Received: 28 July 2020 | Revised: 28 October 2020 | Accepted: 7 November 2020

DOI: 10.1111/jonm.13213

ORIGINAL ARTICLE

WILEY

Workaholism, engagement and family interaction: Comparative study in portuguese and spanish nurses

Elisabete Maria das Neves Borges[1] | Carlos Alberto da Cruz Sequeira[1] | Cristina Maria Leite Queirós[2] | Maria Pilar Mosteiro-Díaz[3]

[1]Escola Superior de Enfermagem do Porto, CINTESIS, Porto, Portugal

[2]Faculdade de Psicologia e de Ciências da Educação, Universidade do Porto, Porto, Portugal

[3]Facultad de Medicina y Ciencias de la Salud, Universidad de Oviedo, Oviedo, Espanha

Correspondence
Elisabete Maria das Neves Borges, Escola Superior de Enfermagem do Porto, CINTESIS, Rua Dr. António Bernardino de Almeida, 4200-072 Porto, Portugal.
Email: elisabete@esenf.pt

Funding information This study received funding from CINTESIS (Center for Health Technology and Services Research), UIDB/4255/2020.

Abstract

Aim: To identify and compare workaholism, engagement and family interaction levels among Portuguese and Spanish nurses.

Background: The contribution of nursing management and leadership to workers' health and well-being is cardinal to ensure a healthy work environment. However, factors such as workaholism, engagement and family interaction can strongly influence nurses' performance, well-being and safety.

Method: A multicentre, comparative and cross-sectional study using 333 Portuguese (54.1%) and Spanish (45.9%) nurses working in hospitals.

Results: Portuguese nurses showed higher levels for workaholism, negative work–family interaction and negative family–work interaction, while Spanish nurses presented higher levels of engagement, positive work–family interaction and positive family–work interaction. Gender, age, job experience time, academic training, working schedule and type of employment contract influenced workaholism, engagement and work–family interaction among nurses from both countries.

Conclusion: During their professional practice, nurses perceived their stress differently according to each country, with Portuguese nurses presenting worst psychological conditions than Spanish nurses, namely higher workaholism, negative work–family interactions and lower engagement.

Implications for Nursing Management: Workaholism, engagement and work–family interaction are important areas in which nursing managers must invest to better respond to the new challenges of work contexts.

KEYWORDS

comparative study, family interaction, nursing management, work, work engagement, workaholism

1 | INTRODUCTION

In view of the current challenges posed by work contexts, nurses play a pivotal role to ensure the quality and safety of care. Importantly, the Nursing Now Campaign 2018–2020, launched by the World Health Organization (WHO) and the International Council of Nurses, aims at greater visibility of the work of these professionals and their contribution to the populations' health. Moreover, WHO (2020) highlights the contribution of nursing management and leadership in this whole process. In 2010, the

WHO has also put forward an action plan for the promotion of healthy work environments, emphasizing the importance of the workers' health and well-being, which goes beyond the individual and family sphere and affects the productivity and economy of companies and communities. In addition to the factors that promote a healthy environment (physical and psychosocial environment, resources for personal health and community involvement), this model enunciates as key elements in the process the commitment of leadership and active involvement of workers and their representatives.

Despite all the efforts, research in different contexts and countries has shown that work contexts are far beyond healthy work environments (Labrague, 2020) and are recognized as a source of suffering (Areosa, 2018). Considering the importance of factors that enhance workers' well-being, recent research focused on areas such as workaholism, engagement and family interaction (Clark, Smith, & Haynes, 2020; Di Stefano & Gaudiino, 2019).

Briefly considering each concept, Oates (1971, p. 4) defined workaholism as the compulsive desire of a *'person whose need for work has become so excessive that it creates noticeable disturbance or interference with his bodily health, personal happiness, and interpersonal relations, and with self-smooth social functioning'*. This phenomenon has different implications on the professionals' health, families and organizations (Clark et al., 2020). Regarding work engagement, it is defined by Schaufeli et al. (2006) as a positive affective-emotional state, characterized by vigour, dedication and absorption. Although recognized as two distinct concepts (Jaworek & Dyląg, 2016; Kubota et al., 2010), some studies point to the association between engagement and workaholism (Di Stefano & Gaudiino, 2019; Shimazu et al., 2014). Finally, despite the negative perception of work-family interaction (Geurts & Demerouti, 2003), this phenomenon has later been approached in a more integrative perspective, with both positive and negative bi-directional influence Geurts et al., 2005).

2 | LITERATURE REVIEW

Nursing has been identified as a risk profession and many researchers have studied nursing professionals, focusing on workaholism, engagement and family interaction (Hisel, 2020; Nonnis et al., 2018). This study used the theoretical framework Affect-Cognition-Conducting Model of Ng, Sorensen and Feldman (2007) and the Job Demands-Resources Model (Bakker & Demerouti, 2008), both detailed below.

Regarding workaholism, the cognitive-affective-behavioural model (Ng et al., 2007) involves three dimensions: the affective dimension, which drives dedication to work although there may be different setbacks (joy in working; guilt and anxiety when not working); the cognitive dimension, which reflects the intellectual processes that propel excessive work (obsession with working); and the behavioural dimension, which corresponds to excessive involvement in work (excessive work hours; mixing work and personal life). According to these dimensions, there are also three different antecedents, namely the dispositional (self-esteem; achievement-related traits; and achievement-related values), socio-cultural experiences (stressful or dysfunctional childhood/family; vicarious learning at home; vicarious learning at work; peer competition at work and self-efficacy in work greater than in non-work activities) and the behavioural reinforcements (tangible and intangible rewards; winner-takes-all system; emphasis on input rather than output and organizational environment). The combination of different antecedents and dimensions defines a workaholic. An identified workaholic is more likely to suffer consequences at career, mental health, physical health or social relations levels.

