

## Work-Life Balance of Regional Midwife During the Covid-19 Pandemic Time

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### ABSTRACT

During the pandemic COVID-19, a midwife as a health worker working in a public and private healthcare center was highly vulnerable to being exposed to the Covid-19 virus. Regional midwives have health responsibilities for people in a village or sub-district area. Working women not only have responsibility for their work but are attached to numerous house works which causes them to acquire a double burden. This paper aimed to investigate a regional midwife's work-life balance (WLB). The research was conducted using qualitative methods with a narrative study. Findings showed that the work-life balance (WLB) was achieved by the research participant for the reason that she was capable of meeting WLB factors such as having a good time balance, involvement, and satisfaction.

**Keywords:** Covid-19 Pandemic, Regional Midwife, Work-Life Balance.

### A. Introduction

As the forefront person to directly deal with the COVID-19 outbreak, medical staffs were susceptible to being physically

and mentally affected (Sulastri & Hilinti, 2021). The physical impact was like getting fatigued and a high-risk transmission (Yunere & Yaslina, 2020). According to the UNFPA (United Nations Population Fund) (*It Was the UN (United Nations) Sexual and Reproductive Health Agency That Had Been Formed since 1969*, n.d.), around 70% of medical personnel were women. They were attached to a high risk of contracting the plague because of having a direct interaction with society (Aji, 2020).

A global community's dependence on women and girls was found in the formal and informal healthcare sectors, so several additional healthcare roles were given to women during the pandemic period (Supartinah & Anwar, 2021). In another study, women were assumed to be more likely to feel stress than men during the pandemic time because they took care of sick family members, and carried household and work burdens for working women (Hutabarat *et al.*, 2020).

In general, women were attached and pinned with numerous domestic works. Even this domestic work also called women's work (Dewi *et al.*, 2020), was assumed to be a lower task than men's work or public work, and this caused gender bias. When they also worked outside the home, they often carried a double burden (Le *et al.*, 2020), which is an indicator of gender discrimination (Fakih, 2008). In addition, the notion of domestic work as women's work even placed women in three life spheres, namely family, work, and society (Saraswati & Susrama, 2020). In another study, women were considered to play numerous roles in the social sector, while men mostly worked as security personnel, corpse nurses, and ambulance drivers. Therefore, women had a high risk of transmitting the virus. Regarding the highest risk people of contracting the virus, it was stated that it could affect gender construction because this topic was related to the role of the main breadwinner who was indirectly outside the home and therefore vulnerable to being exposed to the virus (SM & Putri, 2020). Even Malaysia was a patriarchal country, it only

allowed men to leave the house and imposed fines for women if they go out from home (Haekal & Fitri, 2020), but this is different from a midwife in Indonesia.

According to the Regulation of the Minister of Health of the Republic of Indonesia No. 28 of 2017 concerning the permit and implementation of the practice of midwives, midwives were a special profession for women only, while in other countries such as England, America, and Australia, a male midwife was provided. As a woman, a regional or village midwife was highly conceivable to acquire any double or multi burden, regarding the work demands and personal or family loads (Bowen & Bowen, 2003). Work-life balance became important because when a person feels satisfied with his life, it will have an impact on his mental and physical health (Hjálmsdóttir & Bjarnadóttir, 2021). Especially the figure of a regional midwife whose dedication is needed by the community.

During the covid-19 pandemic period, the regional midwives were offered additional duties to track Covid-19 patients, and other tasks related to the pandemic response. This paper aimed to investigate a regional midwife's work-life balance to handle work demands and personal or family needs. The research participant was a regional midwife of the Singosaren sub-district located in the Ponorogo Regency. This midwife was chosen because she worked as one of the famous midwives in Ponorogo. She can get hundreds of patients every month in his practice. Besides, Ponorogo Regency developed to be a district having the highest number of a positive confirmed cases of COVID-19 as of August 29, 2021 (Pebrianti, n.d.). This area was subject to level 4 in several PPKM waves, then dropped to level 3, and returned to level 4 on August 25 for the high positive cases (Al Awali, n.d.), and was at level 2 on September 18<sup>th</sup>. In the previous week, Ponorogo Regency was at level 3 and continued to apply PPKM level 3 until September 20 (Sakti, n.d.). This research was conducted using qualitative methods with the

narrative study. This study is chosen because this research tells or explains individual experiences (Yusri, 2020), or in this case, is the experience of a regional midwife in Ponorogo.

