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RESEARCH ARTICLE

Improving work–nonwork balance and well-being through a boundary fit microintervention

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Abstract

This study examines the effectiveness of a microintervention targeting the alignment between employees' preferred and enacted boundaries separating work and nonwork roles (i.e., boundary fit). Drawing on boundary fit theory and the action regulation at the work–family interface model, we developed a self-guided boundary fit microintervention incorporating education, goal-setting, and self-reflection components. Based on a randomized controlled trial, we compared an experimental group with two control groups. We assessed changes in perceived boundary fit, work–nonwork balance satisfaction, and subjective well-being across three waves—pre-intervention (T1), post-intervention (T2), and follow-up (T3)—with two-week intervals between assessments ($N_{T1-T2} = 90$; $N_{T1-T2-T3} = 75$). Participants in the experimental group exhibited greater increases in these outcomes than both control groups. Mediation analyses revealed that increases in perceived boundary fit mediated the intervention's effects on work–nonwork balance satisfaction and subjective well-being. Although the findings' generalizability may be constrained by the sample—comprising predominantly women and participants without caregiving responsibilities—the study contributes to the boundary management literature by demonstrating the effectiveness of a time-efficient intervention and illuminating its underlying mechanisms.

KEYWORDS

action regulation, boundary fit, boundary management, intervention study, randomized controlled trial, subjective well-being, work–nonwork balance

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Practitioner points

- Prioritize boundary fit over rigid segmentation or integration. Help employees recognize their personal boundary preferences and identify concrete strategies to enact them.
- Deploy boundary fit microinterventions. Even brief, low-threshold, and self-guided interventions can improve employees' work–nonwork balance and well-being.
- Promote regular reflection. Embed boundary management discussions into one-on-one and team meetings so employees can assess and refine their boundary management.
- Create a supportive work environment. Foster a culture that values individual differences in boundary preferences and supports employees in applying tailored strategies.

INTRODUCTION

Managing the boundaries between work and nonwork roles to align with individual preferences is a persistent challenge for many employees (Allen & French, 2023; Reinke & Ohly, 2024). People vary in their desire for role segmentation (i.e., establishing impermeable and inflexible boundaries to keep roles separate) versus role integration (i.e., creating permeable and flexible boundaries to blend roles; Ashforth et al., 2000; Kreiner, 2006). However, enacted behaviours often deviate from these preferences (Michel et al., 2022). This misalignment between desired and actual boundaries signals low boundary fit—a critical predictor of work–nonwork balance and well-being (Ammons, 2013). Such discrepancies raise questions about how to support employees in managing their boundaries to increase boundary fit and, in turn, improve work–nonwork balance and well-being (Hammer et al., 2016; von Allmen et al., 2024).

Previous intervention studies have addressed these issues through a person–environment fit perspective (Kristof-Brown et al., 2005), focusing on how organizations can provide boundary supplies through policies and practices that support employees' boundary management efforts (Kreiner, 2006; Piszczek & Berg, 2020). However, organizational-level initiatives have demonstrated limited effectiveness (Allen & French, 2023; Casper et al., 2025) and, in some cases, produce unintended side effects (Perrigino et al., 2018). This limited success may stem from overlooking employees' diverse needs across various roles or targeting factors beyond employees' direct control (Allen & French, 2023; Casper et al., 2025; Hirschi et al., 2019).

Complementary intervention approaches highlight the role of individual agency, advocating for individual-level strategies (Hirschi et al., 2019, 2022; Kreiner et al., 2009). Several individual-level interventions have focused on teaching specific role segmentation strategies, often with positive effects on work–nonwork balance (e.g., Althammer et al., 2021; Michel et al., 2014; Rexroth et al., 2017). However, their impact on well-being has been inconsistent—beneficial in some cases (Rexroth et al., 2017) but negligible in others (Althammer et al., 2021). One explanation is that role segmentation has downsides, such as reduced reflection on positive work experiences (Hecht et al., 2023), limited positive spillover across roles (Ilies et al., 2009), and eliminated sources of identity and meaningfulness (Haun et al., 2018). Moreover, many individual-level interventions are time-intensive, involving multi-week training modules that demand substantial time and effort (e.g., Reinke & Ohly, 2024), limiting their practical applicability for busy employees.

Although existing intervention studies have advanced our understanding of boundary management, we argue that rethinking both the focus and design of interventions can yield more effective outcomes. Regarding intervention focus, rather than advocating role segmentation or role integration as universally applicable strategies, a boundary fit approach aims to align desired and actual boundaries (Ammons, 2013). This concept has emerged as a valuable framework for understanding work–nonwork experiences, with previous work identifying boundary fit as a key goal in boundary management (Piszczek & Yestrepesky, 2024) and linking boundary fit to enhanced well-being (Michel et al., 2022).

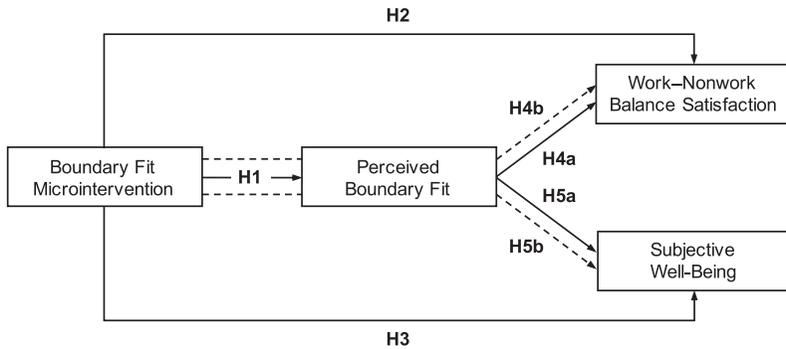


FIGURE 1 Conceptual research model. Dashed lines represent the indirect effects of the boundary fit intervention on work–nonwork balance satisfaction and subjective well-being via perceived boundary fit.

A boundary fit perspective offers a more inclusive intervention approach that accommodates diverse needs and preferences (Casper et al., 2025).

Drawing on the action regulation at the work–family interface model (Hirschi et al., 2019, 2022), which outlines steps of a continuous and proactive action regulation process to achieve goals at the work–nonwork interface, we propose that individuals can increase their boundary fit through setting and pursuing goals. These action regulation principles allow individuals to proactively manage their boundaries in ways that align with personal preferences, ultimately improving both work–nonwork balance and well-being.

Regarding intervention design, we address challenges associated with the time-intensive nature of existing interventions. Accordingly, our study evaluates a self-guided, time-efficient microintervention targeting boundary fit. This intervention aims to support individuals in aligning preferences with behaviours and is adaptable to diverse individual needs, thus contributing a new approach to the literature on work–nonwork interventions (von Allmen et al., 2024). We investigate whether participation in this boundary fit microintervention enhances perceived boundary fit, work–nonwork balance satisfaction, and subjective well-being. We further hypothesize that perceived boundary fit is a mediator, linking the intervention to work–nonwork and well-being outcomes. Figure 1 presents the conceptual model.

This study contributes to the literature in three ways. First, unlike intervention approaches that emphasize role segmentation strategies or organizational boundary supplies, we shift emphasis to action regulation and boundary fit. This shift responds to calls for interventions grounded in boundary fit theory (Ammons, 2013; Michel et al., 2022). Our intervention can be easily integrated into daily routines, addressing the practical limitations of more time-intensive training programmes. As a result, our boundary fit microintervention offers a time-efficient tool that supports boundary management while remaining feasible for real-world application.

Second, the study enriches boundary fit theory by testing its proposed effects on work–nonwork balance (Ammons, 2013) and incorporating the subjective and dynamic aspects of boundary fit. Whereas prior research has rarely examined work–nonwork intervention mechanisms, we offer insights into the mediating role of perceived boundary fit—demonstrating that increased perceptions of alignment between desired and actual boundaries link intervention efforts to improved outcomes. Unpacking this mechanism advances the theoretical understanding of boundary fit and guides practitioners in the development of work–nonwork policies.

Third, we extend the action regulation at the work–family interface model (Hirschi et al., 2019, 2022) by integrating its principles into the boundary management field. Whereas previous research has treated action regulation and boundary management as largely separate domains, our study shows that individuals can achieve goals related to boundary fit through action regulation strategies. In doing so, our study highlights employees as active agents capable of shaping their work–nonwork experiences. By

examining the effects of action regulation on work–nonwork balance and well-being in an experimental design, we respond to calls for empirical tests of the model (Hirschi et al., 2022).

THEORETICAL BACKGROUND AND HYPOTHESIS DEVELOPMENT

Boundary fit

Boundary management refers to how individuals create, maintain, and adjust the boundaries between various life roles, such as work and nonwork (Ashforth et al., 2000; Clark, 2000; Nippert-Eng, 1996). The strength of these boundaries determines the degree of role segmentation and role integration—each approach carrying distinct benefits and drawbacks (for a review, see Allen et al., 2014). Crucially, however, effective boundary management is not solely about choosing role segmentation or role integration, but about enacting boundaries that align with individual preferences (Ammons, 2013; Dumas & Sanchez-Burks, 2015).

