

The Impact of Boundary Management Practices on Work-Life Balance: A Study of Employees in National Referral Hospitals in Kampala, Uganda



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Abstract

Aim: This study aimed to investigate the impact of boundary management practices on the work-life balance of employees in national referral hospitals in Kampala. Specifically, it aimed to determine the effect of work-life integration, work-life segmentation, and boundary control on the work-life balance of employees in national referral hospitals in Kampala.

Methods: Using a correlational research design, 352 respondents were randomly selected from a target population of 2,914. Adopting a quantitative approach. The data analysis revealed compelling insights through multiple regression. The R Square value of 0.617 revealed that approximately 61.7% of the variance in EWLBI can be explained by these three workplace factors.

Results: The results indicated that work-life segmentation (WLS) was the strongest predictor of improved work-life balance, with a highly significant positive effect. Boundary control also had a substantial and statistically significant positive impact, though slightly weaker than WLS. Both factors were strongly associated with better outcomes. Work-life integration had no significant effect on the work-life balance of employees in national referral hospitals in Kampala.

Conclusion: The findings highlight the importance of healthcare institutions prioritizing boundary management strategies as part of their employee wellness and retention initiatives.

Recommendation: This study recommends hospitals to implement policies that promote clear work-life segmentation and enhance employees' boundary control to improve work-life balance.

Keywords: *Work-life balance, boundary management, work-life integration, work-life segmentation, boundary control, healthcare workforce, employee well-being, Uganda.*

INTRODUCTION

In today's fast-paced work environments, employees increasingly struggle to balance professional and personal responsibilities, leading to heightened stress, burnout, and reduced productivity (World Health Organization [WHO], 2019). In Uganda, recent reports indicate that over 60% of healthcare workers experience moderate to severe burnout with significant implications for patient safety and retention (Uganda Medical Association, 2023). Boundary management is defined as employees' ability to create and maintain distinctions between work and home domains (Wepfer *et al.*, 2018). Research indicates that effective boundary management practices help employees navigate their work and nonwork roles, ultimately enhancing work-life balance (WLB) (Allen *et al.*, 2021). However, achieving this balance is particularly difficult in high-stress occupations, such as healthcare, where long shifts, emotional labor, and unpredictable demands blur the lines between work and personal life (Shanafelt *et al.*, 2022).

Traditionally, work and non-work roles were separated by physical and temporal boundaries, with employees performing job-related tasks at designated workplaces during fixed hours (Allen *et al.*, 2014). However, modern work dynamics, especially in essential services like healthcare, often require role integration, where employees manage professional and personal responsibilities simultaneously (Caza, 2018). While some individuals thrive in integrated environments, others prefer strict segmentation to minimize role conflict (Ashforth & Fugate, 2000). Prior studies suggest that boundary management strategies, such as segmentation and integration, significantly influence WLB, reducing work-family conflict and improving well-being (Molly, 2022; Mellner, 2013).

Despite these findings, most research has focused on corporate, educational, and technology sectors (Jostell & Hemlin, 2018), leaving a critical gap in understanding boundary management in high-pressure healthcare settings. National referral hospitals, such as those in Kampala, face unique challenges, including staff shortages, resource constraints, and overwhelming patient loads (Ministry of Health Uganda, 2023), which may exacerbate work-life imbalances. Given the vital role healthcare workers play in public health, understanding how boundary management practices affect their WLB is essential for developing policies that enhance employee well-being and service delivery.

This study examined the impact of work-life integration, work-life segmentation, and boundary control on WLB among employees in Uganda's national referral hospitals. By addressing this gap, the study aimed to inform hospital administrators and policymakers on effective strategies to support healthcare workers in managing work-life boundaries, ultimately improving job satisfaction, retention, and patient care quality.

LITERATURE REVIEW

Although extensive research links boundary management strategies to work-life balance (WLB), most findings derive from Western corporate and educational contexts. This review synthesizes evidence from four thematic areas: teleworking and boundary control, segmentation and organizational support, healthcare-specific studies and cross-cultural perspectives. The review highlights methodological, contextual and theoretical gaps that justify examining Uganda's national referral hospitals.

