

The Effect of Work, Family Conflict, and Work Shifts on the Performance of Midwives with Work Stress as Intervening Variables

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ABSTRACT

Introduction: In hospitals, the most dominant human resources are health workers, especially female midwives who are married and have children. Midwives with these two roles will sometimes experience negative effects, commonly known as work-family conflicts. The purpose of the study was to ascertain the impact of work-family conflict, shift work, and work stress as intervening variables on midwives' performance in Class D General Hospital Pratama Pangkep. **Method:** The method used is quantitative analysis through a cross-sectional approach. A total of 53 people was the population while a sample of 38 female midwives was taken according to the inclusion criteria. Data collection was carried out using a questionnaire, while data analysis was carried out using path analysis. **Result:** According to the study's findings, work stress and performance were correlated ($p = 0.000$), as were work-family conflict and stress at work ($p = 0.000$), shift work and stress at work ($p = 0.000$), work-family conflict and performance through work stress ($p = 0.004$), and shift work and stress at work ($p = 0.001$). **Conclusion:** Based on the results of the path analysis conducted, it was found that there is a direct effect between work stress on performance, there is a direct effect between work-family conflict and work shifts on work stress.

Keywords: performance of midwives, work shifts, work stress, work-family conflict

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INTRODUCTION

In this era of digitalization, technology is developing rapidly, covering various areas of life including health. Modern society's health needs are increasingly complex, affecting health practitioners in providing services. Decree of the Minister of Health of the Republic of Indonesia No. 659/MENKES/PER/VIII/2009 regulates hospitals as health service facilities with various services such as inpatient, outpatient, and emergency care. Hospitals are expected to provide comprehensive health services that are right on target. It takes professional medical personnel to achieve this goal (Ministry of Health RI, 2009).

In the context of health services, the relationship with organizational productivity is very important.

According to Janah *et al.*, (2017), organizational productivity depends on the serious contribution of workers who utilize human resources to a minimum. Negative conflict can reduce productivity because it can cause feelings of disappointment and stress, distracting from work.

In hospitals, human resources come from various professional backgrounds, especially nurses and midwives who dominate. Data for 2017 revealed that 80% of a total of 272,717 health workers in Indonesia were nursing staff (Ministry of Health RI, 2018). A 2017 study in Italy stated that out of 942 female nurses in hospitals, around 500 were married and had children (Ghislieri *et al.*, 2017). Research at Raja Ahmad Tabib Hospital shows that out of 157 female nurses, 67 (43%) of them are married (Saputra, 2021).

Working and married female nurses have multiple roles which often lead to conflict, known as work-family conflict. Difficulties arise when they have to carry out their roles as health workers and heads of families/housewives simultaneously.

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This dilemma interferes with work productivity in their institutions, often resulting in decreased performance appraisals. The nursing profession demands performance standards, while demands for a maximum role as the head of the family are also important, resulting in work-family conflict (Liftyawan, Hadi and Agustina, 2020)

Being a nurse for women is a step toward career woman status, but multiple roles often become an obstacle to achieving optimal results. Overcoming this dual role with maximum enthusiasm and energy is important to avoid work stress (Juwita and Arintika, 2018). Health workers who experience work stress show symptoms of nervousness, tension, chronic anxiety, digestive disorders, and high blood pressure. These symptoms undermine mental stability, resulting in fluctuating emotional control, poor quality rest, and the potential for hopelessness (Ministry of Health RI, 2017). Hidayati, Zarlis and Absah (2019), revealed that nurses and midwives are health workers who most often experience changes in work shifts.

Workers with low work stress work around 37-40 hours/week, while moderate work stress ranges from 41-60 hours/week. High work stress occurs in workers with working hours of 61-71 hours/week (Cahayu, 2019). Nurses and midwives work in a shift system because the hospital services are 24 hours. The morning, afternoon and evening shifts each last for 8 hours. Work regulations are regulated by Law No. 13 of 2003, which allows eight hours of work per day or 40 hours per week, with a minimum half-hour break after four hours of work (Ministry of Manpower RI, 2003).

The work shift system has both positive and negative impacts. Positive impacts include maximum utilization of resources, a quiet work environment on night shifts, and lighter work. However, negative impacts include decreased performance, decreased control of work safety, and health problems. Not everyone can adjust to the work shift system because they need to adjust their time for sleeping, eating and family (Tenggor, Pondaag and Hamel, 2019). According to Lantara and Nusran (2019), stress is an internal reaction to physical demands, the environment, or social situations that can be destructive and uncontrollable. Stress arises from physical or mental threats caused by changes in the surrounding environment.

Work stress has an impact on emotional instability, feeling uneasy, isolation, disturbed sleep, high blood pressure, and digestive problems.

Work fatigue among health workers occurs because their capacity is not proportional to the number of patients, resulting in nursing care that is greater than their standard capabilities (Mangkunegara, 2017).

Health workers often experience stress while on duty, because they have to deal with patients and the work environment. One of the causes of stress is the lack of human resources. The imbalance between medical personnel and the number of patients causes fatigue because nursing services are greater than the ability of medical personnel. This condition has an impact on mental health, including fatigue, emotion, boredom, mood changes, and stress which damages performance (Kirana and Dwiyantri, 2017). The American National Association for Occupational places work stress on health workers as a top priority for 40 cases of work stress (Sari, Yusran and Ardiansyah, 2017).

According to Losyk (cited in Mahardhika, 2017), the Northwestern National Life Insurance study found that one million workers were absent from work due to stress, with 27% due to work factors. 46% of workers experience high stress at work, a third want to quit work due to stress, and 70% consider stress to be detrimental to physical and mental health (WHO). In Europe, the WHO noted that 22% of workers were affected by work stress in 2005 (Widyastuti, 2017). According to Karima, work stress causes big losses in the company. The US industry loses more than \$30 billion annually due to accidents, absenteeism, employee turnover and stress insurance compensation (Mattola, 2020).

A significant correlation between work shifts and work-related stress among nurses was identified at West Sumbawa Asy-Syifa Regional General Hospital ($p < 0.035$). A total of 82% of nurses on shift work reported experiencing stress due to irregular lifestyles compared to their non-shift counterparts. The morning shift, characterized by adequate rest the night before and a larger number of nurses, helps distribute the workload more evenly (Rhamdani and Wartono, 2019).