Boundary preferences reflect an individual's desired level of role segmentation and role integration, indicating how they ideally wish to manage their boundaries (Kreiner, 2006). In contrast, boundary enactment refers to the practical implementation of these preferences—encompassing the actions individuals use to manage their boundaries—resulting in the observed level of role segmentation and role integration (Powell & Greenhaus, 2010; Wepfer et al., 2018). Notably, this boundary enactment is influenced by personal preferences but can be constrained by external factors, such as expectations from others (Palm et al., 2020; Reinke & Gerlach, 2022). That is, individuals operate within environments that limit the degree of control they can exert over their enacted behaviours (Kossek et al., 2012; Piszczek, 2017).

According to boundary fit theory (Ammons, 2013), boundary fit—defined as the alignment between boundary preferences and enactment—is the key predictor of a harmonious work–nonwork interface and well-being (Dumas & Sanchez-Burks, 2015). Achieving boundary fit requires deliberate strategies and tactics aimed at managing boundaries in a way that reflects personal preferences (Kreiner et al., 2009; Piszczek & Yestrepky, 2024). For instance, an employee who prefers role segmentation might enhance boundary fit by strictly avoiding work-related tasks during nonwork hours—such as refraining from checking emails at home—thereby reducing role conflict (Kreiner, 2006; Reinke & Gerlach, 2022). In contrast, someone who prefers role integration might foster boundary fit by flexibly transitioning between multiple roles, allowing for greater synergy between work and nonwork roles and experiencing role enrichment (Derks et al., 2016; Ilies et al., 2009). When desired and enacted boundaries are misaligned, however, individuals experience uncomfortable internal states, such as cognitive dissonance (Piszczek & Yestrepky, 2024), which lead to heightened role conflict, reduced role enrichment, and impaired well-being (e.g., Mellner et al., 2015; Michel et al., 2022; Steiner et al., 2019).

Given the critical role of boundary fit for work–nonwork balance and well-being, scholars have emphasized the need to identify strategies that help individuals improve this alignment (Ammons, 2013; Kreiner et al., 2009; Reinke & Ohly, 2024). Theories underlying boundary management research, such as boundary theory (Ashforth et al., 2000) and work/family border theory (Clark, 2000), posit that individuals are active agents in managing their boundaries. As such, individual-level interventions that help align boundary preferences with behaviours offer a flexible and broadly applicable approach for improving work–nonwork outcomes, regardless of specific organizational conditions (Michel et al., 2022). Recognizing this potential, we developed a boundary fit microintervention grounded in the principles of action regulation theory.

Achieving boundary fit through action regulation

The action regulation at the work–family interface model (Hirschi et al., 2019, 2022) positions individuals not as passive recipients of work and nonwork factors, but as self-regulating agents who proactively

adjust their behavioural strategies to navigate multiple role requirements. Drawing on the action regulation model, we propose that individuals can achieve better boundary fit by deliberately setting and pursuing goals aimed at aligning their enacted boundaries with their preferences. Goals serve as internal standards for human action (Locke & Latham, 2002) and play a central role in directional and intentional behaviour (Hirschi et al., 2019), making goal-setting a well-established strategy in various psychological interventions (e.g., Bruhn et al., 2016; McEwan et al., 2016). In the context of boundary management, the overarching goal is to align actual with desired boundaries (Ammons, 2013; Piszczek & Yestrepky, 2024). Thus, goals can help individuals plan and adjust their actions to achieve desired work–nonwork outcomes (Hirschi et al., 2022).

Action regulation theory (Frese & Zapf, 1994; Zacher & Frese, 2018) outlines the sequential processes through which individuals pursue and attain their goals: goal development and selection, orientation, planning, monitoring, and feedback processing. The process begins with individuals forming intentions around a desired end state—such as aligning their enacted boundaries with personal preferences. They then assess environmental conditions that may facilitate or hinder goal attainment. In the context of boundary management, enabling factors may include job autonomy regarding when and where to work (Kossek, Perrigino, & Lautsch, 2023), whereas hindering factors may stem from external expectations that conflict with personal preferences (Junker & van Dick, 2020). This orientation phase is followed by the planning phase, where individuals develop action plans, outlining concrete strategies for achieving their goals. For boundary management, this involves selecting specific tactics tailored to their preferences (Cho et al., 2025; Kreiner et al., 2009). During goal pursuit, individuals actively monitor their behaviours against their action plans, evaluating progress and identifying discrepancies between their current and desired states. This ongoing process of self-reflection is critical for effective boundary management, enabling individuals to recalibrate their strategies and adjust behaviours as needed to close the gap between desired and actual boundaries. Indeed, meta-analytic evidence highlights the importance of monitoring for successful goal attainment (Harkin et al., 2016).

This action regulation process maps well onto the dynamic nature of boundary management. Rather than treating boundary fit as a static trait, this perspective recognizes that employees can improve boundary fit through a deliberate and ongoing action-regulation approach (Piszczek & Yestrepky, 2024). For instance, boundary enactments and specific boundary management tactics change in response to daily experiences and contextual changes, indicating that individuals actively adjust their boundaries (Cho et al., 2025; Hecht et al., 2023; Mueller et al., 2023). Therefore, we integrate boundary fit theory with action regulation principles. Whereas boundary fit theory emphasizes the importance of alignment to ensure personal satisfaction and effectiveness across life domains (Ammons, 2013; Michel et al., 2022), the action regulation model provides the process through which that alignment can be achieved (Hirschi et al., 2022). Therefore, an intervention that supports a self-regulatory cycle of setting and pursuing boundary fit goals should enhance boundary fit.

We posit that three interrelated self-regulatory processes contribute to improved boundary fit. First, increasing knowledge about boundary fit provides the cognitive foundation for action regulation. Learning about the concept of boundary fit and the consequences of misalignment might enhance individuals' awareness of their boundary fit, prompting more intentional consideration of how to manage them. This awareness facilitates more deliberate goal formation, initiating the first phase of the action regulation model (Hirschi et al., 2022). Second, goal-setting transforms this awareness into plans, encouraging participants to select concrete strategies to achieve their goals. Based on their preferences, individuals can identify tactics that help them minimize discrepancies (Kreiner et al., 2009; Piszczek & Yestrepky, 2024). For instance, individuals who prefer role segmentation may request not to be contacted during nonwork hours, whereas those who desire role integration may bring work materials home (Kossek et al., 2012). Third, self-reflection plays a critical role in maintaining and adjusting goal pursuit (Hirschi et al., 2019, 2022). Through regular reflection, individuals assess how well their enacted boundaries align with their preferences and identify environmental demands or resources influencing this alignment. For instance, they may recognize the

obstacles that hinder the enactment of preferred boundaries or uncover the resources that support them in overcoming these barriers (Hirschi et al., 2019). This reflection fosters iterative recalibration of goals and tactics, thus supporting proactive boundary management (Kreiner et al., 2009). Together, an intervention leveraging these processes should help individuals recognize and actively address misalignments between preferred and enacted boundaries, thus fostering increases in perceived boundary fit.¹

Hypothesis 1. *Participants in the intervention will report greater increases in perceived boundary fit compared to control group participants.*

Effects on work–nonwork balance satisfaction and subjective well-being

Perceived boundary fit represents a proximal outcome of the intervention. However, the intervention also targets more distal outcomes, namely work–nonwork balance satisfaction and subjective well-being (Nielsen et al., 2010; von Allmen et al., 2024). Work–nonwork balance has been conceptualized in various ways (Casper et al., 2018). In this study, we focus on work–nonwork balance satisfaction, defined as an individual's global evaluation of the interplay between their work and nonwork roles (Wayne et al., 2017). It reflects the extent to which individuals evaluate the combination of work and nonwork roles as satisfying (von Allmen et al., 2024). In contrast, subjective well-being refers to a broader construct encompassing subjective experiences of positive affect and satisfaction, extending beyond the mere absence of negative factors and globally capturing all aspects of life (Diener, 1984; Diener et al., 1999). Prior research consistently demonstrates that interventions can promote both work–nonwork balance satisfaction (Michel et al., 2014; von Allmen et al., 2024) and subjective well-being (Lyubomirsky et al., 2011; Lyubomirsky & Layous, 2013).

Drawing on the action regulation at the work–family interface model (Hirschi et al., 2019, 2022), we expect the intervention to influence these outcomes. A core premise of this model is that the proactive use of individual-level action regulation strategies helps attain work–nonwork balance by achieving effectiveness and satisfaction across work and nonwork roles. During the orientation and planning phases involved in the action regulation process, individuals map the environment for action-relevant information (e.g., opportunities and constraints) regarding goal attainment and formulate action plans (Zacher & Frese, 2018)—processes linked to greater clarity of their current and desired end states (Hirschi et al., 2019, 2022). This clarity might foster individuals' sense of control over their circumstances, a key factor in promoting work–nonwork balance (Hirschi et al., 2019). Through ongoing monitoring and feedback, individuals can detect discrepancies between their current situation and goals and adjust behaviours accordingly (Carver & Scheier, 1982; Hirschi et al., 2019; Zacher & Frese, 2018). Individuals who engage in such proactive action regulation are more likely to attain their goals and can better create enriching linkages across work and nonwork roles (Hirschi et al., 2022). This, in turn, contributes to work–nonwork balance (Grawitch et al., 2013; von Allmen et al., 2024).

