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The Effect of Work-Family Conflict and Job Stress on the Performance of Female Inpatient Nurses with Motivation as an Intervening Variable at Petala Bumi Regional General Hospital Pekanbaru City

Fadli Fatihul Ichsan[1], Dewita Suryati Ningsih[2], Dian Puspita Novrianti[3]
[1-3] Faculty of Economics and Business, University of Riau

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ABSTRACT

Petala Bumi Regional General Hospital is a Type C hospital located in Pekanbaru City with a vision to deliver excellent, quality, and affordable healthcare services supported by competent human resources and accountable management; as nurses are the frontline staff who interact most frequently with patients, their performance is pivotal to service quality and institutional image. This study examines the effects of work–family conflict and job stress on the performance of female inpatient nurses, with work motivation as an intervening variable, at Petala Bumi Regional General Hospital. The population comprised all female inpatient nurses in 2025 (78 individuals), and purposive sampling of married female nurses yielded 56 respondents. Data were analyzed using path analysis with SmartPLS 4. The findings reveal that work–family conflict and job stress have negative and significant effects on nurses' motivation and performance, while work motivation has a positive and significant effect on performance; moreover, work–family conflict and job stress also exert negative and significant indirect effects on performance through work motivation.

Corresponding Author:

Name: Fadli Fatihul Ichsan
Institution Address: Faculty of Economics and Business, University of Riau
e-mail: fadli.fatihul6426@student.unri.ac.id

1. INTRODUCTION

Human resources are a strategic element in organizational success because they serve as the primary driver of all operational activities. In the context of healthcare organizations, the quality of human resources determines the quality of services provided to the public. Hospitals, as public service institutions, are highly dependent on the performance of healthcare workers, particularly nurses who interact directly with patients during the care process.

Nurses are healthcare workers who play a crucial role in the healthcare system due to their direct contact with patients 24/7. Nurse performance is a key indicator of a hospital organization's success in providing quality care. Therefore, improving nurse performance is a strategic aspect of human resource management in the healthcare sector.

The performance of female nursing staff at Petala Bumi Regional General Hospital indicates that several performance indicators have not yet met optimal organizational standards. This situation indicates that the effectiveness of healthcare

workers still requires managerial attention, particularly regarding the psychological and social factors that influence individual performance within healthcare organizations.

Table 1. Performance of Female Nurses at Petala Bumi Regional Hospital, Pekanbaru City, 2022-2024

Assessment Indicators	Minimum Target Performance Standards	Average Value per Year*		
		2022	2023	2024
Work according to SOP	80%	79,45%	80,38%	80,21%
Responsibility	80%	78,24%	79,21%	79,34%
Cooperation	80%	77,40%	78,38%	77,49%
Accuracy	80%	79,39%	81,39%	80,79%
Quality of work	80%	80,26%	80,66%	79,96%
Total		**78,95%**	**80,00%**	**79,56%**

*) *Note: Very Good: 90-100, Good: 76-90, Fair: 61-75, Poor: 51-60, Poor: < 50*

Source: Human Resources Division of Petala Bumi Regional Hospital, Pekanbaru, 2025

Nurse performance data shows that some assessment indicators still fall below the minimum organizational standards. This indicates that service quality is not yet fully optimized and requires strengthening of factors influencing individual performance. From a human resource management perspective, employee performance is determined not only by technical competence but also by psychological conditions and the work environment.

One factor influencing employee performance is work-family conflict. Role conflict occurs when work demands and family demands cannot be met simultaneously, resulting in psychological stress for the individual. Work-family conflict is defined as a form of inter-role conflict in which pressures from work and family are incompatible [1].

Work-family conflict is also understood as a mismatch between role demands that makes it difficult for individuals to simultaneously fulfill both work and family obligations. When individuals are unable to balance these two roles, psychological stress arises, which can impact work behavior and individual performance within the organization [2].

In addition to role conflict, job stress is another factor that impacts employee motivation and performance. Job stress is a state of tension that affects an individual's emotions, thought processes, and physical condition, potentially reducing their ability to work optimally [3]. Continuous tension can impact an individual's psychological balance in carrying out their work.

Occupational stress is also understood as a dynamic condition that arises from the interaction between the individual and the work environment, resulting in psychological imbalance. Each individual responds differently to work pressure, so the level of stress experienced can impact behavior and work performance differently [4].

In the context of female nursing staff, work-family role conflict and work stress often arise due to high work demands and simultaneous family responsibilities. These conditions have the potential to decrease work motivation, reduce work focus, and impact the quality of care provided to patients.

