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WORK–LIFE BALANCE: A DESCRIPTIVE QUALITATIVE STUDY ON THE EXPERIENCES OF BABY BOOMER NURSES IN INTENSIVE CARE UNITS

Relatrice: Ilaria de Barbieri

Correlatrici: Elisabetta Cesaro

Chiara Daicampi

Laureando: Luca Engaldini

Matricola: 2123661

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Abstract

Background: Maintaining a sustainable work–life balance is particularly challenging for nurses working in intensive care units, where shift work, emotional demands, high clinical responsibility, and continuous care requirements may affect recovery, personal life, and professional retention. These issues may become particularly relevant for Baby Boomer nurses during the later stages of their careers.

Aim: This study aimed to examine how Baby Boomer nurses working in intensive care units perceive and manage shift work, the strategies they adopt to maintain their physical and psychological well-being, and the factors that influence job satisfaction and professional retention.

Methods: A qualitative study was conducted in the general and specialized intensive care units of a tertiary hospital in North-Eastern Italy. Six Baby Boomer nurses participated in semi-structured interviews conducted between March and April 2026. The interviews were audio-recorded, transcribed verbatim, and analyzed through inductive thematic analysis according to Braun and Clarke's six-phase approach.

Results: The analysis identified two main themes, seven subthemes, and twenty codes. The first theme "The aging body negotiating shift work and personal time" described shift work as both a resource and a burden, highlighting slower recovery, fatigue associated with night work, reduced social participation, and the use of personal boundaries, sports, and leisure activities to restore well-being. The second theme "The professional self between emotional residue, meaning, and organizational erosion" showed that professional identity remained strongly supported by clinical competence, relational care, responsibility, and attachment to the intensive care setting. However, participants also reported persistent emotional burden, organizational difficulties, limited recognition of accumulated expertise, and challenges related to mentoring younger colleagues.

Conclusions: The sustainability of late-career intensive care nursing depends on the interaction between aging, cumulative exposure to shift work, professional meaning, emotional demands, and organizational conditions. Age-management strategies, flexible scheduling, formal recognition of professional experience, structured intergenerational knowledge transfer, and accessible emotional support may contribute to preserving well-being, motivation, and professional retention among experienced nurses.

Keywords: Baby Boomer nurses; intensive care nursing; work–life balance; shift work; aging workforce; professional identity; age management.

Summary

1. Introduction

Professionals' physical and psychological well-being, job satisfaction, and the quality and safety of care delivery have become an increasingly relevant issue in healthcare (Arlinghaus & Nachreiner, 2016; Moreno et al., 2019). Among healthcare professionals, nurses are particularly exposed to difficulties in maintaining a balance among all work-related aspects because of shift work, night work, high workloads, emotional demands, and the need to ensure continuity of care (Dall'Ora et al., 2016; Navajas-Romero et al., 2020).

These challenges may be particularly pronounced in intensive care units (ICUs), where nurses care for critically ill patients in technologically advanced and emotionally demanding environments. In these settings, work organization, clinical responsibility, and exposure to suffering may affect recovery, personal relationships, quality of life, and motivation to remain in the workplace (Muschitiello et al., 2024; Turunç et al., 2024; Villagracia et al., 2025; Zhang et al., 2025).

At the same time, the nursing workforce also includes different generations, which may differ in their work values, expectations, and preferences regarding flexibility, professional relationships, recognition, and work-life balance (WLB) (Campbell & Patrician, 2020; Tan & Chin, 2023). Within this context, Baby Boomer nurses, generally defined as individuals born between 1946 and 1964, represent a group of experienced professionals who have accumulated extensive clinical knowledge and have witnessed major organizational, technological, and cultural changes in healthcare. Supporting this group is relevant not only for individual well-being, but also for workforce retention, intergenerational knowledge transfer, and the preservation of professional expertise (Gan, 2020). However, the experiences of Baby Boomer ICU nurses remain insufficiently explored from a qualitative perspective. Understanding how they manage their life in shift work may help identify the difficulties, strategies, and resources that support their well-being, professional continuity, and retention.