Considering the complexity of nurses' work and the multiple variables presented in the theoretical model of Ng et al. (2007), the literature shows a relationship between workaholism and sleep disorders (Ariapooran, 2019; Cheng et al., 2018), with stress and burnout (Kwak et al., 2018), with family interaction (Torp et al., 2018; Zhou et al., 2019), as well as the association between family conflict, depression and musculoskeletal diseases (Zhang et al., 2020), satisfaction and intention of abandonment (Chen et al., 2020) and quality care provided (Namdari et al., 2019).

The JD-R model (Bakker & Demerouti, 2008) is based on the premise that each organization has specific characteristics and that these are divided into two categories: requirements and working resources. Since the demands refer to work-related aspects and require great effort and energy from the worker, which lingering can lead to situations of exhaustion (e.g. work overload, role conflict and insecurity). As for labour resources, they are related to the proportional conditions: organizational, physical and social (e.g. interpersonal relations, management support and salary). Moreover, the model also highlights the worker's resources such as self-esteem, optimism and resilience.

In line with the cognitive-affective-behavioural model (Ng et al., 2007) and the JD-R model (Bakker & Demerouti, 2008), suggesting that workaholism, engagement and work–family interaction influenced this whole process.

The role of the nurse manager is strongly associated with the quality of life, related to the nurses' work and the quality and safety of care, particularly the leadership role. In a study conducted with nurse managers, Salanova et al. (2011) concluded that transformational leadership provides an improvement in the performance of nurses' functions, increasing levels of self-efficacy and work engagement. Labrague (2020) identified job satisfaction, stress and work–family conflict as significant predictors of organizational and professional turnover intent in managing nurses.

In addition, one important finding of Hisel's study (2020) was the importance of encouraging nursing leaders to implement strategies that promote nurses' engagement, enhancing their well-being, which also pointed to the contribution of knowledge sharing, especially considering the older nurses' experience. Mukaihata Fujimoto and Greiner (2020) suggested that nurses' involvement could be promoted through the development of skills and supervisor support. Moreover, Waltz et al. (2020) stressed that nursing leaders in the

workplace must encourage empathy and respect for nurses of all generations.

Integrated into an international multicentre project, this study aims to identify and compare workaholism, engagement and family interaction levels among Portuguese and Spanish nurses.

3 | METHODS

3.1 | Participants

A quantitative, descriptive, correlational, comparative and cross-sectional study was conducted with Portuguese and Spanish nurses working in a hospital setting, with professional practice time equal to or greater than one year. The convenience sample comprised 333 nurses, 180 (54.1%) from Portugal (northern Portugal) and 153 (45.9%) from Spain (northern Spain). Data were gathered between September and December 2019.

3.2 | Material

A self-administered questionnaire consisting of four groups was applied, namely Portuguese and Spanish versions of the Dutch Work Addiction Scale (DUWAS, Del Líbano et al., 2010; Pimenta & Semedo, 2014; Schaufeli et al., 2009a), Utrecht Work Engagement Scale (UWES, Schaufeli et al., 2006; Sinval et al., 2018), Survey Work-Home interaction Nijmegen (SWING; Geurts et al., 2005, Jiménez et al., 2009; 2005; Pereira et al., 2014) and a sociodemographic/professional questionnaire for samples' characterization (including gender, age, marital status, parenthood, academic qualifications, length of job experience, type of employment contract, shift work, stress perception and leisure activities.

The DUWAS includes 10 items evaluated on a 4-point Likert scale (ranging from 1—never to 4—every day) organized in two dimensions: excessive work and compulsive work, each with five items. Excessive work represents the behavioural component while compulsive work refers to the cognitive component of workaholism. Participants scoring equal to or higher than the 75th percentile in the combination of compulsive work and excessive work or in the addition score are considered workaholics.

The UWES has 9 items distributed in three dimensions (vigour, dedication and absorption), each with a total of three items assessed through a 7-point Likert scale (ranging from 0—never to 6—every day). Higher scores on the total scale and dimensions correspond to a high level of engagement, being possible to calculi a global score of engagement.

The SWING includes 22 items assessed through a 4-point Likert scale (ranging from 0—never to 3—always) and 4 dimensions: negative work–family interaction (8 items); negative family–work interaction (4 items); positive work–family interaction (5 items); and positive family–work interaction (5 items). In the dimensions, high scores correspond to high levels of bidirectional interaction between work and family, either positive or negative according to the dimension's aims.