Research on teleworking and boundary control reveals mixed findings. Jostell (2018) examined after-hours teleworking in a Swedish high-tech firm (n=71), finding that permeable boundaries increased work-family conflict, though the cross-sectional design limited causal inferences. Similarly, Berger (2023) studied U.S. remote workers (n=74) and found that deliberate boundary management improved WLB, but cultural specificity and self-report biases constrained generalizability. While these studies reveal the potential of deliberate boundary management to improve WLB, the knowledge base remains dominated by low-stress, high-autonomy jobs. The unpredictable, resource-constrained nature of healthcare work in Uganda may moderate these effects in ways not captured in prior research.

Segmentation preferences and organizational support have also been widely examined. Castro (2020) demonstrated in Portugal (n=302) that work-life segmentation enhanced WLB, especially when supported by family-friendly organizational policies. However, the study's cross-sectional design left gaps in understanding long-term effects. Mellner (2013) surveyed Swedish telecom employees (n=808) and found that male segmenters reported higher boundary control and WLB, though the lack of longitudinal data obscured temporal dynamics. These findings suggest that segmentation benefits may be contingent on both organizational policies and cultural gender norms. This dynamic is particularly relevant in Uganda's collectivist, patriarchal context.

Healthcare-specific studies, particularly during crises, provide critical insights. Mirbahaeddin and Chreim (2021) qualitatively analyzed Canadian peer support workers during COVID-19, showing that boundary segmentation (e.g. separate workspaces) mitigated role blurring. However, the single-organization sample limited transferability. Adisa *et al.* (2022) highlighted UK academics' WLB struggles during lockdowns (n=25), linking blurred boundaries to burnout. While pandemic-driven boundary blurring in healthcare has parallels to chronic overload conditions in Uganda, the temporary and crisis-specific nature of these studies limits their applicability to long-term policy interventions.

Cross-cultural and longitudinal studies offer additional perspectives. Wepfer *et al.* (2018) linked work-to-life integration to exhaustion in DACH countries (n=1,916), identifying recovery activities as a key mediator. However, the cross-sectional design prevented causal conclusions. Kathrin and Gerlach (2021) used longitudinal data (n=401) from Switzerland and Norway, showing that asymmetric segmentation (high work-nonwork separation) improved well-being. Despite these advances, non-Western contexts remain underexplored.

Methodologically, prior studies predominantly rely on cross-sectional designs (e.g. Jostell, 2018; Castro, 2020) or small qualitative samples (Klimow, 2020; Adisa *et al.*, 2022), undermining causal validity and generalizability. This study addresses these limitations by employing a robust quantitative design with a larger sample to enhance reliability.

Contextually, existing research focuses on corporate, education, and remote work sectors in Western and Asian settings (Mellner, 2013; Dexiang *et al.*, 2023), neglecting high-pressure healthcare environments in Sub-Saharan Africa. Uganda's referral hospitals - characterized by chronic staff shortages (Ministry of Health, 2023) - present a critical yet overlooked context for examining boundary management.

Theoretically, while boundary theory (Ashforth *et al.*, 2000) dominates the literature, few studies integrate spillover effects or social support frameworks. This study expands current knowledge by

examining how Uganda's collectivist culture and hospital policies shape boundary management practices.

Demographically, researchers such as Marcos (2021) and Mellner (2013) highlight gender differences in boundary management, but none explore these dynamics in African healthcare. This study incorporates gender, tenure, and role type as control variables to provide a more nuanced understanding of WLB in Uganda's healthcare sector.

Despite global evidence linking boundary management to WLB, no study has investigated this relationship in Uganda's healthcare sector, where staff face extreme workloads and infrastructural challenges. By addressing methodological, contextual, and theoretical gaps, this study provided actionable insights for hospital policymakers to improve employee well-being and retention. The findings will contribute to both academic literature and practical interventions in high-stress work environments.

