

## Work-Family Conflict And Work-Life Balance Among Nurses Of Papuan Ethnicity

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### ABSTRACT

In Southwest Papua, a patriarchal system continues to perpetuate gender injustice, particularly affecting native Papuan women's ability to achieve their dreams or pursue careers, especially for those who are married. Despite these systemic barriers, Papuan women strive to realize their ambitions, with many choosing nursing as a profession. Nurses in this region face significant responsibilities, including their job duties, family care, and adherence to cultural customs, which create conflicts, pressures, and demands that make achieving work-life balance challenging. This study investigates the relationship between work-family conflict and work life balance among Papuan nurses working in hospitals in Southwest Papua. The hypothesis is a negative relationship between work-family conflict and work-life balance, that higher work-family conflict correlates with lower work-life balance, while lower work-family conflict correlates with higher work-life balance. A quantitative approach was utilized, employing the Work-Life Balance Scale ( $\alpha = 0.860$ ) and the Work-Family Conflict Scale ( $\alpha = 0.843$ ). The study sample consisted of 77 Papuan nurses who met the criteria of working in hospitals and having husbands and children aged 0-17 years. Data analysis was conducted using the Karl Pearson product-moment correlation method. The findings revealed a correlation coefficient of -0.814 with  $<0.00$ , confirming the hypothesis. This negative correlation indicates that as work-family conflict increases, work-life balance decreases. The study concludes that work-family conflict significantly impacts the work-life balance of Papuan nurses working in hospitals. These findings underscore the substantial challenges faced by these nurses in balancing professional and personal responsibilities, exacerbated by cultural and systemic pressures. Addressing these conflicts is crucial for improving the work life balance and overall well-being of healthcare professionals in Southwest Papua.

**Keywords :** Nurses Of Papuan Ethnicity, Work-Family Conflict, Work-Life Balance

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### Introduction

The tribes in Southwest Papua implement a patriarchal cultural system, where men are considered dominant, possessing dignity and power, while women are subordinated in domestic and social life (You, Rusmansara, Mansoben & Poli, 2019). They use the term "*Domini, Wellbobot, Bobot*" which means "*big boss*," to signify that men have authority over the family, while for patriarchal terms, namely "*Wedaya aturan dau*" (interview on July 12, 2024). Based on Syahrul & Syalviana (2021) statement, the patriarchal culture hinders women from achieving their aspirations or working outside the home, especially for married

women. Married women bear numerous responsibilities, including taking care of their husbands and children, as well as both their husband's and their own families (Merina & Muhaimin, 2024).

Other than that, women also face various forms of violence such as physical, sexual, emotional, verbal, psychological, and economic, stemming from the belief that women are less educated and thus incapable of managing, satisfying, and fulfilling household needs, particularly those of their husbands (Pugu, Lumentut & Pelamonia, 2022). However, with the advent of modernization and changing mindsets and knowledge, the enforcement of patriarchal culture is diminishing among the indigenous tribes in Southwest Papua (Kogoya, 2021). This progress is legally reinforced by Law No. 39 of 1999 on Human Rights (Articles 48 and 49), which provides a foundation for indigenous women in Southwest Papua to dismantle patriarchal barriers, advance their education and pursue professional careers equal to men.

Women aim to work to improve their family economy, become independent, and continue their education or skills (Ananda Dalam Putra, 2016). A prevalent occupation chosen by women is nursing in hospitals (Saputra, 2021). According to the Papua Barat Central Statistics Agency (BPS) in 2024, there are 543 female nurses in Southwest Papua hospitals, both unmarried and married, from various tribes across 12 hospitals

Married indigenous Papuan nurses balance demanding dual roles as nurses in hospital and as housewives. They face significant professional obstacles, including irregular schedules, workplace conflicts, and role ambiguity driven by staffing shortages. These challenges are exacerbated at home by a lack of spousal support, financial irresponsibility from husbands, and derogatory interference from extended family members, in various local languages:

*"Imbikin, faradurfa be urus monda suambri, furwes snon awer. Romaeja wyuk pipi weyawa. Yu wonderem yepe nemonen. Telagi sinagi nedela, heyut ra seme. Aduh sio bayar mas kawin mahal tapi sa pu anak deng cucu tra dapat urus deng baik karna anak mantu kerja terus"* (interview on July 12, 2024).

