

## **Balancing Act: Dual-Role Conflict and Job Stress in Female Healthcare Workers**

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### **ABSTRACT**

This study investigates the relationship between dual-role conflict and job stress among married female nurses working at Hospital X in Magelang. The hospital's policy flexibility in the new normal era aims to enhance healthcare quality, but this also leads to job stress among nurses due to heavy workloads. Interviews with ten married nurses revealed various stress-related issues, highlighting the need for further research. The study defines job stress as the body's response to high job demands and dual-role conflict as the interference between job and family roles. A total of 90 female nurses participated in the study, with data collected via questionnaires using Likert scales. Descriptive statistics showed high levels of dual-role conflict and moderate job stress among participants. Validity and reliability tests confirmed the suitability of the measurement tools used. Pearson correlation analysis revealed no significant relationship between dual-role conflict and job stress ( $r = -0.073$ ,  $p > 0.05$ ). The findings suggest that while dual-role conflict levels are high, they do not significantly contribute to job stress among the nurses. Factors such as manageable role conflicts and supportive spouses may mitigate the impact. This study aligns with previous research indicating that dual-role conflict does not necessarily increase job stress among working women. Despite limitations, the study underscores the importance of considering various factors influencing job stress and suggests that other elements may play a more critical role in affecting the stress levels of female nurses at Hospital X.

**Keywords:** dual-role conflict, job stress, female nurses, work-family balance, healthcare workforce



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## **INTRODUCTION**

The increasing flexibility of hospital policies in the new normal era aims to enhance the quality of healthcare services. This approach is supported by Wirajaya and Nuraini (2019), who highlight the critical role of nurses in delivering quality care to patients, embodying the improvement of public health services. Nurses are considered the cornerstone of the healthcare workforce, essential for developing actions and preserving core values in health systems worldwide (Jackson et al., 2020). Indonesian Law No. 44 of 2009 underscores that "health services are the right of every individual guaranteed by the 1945 Constitution of the Republic of Indonesia," necessitating the highest possible quality of public health services. Hospital X in Magelang strives to improve health quality, requiring nurses to handle heavy workloads while providing top-notch care, which leads to job stress.

Research indicates multiple issues linked to job stress among nurses. Interviews conducted on June 26, 2023, with ten married nurses at Hospital X revealed both positive and negative aspects related to job stress. Among them, two nurses felt pride and satisfaction in their work, while another appreciated the positive impact on patients. Conversely, one nurse complained about the disturbing smells of medication and the emotional toll of patient deaths, coupled with a lack of

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support from colleagues, especially towards new nurses. Two nurses struggled to balance their roles as mothers and nurses, particularly during night shifts when family members were ill. Another nurse hoped for more career development opportunities, especially for honorary nurses. One nurse felt that the hospital's structure, despite some administrative challenges, was good. Another often had to bring work home, affecting family time and causing emotional stress due to a lack of family support. According to PPNI (2018), around 50.9% of nurses in Indonesia experience job stress (Hendarti, 2020). This phenomenon suggests a need to address job stress among working women who are also homemakers. Research on job stress in healthcare institutions is crucial, especially where the workforce is predominantly female. Ekhsan and Septian (2021) emphasize the importance of managing stress levels and creating a supportive work environment to minimize risks, balanced with appropriate compensation. Indonesian Law No. 23 of 1992 mandates that "every workplace must implement occupational health efforts to prevent health disruptions among workers, families, communities, and the surrounding environment." Stress not only encompasses physical and behavioral aspects but also psychological factors, which need attention (Rahmah & Fahmie, 2019). Observations and interviews indicate that job stress remains a significant issue, affecting both the mental and physical well-being of employees, impacting their performance and overall life.