Further, the action regulation at the work–family interface model posits that goal pursuit and attainment are linked to well-being (Hirschi et al., 2019), primarily through need satisfaction (Sheldon & Elliot, 1999). Specifically, pursuing and attaining goals fulfil individuals' need for competence across work and nonwork roles and thereby promote well-being (Hirschi et al., 2019). In the context of the current study, pursuing and achieving boundary fit goals might generate positive affect and feelings of accomplishment and control over boundary management (Michel et al., 2022). For instance, implementing tactics that support the enactment

¹We addressed *perceived* fit for two reasons. First, it represents the most proximal indicator of subjectively experienced fit, a central predictor of more distal outcomes (Kristof-Brown et al., 2005; Kristof-Brown & Billsberry, 2013). Second, other methodological approaches were either not applicable for testing intervention effects (e.g., response surface analysis; Edwards, 2002; Humberg et al., 2019) or come with methodological constraints (e.g., building difference scores based on boundary preference and enactment measures; Michel et al., 2022).

of their desired boundaries—such as communicating their preferences to coworkers (Kreiner, 2006)—might enhance individuals' sense of mastery, which is associated with improved well-being (Gadeyne et al., 2018; Ohly & Latour, 2014). Together, we hypothesize that the intervention will enhance work–nonwork balance satisfaction and subjective well-being.

Hypothesis 2. *Participants in the intervention will report greater increases in work–nonwork balance satisfaction compared to control group participants.*

Hypothesis 3. *Participants in the intervention will report greater increases in subjective well-being compared to control group participants.*

As outlined, the theoretical rationale for the hypothesized intervention effects on work–nonwork balance satisfaction and subjective well-being builds on the assumption that pursuing and achieving goals is beneficial for individuals. In the context of our intervention, the targeted goals involve enhancing boundary fit. Consequently, the intervention-driven increases in work–nonwork balance satisfaction and subjective well-being should occur through the intermediary process of increased perceived boundary fit.

Boundary fit theory (Ammons, 2013) provides the theoretical foundation for these indirect intervention effects through perceived boundary fit. This theory suggests that boundary fit directly or indirectly influences work–nonwork outcomes and well-being. Although the original formulation did not elaborate on the mechanisms through which boundary fit operates (Ammons, 2013), recent models have begun to specify these pathways. For instance, Piszczek and Yestrepesky (2024) propose that discrepancies between preferred and enacted boundaries generate cognitive dissonance. Specifically, their model of dynamic adjustments in boundary management suggests that the perception of misalignment between internally held and actual boundaries evokes cognitive dissonance, undermining individuals' sense of work–nonwork balance. In contrast, higher levels of alignment alleviate this dissonance, leading to greater balance. Thus, when interventions help individuals align their desired and actual boundaries, they should experience greater work–nonwork balance satisfaction.

Empirical evidence supports these claims. Prior studies have documented a close link between individuals' boundary fit perceptions and work–nonwork balance satisfaction (Bogaerts et al., 2018). Moreover, when individuals achieve a better fit between their preferred and enacted boundaries, there is a corresponding decrease in the conflict between work and nonwork roles (Macleay et al., 2021; Mellner et al., 2021; Steiner et al., 2019). This reduction in negative role interactions contributes to a more satisfying work–nonwork balance (Grawitch et al., 2013). In other words, improved boundary fit allows individuals to better manage competing demands across roles, thereby reducing strain and enhancing satisfaction with how their roles interact.

Furthermore, Michel et al. (2022) argue that aligning desired and actual boundaries promotes subjective well-being through affective processes. Specifically, they suggest boundary fit increases subjective well-being by creating a reinforcing cycle, or fit spiral, where improved boundary fit promotes positive affective states and satisfaction, further enhancing subjective well-being. Consequently, as individuals experience success in managing their role boundaries according to their preferences, they should report positive emotional states and satisfaction, contributing to broader improvements in subjective well-being. Empirical evidence supports this relationship, showing that boundary fit is linked to higher levels of subjective well-being, primarily through increased role satisfaction (Michel et al., 2022). In contrast, misalignments between desired and enacted boundaries contribute to stress and diminished well-being (Kreiner, 2006). Together, we suggest that the process of goal-setting and monitoring goal progress through self-reflection creates a feedback loop that reinforces perceived boundary fit and, in turn, work–nonwork balance satisfaction and subjective well-being. Based on this reasoning, we propose the following hypotheses.

Hypothesis 4. (a) *The increase in perceived boundary fit will be positively associated with the increase in work–nonwork balance satisfaction, such that (b) perceived boundary fit will mediate the intervention effect on work–nonwork balance satisfaction.*

Hypothesis 5. (a) *The increase in perceived boundary fit will be positively associated with the increase in subjective well-being, such that (b) perceived boundary fit will mediate the intervention effect on subjective well-being.*

METHOD

Ethics approval, Open Science, and transparency

This study was approved by the Ethics Committee of the Institute for Psychology of the University of Wuerzburg (GZEK 2023-19). We adhered to APA ethical standards, observed the privacy rights of human subjects, and obtained informed consent at the beginning of the study. The study's design, hypotheses, and analysis plan were preregistered at the Open Science Framework (OSF; https://osf.io/z6kqb/?view_only=865ef0cfbf7f4c4d81ffd7520a23853b).² Data, analysis code, and research materials are publicly available and can be accessed from our OSF repository at https://osf.io/dmx8f/?view_only=93ab1cdd0fdb4380b0bc9ca47fde5f61. We used ChatGPT, a generative artificial intelligence (AI) tool, to improve the manuscript's readability and language.

Boundary fit microintervention

We developed a 2-week, self-guided microintervention focused on enhancing boundary fit. Microinterventions are brief, highly targeted strategies that integrate seamlessly into daily life, imposing a minimal burden on participants (Baumel et al., 2020). Due to the limited time employees often have during the workweek, such interventions are well suited for incorporation into daily routines because of their flexible and time-efficient nature. The intervention was administered through the web-based platform formr (<https://formr.org>; version 0.19.9; Arslan et al., 2020), which automates the delivery of emails containing instructions, tasks, and surveys throughout the intervention period.

Drawing on the action regulation at the work–family interface model (Hirschi et al., 2019, 2022), the intervention was structured around three key components: Education, Goal-Setting, and Self-Reflection. Participants first engaged in a brief educational activity (5–10 min) designed to raise awareness of the importance of boundary fit in managing work and nonwork roles. Specifically, they were provided with a one-page document outlining key concepts, such as the work–nonwork interface, boundary management, and the importance of boundary fit. This component reflects the initial knowledge-building phase common in work–nonwork interventions (von Allmen et al., 2024).

Building on this foundation, participants then identified a personal goal. In this short goal-setting exercise (5 min), participants compared their ideal and actual role boundaries. Based on this comparison, they were guided to set a personal goal aimed at improving their boundary fit. This process corresponds to the goal development and selection phase of the action regulation model (Hirschi et al., 2022) and directs participants' focus towards aligning enacted behaviours with their preferred boundaries.

²The data presented in this manuscript were collected as part of a larger research project, which also examined additional intervention effects on outcomes not covered here. To promote transparency, the results of analyses examining these additional intervention effects are provided in a separate document, available through the OSF repository. Even though the mediation effects via perceived boundary fit were not explicitly preregistered, their inclusion became relevant during the manuscript preparation and revision process.

Finally, for 10 consecutive workdays, participants engaged in a daily self-reflection task (3 min per day) to monitor their progress towards the goal they had set. Each evening, they briefly reflected on their boundary preferences, behaviours, and fit, as well as on specific strategies, challenges, and supportive factors, allowing for ongoing adjustment. This continuous self-monitoring represents the orientation, planning, monitoring, and feedback processing phases of the action regulation process (Hirschi et al., 2019). Table 1 provides further details about the content of the three intervention components.

Study design, procedure, and participants

This study employed a randomized controlled trial (RCT) design with three assessment points: pre-intervention (T1), post-intervention (T2), and follow-up (T3), each separated by 2 weeks. We conducted the study in Germany during June to July 2023. Several weeks before the start of the study, we launched an advertising campaign via professional mailing lists, personal contacts, companies, and social networks (e.g., Instagram and LinkedIn). A study website provided information about the intervention and facilitated participant enrolment.

To be eligible for the study, participants needed to be at least 18 years old and work a minimum of 20 h per week. Following Hirschi et al. (2019), who indicated that excessive work demands can interfere with individuals' action regulation strategies and ability to attain work–nonwork goals, we excluded participants working 60 h or more per week. Individuals could not participate if they held part-time student jobs, worked late or night shifts, had weekend work, or were on vacation during the study period. These inclusion and exclusion criteria were assessed at the beginning of the study. As an incentive for participation, we offered personalized descriptive feedback and raffled three coaching sessions upon study completion.

Participants were randomly allocated to one of three groups using the shuffle module provided by the survey software formr (<https://formr.org>; version 0.19.9; Arslan et al., 2020). We compared an experimental group (Group 1) with two control groups (Group 2 and Group 3). We disclosed to the participants that they were assigned to different groups, which differed in the timing of the intervention components. As depicted in Figure 2, the three groups received the intervention components—Education, Goal-Setting, and Self-Reflection—at different stages relative to the assessment points, with only Group 1 receiving the complete intervention before T2. This design allowed us to examine whether the Education component alone or the combination of the Education and Goal-Setting components without the Self-Reflection component was sufficient to produce the desired effects.