These various demands cause difficulties for Papua nurses in achieving balance (Walia, 2015). Work-life balance is the ability of individuals to engage in various roles, striving for balance and satisfaction in their lives (Hudson, 2005). Factors affecting work-life balance, according to Poulouse and N (2014), include Individual Factors (personality, well-being, and emotional intelligence), Organizational Factors (work arrangements, work support, job stress, and role-related factors), and Social Factors (childcare, family support). Role-related factors can influence work-life balance, leading to work-family conflict. Role-related factors include work hours, schedules, shifts, inflexible work, role conflict, role ambiguity, activity restrictions, expectations for confidentiality, and objectivity. These factors can lead to work-family conflict, a form of interrole conflict due to pressure and imbalance between work and family roles (Greenhaus & Beutell, 1985). Pal & Saksvik (2006) state that if nurses experience high job demands, long hours, inflexible work arrangements,

workload, role conflict, and role ambiguity, it is able to trigger work-family conflict (Bakar & Salleh, 2015).

Work-family conflict arises from conflicting pressures between work and family roles (Greenhaus & Beutell, 1985). Therefore, work-family conflict and work-life balance are interrelated variables in the work-life context of Papua nurses (Minarika, Purwanti & Muhidin, 2020). Yusnita & Nurlinawaty (2022) found that work-family conflict negatively impacts work-life balance, with work-family conflict being a predictor of work-life balance. This study has a purpose to examine the relationship between work-family conflict and work-life balance among nurses of papuan ethnicity in hospitals in Southwest Papua.

### **Methods**

This study applies a quantitative method with a correlational approach. For the data collection, it employs Likert scale, and purposive sampling was used for sample selection. The study involved 77 subjects with the criteria: Papua nurses working in hospitals in Southwest Papua, having a husband, and children aged 0-17 years. Data analysis was conducted using Karl Pearson's product-moment correlation analysis. The psychological scales used were the Work-Life Balance Scale, based on Hudson's theory (2005), and the Work-Family Conflict Scale, based on Greenhaus & Beutell's theory (1985). The scales consist of favorable statements with response options: Strongly Agree (4 points), Agree (3 points), Disagree (2 points), and Strongly Disagree (1 point) (Azwar, 2021). The research instruments were tested for validity and reliability. Before using the work-life balance and work-family conflict scales, content validity was performed with professional judgment from expert psychology lecturers. Additionally, a discriminative power test was conducted using the criterion  $r_{ix} \geq 0.30$  based on Azwar's theory (2012). The pilot study results showed a reliability of  $\alpha = 0.860$  for the Work-Life Balance Scale with item difference indices ranging from 0.321 to 0.723, and  $\alpha = 0.843$  for the Work-Family Conflict Scale with item difference indices ranging from 0.301 to 0.661.

### **Results**

The study included 77 subjects with the criteria: Papua nurses working in hospitals in Southwest Papua, having a spouse, and children aged 0-17 years. The table below provides an overview of the research subjects:

Table 1. Demographic Data of Subjects Based on Hospitals in Southwest Papua

| Hospitals                                       | Total | Percentages |
|---|-------|-------------|
| RS Umum Daerah Kabupaten Sorong Dr. J. P Wanane | 31    | 40%         |
| RS Umum Daerah Sele Be Solu                     | 8     | 10,4%       |
| RS Mutiara                                      | 7     | 9,1%        |
| RS Pertamina Sorong                             | 6     | 7,8%        |
| RS Maleo Sorong                                 | 5     | 6,5%        |
| RS Umum Pratama Type D Kab. Maybrat             | 5     | 6,5%        |
| RS TK IV dr. Aryoko                             | 4     | 5,2%        |
| RS Angkatan Laut dr. R. Oetojo                  | 3     | 3,9%        |
| RS Umum Daerah Raja Ampat                       | 2     | 2,6%        |
| RS Kasih Herlina                                | 2     | 2,6%        |
| RS Umum Kelas D Pratama Kab. Tambrau            | 2     | 2,6%        |
| RS Umum Daerah Scholoo Kayen                    | 2     | 2,6%        |
| Total   | 77    | 100 %       |

Table 1 shows that among the 77 subjects, 12 hospitals in Southwest Papua participated, with 100% subject participation. There are 4 hospitals in Southwest Papua with the highest participation of the subjects, which are RS Umum Daerah Kabupaten Sorong Dr. J.P. Wanane, RS Umum Daerah Sele Be Solu, dan RS Malco Sorong.

Table 2. Demographic Data of Subjects Based on Number Of Children

| Number Of Children | Total | Percentages |
|--------------------|-------|-------------|
| 1 child            | 2     | 2,6%        |
| 2 child            | 3     | 3,9%        |
| 3 child            | 23    | 29,9%       |
| 4 child            | 49    | 63,6%       |
| Total              | 77    | 100 %       |

Table 2 reveals that out of 77 subjects who have the number of children with the subject percentage of 100%, for instance 63.6% (49 subjects) have 2 children, 29.9% (23 subjects) have 3 children, 3.9% (3 subjects) have 4 children, and 2.6% (2 subjects) have 1 child. Thus, the majority of subjects, 49 in total, have 2 children.

Table 3. Demographic Data of Subjects Based on Children Age

| Children Age   | Total | Percentages |
|----------------|-------|-------------|
| 0 to 4 years   | 31    | 40,3%       |
| 5 to 8 years   | 25    | 32,5%       |
| 9 to 12 years  | 19    | 24,7%       |
| 13 to 17 years | 2     | 2,6%        |
| Total          | 77    | 100 %       |

Table 3 indicates that among the 77 subjects, 40.9% (31 subjects) have children aged 0 to 4 years, 32.5% (25 subjects) have children aged 5 to 8 years, 24.7% (19 subjects) have children aged 9 to 12 years, and 2.6% (2 subjects) have children aged 13 to 17 years. Hence, the majority of subjects, 31 in total, have children aged 0 to 4 years.

Table 4. Classification of Scale Work Life Balance

| Category | Norm                                       | Score                  | F  | %    |
|----------|--|------------------------|----|------|
| High     | $(\mu+1.\sigma) \leq X < \text{Ideal Max}$ | $42,00 \leq X < 56,00$ | 18 | 23,4 |
| Moderate | $(\mu-1.\sigma) \leq X < (\mu+1.\sigma)$   | $28,00 \leq X < 42,00$ | 38 | 49,4 |
| Low      | $\text{Ideal Min} \leq X < (\mu-1.\sigma)$ | $14,00 \leq X < 28,00$ | 21 | 27,3 |
| Total    |  |                        | 77 | 100  |

Table 4 indicates that, with 77 subjects, Papua nurses generally have a moderate to low work-life balance.

Table 5. Classification of Scale Work Family Conflict

| Category | Norm                                       | Score                  | F  | %    |
|----------|--|------------------------|----|------|
| High     | $(\mu+1.\sigma) \leq X < \text{Ideal Max}$ | $48,00 \leq X < 64,00$ | 57 | 38   |
| Moderate | $(\mu-1.\sigma) \leq X < (\mu+1.\sigma)$   | $32,00 \leq X < 48,00$ | 64 | 42,7 |
| Low      | $\text{Ideal Min} \leq X < (\mu-1.\sigma)$ | $16,00 \leq X < 32,00$ | 29 | 19,3 |
| Total    |  |                        | 77 | 100  |

Table 5 indicates that, with 77 subjects, Papua nurses generally have moderate to high work-family conflict.