Job stress has both positive and negative impacts. While it is often associated with negative outcomes, stress can also have positive effects. Daniel (2019) found that stress can positively influence employees within manageable limits but becomes detrimental when it exceeds those limits. Hans (1974) (in Bienertova-Vasku et al., 2020) distinguishes between negative stress (distress), which causes negative emotions and physiological harm, and positive stress (eustress), which motivates individuals. Cavanaugh et al. (2000) describe stressors as either challenges that enhance motivation and performance or hindrances that obstruct achievements and harm employee well-being. The perception of stress determines its impact, with positive views leading to motivation and productivity, while negative views hinder performance and well-being. The sources of job stress are varied, with role conflict being a significant factor for women balancing careers and household responsibilities. Hans (in Samsinar et al., 2019) notes that all jobs can cause stress due to excessive workloads, role conflicts, and over-involvement with others. Kahn et al. (in Greenhaus & Beutell, 1985) describe role conflict as the clash between job and family pressures. Beehr and Newman (in Rice, 1999) summarize job stress research into physical, psychological, and behavioral symptoms, highlighting role stress as a key factor. Hospital X's predominantly female workforce faces role conflict as working women and homemakers, significantly contributing to job stress. Previous studies have shown a correlation between dual-role conflict and job stress among employees. Priastuty and Mulyana (2021) found a significant relationship between dual-role conflict and job stress among married female healthcare workers. Aijaz et al. (2020) observed a positive correlation between work-family conflict and job stress among working women in Pakistan's aviation sector. Panjaitan et al. (2021) reported a significant relationship between dual-role conflict and job stress among married female teachers. Harkina et al. (2020) found a significant relationship between dual-role conflict and job stress ( $R_{xy} 0.719$ , Sig 0.000). However, Purnamasari and Setiawan (2021) concluded no significant relationship between dual-

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role conflict and job stress among female police officers. Similarly, Isfianadewy and Noordyani (2020) found no significant relationship between work-family conflict and job stress among restaurant employees in Yogyakarta.

This study differs from previous research in several aspects. It follows Cooper, Sloan, and Williams' (1988) theory of job stress and Greenhaus and Beutell's (1985) dual-role conflict theory, unlike Agustina and Sudibya's (2018) research based on Handoko (2011) and Frone et al.'s (1992) theories. Nailah and Puspitadewi (2022) used purposive sampling, whereas this study employs a saturated sampling technique with 120 participants. The sample consists of married female nurses, who are more likely to experience role conflict and job stress compared to men, as noted in previous studies. The measurement scales used in this research are the Occupational Stress Indicator (Cooper, Sloan, & Williams, 1988) and the Dual Role Conflict Scale (Carlson et al., 2000), focusing on the three dimensions of dual-role conflict (Greenhaus & Beutell, 1985), unlike Sadiq (2022), who used different scales. Based on the above explanation, the researcher aims to investigate the issue of dual-role conflict and job stress among married women working at Hospital X. The proposed title is "Dual Role Conflict and Job Stress Among Married Women Working in Hospitals."

## **METHOD**

This study investigates the relationship between dual-role conflict (independent variable) and job stress (dependent variable). Job stress is defined as the body's response to negative stimuli caused by high job demands that exceed an individual's capacity, influenced by factors such as workload, environment, and roles. The aspects of job stress, according to Cooper, Sloan, and Williams (1988), include job itself, interpersonal relationships, role management, career and achievement, organizational structure, and conflict between family and work. Dual-role conflict is defined as a condition where one role interferes with another, resulting in an imbalance between job and family roles, influenced by time-based, strain-based, and behavior-based conflicts as described by Greenhaus and Beutell (1985).

The population for this study consists of all female employees at Hospital X in Magelang, totaling 90 healthcare workers, specifically nurses. The sampling technique used is saturation sampling, where the entire population is included in the sample. According to Sugiyono (2021), saturation sampling is employed when the population is relatively small, less than 100 individuals, or when the study aims to make generalizations with minimal error. Data collection was conducted using a questionnaire, a data collection technique involving a set of written questions or statements to be answered by respondents (Sugiyono, 2021). The researcher utilized a Likert scale model with four response options, scored from 1 to 4, to avoid neutral or safe answers from participants.

Table 1. Likert Scale Scoring Model

Response Type	Coding	Score
Strongly Agree	SA	4
Agree	A	3

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Response Type	Coding	Score
Disagree	D	2

The job stress scale used in this study is the Occupational Stress Indicator (OSI) developed by Cooper, Sloan, and Williams (1988), and modified by Wu Xiang et al. (2018), consisting of 20 items. After validity and reliability tests, this scale achieved a Cronbach's alpha of 0.74, making it suitable for use in this research.