Research by Insan (2019) shows that one of the causes of work stress for nurses is conflict at work and in the family. This conflict arises because nurses often work overtime, reducing time with the family. During April-September 2019, nurses were overworked especially in May and July, with 16% and 17% overtime rates. The excess working hours reduces family time and causes work-family conflict, distracting nurses from concentrating on their duties.

Class D Pratama Pangkep Public Hospital, owned by the regional government of Pangkep Regency, South Sulawesi, was established on March 1, 2017, and inaugurated by the Governor of South Sulawesi Province. The location is in Batara Shaft, Batara Village, Kec. Labakang, Pangkajene and Archipelago Regencies. The hospital is bordered by rice fields to the north, village roads to the south, roads to the east, and people's houses to the west. It operates 24 hours with nurses and midwives, most of whom are married, implementing three work shifts.

Shift work affects workers' sleep, health, and social life, and can lead to work stress that is detrimental to the performance of nurses and midwives. Risk factors for work-family conflict include controllable work shifts. Class D Pratama Pangkep General Hospital uses a shift system with morning, afternoon and evening schedules, including working overtime. Excessive shifts and work and family demands contribute to midwife stress and decreased performance due to the many factors that support midwifery stress (work, family demands, and pressure from supervisors).

The disobedience of the patient's family during visiting hours disturbs the concentration of nurses and midwives. They often force their way in outside of visiting hours, requiring repeated explanations of the rules. Families often ask similar questions, disturbing the concentration and emotions of nurses and midwives. Having to answer questions over and over again takes up time. Family complaints about minor things are also a source of stress because they need to improve services. This creates pressure from superiors to improve service quality. This stress affects the productivity and health of nurses and midwives.

The study was carried out at Class D Pratama Pangkep Public Hospital, focusing on "Analyzing the Impact of Work-Family Conflict and Work Shifts on the Performance of Midwives, with Work Stress as a Mediating Factor." The primary objective was to examine how work-family conflict and work shifts influence the performance of midwives, with work stress serving as a mediating factor within the hospital.

METHODS

The employed technique involves quantitative analysis using a cross-sectional approach, to assess how independent variables impact the dependent variable (Tualeka, 2020). This research was

carried out at Class D Pratama Pangkep General Hospital with an implementation time from July to August 2022. The area that the researchers wanted to study was the population of the study. According to Sugiyono (2015), the population is an all-encompassing group made up of things and individuals that have specific traits and features and are chosen by researchers to be researched before being given a result. The population in this study were all midwives at Class D Pratama Pangkep Public Hospital as many as 53 people. The sample, meanwhile, is a representation of the population's size or features. The number of samples studied was 38 people, who met the inclusion criteria for sampling. 1) The inclusion criteria in this study are a) Married female midwives; b) Executing midwives who carry out midwifery care. Meanwhile, 2) Exclusion criteria in this study were: a) Female midwives who were on leave/permit at the time the data were collected; and b) Midwives who are carrying out learning assignments.

Researcher-driven data gathering includes both primary and secondary data. The data collection is primary data obtained from questionnaire data consisting of work-family conflict variables (X1), work shifts (X2), work stress (Y1) and midwife performance (Y2). and filled in by the respondent themselves. The validity of this research questionnaire is tested using a feasibility test by asking for an expert opinion (expert judgment) from the field of health management. Meanwhile, secondary data are data obtained from Class D Pratama Pangkep General Hospital which is related to midwives such as the total number of midwives in Class D Pratama Pangkep General Hospital and other supporting data related to work-family conflict and levels of work stress obtained from literature such as books, journals, articles and so on. The Statistical Package for Social Science (SPSS) program version 22.0 and the SmartPLS software are used as programs to perform data processing and analysis. This data processing is carried out in several stages, including 1) Editing; 2) Coding. 3) Data Entries; 4) Cleaning; and 5) Scoring. Meanwhile, the presentation of the data that have been analyzed is presented in the form of tables and narratives to discuss the results of the research. The data analysis used in this study began with univariate analysis. followed by bivariate analysis and ended with a path analysis.

By the conceptual framework put forth in this study, hypothesis testing was conducted by

performing path analysis tests on structural equations. Path analysis tests were conducted due to the presence of intervening variables as indicated by the study's conceptual framework. The primary aim of this research was to ascertain both the direct and indirect impacts of the independent variables (Work-Family Conflict and Work Shift) on the dependent variable (Performance) using the intervening variable (Work Stress).

The process of examining the research protocol is a requirement that must be passed by researchers to obtain a Certificate of Passing the Ethical Review issued by the Health Research Ethics Committee at the Faculty of Public Health at the Pejuang University of the Republic of Indonesia so that this research obtains a certificate of passing ethical review with number 816-KEPK- FKM-UPRI.

RESULT

Characteristics of Respondents

Univariate analysis used in this study aims to analyze the characteristics of each variable descriptively. The characteristics of the respondents in question were the age group and years of service for midwives at class D Pratama Pangkep Public Hospital as shown in the following table 1.

Based on Table 1, there were 20 respondents aged 27-36 years (52.63%) then respondents aged 37-48 years were 18 persons (47.37%). Table 1 above also shows 22 respondents with 1-11 years of service (57.89%), then 16 respondents (42.11%) with 12-23 years of service.

Meanwhile, to find out the distribution of research variables based on work-family conflict,

Table 1. Distribution of Respondents based on Age Group Characteristics and Years of Service of Midwives at Class D Pratama Pangkep Public Hospital in 2022

Characteristics of Respondents	Frequency (n)	Percent (%)
Age Group (Years)		
27 – 36	20	52.63
37 – 48	18	47.37
Years of service		
1 – 11	22	57.89
12 – 23	16	42.11

Source: Primary Data, 2022

work shifts, work stress and the performance of midwives in Class D Pratama Pangkep Hospital in 2022.

Based on Table 2, the frequency distribution of variables in work-family conflict was obtained from 38 midwives at Class D Pratama Pangkep Public Hospital who were married and experienced work-family conflict in the high category of 16 people (42.11%), then 13 people (34.21%) experienced work-family conflict in the moderate category and nine respondents (23.68%) experienced work-family conflict in the low category. As for the frequency distribution of the Work Shift variable, it was obtained from 38 midwives at Class D Pratama Pangkep General Hospital who had families, who worked the morning shift, namely 11 people (28.95%). Then there were 13 people working on the day shift (34.21%), and those working on the night shift 14 people (36.84%).

