

WORK-LIFE BALANCE ON THE FEMALE NURSES AT THE INPATIENT INSTALLATION OF NON-SURGICAL INTERNAL MEDICINE

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Abstract – *The purpose of this research is to obtain an overview of the work-life balance among the female nurses at the Inpatient Installation of Non-Surgical Internal Medicine at the Central General Hospital of DR. M. Djamil Padang. The types of sampling techniques were using the saturated sampling, as many as 74 female nurses at the Inpatient Installation of Non-Surgical Internal Medicine. The data were obtained through a measuring instrument, namely the Work-Life Balance Scale (WLBS) from Fisher, Bulger, and Smith (2009) which has been modified by Novelia (2013). The method used in this research is the descriptive quantitative. Based on the results of the analysis of the research, it was found that the majority of female nurses at the Inpatient Installation of Non-Surgical Internal Medicine at the Central General Hospital of DR. M. Djamil Padang has a high level of the work-life balance. This means that the female nurses have been able to work and to develop the role that they live by being able to manage the time between working and personal life with their best ability to regulate personal life so as not to interfere with the work they do.*

Keywords: *work life balance, female nurses, hospital*

INTRODUCTION

Nurses are the largest percentage of the health workers who reach 49% (Infodatin Ministry of Health of the Republic of Indonesia, 2017). Based on the number of nurses mentioned previously, according to Gillies (2013), the nurses constitute the majority of the workers, that is 60-70% of the officers in the hospital which are dominated by the female nurses. This also happened to the main referral hospital in the West Sumatra which is located in Padang, that is the Central General Hospital of DR. M. Djamil Padang. Based on data, the number of female nurses reached 749 with a total of 882 nurses.

From these data it shows that currently in the Central General Hospital of Dr. M. Djamil Padang has a lack of nurses. The Inpatient Installation section of Non-Surgical Internal Medicine is the installation that has the most lack of the nurses. The lack that occur cause an increase in workload. Based on the results of the interviews conducted, the nurses stated that they could handle for 10-15 patients at a time where according to the nurses that a nurse should handle a maximum for four patients.

The Inpatient Installation of Non- Surgical Internal Medicine is also the part that has the highest number of patients among other sections. Based on the data from the Central General Hospital of Dr. M. Djamil Padang's Medical Records about the number of patients treated at that hospital in 2018, showed that the number of patients treated throughout 2018 at the Inpatient Installation of Non-Surgical Internal Medicine section was 7,220 patients throughout 2018. Based on the results of research conducted by Yulinar Agustina (2018) at the Inpatient Installation of Non-Surgical Internal Medicine in 2018 showed that from the 71 nurses, 52.1% of the nurses felt that they had a heavy workload.

Based on an initial survey of interviews conducted by the seven female nurses at the Inpatient Installation of Internal Medicine at the Central General Hospital of Dr. M. Djamil Padang found that some nurses felt that they had more time to work than the time outside of working. Even, they have a heavy workload that is difficult to manage the time of the daily activities/leisure times outside of working. Furthermore, the nurses who are married also feel the emotional symptoms (sadness and worry) when they have to keep working and leaving their children and the husband at home. Then, the nurses felt tired/burnout, both at home and in the workplace. Several times, the

situation of the nurses' problems has dragged on happened, they feel very depressed, which results in their thinking about resigning from the job. The gender factor can be a matter that causes the nurses to feel this. Ahmad and Alasad (2007) stated that the female nurses tend to be easily panicked and got emotional in their work if compared to the male nurses who can avoid the panic and the emotional distress. This makes women more pressured which makes it more difficult for them to achieve the balance (Walia, 2015).

More demands in working can lead to the situations that are not easy to solve it for someone. So that, it requires the effort by balancing their lives (Lazar, Osoian & Ratiu 2010). Robbins (2003) states that the work pressure whose experienced by a person can be a positive matter by aiming at satisfying the work-life balance factors on the workers. Fisher (2001) defines the work-life balance as an effort conducted by the individuals to balance two or more roles that they carry on. According to the McDonald and Bradley (2005) work-life balance is defined when a person feels balanced and involved in his/her roles in work and life outside of work.