Table 2. Blueprint of Job Stress Scale

Dimension	Item	Favorable	Unfavorable	Total
Job itself	1, 2, 3, 4	1, 2	3, 4	4
Interpersonal relationships	5, 6, 7, 8	7, 8	5, 6	4
Role Management	9, 10	9, 10	-	2
Career and Achievement	11, 12, 13, 14	-	12, 13, 14, 15	4
Organizational Structure	15, 16, 17	15, 16, 17	-	3
Conflict between Family and Work	18, 19, 20	19	18, 20	3
Total	20	10	10	20

The dual-role conflict scale measures the conflict experienced by working women, specifically in the healthcare sector. This scale includes 18 items developed from three aspects of dual-role conflict according to Greenhaus and Beutell (1985). After validity and reliability tests, the scale achieved a Cronbach's alpha of 0.913, making it suitable for this study.

Table 3. Blueprint of Dual-Role Conflict Scale

Dimension	Indicator	Item	Favorable	Unfavorable	Total
Time-Based Conflict	Time-Based Work Interference With Family	1, 2, 3	1, 3	2	3
	Time-Based Family Interference With Work	4, 5, 6	4	6, 5	3
Strain-Based Conflict	Strain-Based Work Interference With Family	7, 8, 9	7	8, 9	3
	Strain-Based Family Interference With Work	10, 11, 12	10, 11, 12	-	3
Behavior-Based Conflict	Behavior-Based Work Interference With Family	13, 14, 15	14	13, 15	3
	Behavior-Based Family Interference With Work	16, 17, 18	16	17, 18	3
Total		18	9	9	18

Validity testing was conducted to ensure the measurement tools were accurate, using IBM SPSS version 22. An instrument is considered valid if the corrected item-total correlation ( $r$ ) exceeds the criterion ( $p > 0.05$ ), with an  $r$  table value for DF of 90 being 0.2050 (Junaidi, 2010). For the dual-role conflict variable, 17 out of 18 items were valid with coefficients ranging from 0.309 to 0.864. For the job stress variable, 12 out of 20 items were valid with coefficients ranging from 0.306 to 0.600. Item analysis was performed using the corrected item-total correlation method, with a threshold correlation coefficient ( $r_{it}$ )  $\geq 0.30$ , which can be lowered to  $\geq 0.25$  (Azwar, 2018). Reliability testing was conducted using Cronbach's Alpha, with good reliability indicated by coefficients approaching 1. The results of reliability testing for both measurement tools are presented below.

Table 4. Reliability Test of Dual-Role Conflict

Measurement Tool	Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	Number of Items
Dual-Role Conflict	0.917	0.906	17

Table 5. Reliability Test of Job Stress

Measurement Tool	Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	Number of Items
Occupational Stress Indicator (OSI)	0.818	0.813	12

Cronbach's Alpha values for the dual-role conflict and job stress scales were 0.917 and 0.818, respectively, indicating that both scales are reliable and consistent. Data analysis employed Pearson correlation to determine the correlation between the two variables. Before hypothesis testing, assumption tests including normality and linearity tests were conducted to ensure the data followed a normal distribution and that a linear relationship existed between the variables. Data analysis was performed using SPSS for Windows version 22.

## RESULT AND DISCUSSION

### Participant Demographics

The study was conducted by distributing online questionnaires. A total of 90 respondents participated, and all responses were usable for this research. The general demographic profile of the participants, categorized by age and employment status, is presented in Table 6. Based on the demographic characteristics, the majority of participants were in the early adult age range of 26 to 35 years, comprising 48.9% (44 participants) of the total. Regarding employment status, the majority were full-time employees, accounting for 78.9% (71 participants).