2. Background

WLB is defined as "the individual perception that work and non-work activities are compatible and promote growth in accordance with an individual's current life priorities" (Kalliath & Brough, 2008). Conflict may arise when work requires excessive time, produces physical or emotional strain, or creates demands that are incompatible with private roles (Greenhaus & Beutell, 1985). Among nurses, personal life is particularly influenced by shift scheduling, workload, rest periods, emotional involvement, and organizational support (Dall'Ora et al., 2016; Navajas-Romero et al., 2020). This is especially relevant because nursing schedules often differ from ordinary social rhythms: night shifts, weekend and holiday work, long shifts, and irregular rest periods may affect workers' well-being and performance and have implications for the safety and quality of care (Dall'Ora et al., 2016; Folkard & Tucker, 2003; Wagstaff & Sigstad Lie, 2011). Moreover, the mismatch between nurses' free time and the schedules of family members and friends may reduce opportunities for shared time and social participation (Arlinghaus & Nachreiner, 2016). A sustainable working life therefore involves not only the amount of time available outside work, but also the possibility of recovering physical and psychological energy, maintaining meaningful relationships, and sustaining professional commitment over time. When a balance is compromised, nurses' well-being, job satisfaction, and ability to continue in their professional role may be negatively affected (Dall'Ora et al., 2016; Moreno et al., 2019).

These challenges may be particularly relevant in ICUs, where nurses care for critically ill patients, use advanced technologies, and manage rapidly changing clinical conditions (Villagracia et al., 2025; Zhang et al., 2025). Studies involving ICU nurses have identified relevant levels of burnout and associations with reduced quality of life, work motivation, and subjective well-being (Muschitiello et al., 2024; Villagracia et al., 2025; Zhang et al., 2025).

The nursing workforce also includes professionals from different generations, whose work values, expectations, and workplace preferences may differ. Indeed, research has identified generational variations in relation to leadership, recognition, professional relationships, organizational benefits, flexibility, and WLB (Campbell & Patrician, 2020; Tan & Chin, 2023). Younger generations tend to place greater emphasis on flexibility and WLB, whereas older cohorts may show stronger work centrality, professional commitment, responsibility, and appreciation of stability (Campbell & Patrician, 2020; Gan, 2020; Tan & Chin, 2023). These differences should not be interpreted rigidly, as attitudes toward work are also

influenced by life stage, professional experience, organizational context, and personal circumstances.

For experienced nurses, work may represent an important component of both personal and professional identity. Clinical competence, relationships with patients and colleagues, recognition, and the perception of being useful may support job satisfaction and the intention to remain in nursing (Hanum et al., 2023). Retention is also influenced by workplace relationships, organizational support, and the possibility of reconciling work and private life (Al Yahyaei et al., 2022; Pressley & Garside, 2023). Understanding how Baby Boomer nurses experience shiftwork may provide useful insights for developing age-management strategies while recognizing and valuing their clinical expertise and professional experience (Gan, 2020; Pedro et al., 2020).

3. Aim of the study

The present study aims to examine how nurses belonging to Baby Boomers generation perceive and manage shift work, as well as the strategies they adopt to maintain their psycho-physical well-being and the factors that influence their job satisfaction and professional retention in high-complexity care settings.

4. Methods

4.1 Study design

A qualitative approach was considered the most suitable for the purpose, as it allows the subjective experiences of participants to be investigated and the meanings they attribute to their experiences within the professional context to be understood. Data were analyzed using inductive thematic analysis according to Braun and Clarke (2006). This enabled the systematic organization of the data, the identification of recurring units of meaning, and the development of themes and subthemes.

The study was reported in accordance with the Standards for Reporting Qualitative Research (SRQR) (O'Brien et al., 2014).

4.2 Study setting and recruitment

The study was conducted in the general and specialized ICUs of a tertiary-level hospital located in North-Eastern Italy. These settings are characterized by high clinical complexity, multidisciplinary care, continuous 24-hour activity, and the use of advanced monitoring and life-support technologies.

Purposive sampling was used to recruit Baby Boomer nurses working in ICUs (Patton, 2002). Recruitment was carried out through invitations sent via institutional email. Potential participants were provided with information regarding the aims, procedures, and data management of the study. Those who expressed interest were subsequently contacted by email to schedule the interview.

