

The Effects of Work-Life Balance Towards Work Stress Among Nurses

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ABSTRACT

The study aims to explain the effect of work-life balance on work stress among nurses. The respondents in this study consist of 123 nurses. The measuring instruments used to collect data in this research were the work-life balance scale and the work stress scale. Simple linear regression analysis was used in this study to test the research hypothesis. According to the data analysis results, the value of $R^2 = 0,086$ and the value of $\beta = -0,241$, which explained that work-life balance has 8,6% effects on work stress among nurses. A higher level of work-life balance leads to lower work stress among nurses. This research implies the importance of work-life balance knowledge and skills to minimize severe stresses among nurses who play significant roles in delivering good service in a hospital.

Keywords: *Work-life balance, work stress, nurses.*

1. INTRODUCTION

The hospital is an organization in health services for the community. The success of a hospital in carrying out its function as a health service provider to the community can be seen from the quality of services provided by the hospital [1]. A hospital with good quality is a hospital that provides professional and optimal services to the community and makes it one of the hospital's goals. One of the human resources that has a major influence on the hospital's success is the nurse. Nursing personnel is one of the important components in health services in hospitals. Therefore, hospitals need to manage and pay attention to nurses to optimize hospital quality. Based on the basic competency standards of nurses according to PPNI [2], there are basic competencies set that must be possessed by every Indonesian nurse at all levels. These competencies need to be mastered by every nurse in carrying out their work.

Handoko [3] states that worker productivity depends on stress levels, job satisfaction, motivation, physical conditions of work, compensation systems, and other behaviors. In addition, workers who continuously experience high work demands can also experience obstacles in developing their abilities to achieve organizational goals [4]. Evan & Johnson [5] states that work stress is one factor that determines the ups and downs of a person's performance.

The success of a nurse in carrying out their role can be seen from their ability to manage time, control stress both she experiences and others (patients and patients' families), and overcome conflicts that occur, both internally and externally, both individually and in groups [6]. Therefore, nurses need to maintain their physical and psychological health to carry out their roles to the fullest. When nurses experience *work stress*, their performance will be disrupted and hinder their work.

Handoko [3] states that *work stress* is a condition of tension that affects emotions, thought processes, and one's condition. Stress that is too big can interfere with a person's ability to deal with the work environment, so that it can have an impact on decreasing performance. Scientists agree that moderate levels of stress are manageable, even beneficial, and most people are equipped to handle it. However, increasing stress levels can quickly damage worker morale, poor productivity, and lower job satisfaction [7]. Stress is a problem that cannot be avoided because, in everyday life, every individual must face stress every day [7]. But it is also unavoidable by workers who work in an organization. The results of several surveys evidence this. One of them, conducted by the American Psychological Association in 2011, found that as many as 36% of 1,546 workers in America felt pressure or stress due to their work [8]. Another survey conducted by a

health insurance company, Cigna, found that 75% of Indonesian workers claimed to have felt stressed about their work. This shows that work stress is still quite high in workers and is an important issue to be considered by every organization and company [9].

Workers in the medical field prioritize providing maximum health services to each patient with limited facilities and infrastructure. It is not uncommon for doctors and nurses to experience stress [10]. Based on a survey conducted by the Indonesian National Nurses Association (PPNI) in 2006 [2], as many as 50.9% of nurses working in four provinces in Indonesia experienced work stress. Several factors can cause work stress, according to Robbins [11], the first is environmental factors consisting of economic, political, and technological uncertainty. The second factor is the individual factor, consisting of family, financial, and personality factors. The third factor is the organizational factor, which consists of task demands, role demands, interpersonal demands, organizational structure, and organizational leadership.

A survey conducted by the American Psychological Association in 2011 [8], also found that one of the factors causing worker stress is personal life that interferes with working hours. As many as 22% of the 1,546 workers experienced this. The low level of balance between family life and work or work-life balance can also cause stress to workers [12]. Lockwood [7] suggests that work-life balance is a state of balance between two demands where the work and life of an individual are the same. Work-life balance can be achieved when individuals experience satisfaction and balance between personal life and work life [13].