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**Table 6. Participant Demographics**

Characteristic	Frequency	Percentage
Age		
17 - 25 years	9	10%
26 - 35 years	44	48.9%
36 - 45 years	21	23.3%
46 - 55 years	15	16.7%
56 - 65 years	1	1.1%
Employment Status		
Part-time	19	21.1%
Full-time	71	78.9%

**Dual-Role Conflict Classification**

The classification of dual-role conflict is detailed in Table 7. Based on the classification, the high category had the largest number of participants, comprising 27% (24 participants). The lowest score obtained was 19, and the highest was 69. The standard deviation was 9.860, and the average score was 38.70, indicating that most participants experienced a high level of dual-role conflict.

**Table 7. Classification of Dual-Role Conflict**

Categorization	Interval	Frequency	Percentage
Very Low	$19 \leq x \leq 29$	21	23%
Low	$30 \leq x \leq 36$	19	21%
Moderate	$37 \leq x \leq 43$	17	19%
High	$44 \leq x \leq 50$	24	27%
Very High	$\geq 69$	9	10%
Total		90	100%

**Job Stress Classification**

The classification of job stress is detailed in Table 8. In terms of job stress classification, the moderate category had the largest number of participants, comprising 33% (30 participants). The lowest score obtained was 27, and the highest was 72. The standard deviation was 8.925, and the average score was 52.03, indicating that most participants experienced a moderate level of job stress.

**Table 8. Classification of Job Stress**

Categorization	Interval	Frequency	Percentage
Very Low	$27 \leq x \leq 42$	10	11%
Low	$43 \leq x \leq 49$	26	29%

Categorization	Interval	Frequency	Percentage
Moderate	$50 \leq x \leq 57$	30	33%
High	$58 \leq x \leq 65$	16	18%
Very High	$\geq 72$	8	9%
Total		90	100%

### Item Discrimination and Reliability Test

The item discrimination test was conducted by calculating the item-total correlation. For the dual-role conflict scale with 18 items, 1 item was discarded, resulting in 17 valid items. The Cronbach's Alpha value was 0.917, indicating that the dual-role conflict scale is reliable. For the Occupational Stress Indicator (OSI) scale with 20 items, 8 items were discarded, resulting in 12 valid items. The Cronbach's Alpha value was 0.818, indicating that the OSI scale is reliable.

### Descriptive Statistics

Descriptive statistics show that dual-role conflict has a minimum value of 19, a maximum value of 69, a mean value of 38.70, and a standard deviation of 9.860. Job stress has a minimum value of 27, a maximum value of 72, a mean value of 52.03, and a standard deviation of 8.925 (Table 9).

Table 9. Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
Dual-Role Conflict	90	19	69	38.70	9.860
Job Stress	90	27	72	52.03	8.925
Valid N (listwise)	90				

### Hypothesis Testing

Hypothesis testing using Pearson's Product Moment correlation showed  $r = -0.073$  with a sig (1-tailed) value of 0.247 ( $p < 0.01$ ). This indicates that there is no relationship between dual-role conflict and job stress among married women working at Hospital X.

Table 10. Hypothesis Testing

Variable	r	Sig (1-tailed)	Note
Dual-Role Conflict & Job Stress	-0.073	0.247	No relationship

Based on the hypothesis test results, the correlation coefficient  $r = -0.073$ ;  $p < 0.05$  indicates no significant relationship between dual-role conflict and job stress among married women working at Hospital X. The level of dual-role conflict among participants falls into the high category with a percentage of 27% (Table 7) and an average score of 38.70. Meanwhile, the classification of job stress shows that participants are in the moderate category with a percentage

of 33% (Table 8) and an average score of 52.03. Dual-role conflict contributes minimally to job stress among married women working at the hospital. Several factors might explain the lack of a relationship between the two variables. First, many employees reported that the role conflicts they experience at work and at home do not significantly contribute to their job stress. They focus on fulfilling their responsibilities both at home and work. This finding aligns with Purnomo and Intan (2001), who found no relationship between dual-role conflict and job stress among married female nurses. Second, some employees feel that the role conflicts they experience are reasonable and manageable, thus not leading to job stress. This finding is consistent with Pleck's (1985) conclusion that the amount of time spent on work and family roles (role overflow) does not strongly impact the well-being of working wives. Third, some employees stated that their husbands' willingness to participate in family activities helps mitigate the dual-role conflict, preventing it from leading to job stress. According to Kessler and McRae in Coverman (1989), the greater the husband's participation in household activities, the better the wife's mental health.

