# DUAL ROLE CONFLICT, COPING STRESS, AND SOCIAL SUPPORT AS NURSES' WELL-BEING PREDICTOR

**Jati Uji Sekti Widyasrini[1), ] Sri Lestari[2)]**

[1) ] Magister Psikologi, Sekolah Pascasarjana Universitas Muhammadiyah Surakarta
[2)]Fakultas Psikologi Universitas Muhammadiyah Surakarta
Jl. A. Yani Tromol Pos I Pabelan Surakarta 57162

sri.lestari@ums.ac.id

## Abstract

Nurses' well-being is one of the essential factors in achieving happiness. Conflict and stress experienced by the nurse can make the nurse feel the lack of well-being in her life. This study examines dual role conflict, coping stress, and social support as the predictor of nurses' well-being. The respondents of this study were 123 nurses who were obtained through random cluster sampling. The data were collected using four scales: life well-being scale, dual role conflict scale, coping stress scale, and social support scale. Data analysis was done by conducting linear regression. The results show that dual role conflict, coping with stress, and social support can predict nurses' well-being. Dual role conflict, coping with stress, and social support accounted for 27.5% of the nurses' well-being. Social support is the strongest predictor, followed by coping stress and dual role conflict. This research implies that providing adequate social support from both family and co-workers can facilitate the nurses to achieve their well-being. Besides, it is essential to improve the nurses' skills in managing stress so they can balance the coping strategies and handle the dual role conflict constructively. Receiving plenty of social support will encourage the nurse to choose appropriate coping strategies to manage the dual role conflict constructively.

**Keywords:** well being; dual role conflict; coping stress; social support; nurse

## Abstrak

Kesejahteraan hidup perawat merupakan salah satu faktor penting dalam pencapaian kebahagiaan. Pencapaian kesejahteraan tersebut dapat terhambat apabila perawat mengalami konflik dan stres dalam kehidupannya. Penelitian ini bertujuan untuk menguji secara empirik konflik peran ganda, penanganan stres, dan dukungan sosial sebagai prediktor kesejahteraan hidup pada perawat.Pengumpulan data penelitian menggunakan 4 skala, yaitu skala kesejahteraan hidup, skala konflik peran ganda, skala penanganan stres, dan skala dukungan sosial. Responden penelitian ini adalah 123 orang perawat rumah sakit umum di Semarang, yang diperoleh melalui teknik *cluster random sampling*. Data yang diperoleh dianalisis dengan teknik analisis regresi ganda. Hasil penelitian menunjukkan bahwa konflik peran ganda, penanganan stres, dan dukungan sosial dapat menjadi prediktor kesejahteraan hidup perawat. Sumbangan efektif konflik peran ganda, penanganan stres, dan dukungan sosial terhadap kesejahteraan hidup sebesar 27,5%. Dukungan sosial merupakan prediktor terkuat, diikuti penanganan stres, dan konflik peran ganda. Implikasinya adalah pencapaian kesejahteraan pada perawat dapat difasilitasi dengan pemberian dukungan sosial yang memadai baik dari keluarga maupun rekan kerja. Dukungan sosial memadai yang diperoleh perawat diperoleh perawat dapat mendukungnya untuk dapat memilih penanganan stres yang tepat sehingga dapat mengelola konflik peran ganda yang dialaminya.

**Kata kunci:** kesejahteraan hidup; konflik peran ganda; penanganan stres*;* dukungan sosial; perawat.

## INTRODUCTION

Giving positive meaning to life has a vital role in well-being achievement. Well-being term closely related to happiness. Well-being is a broad concept that covers a minimum negative mood, delightful life experiences, and high life satisfaction. Subjective well-being reflects an individual's effort to effectively and cognitively evaluate his state of life that shows life as expected and going well. (Diener, Oishi, & Lucas 2015). Well-being influenced by some aspects, such as pride, life goal, adaptation, personality, health, cognitive, demographic, source of fulfillment, culture, social relation, and religion or spirituality (Diener, Oishi, & Lucas 2012).

According to Diener (1984), there are two theoretical approaches used in well-being. The bottom-up theory means that well-being is an accumulation of life experiences, and Top-down theory means the individual's ways to evaluate and interpret events from a positive point of view. From both approaches toward well-being, the top-down theory approach is more dynamic and adjusts to an individual's condition and situation than the Bottom-up approach. The Bottom-up approach looks well being as a life experience accumulation only, so it less interactive to external factors that influencing life experience even though individual life experience is dynamic and influenced by place individual live context.