After categorizing the hypothetical mean, it reveals the results of the normality tests, linearity tests, and hypothesis tests. The normality test results indicated that the work-life balance had a KS-Z value of 0.088 with  $\rho = 0.200$  ( $\rho > 0.050$ ) and the work-family conflict had a KS-Z value of 0.073 with  $\rho = 0.200$  ( $\rho > 0.050$ ). The linearity test results revealed an F value of 123.812 with  $\rho = 0.000$  ( $\rho < 0.010$ ) a linear relationship between work-family conflict and work-life balance. The product-moment correlation analysis yielded a correlation coefficient of  $r_{ix} -0.814$  with  $\rho = 0.000$  ( $\rho < 0.010$ ) indicating a negative relationship between work-family conflict and work-life balance, thus supporting the proposed hypothesis. The determination coefficient result illustrated an R2 value of 0.662. suggesting that work-family conflict contributes 66.2% to work-life balance, with the remaining 33.8% influenced by other factors that are not examined in this study.

## Discussions

The study reveals a significant negative relationship between work-family conflict and work-life balance among nurses of papuan ethnicity in hospitals in Southwest Papua, the correlation value of  $r_{ix} = -0.770$  and ( $\rho < 0.010$ ). These results confirm the hypothesis, that the higher work-family conflict leads to the lower work-life balance and reversely. This finding aligns with the research by Sheikh et al.(2018) on the Impact of Job and Home Demands on Work-Life Balance: The Mediating Role of Work-Family Conflict, which also found a negative correlation between work-family conflict and work-life balance.

According to Yusnita & Nurlinawaty (2022), individuals who effectively manage work-family conflict can better fulfill their dual responsibilities, thereby achieving a superior work-life balance. However, the results indicate that Papuan nurses experience moderate to high work-family conflict, leading to a moderate to low work-life balance

Greenhaus & Beutell (1985) argue that excessive time spent at work hinders an individual's ability to fulfill family obligations, thereby disrupting time balance. This imbalance is prevalent among nurses due to irregular shifts that prioritize hospital duties over family life (Mulatta & Waskito, 2024). Conversely, flexible or regular schedules can enhance well-being and reduce work-family conflict (Jameel & Alheety, 2023). This research reveals that subjects often work during their off-hours to cover for absent colleagues or participate in hospital accreditation and meetings. Consequently, they use their limited free time for rest, leaving little room for domestic chores or cultural events. Furthermore, Papuan nurses often face sarcastic remarks from in-laws, such as "*Toson Wafok*", because the Southwest Papuan tribe applies the system that "*Nonwai suya keluarga, iwana kamkanak punudaya nemolowad*" which means time with family is number one, for money can be sought.

Greenhaus & Beutell (1985) suggest that work-related stress can severely impair an individual's performance in family roles. According to Putri & Kurniawan (2019), role conflict and ambiguity lead to anxiety, fatigue, and decreased family involvement. This imbalance in psychological and emotional commitment often results in a negative involvement balance, which heightens work-family conflict. Conversely, a positive involvement balance can mitigate such conflicts (Bhende, Mekoth, Ingalahalli & Reddy, 2020). This research finds that subjects endure significant stress from heavy workloads and interpersonal conflicts with colleagues or patients' families. At home, this is exacerbated by a lack of spousal support, financial irresponsibility, and domestic pressure. Furthermore, interference from relatives and the inability to participate in vital traditional events such as "*Acara pekawinan Kampelen dan Perang Perempuan (Nelagi masok masigik)*" where the role of women is needed in the event but felt exhausted and stressed due to work. This increased stress, making them less interested in family activities, preferring to rest after work or on days off, and disengaging from social events.