The finding that there is no relationship between dual-role conflict and job stress among female nurses leads to the rejection of the study's hypothesis. Dual-role conflict does not necessarily increase job stress among female nurses, as evidenced by the rejected hypothesis. According to Barnett and Baruch in Coverman (1989), role overload and conflict are more strongly related to psychological stress among non-working women than among working women, due to the beneficial effects of the worker role. Therefore, it can be concluded that most female nurses working at Hospital X are physically and mentally healthier. This finding is supported by Waldron, Herold, and Dunn in Coverman (1989), who found that working women are healthier than non-working women. This study has limitations, such as data collection being conducted exclusively via Google Forms, preventing face-to-face interaction with hospital employees. Despite these limitations, the study's findings highlight the relationship between dual-role conflict and job stress among married women working at Hospital X. Various factors influence job stress, but dual-role conflict contributes relatively insignificantly, indicating that the extent of dual-role conflict does not play a crucial role in job stress among female nurses.

### **Implications for Counseling and Guidance**

The findings of this study, which indicate no significant relationship between dual-role conflict and job stress among married women working at Hospital X, provide valuable insights for counseling and guidance services. Despite the high levels of dual-role conflict reported, the minimal contribution of this conflict to job stress suggests that other factors play a more crucial role in managing stress for these individuals. Firstly, counseling services should focus on identifying and addressing the primary sources of job stress that extend beyond dual-role conflict. Individual counseling sessions can help employees explore personal stressors and develop tailored stress management strategies. Techniques such as cognitive-behavioral therapy (CBT) and mindfulness-based stress reduction (MBSR) can be particularly effective in helping employees manage their stress levels. Secondly, counseling programs can emphasize the importance of work-

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life balance and provide practical tools and strategies for achieving it. Workshops on time management, setting boundaries, and prioritizing tasks can equip employees with skills to better manage their roles both at work and at home. Additionally, providing resources on effective communication and negotiation skills can help employees address and reduce role conflicts. Thirdly, promoting social support within the workplace can significantly mitigate job stress. Counselors can facilitate peer support groups where employees can share experiences and coping strategies. Creating a supportive community within the workplace can help employees feel more connected and less isolated in their struggles. Furthermore, counseling services should consider incorporating family dynamics into their support programs. Understanding the role of family support, particularly spousal participation in household activities, can help counselors guide employees in improving their home environments. Couples counseling or family workshops can be offered to enhance communication and cooperation between partners, reducing the impact of dual-role conflicts. In addition, providing stress management resources and training for both employees and their families can create a more holistic approach to stress reduction. Techniques such as relaxation exercises, physical activity, and healthy lifestyle choices should be promoted to improve overall well-being. Lastly, counseling services should regularly evaluate and adapt their programs to meet the evolving needs of employees. Conducting periodic surveys and feedback sessions can help identify emerging stressors and areas for improvement in existing support programs. By implementing these strategies, counseling and guidance services can effectively address job stress and dual-role conflict among married women working at Hospital X, fostering a healthier, more balanced work environment.

## **CONCLUSION**

The study found no significant relationship between dual-role conflict and job stress among married women working at Hospital X. While dual-role conflict levels were generally high among participants, job stress levels were moderate. Various factors, including the manageable nature of role conflicts and the supportive role of husbands in family activities, contributed to this lack of a significant relationship. These findings align with previous research that suggests dual-role conflict does not necessarily lead to increased job stress among working women. Despite some limitations in data collection, the study highlights that most female nurses at Hospital X maintain better physical and mental health, suggesting that other factors besides dual-role conflict play more critical roles in influencing job stress.