Table 2 also shows the frequency distribution of the Work Stress variable obtained from 38 midwives at Class D Pratama Pangkep Public Hospital who are married, and who experience work stress in the severe category of as many as 15 people (39.47%). Then, 14 people (36.84%) experienced a moderate category of work stress, and nine (23.68%) experienced a light category of work stress. As for the frequency distribution of the performance

Table 2. Variable Frequency Distribution of Work-Family Conflict, Work Shifts, Work Stress and Performance of Midwives at Class D Pratama Pangkep Public Hospital in 2022

Research variable	Frequency (n)	Percent (%)
Work-Family Conflict		
High	16	42.11
Moderate	13	34.21
Low	9	23.68
Shift Work		
Evening	14	36.84
Afternoon	13	34.21
Morning	11	28.95
Work Stress		
Severe	15	39.47
Moderate	14	36.84
Light	9	23.68
Midwife Performance		
Bad	27	71.05
Well	11	28.95

Source: Primary Data, 2022

variable, it was obtained from 38 midwives at Class D Pratama Pangkep General Hospital who had families, and who had poor performance of 27 people (71.05%). Then those who have good performance are 11 people (28.95%).

The Relationship between Work-Family Conflict, Work Shifts and Work Stress on the Performance of Midwives

The results of a cross-tabulation of the variables under investigation, followed by an analysis of the independent factors, dependent variables, and intervening variables to address the study's objectives, are shown below. The findings of the bivariate study connecting work-family conflict, shift work, and work stress to midwives' performance in class D Pratama Pangkep Public Hospital in 2022 were displayed in Table 3.

Based on the cross-tabulation results in Table 3, it can be concluded that of the 16 respondents, midwives with a high level of work-family conflict tended to have poor performance as many as 14 respondents (87.50%), while only two respondents (12.50%) showed good performance. In the medium work-family conflict category, there were 13 respondents, namely nine respondents (69.23%) who experienced poor performance, while four respondents (30.77%) showed good performance. In the low work-family conflict category, there were nine respondents, of which four (44.44%) had poor

performance and the other five (55.56%) showed good performance. The statistical analysis using the chi-square test yielded a p-value of 0.001, which is below the significance threshold of 0.05. This suggests a significant association between work-family conflict and the performance of midwives at Class D General Hospital Pratama Pangkep.

Table 3 also indicates that out of a total of 14 respondents who worked the night shift, 12 of them (85.71%) had poor performance, while only two respondents (14.29%) had good performance. In the afternoon work shift category with a total of 13 respondents, 10 respondents (76.92%) had poor performance, and three respondents (23.08%) showed good performance. Meanwhile, in the morning shift category with a total of 11 respondents, it was found that five respondents (45.45%) had poor performance, while six respondents (54.55%) showed good performance. The outcomes of the statistical examination utilizing the chi-square test produced a p-value of 0.000, significantly below the 0.05 threshold. Hence, we can confidently conclude that there exists a significant association between the work shift type and the performance of midwives.

Then, based on the results of the bivariate analysis in Table 3, it was found that out of a total of 15 respondents who experienced heavy work stress, 14 respondents (93.33%) showed poor performance, while only one respondent (6.67%) showed good performance. In the moderate work stress category,

Table 3. The Relationship between Work-Family Conflict, Work Shifts, and Work Stress on the Performance of Midwives in Class D Pratama Pangkep Public Hospital in 2022

Research variable	Midwife Performance				Total		p- value
	Bad		Well		N	%	
	n	%	n	%			
Work Family Conflict							
High	14	87.50	2	12.50	16	100.0	0.001
Moderate	9	69.23	4	30.77	13	100.0	
Low	4	44.44	5	55.56	9	100.0	
Shift Work							
Evening	12	85.71	2	14.29	14	100.0	0.000
Afternoon	10	76.92	3	23.08	13	100.0	
Morning	5	45.45	6	54.55	11	100.0	
Work Stress							
Severe	14	93.33	1	6.67	15	100.0	0.003
Moderate	10	71.43	4	28.57	14	100.0	
Light	3	33.33	6	66.67	9	100.0	

Source: Primary Data, 2022

there were 14 respondents, of which 10 (71.43%) had poor performance, and four respondents (28.57%) showed good performance. Meanwhile, in the light work stress category with a total of nine respondents, there were three respondents (33.33%) who had poor performance, and six respondents (66.67%) showed good performance. The statistical analysis using the chi-square test revealed a p-value of 0.003, which is less than the 0.05 threshold. This implies a significant correlation between work stress and the performance of midwives.

The Relationship of Work-Family Conflict and Work Shift to Work Stress in Midwives

As indicated in Table 4, there was the following relationship between work-family conflict and shift work on work stress in midwives at Class D Pratama Pangkep General Hospital in 2022. Based on the results of the bivariate analysis conducted in Table 4, it can be seen that out of a total of 16 respondents who experienced high work-family conflict, there were eight respondents (50.00%) with heavy work stress, six respondents (37.50%) with moderate work stress, and two respondents (12.50%) with mild work stress. In the moderate work-family conflict category, out of 13 respondents, four respondents (30.77%) found themselves with heavy work stress, five respondents (38.46%) with moderate work stress, and four respondents (30.77%) with light work stress. Whereas in the low work-family conflict category, out of nine respondents, there were three respondents (33.33%) with heavy work stress, three respondents with moderate work stress, and three respondents (33.33%) with light work stress. The chi-square test results indicated a p-value

of 0.000 for the association between work-family conflict and work stress, which is considerably lower than the 0.05 threshold. This signifies a significant relationship between work-family conflict and the extent of work stress experienced by midwives.