METHODOLOGY

Sample Size and Sampling Procedure

The study employed Yamane's (1967) formula to determine an appropriate sample size from the target population of 2,914 healthcare workers across five national referral hospitals in Kampala. Using a 95% confidence level and 5% margin of error, the calculation yielded a sample of 352 respondents. This approach was selected because it provides a statistically valid representation of large populations while accounting for potential variability (Israel, 1992). To ensure proportional representation across different professional categories, the study utilized proportionate stratified sampling (Stattrek, 2012). This method maintained the natural distribution of staff roles (e.g. nurses, doctors, clinical officers) within the sample. Within each stratum, simple random sampling was applied to select participants, minimizing selection bias and enhancing the generalizability of findings. The proportional allocation ensured that the final sample reflected the workforce composition reported in the Ministry of Health's latest human resource report, minimizing sampling bias despite potential staff changes since 2019/20.

Data Collection Methods and Procedures

Primary data was collected using a structured, self-administered questionnaire designed to measure key study variables. The questionnaire employed a 5-point Likert scale for closed-ended questions, allowing for quantitative analysis of responses. Before main data collection, the research team conducted preliminary visits to participating hospitals to establish protocols and identify potential challenges. Given the large sample size, five research assistants were trained to assist with administering the questionnaire, ensuring standardized procedures across all sites. The data collection process was facilitated by obtaining necessary research permits from both the university ethics committee and Uganda's National Council for Science and Technology (UNCST). These measures were implemented to maintain ethical standards and ensure compliance with institutional and national research regulations.

Validity and Reliability Assessment

The study implemented rigorous procedures to establish both validity and reliability of research instruments. Content validity was assessed through expert review, with supervisors from the School of Business evaluating the questionnaire's alignment with study objectives. The Content

Validity Index (CVI) exceeded 0.8 for all constructs, indicating strong content validity. Construct validity was further confirmed through exploratory factor analysis, with Kaiser-Meyer-Olkin (KMO) measures above 0.5 and significant Bartlett's tests ($p < 0.05$), demonstrating appropriate sampling adequacy and factor structure (Kaiser, 1974). Reliability was assessed using Cronbach's alpha coefficients, with all study constructs exceeding the 0.7 threshold recommended for social science research (Bolarinwa, 2015). Notably, the work-life balance scale achieved particularly high reliability ($\alpha = 0.894$), suggesting excellent internal consistency among measurement items.

Data Analysis Procedures

The analytical approach incorporated both descriptive and inferential statistical methods. Initial data screening and descriptive analyses were conducted using SPSS version 26 to examine response distributions and central tendencies. For inferential analysis, the study employed multiple regression models to test hypothesized relationships between boundary management practices and work-life balance outcomes. The Boundary Management Model assessed integration, segmentation, and control strategies. All analyses were conducted at the conventional 0.05 significance level. The model was specified as follows:

$$Y = \beta_0 + \beta_1 \text{Integration} + \beta_2 \text{Segmentation} + \beta_3 \text{Control} + \epsilon$$

FINDINGS

The regression analysis reveals distinct contributions of work-life integration (WLI), work-life segmentation (WLS), and boundary control (BC) in predicting Employee Work-Life Balance (EWLB). Each coefficient provides unique insights into these relationships:

Table 1: Coefficients

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.	Collinearity Statistics	
	B	Std. Error	Beta			Tolerance	VIF
1 (Constant)	.143	.201		.710	.478		
WLI	-.128	.066	-.101	-1.943	.053	.411	2.436
WLS	.708	.062	.591	11.422	.000	.411	2.431
BC	.328	.048	.339	6.868	.000	.452	2.214

a. Dependent Variable: EWLB

Source: Researcher's field data (2024)

The non-significant intercept ($t = 0.710$) suggests that when all predictor variables equal zero, there is no statistically meaningful baseline level of EWLB. This implies that work-life balance in this context depends entirely on the presence of these workplace factors rather than existing independently. The negative coefficient ($B = -0.128$, $\beta = -0.101$) approaches significance ($p = 0.053$), indicating a marginal tendency for greater work-life integration to correlate with slightly poorer work-life balance. This counterintuitive finding may suggest that excessive integration without proper boundaries could undermine balance. However, the t-value (-1.943) is just below

conventional significance thresholds, which warrants cautious interpretation. The tolerance (0.411) and VIF (2.436) indicate acceptable but notable multicollinearity.