Further research shows that external factors such as dual role conflict and social support influence in determining well-being (Hagqvist, Gadin & Nordenmark, 2017; Siedlecki, Salthouse, Oishi & Jeswani, 2013). Well-being experienced by an individual depends on how individuals evaluate and interpret events from a positive point of view. The human inner structure has a role in well-being interpretation such as genetic factors, life value, coping stress, temperament and personality through people's

interaction ways toward event (DIener & Scollon 2003).

Jayawickreme, Forgeard, and Seligman (2012) considered that the existing well-being theories had not explained well-being comprehensively. Therefore, The engine of well-being approaches submitted to portray well-being comprehensively. There are three components of this engine; Input, Process, and Outcome. The input component contains environment variables and personality variables. The environment variable consists of income, education, and genetics, while personality variables consist of traits that can predict well-being such as optimism, talent, excellence, and curiosity. The process component contains several internal conditions that were affecting the choice made by individuals. This choice's result is a behaviour contributing to developing variables effort in the Outcome component. The variable in the process component composes of mood, positive emotion, and cognitive evaluation. In the Outcome component, there is a deliberately raised behaviour and become a well-being characteristic such as positive relationship, positive achievement, work involvement, love or autonomous behaviour, authentic, and meaningful activity. Furthermore, Jayawickreme et al. (2012), revealed the well-being aspects: (1) positive emotion is a definite feeling as a result of an experience in the past future wish, (2) involvement is the participation and enjoy the task given, (3) social relation, (4) meaningfulness is awareness of strength and talent they have and (5) accomplishment is an assessment or someone's achievement in fulfilling needs and desire. This research is applying the well-being concept because it can explain the well-being concept comprehensively.

DepKes (2011) stated that the nurse profession is a profession that prioritizing service and

dedication toward public health so that well-being become essential to get attention. The nurse who has the right resources will be more ready in facing pressure because the nurse can self- motivate to achieve the goal and wish so they can achieve high working productivity. By achieving high working productivity, a nurse will get life satisfaction as a part of well being. In hospital service, the nurse becomes a front guard in supporting service quality. Nurse role as a professional human resource can not be ruled out from all health service forms in the hospital. Therefore obstacle in performance achievement such as dual-role conflict (Wang & Tsai, 2014) needs to be minimized so that quality service achieved. Moreover, research result by Chana, Kennedy and Chessell (2015) prove that emotion well-being achievement by a nurse, have an impact on the service given to the patient. Therefore, a study in nurse's well-being state is essential to be conducted.

Nurse's well-being achievement indeed can not be separated from day to day situation and condition faced by a nurse. Health world reality shows an increasing patient number in the last five year, and it is not balanced yet by balance the increasing number of the nurse. In 2011, nurse number who works in the health service centre was 11.889. According to Pusdatin RI, that number was not comparable with the number of the inpatient that in the same year had increased into 159.144 units (DepKes, 2011). The increasing patient number give impact on increasing workload borne by the nurse in the health service centre.

Based on the observation result in a public hospital in the Semarang region, it was observable that the nurses occupied with many tasks in giving services. Nurse in polyclinic gives service for outpatient, which have long patient in-queue. Meanwhile, a nurse in ward also occupied giving service for inpatients, including night watch in poly or ward. Based on interviews with ten nurses, it was revealed that nurses have over workload. Besides that,

the nurses still have pressure from the supervisor, colleagues, and workplace condition. This preliminary finding is following the research conducted by Divinakumar, Pookala & Das (2014). The female nurses working in acute illness ward are more prone to fatigue. Hospital data shows the increased ratio number of the inpatient and nurse in the last three years. The inpatient number was 1.919, whereas nurses 421. This condition describes the workload of the nurses. Nurses endure workload, and the produced services were less optimal.

Excessive workload increasingly felt difficult by nurses, especially married female nurses. Married female nurses endure a double burden in playing their role as housewives and nurse profession. Research by Karatepe (2013) shows that more burden is borne, and dual role conflict contributed to low performance and can cause emotional fatigue. This condition influences their well-being. Research by Pratiwi (2014) shows that dual role conflict in work and less supportive working environment, high demands, less support from superiors and colleagues, high work mobility and scheme, or irregular working hours could cause a declined of individual well-being rate. In this situation, individuals feel an adverse effect, such as anxiety, worried, and fear. Research by Laksmi & Hadi (2012) shows that high dual role conflict has a negative correlation with job satisfaction.

According to Greenhaus & Beutell (1985), dual role conflict has two aspects, (1) time-based conflict, (2) strain-based conflict. The time-based conflict could be caused by a particular imbalance time sharing to fulfil one role and the other. Strain based conflict caused by excessive responsibility so that a role lead to difficulties for an individual to fulfill other role demands. Dual role conflict can have an impact on well-being (Hagqvist, Gadin & Nordenmark, 2017), mental health and life satisfaction (Yacel & Fan, 2019).

