

The Relationship between Multiple Role Conflict and Work Stress among Midwives

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ABSTRACT

Midwives are a profession with high physical and psychological demands, especially for those who are married, have children, and remain actively working, thus having to perform dual roles as professionals and homemakers, which can lead to work stress. This study aims to examine the relationship between dual role conflict and work stress among midwives at Hospital X in Gianyar Regency, who are members of the IBI Sanjiwani Branch. The method used was quantitative with a cross-sectional approach, involving 30 purposively selected midwives who were married, actively working, and had children aged 0–15 years. The instruments used were the dual role conflict scale and the work stress scale, both with adequate validity and reliability. Data analysis using the Spearman correlation test showed a significant positive relationship between dual role conflict and work stress, with $r = 0.402$ ($p < 0.05$). The highest conflict aspect was strain-based FIW (Family Interfering with Work), and the most prominent work stress aspects were psychological and behavioral. These findings highlight the importance of role management, work–family balance, and support from both organizations and families in reducing midwives work stress.

Keywords : Dual Role Conflict, Work Stress, Midwives, Work–Family Balance

INTRODUCTION

The increasing participation of married women with children in the workforce has resulted in multiple role demands, requiring them to manage responsibilities both at work and within the family. Data from Badan Pusat Statistik 2022 reports that 52.74 million Indonesian women are active in the labor force, indicating a growing trend of women engaging in professional roles despite domestic obligations. This condition potentially increases the risk of work-related stress, especially for women with dual roles.

The dual roles of working women, particularly in the healthcare sector, have become an increasingly relevant issue in modern society. Married women who have children and work outside the home are faced with the demand to simultaneously fulfill two primary roles: as professionals and as homemakers. An imbalance in carrying out these roles can lead to work-related stress.

Midwifery is one of the professions with a high level of work stress due to the significant physical and psychological demands, as well as the shift work system, which often disrupts biological rhythms and family life. This situation becomes even more complex when midwives have responsibilities as wives and mothers, requiring additional emotional attention, time, and

energy. Preliminary studies conducted on members of the Indonesian Midwives Association (IBI) Sanjiwani Branch in Gianyar Regency indicate that factors such as patient emergencies, high workload, and shift systems are the main causes of work stress experienced by midwives. Work-family conflict occurs when individuals experience clashes between work demands and family demands. This conflict may take the form of time-based conflict or strain-based conflict, which hinders an individual's ability to perform their other roles effectively. Prolonged conflict can increase work stress levels, affect mental health, reduce productivity, and impact the quality of healthcare services provided.

Previous studies have shown a significant positive relationship between dual-role conflict and work stress across various professions, including nurses and female employees. However, research specifically examining midwives in the context of professional organizations such as IBI remains limited. Therefore, this study is important to understand how dual-role conflict affects work stress levels among midwives, so it can serve as a basis for more targeted policy-making and intervention efforts.

Preliminary data from 30 midwives at IBI Ranting Sanjiwani in Gianyar Regency indicated that emergency cases, excessive workload, and shift work were major sources of work stress. These findings highlight the need to explore the relationship between multiple role conflict and work stress in this specific population.

LITERATURE REVIEW

Work stress is an individual's response to the mismatch between job demands and their capacity to meet them, which can affect physiological, psychological, and behavioral aspects (Robbins & Judge in Ningrum, 2022). According to Beehr and Newman (in Kurniawan, 2023), work stress is an interactive condition between a person and their job, characterized by emotional and physical tension. Robbins and Judge classify work stress into three main aspects; (1) Physiological, such as physical disorders including high blood pressure, fatigue, or metabolic disturbances; (2) Psychological, involving symptoms of anxiety, frustration, and depression; (3) Behavioral, which can be seen in changes in work patterns, productivity, and unhealthy habits. Causes of work stress may originate from individual factors (family and financial issues), organizational factors (workload, role conflict, organizational structure), and external environmental factors; economic uncertainty, technological change, and socio-political events (Maghfirah, 2023).