4.3 Inclusion and exclusion criteria

The inclusion criteria were as follows: employment as a nurse in an ICU; belonging to the Baby Boomer generation; and current or previous experience of shift work.

Professionals who did not belong to the target generation or who were not working in ICUs were excluded.

4.4 Data collection

Data were collected between March and April 2026 through semi-structured interviews conducted in person, in private settings. Each interview lasted approximately 15–30 minutes, was audio-recorded, and subsequently transcribed verbatim.

Before each interview, participants completed a brief sociodemographic questionnaire collecting information on age, gender, geographical area of origin, overall professional seniority, seniority in the current unit, unit of employment, type of contract, work schedule, and contractual working hours.

The interview guide included open ended questions exploring participants' experiences of WLB, the impact of shift work on health, well-being, and personal life, the adaptation strategies adopted, aspects of work perceived as motivating or demotivating, awareness of initiatives promoted by the hospital to improve workplace well-being, and factors influencing motivation to remain in the current work setting.

This study was conducted as part of a broader research project exploring WLB among nurses from different generations. During the initial phase of the broader project, two pilot interviews with nurses from another generational cohort were conducted by other members of the research team to assess the clarity, relevance, and flow of the interview guide. The refined guide was subsequently used for the interviews with Baby Boomer nurses (Appendix 1; Appendix 2). The interviews were conducted by a research team composed of four members with complementary clinical and academic backgrounds. The role of moderator was carried out by a male Master's student in Nursing Sciences, with clinical experience in ICU setting (LE). He conducted the interviews, guided the flow of the conversation, and ensured adherence to the interview guide. The support team consisted of three female researchers: one held a PhD in Nursing Science and was a university professor with previous experience in qualitative studies (IdB), who provided support throughout the data collection process and contributed to the critical review and editing of this work; and two PhD students in Nursing Sciences with clinical backgrounds and basic training in qualitative research (EC and CD), who acted as observers by collecting field notes. They also contributed to the discussion and progressive refinement of the themes and subthemes.

Audio files and transcripts were anonymized using progressive alphanumeric codes (TN1, TN2, etc.) and stored in a secure digital database accessible only to the research team. Individual sociodemographic and professional characteristics are presented in Table 1.

4.5 Data analysis

The transcripts were imported into ATLAS.ti and analyzed using the six phases of inductive thematic analysis described by Braun and Clarke (2006). In the first phase, the researchers familiarized themselves with the data through repeated reading of the transcripts. Initial codes were then generated by identifying meaningful text segments. The codes were subsequently grouped into coherent conceptual clusters, from which subthemes and main themes were progressively developed. The emerging themes were then discussed, reviewed, and refined through comparison with the entire data corpus. In the final phase, the themes were defined and named, clarifying their meaning, internal relationships, and coherence with the aim of the study.

The coding process was initially conducted independently by three researchers, in order to promote interpretive openness and reduce the risk of individual bias. Their interpretations were subsequently compared and discussed, allowing codes, subthemes, and themes to be reviewed and refined. Discrepancies were discussed until consensus was reached, and the final coding system was shared with the research team for review.

4.6 Methodological rigor and reflexivity

Methodological rigor was ensured in accordance with the trustworthiness criteria of qualitative research, namely credibility, transferability, dependability, and confirmability (Lincoln & Guba, 1985).

Credibility was supported by purposive sampling, the preliminary testing of the interview guide, independent coding, and discussion until consensus. Transferability was enhanced through the description of the study setting, recruitment procedures, and participant characteristics. Dependability was supported by a transparent and documented analytical process and the use of ATLAS.ti for data management. Confirmability was strengthened through reflexive consideration of the researchers' professional backgrounds and potential biases. In particular, the researcher who had possible previous professional contact with some participants acted as a non participant observer during the interviews. All data, including transcripts, codes, and analytical notes, were anonymized and securely stored to ensure transparency and traceability of the research process.

4.7 Ethical considerations

The study was conducted in accordance with the ethical principles of the 2024 revision of the Declaration of Helsinki (World Medical Association, 2025). The study protocol was reviewed and approved by the University of Padua in February 2026 and then authorized by the Health Professions Directorate of the participating hospital.

