough time to balance work and family demands. The majority, 14(43.7%), revealed that their family was not supportive in coping with work responsibilities, while the minority, 2(6.3%), stated that their family was extremely supportive in coping with work responsibilities.

Discussion

The purpose of the study was to examine the individual factors influencing the work-life balance among nurses and midwives at Mukono Church of Uganda Hospital in Mukono District. The study findings showed that the majority, 10(31.3%) of the respondents agreed that they felt fatigue due to work and family demands. This implied that responsibilities outside work contribute significantly to the burden nurses and midwives face in trying to manage their daily routines. This is because balancing heavy family duties with demanding work schedules places additional physical and emotional strain. Therefore, this may lead to an increase in burnout and reduced productivity. This study finding is in line with findings by Crawford et al. (2023), who found that married nurses and midwives find it difficult to have a work-life balance.

This study finding showed that most 13(40.6%) stated that they had limited time to balance work and family demands.

This implied that most of the nurses and midwives were unable to adequately rest and recover from their daily workload, which can negatively affect their well-being and overall performance. This is because of their demanding work schedules and additional responsibilities, and they need to relax and engage in personal self-care activities. Therefore, this may lead to increased fatigue, decreased job performance, and a higher risk of burnout among nurses and midwives. This study finding is in line with findings by Denson et al. (2018), who found that showed that 82.2% nurses lacked sufficient personal time for rest, which affected their well-being.

The study findings showed that the majority, 12(37.5%) of the respondents stated that emotional effect sometimes affects the management of work and personal life. This implied that most respondents experienced occasional emotional strain that interfered with how they balance their roles. This is because emotional pressure from work demands can occasionally interfere with personal responsibilities, making it harder for staff to maintain a steady balance between the two. Therefore, this may lead to reduced productivity, increased stress levels, and difficulty maintaining a consistent work-life balance. This study finding is in line with findings by Keita Fakeye et al. (2023), who found that 23.3% of primary caregivers tend to report higher emotional exhaustion, as they juggle competing demands from both home and work environments.

Conclusion

The study revealed that nurses and midwives at Mukono COU Hospital face significant challenges in maintaining work-life balance. Key factors include heavy workloads, extended working hours, limited personal time, fatigue, emotional stress, and insufficient family support. Female staff and those aged 25–34 years were particularly affected. Emotional and physical demands, combined with minimal time for personal life, make balancing professional and family responsibilities difficult, indicating that both individual and workplace factors critically influence work-life balance.

Recommendation

Hospitals should implement strategies to improve work-life balance, including optimizing staffing levels, regulating shift patterns, providing emotional and professional support, and promoting flexible schedules. Nurses and midwives should be encouraged to seek family and social support, practice self-care, and engage in time-management strategies to better harmonize work and personal life commitments.

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List of abbreviations

COU	Church of Uganda
MoH	Ministry of Health
WLB	Work-Life Balance
PWLB	Perceived Work-Life Balance
SPSS	Statistical Package for the Social Sciences
FPC	Finite Population Correction
SD	Deviation
OSH	Occupational Safety and Health
UGX	Uganda Shillings
KI	Key Informant
FGD	Focus Group Discussion
HR	Human Resources
WHO	World Health Organization
ILO	International Labour Organization

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Conflict of interest

The authors declare no conflict of interest.

Data availability

Data is available upon request from the author.

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Author contributions

GKM: collected the data.
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IM: supervised the study.
JFN: supervised the study.

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