Work motivation is a crucial factor influencing individual work behavior. Motivation relates to internal and external forces that drive individuals to achieve organizational goals. Individuals with high work motivation tend to perform better than those with low motivation [3].

Based on preliminary organizational research, there are indications that female nurses experience role conflict, work stress, and fluctuations in work motivation, which can potentially impact performance. This phenomenon suggests a relationship between psychological factors and the work performance of healthcare workers in healthcare organizations.

Theoretical studies indicate that

work-family role conflict and job stress are factors that can influence individual motivation and performance. However, research integrating role conflict, job stress, motivation, and performance into a single analytical model in the context of regional hospitals is still limited. This situation indicates a research gap that needs to be addressed empirically.

The research problem of this study focuses on how work-family role conflict and job stress influence the motivation and performance of female nurses, and how motivation plays a role in bridging this relationship. This study is crucial for providing a comprehensive understanding of the factors that influence healthcare worker performance.

This study aims to analyze the influence of work-family conflict and job stress on the performance of female nurses, with work motivation as an intervening variable. This research is expected to provide theoretical contributions to the development of human resource management studies and provide practical implications for empirically evidence-based healthcare workforce management.

2. LITERATURE REVIEW

2.1 Work Family Conflict

Work-Family Conflict (dual role conflict) is an inter-role conflict that arises when work and family demands cannot be met simultaneously, causing stress on the individual. This conflict arises from a mismatch in time demands, responsibilities, and pressures between work and family domains [1], [2], [5]. This condition is common among female workers who juggle professional roles and family responsibilities.

Work-family conflict is influenced by internal individual factors, support from the work and family environment, relationships within the household, and work motivation [6]. This conflict can be measured through three main indicators: time-based conflict, pressure-based conflict, and behavior-based conflict, which reflects an imbalance between work and family demands [1].

2.2 Job Stress

Occupational stress is an individual's response to work demands or pressures that exceed their capabilities, resulting in changes in behavior, emotions, and psychological state. Stress arises from an imbalance between job demands and an individual's capacity to cope [7]. Occupational stress is understood as a state of tension that affects an employee's emotions, thought processes, and physical and psychological balance, potentially impacting work performance [8], [9].

Occupational stress can be positive or negative, depending on the level of pressure experienced by the individual. Factors causing stress include environmental, organizational, group, and individual stressors such as role conflict, excessive workload, working conditions, and social support [10], [11]. Occupational stress is generally measured through indicators of individual behavior, social support, role conflict, working conditions, and workload, which reflect the level of pressure experienced by employees in the work environment [12].

2.3 Work Motivation

Work motivation is an internal and external drive that drives individuals to act and achieve organizational goals. Motivation influences the intensity, direction, and

persistence of individual effort at work [13], and is a process that generates, directs, and maintains behavior toward goal achievement [12]. In the context of healthcare organizations, motivation is viewed as a positive energy that drives employees to demonstrate optimal work attitudes and is oriented toward achieving maximum performance [14].

Work motivation can be intrinsic or extrinsic and aims to increase productivity, job satisfaction, and individual performance within the organization [15] Prawirosentono, 2017). Motivation is influenced by internal factors such as needs, expectations, and job satisfaction, as well as external factors such as the work environment and compensation [16]. In empirical measurements, work motivation is generally identified through indicators of remuneration, working conditions, work facilities, work performance, superior recognition, and the work itself [17].

2.4 Performance

Employee performance is the result of an individual's work in carrying out tasks during a specific period according to organizational standards, targets, and responsibilities. Performance reflects the quality and quantity of work output and the individual's contribution to achieving organizational goals [18]–[21]. Performance assessments serve as a basis for individual evaluation, competency development, organizational system maintenance, and documentation of human resource management decisions. Furthermore, performance assessments also increase work motivation and job satisfaction, and provide constructive feedback to employees (Aini).

Employee performance is influenced by various factors, including ability, motivation, organizational support, job characteristics, and work relationships [18]. Other factors that influence performance include individual aspects, leadership, organizational systems, and work environment conditions [12], [22], [23]. Performance measurement generally uses indicators of work quality, work quantity, timeliness, effective use of resources, and independence in work [24]. In organizational practice, additional indicators such as adherence to SOPs, responsibility, teamwork, accuracy, and quality of work results are also used to comprehensively assess employee success.