All participants were provided with information on the study's aims, participation procedures, data management, and the option to withdraw at any time without consequences. Informed consent was obtained before the start of data collection. Data were processed anonymously and confidentially in accordance with Regulation (EU) 2016/679 and Legislative Decree No. 196/2003.

5. Results

5.1 Participant characteristics

Nine eligible Baby Boomer nurses were invited to participate in the study; six accepted and were included. Participants' ages ranged from 62 to 68 years, with a mean age of 64.2 years. Four participants were female, and two were male. All interviewees had permanent contracts and worked full-time. The mean overall professional experience was 36.8 years, with a range between 33 and 42 years. The mean length of service in the current unit was 25.2 years, ranging from 10 to 34 years. Four participants worked 24 hours shifts, while two held daytime positions. The detailed characteristics of the participants are reported in Table 2.

5.2 Results of the thematic analysis

The thematic analysis identified two main themes, seven subthemes, and twenty codes. The first theme, "The aging body negotiating shift work and personal time", was structured around three subthemes: shift work as both resource and burden; slower recovery and embodied limits of aging; and boundaries and self-regulation outside work. The second theme, "The professional self between emotional residue, meaning, and organizational erosion", was structured around four subthemes: emotional residue of intensive care work; meaning sustained through competence and relational care; experience, generativity and intergenerational tension; and remaining despite organizational disillusionment.

The themes, subthemes, codes, and illustrative quotations are reported in Table 3.

5.3 The aging body negotiating shift work and personal time

The interviews show how WLB is continuously negotiated through shift work, personal time, recovery, and the effects of aging. Shift work is experienced as both an organizational resource and a burden. For some participants, it allows a more flexible management of family logistics compared with a fixed daytime schedule. However, this flexibility is not experienced as entirely positive, because it often involves renouncing moments of family and social participation. This ambivalence is expressed by one participant, who states:

"From a logistical point of view, shift work helps, but you miss many aspects of your child's growth" (TN4).

Participants also describe a mismatch between their free time and the schedules of family members and friends, which may gradually restrict social participation:

"When you are free, others are busy; being a shift worker put me a bit aside from my friends" (TN6).

Recovery becomes more difficult with age, particularly after night shifts. Participants report

needing more time to regain physical and mental energy, and the body emerges as a limit that becomes increasingly visible with age, making recovery slower and less predictable than in the past. This change is clearly expressed in the statement:

"With age it becomes harder; it takes more recovery time" (TN2).

Furthermore, fatigue is not limited to the end of the shift but may also begin before the shift itself. In particular, night shifts affect the entire day preceding work, limiting the possibility of using that time freely.

One participant describes this anticipatory dimension of fatigue by saying:

"I spend the whole afternoon waiting for the night shift to come; that waiting disturbs me" (TN6).

To manage these difficulties, participants describe forms of self-regulation and boundary-setting outside work. These strategies are mainly individual and practical, rather than formal or organizational. They include mentally detaching from work at the end of the shift, protecting personal time, and using leisure activities as spaces for recovery. For one participant, creating a clear boundary between work and home represents a protective mechanism:

"When I cross the threshold and clock out, I reset everything; work does not continue at home" (TN1).

Alongside detachment, leisure activities emerge as important resources for maintaining balance and preserving a personal dimension beyond the professional role. Sport, hobbies, and activities help participants to regain energy and maintain a sense of self outside work. The importance of self-managed leisure is clearly expressed by one participant:

"Sport has helped me a lot, both physically and mentally" (TN6).

In this sense, recovery is not only passive rest, but also an active process through which participants attempt to restore energy, well-being, and continuity with their personal life.

5.4 The professional self between emotional residue, meaning, and organizational erosion

The second theme describes a professional identity sustained by competence, relationships, and the meaning attributed to ICU nursing, but challenged by emotional burden and organizational difficulties; work is not described merely as a set of tasks, but as a central component of participants' personal and professional history. A first dimension concerns the emotional residue of ICU work. Participants describe intensive care as a setting in which certain clinical and relational experiences remain over time, extending beyond the end of the shift and becoming part of professional memory. This is particularly evident in relation to

complex cases, suffering, death, and emotionally intense care pathways. One participant expresses this persistence by stating:

"There are cases you will never erase; they stay with you" (TN5).