Due to the discussing of the work-life balance in the preliminary research, some nurses felt they had to worry about having to leave the family, especially their children and husbands when the night shift work had been scheduled even more when their children and husbands or even themselves were sick at that moment. Some nurses state that in the particular circumstances when their problems arise, then they have a thought for leaving/resigning from the job. From a physical perspective, the nurses also feel tired or burnout, both at the home and when in the workplace. This can be influenced by the gender role factor of the female nurses when working. According to Ahmad and Jafar (2007) the female nurses tend to be easily panicked and getting so emotional in their work compared to the male nurses who can avoid the panic and emotional distress. Therefore, it causes the female nurses to get more pressure or burden which makes it more difficult for them to achieve the balance (Walia, 2015).

The research conducted by Tanaka, Maruyama, Ooshima and Ito (2010) in Japan to the nurses shows that the most of the nurses have a low work-life balance. That is because the nurses take overtime working on shifting tasks so they feel that their work is a heavy burden. The results of the research related to the work-life balance in Indonesia that was conducted by Honorata Ratnawati Dwi Putranti (2018) showed that the nurses' work-life balance in the hospitals is at a moderate level, but it is still strongly influenced by how the environment is (the patient's condition, the number of patients served, the situation of coworkers) faced by the nurses.

If the work-life balance in someone who experiences the excessive workload cannot be achieved, it can be one of the triggers for the fastening work stress (Purwati, 2016) and will also have an impact on the work family conflict (Kristianti, 2017). Conversely, the workers who are able to balance the work life and family tend to have better psychological well-being (Wang & Walumba 2005; Kim, 2014) and increase the commitment to the organization (Birdi, Clegg, Patterson, Robinson, Stride, Wall & Wood, 2008). When the work-life balance is at a high level of satisfaction, then, the work ethic will become more qualified to contribute and provide the best service (Darmawan, Ika, & Ika, 2015).

Based on the description above and referring to the existing facts, this encourages the researchers to investigate further related to the description of the work-life balance in the female nurses at the Inpatient Installation of Non-Surgical Internal Medicine at the Central General Hospital of DR. M. Djamil Padang

LITERATURE REVIEW

Work-life balance (Lazar, Osoian & Ratiu 2010) is a term that has been used to replace the term known as work family balance. Fisher (2001) defines work-life balance as an individual's efforts to balance the two or more roles he or she undertakes. According to McDonald and Bradley (2005) suggest that work-life balance is a person feels involved and satisfied in a balanced way in his roles in work and life outside of work. Furthermore, Frame and Hartog (2003) also define work-life balance as workers can freely use flexible working hours to balance their work or work with other commitments such as family, hobbies, arts, studies and not only focus on their work.

Although the definition of work-life balance is still very broad, work-life balance is related to the compatibility between time and effort to work and carry out activities outside of work in order to achieve a harmonious life (Clarke in Lazar, Osoian & Ratiu 2010). According to Kirchmeyer (in Kalliath & Brough, 2008) work-life balance is the achievement of satisfaction in all aspects of life and this

requires energy, time, and commitment that are well distributed to all parts of an individual's life. So, it can be concluded that work-life balance is an effort made by individuals to balance two or more roles that they live that require a match between effort, time and commitment so that individuals are involved and feel satisfied with their roles in work and life outside work such as family, hobbies, arts, studies.

Fisher, Bulger and Smith (2009) state that work-life balance has four dimensions, namely:

1. WIPL (Work Interference with Personal Life)
This dimension refers to the extent to which work can interfere with an individual's personal life, for example, work can make it difficult for individuals to manage their personal life.
2. PLIW (Personal Life Interference with Work)
This dimension is the opposite of the WIPL dimension where this dimension refers to the extent to which an individual's personal life can interfere with his work life, for example if an individual has problems in his personal life it will interfere with the individual's concentration while working.
3. PLEW (Personal Life Enhancement of Work)
This dimension refers to the extent to which a person's personal life can improve individual performance in his work, for example, if the individual feels happy because his personal life is pleasant, the individual's mood at work becomes pleasant.
4. WELP (Work Enhancement of Personal Life)
The opposite of the PLEW dimension in this dimension refers to the extent to which work can improve the quality of an individual's personal life, for example, the abilities acquired by individuals at work allow them to utilize these abilities in everyday life. memungkinkannya untuk memanfaatkan kemampuan tersebut dalam kehidupan sehari-hari.