Figure 3 depicts the flow of participants through the RCT. Of the 253 participants who enrolled in the study, 152 gave informed consent and were randomly allocated to the groups (50 to Group 1, 51 to Group 2, and 51 to Group 3). However, 16 participants did not complete the T1 survey (3 in Group 1, 8 in Group 2, and 5 in Group 3), and 14 participants were not compliant with the allocated intervention (7 in Group 1, 5 in Group 2, and 2 in Group 3). Compliance was assessed via self-reports, examining whether participants engaged with the provided information in the Education component (Groups 1, 2, and 3; yes/no response at T1), set a personal training goal in the Goal-Setting component (Groups 1 and 2; yes/no response at T1), and completed the daily self-reflection tasks for a minimum of 5 days in the Self-Reflection component (Group 1; reported at T2).³ On average, participants completed the daily self-reflection tasks for 8.6 days ($SD=1.5$, range: 5–10). Following this exclusion, 122 participants remained in the sample (40 in Group 1, 38 in Group 2, and 44 in Group 3).

Due to participant dropout by T2 and T3, we analysed data from 90 participants for the T1–T2 intervention effects (26 in Group 1, 28 in Group 2, and 36 in Group 3) and from 75 participants for the

³The results remained qualitatively unchanged when applying less strict inclusion criteria (e.g., completion of the daily self-reflection tasks for a minimum of 1 day).

TABLE 1 Overview of the intervention components in the boundary fit microintervention.

Component	Description	Instruction	Contents
Education	Participants receive a one-page document (in a downloadable format) containing information about the work–nonwork interface, boundary management, and the significance of boundary fit	Please read the provided information attentively as it forms the foundation for subsequent training parts	Topics addressed in the one-page document include: 1. The role of boundaries between work and nonwork roles in the contemporary workplace 2. Illustrative examples of role segmentation and integration 3. The relevance of aligning boundary behaviours with personal boundary preferences (i.e., boundary fit)
Goal-Setting	Participants are guided to assess their desired role boundaries and contrast them with their current reality, aiming to establish a personal goal representing an increase in boundary fit (i.e., personal boundary fit goal)	Please reflect on your preferred approach to managing your role boundaries and set a specific goal for the training. Record your personal goal	Guiding questions include: 1. What is your desired boundary in terms of role segmentation and integration? 2. To what extent do you segment or integrate work and nonwork roles? 3. What specific goal can you set to enhance your boundary fit?
Self-Reflection	Participants complete a daily self-reflection task each evening for 10 consecutive working days. They are instructed to reflect on their daily boundary management and personal or contextual resources they can leverage to enhance boundary fit	Please answer today's self-reflection questions. These questions may assist you in reaching your personal boundary fit goal. Record your answers	Examples of self-reflection questions: 1. On a 1–10 scale, how well do your behaviours align with your preferred role boundaries today? 2. What actionable steps can you implement tomorrow to advance by one point on the 1–10 scale (e.g., from 5 to 6)? 3. Which skills and other resources could you activate to take this +1 step tomorrow?

Note: Most examples, instructions, and tasks of the intervention focused on role boundaries in the work-to-nonwork direction.

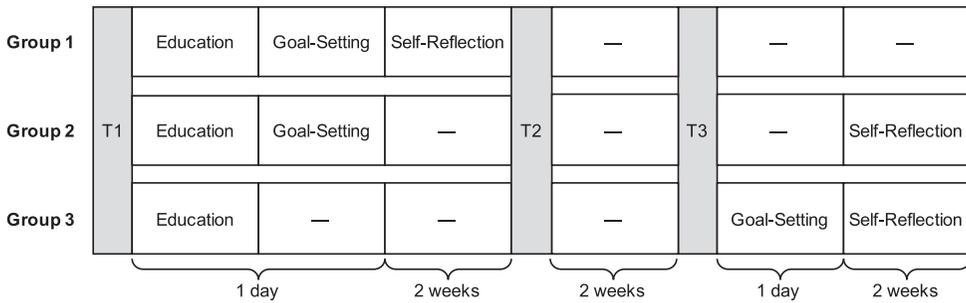


FIGURE 2 Design and procedure of the intervention study. Grey bars indicate the assessment waves, with a Time 1 (T1) survey, a Time 2 (T2) survey, and a Time 3 (T3) survey.

T1–T2–T3 intervention effects (24 in Group 1, 19 in Group 2, and 32 in Group 3), reflecting an attrition rate of 61% (60% in Group 1, 50% in Group 2, and 73% in Group 3). In the final T1–T2–T3 sample, the mean age was 41.8 years ($SD = 14.6$, range: 21–67). Most of the participants were women (76%), were in a relationship (84%), had no caregiving responsibilities (83%), and did not live alone (80%). Approximately three quarters of the participants (73%) held an academic degree. On average, participants worked 38.0 h per week ($SD = 8.7$, range: 20–55), with 1.8 days of telework ($SD = 1.6$, range: 0–6). The mean organizational tenure was 10.3 years ($SD = 10.1$, range: 1–38). A small proportion of participants were self-employed (13%) or in supervisory roles (14%).⁴

Dropout analyses showed no significant differences between participants who remained in the study and those who dropped out by T2. However, participants who dropped out by T3 were, on average, 5.7 years younger than those who completed the study, $t(110) = 2.11$, $p = .037$. We also conducted tests for baseline group differences at T1 across outcome measures and sociodemographic characteristics. One-way analyses of variance (for continuous variables) and chi-squared tests (for categorical variables) revealed no significant differences between groups in perceived boundary fit, work–nonwork balance satisfaction, or subjective well-being, nor in any sociodemographic characteristics. These results indicate that the three groups had comparable baseline scores, supporting the effectiveness of the randomization procedure.⁵

Measures

The scales used in the study were administered in German. For those not available in German, the first author translated them, followed by a back-translation performed by a bilingual expert (Klotz et al., 2023). Discrepancies were resolved through discussion among the authors. Intervention outcomes were assessed at T1, T2, and T3; control variables and sociodemographic characteristics were measured at T1. We estimated within- and between-person reliability using coefficient omega (Geldhof et al., 2014).

Perceived boundary fit

To assess perceived boundary fit, we translated and adapted the Work–Nonwork Boundary Management Fit scale (Bogaerts et al., 2018). Participants rated the four items (e.g., “In terms of

⁴In the T1–T2 sample ($N = 90$), the mean age was 40.4 years ($SD = 14.6$, range: 21–67). Most of the participants were women (73%), were in a relationship (80%), had no caregiving responsibilities (84%), and did not live alone (79%). Approximately three quarters of the participants (73%) had an academic degree. On average, participants worked 37.9 h per week ($SD = 8.9$, range: 20–55), with 1.9 days of telework ($SD = 1.6$, range: 0–6). The mean organizational tenure was 9.6 years ($SD = 10.1$, range: 1–38). A small proportion of participants were self-employed (13%) or in supervisory roles (15%).

⁵Detailed results can be reproduced using the data and analysis code available through the OSF repository.

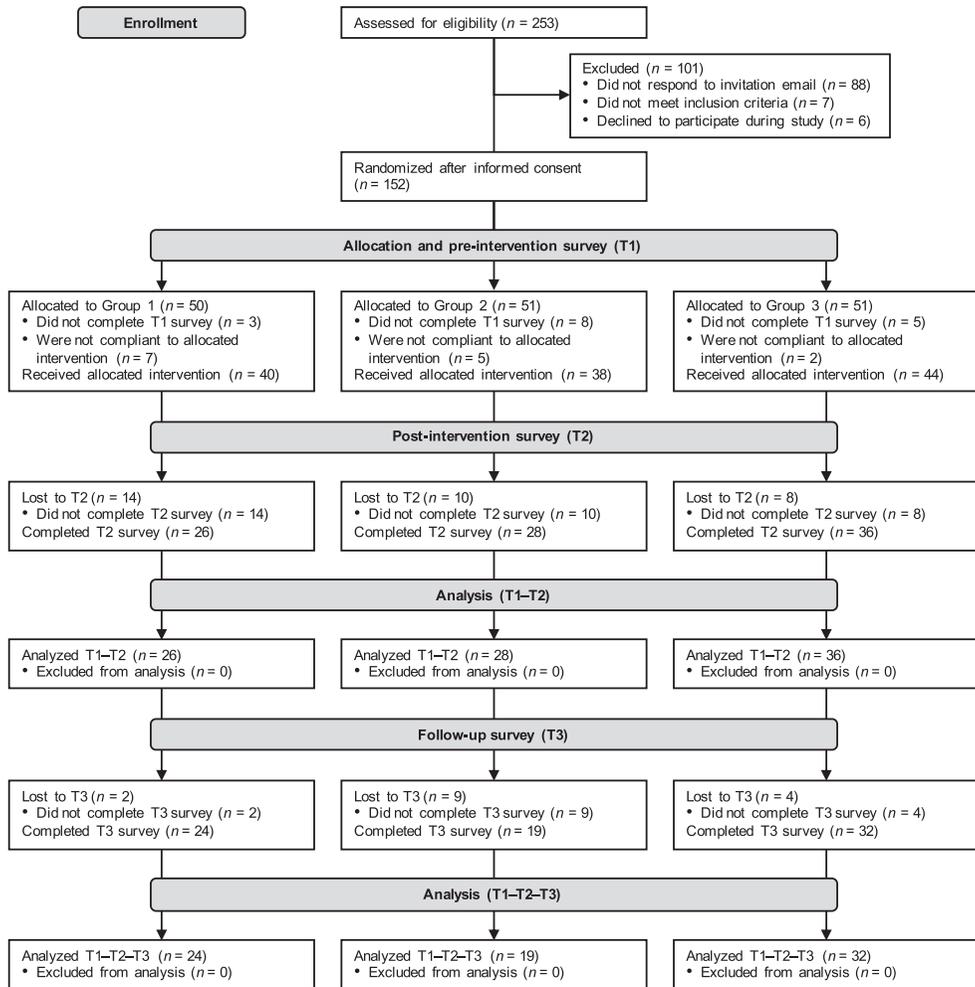


FIGURE 3 CONSORT flowchart of participants.

the way I want to separate work and private life, my actual behaviour fits my preference well”) on a Likert-type response scale from 1 (*strongly disagree*) to 7 (*strongly agree*). The complete set of items from this adapted measure is provided in [Table S1](#) of [Appendix S1](#). Coefficient omega was $\omega_{\text{within}} = .83$, 95% CI [.79, .87], and $\omega_{\text{between}} = .98$, 95% CI [.97, .99], indicating acceptable reliability at both levels.