3. METHODS

3.1 Research Approach

This study used a quantitative approach with descriptive and inferential methods to analyze the influence of work-family conflict and job stress on nurse performance, with work motivation as an intervening variable. Data were obtained by distributing questionnaires to respondents using an ordinal scale. Data were then analyzed using Structural Equation Modeling–Partial Least Squares (SEM-PLS) techniques through the SmartPLS program. The analysis was conducted in two main stages: measurement model testing to assess the validity and reliability of the instrument, and structural model testing to examine the relationships between variables and the research hypotheses.

3.2 Research Location

The research was conducted at Petala Bumi Regional Hospital in Pekanbaru City, located at Jalan Dr. Sutomo No. 65, Lima Puluh District, Pekanbaru City, Riau. This hospital was chosen as the research location because it is a regional government-owned general hospital with full accreditation status, thus providing a representative picture of the working conditions of nurses in providing healthcare services to the community.

3.3 Data Types and Sources

The type of data used in this study is quantitative data sourced from primary data. Primary data were obtained directly from respondents through questionnaires distributed to female nurses in inpatient units. Data collection was conducted by asking respondents to respond to research questions according to a predetermined ordinal scale. This allowed the collected data to be statistically analyzed to answer the research questions.

3.4 Population and Sample

The population in this study was all 78 female nurses in the inpatient department of Petala Bumi Regional Hospital, Pekanbaru City, in 2025. The sampling technique used was purposive sampling, with the criterion being married female nurses, resulting in a sample size of 56 respondents. This criterion was chosen based on the consideration that married nurses are more likely to experience dual role conflict between work and family.

3.5 Data Analysis

Data analysis was conducted using quantitative descriptive methods to describe the characteristics of the data and inferential methods to examine the relationships between the research variables. Testing was conducted using SEM-PLS, which included validity and reliability tests for the outer model and determination and significance tests for the inner model. The structural model was evaluated using R-square values and t-statistics to determine the significance of variable influences. Mediation testing was conducted using the Variance Accounted For (VAF) approach to determine the type of mediation occurring.

4. RESULTS AND DISCUSSION

4.1 Demographic Profile of the Sample

Based on respondent identity data, this study involved 56 female nurses in the inpatient department who were all married, with demographic characteristics that showed a dominance of productive age, namely 35–44 years old as many as 36 people (64.3%), followed by 25–34 years old as many as 10 people (17.9%), 45–54 years old as many as 9 people (16.1%), and only 1 person (1.8%) aged over 55 years. From the educational aspect, most respondents have met the nursing profession competency standards, namely 31 people (55.4%) have a bachelor's degree and 25 people (44.6%) have a diploma. Meanwhile, based on length of service, the majority of respondents have high work experience, namely more than 10 years as many as 38 people (67.9%), while the rest have work experience >1–3 years as many as 4 people (7.1%), >3–5 years as many as 8 people (14.3%), and >5–10 years as many as 6 people (10.7%). These characteristics indicate that the research respondents were dominated by nurses who were of productive age, had educational backgrounds that met standards, and had long work experience, so they were considered to have competence and professional maturity in carrying out nursing service duties.

4.2 Data Quality Test (Outer Model)

Evaluation of the measurement model (outer model) is conducted to assess the reliability and validity of the indicators forming the latent construct. The outer model with reflective indicators is evaluated through confirmatory factor analysis by testing its validity and reliability.

1. Validity Test

Instrument validity indicates the

accuracy of the measuring instrument in representing the construct being studied. This study uses construct validity which includes convergent and discriminant validity, where convergent validity is tested through loading factor values and Average Variance Extracted (AVE) using SmartPLS; an indicator is declared valid if it has a loading factor above 0.70 and an AVE above 0.50, so the test results indicate that the indicator is suitable to measure the research construct.

Table 2. Convergent Validity Test Results

Variabel	Indicator	Loading	*Cut Off*	Decision	AVE
Work Family Conflict (X_1)	WFC1	0,926	0,7	Valid	0,868
	WFC2	0,935	0,7	Valid	
	WFC3	0,921	0,7	Valid	
	WFC4	0,915	0,7	Valid	
	WFC5	0,949	0,7	Valid	
	WFC6	0,942	0,7	Valid	
Job Stress(X_2)	SK1	0,810	0,7	Valid	0,631
	SK2	0,792	0,7	Valid	
	SK3	0,792	0,7	Valid	
	SK4	0,818	0,7	Valid	
	SK5	0,783	0,7	Valid	
	SK6	0,851	0,7	Valid	
	SK7	0,781	0,7	Valid	
	SK8	0,722	0,7	Valid	
Motivation (Z)	MK1	0,838	0,7	Valid	0,829
	MK2	0,923	0,7	Valid	
	MK3	0,920	0,7	Valid	
	MK4	0,954	0,7	Valid	
	MK5	0,871	0,7	Valid	
	MK6	0,950	0,7	Valid	
Performance (Y)	K1	0,933	0,7	Valid	0,853
	K2	0,913	0,7	Valid	
	K3	0,919	0,7	Valid	
	K4	0,917	0,7	Valid	
	K5	0,937	0,7	Valid	