## **REFERENCES**

- Arisandhi, R. N. (2018). Hubungan antara beban kerja dengan stres kerja pada pegawai bagian tata usaha dan keuangan di Perusahaan Gula Kebon Agung Malang.
- Aurellia, V. S. (2022). Hubungan Beban Kerja dengan Stres Kerja Pada Wanita Peran Ganda yang Berprofesi Sebagai Perawat. *Journal of Social and Industrial Psychology*, 11(2), 79-85. <https://doi.org/10.15294/SIP.V11I2.64797>.
-

- Azteria, V., & Hendarti, R. D. (2020). Faktor-Faktor Yang Berhubungan Dengan Stress Kerja Pada Perawat Rawat Inap Di RS X Depok Pada Tahun 2020. In Prosiding Forum Ilmiah Tahunan (FIT) IAKMI.
- Cavanaugh MA, B. W. (2000). An empirical examination of selfreported work stress among US managers. *Journal of Applied Psychology*, 85(1): 65–74. <https://doi.org/10.1037/0021-9010.85.1.65>.
- Cohen, F., & Lazarus, R. S. . (1979). Coping with the stresses of illness. *health psychol ogy/F*.
- Cooper, C. L., & Palmer, S. (2007). How to deal with stress. Unites States: Kogan Page Limited.
- Cooper, C. L., Sloan, S. J., & Williams, S. (1988). Occupational stress indicator: Management guide. Windsor: NFER-Nelson.
- Daniel, C. O. (2019). Effects of job stress on employee’s performance. *International Journal of Business, Management and Social Research*, 6(2), 375-382. <https://doi.org/10.18801/ijbmsr.060219.40>.
- Destaviani, P. (2020). Pekerjaan Teratas yang Didominasi Wanita. *mediapakuan*.
- Ekhsan, M., & Septian, B. (2021). Pengaruh Stres Kerja, Konflik Kerja dan Kompensasi Terhadap Kinerja Karyawan. *MASTER: Jurnal Manajemen Strategik Kewirausahaan*, 1(1), 11-18. <https://doi.org/10.37366/master.v1i1.25>.
- Frone, M. M. (1992). “Antecedents and Outcomes of Work-Family Conflict: Testing a Model of the Work-family Interface.” *J. Journal of Applied Psychology*, 77 (1): 65-78. <https://psycnet.apa.org/doi/10.1037/0021-9010.77.1.65>.
- Gibson, J. L. (1996). Organisasi: perilaku, struktur, proses, Diterjemahkan oleh Ninuk Adriani. Binarupa Aksara.
- Glowinkowski, S.P. and Cooper, C.L. (1986). Organisational Issues in Stress Research. *Journal of Managerial Psychology*, Vol. 1 No. 1, pp. 3-11. <https://doi.org/10.1108/eb017559>.
- Greenhaus, J. H., & Beutell, N. J. (1985). Sources of Conflict between Work and Family Roles. *The Academy of Management Review*, 10(1), 76–88. <https://doi.org/10.2307/258214>.
- Hariandja, Efendi, M.T. (2002). Manajemen Sumber Daya Manusia. Jakarta: Grasindo.
- Harkina, P., Junaidi, J., & Sari, M. P. (2020). Hubungan Antara Konflik Peran Ganda Dengan Stres Kerja Pada Pegawai Wanita Yang Sudah Menikah Di Universitas Malahayati Bandar Lampung. *Jurnal Medika Malahayati*, 4(4), 321-327.
- Hendarti, R. D. (2020). Faktor-Faktor Yang Berhubungan Dengan Stress Kerja Pada Perawat Rawat Inap Di Rs Hermina Depok Pada Tahun 2020.
- Imandinan, K., Kamil, H., & Maurissa, A. (2022). Gambaran Tingkat Stres Kerja Perawat Pada Era New Normal: Studi Kasus. *Jurnal Ilmiah Mahasiswa Fakultas Keperawatan*, 1(3).
- Isfianadewi, D., & Noordyani, A. (n.d.). . (2020). Implementation of coping strategy in work-family conflict on job stres and job satisfaction: Social support as moderation variable. *Review of Integrative Business and Economics Research*, 9, 223-239. .
- Muhyiddin, M. (2020). Covid-19, New Normal, dan Perencanaan Pembangunan di Indonesia. *Jurnal Perencanaan Pembangunan: The Indonesian Journal of Development Planning*, 4(2), 240–252. <https://doi.org/10.36574/jpp.v4i2.118>.
-