The existence of two roles that each worker has makes it sometimes difficult for them to share their time and energy fairly. Another survey conducted by the Society of Human Resource Management shows that workers value family as the most important priority, but it is difficult to achieve because of the busyness of their work [14]. As a result, many workers experience role conflicts between family life and their responsibilities as workers. Dual role conflict occurs when the individual, on the one hand, has to do his job in the office and, on the other hand, also has to carry out his duties as part of the family, making it difficult to distinguish between work interfering with family life or vice versa [15].

Based on the results of interviews conducted by researchers with three nurses, it was found that nurses realized the lack of intensity of gathering with their families when one of their family members complained that they could not spend time together. In addition, nurses often feel tired after work and choose to rest after returning home, so the communication

with family members is minimal. This is not in line with the *work-life balance* aspect, *Work Enhancement of Personal Life* (WEPL). This dimension refers to how work can improve the quality of an individual's personal life.

One theory that can explain these two variables is the Conservation of Resource Theory by Hobfoll [16]. This theory explains that individuals can experience stress when faced with a loss of resources. The resources in question are things that are valued by individuals, including conditions (marital status, family, work), personal characteristics (self-esteem, social aplomb), objects (cars, houses), and energy (time, money, knowledge) [17]. Individuals can experience stress when they feel threatened with losing resources and fail to obtain and maintain the resources they have [16]. When individuals experience an imbalance between work and personal life, resources such as time and energy will be lost in managing both roles. This can lead to dissatisfaction, anxiety and can moderate conflict and stress [18].

The results of previous research conducted by Fauzi [1] on female nurses who work at a hospital found a negative relationship between *work-life balance* and *work stress*. This study explains that the higher the level of *work-life balance* owned by nurses, the lower the level of *work stress* felt by nurses. Conversely, the lower the level of *work-life balance* owned by nurses, the higher the *work stress* felt by nurses. The results of other studies also show that *work-life balance* can be a predictor of *work stress* variables. The correlation between *work-life balance* and *work stress* is negative, which means that the higher the *work-life balance*, the lower the *work stress*. Conversely, the lower the *work-life balance*, the higher the *work stress* [12].

1.1. Work-Life Balance

Work-life balance is a state of balance in two demands where the work and life of an individual are the same [7]. Greenhaus, Collins, and Shaw [19] define work-life balance as the extent to which individuals are involved in a balanced and satisfied manner in carrying out their roles in family and work roles. Fisher [20] argues that work-life balance is an effort made by individuals to balance two or more roles. Work-life balance can also be defined as satisfaction and good functioning at work and home with a minimum level of conflict [21]. In line with Clark, Frone [22] relates work-life balance to role conflict; he defines work-life balance as a low level of conflict between one's role in the family and at work.

Based on the explanation of these definitions, it can be concluded that work-life balance is a state of

balance between the demands of work with the individual's personal life and in the family, thereby reducing the possibility of conflicts in work and personal life. Balance can occur if individuals can create appropriate roles at work and in families with low levels of conflict [23].

Fisher et al [24] explain the dimensions of work-life balance, in which:

a. Work Interference with Personal Life (WIPL)

The work interference with the personal life dimension refers to how work can interfere with an individual's personal life. For example, individuals become less able to interact with their families at home because they often work overtime.

b. Personal Life Interference with Work (PLIW)

The dimension of personal life interference with work refers to the extent to which an individual's personal life interferes with his work life. For example, if the individual has problems in his personal life, the individual's performance at work decreases.

c. Personal Life Enhancement of Work (PLEW)

Personal life enhancement of work refers to the extent to which an individual's personal life can improve an individual's performance in the world of work. For example, when an individual feels happy because his personal life is pleasant, it can make his mood at work.

d. Work Enhancement of Personal Life (WEPL)

The dimension of work enhancement of personal life refers to how work can improve the quality of an individual's personal life. For example, individuals can utilize the skills acquired at work in their daily lives.