TABLE 1 Cronbach's alpha for DUWAS, UWES and SWING for each country

Scales and dimensions	Portugal ($n = 180$)	Spain ($n = 153$)
DUWAS		
Compulsive work	0.753	0.697
Excessive work	0.651	0.682
UWES		
Vigour	0.855	0.624
Dedication	0.906	0.835
Absorption	0.608	0.819
SUWING		
Negative work–family interaction	0.894	0.824
Negative family–work interaction	0.808	0.655
Positive work–family interaction	0.825	0.828
Positive family–work interaction	0.834	0.826

Authorization was granted to use all instruments, when needed. However, most of the versions can be found in open access for research purposes. Cronbach's alpha coefficient calculated for each dimension (Table 1) presented values of good internal consistency, with slightly higher levels for the sample of Portuguese nurses. These findings are similar to other studies using the same instruments (Carlotto & Miralles, 2010; Faria et al., 2019; Geurts et al., 2005; Pereira et al., 2014; Schaufeli & Bakker, 2004; Schaufeli et al., 2009b).

3.3 | Procedures

The present study integrates the project 'INT-SO: from work contexts to occupational health of nursing professionals, a comparative study between Portugal, Brazil and Spain'. This study was granted ethical approval by the Ethics Committee of a Higher Education Institution (Portugal) and the Comité Ético de la Investigación Clínica del Principado de Asturias (Spain). All participants were required to sign informed consent forms.

For the Spanish sample, data were collected in paper format, while for the Portuguese one an online link was made available with the collaboration of the Portuguese Order of Nurses, containing information about the study, informed consent and questionnaire to be filed after informed consent was given.

3.4 | Data analysis

Data were analysed using SPSS version 25.0. For the exploratory data analysis, absolute and relative frequencies, mean and standard deviation were calculated. The internal consistency of the scales was

assessed by the Cronbach's alpha coefficient. For inferential statistics, Pearson's correlation coefficient, Student's *t* test of independent measures and the Mann–Whitney *U* test were used according to their specifications. The statistical significance level was set at 5% ($\alpha = 0.05$).

3.4.1 | RESULTS

The sociodemographic and socio-professional characterization of the sample showed that the majority of participants were women and perceived their work as stressful in both countries. Spanish nurses presented a slightly higher mean age and length of job experience (Table 2).

Considering comparative analysis between countries (Table 3), all dimensions presented significant differences, excepting absorption. Portuguese nurses scored higher for workaholism, negative work–family interaction and negative family–work interaction, while Spanish nurses presented higher levels for vigour, dedication, absorption, engagement, positive work–family interaction and positive family–work interaction.

Considering correlational analysis between DUWAS, UWES, SWING and age, years of job experience separately for each country (Table 4), Portuguese nurses showed that compulsive work, workaholism and negative work–family interaction decreased with age and length of job experience, although with a weak association. Similarly, a weak association was found in Spanish nurses, showing that dedication, engagement and positive work–family interaction decreased with age and length of professional experience, while an increase in negative family–work interaction is found with age and length of professional experience.

Regarding the comparative analysis according to the sociodemographic/professional characteristics and separately for each country Portugal (Table 5) and Spain (Table 6), for which only the statistically significant results are presented, Portuguese female nurses with a fixed work schedule presented higher levels of workaholism, compulsive work and excessive work, as well as engagement and absorption in those. In the dimension of work–family interaction, higher mean levels were found for negative work–family interaction in female participants with rotating shifts and positive work–family interaction in nurses with higher academic training. It was also observed that nurses with stress scored higher mean levels for workaholism, excessive work and negative work–family interaction, while nurses who reported engaging in leisure activities scored higher mean levels for positive work–family interaction and lower for excessive work. Spanish nurses showed that being female and with stress levels scored higher for workaholism, compulsive work, excessive work and negative work–family interaction. Similar results were also found in female nurses who showed higher levels of positive family–work interaction and those with a precarious work presenting higher levels of positive work–family interaction and positive family–work interaction. Higher levels of engagement were found in nurses with precarious work.

TABLE 2 Sociodemographic/professional characteristics' frequencies/percentage, mean and *SD* for each country

Variable	Categories	Portugal ($n = 180$)	Spain ($n = 153$)
Age	Mean (*SD*)	36.4 (8.86)	38.4 (9.71)
	Minimum–Maximum	23–60	24–62
Years of job experience	Mean (*SD*)	13,4 (8.88)	14,4 (9.07)
	Minimum–Maximum	1–40	1–42
Gender	Men	39 (21.7%)	19 (12.4%)
	Women	141 (78.3%)	134 (87.6%)
Marital status (cohabiting)	Yes	113 (62.8%)	91 (59.5%)
	No	67 (37.2%)	62 (40.5%)
Parenthood	Yes	92 (51.1%)	58 (37.9%)
	No	88 (48.9%)	95 (62.1%)
Educational level	Minimum to be a nurse professional	95 (52.8%)	88 (57.5%)
	More	85 (47.2%)	65 (42.5%)
Type of employment contract	Permanent	155 (86.1%)	85 (55.6%)
	Precarious	25 (13.9%)	68 (44.4%)
Work schedule of main job	Rotating shift work	147 (81.7%)	135 (88.2%)
	Fixed work schedule	33 (18.3%)	18 (11.8%)
Stressful work	Yes	170 (94.4%)	134 (87.6%)
	No	10 (5.6%)	19 (12.4)
Leisure activities	Yes	110 (61,1%)	135 (88.2%)
	No	70 (38.9%)	18 (11.8%)

TABLE 3 Comparative analysis between countries for workaholism, engagement and work–family interaction

Variables	Portugal		Spain		*p*
DUWAS (1–4)					
Compulsive work	2.04	0.556	1.85	0.534	.002**
Excessive work	2.70	0.482	2.22	0.574	.000***
Workaholism	2.37	0.462	2.03	0.485	.000***
UWES (0–6)					
Vigour	4.02	1.35	4.48	1.06	.001**
Dedication	4.13	1.57	5.04	1.17	.000***
Absorption	3.94	1.26	3.95	1.59	.920
Engagement	4.03	1.23	4.49	1.07	.000***
SWING (0–3)					
Negative work–family interaction	1.37	0.577	1.03	0.520	.000***
Negative family–work interaction	0.625	0.444	0.330	0.381	.000***
Positive work–family interaction	1.10	0.616	1.28	0.710	.011*
Positive family–work interaction	1.24	0.695	1.66	0.814	.000***

*$p \leq .050$.

