

Differences in Quality of Female Nursing Work Life Based on Gender and Nursing Perspectives

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ABSTRACT

The quality of a nurse's work life is the degree of satisfaction regarding personal and organizational needs based on experience in a work organization. A nurse with a dual role is the nurse who acts as a mother and a professional nursing staff at the same time. The purpose was to determine differences in the quality of female nurses' work life in gender and nursing perspective at Balung General Hospital and Kalisat General Hospital in Jember Regency. The research method uses a comparative study with a quantitative research type. The sampling technique in this research is random sampling with a total of 115 samples. Data collection was conducted by using questionnaires about the quality of nurses' work life from the nursing perspective and questionnaires conflict with women's dual role from the gender perspective. Data processing using the Mann-Whitney analysis test with a 95% significance level ($\alpha=0.05$). The results using Mann-Whitney analysis showed that there is a difference between the gender perspective and the nursing perspective ($p=0.000$). The mean results showed that the nursing perspective ($\bar{X} = 33.29$) is higher than the gender perspective ($\bar{X} = 22.63$). The conclusion shows that the quality of female nursing work life from the gender perspective needs to be improved. The hospital needed to review further regarding work schedules and shift time; the family needed to provide full support and good cooperation; and female nurses themselves must also have good coping control, time, and energy management. Apart from that, it is necessary to have a policy from the room head and team leader regarding the distribution of schedules for female nursing staff without reducing the feeling of unfairness for male health workers.

Keywords: female nurses; quality of nursing work life; gender; nursing

INTRODUCTION

A hospital is an institution that provides comprehensive health care services, including emergency units, inpatient care, and outpatient care (UU RI No 44, 2009). Human resources in hospitals, which are an important component with the largest number, are nursing staff (Lee et al., 2021). Based on data from WHO in 2020, the majority of health workers are nurses, with an estimated 19.3 million out of a total of 43.5 million health workers in the world (Salahat & Al-Hamdan, 2022). The nursing staff works 24 hours with a shift system, so they have long working hours, excessive workloads, and irregular rest periods, which can affect the quality of the work life of nurses (Salahat & Al-Hamdan, 2022). The quality of work life is a priority issue that must be considered in setting up the organizational welfare (Soetjipto, 2017). The low quality of work life of nurses is evidenced by the high number of nurses dissatisfied with their personal lives and organization in their work.

The results of research by Kaddourah et al. (2018) at two hospitals in Riyadh stated that (54.7%) of the 364 nurses as a sample were dissatisfied with the quality of their work life, where the total number of female nurses was more than male nurses, namely 329 people. Another study conducted at the Surabaya X Mother and Child Hospital by Beki (2018) showed that the quality of work life of nurses was not good as indicated by an increase in the intensity of leaving by 2.38% during the past month, of which 66.67% or 38 people from overall 57 respondents were nurses with female sex. Based on several studies that have been conducted, it is known that the quality of work life of nurses is still at a low level with the majority of respondents being female nurses and their status as housewives. Nurses who have a dual role are nurses who act as mothers and nursing professionals at the same time (Apriani & Anggraeni, 2019). Based on several studies, the

conclusion of the problem in the research that I will raise is the low quality of work life for nursing staff, which is mainly experienced by female nurses with multiple roles.

Nurses with multiple roles often have difficulty dividing time and role priorities. As professionals, nurses play an important role in carrying out their duties with very busy working hours, namely 8 hours per day or three shifts (morning, afternoon, and evening). Conversely, as mothers, nurses must provide optimal attention, affection, and care for their children (Apriani & Anggraeni, 2019). Women with multiple roles generally experience conflicts related to fulfilling work and family responsibilities. Greenhaus and Beutell in Sitanggang (2018) say that three types of conflict are commonly experienced by women, namely conflict based on time, tension, and behavior. Most women with dual roles as nurses experience more complex conflicts because nurses must have a highly professional attitude in their work.

Research by Nurullaili et al. (2019) showed that 62.5% of nurses at Balung Hospital wanted to quit their jobs. Sari et al. (2018), in their research at Balung Hospital, said that the level of job satisfaction held by nurses was very low, where the level of satisfaction was lower for female nurses, namely 14.37%. Based on a preliminary study conducted through interviews with several female nurses, it is known that most female nurses working in the two hospitals are married and have children. Some nurses say they find it very demanding to perform both roles. This is because both the role of a professional nurse and the role of a wife and mother can impact many people if not done optimally.