METHODS

The research method used in this research is quantitative with the quantitative descriptive approach.

Population and Sample

The population in this research was the female nurses at the Inpatient Installation of Non-Surgical Internal Medicine at the Central General Hospital of DR. M. Djamil Padang. The sampling technique used in this research is the non-probability sampling technique and the type of sampling technique used is the saturated sampling. The researchers use the saturated samples because it is possible to retrieve data for the entire population existed. In this research, the samples taken were all the female nurses at the Inpatient Installation of Non-Surgical Internal Medicine at the Central General Hospital of DR. M. Djamil Padang numbered the 74 female nurses.

The Research Measuring Instruments

The research scale used in this research is the Work-life Balance Scale (WLBS) from Fisher, Bulger, and Smith (2009) which has been modified and used by Novelia (2013) which includes the four dimensions of the Work-life Balance. This scale is presented in the form of a rating scale with the five ranges of scores, ranging from 1 (never) to 5 (very often). For items on the dimensions of WIPL and PLIW the score is given in the opposite order, from 5 (never) to 1 (very often). The trial results show that the scale used is valid (expert judgment) and reliable ($r = 0.882$).

Data Analysis Method

The data analysis was performed by using the descriptive statistical analysis. The descriptive statistics aim to provide a description about the research subject based on the data from variables which was obtained from the group of subjects researched, and is not intended for the hypothesis testing (Azwar, 2011). The categorization is used to classify the variable scores on the work-life balance. The determination of categorization criteria is used two levels of categorization based on the opinion of Azwar (2008), namely, whether the individuals belong to the high or low category.

RESULTS

The work-life balance description on the female nurses at the Inpatient Installation of Non-Surgical Internal Medicine at the Central General Hospital of DR. M. Djamil Padang. can be seen as the table below :

Table 1 The description of the *work-life balance* female nurses

Category	Percentage (%)	Total
<i>High</i>	97.3%	72
<i>Low</i>	2.7%	2
Total	100%	74

When viewed based on the mean scores on each dimension from the work-life balance, then, the following results are obtained as follows:

Table 2 The description of dimension the work-life balance based on the Mean Scores of the female nurses

Dimension	Mean
<i>Work Interference with Personal Life</i>	3.67
<i>Personal Life Interference with Work</i>	4.15
<i>Personal Life Enhancement of Work</i>	3.54
<i>Work Enhancement of Personal Life</i>	3.70

The work-life balance picture when is viewed from the demographic aspects based on the mean score obtained the results as follows:

Table 3 The work-life balance demographics based on the female nurses' mean scores

No.	Dimension	Mean	Total	Percentage
1.	Age			
	21 – 30	3.82	23	31.1%
	31 – 40	3.87	39	52.7%
	41 – 50	3.78	10	13.5%
	>50	3.57	2	2.7%
2.	Marital Status			
	Unmarried	3.92	20	27%
	Married	3.80	54	73%

DISCUSSION

In general, the results of research on the female nurses in the Inpatient Installation of Non-Surgical Internal Medicine at the Central General Hospital of Dr. M. Djamil Padang based on the mean score as a whole, and the work-life balance of female nurses are included in the high category. The results of this research indicate that the female nurses at the Inpatient Installation of Non-Surgical Internal Medicine at the Central General Hospital of Dr. M. Djamil Padang has been able to balance the role that they lived by being able to manage the time between work and the personal life that they do. An individual who has the high work-life balance According to Novelia (2013) that is an individual who can show the ability of managing the time between work and the personal life that he/she does/has.

This is different from the results of research conducted by Tanaka, Yukie, Satoko and Hirota (2010) which showed the results of their research that the work-life balance that was possessed by the nurses was found to be low. The low results are due to the nurses feeling that their work is a heavy burden because of the two work shifts a day that they must do. This is what makes them feel too tired (burnout) with their work, so that a little break time has the impacts on the worsening of their work life balance that they have. It is different from the results of this research, the female nurses at the

Inpatient Installation of Non-Surgical Internal Medicine at the Central General Hospital of Dr. M. Djamil Padang has a higher category of the work-life balance. On the female nurses in the Inpatient Installation of Non-Surgical Internal Medicine at the Central General Hospital of Dr. M. Djamil Padang only has one work shift per day. So, they have much more time to spare either to face the demands of working on tomorrow and the work shift for female nurses at the Inpatient Installation of Non-Surgical Internal Medicine at the Central General Hospital of Dr. M. Djamil Padang is also arranged weekly and they can be involved in determining the shift schedule.