**$p \leq .010$.

***$p \leq .001$.

TABLE 4 Correlational analysis between DUWAS, UWES, SWING and age, years of job experience for each country

	Portugal		Spain	
Variables	Age	Job experience	Age	Job experience
DUWAS				
Compulsive work	−0.177*	−0.166*	−0.020	−0.053
Excessive work	−0.106	−0.094	0.040	−0.048
Workaholism	−0.162*	−0.149*	0.012	−0.058
UWES				
Vigour	0.047	0.076	−0.039	−0.080
Dedication	−0.021	−0.003	−0.208**	−0.272**
Absorption	0.010	0.023	−0.148	−0.195*
Engagement	0.012	0.034	−0.161*	−0.221**
SWING				
Negative work–family interaction	−0.214**	−0.224**	−0.103	−0.146
Negative family–work interaction	0.016	−0.022	0.286**	0.276**
Positive work–family interaction	0.097	0.085	−0.170*	−0.222**
Positive family–work interaction	−0.055	−0.059	−0.072	−0.113

*$p < .05$.

**$p < .01$.

4 | DISCUSSION

In this study, participants were mostly female and perceived their work as stressful, a characteristic commonly associated with the nursing profession, which is predominantly female and related with high levels of stress (Cheng et al., 2018; Garbin et al., 2019).

The moderate values of workaholism confirm the existence of this phenomenon, corroborated by Ariapooran (2019), Kunecka and Hundert (2018), Kwak et al. (2018), in Iraqi, Korean and Polish nurses, respectively. In line with this study results in Portuguese nurses, Balducci et al. (2017) and Mir et al. (2016) describe higher mean scores for excessive work.

TABLE 5 Comparative analysis, for Portugal, of workaholism, engagement and work–family interaction (mean and *SD*) according to the sociodemographic/professional characteristics

Portugal			
	Sociodemographic/professional characteristics		
Dimensions	**Female**	**Male**	***p*†**
Workaholism	2.41 (0.46)	2.22 (0.43)	.026*
Excessive work	2.75 (0.47)	2.50 (0.47)	.004**
Negative work–family interaction	1.43 (0.56)	1.16 (0.57)	.010**
	Degree	**Specialist-MsN-PhD**	***p*‡**
Positive work–family interaction	0.97 (0.58)	1.24 (0.62)	.003**
Positive family–work interaction	1.08 (0.66)	1.42 (0.69)	.001***
	Fixed work schedule	**Rotating shift work**	***p*†**
Workaholism	2.20 (0.47)	2.40 (0.45)	.022*
Compulsive work	1.85 (0.56)	2.08 (0.54)	.031*
Engagement	4.41 (1.06)	3.94 (1.25)	.047*
Absorption	4.35 (1.02)	3.84 (1.29)	.037*
Negative work–family interaction	1.04 (0.49)	1.44 (0.56)	.000***
	Precarious work	**Permanent employment contract**	***p*‡**
Negative work–family interaction	122.02	87.03	0.026**
	No stress	**With stress**	***p*‡**
Workaholism	54.15	92.64	.023**
Excessive work	44.90	93.18	.004**
Negative work–family interaction	46.75	93.07	.006**
	With no leisure activities	**With leisure activities**	***p*†**
Excessive work	2.78 (0.47)	2.64 (0.48)	.049**
Positive work–family interaction	0.94 (0.60)	1.20 (0.60)	.006**

†values obtained through Student's *t* test or ‡Mann–Whitney test.

*$p \leq .050$.

**$p \leq .010$.

***$p \leq .001$.

Spanish nurses scored higher for engagement in all dimensions. Similar results were found by Orgambídez et al. (2019) in Spanish nurses. In a sample of Portuguese nurses, Salanova et al. (2011) found higher scores for engagement when compared to the present study, while similar scores were found in the studies by Faria et al. (2019) and Silva et al. (2020). In line with other studies (Marques-Pinto et al., 2018; Watanabe & Yamauchi, 2018), the dimension dedication is emphasized, showing higher mean scores—both samples—in the present study.

According to the work–family interaction, these study findings highlighted a positive influence in both directions for Spanish nurses, corroborating the results of Shimada et al. (2018), while the results by Pereira et al. (2014) and Romeo et al. (2014) were in line with those obtained with Portuguese nurses.

The negative influence of age and length of job experience on workaholism was also identified in studies by Andreassen et al. (2017) and Dordoni et al. (2019). Regarding engagement, similar data are described by Silva et al. (2020) with higher levels of engagement in younger nurses. In contrast, Garbin et al. (2019) and Lourenção et al. (2019) referred that higher values were identified in older nurses with the longest professional experience.