To validate the scale, we investigated the association between perceived boundary fit and calculated boundary fit. Calculated boundary fit represents an alternative methodological approach for studying boundary fit based on a difference score between boundary preferences and enactments (Michel et al., 2022).⁶ Specifically, we derived calculated boundary fit by reverse scoring participants' integration enactment values, subtracting them from their segmentation preference values, and reverse scoring the absolute difference. As expected, the correlation between perceived boundary fit and calculated

⁶We measured boundary preferences using the Segmentation Preference scale (Kreiner, 2006; four items; coded such that high scores reflect preferred role segmentation; e.g., “I prefer to keep work life at work”). Coefficient omega was $\omega_{\text{within}} = .78$, 95% CI [.72, .83], and $\omega_{\text{between}} = .98$, 95% CI [.98, .99]. Boundary enactments were assessed with an adaptation of Kreiner's (2006) scale, the Work Integration Enactment scale (Michel et al., 2022; four items; coded such that high scores reflect enacted role integration; e.g., “I often think about work while I am at home”). Coefficient omega was $\omega_{\text{within}} = .77$, 95% CI [.72, .83], and $\omega_{\text{between}} = .98$, 95% CI [.96, .99].

boundary fit was significant at T1, $r(88) = .55, p < .001$, at T2, $r(88) = .53, p < .001$, and at T3, $r(74) = .66, p < .001$. We also found evidence supporting the distinctiveness of perceived boundary fit as a separate construct from boundary preferences and enactments.⁷

Work–nonwork balance satisfaction

We measured work–nonwork balance satisfaction with the German translation (Junker & van Dick, 2020) of Valcour's (2007) Satisfaction With Work–Family Balance scale. Participants rated the five items (e.g., “Please indicate your level of satisfaction with the way you divide your time between work and personal or family life”) on a Likert-type response scale from 1 (*very dissatisfied*) to 7 (*very satisfied*). Coefficient omega was $\omega_{\text{within}} = .79$, 95% CI [.73, .84], and $\omega_{\text{between}} = .97$, 95% CI [.96, .98], indicating acceptable reliability at both levels.

Subjective well-being

We assessed subjective well-being with the German translation (Brähler et al., 2007) of the WHO-Five Well-Being Index (Bech et al., 2003). Participants rated the four items (e.g., “Over the past 2 weeks, I have felt active and vigorous”) on a Likert-type response scale from 1 (*never*) to 7 (*all the time*). Coefficient omega was $\omega_{\text{within}} = .78$, 95% CI [.73, .84], and $\omega_{\text{between}} = .94$, 95% CI [.91, .96], indicating acceptable reliability at both levels.

Control variables

We controlled for boundary supplies, defined as the degree to which conditions and resources provided by the work environment enable employees to enact their preferred extent of role segmentation or integration (Kreiner, 2006). We measured boundary supplies using Kreiner's (2006) Segmentation Supplies scale. Participants rated the four items (e.g., “My workplace lets people forget about work when they are at home”) on a Likert-type response scale from 1 (*strongly disagree*) to 7 (*strongly agree*). Moreover, we preregistered to control for those sociodemographic variables significantly associated with the outcomes. However, none of the sociodemographic variables demonstrated consistent significant relationships with the outcomes across the T1, T2, and T3 assessment points. Consequently, we did not control for the sociodemographic variables in our analyses (Spector & Brannick, 2011).

Analytic strategy

All analyses were conducted in R (version 4.3.0; R Core Team, 2024). To test the hypotheses regarding intervention effectiveness (H1, H2, and H3), we performed mixed-design analyses of variance (ANOVAs) with the within-subjects factor *Time* (T1, T2, and T3) and the between-subjects factor *Group* (Group 1, Group 2, and Group 3) using the *afex* package (version 1.3–0; Singmann et al., 2023). Additionally, we compared the estimated marginal means with conditional contrasts,

⁷Multilevel confirmatory factor analysis demonstrated a satisfactory model fit of a 3-factor model with perceived boundary fit, boundary preferences, and boundary enactments, $\chi^2(102) = 181.83, p < .001$, CFI = .96, TLI = .95, RMSEA = .06, SRMR_{between} = .06, SRMR_{within} = .06. This model fitted the data significantly better than a 2-factor model in which we collapsed perceived boundary fit and boundary preferences into a single factor, $\chi^2(106) = 470.07, p < .001$, CFI = .82, TLI = .78, RMSEA = .12, SRMR_{between} = .45, SRMR_{within} = .23, and a 2-factor model in which we collapsed perceived boundary fit and boundary enactments into a single factor, $\chi^2(106) = 411.42, p < .001$, CFI = .85, TLI = .81, RMSEA = .11, SRMR_{between} = .40, SRMR_{within} = .22 ($p < .001$ for both model comparisons).

adjusting the p values with the Tukey method using the *emmeans* package (version 1.8.5; Lenth, 2023). We performed mixed-design ANOVAs both with and without controlling for boundary supplies. For parsimony, we report the results without control variables, as controlling for boundary supplies did not alter the findings.

To examine the associations between increases in perceived boundary fit and increases in work–nonwork balance satisfaction (H4a) and subjective well-being (H5a), and to test the indirect effects of the intervention on work–nonwork balance satisfaction (H4b) and subjective well-being (H5b), we conducted mediation analysis with change scores using the *lavaan* package (version 0.6–17; Rosseel, 2012). We estimated 95% bootstrap confidence intervals (CIs) based on 10,000 draws and controlled for the T1 scores of both the mediator and the respective outcome. Standardized parameter values are reported.

RESULTS

Table 2 reports the means, standard deviations, and correlations of the variables, and Table 3 presents the means and standard deviations of the outcomes separately for each of the three groups. We conducted multilevel confirmatory factor analyses to explore the factor structure of the outcomes. A 3-factor model with perceived boundary fit, work–nonwork balance satisfaction, and subjective well-being demonstrated a satisfactory model fit, $\chi^2(124) = 208.76, p < .001$, comparative fit index (CFI) = .96, Tucker–Lewis index (TLI) = .95, root mean square error of approximation (RMSEA) = .05, between-person standardized root mean square residual (SRMR_{between}) = .04, within-person standardized root mean square residual (SRMR_{within}) = .05. This 3-factor model fitted the data significantly better than a 2-factor model in which we collapsed perceived boundary fit and work–nonwork balance satisfaction into a single factor, $\chi^2(128) = 425.71, p < .001$, CFI = .86, TLI = .83, RMSEA = .10, SRMR_{between} = .08, SRMR_{within} = .14, a 2-factor model in which we collapsed perceived boundary fit and subjective well-being into a single factor, $\chi^2(128) = 464.51, p < .001$, CFI = .84, TLI = .81, RMSEA = .10, SRMR_{between} = .12, SRMR_{within} = .18, and a 2-factor model in which we collapsed work–nonwork balance satisfaction and subjective well-being into a single factor, $\chi^2(128) = 417.47, p < .001$, CFI = .86, TLI = .83, RMSEA = .10, SRMR_{between} = .10, SRMR_{within} = .15 ($p < .001$ for all model comparisons). These findings suggest that the outcomes are best modelled as distinct constructs.

Moreover, we tested for longitudinal measurement invariance across T1, T2, and T3. We compared the model fit of four invariance types: configural invariance (i.e., equal factor structure across time), weak invariance (i.e., equal factor structure and factor loadings across time), strong invariance (i.e., equal factor structure, factor loadings, and item intercepts across time), and strict invariance (i.e., equal factor structure, factor loadings, item intercepts, and residual variances across time). As detailed in Table S2 of Appendix S1, we observed strong invariance for perceived boundary fit and strict invariance for work–nonwork balance satisfaction and subjective well-being. These findings suggest that the measures used in our study were invariant across time, allowing for meaningful longitudinal comparisons.

Intervention effectiveness

We hypothesized that the boundary fit microintervention would increase perceived boundary fit (H1), work–nonwork balance satisfaction (H2), and subjective well-being (H3). Table 4 reports the results of mixed-design ANOVAs with and without follow-up data. Analyses with follow-up data produced consistent results with those conducted without follow-up data. Therefore, the reported results are from analyses with follow-up data. We observed significant *Time* × *Group* interaction effects for perceived boundary fit, $F(3.85, 138.57) = 2.52, p = .046, \eta^2_p = .07$, work–nonwork balance satisfaction, $F(3.79, 136.39) = 4.98, p = .001, \eta^2_p = .12$, and subjective well-being, $F(3.97, 143.02) = 3.11, p = .018, \eta^2_p = .08$, with medium effect sizes.