Morimoto, Furuta, Kono, & Kabeya (2107) researched caregivers, and the result shows that the right strategy used in coping stress caused by dual role conflict has an impact on the mental health condition. The use of coping stress strategy that focuses on problem correlated with dementia caregiver's good health condition. Nurses at work face various problems and pressure so that mandated to be able to adapt in order to carry out the task professionally. Lazarus and Folkman (1984) state two coping stress strategies that are focus on the problem by changing the situation or focus on emotion through emotion regulation. Furthermore, Lazarus and Folkman (1984) state that coping defined as a constant change that regulates cognitive effort and behaviour in coping specific demand (internal and or external) perceived by individual will spend or exceed their resource. Coping stress skill can support individual well-being achievement. Umanodan, Shimazu, Minami & Kawakami (2014), Fathi and Simamora ( 2019 ) reveal that coping stress strategy used by Indonesian nurse are religion, positive reframing, instrumental support and planning.

Besides coping stress strategy, social support has a vital role in well-being realization (Drammond, O'Driscoll, Brough, Kalliath, Siu, Timms & Lo, 2016) Li, Ma, Gao, Xu, Yu & Zhou, 2014). Furthermore, Drammond et al. (2016) state that supports from supervisor and family correlate with low role conflict, satisfaction in job achievement and family satisfaction on women and worker. An individual needs social supports in facing strain and problems. Research by Othman and Nasurdin (2013) expressed support by the supervisor as an essential predictor for nurse involvement in their job. Burke, Moodie, Dolan, & Fiksenbaum (2012) found that a lack of social support, especially from supervisor and colleagues impact on the decline of nurse well-being in Spain. As well as research by Wang (2018) state that social support by manager contributed to the nurse's resilience.

Azim and Islam (2018) also find social support role on a nurse's career commitment in Saudi. Therefore, social support is an essential role in relationships between individuals which can help the individual in anticipating and facing stress and in achieving well-being.

According to Cutrona (1984), six aspects are affecting social support such as emotional clinging, social integration, appreciation and recognition, reliable partnership, guidance and opportunity to help. Social supports affect well-being because social supports can increase individual life satisfaction assessment. Research result by Ratelle, Simard & Guay (2012) and Jamilah (2013) shows that social supports have a significant impact on well-being by improving individual life satisfaction assessment. An individual can achieve life purpose and future goals if they fell satisfy, happiness, well-being, positive affection. Happy felling, prosperity, satisfied and positive can have a positive impact on better condition on health, performance, social relation, and group behaviour. On a good well-being condition, a nurse is expected to be more productive in carrying out the task in the hospital.

Well-being becomes one of achievement marker in someone's mental health. However, individual well-being achievement can be inhibited by burden experience in life. A married nurse has an excessive workload impacting their well-being. Previous research result shows that individual well-being influenced by coping stress strategy (Umanodan et al., 2014) and their gained social support (Jamilah, 2013; Ratelle et al., 2012). However, previous research has not been proved the role of dual role conflict, coping stress strategy and social support in nurse's well-being achievement. Therefore, this research has a purpose of testing dual role conflict contribution, coping stress and social support toward well-being. The hypotheses put forward by the researcher are

1. there is a correlation between dual role, coping stress and simultaneous social support with nurse's well-being;
2. dual role conflict has a negative correlation with well-being;
3. coping stress and social support have a positive correlation with well-being.

**METHOD**

This research used a quantitative approach. Research conducted at one of the public hospitals in Semarang region and used cluster sampling technique. The researcher draws two clusters of this research, namely polyclinic, and ward. Nurses participating in this research came from outpatient polyclinic and 11 inpatient ward. The data were collected by distributing a questionnaire to the nurse in the nursing station in every ward. Before participants fulfilled the questionnaire, the researcher explained the instruction to the participant. The researcher accompanied the nurses in filing the questionnaire. Total participants from polyclinic and ward clusters were 123 out of 29 total number of nurses. The participants were all female, aged 22 - 50 years old. The nurse's majority education level is Bachelor's degree, having 1- 2 children, and the most spouse's occupation is self-employed. Table 1 describes the demographic data.