Regarding the work–family interaction, Demerouti et al. (2012) referred to the existence of significant differences in both directions, similar to the present study, with younger professionals showing high levels of negative work–family interaction and older nurses showing high levels of positive work–family interaction. These findings can be explained by the demands of the beginning of the career and the multiple roles experienced in this stage of the life cycle, according to the job-demands model (Bakker & Demerouti, 2008).

This study also revealed that in both samples, gender, shift work, type of employment contract, the perception of work as stressful and the presence of leisure activities influenced the levels of

TABLE 6 Comparative analysis, for Spain, of workaholism, engagement and work–family interaction (mean and *SD*) according to the sociodemographic/professional characteristics

Spain			
	Sociodemographic/professional characteristics		
Dimensions	**Female**	**Male**	$p^{\ddagger}$
Excessive work	81.29	46.74	.001***
Negative work–family interaction	80.95	49.16	.003**
Positive work–family interaction	79.93	56.37	.030**
	Fixed work schedule	**Rotating shift work**	$p^{\ddagger}$
Negative work–family interaction	55.08	79.92	.025**
	Precarious work	**Permanent employment contract**	$p^{\dagger}$
Engagement	4.84 (0.78)	4.21 (1.19)	.000***
Vigour	4.69 (0.93)	4.30 (1.13)	.025**
Dedication	5.45 (0.72)	4.72 (1.35)	.000***
Absorption	4.39 (1.28)	3.60 (1.72)	.002**
Positive work–family interaction	1.52 (0.69)	1.09 (0.66)	.000***
Positive family–work interaction	1.81 (0.79)	1.53 (0.81)	.039**
	With no stress	**With stress**	$p^{\ddagger}$
Workaholism	43.86	81.69	.000***
Compulsive work	56.82	79.86	.033**
Excessive work	39.32	82.34	.000***
Negative work–family interaction	47.05	81.25	.002**

†values obtained through Student's *t* test or ‡Mann–Whitney test.

*$p \leq .050$.

**$p \leq .010$.

***$p \leq .001$.

workaholism, engagement and work–family interaction. Similar results have been identified, namely associated with the demanding physical and emotional professional performance, domestic chores and parental role, with women showing an increasingly active role at work, as well as the technological advancements that ensure constant professional connectedness leads to increased stress levels (Bakhamis et al., 2019; Bandeira et al., 2019; Molino et al., 2019; Pérez-Fuentes et al., 2019; Zurlo et al., 2020).

In sum, the results of this comparative study are in line with the changes occurring over the last decade within work contexts, embedded in multiple factors, such as portrayed in the Cognitive-Affective-Behavioral theoretical model (Ng et al., 2007). In particular, with regard to the background of workaholism such as family interaction, stressful situations and the bond or shift that may indirectly be associated with behavioural reinforcements. Also, the Job Demands-Resources model (Bakker & Demerouti, 2008) in which the demands related to the perception of stress, the type of precarious employment contract, shift work, the higher level of academic training and the female gender are noted.

The study has some limitations, namely its transversal design and the number of study participants that hinders the generalizability of results. However, being a comparative study involving nurses from two countries, it can highlight that nurses face common challenges and difficulties.

5 | CONCLUSION

The results confirm the perceived stress in professional practice, showing Portuguese nurses low values for workaholism and negative work–family and family–work interaction, while Spanish nurses revealed higher mean scores for engagement and positive work–family and family–work interaction. In addition, gender, age, length of professional experience, academic training, type of work schedule and type of professional contract influence the levels of workaholism, engagement and work–family interaction in nurses from both countries. Leisure activities were found to have a significant influence only in the Portuguese sample. Considering all contributions, these study findings portray the rapid and constant changes at work, emphasizing the pivotal role of nurse managers in implementing strategies that promote health at the workplace.

6 | IMPLICATIONS FOR NURSING MANAGEMENT

The research developed on workaholism, engagement and family interaction among Portuguese and Spanish nurses provides a substantial contribution to extending the scientific body of nursing knowledge. In this sense, understanding the implications of factors such as workaholism, engagement and work–family interaction in a healthy work environment, that affect the well-being and safety of nurses is essential for raising awareness among nurses, nurse managers and organizations.

The integration of occupational health-related content in the academic pathways of nursing and the framework of continuous learning will highly benefit the promotion of the well-being of workers and the protection of nurses' physical and mental health.

It is also important to develop strategies that facilitate work–family interaction (e.g. flexibility of schedules), stress management (e.g. relaxation techniques, physical activity) and clinical supervision. In addition, leadership strategies that enhance communication, encourage further training and promote organizational measures such as safety at work, salary, material and human resources, and social support of colleagues are highlighted.

Therefore, we consider that this will contribute to decreasing workaholism and negative work–family interaction, and increasing work engagement, being applicable to different European countries such as Portugal and Spain despite their cultural and working specificities.

ACKNOWLEDGEMENTS

The authors would like to thank the collaboration of the Portuguese Order of Nurses in disseminating this study.

ETHICAL STATEMENTS

The study was approved by the Ethics Committees of Escola Superior de Enfermagem do Porto (Process 2019/1526) and the Comité de Ética de la Investigación del Principado de Asturias (Project no. 196/19).

DATA AVAILABILITY STATEMENT

The authors have no available data to share.