Dual-role conflict occurs when individuals experience a clash between the demands of work and family. According to Greenhaus and Beutell (in Reski, 2022), this conflict arises from the individual's difficulty in balancing the demands of two primary roles: as a worker and a family member. Dual-role conflict is divided into four main aspects (Carlson in Regischa, 2019); (1) Time-Based Work Interference with Family (WIF): when work time interferes with family time; (2) Time-Based Family Interference with Work (FIW), when family time interferes with work responsibilities; (3) Strain-Based Work Interference with Family (WIF), when work-related stress disrupts family roles; (4) Strain-Based Family Interference with Work (FIW), when family-related stress disrupts work roles. Several factors influence dual-role conflict, including time pressure, family support and size, job and marital satisfaction, and the number of employees in the workplace (Kurniawan, 2023).

Midwives are professional healthcare workers tasked with providing midwifery services, including care during pregnancy, childbirth, postpartum, and reproductive health services (Ayu et al., 2022). In practice, midwives must be physically and mentally prepared to handle emergency situations and work in shifts. In addition to being healthcare providers, midwives also play roles as wives and homemakers. According to Hikma, Batara, and Hamzah (2023), the dual roles undertaken by midwives often create high levels of pressure due to the simultaneous demands of professional work and household responsibilities. An imbalance in managing these two roles can lead to dual-role conflict, which in turn contributes to work stress. Internal factors (such as economic pressures), external factors (such as spousal support and workplace regulations), and relational factors (such as time spent with family) further intensify the challenges of managing these dual roles.

METHODS

This study used a quantitative method with a cross-sectional approach, aiming to examine the relationship between dual-role conflict and work stress among midwives. This approach was used to obtain a snapshot of the relationship between variables at a single point in time. The study involved 30 midwives who are active members of the Indonesian Midwives Association (IBI), Sanjiwani Branch, in Gianyar Regency. The inclusion criteria for participants were midwives who are married, have children aged 0–15 years, and are still actively working. The sampling technique used was purposive sampling.

Two psychological scales were used in this study. The dual-role conflict scale, adopted from Andhini and Artiawati (2018), consists of 12 items covering four aspects: Time-based Work Interference with Family (WIF), Time-based Family Interference with Work (FIW), Strain-based Work Interference with Family (WIF), and Strain-based Family Interference with Work (FIW). This scale has a validity value ranging from 0.350 to 0.744 and a reliability coefficient of 0.848. The Work Stress Scale, adopted from Ningrum (2022), includes three aspects: physiological, psychological, and behavioral. This scale has a validity value ranging from 0.329 to 0.704 and a reliability coefficient of 0.892.

The researcher obtained permission from the relevant authorities to conduct the study. After receiving approval and informed consent from the participants, the questionnaires were distributed directly to eligible midwives. The researcher explained the purpose of the study and ensured the confidentiality of respondents' data. Data were analyzed using the Spearman correlation test, as the data were not normally distributed, making it suitable for measuring the strength and direction of the relationship between dual-role conflict and work stress.

RESULTS

Dual-Role Conflict Category

Table 1. Frequency Distribution of Dual-Role Conflict Scale

Category	Interval	F	Percentage (%)
Very High	$X \geq 60,00$	14	46,7%
High	$48,00 < X < 60,00$	14	46,7%
Moderate	$36,00 < X < 48,00$	1	3,3%
Low	$24,00 < X < 36,00$	1	3,3%

Very Low	$X < 24,00$	0	0%
Total		30	100%

Based on Table 1, most respondents' level of dual-role conflict falls within the high and very high categories.

Work Stress Category

Table 2. Frequency Distribution of Work Stress

Category	Interval	F	Percentage (%)
Very High	$X > 95,20$	0	0%
High	$78,40 < X < 95,20$	24	80%
Moderate	$61,60 < X < 78,40$	6	20%
Low	$44,80 < X < 61,60$	0	0%
Very Low	$X < 44,80$	0	0%
Total		30	100%

Based on Table 2, most respondents level of work stress falls within the high category.

Hypothesis Test Results

Table 3. Hypothesis Test

Hypothesis Test			
<i>Dual-Role Conflict</i>	Correlation Coefficient	Sig (2-tailed)	N
<i>Work Stress</i>	0,402	0,028	30

Based on Table 3, the significance value of the Spearman correlation test is $0.028 < 0.05$, indicating a positive relationship between dual-role conflict and work stress among midwives. The correlation coefficient of 0.402 indicates a moderately strong relationship.

