

Original article

Dual Role Conflict and Withdrawal Behavior of Hospital Female Nurses in Semarang Regency

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Abstract

Background: Central Java is one of Indonesian provinces that are open to female nurses. There is an average of 70% female nurses per hospital in this province. Women who become wives and mothers as well as workers, often experience a conflict of dual roles, and this situation may impact their performance at work. **Objectives:** To find out relationship between dual roles conflict with withdrawal behavior of female nurses working at RSUD Ungaran Hospital in the Semarang Regency. **Research Methods:** This research was a quantitative, cross-sectional study. There were 78 female nurses approached for this study through purposive sampling. The study sample had 65 respondents. **Results:** 58.5% of female nurses at RSUD Ungaran Hospital did not experience dual role conflict. 66.2% of female nurses at RSUD Ungaran Hospital did not experience withdrawal behavior at work. **Conclusion:** There is a significant relationship between dual role conflicts with withdrawal behavior in female nurses. **Recommendation:** RSUD Ungaran Hospital should allocate training and provide facilities to reduce dual role conflict for female nurses.

Keywords: Dual role conflict; Female nurses, Withdrawal behavior

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Introduction

Nursing personnel comprise the majority staff in hospitals. The nursing profession is dominated by women (60-70% are female) (Gillies, 2003). There were approximately 223,257 nurses in Indonesia in 2017 who worked in hospitals. About 30,671 female nurses are employed in Central Java, one of the cities open to female nurses. On average, about 70% of nurses at hospitals in central Java (?) are female (Kemenkes RI, 2017).

Nurses must have high performance at work in order to provide quality health services for the community. Fulfilling the roles and responsibilities as a professional nurse is not easy, especially for female nurses with families. The female nurse with a family has a dual role as a breadwinner for the family, and as a housewife who is responsible for taking care of her family. This dual role often poses a conflict when the woman faces various obstacles in her household. The conflict may affect a female nurse's performance at work (Jimad & Habibullah, 2010). Although men can also experience multiple role conflicts, women may have a greater burden due to the expectation that they perform a majority of household duties as mothers and wives.

Professionally, nurses are required to work at a high level to thoroughly care for their patients. Problems due to family-job and family work conflicts may affect the work performance of the nurse. Role conflicts have two forms: family-job conflicts and family-work conflicts. Family-job conflicts occur due to an imbalance between work and family. When a person participates in a job, there may be difficulties fulfilling responsibilities for her family. The family-work conflict refers to a conflict where the general demands and time needed for family responsibilities create tension at work or interfere with the employment-related

responsibilities (Yabas & Babakus, 2008).

Performance problems due to dual role conflict may include arriving at work late, having unexcused work absences, performing work at a low level, and idleness. Nurse absenteeism is detrimental to a hospital because absent nurses are not caring for patients, but still earn their salary. Productivity decreases. Voluntary absences that are usually under the direct control of employees are a problem. This type of absence is different from involuntary, unintentional absence such as accidents or illnesses, which are usually outside an employee's control of control. Attendance problems at work may be one symptom of employee withdrawal behavior.

According to the interviews conducted at Ungaran Hospital in January 2019, the head nurse and female nurses on staff felt that the dual role conflict occurred when female nurses often arrived late for work. Reasons for coming late to work included responsibilities for the children, taking the child to school, and performing household duties such as cooking, washing, cleaning the house, and other responsibilities for the children and husband in the morning. In addition, female nurses asked for permission to go home during working hours to monitor children were still young or that were sick more often than male nurses. There were a higher percentage of female nurses woman that arrived late to work than male nurses.

Our study was conducted at the Ungaran Hospital in Central Java in 2019. In 2019, there were 129 female nurses (72.06%), while there were 50 male nurses (27.93%). When this study was conducted, the Ungaran Hospital had not implemented a fingerprint system for checking into work. Thus, nurses were not supervised tightly. The purpose of our study was to determine the relationship between dual roles conflict with withdrawal behavior of female nurses working at RSUD Ungaran Hospital in the Semarang Regency.

Research Methodology

This research was a quantitative, cross-sectional study that looked at the correlation between dual role conflict experienced by

female nurses and withdrawal behavior at work (Notoatmojo, 2012).

Study Population and Sample

There are 78 female nurses approached for this study in this study and sample of 65 that responded and agreed to the

questionnaires. The study used purposive sampling (Nursalam, 2014).