Based on the description above, the researcher was interested in finding out more regarding differences in the quality of work life of female nurses in terms of a gender perspective and a nursing perspective in the agro-industrial area of Jember Regency.

METHOD

This study uses a comparative quantitative method to determine the differences between the two variables. This research was conducted at Balung Hospital and Kalisat Hospital, Jember Regency with female nurses as the population and a total sample of 115 nurses. The data collection technique in this study used a nurse's work-life quality questionnaire for the nursing perspective and a dual role questionnaire for the gender perspective. The data collection process begins by asking permission from various related parties. Then the researcher started conducting research by distributing questionnaires to respondents. Respondents will fill in approximately 15 minutes. Then the questionnaire is returned to the researcher and the data processing will be carried out by the researcher. The simple random sampling technique was used in this study to collect the research sample. Data processing using a computer program with the Mann-Whitney test with a significance level of 95% ($\alpha=0.05$).

RESULT

Based on the results of research conducted on 115 female nurses at Balung Hospital and Kalisat Hospital in Jember Regency, the data obtained were processed using SPSS 21 for Windows in the form of descriptive statistics.

Table 1. Distribution of Respondents by Age, Length of Work, and Distance from Home

Variable	Mean	Median	Min-Max
Age	34.36	35	24-47
Length of Work	7.46	7	0.5-16
Distance From Home to Workplace (km)	5.75	5.7	2.4-9.2

Table 1 shows that the respondents' ages are approximately 35 years, with the youngest age range being 24 years and the oldest age being 47 years. The respondent's working period is approximately 7 years, with the latest working period being 5 months and the longest being 16 years. The distance between the respondent's house and the place of work is 5.7 km farther, with the distance between the nearest house being 2.4 km and the farthest house being 9.2 km.

Table 2. Distribution of Respondents by Level of Education and Employment Status (n=115)

Characteristics	Frequency (f)	Percentage (%)
Level of Education		
Associate of Nursing	78	67.8
Bachelor of Nursing	37	32.2
Master of Nursing	0	0
Employment Status		
PNS	26	22.6
Non PNS	82	71.3
P3K	7	6.1

Table 2 shows that in terms of educational level characteristics, more than 50 percent of research respondents have an academic background nurse associated with 78 female nurses or 67.8%. The characteristics of employment status show that most respondents have employment status as Non-PNS, with 82 people or 71.3%.

Table 3. Results of Descriptive Analysis of Quality of Female Nursing Work Life (n=115)

Category	Gender Perspective		Nursing Perspective	
	f	%	f	%
High	16	13.9	42	36.5
Moderate	96	83.5	73	63.5
Low	3	2.6	0	0
Total	115	100	115	100

Table 3 shows that from a gender perspective, most of the respondents have a moderate quality of work life of 83.5%. From a nursing perspective, more than 50 percent of respondents have a moderate quality of work life of 63.5%.

Table 4. Data Normality Test Results on Gender and Nursing Variables

Variable	Significance Value	Explanation
Gender Perspective	0.000	Data distribution is not normal
Nursing Perspective	0.000	Data distribution is not normal

Based on the results of the normality test, it is known that both the gender variable and the nursing variable have a significance value of 0.000, which states that the data is not normally distributed. This indicates that this research is a type of non-parametric research.

Table 5. Results of the Mann-Whitney Data Test on Gender and Nursing Variables

Variable	p	Explanation	Mean
Gender Perspective	0,000	There are differences	22.63
Nursing Perspective			33.29

Based on the results of the Mann-Whitney test, it is known that the P value = 0.000, which means the P value < α , so H_0 is rejected. This shows a difference between the gender and nursing perspectives on the quality of work life of female nurses at Balung Hospital and Kalisat Hospital, Jember Regency. Based on the mean value of the nursing perspective variable, it has a mean ($\bar{X} = 33.29$), which is higher than the gender perspective variable ($\bar{X} = 22.63$).