Table 4 also shows that 19 midwives were working the night shift, with eight respondents (42.11%) experiencing heavy work stress, seven respondents (36.84%) experiencing moderate work stress, and four respondents (21.05%) experiencing mild work stress. In the afternoon work shift category with eight respondents, there were three respondents (37.50%) who experienced heavy work stress, three respondents (37.50%) who experienced moderate work stress, and two respondents (25.00%) who experienced work stress light. Whereas in the morning shift category with a total of 11 respondents, there were four respondents (36.36%) who experienced heavy work stress, four respondents (36.36%) who experienced moderate work stress, and three respondents (27.27%) who experienced mild work stress. The statistical tests conducted with the chi-square test yielded a p-value of 0.001, which is below the 0.05 threshold. This outcome signifies a significant correlation between the work shift type and the level of work stress experienced by midwives.

Effect of Work-Family Conflict on Performance; Work Shift on Performance; Work Stress on Performance; Work-Family Conflict against Work Stress; and Shift Work on Work Stress

In general, the outcomes of the path analysis are depicted in the following figure 1 and table 5. The results of the statistical tests indicated a p-value

Table 4. The Relationship between Work-Family Conflict and Work Shifts on Work Stress in Midwives at Class D Pratama Pangkep General Hospital in 2022

Research variable	Work Stress						Total		p- value
	Severe		Moderate		Mild		N	%	
	n	%	n	%	n	%			
Work Family Conflict									
High	8	50.00	6	37.50	2	12.50	16	100.0	0.000
Moderate	4	30.77	5	38.46	4	30.77	13	100.0	
Low	3	33.33	3	33.33	3	33.33	9	100.0	
Shift Work									
Evening	8	42.11	7	36.84	4	21.05	19	100.0	0.001
Afternoon	3	37.50	3	37.50	2	25.00	8	100.0	
Morning	4	36.36	4	36.36	3	27.27	11	100.0	

Source: Primary Data, 2022

of 0.366, which is greater than the significance threshold of 0.05. Consequently, we can infer that there is no significant impact of work-family conflict on midwives' performance. These findings regarding the influence of work-family conflict (X1) on performance (Y2) are summarized in Table 5 above. The estimated value, which is 0.905, signifies the magnitude of this contribution.

This figure demonstrates that the effect of the work-family conflict variable on midwives' performance is 0.905, while other variables contribute to the remaining factors. This suggests that there isn't a direct correlation between work-family conflict and midwife performance. Consequently, this supports the null hypothesis (Ho) and rejects the alternative hypothesis (Ha).

Regarding the relationship between the work shift variable (X2) and the midwife's performance

variable (Y2), the statistical test results produced a p-value of 0.331, which is greater than 0.05. This indicates that there is no significant relationship between the work shift variable (X2) and midwife performance (Y2). The magnitude of its contribution to the estimated value is 0.972, suggesting that the work shift variable has an impact on midwife performance to the extent of 0.972, with other variables besides the work shift indicator accounting for the remaining variation.

Therefore, it can be concluded that there is no direct association between work shifts and performance. This leads to the acceptance of the null hypothesis (Ho) and the rejection of the alternative hypothesis (Ha).

The statistical test results yielded a p-value of 0.000, which is less than the significance level of 0.05. This strongly suggests that work stress does

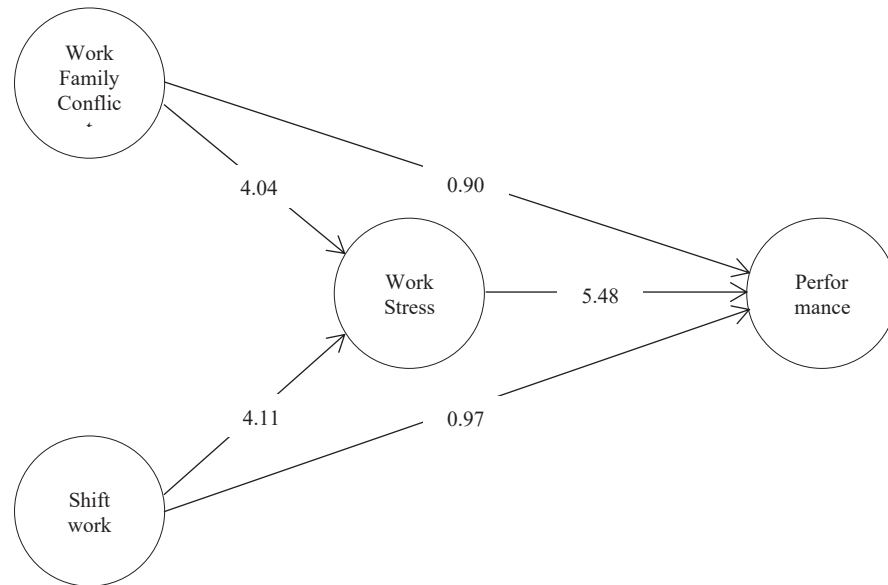


Figure 1. Path Analysis

Table 5. Results of Analysis of the Effect of Work-Family Conflict on Performance; Work Shift on Performance; Work Stress on Performance; Work-Family Conflict against Work Stress; and Shift Work on Work Stress

Influence Between Variables	p	Estimate
X1: Work-Family Conflict → Y2: Performance	0.366	0.905
X2: Shift Work → Y2: Performance	0.331	0.972
Y1: Work Stress → Y2: Performance	0.000	5.489
X1: Work-Family Conflict → Y1: Work Stress	0.000	4.047
X2: Shift Work → Y1: Work Stress	0.000	4.118
X1: Work-Family Conflict → Y1: Work Stress → Y2: Performance	0.004	2.930
X2: Shift Work → Y1: Work Stress → Y2: Performance	0.001	3.444

Source: Primary Data, 2022

indeed have an impact on midwives' performance, as indicated in Table 5 above. The estimated value of its contribution is 5.489, signifying that, to some extent, midwife performance is influenced by the job stress variable, with other factors accounting for the remaining performance variation. Therefore, it can be concluded that the alternative hypothesis (Ha) is supported, while the null hypothesis (Ho) is contradicted, confirming a direct connection between work stress and midwife performance.

The statistical test results also displayed a p-value of 0.000, less than 0.05, indicating a significant relationship between the work-family conflict variable (X1) and the work stress variable (Y1). The magnitude of its contribution to the estimated value is 4.047, indicating that the work-family conflict variable's impact on work stress is 4.047, with other variables influencing the remaining components. In summary, the acceptance of the alternative hypothesis (Ha) and the rejection of the null hypothesis (Ho) demonstrate a direct relationship between the attributes of work-family conflict and variables related to job stress.