1.2. Work Stress

Handoko [3] states that *work stress* is a condition of tension that affects emotions, thought processes, and one's condition. Ringgio [25] also explains that *work stress* is a physiological and psychological reaction to a work-related event that is perceived as a threat. Mangkunegara [26] states that *work stress* is a feeling of pressure experienced by employees in dealing with work. The stress can be identified through the symptoms shown, such as unstable emotions, being alone, having trouble sleeping, smoking excessively, not being able to relax, being anxious, tense, nervous, increasing blood pressure, and experiencing digestive disorders. Evan and Johnson [25] describe *work stress* as one factor that determines the ups and downs of employee performance.

Based on these definitions, it can be concluded that

work stress is a reaction to the pressures obtained from the work environment and conditions that affect the emotions, thought processes, and performance of employees.

French et al. [27] describe aspects related to nurses work stress as follows:

a. *Patients and their families*; stress experienced by nurses can arise due to interactions between nurses and patients and their families. Kamal [6] explains that the stress experienced by nurses can be caused by the demands of the patient's needs and complaints from the patient's family.

b. *Workload*; which can also be one aspect of the emergence of work stress for nurses. The workload includes the number of tasks, staffing, scheduling issues, and time constraints.

c. *Problems with supervisor* include the nurse's experience of dealing with conflict, criticism, or lack of support from direct supervisors, nursing administrators, and other health administrators.

d. *Treatment uncertainty*, stress experienced by nurses can also arise due to a lack of freedom and independence in decision-making. Kamal [6] suggests that most nurses sometimes feel unable to make decisions and are powerless to change unsatisfactory situations.

e. *Conflict with doctors*, Kamal [6] explains that nurses periodically face emotional situations and intense interpersonal and interprofessional situations and conflicts in the workplace while trying to make safe and appropriate decisions.

f. *Death and dying*, caring for critically or dying patients, are some of the things that nurses will face. Brisley and Wood [6] suggest that the experience of dealing with dying patients often causes anxiety for nurses.

g. *Discrimination*, this aspect includes gender, race, and ethnic discrimination. Nurses who face discrimination can cause stress for nurses.

h. *Problems with co-workers*, one of the triggers of work stress, can also be caused by the nurse's social relationship with her co-workers. It is also related to the lack of opportunity to share experiences with other nurses and difficulties in working with certain nurses.

i. *Inadequate preparation*, feelings of not being adequately prepared to help the patient and family's emotional needs, and not being able to

properly answer the patient's questions are triggers stress for nurses.

2. METHOD

The research type used in this research is quantitative research along with the non-experimental research type. The independent variable is *work-life balance* in this study, and the dependent variable is *work stress*. The subjects of this study consisted of 123 hospital nurses.

The data collection method in this study used a psychological scale. The scale in this study is the *Work-Life Balance Scale* and the *Work Stress Scale*. The form of the data used is a Likert measurement scale. The *work-life balance* scale used in this study is the *work-life balance* scale of Fisher et al. [24], which was adapted by Umar [28]. The dimension of *work-life balance* consists of aspects, such as *Work Interference with Personal Life (WIPL)*, *Personal Life Interference with Work (PLIW)*, *Personal Life Enhancement of*

Work (PLEW), dan *Work Enhancement of Personal Life (WEPL)*. The *Work-Life Balance Scale* has 17 items, the favorable items are made up of 6 items, and the unfavorable items are made up of 11 items.

The *work stress* scale used in this study is the *Nurses Work Stress Scale* of French et al. [27], adapted by Buranda [6]. Dimensions of *work stress* are patients and their families, workload, problems with supervisors, the uncertainty of treatment, conflict with doctors, death and dying, discrimination, problems with colleagues, and inadequate preparation. The *Nurse Work Stress Scale* consists of 37 items, the favorable items are made up of 31 items, and the unfavorable items are made up of 6 items.

3. RESULT AND DISCUSSION

Based on the hypothesis in this study, a linear regression analysis was carried out with the results shown in Table 1.

Table 1. Simple Linear Regression Analysis

Variable	R	R ²	F	Sig.F	B	t	Sig.t
Work-Life Balance	-0.294	0.086	1,238	0.001	-0,241	-3,383	0,001

Note: Dependent Variable: Work-Stress, n = 123, B = Unstandardized Beta Weight

The results show that the significance value of F is smaller than 0.05 (sig. <0.05), which is 0.001. This value indicates a significant effect of *work-life balance* on *work stress*, which means that the hypothesis in this study is accepted. The regression test shows that the *work-life balance* variable has an effect of 8.6% on the work stress of nurses. This supports several previous studies, which also found that *work-life balance* has a negative influence and relationship on *work stress* [1][29][30]. Narendra & Saraswati [12] stated that *work-life balance* can be a predictor variable for *work stress* variables.