The individuals those are involved in the setting work shift schedules are a one of form of flexible work arrangement (Flexibility Workplace, 2010). The results of research from Poulouse and Sudarsan (2014) explain that a factor that can improve the one's work-life balance is to have a flexible work arrangement. This is what researchers assume to be one of the factors supporting the high work-life balance that nurses have.

The research conducted by Shivakumar and Pujar (2016) also has the different results from this research. In Shivakumar and Pujar's research, the results of the work-life balance on the hospital health workers showed that they rarely balance between the personal life and work/profession, this problem can trigger the low work-life balance results. The different results of the research can be caused by the researches that was conducted by Shivakumar and Pujar. Namely, there are differences in work time and workload of each health worker. Albertsen, Rafnsdottir, Grimsmo, Tomasson, and Kauppinen (2008) produced a research. There is a relationship between the amount of work time and the lower level of the work-life balance. The amount of the work time that is increased will either increase the one's workload and will affect the level of work-life balance. Putranti (2018) shows that the work responsibilities owned by a nurse can depend on the work environment such as the patient's condition, and the number of patients served. So, the workload will be different from the other health workers.

Furthermore, based on the demographic factors, Thriveni and Rama (2012) suggest that the demographic factors (age, marital status, work experience, income, and family type) have an impact on the women's work-life balance. In this researched what researchers found was the demographic factors based on the age and the marital status, which were assumed to be a contributing factor to the high results of the researched.

The factor, according to the researchers' assumptions is the marital status. Duxburry and Higgins (2008) state that the responsibility of a woman when she is married, therefore she is more demanded to do the tasks in the domestic area as a wife and a mother. It is also difficult for her to control the time due to the increasing role that must be fulfilled if compared before she had married. A married person has more difficulty in balancing between work and outside work when compared to the unmarried individuals. However, when the married and unmarried women have chosen a career, then they will try to combine and fulfill their work career and the personal life they have in order to achieve the satisfaction (Matlin, 2008).

Further explanation regarding the results of this research will be illustrated based on the mean results on the dimensions of work-life balance. In the dimension that has the highest mean of the other dimensions is the PLIW dimension. It shows that the female nurses at the Inpatient Installation of Non-Surgical the Internal Medicine at the Central General Hospital of Dr. M. Djamil Padang has a personal life that rarely interferes of their work life. They are able to provide the performance results as expected, able to finish the work well and effectively, remain energized to do work, can provide the sufficient time at work and do not mix the personal life with the work life.

Li and Jie-lin (2012) in their research stated that when a person has a high PLIW dimension, then he/she will have a work orientation and high work commitment. Means, this can be interpreted as an attitude that is raised by the nurses. The female nurses who work at the Inpatient Installation of Non-Surgical Internal Medicine at the Central General Hospital of Dr. M. Djamil Padang shows having a good work orientation and a good work commitment. That is because the individuals whose involved in work may not perceive their personal life as interfering their work, means, the individuals value their role and choose the work as an important priority even though their personal life actually interferes their work (Li & Jie-lin, 2012).

Based on the four dimensions of work-life balance at the female nurses at the Inpatient Installation of Non-Surgical the Internal Medicine at the Central General Hospital of Dr. M. Djamil Padang, in the fact that the dimension of WEPL has a low mean, if compared to other dimensions. The female nurses who work at the Inpatient Installation of Non-Surgical Internal Medicine at the Central General Hospital of Dr. M. Djamil Padang feels that after working, they can have a pleasant time with

their family and the things they get from working can help in solving their personal problems in their daily lives. Moreover, the nurses do not determine at the stage of planning their own personal activities after working. Even though, in their work they have the ability to arrange the work schedules.

