



Open Access Indonesian Journal of Medical Reviews

Journal Homepage: <https://hmpublisher.com/index.php/OAIJMR>

Overview of Work-Life Balance on Married Female Nurses at Cut Meutia General Hospital

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ARTICLE INFO

Keywords:

Marital psychiatry
Descriptive study
Nursing
Quality of life

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All authors have reviewed and approved the final version of the manuscript.

<https://doi.org/10.37275/oaijmr.v2i5.227>

A B S T R A C T

This study aims to describe the description of work-life balance in married female nurses at Cut Meutia General Hospital. This research was conducted at Cut Meutia General Hospital, North Aceh. The method in this research is descriptive and quantitative. The number of participants in the study consisted of 76 married nurses. This study uses the work-life balance dimension, which consists of four dimensions, namely, work interference with personal life (WIPL), personal life interference with work (PLIW), personal life enhancement of work (PLEW), work enhancement of personal life (WEPL). The technique used in this research is non-probability sampling with purposive sampling. The data collected in this study used a Likert scale, namely the work-life balance scale, which amounted to 22 items. Data analysis shows that the overall work-life balance of married female nurses at Cut Meutia General Hospital is in high categorization, namely 53.9%. The results of this study have a positive effect on work in personal life and have a positive effect that is formed from the realm of personal life to the respondent's work. In conclusion, married female nurses are able to balance their personal life and work (work-life balance). The PLIW dimension is the lowest at 53.9%. This shows that a person's personal life is very influential in work life.

1. Introduction

Nurses are individuals who are tasked with serving patients quickly and accurately and require extraordinary patience, which means that the work of nurses has a heavy workload.¹ This makes nurses experience stress, physical exhaustion, emotions caused by interactions with patients, conflicts with patients and their families who demand or complain a lot, coworkers who are not in line, and long working hours.²

Nurses consist of men and women, but the majority of nurses are women.³ Female nurses also consist of unmarried and married nurses. The responsibilities of unmarried female nurses are still small because female nurses only take care of themselves.⁴ Married nurses must carry out two roles

at once, namely, as a worker and as a housewife. This requires a greater responsibility that must be able to balance time, energy, and thoughts between family and work. This condition can result in female nurses who are working and married tend to experience indecision between their roles as workers and as housewives.⁵

The dual role played by nurses has both physical and psychological impacts. Physical impacts that occur include impaired sleep quality and decreased physical work capacity due to feelings of drowsiness and fatigue. Decreased appetite and indigestion. The psychological impacts that occur are disturbances in family life, stress, anxiety, irritability, loss of free time, little opportunity to interact with friends, and disrupt group activities in society.⁶

Another psychological impact on married female nurses is burnout syndrome. This condition causes nurses to lose the good meaning of their work due to a prolonged response from emotional exhaustion or mental exhaustion experienced. As a result, individuals cannot meet the demands of work, so they decide not to attend according to working hours, use a lot of sick leave or even leave their jobs.⁷

The nursing profession in hospitals is obliged to provide professional services by meeting applicable operational standards. So parents who are nurses admit that it is difficult to balance their time between taking care of work and family. Previous studies have stated that although the demands of work are high, individuals must balance their lives. The imbalance between work and personal life can have serious consequences and have various impacts, such as decreased job satisfaction, low commitment to the agency, increased absenteeism, low physiological or psychological health, reduced performance in personal and family life, and decreased work productivity.⁶

The more involved a woman is with her work, the more conflict between work and family increases.⁸ This condition will, of course, affect the work-life balance. Work-life balance is an individual's effort to balance two or more roles that are carried out. Work-life balance is a challenge to create a pattern of life balance in managing the dilemma between work obligations and family responsibilities.⁹ Problems will arise when individuals fail to balance work time with time for personal or family life.¹⁰ Nurses who cannot balance problems at home with work will have an impact on being less friendly with patients, being late for work, and being apathetic towards the environment.

Based on the results of the pre-preliminary study, it was found that married nurses had difficulty balancing work and home life. Married female nurses often bring personal problems into the workplace that affect their performance in the hospital. This

condition makes married nurses apathetic about their work. So it can be concluded that married female nurses find it difficult to balance the work of being a nurse with household chores. This study aims to evaluate the work-life balance of married female nurses at Cut Meutia General Hospital Aceh.

2. Methods

This research is an observational study with a quantitative approach. The population in this study were all married female nurses at Cut Meutia General Hospital, Aceh, Indonesia. This research was conducted in April 2022. The inclusion criteria of research subjects were married female nurses aged 25-45 years, who had children, and were willing to participate in the study. A total of 76 female nurses participated in this study. This study has been approved by the local ethical committee of the Faculty of Medicine, Universitas Malikussaleh, Aceh.

This study uses a work-life balance scale. The measuring instrument used in this study was compiled by researchers based on dimensions according to Fisher, namely WIPL (work interference with personal life), PLIW (personal life interference with work), PLEW (personal life enhancement of work), and WEPL (work enhancement of personal life) in the form of a Likert scale with 4 answer options (strongly agree, agree, disagree, and strongly disagree). There are 22 valid items with a reliability value of 0.856. The method of analysis in this study consists of a validity test and a reliability test. And univariate using SPSS 22 for windows.

3. Results and Discussion

The description of the research data can be used as a limitation for the categorization of research subjects which consists of two categories for the work-life balance scale, namely high & low. In this study, the formulation of high and low research subjects used the categorization formula (Table 1).