As for the statistical test results regarding the influence of the work shift variable (X2) on the work stress variable (Y1), the obtained p-value is 0.000, which is less than 0.05, indicating a significant influence of the work shift variable on the work stress variable. The estimated value is 4.118, indicating that the effect of the work shift variable on the work stress variable is 4.118, with other variables beyond the work shift indicator accounting for the remaining impact. Therefore, the acceptance of the alternative hypothesis (Ha) and the rejection of the null hypothesis (Ho) suggest a direct and significant relationship between the characteristics of work shifts and job stress.

Table 5 also provides insights into how work-family conflict (X1) influences performance (Y2) through work stress (Y1) acting as an intermediary variable. Based on the statistical test results, the p-value for this relationship is 0.004, which falls below the threshold of 0.05. This implies that there is indeed an indirect connection between work-family conflict and performance, with work stress serving as an intermediary variable. The figure demonstrates that the indirect effect of the work-family conflict variable on performance, mediated by work stress, amounts to 2.930, while other variables beyond the work-family conflict indicator contribute to the remaining influence. This contribution is reflected in the estimated value of 2.930.

In conclusion, the alternative hypothesis (Ha) is supported, while the null hypothesis (Ho) is rejected. This underscores the role of job stress as an intervening variable, offsetting the direct impact of work-family conflict on performance.

As for the impact of working shifts (X2) on performance (Y2) through work stress (Y1) as an intervening variable, the statistical test results reveal a p-value of 0.001, which is less than 0.05. This indicates an indirect relationship between working shifts and performance via work stress as an intervening variable. The estimated value of 3.444, representing the extent of this contribution, suggests that work stress, as an intervening variable, indirectly affects the relationship between the work shift variable and performance, with other factors unrelated to the work shift indicator contributing to the remaining influence.

In conclusion, the acceptance of the alternative hypothesis (Ha) and the rejection of the null hypothesis (Ho) underscore the role of job stress as an intermediary variable, resulting in an indirect impact of shift work on performance.

The statistical test results revealed a p-value of 0.004, which is less than 0.05, indicating an indirect relationship between the work-family conflict variable and midwives' performance through work stress as an intervening variable. Table 5 above also illustrates this effect, showing the impact of the work-family conflict variable (X1) on the performance variable (Y2) through work stress (Y1) as the intervening variable. The estimated value of 2.930 represents the magnitude of this indirect effect, with other factors outside the work-family conflict variable indicator contributing to the remaining influence.

Similarly, the statistical test findings showed a p-value of 0.001, less than 0.05, indicating an indirect effect of the work shift variable (X2) on performance (Y2) through the work stress variable (Y1) as an intervening variable. The contribution amount is 3.444, indicating that 3.444 is the indirect impact of the work shift variable on midwives' performance through work stress as an intervening variable. Other factors independently influence midwife performance, irrespective of the work shift variable indicator.

In summary, both analyses support the acceptance of the alternative hypothesis (Ha) and the rejection of the null hypothesis (Ho). This confirms that there are indirect relationships between the work-family conflict variable and midwives'

performance and between the work shift variable and midwife performance, both mediated by the intervening variable of work stress.

DISCUSSION

The Relationship between Work-Family Conflict, Work Shifts and Work Stress on the Performance of Midwives

The study results indicate a correlation between the degree of work-family conflict and the performance of midwives at Class D General Hospital Pratama Pangkep. When the conflict between work and family is higher, it is more likely that midwives will exhibit poorer performance. This finding aligns with a study conducted by Abubakar, Wariki and Nelwan (2023), which also showed a strong positive relationship ($r=0.601$) with a significance value of $p < 0.001$ between multiple role conflict and the performance of female health workers at Prof. Hospital Dr H. Aloe Saboe.

The study's findings also revealed a notable correlation between the types of work shifts undertaken by midwives (day, night, or morning) and their performance at Class D General Hospital Pratama Pangkep. Night and day shifts tended to be associated with poorer performance, while morning shifts were more likely linked to better performance. These findings resonate with research conducted by Kaamilia'Aini and Paskarini (2022), which established a significant relationship between shift work and subjective work fatigue, consequently impacting the performance of shift workers at the Kepohbaru Health Center, Bojonegoro Regency. The research demonstrated a strong and moderate one-way relationship, where night shift workers were more susceptible to experiencing work fatigue compared to morning and evening shift workers, ultimately affecting the performance of shift workers at the Kepohbaru Health Center, Bojonegoro Regency.

According to the study's findings, the degree of work stress experienced by midwives (whether severe, moderate, or light) is significantly linked to their performance at Class D Pratama Pangkep Public Hospital. Elevated levels of work stress often correlate with subpar performance, whereas lower levels of work stress are associated with better performance. These findings are consistent with the outcomes of research conducted by Prabandari, Sumarni and Astuti (2020), which demonstrated that work stress significantly impacts the performance

of midwives ($p=0.002$). This influence of work stress on midwives' performance was particularly pronounced during the Covid-19 pandemic.

The Relationship of Work-Family Conflict and Work Shift to Work Stress in Midwives

The study's findings indicate a substantial association between work-family conflict and the degree of work stress experienced by midwives. Increased levels of work-family conflict tend to coincide with higher levels of work stress, and conversely, lower levels of work-family conflict tend to correspond with lower levels of work stress. This highlights how the clash between work and family responsibilities can influence the extent of work stress experienced by midwives.

These results align with the findings of research conducted by Parlagutan and Pratama (2017), which revealed a positive relationship between multiple-role conflict and work stress, with correlation values of $r = 0.777$ and $p = 0.000$. Essentially, this implies that as multiple-role conflict increases, work stress levels also increase, and conversely, when work-family conflict decreases, work stress levels tend to decrease as well.

The findings of this study also revealed a noteworthy connection between the type of work shift (night, afternoon, morning) and the level of work stress experienced by midwives. Work stress levels can indeed vary depending on the specific work shifts undertaken by midwives, and the results of this analysis support this relationship.

This study's results are consistent with the outcomes of research conducted by Suka *et al.* (2023), which found that work shifts exhibited significant positive associations with work stress levels ($p = 0.000$ and $r = 0.846$). In other words, work shifts have a substantial impact on and a positive relationship with the level of work stress among healthcare workers following the COVID-19 pandemic.