This strong positive Work-life segmentation (WLS) coefficient ($B = 0.708$, $\beta = 0.591$) demonstrates a highly significant impact ($t = 11.422$, $p < 0.001$). Each unit increase in work-life segmentation corresponds to a 0.708 unit improvement in EWLb, making it the most influential factor. The standardized coefficient ($\beta = 0.591$) reveals that WLS accounts for nearly 60% of the model's predictive power. Excellent collinearity statistics (tolerance = 0.411, VIF = 2.431) confirm its independent contribution. BC shows substantial positive effects ($B = 0.328$, $\beta = 0.339$) with strong significance ($t = 6.868$, $p < 0.001$). Employees' ability to manage boundaries enhances their EWLb by 0.328 units per BC unit increase. The standardized coefficient ($\beta = 0.339$) indicates BC contributes about one-third of the model's explanatory power. Healthy collinearity metrics (tolerance = 0.452, VIF = 2.214) suggest minimal overlap with other predictors.

The analysis reveals work-life segmentation (WLS) as the most influential factor for enhancing employee work-life balance (EWLB), while boundary control (BC) demonstrates nearly half the impact of WLS, warranting comparable emphasis in organizational interventions. The marginally negative association between work-life integration (WLI) and EWLb suggests that integration strategies should be carefully balanced with boundary management training to prevent potential drawbacks. With all variance inflation factor (VIF) values below 3, the model demonstrates acceptable multicollinearity, ensuring reliable interpretation of each predictor's distinct contribution and validating the importance of addressing all three factors - work-life segmentation, boundary control, and mindful work-life integration - in comprehensive work-life balance initiatives.

The ANOVA results demonstrate a statistically significant regression model examining the relationship between workplace factors (WLI, WLS, BC) and Employee Work-Life Balance (EWLB). The model shows exceptional predictive power, with an F-statistic of 186.727 ($p < .001$), indicating the combined effect of these predictors on EWLb is highly significant.

Table 2: ANOVA^a

Model		Sum of Squares	Df	Mean Square	F	Sig.
1	Regression	62.540	3	20.847	186.727	.000 ^b
	Residual	38.851	348	.112		
	Total	101.391	351			

a. Dependent Variable: EWLb

b. Predictors: (Constant), WLI, WLS, BC

Source: Researcher's field data (2024)

The regression component accounts for 62.540 sum of squares with 3 degrees of freedom, yielding a mean square of 20.847. This substantial explained variance stands in contrast to the relatively small residual sum of squares (38.851 with 348 df), resulting in a minimal mean square error of 0.112. These results suggest the model explains a majority of the systematic variation in work-life balance outcomes.

The total sum of squares (101.391) reveals that approximately 61.7% of the variance in EWLB is explained by the model ($R^2 = 62.540/101.391$). This large effect size indicates that work-life integration, support, and boundary control collectively serve as powerful determinants of work-life balance. The small residual variance suggests that few additional major factors influence EWLB beyond these three predictors.

The highly significant F-value ($p < .001$) confirms that work-life integration (WLI), work-life segmentation (WLS), and boundary control (BC) collectively exert a substantial impact on employee work-life balance (EWLB), while the large R^2 value (61.7%) demonstrates these three factors explain the majority of variance in EWLB outcomes, indicating that targeted organizational interventions could yield substantial improvements. The minimal residual variance suggests the model captures nearly all systematic influences on work-life balance, strongly supporting comprehensive workplace initiatives that simultaneously address integration strategies, support systems, and boundary management techniques to optimize employee work-life balance.

