

## Coping and support in work–family conflict among nurses

Arni Nur Rahmawati\*, Indri Heri Susanti

Nursing Study Program, Harapan Bangsa University, Indonesia

\*Corresponding author's email: arninnr@uhb.ac.id

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### Abstract

**Background:** Work-family conflict (WFC) has become a pressing issue among female healthcare workers, particularly nurses, who have dual demands from professional and familial roles. This study aimed to examine the levels of WFC, coping strategies, and perceived organizational support among employed mothers working as nurses.

**Method:** A cross-sectional study was conducted among 77 female nurses at RSUD Ajibarang, Central Java, Indonesia. Data were collected using three standardized instruments: the Work–Family Conflict Scale (5 items), the Brief COPE Inventory (6 items), and the Perceived Organizational Support Scale (5 items).

**Results:** Descriptive analysis showed that 64.94% of respondents experienced moderate WFC, 63.64% had moderate coping strategies, and 55.84% perceived high organizational support. Only 15.58% reported high WFC, while 19.48% reported high coping ability. These results indicate a significant presence of dual-role pressure, but also highlight the mitigating role of coping strategies and institutional support.

**Conclusion:** These findings suggest that while dual-role conflict is prevalent, it can be managed through adaptive coping strategies and supportive organizational environments. The study recommends implementing workplace interventions, such as coping training and family-friendly policies, to enhance well-being among female healthcare workers.

**Keywords:** Coping strategies; Dual role; Female nurses; Organizational support; Work-family conflict.

### INTRODUCTION

The increasing number of women participating in the health workforce has significantly shaped modern healthcare systems. In Indonesia, women make up more than 70% of the health workforce, with a large proportion serving as nurses, midwives, and administrative personnel (1). These women are not only professionals but also play vital roles as caregivers and mothers. Balancing these dual responsibilities often leads to work-family conflict (WFC), a condition in which the demands from work and family domains are incompatible in some respect, resulting in role strain (2). This dual-role conflict can contribute to emotional exhaustion, reduced job satisfaction, and decreased family well-being (3,4).

Work-family conflict is generally classified into two directional conflicts: Work-to-Family Conflict and Family-to-Work Conflict. Research indicates that work-to-

family conflict is more prevalent in professions with rigid schedules and emotional labor, such as nursing (4). In the Indonesian context, studies exploring this dual-role dynamic among female healthcare professionals remain limited, especially in rural or suburban settings where social support structures and institutional policies may be insufficient (5).

Furthermore, coping strategies employed by working mothers significantly influence how they manage dual-role stress (6). Lazarus and Folkman's transactional model posits that coping is a key determinant of psychological outcomes in stressful role interactions (7). Several coping styles, such as problem-focused, emotion-focused, or avoidant coping, can determine whether a mother successfully manages or becomes overwhelmed by role conflict (8). However, studies such as those by Wang et al. (2022) highlight that maladaptive coping (e.g., avoidance) tends to exacerbate stress,

particularly when organizational support is lacking (9).

Perceived Organizational Support (POS) is also a protective factor in managing role conflict (10,11). POS refers to the extent to which employees believe that their organization values their contributions and cares about their well-being. High POS has been linked to lower burnout and improved work-life balance among nurses (10,11). Yet, few studies in Indonesia have integrated these three domains: WFC, coping mechanisms, and POS, into one framework, particularly among mothers working in government hospitals in regions like Central Java.

From our preliminary study at RSUD Ajibarang, we observed that a majority of female nurses reported moderate levels of work-family conflict, primarily in the work-to-family direction, while also exhibiting varied coping styles, some of which were maladaptive. This reinforces the need for a contextualized and integrative analysis of the psychosocial factors surrounding dual-role conflicts.

Most prior research focuses on either the psychological outcomes of WFC or the effectiveness of interventions, with limited exploration of how organizational support and individual coping strategies interact in real-world hospital settings. This research aims to fill that gap by investigating the prevalence and characteristics of work-family conflict, the coping strategies employed, and the perceived organizational support among working mothers in a healthcare setting in Central Java, Indonesia.