**Table 1.**
Respondent's Demographic Characterictic

| Demographic based | Range | Number (people) | Percentage (%) |
|---|---|---|---|
| Age | 20-30 year old | 48 | 39 |
| | 31-40 year old | 74 | 60 |
| | 41-50 year old | 1 | 1 |
| | | **123** | **100** |
| Education Level | Diploma III (D3) | 43 | 35 |
| | Bachelor (SI) | 80 | 65 |
| | | **123** | **100** |
| Number of children | Do not have ( 0 ) | 24 | 19,5 |
| | 1 children | 40 | 32,5 |
| | 2 children | 34 | 27,6 |
| | 3 children | 18 | 14,6 |
| | 4 children | 7 | 5,7 |
| | | **123** | **100** |
| Spouse employment status | Civil servant | 46 | 37,4 |
| | Self employed | 77 | 62,6 |
| | | **123** | **100** |

This study used four questionnaire, and there were:

1) The Well-being questionnaire adapted from a questionnaire developed by Aesijah, Prihartanti, and Pratisti (2016). The questionnaire measures well-being ($\alpha$ Cronbach = 0,889). This questionnaire consists of many aspects: positive emotion, involvement, social relation, meaningfulness, and achievement (Jayawickreme, Forgeard & Seligman, 2012) and contain 27 items. Item's example : (a) I feel at peace close to people I love, (b) I can achieve things that I want.

2) Dual role conflict questionnaire adapted from the work-family conflict scale arranged by Via (2014). It measured conflict based on time and strain, with α Cronbach= 0,918 (Carlson, & Kacmar, 2000). This questionnaire contains 24 items. Item's example (a) I often bring my unfinished work from hospital to home, (b) less flexible working schedule makes me rarely attend family events.

3) Coping stress questionnaire, based on coping stress form such as emotion-focused handling and problem-focused handling, as stated by Lazarus dan Folkman (1984), with α Cronbach = 0,927. This scale contains 30 items, adapted from scale arranged by Prayascitta (2010) and used to measure coping stress. Item's examples are: (a) I choose to leave that, to face the problem, (b) I prefer to do other things than to think about the problem.

4) This study used social support questionnaire, developed by Jamilah (2013), based on clinging emotional aspects, social integration, recognition, strong dependency, guidance, and opportunity to help (Catrona, 1984). The social support scale contains 24 items with α Cronbach = 0,905 coefficient. Item's example : (a) I have a close friend who will be ready when I need them, (b) I do not have a friend to share with.

A five points of Likert scale was used in this study. It ranged from strongly favorable and strongly unvaforable. The score ranges from one to five. This study used regression to test the hypothesis, and the Statistical Program for Social Science (SPSS) for Windows ver 16. to analyze the data. Before tested the hypothesis, an assumption test for normality, linearity, and multicollinearity was conducted.

**RESULTS AND DISCUSSION**

The multiple regression analysis showed that the three predictor variables contributed 27,5% on the dependent variable. The $R^2 = 0{,}275$, F(3, 119) = 15,029 with $p < 0{,}01$, meaning that dual role conflict, coping stress, and social support have 27.5% contributions toward nurse's well-being.

Separately, three predictor variables were analyzed, and all of them have a significant correlation to well- being. The dual role conflict variable has the regression coefficient of β = -0,-73; t = -0,930; p < 0,01. The result means that the higher the dual role conflict score is, the lower is the nurse's well-being score. The coping stress variable has regression coefficient of β = 0,170; t = 2,144; p < 0,01. The result means that the higher the coping stress score is, the higher is the well-being score. Third, social support regression coefficient is β = 0,509; t = 6,478; p < 0,01. The result means that the higher the social support score is, the higher is the well-being score. Table 2 describes the result.

**Table 2**.
Regression model explanation from research variable

| Model | B | Std error | β | t | Sig. |
|---|---|---|---|---|---|
| (Constant) | 54,599 | | | | |
| Dual role conflict and well being | -0,100 | 0,108 | -0,073 | -0,930 | 0,001** |
| Coping stress and well being | 0,310 | 0,145 | 0,170 | 2,144 | 0,000** |
| Social support and well being | 0,535 | 0,083 | 0,509 | 6,478 | 0,000** |

Explanation: **p<0,01*

The finding of this study has proven that dual role conflict, coping stress, and social support simultaneously play a role in a nurse's well being. However, when the three variables were separately examined, coping stress and social support play a role in increasing nurse's well-being, while dual role conflict plays a role in decreasing nurse's well-being.

Based on the β score comparison from the regression analysis calculation shown in Table 2, it can be concluded that social support has the highest contribution toward the nurse's well being, followed by coping stress and dual role conflict. This research found a positive relationship between social support and nurse's well being. This finding strengthens the research conducted by Siedlecki, Salthouse, Oishi, dan Jeswani (2013), and Annor (2016), who stated that social support significantly plays a role in well-being achievement. Nurses' social support comes not only from family but also from colleagues because support from colleagues gives them comfort in the workplace (interview with nurse A, nurse H, and nurse Y). Therefore, nurses already have adequate social support from surrounding and become one of the supporters in the nurse's well-being achievement.