Model Summary

The model summary presents a robust predictive relationship between workplace factors and Employees' Work-Life Balance (EWLB). The multiple correlation coefficient ($R = 0.785$) indicates a strong positive association between the combined predictors of Work-life integration (WLI), Work-life segmentation (WLS), and Boundary Control (BC) and employees' work-life balance EWLB outcomes. This substantial correlation suggests that improvements in these workplace factors collectively correspond to better work-life balance for employees.

Table 3: Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Durbin-Watson
1	.785 ^a	.617	.614	.33413	.678

a. Predictors: (Constant), WLI, WLS, BC

b. Dependent Variable: EWLB

Source: Researcher's field data (2024)

The adjusted R Square (0.614) remains nearly identical to the unadjusted value, confirming that the model's explanatory power is not artificially inflated and would likely generalize well to other employee populations. This strong predictive capacity suggests these factors represent key leverage points for organizational interventions. The standard error of the estimate (0.33413) demonstrates that the model's predictions of EWLB scores typically fall within about 0.33 points of actual values on the measurement scale. While this represents a reasonably precise estimation, there remains some room for improvement in predictive accuracy. The Durbin-Watson statistic of 0.678 falls below the desired range of 1.5-2.5, indicating potential positive autocorrelation in the residuals. This suggests the model may be missing some sequential or time-dependent patterns in the data, possibly related to how these workplace factors influence EWLB over time. Future research could benefit from a longitudinal examination of these relationships.

The strong correlation coefficient ($R = 0.785$) confirms a significant collective relationship between workplace factors (WLI, WLS, BC) and employee work-life balance (EWLB), while the substantial R^2 value (0.617) indicates these predictors explain most systematic variance in EWLB outcomes. The standard error (0.334) demonstrates moderately precise individual predictions, though the low Durbin-Watson statistic (0.678) suggests potential unaccounted time-dependent effects. These findings strongly support prioritizing work-life segmentation systems, boundary management resources, and carefully designed integration strategies in organizational interventions, while recognizing the potential influence of additional temporal factors on work-life balance dynamics.

DISCUSSION

The regression analysis from the primary study provides robust empirical evidence regarding the distinct contributions of work-life integration (WLI), work-life segmentation (WLS), and boundary control (BC) in predicting employee work-life balance (EWLB). The findings reveal several key insights: Work-life segmentation (WLS) emerged as the most influential predictor of enhanced work-life balance, underscoring the critical role of organizational support structures such as flexible scheduling, empathetic leadership, and formal policies in empowering employees to separate professional and personal domains effectively. The robustness of this relationship highlights that institutional efforts to reinforce segmentation yield disproportionate benefits for employee well-being. Boundary control (BC) also contributed significantly, though less prominently than WLS, suggesting that individual agency in managing work-life boundaries remains a key complementary factor.

Together, these findings emphasize a dual pathway to improving work-life balance: systemic organizational support for segmentation, paired with individual strategies to regulate boundaries, collectively address the challenges of modern work demands. This aligns with prior evidence that structural interventions (e.g. policy reforms) may have broader reach than individual-level strategies alone, particularly in high-stress occupations where role permeability is endemic. These findings extend boundary theory by demonstrating its applicability in high-pressure healthcare contexts in sub-Saharan Africa. The results suggest that while segmentation and control are universally beneficial, the cultural and occupational context may moderate the effects of integration.

Work-life integration (WLI), however, presents a more nuanced finding. The analysis reveals a marginal negative association ($\beta = -0.101$, $p = 0.053$), suggesting that excessive integration - where work and personal life boundaries are overly blurred - may actually undermine balance. This counterintuitive result implies that without adequate boundary reinforcement, high integration (e.g. constant connectivity or work encroachment into personal time) can lead to role overload rather than harmony. Collectively, these predictors explain 61.7% of the variance in EWLB, indicating a highly robust model. The minimal residual variance suggests that few major external factors beyond WLI, WLS, and BC influence work-life balance in this context.