TABLE 2 Means, standard deviations, and correlations of the variables in the pre-intervention (T1), post-intervention (T2), and follow-up (T3) surveys over the three groups.

Variable	n	M	SD	1	2	3	4	5	6	7	8	9
1. Perceived boundary fit T1	90	4.26	1.43	(.91)								
2. Perceived boundary fit T2	90	4.30	1.39	.72***	(.94)							
3. Perceived boundary fit T3	75	4.39	1.46	.65***	.77***	(.96)						
4. Work–nonwork balance satisfaction T1	90	4.30	1.39	.65***	.58***	.61***	(.93)					
5. Work–nonwork balance satisfaction T2	90	4.30	1.38	.59***	.71***	.70***	.79***	(.93)				
6. Work–nonwork balance satisfaction T3	75	4.34	1.51	.58***	.74***	.82***	.76***	.87***	(.94)			
7. Subjective well-being T1	90	3.96	1.23	.62***	.59***	.59***	.66***	.62***	.63***	(.86)		
8. Subjective well-being T2	90	4.13	1.24	.34***	.50***	.55***	.42***	.57***	.61***	.68***	(.90)	
9. Subjective well-being T3	75	4.10	1.31	.44***	.62***	.62***	.42***	.59***	.70***	.68***	.76***	(.90)
10. Boundary supplies	90	3.91	1.35	.22*	.26*	.33**	.29**	.29**	.25*	.15	.06	.13
11. Gender (0 = man, 1 = woman)	90	—	—	—	-.11	-.05	-.08	-.02	.00	-.08	-.05	.02
12. Age	81	40.37	14.64	.07	.05	.14	.03	.07	.16	.18	.37**	.37**
13. Relationship (0 = no, 1 = yes)	90	—	—	-.03	.01	.08	-.01	.00	.06	.11	.13	.01
14. Living alone (0 = no, 1 = yes)	90	—	—	-.08	-.07	-.15	-.09	-.04	-.13	-.03	.09	.06
15. Care responsibilities (0 = no, 1 = yes)	90	—	—	.01	-.16	-.13	.02	.01	.02	-.11	-.07	-.04
16. Academic degree (0 = no, 1 = yes)	90	—	—	.15	.12	.00	-.06	.00	-.07	-.08	-.13	-.04
17. Working hours	89	37.94	8.90	.08	.12	.04	-.07	.01	.05	.12	.16	.14
18. Self-employed (0 = no, 1 = yes)	90	—	—	-.04	-.08	-.05	-.10	-.11	-.09	-.07	.00	-.02
19. Supervisory role (0 = no, 1 = yes)	89	—	—	.13	-.01	.09	-.01	.00	.01	.12	.01	.07
20. Organizational tenure	85	9.58	10.13	.04	.00	-.01	.01	-.04	.01	.06	.27*	.15
21. Teleworking days	61	1.90	1.58	-.08	.05	.04	.08	.11	.18	.06	.22	.15
Variable	10	11	12	13	14	15	16	17	18	19	20	21
1. Perceived boundary fit T1												
2. Perceived boundary fit T2												
3. Perceived boundary fit T3												
4. Work–nonwork balance satisfaction T1												

(Continues)

TABLE 2 (Continued)

Variable	10	11	12	13	14	15	16	17	18	19	20
5. Work–nonwork balance satisfaction T2											
6. Work–nonwork balance satisfaction T3											
7. Subjective well-being T1											
8. Subjective well-being T2											
9. Subjective well-being T3											
10. Boundary supplies (.95)											
11. Gender (0 = man, 1 = woman)	.01										
12. Age	.21	.08									
13. Relationship (0 = no, 1 = yes)	-.08	.08	.11								
14. Living alone (0 = no, 1 = yes)	.08	-.06	-.01	-.42***							
15. Care responsibilities (0 = no, 1 = yes)	-.07	-.02	.08	.14	-.15						
16. Academic degree (0 = no, 1 = yes)	-.07	-.14	-.19	.01	.13	.12					
17. Working hours	-.07	-.40***	-.11	-.08	.13	-.08	.16				
18. Self-employed (0 = no, 1 = yes)	.06	.09	.14	-.05	.12	-.17	.16	.04			
19. Supervisory role (0 = no, 1 = yes)	.13	-.04	.22*	.05	.02	.08	.04	.26*	.04		
20. Organizational tenure	.09	.04	.72***	.02	.04	.20	-.06	.12	.17	.23*	
21. Teleworking days	.00	-.09	.19	-.11	.19	-.31*	-.19	.10	-.06	-.01	.06

Note: Cronbach's alpha is reported on the matrix diagonal in parentheses. Missing cases were excluded pairwise. * $p < .05$, ** $p < .01$, *** $p < .001$.

TABLE 3 Means and standard deviations of the variables in the pre-intervention (T1), post-intervention (T2), and follow-up (T3) surveys separately for the three groups.

Variable	Group 1			Group 2			Group 3		
	<i>n</i>	<i>M</i>	<i>SD</i>	<i>n</i>	<i>M</i>	<i>SD</i>	<i>n</i>	<i>M</i>	<i>SD</i>
Perceived boundary fit T1	26	4.02	1.34	28	3.97	1.43	36	4.66	1.44
Perceived boundary fit T2	26	4.53	1.34	28	3.92	1.47	36	4.43	1.35
Perceived boundary fit T3	24	4.59	1.39	19	3.87	1.62	32	4.54	1.37
Work–nonwork balance satisfaction T1	26	4.06	1.39	28	4.10	1.45	36	4.63	1.30
Work–nonwork balance satisfaction T2	26	4.47	1.18	28	3.86	1.54	36	4.52	1.34
Work–nonwork balance satisfaction T3	24	4.63	1.34	19	3.97	1.70	32	4.35	1.51
Subjective well-being T1	26	3.87	1.03	28	3.65	1.42	36	4.27	1.16
Subjective well-being T2	26	4.45	1.35	28	3.79	1.19	36	4.16	1.16
Subjective well-being T3	24	4.46	1.23	19	3.71	1.40	32	4.07	1.28

Note: Group 1 received the complete intervention, whereas Groups 2 and 3 served as control groups, each missing specific intervention components (Group 2 did not receive the Self-Reflection component, and Group 3 received neither the Goal-Setting nor the Self-Reflection component). Tests for baseline group differences at T1 revealed no significant differences between groups in perceived boundary fit, work–nonwork balance satisfaction, or subjective well-being.

TABLE 4 Results of mixed-design analysis of variance.

Variable	Analysis without follow-up data (<i>N</i> = 90)				Analysis with follow-up data (<i>N</i> = 75)			
	<i>F</i>	<i>df</i>	<i>p</i>	η^2_p	<i>F</i>	<i>df</i>	<i>p</i>	η^2_p
Perceived boundary fit								
Main effect <i>Group</i>	1.67	2, 87	.194	.04	1.63	2, 72	.203	.04
Main effect <i>Time</i>	.49	1, 87	.485	.01	1.47	1, 92, 138.57	.234	.02
Interaction effect	4.11	2, 87	.020	.09	2.52	3, 85, 138.57	.046	.07
Work–nonwork balance satisfaction								
Main effect <i>Group</i>	1.67	2, 87	.195	.04	1.13	2, 72	.329	.03
Main effect <i>Time</i>	.05	1, 87	.825	.00	1.52	1, 89, 136.39	.223	.02
Interaction effect	4.29	2, 87	.017	.09	4.98	3, 79, 136.39	.001	.12
Subjective well-being								
Main effect <i>Group</i>	1.69	2, 87	.190	.04	1.74	2, 72	.182	.05
Main effect <i>Time</i>	4.12	1, 87	.046	.05	3.26	1, 99, 143.02	.041	.04
Interaction effect	4.05	2, 87	.021	.09	3.11	3, 97, 143.02	.018	.08

Note: Greenhouse–Geisser correction was applied in the analyses with follow-up data.

Figure 4 depicts the group-dependent changes. Conditional contrasts revealed that participants in Group 1—but not those in Groups 2 and 3—reported significant increases in perceived boundary fit [T1–T2 contrast = .56, $t(72) = 2.52$, $p = .037$; T1–T3 contrast = .68, $t(72) = 2.85$, $p = .016$], work–nonwork balance satisfaction [T1–T2 contrast = .51, $t(72) = 2.82$, $p = .017$; T1–T3 contrast = .73, $t(72) = 3.83$, $p < .001$], and subjective well-being [T1–T2 contrast = .72, $t(72) = 3.72$, $p = .001$; T1–T3 contrast = .63, $t(72) = 3.19$, $p = .006$]. These results support H1, H2, and H3.