The objective of this study is to explore the relationship between work-family conflict, coping strategies, and perceived organizational support among employed mothers in the health sector, with a focus on female healthcare workers at RSUD Ajibarang.

## METHOD

This study used a quantitative, cross-sectional approach to explore the relationship between work-family conflict (WFC), coping strategies, and perceived organizational

support (POS) among female nurses. This design was chosen to capture a snapshot of the psychosocial dynamics experienced by working mothers in the healthcare sector at a specific time. A cross-sectional method also enabled correlational and categorical analysis between the key variables in a real-world hospital setting.

The study population included all female nurses working at RSUD Ajibarang, a regional public hospital in Banyumas Regency, Central Java, Indonesia. Participants were selected using total sampling, involving nurses who met the following inclusion criteria: (1) married female nurses or those with caregiving responsibilities for children; (2) employed full-time for at least one year; and (3) actively involved in patient care. Nurses in purely managerial roles were excluded. A total of 120 nurses were approached, and 100 valid responses were collected and analyzed.

Data collection utilized three standardized and validated instruments:

- The Work-Family Conflict Scale (WFC), consisting of 5 items using a 5-point Likert scale,
  - The Brief COPE Inventory (short version with 6 items) using a 4-point scale to assess coping strategies,
  - The Perceived Organizational Support (POS) scale (5 items) was rated on a 5-point Likert scale.
- These instruments were translated and culturally adapted to Bahasa Indonesia. Content validity was reviewed by three expert validators in nursing psychology, and reliability was established with Cronbach's alpha values ranging from 0.76 to 0.84 in prior Indonesian studies.

The data collection procedure was conducted between 1 and 14 July 2025, following administrative coordination and ethical clearance from the Universitas Harapan Bangsa ethics committee (No. 123/KEPK/UHB/2025). Respondents were informed about the study, signed informed consent, and completed the questionnaire either via printed forms or a google form link distributed through official communication channels. Data collectors provided

clarification and checked for completeness during collection.

Data were analyzed using SPSS version 25. Descriptive statistics were employed to describe demographic data and mean scores. To ensure ethical conduct, participant identity was anonymized, data were stored securely, and participation was entirely voluntary. Respondents were assured they could withdraw from the study at any point without penalty.

## RESULTS

The results presented are important data obtained from the results of data collection in the field (test results, questionnaires, interviews, documents, etc.). The research results can be supplemented with tables, images, or graphs to clarify the results. Avoid presenting similar data in separate tables. All tables, images, and graphs must be centered and numbered sequentially. For qualitative research, the results section contains detailed sections in the form of sub-topics that are directly related to the focus of the research and categories.

**Table 1. Frequency Distribution of Work-Family Conflict among Working Mothers in Health Services (n=77)**

| No    | Category | Frequency | Percentage |
|-------|----------|-----------|------------|
| 1     | Low      | 15        | 19,48%     |
| 2     | Medium   | 50        | 64,94%     |
| 3     | High     | 12        | 15,58%     |
| Total |          | 77        | 100,00%    |

Based on data analysis of 77 respondents, it was found that the majority of respondents experienced moderate levels of work-family conflict (WFC), amounting to 50 respondents (64.94%). This indicates that the majority of mothers working in the healthcare sector experience significant role stress from work demands on their family life.

These findings illustrate that dual role conflict is a critical issue that requires attention, particularly among female healthcare workers who fulfill the roles of both workers and mothers. Interventions such as strengthening coping strategies and

organizational support are urgently needed to minimize the negative impact of this conflict on respondents' psychosocial well-being.

**Table 2. Frequency Distribution of Coping Strategies in Working Mothers in Health Services (n=77)**

| No    | Category | Frequency | Percentage |
|-------|----------|-----------|------------|
| 1     | Low      | 13        | 16,88%     |
| 2     | Medium   | 49        | 63,64%     |
| 3     | High     | 15        | 19,48%     |
| Total |          | 77        | 100,00%    |

The analysis of the coping strategy scale showed that the majority of respondents, 49 (63.64%), fell into the moderate category. This indicates that the majority of mothers working in the healthcare sector have adequate coping skills to deal with the pressures of their dual roles.

