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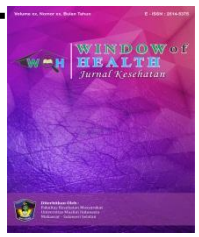

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Work-Life Balance of Nurses in Supporting Their Children's Survival Efforts Towards Normal Nutritional Status in Makassar

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ABSTRACT

High workload and dual roles among nurses are associated with reduced Work-Life Balance (WLB), which may negatively affect child survival efforts. Evidence shows that WLB among nurses is generally low to unbalanced, with a prevalence of up to 94.5%, largely influenced by high workloads and excessive working hours (>50 hours/week), and with only a small proportion achieving optimal balance. Therefore, this study aims to examine the relationship between Work Life Balance (WLB) and child survival efforts among nurses (mothers) with children aged 0-12 years, considering work stress, welfare, and family support as key determinants. This study employed an analytical observational design with a cross-sectional approach involving nurses as respondents selected through simple random sampling. Data were collected using structured questionnaires and analyzed using the Spearman correlation test. The results showed that workload was negatively correlated with child Workload Survival Efforts ($r = -0.541$; $p < 0.001$) and was the strongest factor associated with reduced WLB. Work stress was negatively associated with WLB ($r = -0.365$, $p = 0.002$). In contrast, welfare ($r = 0.587$; $p < 0.001$) and family support ($r = 0.518$; $p < 0.001$) were positively correlated with child-survival efforts. In conclusion, high workload and work stress reduce WLB, while welfare and family support improve child survival efforts. These findings highlight the importance of institutional strategies, such as workload management, improved welfare policies, and strengthened family support systems, to enhance both nurses' well-being and child health outcomes.

Keywords : Work Life balance; Nurse; Child Survival Efforts; Workload; Welfare

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Nurses constitute the largest segment of the global healthcare workforce, with more than 27.1 million reported by the World Health Organization in 2020 and increasing to 28 million according to the International Council of Nurses in 2023 (1). However, disparities in distribution and workforce ratios remain significant, particularly in developing countries such as Indonesia, where the nurse-to-population ratio was still relatively low at 2.28 per 1,000 population in 2024. This imbalance potentially increases workload and job pressure, especially in hospital settings that require effective human resource management and strong internal control systems to maintain service quality(2). These challenges become more complex for female nurses who are married and have children, as they must simultaneously fulfill professional duties and family responsibilities, often leading to work–family conflict that may affect both job performance and family well-being (3).

In the context of family roles, mothers play a central role in ensuring child survival, including meeting nutritional needs, accessing healthcare services, and monitoring child development. Although some studies suggest that children of working mothers may demonstrate certain developmental advantages, these findings are not consistently significant and often overlook differences in occupational characteristics(4). Work-Life Balance (WLB), therefore, becomes a critical concept in understanding how individuals manage competing demands between work and personal life(5) For nurses, maintaining WLB is particularly challenging due to high workloads, shift-based schedules, and emotional demands inherent in caregiving roles. Empirical evidence shows that long working hours are associated with lower WLB, as seen in countries like South Korea, where a considerable proportion of employees work more than 50 hours per week (6). Similarly, only a limited proportion of nurses achieve adequate WLB, while many struggle to balance professional and family obligations (2).

Despite the increasing attention to WLB in the literature, significant research gaps remain. Previous studies have largely focused on general workforce populations or examined the relationship between workload and WLB without specifically addressing nurses as a distinct occupational group. Additionally, limited research has explored the direct relationship between WLB and child survival efforts, particularly in achieving optimal child nutritional status(7). Therefore, this study aims to analyze the level of Work-Life Balance among nurses and examine its relationship with child survival efforts, considering workload, work stress, well-being, and family support as key influencing factors(8).

METHOD

This study employed a quantitative analytical design with a cross-sectional approach to examine the relationships between independent variables (workload, work stress, welfare, and family support) and the dependent variables, namely Work-Life Balance (WLB) and Child Survival Efforts (CSE). A cross-sectional design was selected to capture the conditions and associations among variables at a single point in time without implying causality(9).