Nurse well-being was also influenced by coping stress. According to Lazarus dan Folkman (1984), the method of coping stress depends on the stress type experienced by individuals or the problems they faced. Success or failure in handling stress will determine whether a reaction toward stress can decreasing stress and can fulfill the demand. The study finding follows the research result by Umanodan, Shimazu, Minami, and dan Kawakami (2014), who found that stress managing skills contributed to psychological well-being achievement and employee performance. A positive correlation that exist between coping stress and nurse's well-being show that nurse have been able to use coping stress that match with problem faced. Coping

stress accuracy to overcome the problem faced can sustain individual well-being. On the other hand, research by Elliot, Thrash, dan Murayama (2011) shows that the use of avoidance strategy in facing a problem or difficulty, has a negative impact on individual well-being.

Research by Chao (2011) examined the correlation between social supports, coping stress, and college students' well-being. The researchers found that social support becomes a buffer for perceived stress relation with college student psychological well being and moderator in problem-focused handling. Avoidance handling strategy can lower the relation between stress and well-being, especially when there is poor social support. The college student with avoidance handling in minimum social support situations experienced decreasing well-being when they were stress. They need to talk and be heard by others. Unfulfilled hope lead to unsatisfied feeling toward support, and it impacts the well being— their well-being decrease. Problem focus handing helps college students to maintain their well being while in stress, while less problem-focused handling takes the opposite effect. When college students feel the family support and friend support, college students will have better problem solving, which can maintain their well-being. Research by Reeve, Shumaker, Yearwood, Crowell, dan Riley (2013) states that positive coping stress has a vital role in detrimental stress impact avoidance.

Dual role conflict experienced by the female nurse in the hospital becomes a trigger for well-being reduction. This research result is following research by Akbar (2017), that dual role conflict experienced by a working woman can have an impact on working stress appearance. Dual role conflict appears in a lack of time form for family and sociable, use of holiday for work, family problem, and complaint from a family member. Of course,

that condition can make working women become less comfortable and can interrupt their well-being.

Dual role conflict needs to be well managed so it can not interrupt the nurse's well-being. Good well-being is very crucial for health professionals, like nurses, who services public health. Job as a nurse is a job that prioritizes the element of loyalty and service for patients. They will feel satisfied if they can help the patients. The results of this study strengthen the interview result with one respondent (interview with D on January 11th, 2016 ).

Well-being is a broad satisfactory concept, an accumulation of feeling in the whole individual life. Life happiness is an achievement and expectation, which becomes the main individual goal. Happiness is a condition that can increase life spirit, physical health, and potential fulfillment (Ryff & Singer, 2008). Luhmann, Eid, Hofmann, dan Lucas (2012) state that individual different life experiences can impact well-being; however, this impact is not functioning as a predictor for expectation toward the event.

Balancing an individual role as a working nurse and role in the family, in almost the same period is challenging. The failure to fulfill the role of parents, wife, family member, working individual and society member can cause dual role conflict. Dual role conflict caused by work responsibility impacts the decrease of individual engagement in carrying out responsibility as a family member and decreasing work productivity (Chung, 2012; Greenhaus & Beutell, 1985; Laksmi, 2012).

The results of this study reinforce the findings of Diener, Oishi, and Lucas (2002), which states that individual perceptions of the well-being of life are influenced by many factors, including conflicting dual roles, handling stress, and social support. For nurses, duties, and responsibilities related to patient safety have a psychological burden that is not light.

Changing the role of nurses as members of the family in a short time difference can lead to multiple role conflicts. This study's results are also in line with other findings that dual role conflict is negatively correlated with welfare (Hagqvist, Gadin, & Nordenmark, 2017), mental health, and life satisfaction (Yucel & Fan, 2019).

According to the engine of the well-being approach stated by Jayawickreme, Forgeard, and Seligman (2012), external factors, such as role conflict and social support affecting individual welfare, are included in the input component. The input components will affect the process components occurring in individuals. The social support and the role conflict will be evaluated cognitively by the individual. If this cognitive evaluation perceives adequate social support and well-managed role conflict, it will produce positive emotions. Conversely, if social support is not in line with expectations, and role conflict is felt to be burdened, it will cause negative emotions. The results of the cognitive evaluation will raise behaviors that characterize the well-being felt by individuals. When individuals feel prosperous, they will be motivated to establish positive social relationships, engage in work with all their hearts, and feel more meaningful activities. However, if individuals feel underprivileged, they can manifest themselves in negative social relationships, are less involved in work, and feel less meaningful activities.