Source: Data Processing Results, 2025

Table 2 shows the indicator loading or construct loading factor values for each variable. All indicators have loading factor values above 0.7 and AVE values above 0.5. This indicates that all indicators within the variable construct meet convergent validity requirements.

Another method for measuring item validity is the discriminant test. The discriminant validity of a measurement model with reflective indicators is assessed based on the cross-loading of the measurement with the construct. Based on cross-loading, if the correlation between the construct and the measurement item is greater than that of the other construct measures, it indicates that the latent construct predicts the block measure better than the other block measures. The test yielded the following results:

Table 3. Cross Loading Validity Test Results

Variable	Indicator	*Work Family Conflict* (X_1)	Job Stress (X_2)	Motivation (Z)	Performance (Y)
Work Family Conflict (X_1)	WFC1	**0,926**	0,481	-0,623	-0,641
	WFC2	**0,935**	0,462	-0,624	-0,723
	WFC3	**0,921**	0,489	-0,698	-0,662

Variable	Indicator	*Work Family Conflict* (X_1)	Job Stress (X_2)	Motivation (Z)	Performance (Y)
	WFC4	**0,915**	0,543	-0,783	-0,746
	WFC5	**0,949**	0,514	-0,671	-0,662
	WFC6	**0,942**	0,564	-0,709	-0,691
Job Stress (X_2)	SK1	0,321	**0,810**	-0,325	-0,504
	SK2	0,637	**0,792**	-0,652	-0,648
	SK3	0,656	**0,792**	-0,618	-0,630
	SK4	0,302	**0,818**	-0,487	-0,524
	SK5	0,256	**0,783**	-0,317	-0,434
	SK6	0,498	**0,851**	-0,601	-0,562
	SK7	0,317	**0,781**	-0,417	-0,432
	SK8	0,274	**0,722**	-0,426	-0,419
Motivation (Z)	MK1	-0,722	-0,537	**0,838**	0,780
	MK2	-0,670	-0,579	**0,923**	0,733
	MK3	-0,682	-0,646	**0,920**	0,688
	MK4	-0,699	-0,597	**0,954**	0,756
	MK5	-0,569	-0,497	**0,871**	0,604
	MK6	-0,672	-0,587	**0,950**	0,706
Performance (Y)	K1	-0,670	-0,600	0,716	**0,933**
	K2	-0,658	-0,601	0,718	**0,913**
	K3	-0,682	-0,653	0,690	**0,919**
	K4	-0,723	-0,643	0,749	**0,917**
	K5	-0,683	-0,602	0,754	**0,937**

Source: Data Processing Results, 2025

Table 3 shows that the correlation values of all indicators for each construct have a high correlation with the construct variable. This indicates that all indicators for each construct variable meet the requirements for discriminant validity.

2. Reliability Test

The reliability of a measurement indicates the stability and consistency of the instrument measuring a concept and is useful for testing the "goodness" of the measurement. There are two criteria for measuring or evaluating reliability: Cronbach's alpha and composite reliability. An instrument is said to have a good level of reliability if both Cronbach's alpha and composite reliability are greater than 0.7. The following results were obtained from the tests:

Table 4. Reliability Test Results

Variabel	*Cronbach's Alpha*	*Composite Reliability*	*Cut Off*	Decision
Work Family Conflict	0,970	0,975	0,7	Reliabel
Job Stress	0,918	0,932	0,7	Reliabel
Motivation	0,958	0,967	0,7	Reliabel
Performance	0,957	0,967	0,7	Reliabel

Source: Data Processing Results, 2025

Table 4 shows that all Cronbach's alpha and composite reliability values for the research construct variables are above 0.70. This indicates that all construct variables meet reliability requirements.

4.3 Structural Model Testing (Inner Model)

Inner model or structural model testing in SmartPLS 4 was conducted to examine the relationships between constructs, R-square, and significance tests. The structural model was evaluated using R-square for the dependent construct and t-tests or significance tests for hypothesis testing.