ORCID

Elisabete Maria das Neves Borges https://orcid.org/0000-0002-6478-1008
Carlos Alberto da Cruz Sequeira https://orcid.org/0000-0002-5620-3478
Cristina Maria Leite Queirós https://orcid.org/0000-0002-8045-5317
Maria Pilar Mosteiro-Díaz https://orcid.org/0000-0002-3375-9334

REFERENCES

Andreassen, C. S., Bakker, A. B., Bjorvatn, B., Moen, B. E., Magerøy, N., Shimazu, A., Hetland, J., & Pallesen, S. (2017). Working Conditions and Individual Differences Are Weakly Associated with Workaholism: A 2–3-Year Prospective Study of Shift-Working Nurses. *Frontiers in Psychology*, *8*, 2045. https://doi.org/10.3389/fpsyg.2017.02045

Areosa, J. (2018). O trabalho como palco do sofrimento. *International Journal on Work Condition*, *15*, 81–95.

Ariapooran, S. (2019). Sleep problems and depression in Iranian nurses: The predictive role of workaholism. *Iranian Journal of Nursing and Midwifery Research*, *24*(1), 30. https://doi.org/10.4103/ijnmr.IJNMR_188_17

Bakhamis, L., Paul, D. P., Smith, H., & Coustasse, A. (2019). Still an Epidemic. *The Health Care Manager*, *38*(1), 3–10. https://doi.org/10.1097/HCM.0000000000000243

Bakker, A., & Demerouti, E. (2008). Towards a model of work engagement. *Career Development International*, *13*, 209–223. https://doi.org/10.1108/13620430810870476

Balducci, C., Avanzi, L., Consiglio, C., Fraccaroli, F., & Schaufeli, W. (2017). A cross-national study on the psychometric quality of the Italian version of the Dutch Work Addiction Scale (DUWAS). *European Journal of Psychological Assessment*, *33*(6), 422–428. https://doi.org/10.1027/1015-5759/a000300

Bandeira, E. L., Ferreira, V. C., & Cabral, A. C. (2019). Conflito trabalho-família: A produção científica internacional e a agenda de pesquisa nacional. *Read. Revista Eletrônica De Administração (Porto Alegre)*, *25*(1), 49–82. https://doi.org/10.1590/1413-2311.232.87660

Carlotto, M. S., & Miralles, M. (2010). Tradução, adaptação e exploração de propriedades psicométricas da Escala de Adição ao Trabalho Dutch Work Addiction Scale (DUWAS). *Contextos Clínicos*, *3*(2), 141–150. https://doi.org/10.4013/ctc.2010.32.08

Chen, Y. C., Guo, Y. L. L., Lin, L. C., Lee, Y. J., Hu, P. Y., Ho, J. J., & Shiao, J. S. C. (2020). Development of the Nurses' Occupational Stressor Scale. *International Journal of Environmental Research and Public Health*, *17*(2), 649. https://doi.org/10.3390/ijerph17020649

Cheng, S. Y., Lin, P. C., Chang, Y. K., Lin, Y. K., Lee, P. H., & Chen, S. R. (2018). Sleep quality mediates the relationship between work-family conflicts and the self-perceived health status among hospital nurses. *Journal of Nursing Management*, *27*(2), 381–387. https://doi.org/10.1111/jonm.12694

Clark, M. A., Smith, R. W., & Haynes, N. J. (2020). The Multidimensional Workaholism Scale: Linking the conceptualization and measurement of workaholism. *Journal of Applied Psychology*. https://doi.org/10.1037/apl0000484

Del Líbano, M., Llorens, S., Salanova, M., & Schaufeli, W. (2010). Validity of a brief workaholism scale. *Psicothema*, *22*(1), 143–150.

Demerouti, E., Peeters, M. C. W., & Van der Heijden, B. I. J. M. (2012). Work-family interface from a life and career stage perspective: The role of demands and resources. *International Journal of Psychology*, *47*(4), 241–258. https://doi.org/10.1080/00207594.2012.699055

Di Stefano, G., & Gaudiino, M. (2019). Workaholism and work engagement: how are they similar? How are they different? A systematic review and meta-analysis. *European Journal of Work and Organizational Psychology*, *28*(3), 329–347. https://doi.org/10.1080/1359432X.2019.1590337

Dordoni, P., Kraus-Hoogeveen, S., Van Der Heijden, B. I. J. M., Peters, P., Setti, I., & Fiabane, E. (2019). Live to Work or Work to Live? An Age-Moderated Mediation Model on the Simultaneous Mechanisms Prompted by Workaholism Among Health care Professionals. *Frontiers in Psychology*, *10*, 868. https://doi.org/10.3389/fpsyg.2019.00868

Faria, S., Queirós, C., Borges, E., & Abreu, M. (2019). Saúde mental dos enfermeiros: Contributos do burnout e engagement no trabalho. *Revista Portuguesa de Enfermagem de Saúde Mental*, *22*, 9–18. https://doi.org/10.19131/rpesm.0258

Garbin, K., Pasqualotti, A., Chambel, M. J., & Moretto, C. F. (2019). A Idade como Diferencial no Engagement dos Profissionais de Enfermagem. *Psicologia: Teoria e Pesquisa*, *35*, e35516. https://doi.org/10.1590/0102.3772e35516

Geurts, S., & Demerouti, E. (2003). Work/Non-Work Interface: A review of theories and Findings. In M. J. Schabracq, J. A. M. Winnubst, & C. L. Cooper (Eds.), *The Handbook of Work & Health Psychology* (pp. 279–312). John Wiley & Sons Ltd.