Despite this emotional burden, participants describe the meaning of work as being sustained by competence and relational care. Professional fulfilment is strongly connected to the possibility of taking responsibility for the patient and following the care process in depth. In this sense, ICU nursing is valued because it allows participants to maintain a close and continuous relationship with the patient's clinical pathway. One participant expresses this sense of ownership by stating:

"The good thing here is that the patient is yours, so you follow them completely" (TN2).

This statement highlights how responsibility, autonomy, and continuity of care contribute to sustaining professional meaning. Experience also emerges as the ability to maintain a clinical gaze that extends beyond technology. Participants emphasize the importance of observing the patient directly and not relying exclusively on monitors, parameters, or devices. This aspect is particularly relevant in ICUs, where technological complexity may risk shifting attention toward technical data. The value of experiential knowledge is expressed in the statement:

"We looked patients in the face; look at the patient, because you can see how they are" (TN3).

Professional meaning is also connected to problem-solving and to the feeling of being useful within the care process. The possibility of identifying problems, engaging with them, and contributing to their resolution is described as a source of motivation and professional satisfaction:

"I like seeing a problem and committing myself to it; it makes me feel useful" (TN1).

The relational dimension of care also plays a central role in sustaining professional identity. Participants describe care as an exchange involving patients, families, and colleagues, in which both giving and receiving are meaningful. This reciprocity is expressed by one participant with the words:

"Giving myself, offering care, and receiving; because I receive a lot from others" (TN6).

Participants also value the transmission of experiential knowledge to younger colleagues and recognize teaching as an important part of their professional role. This generative attitude is expressed by one participant, who states:

"I have always liked teaching; I have never stopped learning" (TN6).

The final dimension of this theme concerns remaining in the unit despite organizational

disillusionment. The unit represents a familiar and professionally significant environment, capable of generating satisfaction despite its burdens. This attachment emerges clearly in the statement:

"Intensive care has always given me much satisfaction; I have felt good here" (TN6).

Changing unit or workplace is not necessarily perceived as a solution, especially at the advanced stage of their career. One participant summarizes this position by saying:

"You know what you leave but not what you will find; it would not make sense to leave in search of other problems" (TN5).

Despite attachment to the unit, participants describe several organizational difficulties that erode the sustainability of work. Communication is one of the most relevant issues, particularly in interprofessional relationships. The perception of fragmented communication is expressed directly by one participant:

"There really is a communication problem, especially between physicians and nurses" (TN3).

Some nurses suggest that they feel increasingly invisible within the organization, valued more as functional resources than as professionals with experience and expertise. This perception is strongly expressed in the statement:

"You are just an employee number that must not cause trouble; consideration is zero" (TN4).

6. Discussion

This study explored late-career experience of Baby Boomer nurses working in ICUs, with particular attention to WLB, shift work, professional identity, emotional demands, and organizational conditions. Overall, the findings show that their experience is shaped by the interaction between aging, prolonged exposure to shift work, emotional demands, professional identity, and organizational recognition. Participants did not describe work only as a source of fatigue, but also as a meaningful part of their identity, sustained by clinical competence, relational care, and attachment to the ICU setting. At the same time, their accounts reveal that the sustainability of late-career ICU work depends not only on individual coping strategies but also on organizational conditions that recognize experience, support recovery, and facilitate intergenerational collaboration.

Although participants belonged to the Baby Boomer generation, their experiences should not be attributed exclusively to generational membership. Chronological age, professional seniority, career stage, cumulative exposure to shift work, and organizational conditions may interact in shaping their experience of WLB. Needs and priorities may also change across life stages (Kalliath & Brough, 2008) and in the later stages of a nursing career, health and work ability, adequate recovery, sustainable working hours, balance between work and private life, and the opportunity to continue performing meaningful work while using accumulated professional expertise may become particularly relevant (Sousa-Ribeiro et al., 2022). Within this framework, the role of the aging body should not be overlooked. Participants reported reduced physical resources and a greater need for recovery, particularly after night shifts. However, this fatigue may reflect not only biological aging, but also the cumulative effects of long-term exposure to shift work, rest distribution, shift sequences, and organizational conditions. Previous research has shown that shift work may affect sleep, recovery, and physical and psychological well-being, while non-standard working hours may reduce opportunities for social participation (Arlinghaus & Nachreiner, 2016; Dall'Ora et al., 2016; Moreno et al., 2019).