1. Coefficient of Determination Test

The coefficient of determination uses adjusted R-squared, which indicates how much of the variation in the endogenous construct/criterion can be explained by the construct hypothesized to influence it (exogenous/predictor). The following results were obtained from the tests:

Table 5. Results of the Determination Coefficient Test

Structure	*R Square*	*R Square Adjusted*
Motivation	0,620	0,605
Performance	0,710	0,693

Source: Data Processing Results, 2025

From Table 5 above, the Adjusted R Square value for the work motivation structure is 0.605 or 60.5%. This means that 60.5% of nurses' work motivation at Petala Bumi Regional General Hospital, Pekanbaru City is influenced by work-family conflict and work stress. Then, the adjusted R Square value for the performance structure is 0.693 or 69.3%. This means that 69.3% of nurses' performance at Petala Bumi Regional General Hospital, Pekanbaru City is influenced by work-family conflict, work stress, and work motivation.

2. Hypothesis Testing

To determine the structural relationship between latent variables, a hypothesis test was conducted on the path coefficients between variables by examining the p-value and t-table using a 2-tailed test. The p-value and t-statistic were obtained from the SmartPLS output using the bootstrapping method. The hypothesis was accepted if the p-value was less than alpha (0.05) or the t-statistic was greater than the t-table (1.65). From the processing carried out, the following hypothesis testing results were obtained:

Table 6. Results of Direct Hypothesis Testing

Hypothesis	Original Sample	T Statistics	P Values	Decision
Work Family Conflict -> Motivation	-0,560	7,954	0,000	Significant Negative
Job Stress -> Motivation	-0,326	3,826	0,000	Significant Negative
Work Family Conflict -> Performance	-0,308	2,995	0,003	Significant Negative
Job Stres -> Performance	-0,249	2,390	0,017	Significant Negative
Motivation -> Performance	0,401	2,787	0,005	Significant Negative

Source: Data Processing Results, 2025

Table 6 shows the following direct hypothesis testing results:

a. Work-Family Conflict -> Motivation

The path coefficient is -0.560, with a t-statistic of 7.954 and a p-value of 0.000. The t-statistic (7.954) is greater than the t-table (1.65), or the p-value (0.000) is less than alpha (0.05). The coefficient is marked with a minus sign, indicating a negative direction of influence. Therefore, Hypothesis 1 is accepted, meaning that work-family conflict has a negative and significant effect on nurses' work motivation.

b. Job Stress -> Motivation

The path coefficient was -0.326, with a t-statistic of 3.826 and a p-value of 0.000. The t-statistic (3.826) is greater than the t-

table (1.65), or the p-value (0.000) is less than alpha (0.05). The coefficient is marked with a minus sign, indicating a negative direction of influence. Therefore, Hypothesis 2 is accepted, meaning that work stress has a negative and significant effect on nurses' work motivation.

c. Work-Family Conflict -> Performance

The path coefficient was -0.308, with a t-statistic of 2.995 and a p-value of 0.003. The t-statistic (2.995) is greater than the t-table (1.65), or the p-value (0.003) is less than alpha (0.05). The coefficient is marked with a minus sign, indicating a negative direction of influence. Therefore, Hypothesis 3 is accepted, meaning that work-family conflict has a negative and significant effect on nurses' performance.

d. Work Stress -> Performance

The path coefficient was -0.249, with a t-statistic of 2.390 and a p-value of 0.017. The t-statistic (2.390) is greater than the t-table (1.65), or the p-value (0.017) is less than alpha (0.05). The coefficient is minus, indicating a negative direction of the effect. Therefore, Hypothesis 4 is accepted, meaning that work stress has a negative and significant effect on nurse performance.

e. Work Motivation -> Performance

The path coefficient was 0.401, with a t-statistic of 2.787 and a p-value of 0.005. The t-statistic (2.787) is greater than the t-table (1.65), or the p-value (0.005) is less than alpha (0.05). The coefficient is plus, indicating a positive direction of the effect. Therefore, Hypothesis 5 is accepted, meaning that work motivation has a positive and significant effect on nurse performance.