Effect of Work-Family Conflict on Performance; Work Shift on Performance; Work Stress on Performance; Work-Family Conflict against Work Stress; and Shift Work on Work Stress

The Direct Effect of Work-Family Conflict on Performance

Pressures experienced by someone from work or family might lead to the creation of work-family conflict. One of the reasons women work is due

to the demand to support the household economy. Women who work will have a variety of social roles to choose from. For instance, on the one hand, they must play the roles of housewives, who have significant responsibilities, and on the other, they must play the roles of working women. While performance is how much the result is achieved in doing a job, say about what is done and how to do the job. Performance is influenced by two types of factors: those that are internal to the person and those that are external (environmental).

Based on the findings of a study done on midwives at Class D Pratama Pangkep General Hospital, it was determined that there was no indirect impact of the work-family conflict variable on performance, with a p-value of (0.366) for the statistical test results. This study is consistent with that of Choir (2022), who discovered that, while there are many other factors than work-family conflict that influence an individual's performance, there was no effect of this variable on performance characteristics. This study does not support the findings of Liftyawan, Hadi and Agustina (2020), who found that a person's performance will suffer the more work-family conflict they face. And vice versa, the lower a person's work-family conflict, the higher his performance results.

The Direct Effect of Work Shifts on Performance

In its implementation, the work shift system is generally divided into three parts, namely the implementation of work in the morning, afternoon and evening. The time duration of the three sections can be obtained by referring to the general system, or it can also be determined based on the policies of each institution. The performance that becomes a variable in this study is the work output obtained from all activities carried out by health workers, especially health workers who come from nurses.

Based on the results of research conducted on midwives at Class D General Hospital Pratama Pangkep it was found that there was no direct effect between the work shift variable and the performance variable of the midwife with the result of the statistical test ($p=0.331$). This research is in line with research conducted by Aptiani, Rinda and Eldine (2020), which says that work shifts do not affect employee performance because employees are familiar with work shift rules so they can adjust all activities based on the work shift they get. Although dividing the length of work hours can make it simpler for employees to perform at their best, this

research contradicts that of Arini (2021), who found that work shifts had a favorable and significant impact on employee performance results. Employees feel that the division of work shifts in their place of work is to their expectations, so employees will work well so that their performance increases.

Direct Effect of Job Stress on Performance

Work stress is a psychological imbalance that employees suffer while performing their jobs and is evidenced by different than typical emotional and behavioral manifestations. One of the conflicts that occur between work and family can trigger work stress on employees. While performance is often understood to be the outcome of carrying out a task, how it is carried out and how well it is done are constantly influenced by two elements: personal characteristics and environmental factors.

Based on the findings of a study done on midwives at Class D Pratama Pangkep General Hospital, it was discovered that there was a direct correlation between job stress and midwives' performance, with a p-value (0.000) derived from the statistical test results. This study supports research by Farisi and Utari (2020), who found that when workplace stress is effectively controlled or addressed by the office, employee performance can be enhanced, enabling the company to fulfill its objectives.

The Direct Effect of Work-Family Conflict on Work Stress

The misalignment between roles that is a burden on health workers, especially nurses will result in a decrease in performance. In some cases, when health workers are on different sides of the role, there will be two possibilities that will occur, namely, less than optimal results from the roles they carry out, and the second is the emergence of work stress due to the inability to allocate time for each role. Based on the above, each institution can early describe or identify a decrease in performance based on the institution, if the work-family conflict is inherent in every health worker.

Based on the findings of a study done on midwives employed at Class D Pratama Pangkep General Hospital, it was discovered that there was a clear correlation between work-family conflict and the prevalence of job stress in midwives, with a p-value (0.000) identified in the statistical analysis.

This study is consistent with that of Utomo (2020), who found that work-family conflict has a

favorable and significant impact on whether a person experiences work stress. However, this research differs from that of Sari (2016), who found that work-family conflict or conflict between roles does not influence the occurrence of work stress because each person has a unique personality depending on how they choose to respond to events.

The Direct Effect of Work Shifts on Work Stress

Working shifts are always changing, and employees need to adapt to these working hours, as a result, employees often experience work stress or other impacts. Sleep time adjustments, relationships with social or community, health disorders and so forth. Work stress is often directly related to task systems, work volume, work environment or as a result of disharmony relationships with other individuals in the workplace as well as organizational cultural factors in the workplace and some stress is also related to the identification of one's role in the workplace organization.

Based on the results of research conducted on midwives at Class D Pratama Pangkep General Hospital, it was found that there was a direct influence between the work shift variable and the work stress variable where the statistical test results showed results with a p-value 0.000. This study supports the findings of a study by Muttaqin (2016), which found a link between the introduction of work shifts and a reduction in the incidence of workplace stress among employees. However, this research is not in line with the results of research conducted by Tsamarah (2020), which says that work shifts have no effect on or are associated with the occurrence of stress on security and cleaning officers at UIN Syarif Hidayatullah Jakarta because security and cleaning officers are used to the implementation of work shifts and can manage their rest time properly so that security and cleaning staff are not prone to experiencing work stress.

Work stress as an intervening variable and the impact of work-family conflict on performance

The demands of the multiple roles experienced by nurses who are dominated by women are sometimes unavoidable, so they have to expend extra energy to achieve optimal performance conditions in each role they play. The role conflicts that occur seem to be something that cannot be avoided, so the main thing they have to do is that each role that is carried out does not trigger work stress, even though

this is not an easy action. Recognizing the existence of work stress, every nurse is required to implement a working system with a measurable and regular management pattern and also needs to apply an intelligent working time mechanism, such as the use of technology that facilitates the duties and functions carried out, so that effectiveness and efficiency at work become the main principles in Work.

The findings of this study showed that there was an indirect relationship between the work-family conflict variable and the midwives' performance variable through the work stress variable as an intervening variable, with a value p-value 0.004 for the statistical test results. According to research by Liftyawan, Hadi and Agustina (2020), nurses who face multiple role conflicts or work-family conflicts may have higher levels of work stress, which can impair performance.