These findings suggest the importance of considering individual preferences, recovery capacity, and career stage when planning work schedules. Greater flexibility could support the sustainability of work without automatically excluding experienced nurses from clinical practice, which remains an important source of professional meaning and identity. Such an individualized approach would acknowledge the effects of aging while avoiding the assumption that all older nurses have the same needs or the same tolerance of shift work.

The relationship with younger and newly recruited colleagues represents another relevant issue. Participants value teaching and the transmission of experiential knowledge, but supervision may become an additional burden when it is added to an unchanged patient workload. Their accounts suggest that the main difficulty is not the presence of younger colleagues, but the way their introduction into the unit is organized. When an experienced nurse must simultaneously care for patients and supervise a new colleague, the educational role may be perceived as an additional responsibility rather than as a formally recognized professional activity. Participants also perceive that younger colleagues do not always ask for guidance. However, this finding represents only the perspective of the Baby Boomer nurses involved in the study. Younger nurses may experience the same relationship differently, and previous research suggests that generational diversity may influence expectations, communication, and the supervision of newly qualified nurses, potentially creating misunderstandings in professional relationships (Matlhaba, 2023; Tan & Chin, 2023). Formally recognizing the educational role of experienced nurses, providing protected time and standardized methods for mentoring and onboarding, and promoting bidirectional knowledge transfer could make intergenerational exchange a shared resource rather than an informal responsibility placed mainly on senior nurses. Reverse mentoring and other structured forms of intergenerational learning may also facilitate this reciprocal exchange (Madhavanprabhakaran et al., 2022). The emotional impact of ICU work also remains relevant throughout participants' professional careers. Some clinical experiences remain in their memory despite the passage of time. Professional experience may influence the way nurses manage the emotional burden of care, but it does not necessarily eliminate its impact. The ability to establish boundaries between work and private life can represent an important personal resource, but emotional well-being should not depend exclusively on individual coping strategies. This is particularly important when psychological support is perceived as absent or is offered during rest days, as an initiative intended to support professionals may become an additional demand on their personal and recovery time. Greater attention from nurse managers and organizational leadership to signs of emotional fatigue could facilitate earlier and more appropriate support. Psychological support should be accessible in a flexible and confidential manner and, where possible, during working time. This would make support more compatible with shift work and would recognize emotional burden as an occupational issue rather than solely as an individual responsibility. These measures may be particularly relevant in a context in which exposure to complex clinical conditions, suffering, death, and relationships with distressed families can leave a lasting emotional residue

(Muschitiello et al., 2024; Villagracia et al., 2025). Participants' decision to remain in the ICU does not necessarily coincide with organizational well-being. Professional meaning, familiarity with the setting, satisfaction derived from clinical practice, and attachment to the unit may partially compensate for dissatisfaction with organizational conditions. Remaining may also reflect a pragmatic evaluation of possible alternatives during the later stages of a career. Therefore, continued employment in the same unit should not automatically be interpreted as evidence that working conditions are satisfactory. The findings reveal a gap between the value participants attribute to their experience and the recognition they perceive from the organization. Clinical competence, relational skills, problem-solving abilities, and organizational knowledge remain central to their professional identity, but these resources may be used informally without being explicitly acknowledged. organizational recognition, supportive workplace relationships, and the opportunity to maintain a meaningful professional role may contribute to the retention of experienced nurses (Al Yahyaei et al., 2022; Hanum et al., 2023; Pressley & Garside, 2023).

These considerations can be interpreted within an age-management perspective. Age management refers to organizational policies and practices that take into account changes in work ability, health, competencies, and needs across the working life, with the aim of supporting sustainable employment and valuing workers' experience (Pedro et al., 2020). Age-management strategies should therefore not be based on the assumption that experienced nurses are necessarily fragile or less able to contribute to clinical practice. Rather, they should create conditions that allow them to continue working in a meaningful and sustainable way while recognizing the expertise accumulated throughout their careers (Gan, 2020; Pedro et al., 2020). In relation to the present findings, these practices could include individualized shift planning, flexible working arrangements, formal recognition of clinical and relational expertise, protected mentoring activities, bidirectional knowledge transfer and confidential emotional support accessible during working time.