Dual-Role Conflict Validity and Reliability Test Results

Table 4. Validity Test Results

Item	R Calculated	R Table (5%)	Decision
P1	0,653	0,3	Valid
P2	0,530	0,3	Valid
P3	0,425	0,3	Valid
P4	0,624	0,3	Valid
P5	0,744	0,3	Valid
P6	0,500	0,3	Valid
P7	0,350	0,3	Valid
P8	0,515	0,3	Valid
P9	0,528	0,3	Valid
P10	0,625	0,3	Valid

P11	0,448	0,3	Valid
P12	0,479	0,3	Valid

Based on Table 4, all 12 items in the dual-role conflict variable are valid, with validity indices ranging from 0.350 to 0.744, as each item's calculated r-value exceeds the r-table value of 0.3.

Table 5. Reliability Test Results

Cronbach's Alpha	Number of Items
0,848	30

Based on Table 5, the reliability score of the dual-role conflict scale is 0.848. An instrument is considered reliable if $\alpha > 0.6$. Therefore, it can be concluded that the dual-role conflict scale is reliable because $0.848 > 0.6$.

DISCUSSION

The research hypothesis was accepted, according to the results of the Spearman test, which stated that there was a positive relationship between the dual role conflict received by midwives and the work stress experienced. The correlation between dual role conflict and work stress was demonstrated with an r value or correlation coefficient of 0.402 in this test, indicating a strong relationship between dual role conflict and work stress. This study demonstrated a strong positive relationship between dual role conflict and work stress. These results align with the theory of Greenhaus & Beutell which asserts that when two roles-family and work-conflict, psychological tension arises, leading to work stress.

The results of the study indicate a significant positive relationship between dual-role conflict and work stress among midwives who are members of the Indonesian Midwives Association (IBI), Sanjiwani Branch. This finding aligns with the theory of Greenhaus and Beutell states that dual-role conflict arises when the demands of work and family roles are incompatible, either in terms of time or psychological pressure. Such conflict can create tension that affects individual well-being, including the emergence of work stress.

More specifically, the most prominent aspect of dual-role conflict in this study is strain-based family interference with work, where family-related pressures disrupt job performance. The most commonly experienced forms of work stress among respondents were psychological and behavioral, as noted by Robbins and Judge. The psychological aspect includes emotional changes such as anxiety, frustration, and mental fatigue, while the behavioral aspect includes decreased productivity, increased absenteeism, and disrupted sleep or eating patterns. For midwives, the pressure from juggling dual roles worsens psychological conditions, especially when there is a lack of support from family or the workplace.

Thus, the findings of this study confirm that dual-role conflict is a significant predictor of work stress among midwives. Poor time management, pressure from imbalanced roles, and a lack of social support are contributing factors that worsen stress levels. Therefore, it is crucial for both organizations and families to provide concrete support, such as flexible work schedules, fair

distribution of household tasks, and access to psychological support services to minimize the negative impact of dual-role conflict.

CONCLUSION AND SUGGESTIONS

This study concludes that there is a positive relationship between dual-role conflict and work stress among midwives who are married, have children aged 0–15 years, and are still actively working within the IBI Sanjiwani Branch. Most of the midwives experienced dual-role conflict and work stress in the high to very high category.

Midwives are expected to manage dual-role conflict by creating a flexible daily schedule, maintaining open communication with their families, and fostering psychological support within the workplace to help reduce work stress. Future researchers are advised to use qualitative methods, include additional variables such as workload or burnout, and examine work systems, organizational culture, and social support related to the dual roles of midwives.

LIMITATION

This study has certain limitations due to constraints faced by the researcher, specifically that the sample used consisted of only 30 midwives who are members of the Indonesian Midwives Association (IBI) Sanjiwani Branch and met the required criteria. There are unique factors within the IBI Sanjiwani Branch, such as the shift system, emergency services, and similar respondent characteristics, which means that any attempt to generalize the findings to a broader population should be done with caution.

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