Turliuc and Buliga (2014) state that the individuals will tend to give the higher values to domains that they think will be able to improve other domains. This means that in this study/research, the nurses give a higher value on the jobs that are considered better that will be able to increase the value of personal life. Even though, it is currently still not fulfilled in the part of scheduling the personal activities. This can be caused by some reasons that sometimes the nurses are too tired (burnout) to do what they want when they get home from working. The results of research that were conducted by Ng, Chen, Ng, Lin and Kuar (2017) show that the nurses have long and irregular working hours. Severe work demands and challenging working conditions make their energy widely used in working, of course this can result in fatigue after working, especially in the female nurses. This research is reinforced by other studies conducted by Rathore, Sukhla, Singh and Tiwari (2012) and Mullen (2015) that the nurses have heavy work demands and long working hours that cause problems such as stress, often feeling tired and difficult to schedule the responsibilities gather together with their families, so they feel drained of energy to do other activities after working.

The research also looked at the differences in the work-life balance in the female nurses at the Inpatient Installation of Non-Surgical Internal Medicine at the Central General Hospital of Dr. M. Djamil Padang that is seen based on the marital status. From the results of this research, showed a significant difference between the nurses whose marital status were unmarried and those who were married. If seen based on the mean value, then, the results of this research show that the female nurses who are unmarried have a mean value higher than the female nurses who are married. It can be interpreted that the work-life balance in the individuals who still do not have a role in the household has a high work-life balance. Panisoara and Serban (2013) state that the work-life balance that is found in the unmarried individuals can be higher when compared to the work-life balance in the married individuals.

This is caused by the increasing roles and demands on the individuals who are married, so that the individuals can experience obstacles in controlling the time between work and outside work (Duxburry and Higgins, 2008). This is in line with the statement or testimony of the nurses who are married, that they find it difficult to be able to control the time between the work demands and the family demands. Lee and Bhargava added, in Matlin (2008) which stated that the role of the unmarried women outside of working is not the same as the married women. Why? because they are freer to be able to manage their lives such as having time to relax, taking a walk, sight seeing, or socializing with the friends/peers.

CONCLUSION

Based on the results of research that has been done regarding the description of work-life balance in the female nurses at the Inpatient Installation of Non-Surgical Internal Medicine at the Central General Hospital of Dr. M. Djamil Padang it can be concluded that in general, the female nurses at the Inpatient Installation of Non-Surgical Internal Medicine at the Central General Hospital of Dr. M. Djamil Padang most of them have a high category on their work-life balance.

When further analysis was carried out, and based on the mean score of each dimension, it turned out that the dimension of personal life interfere with work (PLIW) was the highest dimension indicated by the female nurses at the Inpatient Installation of Non-Surgical Internal Medicine at the Central General Hospital of Dr. M. Djamil Padang if compared to the other three dimensions. It means, the majority of female nurses at the Inpatient Installation of Non-Surgical Internal Medicine at the Central General Hospital of Dr. M. Djamil Padang feels that their personal lives do not interfere/disturb the work life that they do, even they are able to work professionally.

Furthermore, there is an additional result of the research based on the age and the marital status demographic factors, it turns out that there are the significant differences in marital status factors, while on the other hand, there are no significant differences in the age factor. The unmarried female nurses have a high work-life balance if compared to the married female nurses.

Suggestion

- a. Methodological Suggestions

1. The next researcher is expected to be able to do the research again by adding the variables and other demographic factors. So that, it will describe and explore what factors can cause a high work-life balance that is experienced by the female nurses at the Inpatient Installation of Non-Surgical Internal Medicine at the Central General Hospital of Dr. M. Djamil Padang nowadays, such as the work load, work support, work engagement, or work environment.
 2. Future studies/researches may add the open questionnaires that can be attached also to the scale of the research when collecting the data in order to provide the additional material that can support the results for the further research.
 3. For the next researchers are expected to consider more mature the determination of the usage of the scale in accordance with the research needs.
- b. Practical Suggestions
1. The female nurses are expected to be able to maintain a high work-life balance. It is expected also to start getting used to spending a little time after working with scheduling the activities outside working that is needed to do. The researchers of this paper suggest the nurses also to do the fun hobbies after working, both alone whether with the family. It is because by enjoying the personal life outside of working will encourage increasingly the work-life balance that is currently conducted by the nurses themselves.
 2. The official hospital can disseminate the information related to the importance of work-life balance in order to help the nurses for having better recognition and to understand their work-life balance also the ways to improve and achieve it successfully. The hospital can also design the annual family-gathering activities on a regular basis. This event can be especially helpful for the nurses and the families of nurses to feel satisfied and happy with the organization where they work. So that, it can help increase the work-life balance in the nurses themselves.

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