Data Collection

We collected data using two questionnaires. Questionnaire A consisted of 30 questions about dual role conflict. This questionnaire was developed from

Greenhaus & Beutell (1985). Questionnaire B consisted of 15 questions about withdrawal behavior (Ferdinand, 2006).

Data Analysis

Data analysis was conducted using SPSS software, version 17 (SPSS Inc., Chicago, 2008). We performed univariate analysis describing the frequency distribution and the variable percentage of dual role conflict and withdrawal behavior of female nurses

working at Ungaran hospital. Bivariate analysis using the Chi-Square test statistic was used to examine the relationship of dual role conflict with withdrawal behavior in female nurses (Machfoedz, 2013).

Ethical Approval

This study was approved by Ethical Research Committee of Karya Husada Health College & Science Semarang

Indonesia, Number 479/KH.KEPK/KH/IV/2019 in April 11th 2019.

Results

Table 1. Frequency distribution of dual role conflict among female nurses at RSUD Ungaran Hospital, Semarang Regency

Dual role conflict among female nurses	Frequency	Percentage
Experiencing Dual role conflict	27	41.5%
Not Experiencing Dual role conflict	38	58.5%
Total	65	100%

Based on table 1, most female nurses at Ungaran Hospital in the Semarang district did not experience a dual role conflict. Of 65 respondents, 38 respondents (58.5%) did not

experience dual role conflict. A minority (27 respondents or 41.5%) experienced dual role conflict.

Table 2. Frequency Distribution of withdrawal behavior among female nurses in RSUD Ungaran Hospital, Semarang Regency

Withdrawal Behavior	Frequency	Percentage
Experiencing withdrawal behavior	22	33.8%
Not experiencing withdrawal behavior	43	66.2%
Total	65	100%

Based on table 2, most female nurses at Ungaran Hospital did not experience withdrawal behavior. Of 65 respondents, 43 respondents (66.2%) did not experience withdrawal behavior. A small portion (22 respondents or 33.8%) experienced withdrawal behavior

Based on cross tabulation of dual role conflict and withdrawal behavior using the Chi-Square test, there was a correlation

Conclusions and Discussion

The results showed that about 41.5% of female nurses in the Ungaran Hospital of Semarang District experienced dual role conflict. However, for nurses experiencing the dual role conflict, the situation is very stressful. This conflict may occur because the female nurse is overloaded professionally and with family responsibilities. She may have to work overtime, and her workplace may be far from home. Due to commuting a long distance, a nurse may be very tired before starting work. In addition, the nurse may experience a workload that is too high at home. Sometime there is no cooperation or help with household duties from her husband or the other family members, causing the nurse of undergo conflict.

The results showed that the majority of female nurses (43 respondents; 66.2%) working at Ungaran Hospital did not experience withdrawal behavior. However, 23 respondents (33.8%) experienced withdrawal behavior. According to the answers from the respondents' questionnaires, the most frequent answers from respondents about why she felt that she could not focus work was because she was thinking about her child

between dual role conflict with the withdrawing behavior of female nurses in Ungaran Hospital Semarang district. Of 27 female nurses in Ungaran hospital who had dual role conflict, 18 respondents (66.7%) had withdrawal behavior. Of the 38 female nurses who did not experience dual role conflict, a majority (34 respondents or 89.5%) did not have withdrawal behavior.

at home (as much as 65%), could rarely socialize with colleagues in the office (as much as 64%) and often could not get permission to not come to work if there is a family problem (as much as 63%).

Withdrawal behavior at work occurs when an employee physically and psychologically separates and disengages from their work and work organization (Mahdi K, 2012). The physical forms of withdrawal behavior at work include absenteeism, delayed arrival to work, and turnover. There are also psychological forms of withdrawal behavior including: obedience in the form of passive compliance, making a minimum or least possible effort on the job, and a lack of creativity in solving problems at work (Pinder, C. C. 2008).

Our findings that there is a connection between experiencing dual role conflict and withdrawal behavior at work may have implications in a nurse's overall job performance. Excessive lateness can be evidence that a nurse employee wants to be detached from her company, the hospital. This is especially true if an employee is consistently late because it shows a lack of

motivation to go to work on time (Lohana, 2012). Multiple role conflicts between work and family may reduce a nurse's motivation to come work in a timely manner. Nurses may feel tired of doing the work at home and of the responsibilities of parenting. She may think that it is better to be at home with her

children. She may feel a lack of motivation at work because of her situation at home and other responsibilities outside of her job. The stress from this situation may triggers the nurse to come to work late. She may also consider resigning from her job as a nurse (Mahdi K, 2012).

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