Effect of Work Shift via Work Stress as an Intervening Variable on Performance

One 24-hour period is the time used to divide work placements and working hours, which are referred to as work shifts. This division is implemented by institutions or companies in the context of optimizing fairness at work for workers. With the implementation of shift work, institutional or company management hopes that there will be an increase in performance that will have an impact on people's daily satisfaction with service institutions, or have an impact on increasing profits for a company. The application of the work shift system, apart from aiming at organizational performance, also has another objective, namely to provide conditions for the utilization of labor equitably and fairly without neglecting physical and non-physical health conditions for workers.

Based on the findings of a study conducted among midwives employed at Class D Pratama Pangkep General Hospital, it was revealed that there exists an indirect relationship between the work shift variable and the midwife's performance variable, mediated by the work stress variable as an intervening factor. This is supported by the statistical test results, which yielded a p-value of 0.001.

This study aligns with the research conducted by Putri and Gulo (2021), which suggests a negative indirect impact of working shifts on performance due to work stress. Employees engaged in shift work may disrupt their natural sleep cycles, leading to increased work stress and decreased performance. However, these findings are not consistent with

research conducted by Satrio (2015), which found no indirect influence of work shifts on performance through work stress among employees at company X. In this case, work shifts were found to influence other factors that contributed to a decline in performance.

CONCLUSION

Drawing upon the results and discussions presented earlier, it can be deduced that a connection exists between the level of work-family conflict, the type of work shift, the level of work stress, and the performance of midwives at Class D General Hospital Pratama Pangkep.

Significantly, there is an association observed between work-family conflict and the type of work shift with midwives' levels of work stress. However, the outcomes of the path analysis reveal that the performance of midwives is not directly influenced by work-family conflict or the distribution of work shifts. Instead, it is the presence of stressful conditions among nurses that directly impact their performance. Additionally, nurse work stress is directly influenced by work-family conflict, while the implementation of a work shift system directly affects work stress levels.

Although work stress serves as an intermediary variable between work-family conflict and midwife performance, there isn't a direct observable impact of work-family conflict on work stress. Moreover, work shifts exert an indirect influence on performance through their impact on work stress levels.

In light of these conclusions, it is recommended that Class D Pratama Pangkep General Hospital consider factors such as work-family conflict, work shifts, and work stress levels to enhance the performance of midwives. This study emphasizes the importance of addressing these aspects to not only improve midwives' performance but also to maintain their well-being and productivity within the work environment.

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REFERENCES

- Abubakar, F.L.P., Wariki, W.M.V. and Nelwan, J.E. (2023) 'Hubungan Antara Konflik Peran Ganda dan Lingkungan Kerja dengan Kinerja Tenaga Kesehatan Wanita di RSUD Prof. Dr. H. Aloei Saboe', *Jurnal Kesehatan Tambusai*, 4(2), pp. 2103–2111.
- Aptiani, S., Rinda, R.T.K. and Eldine, A. (2020) 'Evaluasi Kinerja Karyawan Melalui Shift Kerja dan Lingkungan Kerja pada PT. Prakarsa Tiga Wiratama', *Prosiding LPPM UIKA Bogor* [Preprint].
- Arini, B.P. (2021) 'Pengaruh Shift Kerja dan Beban Kerja Terhadap Kinerja Perawat Pada Moslem Baby Day Care di Timoho Yogyakarta (Studi Pada Moslem Baby Day Care)', *Akmenika: Jurnal Akuntansi dan Manajemen*, 18(1), pp. 485–491.
- Cahayu, S. (2019) *Hubungan Shift Kerja Dengan Stres Kerja Pada Perawat Di Ruang Rawat Inap Di Rumah Sakit Umum Daerah Dr. Pirngadi Medan*. Undergraduate Thesis. Medan: Faculty of Public Health Universitas Islam Negeri Sumatera Utara.
- Choir, C.Y.M. (2022) *Hubungan Work-Family Conflict dengan Kinerja Karyawan yang Sudah Menikah di PT Bunga Wangsa Sejati Jawa Timur Park 1*. Undergraduate Thesis. Malang: Faculty of Psychology Universitas Islam Negeri Maulana Malik Ibrahim.
- Farisi, S. and Utari, R.U. (2020) 'Pengaruh Stres Kerja dan Lingkungan Kerja terhadap Kinerja Pegawai Dinas Kesehatan Provinsi Sumatera Utara', *Jurnal Salman (Sosial Dan Manajemen)*, 1(2), pp. 31–42.
- Ghislieri, C. *et al.* (2017) 'Work-Family Conflict and Enrichment in Nurses: Between Job Demands, Perceived Organisational Support and Work-Family Backlash', *Journal of Nursing Management*, 25(1), pp. 65–75.
- Hidayati, N., Zarlis, M. and Absah, Y. (2019) 'Effect of Work-Family Conflict on Commitment Organization Through Work Stress with Religiosity as a Moderating Variable in Health Workers of Letersia Binjai Hospital', *International Journal of Research and Review*, 6(5), pp. 167–186.
- Insan, M.Y. (2019) 'Pengaruh Konflik Kerja Keluarga dan Motivasi Kerja terhadap Stres Kerja pada