Tabel 7. Pengujian Hipotesis Tidak Langsung *(Indirect)*

Hypothesis	Original Sample	T statistics	P Values	Decision	VAF
Work Family Conflict -> Motivation -> Performance	-0,224	2,577	0,010	Significant Negative	42,2%
Job Stres -> Motivation -> Performance	-0,131	2,393	0,017	Significant Negative	34,4%

Source: Data Processing Results, 2025

Table 7 shows the results of the direct hypothesis test as follows:

a. Work-Family Conflict -> Motivation -> Performance

The path coefficient value was -0.224, with a t-statistic of 2.577 and a p-value of 0.010. The t-statistic (2.577) is greater than the t-table (1.65), or the p-value (0.010) is less than the alpha (0.05). The coefficient value is minus, indicating a negative direction of influence. Therefore, hypothesis 6 is accepted, indicating that work-family conflict has a negative and significant effect on nurse performance through work motivation.

The VAF value was 42.2%, within the 20-80% range, indicating partial mediation. The effect of work-family conflict on performance decreased but remained after the motivation variable was included.

b. Job Stress -> Motivation -> Performance

The path coefficient value was -0.131, with a t-statistic of 2.393 and a p-value of 0.017. The t-statistic (2.393) is greater than the t-table (1.65), or the p-value (0.017) is less than the alpha (0.05). The coefficient value is minus, indicating a negative direction of influence. Therefore, Hypothesis 7 is accepted, indicating that job stress has a negative and significant effect on nurse performance through work motivation.

The VAF value was 34.4%, within the 20-80% range, indicating partial mediation. The effect of job stress on performance decreased but remained after the motivation variable was included.

From the test results above, the SmartPLS Structural Diagram image model was obtained as follows:

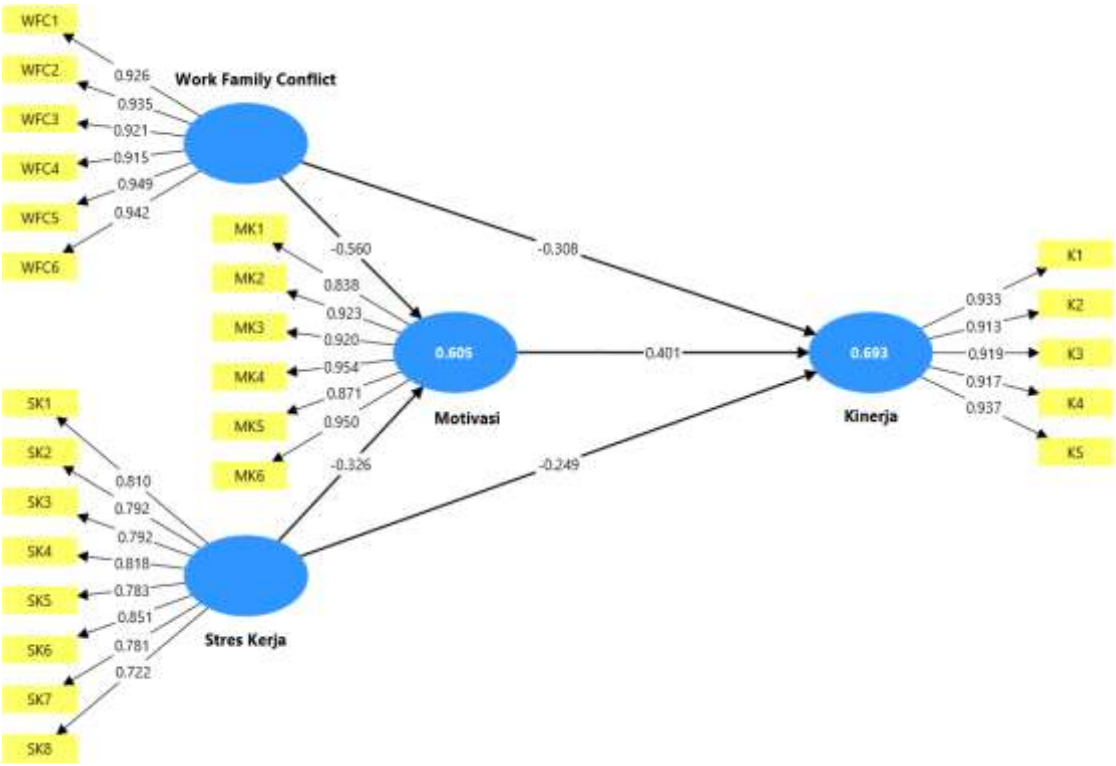

Figure 1. Structural Diagram of Loading Factor

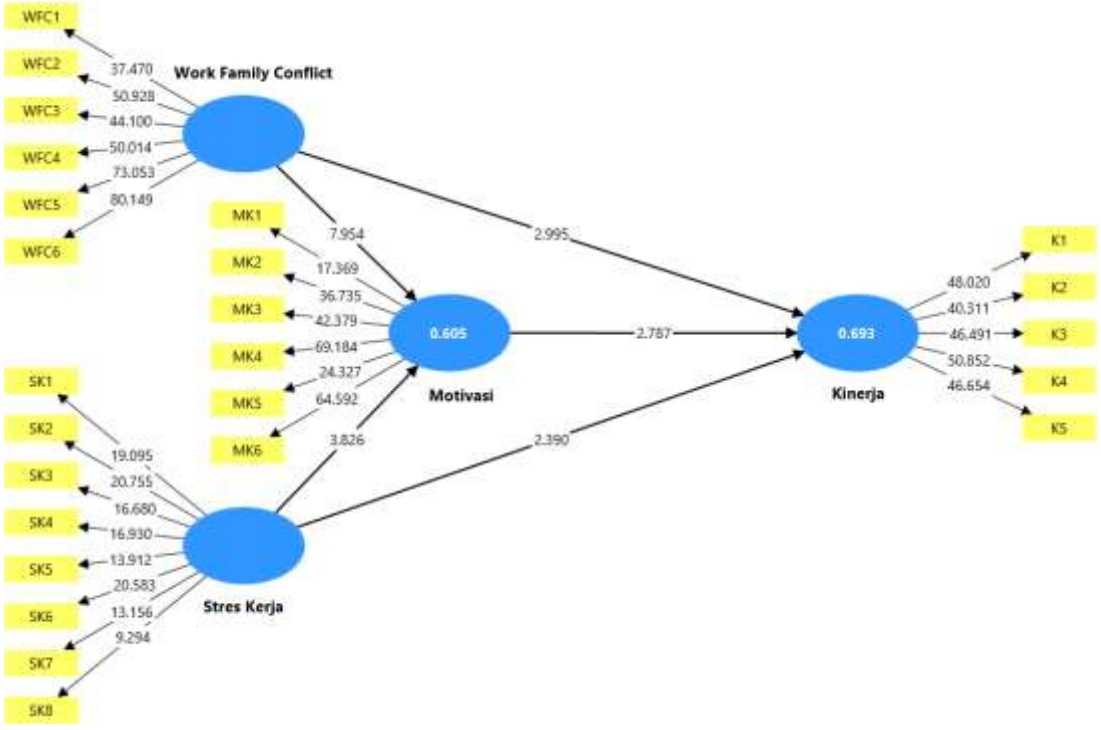

Figure 2. Bootstrapping Structural Diagram

Discussion

The Influence of Work-Family Conflict on Nurses' Work Motivation

The results of the hypothesis testing indicate that work-family conflict has a negative and significant effect on the work motivation of nurses at Petala Bumi Regional General Hospital, Pekanbaru City. This means that the higher the role conflict between work and family, the lower the

work motivation. This finding is in line with research by [25] which states that work-family conflict reduces the work motivation of female nurses. Conceptually, conflict arises when the demands of work and family roles conflict, so that the fulfillment of one role hinders the fulfillment of the other, a condition more often experienced by female workers with dual roles. In this hospital environment, nurses face difficulties balancing professional and family responsibilities especially those with small children so that role pressure has an impact on decreasing work motivation.

The Influence of Job Stress on Nurses' Work Motivation

The results of the hypothesis testing indicate that work stress has a negative and significant effect on the work motivation of nurses at Petala Bumi Regional General Hospital, Pekanbaru City. Thus, the higher the stress level, the lower the work motivation, and vice versa. This finding is in line with [26] who stated that work stress reduces nurse motivation. High stress makes individuals feel tense, uncomfortable, and experience physical and psychological fatigue, which impacts work enthusiasm. In practice, nurses face shift work systems, high workloads due to unbalanced patient ratios, and emotional demands due to having to remain professional when dealing with patient suffering and death. These conditions trigger emotional exhaustion and work burnout, which ultimately reduce nurse work motivation.

The Influence of Work-Family Conflict on Nurse Performance

The test results show that work-family conflict has a negative and significant effect on nurse performance at Petala Bumi Regional General Hospital, Pekanbaru City, so that the higher the dual role conflict, the lower the performance. This finding is in line with research by [27] which states that work-family conflict reduces employee performance. Conflict arises when work demands and family responsibilities are difficult to balance, especially for female nurses who carry out both domestic and professional roles, thus triggering physical fatigue, psychological stress, and decreased work energy; in practice, high workloads and childcare responsibilities exacerbate this conflict, although family support in caregiving helps relieve stress and maintain performance stability.