Mediating role of perceived boundary fit

Our hypotheses suggested that the increase in perceived boundary fit would be positively associated with increases in work–nonwork balance satisfaction (H4a) and subjective well-being (H5a), such that perceived

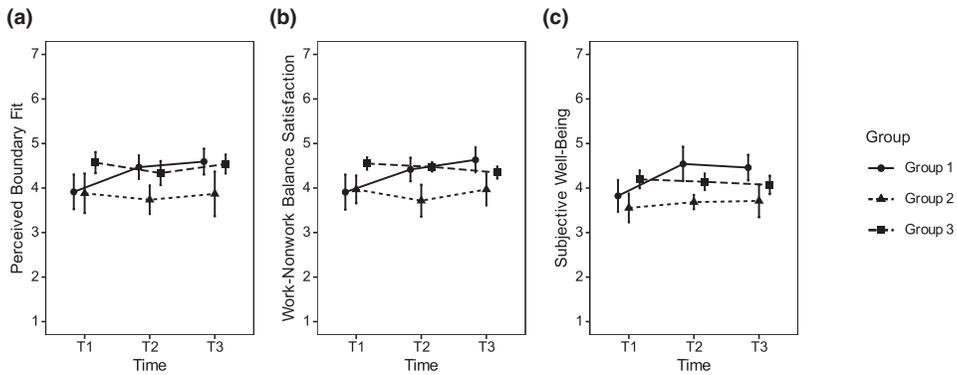


FIGURE 4 Group-dependent changes between pre-intervention (T1), post-intervention (T2), and follow-up (T3) surveys. Estimated marginal means with error bars (95% within-subjects confidence intervals) are reported for (a) perceived boundary fit, (b) work–nonwork balance satisfaction, and (c) subjective well-being. Group 1 received the complete intervention, whereas Groups 2 and 3 served as control groups, each missing specific intervention components (Group 2 did not receive the Self-Reflection component, and Group 3 received neither the Goal-Setting nor the Self-Reflection component).

boundary fit would mediate the intervention effects on work–nonwork balance satisfaction (H4b) and subjective well-being (H5b). Table 5 reports the results of our mediation analysis with change scores. Positive coefficients indicate associations with increases in the respective variables from T1 to T2 and T3. The findings revealed positive and significant associations between the T1–T2 change in perceived boundary fit and the T1–T3 changes in work–nonwork balance satisfaction ($\gamma = .53, p < .001$) and subjective well-being ($\gamma = .37, p < .014$), supporting H4a and H5a, respectively. Moreover, 95% bootstrap CIs for indirect effects of the dummy variables comparing the experimental group with the two control groups did not include zero for work–nonwork balance satisfaction (Group 1 versus Group 2: estimate = .15, 95% CI [.02, .32]; Group 1 versus Group 3: estimate = .14, 95% CI [.02, .30]) and subjective well-being (Group 1 versus Group 2: estimate = .10, 95% CI [.01, .24]; Group 1 versus Group 3: estimate = .10, 95% CI [.00, .23]), supporting H4b and H5b, respectively.⁸

DISCUSSION

In response to the challenges employees face in managing work and nonwork roles, this study aimed to examine the effects of an intervention designed to improve alignment between preferred and enacted boundaries on perceived boundary fit, work–nonwork balance satisfaction, and subjective well-being. Drawing from the action regulation at the work–family interface model (Hirschi et al., 2019, 2022), the boundary fit microintervention included education, goal-setting, and self-reflection components. The results from the RCT showed that participants in the experimental group experienced greater increases in perceived boundary fit, work–nonwork balance satisfaction, and subjective well-being compared to those in the control groups. Mediation analysis further demonstrated that

⁸Because the reported analyses used observed rather than latent variables, we also conducted multilevel structural equation modelling (Preacher et al., 2010, 2011). The results were consistent with those of mixed-design ANOVAs, revealing significant interaction effects for perceived boundary fit, work–nonwork balance satisfaction, and subjective well-being. Furthermore, the 95% Monte Carlo CIs for the indirect effects did not include zero for work–nonwork balance satisfaction and subjective well-being, replicating the effects observed in the mediation analysis with change scores. The detailed results of this additional analysis are provided in Appendix S1.

In addition, following a reviewer's suggestion, we tested an alternative serial mediation model incorporating the effect of work–nonwork balance satisfaction on subjective well-being. This additional analysis revealed significant serial indirect effects, supporting the notion that work–nonwork balance satisfaction serves as a proximal outcome driving improvements in subjective well-being (see publicly available data and code).

TABLE 5 Results of mediation analysis.

Effect	T1–T2 change in perceived boundary fit			T1–T3 change in work–nonwork balance satisfaction			T1–T3 change in subjective well-being		
	γ	<i>SE</i>	<i>p</i>	γ	<i>SE</i>	<i>p</i>	γ	<i>SE</i>	<i>p</i>
Direct effect									
Group 1 versus Group 2	.28	.12	.023	.15	.11	.189	.14	.12	.224
Group 1 versus Group 3	.26	.11	.031	.29	.10	.005	.23	.10	.028
Perceived boundary fit T1	–.38	.08	<.001	.53	.12	<.001	.37	.14	.014
Work–nonwork balance satisfaction T1				–.42	.11	.002			
Subjective well-being satisfaction T1							–.53	.10	<.001
T1–T2 change in perceived boundary fit				.53	.14	.001	.37	.14	.014
Indirect and total effect									
				Est.	95% CI		Est.	95% CI	
					LL	UL		LL	UL
Indirect effect									
Group 1 versus Group 2				.15	.02	.32	.10	.01	.24
Group 1 versus Group 3				.14	.02	.30	.10	.00	.23
Total effect									
Group 1 versus Group 2				.30	.05	.50	.24	.01	.47
Group 1 versus Group 3				.43	.22	.60	.32	.11	.52

Note: Standardized path estimates with standard errors and *p* values are reported for direct effects. Standardized estimates (Est.) with 95% bootstrap confidence intervals (CIs) based on 10,000 draws are reported for indirect and total effects. To create T1–T2 and T1–T3 change scores, we subtracted the T1 values from the T2 and T3 values, respectively. As a result, positive coefficients indicate associations with increases in the respective variables from T1 to T2 and T3. Group 1 received the complete intervention, whereas Groups 2 and 3 served as control groups, each missing specific intervention components (Group 2 did not receive the Self-Reflection component, and Group 3 received neither the Goal-Setting nor the Self-Reflection component).

Abbreviations: LL, lower limit; T1, Time 1; T2, Time 2; T3, Time 3; UL, upper limit.

intervention-driven increases in perceived boundary fit were positively associated with increases in work–nonwork balance satisfaction and subjective well-being.

Theoretical implications

This study has three theoretical implications. First, our findings demonstrate the malleability of perceived boundary fit through individual-level interventions grounded in action regulation theory. Whereas much of the existing literature has concentrated on more structural approaches to boundary management—such as organizational boundary supplies—or focused on the merits of role segmentation strategies, this study highlights the value of supporting individuals to take active steps in aligning their boundary preferences with their enacted behaviours. The RCT results showed that a brief, scalable boundary fit microintervention effectively increases perceived boundary fit, a change sustained over 2 weeks post-intervention. This finding adds to a growing body of theory (e.g., Ammons, 2013; Michel et al., 2022) suggesting that boundary fit is not merely a product of one's environment (e.g., person–environment fit; Kreiner, 2006) but also of deliberate personal action (Dumas & Sanchez-Burks, 2015; Kreiner et al., 2009; Piszczek & Yestrepky, 2024). Specifically, our study supports theoretical propositions highlighting the value of interventions tailored towards boundary fit (Michel et al., 2022). By

incorporating goal-setting and self-reflection into daily life in a flexible and low-burden format, the intervention addresses key barriers to implementation in real-world settings, offering a theory-informed tool to improve boundary fit.

Second, this study advances the theoretical understanding of how and why work–nonwork interventions are effective by identifying perceived boundary fit as a key psychological mechanism. Despite increasing interest in boundary management (Allen & French, 2023), relatively few studies have explored the processes through which interventions lead to improved outcomes (Reinke & Ohly, 2024). Our mediation analyses provide evidence that increases in perceived boundary fit account for gains in work–nonwork balance satisfaction and subjective well-being. This finding supports boundary fit theory's core assumption that the alignment between desired and actual boundaries is a fundamental determinant of work–nonwork balance and well-being (Ammons, 2013). By focusing on perceived boundary fit, we introduce a subjective dimension to the construct, aligning with research emphasizing that individuals can only respond to fit when they are aware of it (Bogaerts et al., 2018; Junker & van Dick, 2020). This insight emphasizes the internal cognitive processes that shape individuals' work–nonwork experiences, supporting previous work–nonwork research on the role of cognitive appraisals (Darouei et al., 2024; Van Steenbergen et al., 2008). By showing that interventions can improve work–nonwork and well-being outcomes through changes in cognitive appraisals of boundary fit, our study highlights the importance of examining the psychological processes driving intervention effects.

Third, the study contributes to the theoretical integration of action regulation and boundary management by applying the action regulation at the work–family interface model (Hirschi et al., 2019, 2022) to the design and evaluation of an individual-level work–nonwork intervention. Building on prior research that has treated action regulation and boundary management as separate theoretical domains (Hirschi et al., 2022), our findings illustrate that individuals can pursue and achieve goals related to boundary management through the use of action regulation strategies. Notably, the results highlight the critical importance of engaging in the full action regulation cycle: significant improvements emerged only when participants completed all three intervention components—Education, Goal-Setting, and Self-Reflection. This observation supports theoretical claims that action regulation is a dynamic process involving goal development and selection, orientation, planning, monitoring, and feedback processing (Hirschi et al., 2022; Zacher & Frese, 2018). By demonstrating the applicability of action regulation to the boundary fit context, our findings help bridge these two literatures and encourage further research into how individuals can actively manage their roles through action regulation in ways that promote both work–nonwork balance and well-being.