Geurts, S., Taris, T., Kompier, M. A. J., Dikkers, J., Van Hoof, M. L. M., & Kinnunen, U. (2005). Work-family interaction from a work psychological perspective: Development and validation of a new questionnaire, the SWING. *Work & Stress*, *19*(4), 319–339. https://doi.org/10.1080/02678370500410208

Hisel, M. E. (2020). Measuring work engagement in a multigenerational nursing workforce. *Journal of Nursing Management*, *28*(2), 294–305. https://doi.org/10.1111/jonm.12921

Jaworek, M., & Dyląg, A. (2016). Workaholism and work engagement: Differences and mutual relationship. *Jagiellonian Journal of Management*, *2*(4), 275–286. https://doi.org/10.4467/2450114XJJM.16.022.6091

Jiménez, B. M., Sanz-Vergel, A. I., Muñoz, A. R., & Geurts, S. (2009). Propriedades psicométricas de la versión española del Cuestionario de Interacción Trabajo-Familia (SWING). *Psicothema*, *21*(2), 331–337.

Kubota, K., Shimazu, A., Kawakami, N., Takahashi, M., Nakata, A., & Schaufeli, W. B. (2010). Association between Workaholism and Sleep Problems among Hospital Nurses. *Industrial Health*, *48*(6), 864–871. https://doi.org/10.2486/indhealth.MS1139

Kunecka, D., & Hundert, M. (2018). The extent of workaholism in a group of polish nurses. *The International Journal of Health Planning and Management*, *34*(1), e194–e202. https://doi.org/10.1002/hpm.2636

Kwak, Y., Kim, J. S., Han, Y., & Seo, Y. (2018). The Effect of Work Addiction on Korean Nurses' Professional Quality of Life. *Journal of Addictions Nursing*, *29*(2), 119–127. https://doi.org/10.1097/JAN.0000000000000221

Labrague, L. J. (2020). Organisational and professional turnover intention among nurse managers: A cross-sectional study. *Journal of Nursing Management*, *28*(6), 1275–1285. https://doi.org/10.1111/jonm.13079

Lourenção, L. G., Silva, A. G., & Borges, M. A. (2019). Levels of engagement in primary health care professionals: A comparative study in two Brazilian municipalities. *Esc Anna Nery*, *23*(3), 1–8. https://doi.org/10.1590/2177-9465-ean-2019-0005

Marques-Pinto, A., Jesus, É. H., Mendes, A. M. O. C., Fronteira, I., & Roberto, M. S. (2018). Nurses' intention to leave the organization: A mediation study of professional burnout and engagement. *The Spanish Journal of Psychology*, *21*(e32), 1–10. https://doi.org/10.1017/sjp.2018.30

Mir, I., Kamal, A., & Masood, S. (2016). Translation and Validation of Dutch Workaholism Scale. *Pakistan Journal of Psychological Research*, *31*(2), 331–346.

Molino, M., Cortese, C., & Ghislieri, C. (2019). Unsustainable Working Conditions: The Association of Destructive Leadership, Use of Technology, and Workload with Workaholism and Exhaustion. *Sustainability*, *11*(2), 446. https://doi.org/10.3390/su11020446

Mukaihata, T., Fujimoto, H., & Greiner, C. (2020). Factors influencing work engagement among psychiatric nurses in Japan. *Journal of Nursing Management*, *28*(2), 306–316. https://doi.org/10.1111/jonm.12923

Namdari, S., Nasiri, A., Nakhaee, S., & Taheri, F. (2019). Exploring the Effects of Nurses' Family-Work Conflict on Patient Care Quality: A Qualitative Study. *Modern Care Journal*, *16*(1), e86130. https://doi.org/10.5812/modernc.86130

Ng, T. W. H., Sorensen, K. L., & Feldman, D. C. (2007). Dimensions, antecedents, and consequences of workaholism: A conceptual integration and extension. *Journal of Organizational Behavior*, *28*, 111–136. https://doi.org/10.1002/job.424

Nonnis, M., Massidda, D., Cuccu, S., & Cortese, C. G. (2018). The Impact of Workaholism on Nurses' Burnout and Disillusion. *The Open Psychology Journal*, *11*(1), 77–88. https://doi.org/10.2174/1874350101811010077

Oates, W. E. (1971). *Confessions of a workaholic: The facts about work addiction*. World Publishing.

Orgambídez, A., Borrego, Y., & Vázquez-Aguado, O. (2019). Self-efficacy and organizational commitment among Spanish nurses: The role of work engagement. *International Nursing Review*, *66*(3), 381–388. https://doi.org/10.1111/inr.12526

Organización Mundial de la Salud (2020). *Situación de la enfermería en el mundo 2020: resumen de orientación*. Organización Mundial de la Salud. Retrieved from https://apps.who.int/iris/handle/10665/331675

Pereira, A. M., Queirós, C., Gonçalves, S. P., Carlotto, M. S., & Borges, E. (2014). Burnout e interação trabalho-família em enfermeiros: Estudo exploratório com o Survey Work-Family Interaction Nijmegen (SWING). *Revista Portuguesa De Enfermagem De Saúde Mental*, *11*, 24–30.