The results of this study are in line with research conducted by Fauzi [1], which found that there is a negative relationship between *work-life balance* and *work stress* in female nurses. Based on the research results, it is known that *work-life balance* has an effect of 35.88% on *work stress* in female nurses. This shows that the higher the level of *work-life balance* owned by the nurse, the lower the level of *work stress* felt by the nurse.

Nurses who balance personal life and work are proven to significantly reduce *work stress* levels. Select [31] explains that individuals have a good *work-*

life balance if they can fulfill work and family commitments and fulfill responsibilities outside of work. If individuals can fulfill their responsibilities in work, family, and other things in a balanced way, it can be ascertained that the worker has a good level of *work-life balance* [12].

On the other hand, if the individual experiences an imbalance between his personal life and work that causes role conflict, it can lead to stress [16]. Schermerhorn [32] explains that individuals need to have the ability to manage the time needed in both roles they have, if the individual needs and demands have been met, it can be said that the individual has a *work-life balance*. Nurses who can fulfill their responsibilities in the family will feel calm in doing their jobs. They will not feel disturbed when working if all their tasks at home are completed before leaving for work. Nurses will carry out their duties without feeling a burden or pressure outside of work.

Furthermore, the relationship between *work-life balance* and *work stress* can be explained using the Conservation of Resources Theory. Conservation of Resources theory explains that stress can occur when individuals experience three states: the threat of losing

resources, losing resources, and failing to regain lost resources after making significant efforts [16]. The resources in question are things that are valued by individuals, including conditions (marital status, family, work), personal characteristics (self-esteem, etc.), objects (cars, houses), and energy (time, money, knowledge) [17].

When individuals experience an imbalance between work and personal life, resources such as time and energy will be lost in the process of managing both roles. This can lead to dissatisfaction, anxiety and can moderate conflict and stress [18]. Nurses who feel there is an imbalance between their personal life and work can allow them to invest their time and energy in balancing the two roles.

If nurses fail to maintain both roles, it will cause stress for nurses because they lose their resources. However, if nurses can maintain their resources, the conflict between work and family will be low, and *work stress* will also be below [33]. Increased role conflict can be a pressure for individuals because it will affect the individual's choice to stay or leave his job to maintain his marital and family status [34]. Thus, it is important to maintain the available resources to minimize the emergence of role conflicts that can cause stress for nurses.

The effect of *work-life balance* on nurses' *work stress* is 8.6%. This can also be seen from the two variables that are in the high category. This amount shows that 92.4% is influenced by other factors outside the variables studied. Other factors affecting *work stress* are social support, workload, job satisfaction, and self-esteem [12,25,35,36].

In addition, this study also found a difference in the mean of the *work stress* level scores on the respondents in terms of marital status. In this case, the mean value of the unmarried nurse group was 121.77, while the married nurse group obtained a mean value of 126.60. These results indicate that married nurses have a high level of stress than unmarried nurses. This is in line with Vierdelina [37] research, which found that work stress mostly occurred in married respondents compared to unmarried respondents. This is due to problems that often occur in the family. Family conditions require special attention, for example, when a spouse or child is sick, while nurses must continue to work so that it can be stressful for nurses who are already married. This is also supported by Santrock [38] which states that family can be one of the factors that can trigger stress. Fauzi [1], in his research, also explains that when nurses work on night shifts in the morning, they also have to take care of housework such as taking care of children and so on, so that lack

of rest makes nurses feel tired at work and causes *work stress*.

4. CONCLUSION

Based on the results obtained from this study, it can be concluded that there is an effect of *work-life balance* towards *work stress* among nurses. The results showed an effect of the level of *work-life balance* towards *work stress* of 8.6%. Therefore, the hypothesis of this study is accepted. This study also found an effect between levels of *work stress* seen from marital status, where married nurses had higher levels of *work stress* than single nurses.

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