DISCUSSION

Quality of female nursing work life from a gender perspective

Based on the research results on 115 respondents, it is known that most of the research respondents have a quality of work life in a gender perspective with a moderate category of 83.5%. The research results on the QNWL variable indicator from a gender perspective show that the time-based conflict indicator is in the good category with the highest frequency and percentage.

This study's results align with Greenhaus and Beutell's theory in Field Rahmayati (2020), which explains that time-based conflict is positively related to work schedule arrangements, number of hours worked, attendance intensity, and irregular shift schedules. The strain-based conflict indicator is in the good category with the lowest frequency and percentage. Researchers assume that respondents have great pressure on both roles, the role of a professional nurse and a housewife.

This research is in line with research by Wongpy & Setiawan (2019), which says that women who work as nurses with high job demands can interfere with their roles as mothers and wives, in which case the children will get the greatest impact.

In my opinion, there is a need for control within the nurse to be able to adjust behavior according to what is expected when at work with behavior according to what is expected when at home and interacting with family. It is hoped that this will prevent the emergence of conflicts regarding the work role and dual roles of female nurses so that the quality of female nurses' work life from a gender perspective can improve in the future.

Quality of female nursing work life from the nursing perspective

Based on the research results, it is known that most of the research respondents have a quality of work life from the nursing perspective, with a moderate category of 63.5%. From a nursing perspective, the research results on the QNWL variable indicator show that the work design indicator is in the good category with the highest frequency and percentage.

The results in this study are in line with research conducted by Oyoh et al. (2017), job satisfaction significantly affects the quality of life of the nurses themselves, whereas low job satisfaction affects the work environment, working conditions, nurses' views of their work, and their personal lives. Meanwhile, the work-life/home-life indicator is in the good category with the lowest frequency and percentage. Researchers assume that research respondents are less able to balance work life with family life. As a nurse with busy working hours and three shifts, you don't have much free time for your family. This can lead to conflict, both with family and work.

The results of this study are in line with research by Alreshidi & Alsharari (2021) concerning the assessment of the work-life/home-life dimension showing the results that as many as 57.1% of nurses were at the moderate level, where respondents with a majority of women as much as 98.5% said it was very difficult to balance between work needs and family needs.

I believe there needs to be good cooperation between the hospital and female nursing staff. The hospital needs to regulate policies regarding more flexible work schedules, motivational support, and provision of positive reinforcement. Meanwhile, for female nursing staff, good time management is also needed in managing their two roles and support from the family is also needed.

Analysis of differences in gender perspective and nursing perspective

Based on the results of the Mann-Whitney test with a 95% confidence level ($\alpha=0.05$), $p=0.000<0.05$. This shows that H_0 is rejected, which means there is a difference between the gender and nursing perspectives on the quality of work life of female nurses at Balung Hospital and Kalisat Hospital, Jember Regency. Based on the mean value of the nursing perspective variable, it has a mean ($\bar{X} = 33.29$), which is higher than the gender perspective variable ($\bar{X} = 22.63$).

These results are supported by preliminary studies through interviews with several nurses, it is known that they have the support of the head of the room and colleagues, for example, when the nurse gets a shift schedule, but at the same time there is an important event at home, the nurse can ask permission from the head of the room and ask the help of co-workers who are in the same shift with him to exchange shift schedules. According to Brooks & Anderson (2005), the support of the head of space and colleagues is included in the dimensions of the work context in the QNWL nursing perspective.

Some female nurses also said they have very big demands to carry out both roles to the fullest. Some nurses revealed that they often experience stress due to these demands. This leads to a dual role conflict, which is a gender perspective QNWL.

CONCLUSION

Based on the research results, the following conclusions can be drawn: (1) most respondents have a quality of work life from the gender perspective in the moderate category, with the good category having the highest score on the time-based conflict indicator and the low category having the highest score on the strain-based conflict indicator, (2) more than fifty percent of respondents have a quality of work life in the nursing perspective in the moderate category, with the good category having the highest score on the work design indicator and the low category having the highest score on the work-life/home life indicator, and (3) there are differences in the variables of the gender perspective and the nursing perspective ($p=0.000<0.05$). The mean value of the nursing perspective variable ($\bar{X} = 33.29$) is higher than the mean gender perspective ($\bar{X} = 22.63$).

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