The well-being of life can also be interrupted when individuals face work-related stress. Ashker, Penprase, and Salman's (2012) research on nurses in the hemodialysis unit prove that stress exposure causes emotional conflict and ambiguity, which results in individuals using stress management strategies to maintain well-being balance. The study's findings show that nurses increasingly use stress management strategies when solving planned problems, followed by self-control,

favorable judgment, and seeking social support when dealing with work-related stress.

Well-being experienced by an individual depends on how the individual evaluates and interprets the event/case. The individual is a role holder, whether their experienced events create psychological well-being for them. Human inner structure, coping stress, in this case, is considered affecting how people react toward the event. (Diener & Scollon, 2003). A similar point revealed by Ariati (2015), she proposed that coping stress and social support have a significant role in well-being improvement. The higher social support obtained by individuals will be increasing their well-being. The better individual's coping stress strategy, the more increase the well-being will be.

Social support in the workplace can create a more positive work atmosphere. In turn, a positive work atmosphere will lead to a positive contribution to individuals in their workplace. Pleasant involvement is a characteristic of good and positive affect condition. Individuals can get pleasant social involvement from their friends or group with the same interest and concerns.(Cutrona & Russell, 1987).

This study's limitation lies on the data collection was carried out on the sidelines of nurses on duty, not outside working hours. This condition leads to less entirely focused on filling the questionnaire. Besides, in this study, data analysis for stress coping has not been separated into various categories, so this study has not yet found out whether stress coping performed by nurses focuses on problem-solving or focuses on emotions, affecting the nurses 'well-being.

This research implies that maintaining harmonious social relations with family and coworkers is essential because it is a source of social support for nurses. Besides, nurses also need to improve their skills in managing stress and multiple conflicting roles to achieve welfare and well-being.

## CONCLUSION

This study confirms that dual conflict management skills, coping stress, and social support can influence nurses' well-being. Social support from other individuals or groups contributes significantly to the nurse's well-being. Nurses live in a collectivist culture that concerned with social relationships with others. Therefore it can be understood that social support contributes to a large number of nurses' well-being. The second contribution to nurses' well-being is the ability to manage stress, namely coping stress. The dual role conflict contributes to obstructing well-being achievement by the nurse. Therefore, we can conclude that dual role conflict, coping stress, and social support are the most reliable predictor on a nurse's well-being; it indicates that a nurse's life is more relational and not individual. Therefore, maintaining harmonious relationships between family and colleagues is essential to retain both sources of social support. Besides that, skill improvement in coping stress and dual role conflict is necessary to strive for the nurse can feel a well-being life.

## REFERENCES

Aesijah, S., Prihartanti, N., & Pratisti, W. D. (2016). Pengaruh pelatihan regulasi emosi terhadap kebahagiaan remaja panti asuhan yatim piatu. (The effect of emotional regulation training on the happiness of orphanage adolescents). *Jurnal Indigenous,* 1, (1), 39-47. doi: 10.23917/indigenous.v1i1.1792.

Akbar, D. A. (2017). Konflik peran ganda karyawan wanita dan stres kerja. (Dual role conflict and work stress in working women). *An Nisa'a: Jurnal Kajian Gender dan Anak.* 12, (01), 33-48.

Annor, F. (2016). Work–family enrichment among Ghanaian employees: The mediating role between social support and subjective well-being. *Applied Research Quality Life,* 11, 1155–1171 (2016). doi:0.1007/s11482-015-9427-6.

Ariati, J. (2010). Subjective well-being (kesejahteraan subjektif) dan kepuasan kerja pada Staf Pengajar (Dosen) di lingkungan Fakultas Psikologi Universitas Diponegoro. (Subjective well-being and job satisfaction of lecturers in the Faculty of Psychology, Diponegoro University). *Jurnal Psikologi Undip*, *8*(2), 119-120. doi: 10.14710/jpu.8.2.117-123

Ashker, V.E., Penprase, B., & Salman, A. (2012). Work-related emotional stressors and coping strategies that affect the well-being of nurses working in hemodialysis units. *Nephrology Nursing Journal, 39* (3), 231-236.

Azim, M. T. & Islam, M. M. (2018). Social support, religious endorsement, and career commitment: A study on Saudi nurses. *Behavioral Sciences*, *8*(8). doi:10.3390/bs8010008

Burke, R. J., Moodie, S., Dolan, S. L & Fiksenbaum, L. (2012). Job demands, social support, work satisfaction and psychological well-being among nurses in Spain (July 5, 2012). ESADE Business School Research Paper No. 233. Available at SSRN: https://ssrn.com/abstract=211705 1 or http://dx.doi.org/10.2139/ssrn.21170 51

Carlson, D. S., & Kacmar, K. M. (2000). Construction and Initial Validation of a Multidimensional Measure of Work–Family Conflict. *Journal of Vocational Behavior,* 56, (2), 249-276. doi: 10.1006/jvbe.1999.1713

Chana, N., Kennedy, P., & Chessell, Z. J. (2015). Nursing staffs' emotional well-being and caring behaviours. *Journal of Clinical Nursing*, 24, (19-20), 2835–2848. doi:10.1111/jocn.12891.