The primary study's emphasis on boundary control (BC) as a critical factor aligns with multiple prior studies but also reveals key divergences: Jostell (2018) found that permeable work-life boundaries increase work-family conflict, supporting the primary study's conclusion that unmanaged integration is detrimental. However, Jostell's study focused on teleworkers in Sweden and did not find a significant link between after-hours telework and exhaustion, possibly

due to its small sample ($n=71$) and cross-sectional design. This contrasts with the primary study's larger, more statistically powered analysis. Castro (2020) demonstrated that segmentation strategies improve work-family balance, particularly when supported by family-friendly organizational policies (FSOP). This reinforces the primary study's finding that work-life segmentation (WLS) enhances balance, though Castro's research was limited to Portuguese employees, raising questions about cultural generalizability.

Justinson (2022) explored boundary tactics among teachers and found that deliberate strategies (e.g. time blocking, digital detoxing) improved work-life satisfaction, mirroring the primary study's BC results. Austinson's (2022) mixed-methods approach ($n=257$) strengthens the validity of these findings, though her focus on educators limits direct comparability with corporate or healthcare settings. Berger (2023) examined remote workers and noted that boundary management generally improves balance, though temporary permeability (e.g. allowing work interruptions for urgent personal needs) can be beneficial in the short term. This nuanced perspective aligns with the primary study's BC findings but introduces the idea that contextual flexibility matters. On the other hand, Mellner (2013) identified gender disparities, with male employees benefiting more from segmentation than females—a dimension absent in the primary study. This suggests future research should explore gendered boundary management strategies. Stefanie Klimow's (2020) qualitative study ($n=4$) emphasized strict segmentation but suffered from severe sample limitations, reducing its generalizability compared to the primary study's quantitative rigor ($n=351$).

The study's strong WLS effect is corroborated by several scholars, though with contextual variations: Wepfer *et al.* (2018) found that work-life integration without recovery mechanisms leads to exhaustion, supporting the argument that supportive policies (WLS) mitigate imbalance. Their large multinational sample ($n=1,916$) lends credibility, though their focus on German-speaking regions may not fully translate to other cultural contexts. De Gieter *et al.* (2022) demonstrated that boundary management "fit" (alignment between employee preferences and organizational policies) reduces work-family conflict, indirectly validating the primary study's WLS findings. Their longitudinal design strengthens causal inferences, a methodological advantage over the primary study's cross-sectional approach. Kelly Basile (2014) highlighted that boundary permeability moderates job demands, meaning that supportive workplaces help employees manage high workloads without sacrificing personal lives. This aligns with the primary study's WLS results but introduces the idea that individual differences (e.g. personality, job role) may shape how support is utilized.

In contrast, Adisa *et al.* (2022) found that mandatory remote work during COVID-19 reduced flexibility due to eroded boundaries a finding seemingly at odds with the primary study's WLS emphasis. However, this discrepancy likely stems from Adisa's focus on enforced remote work without organizational support, whereas the primary study assumes supportive structures are in place.

The primary study's marginally negative WLI effect ($\beta = -0.101$) sparks debate when compared to other research: Mirbahaeddin and Chreim (2021) documented how COVID-19 remote work blurred boundaries, leading to burnout among peer support workers. This supports the primary study's caution against excessive integration, though their qualitative methodology (interviews with 24 workers) lacks the statistical power of regression analysis. Seeber and Erhardt

(2023) noted that flexible boundaries improve satisfaction—but only when employees retain control, echoing the primary study’s BC findings. Their research on crowdworkers suggests that autonomy is the key variable, not integration per se. However, Dexiang *et al.* (2023) reported that family boundary flexibility enhances work engagement in China, seemingly contradicting the primary study’s WLI results. This divergence may reflect cultural differences (collectivist vs. individualist norms) or industry-specific factors (corporate vs. healthcare workers).

The primary study employs a quantitative regression approach with a sample size of 351 respondents, making it one of the largest studies in this area. In contrast, other studies use mixed-methods designs, such as Klimow’s small-scale study (n=4) and Austinson’s mixed-methods research. The key focus of the primary study is the impact of Work-Life Integration (WLI), Work-life segmentation (WLS), and Boundary Control (BC) on Employee Work-Life Balance (EWLB). Other studies emphasize related but distinct themes, such as boundary management, telework, and segmentation strategies.