Table 1. Categorization formula work-life balance

Categorization formula	Categorization
$M + 1 \leq X$	High
$X < M - 1$	Low

Table 2. Categorization of work-life balance

Score	Category	Total	Percentage
$X \geq 65,20$	High	41	53.9 %
$X \leq 63,20$	Low	32	42.1%

Based on the results of the categorization of work-life balance on married female nurses at Cut Meutia General Hospital, it can be seen that there is a high

categorization, namely 41 nurses with a total percentage of 53.9%. While the low categorization, there are 32 nurses with a total percentage of 42.1%.

Table 3. Categorization of work-life balance dimensions

Dimensions	Category	Percentage	Frequency
	Work interference with personal life (WIPL)	High Low	56.6% 40.8%
Personal life interference with work (PLIW)	High Low	35.5% 50.0%	27 38
Personal life enhancement of work (PLEW)	High Low	59.2% 38.2%	45 29
Work enhancement of personal life (WEPL)	High Low	31.6% 32.9%	24 25

Based on the categorization above, it can be seen the difference in results between the dimensions of work-life balance. It can be seen that the dimension with the highest percentage in measuring the work-life balance variable is personal life enhancement of work

(PLEW), with a high percentage of 59.2% and can be seen in the dimension of work enhancement of personal life. (WEPL) with the lowest percentage of 31.6%.

Table 4. Categorization of work-life balance based on age

Age	Category	Frequency	Total frequency	Percentage
25 – 30	High	3	8	37.5%
	Low	5		62.5%
30 – 35	High	28	39	71.8%
	Low	11		28.2%
36 – 40	High	9	17	52.9%
	Low	8		47.1%
41 – 45	High	8	12	66.7%
	Low	4		33.3%

Based on the information in table 4, the categorization of work-life balance based on age shows a significant difference in results between high and low. Based on the results of calculations that have been carried out at the age of 25-30, it was found that 37.5% or 3 nurses had a high work-life balance.

Meanwhile, as many as 62.5% or as many as 5 nurses are in a low work-life balance. At the age of 30-35 years, 71.8% or as many as 28 nurses in the high categorization and 28.2% or as many as 11 nurses in the low categorization. Then at the age of 36-40, 52.9% or 9 nurses were in the high categorization of work-life

balance, and 47.1% or 8, people were in the low categorization. Furthermore, at the age of 41-45,

66.7% or 8 nurses were in the high categorization, and 33.3% or 4 nurses were in the low categorization.

Table 5. Categories work-life balance based on number of children

Number of children	Category	Frequency	Number of frequencies	Percentage
1	High	11	19	57.9%
	Low	8		42.1%
2	High	9	26	34.7%
	Low	17		65.3%
3	High	16	22	72.8 %
	Low	6		27.2%
4	High	3	7	43%
	Low	4		57%
5	High	1	2	50%
	Low	1		0

Based on the information in the table above, the categorization of work-life balance based on the number of children shows a significant difference between high and low. Based on the calculation results, there are 72.8% of nurses have 3 children or as many as 16 people in high categorization. Meanwhile, the lowest categorization is for nurses who also have 3 children with a total of 6 people or 27.2%.

Work-life balance is a balance of personal life where work-life does not interfere with personal life and vice versa. Work-life balance is the level of satisfaction associated with multiple roles in one's life, whereas work-life balance is generally associated with balancing or maintaining all aspects of an individual's life.¹¹

Based on the results of the study show the work-life balance of married female nurses at Cut Muetia General Hospital for female nurses who have a high categorization of 53.9% and 41 nurses and female nurses have a low categorization of 42.1% and 32 people. A previous study stated that respondents in the high category had a positive effect from work in their personal lives and had a positive effect that was formed from the realm of personal life to the respondent's work. Luthfia et al. stated that the work-life balance in the high categorization of nurses is expected to maintain by starting to do activities outside of work and being able to do hobbies with family or alone.⁹

In addition, female nurses in hospitals are seen from demographic factors, namely age and number of children, divided into two categories, namely high and low. In this study, a descriptive analysis based on the age of nurses, the average age of female nurses was 25-45. In the age categorization of 30-35, the highest categorization is 71.8%, with 28 nurses. The age of 24-45 years is the formation stage where individuals will include job choices as an aspect of self-concept and the best opportunity to obtain a work balance.¹³

Based on the results of descriptive analysis based on the number of children, it is known that the highest categorization is 72.8%, namely nurses who have 3 people as many as 16 people. Then nurses with 2 children as many as 9 people with a categorization of 34.7%. The number of children and responsibility for children are closely related to the balance of roles in work and family. A higher number of children correlates with a person's lower level of work-life balance.¹²

Based on the work-life balance dimension, the personal life enhancement of work (PLEW) dimension has the highest categorization, namely 59.2%. In the dimension of work interference with personal life (WIPL) it is in the 56.6% category. Meanwhile, the personal life interference of work (PLIW) dimension has 35.5%, and the work enhancement of personal life (WEPL) dimension is in the 31.6% category. This is associated with the presence of social support from the

environment and family, which has a positive impact in that it adds enthusiasm and energy to work.¹⁴

Thus, work-life balance is very important to note because if the work-life balance is fulfilled, the individual has accepted that they can fulfill their work needs without having to interfere with the fulfillment of needs outside of work and instead. Work-life balance affects the effectiveness, efficiency, and responsibility of employees, especially nurses who have to treat patients for 24 hours.¹⁵⁻¹⁷

Nurses who have a good work-life balance will feel comfortable with their work, proud of their work, and increase job satisfaction to be good so that all activities will be carried out full of pleasure with the involvement work they do. It is different if the nurse does not have a bad work-life balance. Individuals with poor work-life balance will find it difficult to be responsible for their work, experience inner conflicts, and are unable to divide their time between work and their personal lives.¹⁷

4. Conclusion

Married female nurses are able to balance their personal life and work (work-life balance). The PLIW dimension is the lowest at 53.9%, and this shows where a person's personal life is very influential on their work-life.

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