Chao, R. C.-L. (2011). Managing Stress and Maintaining Well-Being: Social Support, Problem-Focused Coping, and Avoidant Coping. *Journal of Counseling & Development*, 89, (3), 338–348. doi:10.1002/j.1556-6678.2011.tb00098.x.

Chung, H. (2012). Explaining work-life conflict of men and women across Europe-disentangling the impact of social policy. *Paper for the 2012 SPAnet conference 6th-8th September 2012*. Edinburgh: UK.

Cutrona, C. E. (1984). Social support and stress in the transition to parenthood. *Journal of Abnormal Psychology,* 93, (4), 378–390. doi.10.1037/0021-843X.93.4.378

Cutrona, C.E. & Russell, D. (1987).The provisions of social relationships and adaptation to stress. *Advanced in Personal Relationships* (pp. 37–67). Greenwich CT: JAI Press.

Depkes RI. (2011). Kesehatan Kerja kepada Pekerja. http//:www.depkes.ri.id

Diener, E. (1984). Subjective well-being. *Psychological Bulletin,* 95, (3), 542–575. doi:10.1037/0033-2909.95.3.542.

Diener, E., & Scollon, C. (2003). Subjective well-being is desirable, but not the summon bnum. *Paper delivered at the University of Minnesota Interdisciplinary Workshop on Well-Being,* 23-25.

Diener, E., Oishi, S., & Lucas, R, E. (2002). Personality, culture, and subjective well-being: Emotional and cognitive evaluations of life. *Annual Review of Psychology*, 54, 403-425. doi: 10.1146/annurev.psych.54.101601. 145056

Diener, E., Oishi, S., & Lucas, R, E. (2015). National accounts of subjective well-being. *American Psychologist,* 70, (3), 234–242. doi: 10.1037/a0038899

Divinakumar K J, Pookala, S. B., Das, R. C. (2014). Perceived stress, psychological well-being and burnout among female nurses working in government hospitals. International *Journal of Research in Medical Sciences*, 2(4), 1511-1515. doi: 10.5455/2320-6012.ijrms20141150

Drummond, S., O'Driscoll, M. P., Brough, P., Kalliath, T., Siu, O.-L., Timms, C., Riley, D., Sit, C., & Lo, D. (2016). The relationship of social support with well-being outcomes via work–family conflict: Moderating effects of gender, dependants and nationality. *Human Relations,* 70, (5), 544–565. doi:10.1177/0018726716662696

Elliot, A,J, Thrash, T.M., & Murayama, K. (2011) A longitudinal analysis of self-regulation and well-being: Avoidance personal growth, avoidance coping, stress generation, and subjective well-being. *Journal of Personality*, 73, (3), 643-674. DOI: 10.1111/j.1467-6494.2011.0064.x.

Fathi, A. & Simamora, R. H. (2019). Investigating nurses' coping strategies in their workplace as an indicator of quality of nurses' life in Indonesia: A preliminary study. *IOP conference series: Earth and Environmental Science.* doi:10.1088/1755-1315/248/1/012031

Field, A. (2018). *Discovering statistics using SPSS*. Fifth edition. Thousand Oaks, California: Sage Publications, Inc.

Greenhaus, J. H., & Beutell, N. J. (1985). Sources of conflict between work and family roles. *Academy of Management Review*, 10, 76-88.

Hagqvist, E., Gådin, K.G. & Nordenmark, M. (2017). Work–family conflict and well-being across Europe: The role of gender context. *Social Indicator Research,* 132, 785–797. doi:10.1007/s11205-016-1301-x

Jamilah, M. (2013). Pengaruh tipe kepribadian dan dukungan sosial terhadap *subjective well-being* (SWB) mahasiswa perantau UIN Syarif Hidayatullah Jakarta. (The contribution of personality type and social support on subjective well-being of abroad students of UIN Syarif Hidayatullah Jakarta). *Tesis.* Universitas Islam Negeri Syarif Hidayatullah Jakarta.

Jayawickreme, E., Forgeard, M. J.C., & Seligman, M. E. P. (2012). The engine of well-being. *Journal of American Psychological Association*, 16, (4), 327-342. doi: 10.1037/a0027990.