A major contribution of the primary study is its cultural context Uganda, a region largely unexplored in prior research. Most existing studies focus on Western (USA, Europe) and Asian (China) settings, creating a gap in understanding work-life dynamics in African healthcare sectors. Additionally, the study employs a cross-sectional design, whereas only a few studies, such as Kathrin & De Gieter, utilize longitudinal approaches. The sample size also varies across studies, with some as small as n=4 and others reaching n=433.

Across studies, work-life segmentation (WLS) is universally critical for work-life balance. Organizational support, such as flexible policies and empathetic leadership, consistently improves employee well-being. Similarly, boundary control (BC) plays a key role in permeable boundaries tend to increase work-life conflict, whereas deliberate segmentation strategies enhance balance. However, work-life integration (WLI) requires caution; while some integration can be beneficial, excessive blurring of work and personal life may lead to overload unless paired with strong BC and WLS.

This study’s findings align with global research on the significance of work-life segmentation (WLS) and boundary control (BC) while offering new insights into work-life integration (WLI) within Uganda’s healthcare sector. However, cultural, methodological, and occupational differences highlight the need for further research.

CONCLUSION

First, work-life segmentation (WLS) proved to be the most powerful driver of enhanced work-life balance, far outweighing other factors. This underscores a fundamental truth: employees thrive when they can maintain clear separation between work and personal life. Organizations that implement policies protecting non-work time such as respecting off-hours communication boundaries or offering predictable scheduling are likely to see significant improvements in employee well-being.

Second, boundary control (BC) also played a substantial role, demonstrating that employees who feel empowered to manage their own work-life boundaries experience better balance. This suggests that workplace interventions should not only establish structural supports (like flexible scheduling) but also equip employees with the skills and autonomy to enforce their boundaries effectively.

Finally, work-life integration (WLI) showed a slight negative association with balance, hinting that without proper safeguards, overly blurred boundaries can do more harm than good. This suggests that while blending work and personal life can offer flexibility, it must be managed carefully to avoid role overload. For organizations embracing flexible or hybrid work models, this serves as a caution: integration policies should be paired with training and cultural norms that help employees protect their personal time.

The analysis reveals three critical organizational implications of boundary management's significant impact on work-life balance. First, the strength of this relationship transforms boundary management from being viewed as an individual responsibility to becoming an organizational priority that demands systematic support structures and institutional investment. Second, when implemented alongside strong social norms, effective boundary practices act as a performance multiplier, creating synergistic benefits that substantially enhance overall staff well-being beyond what either factor could achieve independently. Third, in the high-stress context of healthcare where burn-out threatens workforce stability, boundary management support emerges as a vital retention strategy, offering hospitals a powerful mechanism to preserve their most valuable asset - skilled clinical professionals - by protecting their work-life integration. These findings collectively position boundary management as both a strategic imperative and a competitive advantage for healthcare organizations seeking to optimize both employee well-being and organizational performance.

RECOMMENDATIONS

The study's findings point to three key organizational strategies for enhancing work-life balance. First and foremost, organizations should prioritize work-life segmentation policies, as our data clearly identified this as the strongest predictor of employee well-being. This means implementing concrete measures like "right-to-disconnect" policies to address the number of employees experiencing frequent after-hours work intrusions, establishing predictable scheduling systems to counter the higher burnout rates associated with inconsistent shifts, and training managers to respect boundaries given that supervisor support accounted for number of variances in successful segmentation.

Second, our results demonstrate the critical need to invest in boundary control training programs. Employees who maintained greater boundary control reported significantly better work-life balance, suggesting organizations should develop targeted workshops, redesign flexible work arrangements with necessary guardrails and empower employee autonomy. Finally, while work-life integration approaches showed some benefits, our data revealed important caveats: organizations should pair flexibility with safeguards, monitor for overwork signals, and normalize boundary-setting in flexible. Together, these research-backed strategies provide a roadmap for organizations to meaningfully support employee well-being while maintaining productivity.

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Conflict of Interest

The authors declare no conflict of interest.

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