Practical implications

This research provides actionable insights for enhancing work–nonwork balance and employee well-being through scalable microinterventions. By demonstrating that a brief, self-guided boundary fit microintervention can produce improvements in perceived boundary fit, work–nonwork balance satisfaction, and subjective well-being, our findings highlight the potential of integrating such tools into employee training programmes. Practitioners developing such programmes can leverage insights from action regulation theory (Hirschi et al., 2019, 2022) to support employees in aligning their preferred and enacted boundaries. Specifically, our intervention's combination of educational content, goal-setting, and guided self-reflection equips employees with strategies for revising their boundary management. The results especially point to the value of daily self-reflection routines, providing individuals with greater clarity about their daily boundary management. Our boundary fit intervention approach can be easily adapted to different organizational settings, making it broadly applicable.

Crucially, these findings should not be interpreted as placing the responsibility for effective boundary management solely on employees. Whereas individual-level interventions are effective, they

should be situated within broader organizational efforts. Organizations play a vital role in creating conditions that support employees' ability to manage role boundaries in line with their preferences (Kreiner, 2006). Organizational strategies include offering inclusive work–nonwork policies (Casper et al., 2025), promoting a culture of work–nonwork supportive leadership (Kossek, Perrigino, Russo, & Morandin, 2023), and fostering employees' autonomy and control over their work–nonwork boundaries (Kossek, Perrigino, & Lautsch, 2023; Piszczek, 2017). Integrating individual-level strategies with these organizational-level approaches offers a promising path for improving work–nonwork balance and employee well-being.

Limitations

Several limitations should be acknowledged. First, the self-selection of participants and potential sample biases may limit the generalizability of the findings. For instance, the sample was skewed towards women and individuals with academic degrees, which may not adequately represent the broader workforce's work–nonwork experiences (Amirkamali et al., 2024; Weiss & Ortlieb, 2025). Additionally, most participants did not have caregiving responsibilities, raising questions about the intervention's applicability to employees facing pronounced role conflicts (e.g., working parents; Radcliffe & Cassell, 2014; Shockley et al., 2021).

Relatedly, the sample represented a WEIRD population (i.e., Western, Educated, Industrialized, Rich, and Democratic; Roberts et al., 2020). Whereas many boundary management intervention studies have drawn on German samples (e.g., Althammer et al., 2021, 2024; Michel et al., 2014; Reinke & Ohly, 2024), the cross-cultural applicability of our intervention remains uncertain, given cultural differences in boundary management (Allen et al., 2024). Future research should aim for more diverse samples in terms of gender, education, caregiving roles, and cultural backgrounds to assess the intervention's effectiveness across varied demographic and sociocultural contexts.

Second, methodological factors limit the inferences we can make. For instance, the study's design compared an experimental group receiving the complete intervention to control groups receiving only parts of it. Whereas this design demonstrated the necessity of the Self-Reflection component for intervention success (i.e., it must be present for the intervention effects to occur), it did not establish whether the Self-Reflection component is sufficient (i.e., it alone causes the intervention effects to occur). Future studies should test different intervention components against each other to determine which are necessary and sufficient for desired outcomes.

Third, although participants in the control groups engaged in some tasks during the intervention (e.g., goal-setting exercise in Group 2), they were not fully active in the sense of receiving the identical intervention dosage. Specifically, they did not complete comparable daily tasks during the experimental group's 2-week self-reflection period. Consequently, we cannot determine whether self-reflection about daily boundary management or general self-reflection drives the observed outcomes. Future intervention studies could employ a fully active control group that engages in comparable daily self-reflection tasks.

Fourth, our reliance on self-reported engagement with the educational component is another limitation. Participants were asked to confirm that they had read the material, but we did not implement objective assessments of comprehension or engagement. Although this approach aligns with the intervention's low-burden design, it assumes honest reporting and leaves room for variability in participants' understanding. Future studies could include brief comprehension checks or embedded attention questions to assess learning outcomes. Relatedly, whereas goal-setting was a central feature of the intervention, we did not track goal progress or achievement over time. In accordance with the action regulation at the work–family interface model (Hirschi et al., 2019, 2022), we emphasized goal-setting as the foundational step in the action regulation process. Nonetheless, assessing whether participants achieved their goals would provide further insights into the action regulation process and strengthen conclusions about intervention efficacy.

Finally, the use of the Work–Nonwork Boundary Management Fit scale (Bogaerts et al., 2018) limited our ability to measure directional boundary fit. Research indicates that work-to-nonwork boundary fit has stronger effects on outcomes than nonwork-to-work boundary fit (Michel et al., 2022). Hence, we designed the boundary fit microintervention with a primary focus on the work-to-nonwork direction, with examples, instructions, and tasks geared towards this direction. However, the holistic scale used to measure perceived boundary fit did not account for this specific direction. Future research should develop and validate boundary fit measures that capture both work-to-nonwork and nonwork-to-work directions.

Directions for future research

Future research can further refine the components of the boundary fit microintervention. For instance, differentiating the goal-setting process into promotion-focused goals (aimed at enhancing satisfaction by increasing boundary fit) and prevention-focused goals (aimed at reducing dissatisfaction by minimizing boundary misfit) offers a possible avenue for future intervention studies (Higgins, 1997). Additionally, exploring different self-reflection methods (e.g., individual versus partner reflection) could provide insights into the most effective self-reflection approach for enhancing daily boundary management. This research could also address the potential downsides of daily self-reflection about boundary management, given that self-focused attention has maladaptive aspects when leading to excessive rumination (Takano & Tanno, 2009; Trapnell & Campbell, 1999).

Another avenue for future research lies in contextualizing the effects of the boundary fit microintervention. As Ammons (2013) suggests, external conditions can facilitate or hinder boundary fit. Therefore, future intervention studies should investigate how the work and nonwork environments impact the effectiveness of the boundary fit microintervention. Specifically, examining how barriers, demands, and resources related to work and nonwork roles moderate the intervention's effects would be valuable, as these factors play a key role in employees' action regulation at the work–family interface (Hirschi et al., 2019, 2022). This research might benefit from adopting a configural perspective (e.g., Ong & Johnson, 2023), as it could reveal how different configurations of work and nonwork factors (e.g., working conditions and family structures) shape the effectiveness of interventions aimed at promoting boundary fit.

Relatedly, an important consideration is whether occupational autonomy moderates the relationships under investigation. Individuals in roles with higher autonomy—such as teleworkers or self-employed professionals—may derive greater benefit from individual-level interventions, as they have greater flexibility to implement changes in boundary management. For these individuals, boundary fit may also play a more central role in predicting work–nonwork balance and well-being. In contrast, those with lower levels of autonomy may be more constrained by structural factors, suggesting they might benefit more from interventions at the organizational level. Future studies should explore such moderating effects to better tailor interventions to the specific needs of different occupational groups.

Further, future research could extend this work by examining the temporal dynamics and microprocesses underlying boundary fit. Recent studies highlight considerable within-person variability in preferred and enacted boundaries (Hecht et al., 2023; Mueller et al., 2023; Van Steenbergen et al., 2018), suggesting that boundary fit may fluctuate over time. Building on these insights, future work might explore the development of fit or misfit spirals (Jansen & Shipp, 2013; Michel et al., 2022) and how fluctuations in boundary fit affect well-being. The cybernetic model of work–life balance (Adkins & Premeaux, 2019), which frames balance as a dynamic and self-regulatory process, offers a promising theoretical foundation for investigating how individuals adjust their boundary management over time to achieve boundary fit. Such research could also examine how individuals employ compensation strategies to address discrepancies between preferred and enacted boundaries (Edwards & Rothbard, 2000).

Finally, as generative AI tools play an increasingly prominent role in organizational contexts (Bankins et al., 2024)—including workplace coaching (Graßmann & Schermuly, 2021)—future studies could

explore how these technologies influence the design, delivery, and adoption of self-guided boundary management interventions. For instance, generative AI could be leveraged to provide interactive journaling tools that promote regular self-reflection about boundary management. At the same time, it is important to consider potential risks and ethical challenges associated with AI-enabled interventions to ensure they effectively and responsibly support individuals' boundary management.

CONCLUSION

In conclusion, this study contributes to the boundary management literature by introducing the boundary fit microintervention as an effective and time-efficient approach to enhancing work–nonwork balance and well-being. The findings highlight the critical role of perceived boundary fit as a central mechanism driving positive work–nonwork and well-being outcomes. This research provides a foundation for future studies to refine and evaluate interventions that support employees in aligning their work–nonwork boundaries with personal preferences.

AUTHOR CONTRIBUTIONS

Nicolas Mueller: Conceptualization; data curation; formal analysis; investigation; methodology; project administration; resources; software; validation; visualization; writing – original draft; writing – review and editing. **Larissa Haerdter:** Conceptualization; investigation; methodology; resources; validation. **Margaretha Scholz:** Conceptualization; investigation; methodology; resources; validation. **Julia Steinke:** Conceptualization; investigation; methodology; resources; validation. **Verena C. Haun:** Conceptualization; methodology; supervision; writing – review and editing. **Regina Kempen:** Conceptualization; funding acquisition; methodology; project administration; supervision; writing – review and editing.

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CONFLICT OF INTEREST STATEMENT

The authors do not have any conflict of interest.

DATA AVAILABILITY STATEMENT

The data that support the findings of this study are openly available in Open Science Framework at https://osf.io/dmx8f/?view_only=93ab1cdd0fdb4380b0bc9ca47fde5f61.

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SUPPORTING INFORMATION

Additional supporting information can be found online in the Supporting Information section at the end of this article.

Appendix S1

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