Karatepe, O. M. (2013). The effects of work overload and work-family conflict on job embeddedness and job performance. *International Journal of Contemporary Hospitality Management, 25,* (4), 614–634. doi:10.1108/09596111311322952

Laksmi, N. A. P., & Hadi, C., (2012). Hubungan antara konflik peran ganda *(work-family conflict)* dengan kepuasan kerja pada karyawati bagian produksi PT. X. (The relationship between work-

family conflict and job satisfaction of female employees in the production department of PT. X). *Jurnal Psikologi Industri dan Organisasi*, 1, (22), 124-130. doi: 10.36269/psyche.v1i2.94

Lazarus, R. S., & Folkman, S. (1984). *Stress, appraisal and coping*. New York: Springer.

Li, B., Ma, H., Guo, Y., Xu, F., Yu, F., & Zhou, Z. (2014). Positive psychological capital: A new approach to social support and subjective well-being. *Social Behavior and Personality: An International Journal,* 42, (1), 135–144. doi:10.2224/sbp.2014.42.1.135

Luhmann, M., Eid M., Hofmann, W., & Lucas, R. E. (2012). Subjective well-being and adaptation to life events: A meta-analysis. *Journal of Personality and Social Psychology.* 102, (3), 592-615. doi: 10.1037/a0025948.

Morimoto, H., Furuta, N., Kono, M., & Kabeya, M. (2017). Stress-buffering effect of coping strategies on interrole conflict among family caregivers of people with dementia. *Clinical Gerontologist*, 1–13. doi:10.1080/07317115.2017.136876 4

Othman, N., & Nasurdin, A. M. (2013). Social support and work engagement: a study of Malaysian nurses. *Journal of Nursing Management*, *21*(8), 1083-90. doi:10.1111/j.1365-2834.2012.01448.x

Pratiwi, V. K. D. (2014). Hubungan antara *work-family conflict* dengan *subjective well-being* pada perawat. (The relationship between work-family conflict with subjective well-being of

nurses) *Tesis*. Universitas Diponegoro Semarang.

Prayascitta, S. (2010). Peran *emotion focus coping* terhadap kecenderungan *post-traumatic stress disorder* para karyawan yang menyaksikan peledakan bom di depan Kedutaan Besar Australia di Jakarta tahun 2004. (The role of emotion focus coping in post-traumatic stress disorder tendency of employees who witnessed the bombing in front of the Australian Embassy in Jakarta in 2004). *Tesis*. Universitas Diponegoro Semarang.

Ratelle, C.F., K. Simard,.& F. Guay. (2012). University students subjective well-being: the role of autonomy support from parents, friends, and the romantic partner. *Journal Happiness Study*, *12,* 902-920. doi: 10.1007?s 10902-012-9360-4.

Reeve, K. L., Shumaker, C. J., Yearwood, E. L., Crowell, N. A., & Riley, J. B. (2013). Perceived stress and social support in undergraduate nursing students' educational experiences. *Nurse Education Today,* 33, (4), *419–424.* doi:10.1016/j.nedt.2012.11.009.

Ryff, C. D., & Singer, B. (2008). Know thyself and become what you are: A eudaimonic approach to psychological well-being. *Journal of Happiness Studies,* 9, (1), 13-38. doi:10.1007/s10902-006-9019-0.

Siedlecki, K. L., Salthouse, T. A., Oishi, S., & Jeswani, S. (2013). The relationship between social support and subjective well-being across age. *Social Indicators Research,* 117, (2), 561–576. doi:10.1007/s11205-013-0361-4.

Umanodan, R., Shimazu, A., Minami, M., Kawakami, N. (2014). Effects of computer-based stress management training on

psychological well-being and work performance in Japanese employees: A cluster randomized controlled trial. *Industrial Health, 52,* 480-491.

Via, C. M., (2014). Peran *work-family conflict* dalam hubungan antara *perceived organizational support* dan stres kerja pada perawat. (The role of work-family conflict in the relationship between perceived organizational support and work stress of nurses). *Tesis*. Fakultas Psikologi
Universitas Sanata Dharma Yogyakarta.

Wang, L., Tao, H., Bowers, B.J., Brown, R., & Zhang, Y. (2018). Influence of social support and self-efficacy on resilience of early career registered nurses. *Western Journal of Nursing Research*, 40, (5), 648-664.                                doi: 10.1177/0193945916685712.

Wang, M.-L., & Tsai, L.-J. (2014). Work–family conflict and job performance in nurses. *Journal of Nursing Research, 22,* (3),                                200– 207. doi:10.1097/jnr.0000000000000040

Yucel, D., & Fan, W. (2019). Work–family conflict and well-being among German couples: A longitudinal and dyadic approach. *Journal of Health and Social Behavior,* 60, (3), 377– 395. doi:10.1177/0022146519870535.