7. Limitations

This study has some limitations. First, participants were recruited from a single tertiary hospital in North-Eastern Italy. The findings may therefore reflect the specific organizational culture, staffing arrangements, and clinical characteristics of the intensive care units examined. Although the results may be transferable to similar intensive care settings, their applicability to other hospitals, healthcare systems, or clinical areas should be considered with caution. Second, the study was specifically designed to explore the experience of Baby Boomer nurses and did not include nurses from other generations. This focus allowed an in-depth understanding of work–life balance among late-career ICU nurses, but it does not allow direct comparisons between Baby Boomers and younger nurses. Therefore, the findings should not be interpreted as evidence of generational differences. Moreover, in this sample, generational belonging is closely intertwined with chronological age, professional seniority, career stage, cumulative exposure to shift work, and individual life circumstances. Future studies including multiple generations and different organizational contexts could help clarify which aspects of WLB are related to generation, aging, professional experience, or work organization.

8. Conclusion

This study explored WLB among Baby Boomer nurses working in ICUs. The findings show that late-career ICU nurses experience WLB as the result of an interaction between aging, cumulative exposure to shift work, emotional demands, professional identity, and organizational conditions. Shift work was described ambivalently. It could offer some flexibility in managing personal and family life, but it was also associated with slower recovery, fatigue, reduced social participation, and the need to protect personal time. At the same time, ICU nursing remained a meaningful component of participants' professional identity. Clinical competence, relational care, attachment to the unit, and the transmission of experience to younger colleagues supported motivation and professional continuity.

However, the sustainability of late-career ICU work cannot rely only on individual coping strategies. Organizations should consider age-management practices that support recovery, recognize accumulated expertise, formalize mentoring and knowledge-transfer roles, and provide emotional support compatible with shift work. Such measures may help preserve the well-being, motivation, and retention of Baby Boomer ICU nurses while valuing their continuing contribution to clinical practice and intergenerational professional development.

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Supplementary materials

Appendix 1: Semi-structured interview guide

1. How would you describe your current work–life balance?
2. How do shift work and work organization affect your personal life, including your health, mood, and relationships?
3. Which aspects of your work do you find motivating, stimulating, or engaging? Conversely, which aspects do you perceive as demotivating, unengaging, or unsatisfying?
4. What personal strategies do you use to balance your work and private life?
5. What helps make your free time meaningful and of good quality?
6. Are you aware of, or have you ever participated in, any initiatives promoted by the organization to improve workplace well-being?
7. What has encouraged you to remain in this organization?
8. Conversely, what factors might have led you to consider changing unit, organization, or profession?
9. Have you ever considered changing your professional role, field of practice, or lifestyle in relation to your career?
10. Is there anything else you would like to add, such as further reflections, thoughts, or suggestions that you consider important?

Appendix 2: Italian version of semi-structured interview guide

1. Come descriveresti il tuo attuale equilibrio tra lavoro e vita personale?
2. In che modo i turni e l'organizzazione del lavoro influenzano la tua vita personale (salute, umore, relazioni)?
3. Quali aspetti del tuo lavoro consideri motivanti/stimolanti/coinvolgenti? E quali, invece, percepisci come demotivanti/non coinvolgenti/non soddisfacenti?
4. Quali strategie personali metti in atto per conciliare lavoro e vita privata?
5. Cosa migliora il tuo tempo libero affinché sia di qualità?
6. Conosci o hai mai partecipato a iniziative promosse dall'Azienda per migliorare il benessere lavorativo?
7. Cosa ti ha spinto a rimanere in questa Azienda?
8. Cosa, invece, avrebbe potuto portarti a pensare di cambiare (reparto/azienda/lavoro)?
9. Hai mai pensato a un possibile cambiamento di ruolo, ambito o stile di vita legato alla tua professione?