Pérez-Fuentes, M., Jurado, M. M., Martínez, A. M., & Linares, J. G. (2019). Burnout and Engagement: Personality Profiles in Nursing Professionals. *Journal of Clinical Medicine*, *8*(3), 286. https://doi.org/10.3390/jcm8030286

Pimenta, A. C. A., & Semedo, C. (2014). *Workaholism, Work Engagement e Burnout: distinção empírica e sua relação com os Recursos e as Exigências Laborais [Master's thesis, Universidade de Évora]*. Retrieved from http://hdl.handle.net/10174/12955

Romeo, M., Berger, R., Yepes-Baldó, M., & Ramos, B. (2014). Adaptación y validación de la versión española de la "Survey Work-Home Interaction – Nijmegen" (SWING) en países hispanohablantes. *Anales de Psicología*, *30*(1), 287–293. https://doi.org/10.6018/analesps.30.1.148291

Salanova, M., Lorente, L., Chambel, M. J., & Martínez, I. M. (2011). Linking transformational leadership to nurses' extra-role performance: The mediating role of self-efficacy and work engagement. *Journal of Advanced Nursing*, *67*(10), 2256–2266. https://doi.org/10.1111/j.1365-2648.2011.05652.x

Schaufeli, W., & Bakker, A. (2004). *Utrecht work engagement scale Preliminary ManualVersion 1.1*. Occupational Health Psychology Unit Utrecht University. Retrieved from https://www.wilmarschaufeli.nl/publications/Schaufeli/Test%20Manuals/Test_manual_UWES_English.pdf

Schaufeli, W., Bakker, A., & Salanova, M. (2006). The measurement of work engagement with a short questionnaire: A cross-national study. *Educational and Psychological Measurement*, *66*(4), 701–716. https://doi.org/10.1177/0013164405282471

Schaufeli, W. B., Bakker, A. B., van der Heijden, F. M. M. A., & Prins, J. T. (2009a). Workaholism among medical residents: It is the combination of working excessively and compulsively that counts. *International Journal of Stress Management*, *16*(4), 249–272. https://doi.org/10.1037/a0017537

Schaufeli, W. B., Shimazu, A., & Taris, T. W. (2009b). Being Driven to Work Excessively Hard. *Cross-Cultural Research*, *43*(4), 320–348. https://doi.org/10.1177/1069397109337239

Shimada, K., Shimazu, A., Geurts, S. A. E., & Kawakami, N. (2018). Reliability and validity of the Japanese version of the Survey Work-Family Interaction – Nijmegen, the SWING (SWING-J). *Community, Work & Family*, *22*(3), 267–283.

Shimazu, A., Schaufeli, W. B., Kamiyama, K., & Kawakami, N. (2014). Workaholism vs. Work Engagement: The Two Different Predictors of Future Well-being and Performance. *International Journal of Behavioral Medicine*, *22*(1), 18–23. https://doi.org/10.1007/s12529-014-9410-x

Silva, M., Borges, E., Baptista, P., & Queirós, C. (2020). Engagement e satisfação dos enfermeiros do pré-hospitalar. *Revista Portuguesa De Enfermagem De Saúde Mental*, *7*, 25–30. https://doi.org/10.19131/rpesm.0243

Sinval, J., Pasian, S., Queirós, C., & Marôco, J. (2018). Brazil-Portugal transcultural adaptation of the UWES-9: Internal consistency,

dimensionality, and measurement invariance. *Frontiers in Psychology*, *9*, 353. https://doi.org/10.3389/fpsyg.2018.00353

Torp, S., Lysfjord, L., & Midje, H. H. (2018). Workaholism and work-family conflict among university academics. *Higher Education*, *76*(6), 1071–1090. https://doi.org/10.1007/s10734-018-0247-0

Waltz, L. A., Muñoz, L., Weber Johnson, H., & Rodriguez, T. (2020). Exploring job satisfaction and workplace engagement in millennial nurses. *Journal of Nursing Management*, *28*(3), 673–681. https://doi.org/10.1111/jonm.12981

Watanabe, M., & Yamauchi, K. (2018). The effect of quality of overtime work on nurses' mental health and work engagement. *Journal of Nursing Management*, *26*(6), 679–688. https://doi.org/10.1111/jonm.12595

Zhang, Y., ElGhaziri, M., Nasuti, S., & Duffy, J. F. (2020). The Comorbidity of Musculoskeletal Disorders and Depression: Associations with Working Conditions Among Hospital Nurses. *Workplace Health & Safety*, *68*(7), 346–354. https://doi.org/10.1177/2165079919897285

Zhou, Z. E., Meier, L. L., & Spector, P. E. (2019). The spillover effects of coworker, supervisor, and outsider workplace incivility on work-to-family conflict: A weekly diary design. *Journal of Organizational Behavior*, *40*(9–10), 1000–1012. https://doi.org/10.1002/job.2401

Zurlo, M. C., Vallone, F., & Smith, A. P. (2020). Work–family conflict and psychophysical health conditions of nurses: Gender differences and moderating variables. *Japan Journal of Nursing Science*, *17*(3), e12324 https://doi.org/10.1111/jjns.12324

How to cite this article: Borges EMDN, Sequeira CADC, Queirós CML, Mosteiro-Díaz MP. Workaholism, engagement and family interaction: Comparative study in portuguese and spanish nurses. *J Nurs Manag*. 2021;29:731–740. https://doi.org/10.1111/jonm.13213