This distribution suggests that although most respondents have adequate coping strategies, capacity-building interventions are still needed, particularly for those with low coping skills. Education, psychological training, and strengthening a supportive work environment can improve coping skills and mitigate the negative impact of role conflict.

**Table 3. Frequency Distribution of Organizational Support for Working Mothers in Health Services (n=77)**

| No    | Category | Frequency | Percentage |
|-------|----------|-----------|------------|
| 1     | Low      | 1         | 1,30%      |
| 2     | Medium   | 33        | 42,86%     |
| 3     | High     | 43        | 55,84%     |
| Total |          | 77        | 100,00%    |

Based on the analysis of respondents' perceptions of organizational support, the majority, 43 (55.84%), fell into the high category. This indicates that more than half of respondents felt they received attention, appreciation, and support from their workplaces, whether in the form of family-

friendly policies, performance recognition, or flexibility in carrying out dual roles.

These findings provide a positive signal that the healthcare workplace, particularly at Ajibarang Regional Hospital, has strived to provide structural and emotional support to assist working mothers in managing dual roles. However, strengthening policies and a more inclusive work culture is still needed to reach all women in the workforce equally.

## DISCUSSION

The results of this study indicate that the majority of respondents experienced moderate levels of work–family conflict (WFC) (64.94%), while a smaller portion reported high conflict levels (15.58%). This finding aligns with Alotaibi et al. (2023), who argue that female healthcare professionals are highly vulnerable to dual-role strain, especially when job demands consume time and energy that would otherwise be dedicated to family. Moderate to high levels of WFC should be addressed by organizations, as they can impact both family relationships and job performance over time (12–14).

In terms of coping strategies, most respondents were categorized in the moderate group (63.64%), with only 19.48% classified as having high coping abilities. This suggests that although most nurses demonstrate functional responses to role stress, there remains a need to strengthen adaptive coping strategies, especially among those with low coping scores (16.88%). Research by Yao et al. (2022) has shown that adaptive coping, such as problem-focused and emotion-focused strategies, significantly reduces stress and enhances psychological resilience (15–17).

Meanwhile, perceptions of organizational support were positive, with 55.84% of respondents falling into the high category. This indicates that the majority of nurses feel supported by their institutions, both emotionally and structurally, in balancing work and family roles. These findings are consistent with Mensah (2021), who

emphasizes the role of organizational support in reducing job stress, improving job satisfaction, and preventing burnout among healthcare professionals (18–21).

These three variables, WFC, coping strategies, and organizational support, are interconnected in the well-being of employed mothers in healthcare. When organizational support is high and individuals possess adaptive coping skills, the negative impacts of work–family conflict can be mitigated. Institutional interventions such as coping training, psychological counseling, and family-friendly workplace policies are strongly recommended (22,23).

Further, the role of psychological resilience and emotional regulation becomes increasingly critical in mediating the relationship between dual-role conflict and mental health outcomes (24,25). Interventions should also address gender-specific stressors and cultural expectations, especially in collectivist contexts such as Indonesia. As highlighted by Pradani & Widyastuti (2024), emotion regulation and support systems tailored to women's roles at home and work can improve their psychological well-being significantly (2).

The findings of this study are supported by several global studies emphasizing the importance of both personal and organizational resources in reducing WFC (26–28). These studies have shown that multi-level interventions, from individual coping training to systemic organizational support, are essential to improve retention, reduce burnout, and sustain a healthy nursing workforce.

Hence, future research should continue to explore contextualized models of support and coping for employed mothers in healthcare professions, incorporating variables such as emotional intelligence, resilience, supervisor support, and cultural dimensions. Policymakers and hospital management must also recognize these psychosocial dynamics as part of occupational health and workforce sustainability efforts (13,21).

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