- Perawat Rumah Sakit Wulan Windy Medan', *Jurnal Bisnis Dan Kajian Strategi Manajemen*, 3(2), pp. 119-131.
- Janah, F.E. et al. (2017) *Hubungan Shift Kerja Perawat dengan Stres Kerja di Instalasi Rawat Inap pada RS. Kanker Dharmais Tahun 2017*. Undergraduate Thesis. Jakarta: Faculty of Health Sciences Universitas Esa Unggul.
- Juwita, K. and Arintika, D. (2018) 'Dampak Konflik Peran terhadap Stres dan Kepuasan Kerja Karyawan PT. Jombang Intermedia Press (Jawa Pos Radar Jombang)', *Jurnal Manajemen Indonesia*, 18(2), pp. 105-115.
- Kaamilia'Aini, Z. and Paskarini, I. (2022) 'Hubungan Beban Kerja Fisik dan Shift Kerja dengan Kelelahan Kerja Subjektif Pekerja Shift (Studi Pada Pekerja Shift di Puskesmas Kepohbaru, Kab. Bojonegoro)', *Preventif: Jurnal Kesehatan Masyarakat*, 13(4), pp. 596-610.
- Kirana, V.D.C. and Dwiyaniti, E. (2017) 'Hubungan Stres Kerja dengan Kelelahan pada Perawat dengan Metode Pengukuran DASS 21 dan IFRC', *Jurnal Ilmiah Kesehatan Media Husada*, 6(1), pp. 133-140.
- Lantara, D. and Nusran, M. (2019) *Dunia Industri: Perspektif Psikologi Tenaga Kerja*. Makassar: Nas Media Pustaka.
- Liftyawan, K.S., Hadi, F.S. and Agustina, T.S. (2020) 'Pengaruh Konflik Pekerjaan-Keluarga Kelelahan Emosional dan Stres Kerja terhadap Kinerja', *Jurnal Penelitian IPTEKS*, 5(1), pp. 1-16.
- Mangkunegara, A.P. (2017) *Manajemen Sumber Daya Manusia Perusahaan*. Bandung: PT. Remaja Rosdakarya.
- Mattola, M.P. (2020) *Pengaruh Shift Kerja terhadap Stres Kerja dengan Kelelahan Kerja pada Pekerja PT. PLN (Persero) Area Pare-Pare*. Undergraduate Thesis. Makassar: Faculty of Public Health Universitas Hasanuddin.
- Ministry of Health RI (2009) Peraturan Menteri Kesehatan Republik Indonesia Nomor: 659/Menkes/Per/VIII/2009 tentang Rumah Sakit Indonesia Kelas Dunia.
- Ministry of Health RI (2017) Info Datin: Situasi Tenaga Keperawatan Indonesia. Jakarta.
- Ministry of Health RI (2018) Profil Kesehatan Indonesia 2017. Jakarta.
- Ministry of Manpower RI (2003) Undang-Undang Republik Indonesia Nomor 13 tahun 2003 Tentang Ketenagakerjaan. Cipta Jaya.
- Muttaqin, L.Z. (2016) *Pengaruh Gaya Kepemimpinan Transformasional dan Pengembangan SDM terhadap Kinerja Perawat RSJ Grhasia Yogyakarta*. Undergraduate Thesis. Yogyakarta: Faculty of Economic Universitas Negeri Yogyakarta.
- Parlagutan, M.T. and Pratama, M.Y. (2017) 'Hubungan Work Family Conflict dengan Stres Kerja pada Perawat Wanita di Rumah Sakit Putri Hijau Medan', *Jurnal Riset Hesti Medan Akper Kesdam I/BB Medan*, 1(1), pp. 10-15.
- Prabandari, F., Sumarni, S. and Astuti, D.P. (2020) 'Pengaruh Kepuasan Kerja dan Stress Kerja terhadap Kinerja Bidan dalam Masa Pandemi Covid-19', in *Prosiding University Research Colloquium*, pp. 28-36.
- Putri, F. and Gulo, Y. (2021) 'Pengaruh Shift Kerja, Stres Kerja dan Lingkungan Kerja terhadap Kinerja Karyawan pada Divisi Produksi PT X', *Research Paper*, pp. 1-14.
- Rhamdani, I. and Wartono, M. (2019) 'Hubungan antara Shift Kerja, Kelelahan Kerja dengan Stres Kerja pada Perawat', *Jurnal Biomedika dan Kesehatan*, 2(3), pp. 104-110.
- Saputra, E.K. (2021) 'Analisis Work-Life Balance pada Perawat Wanita Sudah Menikah (Studi Kasus Rumah Sakit Umum Daerah Raja Ahmad Tabib) Provinsi Kepulauan Riau', *Manajerial dan Bisnis Tanjungpinang*, 4(2), pp. 106-114.
- Sari, R., Yusran, S. and Ardiansyah, R.T. (2017) 'Faktor yang Berhubungan dengan Stres Kerja pada Perawat di Ruang Rawat Inap Rumah Sakit Jiwa Provinsi Sulawesi Tenggara Tahun 2016', *JIMKESMAS: Jurnal Ilmiah Mahasiswa Kesehatan Masyarakat*, 2(6), pp. 1-11.
- Sari, R.W.P.M. (2016) *Pengaruh Konflik Peran Ganda dan Stres Kerja terhadap Kinerja Polisi Wanita di Polresta Surakarta*. Undergraduate Thesis. Surakarta: Universitas Muhammadiyah Surakarta.
- Satrio, P. (2015) *Pengaruh Shift Kerja dan Stres Kerja Terhadap Kinerja Pramuniaga di PT Circleka Indonesia Utama Cabang Yogyakarta*. Undergraduate Thesis. Yogyakarta: Faculty of Economic Universitas Negeri Yogyakarta.
- Sugiyono (2015) *Metode Penelitian Kombinasi (Mixed Methods)*. Bandung: Alfabeta.
- Suka, K. et al. (2023) 'Shift Kerja dan Beban Kerja dengan Tingkat Stres Tenaga Kesehatan Post Pandemi COVID-19', *Journal of Telenursing (JOTING)*, 5(1), pp. 218-226.

- Tenggor, D., Pondaag, L. and Hamel, R.S. (2019) 'Faktor-Faktor Yang Berhubungan Dengan Kelelahan Kerja Pada Perawat Di Ruang Rawat Inap Rumah Sakit Umum Gmim Pancaran Kasih Manado', *Jurnal Keperawatan*, 7(1), pp. 1–8.
- Tsamarah, N. (2020) *Faktor-Faktor yang Berhubungan Terhadap Stres Kerja pada Petugas Keamanan dan Kebersihan UIN Syarif Hidayatullah Jakarta Tahun 2020*. Undergraduate Thesis. Jakarta: Universitas Islam Negeri Syarif Hidayatullah.
- Tualeka, A.R. (2020) *Metodologi Penelitian Kesehatan dan Keselamatan Kerja*. Surabaya: Airlangga University Press.
- Utomo, W.S. (2020) *Hubungan Antara Work Family Conflict Dengan Stres Kerja Pada Karyawan Wanita Rumah Sakit Ibu dan Anak X Pekanbaru*. Thesis. Riau: Universitas Islam Riau.
- Widyastuti, A.D. (2017) 'Hubungan Stres Kerja dengan Kelelahan Kerja pada Pekerja Area Workshop Konstruksi Box Truck', *The Indonesian Journal of Occupational Safety and Health*, 6(2), pp. 216–224.