The Effect of Work Stress on Nurse Performance

The test results show that work stress has a negative and significant effect on nurse performance at Petala Bumi Regional General Hospital, Pekanbaru City, so that higher work stress tends to decrease performance, and vice versa. This finding is in line with [27] and emphasizes the importance of stress management as a performance improvement strategy, because uncontrolled stress can trigger absenteeism, reduce productivity, and increase turnover [28]. In practice, nurse stress stems from the accumulation of physical, emotional, and organizational pressures, including high workloads and demands from patients' families that often exceed authority, which overall have an impact on decreasing work performance.

The Influence of Work Motivation on Nurse Performance

The test results show that work motivation has a positive and significant effect on nurse performance at Petala Bumi Regional General Hospital, Pekanbaru City, so that higher motivation leads to improved performance, and vice versa. This finding is in line with [29] and is supported by [30] view that individuals with high achievement motivation tend to like challenges, are responsible, and are oriented towards optimal results. In practice, although nurses face work-family conflict and relatively high work stress, intrinsic motivation remains strong because work is seen as a professional calling and a source of self-meaning; the experience of seeing patients recover provides a sense of

achievement and inner satisfaction that encourages them to work more optimally.

The Influence of Work-Family Conflict on Nurse Performance Through Work Motivation

The test results show that work-family conflict has a negative and significant effect on nurse performance through work motivation at Petala Bumi Regional General Hospital, Pekanbaru City. Thus, the higher the dual role conflict, the lower work motivation and ultimately performance, and vice versa. This finding is in line with [25] who emphasized the mediating role of work motivation in this relationship. Theoretically, work-family conflict is an interrole conflict that arises when the demands of work and family roles conflict, so that the fulfillment of one role hinders the fulfillment of the other [1] this condition suppresses individual energy and focus, reduces discipline and work effort, and ultimately has an impact on decreased performance. In practice, inflexible working hours, high workloads, and limited organizational support exacerbate this conflict, making managing work-family conflict key to maintaining nurse motivation and performance.

The Influence of Job Stress on Nurse Performance Through Work Motivation

The test results show that work stress has a negative and significant effect on nurse performance through work motivation at Petala Bumi Regional General Hospital, Pekanbaru City. Thus, higher work stress leads to decreased motivation and ultimately decreased performance, and vice versa. This finding is in line with [31] who emphasized the role of motivation as a mediating variable. Conceptually, work stress is discomfort due to work, personal, or environmental factors that can reduce enthusiasm and performance, although at a certain level (eustress) it can be a performance booster; however, in practice, the stress experienced by nurses is generally negative and exceeds tolerance limits, triggered by individual factors such as anxiety as well as external factors such as family problems and financial pressures, thus suppressing work motivation which in turn has an impact on decreased performance. While strong motivation can reduce the negative impact of stress and help maintain work performance.

5. CONCLUSION

Based on the research results, it can be concluded that work-family conflict and work stress have a negative and significant effect on work motivation and nurse performance at Petala Bumi Regional General Hospital, Pekanbaru City, where increasing conflict between work and family demands as well as high work pressure significantly reduces nurses' enthusiasm and drive in working, thus impacting the decline in the quality and quantity of performance. Conversely, work motivation has been proven to have a positive and significant effect on nurse performance, so that the higher the motivation, the more optimal the resulting performance. In addition, work motivation acts as a mediating variable, which means that work-family conflict and work stress not only have a direct impact on performance, but also affect performance indirectly through decreasing nurse work motivation. Thus, managing dual role conflict and work stress is an important factor in increasing motivation and maintaining the quality of nurse performance in a sustainable manner.

SUGGESTIONS

Based on the research results, it is recommended that nurses implement effective time management and set family priorities to achieve work-life balance, such as scheduling regular time with family, making optimal use of holidays, maintaining communication with colleagues and family regarding work schedules, and improving the quality of interactions without gadget distractions; in addition, nurses need to create clear boundaries between work and personal life, delegate tasks when possible, take time for themselves, and do not hesitate to ask for

support from those closest to them. For the management of Petala Bumi Regional General Hospital, Pekanbaru City, it is important to provide recognition for nurses' work achievements, both financially and non-financially, to increase motivation, professionalism, and performance quality. Furthermore, future researchers are advised to examine other factors that have the potential to influence nurses' work motivation and performance using more diverse methods and analytical tools to further comprehensively develop knowledge in the field of human resource management.

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