The study population comprised all female nurses at Ibnu Sina Private Hospital, Makassar, who had children aged 0–12 years. A probability sampling approach using simple random sampling was applied to ensure representativeness and to address potential selection bias. Inclusion criteria were: (1). married female nurses,(2) having at least one child aged 0–12 years, and (3)actively working during the study period. Exclusion criteria included nurses on leave or those who declined participation. The sample size was determined using a statistical formula for correlation studies, ensuring adequate power to detect significant relationships (10).

Primary data were collected using structured, standardized questionnaires administered during guided interviews to minimize response bias. Secondary data were obtained from hospital records to support demographic and workforce-related information (11).

Clear operational definitions of variables were established to enhance measurement consistency. Workload was defined as the perceived amount of tasks and time pressure experienced by nurses during their duties. Work stress refers to the psychological strain arising from job demands. Welfare was operationalized as perceived economic and social well-being(12). Family support encompassed emotional, informational, and instrumental support received from family members. WLB was defined as the individual's ability to balance work and personal life roles, while CSE referred to maternal efforts in maintaining child health, including nutrition, healthcare utilization, and developmental monitoring (13).

To ensure instrument validity and reliability, all measurement tools were adapted from previously validated scales and underwent a pilot test prior to data collection. Content validity was assessed by experts in nursing and public health, while construct validity was evaluated using correlation analysis. Reliability testing was conducted using Cronbach's alpha, with a threshold of ≥0.70 indicating acceptable internal consistency(14).

Data processing included editing, coding, entry, and cleaning to ensure data accuracy and completeness. Statistical analyses were conducted in three stages: univariate analysis to describe the distribution of each variable, bivariate analysis using Spearman correlation to assess relationships between variables, and multivariate analysis. This study has received ethical approval from the Health Research Ethics Committee of the Muslim University of Indonesia, with ethical clearance number No. 612/A.1/KEP-UMI/VIII/2025. All participants provided informed consent prior to participation, and data confidentiality was strictly maintained multiple regression to determine the most influential factors while controlling for confounders (15)

RESULTS

Table 1. General Characteristics of Respondents (n=70)

Variable	Category	n	%
Age	25–30 years	6	8.6
	31–35 years	19	27.1
	36–40 years	34	48.6
	>40 years	11	15.7
Education	Diploma (D3/D4)	13	18.6
	Bachelor	57	81.4
Years of Service	1–5 years	10	14.3
	6–10 years	20	28.6
	11–15 years	24	34.3
	>15 years	16	22.9
Working Hours	≤8 hours/day	17	24.3
	>8 hours/day	53	75.7
Employment Status	Civil Servant	1	1.4
	Non-Civil Servant	69	98.6
Number of Children	1–2 children	50	71.4
	3–5 children	20	28.6
Age of Youngest Child	1–4 years	33	47.1
	5–12 years	37	52.9

The majority of respondents were nurses of productive age (36-40 years), had a bachelor' degree, had a relatively long career (11-15 years), worked > 8 hours/day, and had 1-2 children. These characteristics indicate that respondents were at the peak of their careers and at the same time in the intensive phase of childcare. This situation has the potential to increase work-family conflict, making work-life balance a major challenge(7).

Table 2. Descriptive Statistics of Research Variables

Variable	Min	Max	Mean	SD
UKHA	39	59	50.0	5.3
WLB	28	43	33.7	3.1
Workload	34	44	38.0	3.2
Work Stress	15	58	30.3	13.0
Well-being	32	48	40.5	5.7
Family Support	37	55	45.6	6.2

The highest average score was found in the UKHA (50.0), while the WLB was in the moderate-to-low range. Despite strong child-survival efforts, the relatively low WLB score suggests an imbalance

between work and family demands. This indicates that successful parenting is still achieved at the cost of stress on life balance(16).

Table 3. Correlation between Variables and Work-Life Balance (WLB)

Variable	r	p-value	Interpretation
Workload	-0.377	0.001	Negative, moderate
Work Stress	-0.365	0.002	Negative, moderate
Well-being	0.259	0.030	Positive, moderate
Family Support	0.255	0.033	Positive, moderate

All variables were significantly associated with WLB ($p<0.05$). Workload and job stress had a negative effect, indicating that a higher workload was associated with lower work-life balance. Family well-being and support had a positive effect, acting as protective factors in maintaining WLB. Theoretically, this supports the concept that WLB is influenced by job demands and resources.(12)

Table 4. Correlation between Variables and Child Survival Efforts (UKHA)

Variable	r	p-value	Interpretation
Workload	-0.541	0.000	Negative, strong
Work Stress	-0.312	0.009	Negative, moderate
Well-being	0.587	0.000	Positive, strong
Family Support	0.518	0.000	Positive, strong

All variables were significantly associated with UKHA, with the strongest association being with well-being. High workload reduces the quality of childcare. Family well-being and support increase mothers' ability to meet their children's needs. This suggests that economic and social factors are more dominant in determining the quality of parenting than purely psychological factors(17).