- Oktari, T. N. (2021). Gambaran Tingkat Stres Kerja Perawat Rumah Sakit pada Era New Normal. *Health Care: Jurnal Kesehatan*, 10(1), 115-124. <https://doi.org/10.36763/healthcare.v10i1.98>.
- Panjaitan, N. A. (2021). Konflik peran ganda pada guru wanita dan kaitannya dengan stres kerja. *Jurnal Prima Medika Sains*, (2), 41-46. <https://doi.org/10.34012/jpms.v3i2.1840>.
- Patattan, A. A. (2021). Hubungan Mutu Pelayanan Kesehatan Dengan Kepuasan Pasien Di Rumah Sakit Fatima Makale Di Era New Normal. *Jurnal Keperawatan Florence Nightingale*, 4(1), 14-19. <https://doi.org/10.52774/jkfn.v4i1.57>.
- Prasetyani, A. W. (n.d.). Riset tenaga Kesehatan Perempuan : Himpitan Peran Gender Sangat Mempengaruhi Karier.
- Pratiwi, T. Y., & Betria, I. (2021). Konflik Peran Ganda Dan Stres Kerja Pada Karyawan Perempuan. *Jurnal Ilmiah Cano Ekonomos*, 10(2), 1-14. <https://doi.org/10.30606/cano.v10i2.1127>.
- Priastuty, B. A. D., & Mulyana, O. P. (2021). Hubungan antara Konflik Peran Ganda dengan Stres Kerja pada Tenaga Kesehatan Wanita di Puskesmas. *Character: Jurnal Penelitian Psikologi*, 8(2), 94-104.
- Purnamasari, D., & Setiawan, K. (2021). Konflik Peran Ganda dengan Stres Kerja pada Polisi Wanita di Polres Ogan Ilir. *Indonesian Journal of Behavioral Studies*, 1(3), 320-331. <https://doi.org/https://doi.org/10.19109/ijobs.v1i3.11380>.
- Rahmah, D. D., & Fahmie, A. (2019). Strategi Regulasi Emosi Kognitif Dan Stres Kerja Petugas Kebersihan Jalan Raya Wanita. *Psikostudia: Jurnal Psikologi*, 8(2), 88-98. <https://doi.org/http://dx.doi.org/10.30872/psikostudia.v8i2.3047>.
- Rahmah, D. D., & Fahmie, A. (2019). Strategi Regulasi Emosi Kognitif Dan Stres Kerja Petugas Kebersihan Jalan Raya Wanita. *Psikostudia: Jurnal Psikologi*, 8(2), 88-98. <https://doi.org/http://dx.doi.org/10.30872/psikostudia.v8i2.3047>.
- Rice, P. L. (1992). *Stress and health* (2nd Edition). Pacific Grove, CA: Brooks/Cole.
- Rice, P.L. (1999). *Stress and Health* (3rd ed). Pasific Grove California: Brooks/Cola Publishing Company.
- Sartika, A., & Intani, R. (2022). Hubungan Konflik Peran Ganda Dengan Stres Kerja Pada Perawat Wanita di Rumah Sakit X Kabupaten Bekasi Tahun 2021.
- Stranks, J. (2005). *Stress at Work: Management and Prevention*. Oxford Routledge: Elsevier Butterworth-Heinemann.
- Sugiyono. (2007). *Statistika Untuk Penelitian*. Bandung: Alfabeta.
- Thorsteinsson, E. B., Brown, R. F., & Richards, C. (2014). The Relationship between Work-Stress, Psychological Stress and Staff Health and Work Outcomes in Office Workers. *Psychology*: 5, 1301-1311. DOI:10.4236/psych.2014.510141.
- Williams, S., & Cooper, C. L. (1998). Measuring occupational stress: development of the pressure management indicator. *Journal of occupational health psychology*, 3(4), 306. <https://psycnet.apa.org/doi/10.1037/1076-8998.3.4.306>.
- Wirajaya, M. K., & Nuraini, N. (2019). Faktor Faktor yang Mempengaruhi Ketidaklengkapan Rekam Medis Pasien pada Rumah Sakit di Indonesia. *urnal Manajemen Informasi Kesehatan Indonesia (JMiki)*, 7(2), 165. <https://doi.org/10.33560/jmiki.v7i2.225>.
-