10. Senti di voler aggiungere altre considerazioni, pensieri o suggerimenti che ritieni importanti?

Table 1. **Individual sociodemographic and professional characteristics of participants**

ID	SEX	AGE (years)	HOUR WORK/WEEK	WORK EXPERIENCE (years)	WORK EXPERIENCE in ICU (years)	UNIT OF EMPLOYMENT
TN1	M	68	Full Time	38	10	Specialized ICU
TN2	M	63	Full Time	34	34	Specialized ICU
TN3	F	66	Full Time	36	20	General ICU
TN4	F	62	Full Time	38	30	General ICU
TN5	F	62	Full Time	33	27	General ICU
TN6	F	64	Full Time	42	30	Specialized ICU

Table 2. Participant characteristics

Variable	Overall (N = 6)
Age	
Mean (SD)	64.2 (2.4)
Range	62.0–68.0
Originally from the same geographical area in which they currently work	
Yes, I live, studied, and work in my area of origin	4 (66.7%)
No, I moved for study/work reasons	2 (33.3%)
Gender	
Female	4 (66.7%)
Male	2 (33.3%)
Unit of employment	
General ICUs	3 (50%)
Specialized ICUs	3 (50%)
Overall professional seniority (years)	
Mean (SD)	36.8 (3.3)
Range	33.0–42.0
Seniority in the current unit (years)	
Mean (SD)	25.2 (8.8)
Range	10.0–34.0
Type of contract	
Permanent contract	6 (100.0%)
Work schedule	
Daytime	2 (33.3%)
24 h shift worker	4 (66.7%)
Contractual working hours	
Full-time (100%)	6 (100.0%)

Table 3. Coding tree

THEMES	SUBTHEMES	CODES	QUOTATIONS
Theme 1: The aging body negotiating shift work and personal time	Shift work as both resource and burden	Shift work as family logistics	"From a logistical point of view, shift work helps, but you miss many aspects of your child's growth." (TN4)
		Private life negotiated around non-standard time	"When you are free, others are busy; being a shift worker put me a bit aside from my friends." (TN6)
	Slower recovery and embodied limits of aging	Slower recovery after night shifts	"With age it becomes harder; it takes more recovery time." (TN2)
		Anticipatory fatigue before night shifts	"I spend the whole afternoon waiting for the night shift to come; that waiting disturbs me." (TN6)
		Accumulated fatigue across shift sequences	"When I do seven-day stretches, by Saturday you are rather tired." (TN3)
	Boundaries and self-regulation outside work	Detachment as a protective boundary	"When I cross the threshold and clock out, I reset everything; work does not continue at home." (TN1)
		Self-managed leisure as recovery	"Sport has helped me a lot, both physically and mentally." (TN6)
Theme 2: The professional self between emotional residue, meaning, and organisational erosion	Emotional residue of intensive care work	Emotional residue of intensive care	"There are cases you will never erase; they stay with you." (TN5)
		Psychological support absent or misaligned	"I do not agree with having to attend them on a rest day." (TN5)
	Meaning sustained through competence and relational care	Patient ownership as professional fulfilment	"The good thing here is that the patient is yours, so you follow them completely." (TN2)
		Clinical gaze beyond technology	"We looked patients in the face; look at the patient, because you can see how they are." (TN3)
		Problem-solving as usefulness	"I like seeing a problem and committing myself to it; it makes me feel useful." (TN1)
		Reciprocity with patients, families and colleagues	"Giving myself, offering care, and receiving; because I receive a lot from others." (TN6)
	Experience, generativity and intergenerational tension	Transmitting experiential knowledge	"I have always liked teaching; I have never stopped learning." (TN6)
		Intergenerational tension and protective concern	"When you put a new nurse on shift with me, I do not have three patients anymore; I have six." (TN5)
	Remaining despite organisational disillusionment	Attachment to the unit despite burden	"Intensive care has always given me much satisfaction; I have felt good here." (TN6)
		Pragmatic rootedness and known alternatives	"You know what you leave but not what you will find; it would not make sense to leave in search of other problems." (TN5)
		Fragmented interprofessional communication	"There really is a communication problem, especially between physicians and nurses." (TN3)

THEMES	SUBTHEMES	CODES	QUOTATIONS
		Staffing instability and unsafe onboarding	“Now we train many people, but they leave.” (TN2)
		Managerial distance and reduced recognition	“You are just an employee number that must not cause trouble; consideration is zero.” (TN4)