Greenhaus & Beutell (1985) also indicate that the implementation of different individual behavior across roles can cause problems due to behavioral inconsistencies. Work-family conflict leads to dissatisfaction with work-life balance (Owolabi & Ajibose, 2019), impacting satisfaction balance. Dissatisfaction is able to reduce productivity and

performance, increase absenteeism, job stress, lower immunity, and overall dissatisfaction with work, family, and personal life (Isa & Indrayati, 2023). The research revealed that work conflicts made it difficult for subjects to adjust behaviors between hospital and home roles, resulting in dissatisfaction with their roles as nurses and housewives, dissatisfaction with work and home tasks, and overall dissatisfaction with balancing work, family, and social obligations.

The study indicates that work-family conflict and work-life balance are interrelated variables among working mothers in the nursing profession (Minarika, Purwanti, & Muhidin, 2020). This is further supported by Zahoor, Abdullah, and Zakariac (2021), whose research also demonstrated a significant relationship between these two variables.

The research demonstrates that work-family conflict contributes 66.2% to work-life balance among Papua nurses, with the remaining 33.8% influenced by other unexamined factors. Based on Poulouse and N (2014) statement, the other factors affecting work-life balance include individual factors which cover personality, well-being, and emotional intelligence. The organizational factors cover work arrangements, work support, job stress, and other roles. The social factors cover childcare and family support. Therefore, it can be concluded that there is a negative correlation between work-family conflict and work-life balance among Papua nurses working in hospitals in Southwest Papua. Higher work-family conflict leads to lower work-life balance and vice versa. Work-life balance is influenced not only by work family conflict but also by other factors.

This study acknowledges certain limitations, including a scarcity of existing literature regarding the correlation between work-family conflict and work-life balance, as well as limited theories on patriarchy among indigenous Papuan women. Consequently, future research should explore diverse expert theories and investigate additional factors influencing work-life balance to address areas not covered in this study. Indigenous Papuan nurses are encouraged to evaluate and enhance their work-life balance across the dimensions of time, involvement, and satisfaction. Effective strategies to mitigate work-family conflict include robust time management, setting clear professional boundaries, and active engagement in family and social activities. Furthermore, maintaining emotional regulation and a positive mindset is essential for finding satisfaction in their dual roles as nurses and housewives. Addressing conflicts promptly is also critical to preventing cumulative stress and the emergence of new disputes.

### **Conclusion**

Based on the research results and discussions, it can be concluded that there is a negative correlation between work-family conflict and work-life balance among Papua nurses working in hospitals in Southwest Papua. Specifically, the higher the work-family conflict, the lower the work-life balance, and conversely, the lower the work-family conflict, the higher the work-life balance. Additionally, the coefficient of determination (R) was found to be 0.662, indicating that work-family conflict contributes 66.2% to the work-life balance, while the remaining 33.8% is influenced by other factors not examined in this study. Moreover, aspects of work-family conflict can affect aspects of work-life balance. For

instance, time-based conflict affects time balance, emphasizing that Papua nurses struggle to balance work and family time. Strain-based conflict affects involvement balance, reflecting that the pressure experienced by Papua nurses reduces their interest in participating in family activities, leading them to neglect family responsibilities. Lastly, behavior-based conflict affects satisfaction balance, revealing that when Papua nurses experience role conflict, they struggle to control and adapt their behavior towards their families, resulting in decreased satisfaction with their roles.

### **Acknowledgement**

The research subjects who were willing to participate in this study and took the time to do so. The gratitude also goes to the 12 hospitals in Southwest Papua, namely RSUD Kabupaten Sorong Dr. J.P. Wanane, RSUD Sele Be Solu, RS Angkatan Laut dr. R. Oetojo, RS Mutiara, RS Kasih Herlina, RS Maleo Sorong, RS Pertamina Sorong, RSUD Raja Ampat, RSU Pratama Type D Kab. Maybrat, RS TK IV dr.Aryoko, RSUD Scholoo Keyen, and RS Umum Kelas D Pratama Kab. Tambrau, which permitted Papua nurses to participate in this study during their working hours.

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