Table 5. Correlation between Work-Life Balance (WLB) and UKHA

Variable	r	p-value	Interpretation
WLB → UKHA	0.557	0.000	Positive, strong

There is a strong positive relationship between WLB and UKHA. The better the nurses' work-life balance, the more effectively they safeguard children's well-being. This indicates that WLB is not only a worker welfare issue but also directly impacts the quality of care and child well-being(18).

DISCUSSION

The findings of this study demonstrate that Work-Life Balance (WLB) among nurses with children is moderate, indicating that respondents can partially manage the competing demands between professional responsibilities and family roles. However, this balance is not optimal, reflecting the structural and psychosocial pressures inherent in the nursing profession, particularly for women with dual roles as workers and primary caregivers(19).

From an analytical perspective, the results confirm that workload and work stress are negatively associated with child survival efforts (CSE), whereas welfare and family support are positively associated. These findings are consistent with role theory and work-family conflict theory, which posit that excessive job demands reduce individuals' capacity to fulfill family responsibilities effectively (20). In this study, higher workload and stress levels were linked to lower maternal engagement in child-related health practices, suggesting that time constraints and psychological fatigue may limit caregiving quality(17).

Conversely, welfare emerged as the strongest positive correlate of child survival efforts. This indicates that economic and social well-being enhances a mother's capacity to provide adequate nutrition, healthcare access, and developmental support for children(21). This finding aligns with previous empirical studies showing that household economic stability is a key determinant of child health outcomes, particularly in preventing malnutrition and supporting optimal growth. Family support also plays a significant role, reinforcing the importance of shared caregiving responsibilities and emotional reinforcement in mitigating the negative effects of occupational stress(19).

Interestingly, although WLB is theoretically expected to be a central determinant of both work performance and family outcomes, this study suggests that structural factors, such as welfare, may have a more direct and measurable impact on child-survival efforts**.** This finding differs from prior research in educational settings, where WLB was found to significantly influence job performance (22). The discrepancy may be explained by differences in context across professions. Nursing involves shift work, high emotional labor, and unpredictable workloads, which may weaken the direct influence of perceived balance and instead amplify the role of tangible resources such as income and family support(17).

Furthermore, the moderate level of WLB observed in this study should not be interpreted as sufficient, but rather as an indication of adaptive coping under constrained conditions. Without adequate institutional support—such as flexible scheduling, workload redistribution, and family-friendly policies—this balance may not be sustainable in the long term. Therefore, improving nurses' welfare and strengthening family support systems appear to be more immediate and impactful strategies for enhancing both WLB and child-related outcomes(14).

It is important to note that the cross-sectional design limits causal inference. The observed relationships reflect associations at a single point in time and may be influenced by unmeasured confounding variables. Future research using longitudinal or mixed-methods approaches is recommended to better understand causal pathways and contextual dynamics (23,24,25).

CONCLUSIONS AND RECOMMENDATIONS

The findings of this study indicate that workload is the factor most strongly associated with Work-Life Balance (WLB), where higher workload is linked to poorer balance between professional and family roles. In contrast, welfare emerges as the most influential factor related to Child Survival Efforts (CSE/UKHA), suggesting that better economic and social conditions enhance mothers' capacity to support child health and development. In addition, WLB shows a moderate positive relationship with child-survival efforts, indicating that improved balance between work and personal life is associated with better maternal practices to maintain children's well-being. However, the overall level of WLB among nurses was moderate, reflecting suboptimal conditions for managing dual roles. Limited time availability due to work demands may reduce direct maternal involvement in childcare, potentially affecting child outcomes. Therefore, hospital institutional support is essential to improve WLB through strategies such as workload management and flexible scheduling. Strengthening welfare and promoting effective time management are also important for enhancing both nurses' quality of life and their children's health.

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