In several previous studies analyzing work-life balance in Spanish, In addition to personal and family aspects, the midwives had to carry out their work on the front line, and accordingly, they had a responsibility to look after and accompany women who were pregnant or in childbirth, and they must first qualify as nurses before specializing, and this professional nursing qualification meant that some hospitals transferred them to look after COVID patients in general hospital wards (Goberna-Tricas *et al.*, 2021). In Turkey, COVID-19 has affected the work-life balance, work addiction, and mental health of medical workers, especially women who choose to quarantine longer so as not to transmit the virus to their families (Ayar *et al.*, 2022). In Canada, SGBA (A Sex and Gender-Based Analysis) emphasized that women have a greater chance of experiencing stress during COVID-19 (Healthprofwork.com, n.d.). Likewise in Iceland, which is known as the paradise of equality in the world, there are indications that women are carrying a greater burden in childcare and household chores, especially during COVID (Hjálmsdóttir & Bjarnadóttir, 2021). In Indonesia, the teleworking policy is a new thing during the COVID period that affects the work-life balance and work stress (Irawanto *et al.*, 2021).

Ahmad Amrullah et al examined the relationship between female lecturers' burn-out and work-life balance (Darmawan *et al.*, 2015). Furthermore, Stephani Kartika Bintang and Dewi Puri Astiti scrutinized work-life balance and turnover intention among Balinese female workers in the Sading Traditional Village, Mangupura Badung (Bintang & Astiti, 2016). Nurul Huda and Mu'minatus Fitriati Firdaus analyzed work-life balance in women's careers at the Inspectorate General of the Ministry of Finance who carried out multiple roles (Huda, 2020). Then, related to midwives' life during the pandemic, Nurul

Azizah and Rafhani Rosyidah had researched the midwives' knowledge and practice regarding pregnancy standard services in the Covid-19 pandemic era (Rosyidah, 2021). Farida Ariyani et al also investigated the role of midwives in antenatal care during the COVID-19 pandemic (Ariyani *et al.*, 2021). Additionally, Fitria Edni Wari et al studied the anxiety of midwives in providing midwifery services during the COVID-19 pandemic (Wari *et al.*, 2020). However, this present study analyzed regional midwives' work-life balance during the COVID-19 pandemic period.

## B. Discussion

### a. Work-Life Balance

WLB studies have been around since 1980 (Guest, 2002). WLB talked about the relationship between work and non-work aspects of individuals' lives, where achieving a satisfactory work-life balance is normally understood as restricting one side (usually work), to have more time for the other (Kelliher *et al.*, 2019). In line with Kirchmeyer's suggestion that balance is achieved when an individual's time, energy, and commitment are evenly distributed across life roles (Brough *et al.*, 2020).

According to Schermerhorn, Hunt, and Osborn, work-life balance (WLB) was an individual's ability to balance work demands and other needs (Sahrah, 2022). Based on Fisher-McAuley, Stanton, Jolton, and Gavin, WLB was attained by improving both work and personal life quality (Sahrah, 2022). Scholars defined life balance as fulfilling the demands satisfactorily in the three basic areas of life; namely, work, family, and private (individual, organization, social environment, etc) (Delecta, 2011), and the important thing is it can support physical, emotional, family and health and does so without grief, stress or negative support.

Some scholars have understood balance as inferring an equal distribution of time, energy, and commitment to work and non-work roles. Others have adopted what Reiter refers to as a 'situationist' approach, where balance depends on the individual's circumstances. The relationship between work and life first became a focus of interest as growing numbers of women sought paid employment outside of the home, following the Second World War. These women typically retained their role as homemaker with primary responsibility for childcare, thus creating a need to balance work with this particular responsibility.

Aside from WLB, WFB (Work-Family Balance) was recognized with five aspects such as work or job satisfaction, home satisfaction, employee citizenship or behavior, family functioning, and role conflict (Rengganis, 2022). Thornthwaite described three dimensions in WFB, specifically good time management, good conflict management, and good parenting arrangements (Rengganis, 2022). This is because it can be workers who feel mentally distracted or preoccupied with one role while physically present in another role (Althammer *et al.*, 2021) The relationship between flexible working and work-conflict has different outcomes for men and women, because women are often still more responsible for housework and childcare and spend more time on these chores (Chung & Van der Lippe, 2020). Peters showed that female workers gained better work-life balance from more control over their work schedule leading to a better work-work-family balance.

The private and work tasks were considered to influence each other (Soeharto & Lestari, 2022). These other activities which consume time and effort may stem from what might be seen both as obligations (other

types of caring responsibilities, cultural or religious commitments) and from what might be seen as a personal choice (education, hobbies, social and community activity). Therefore, some possibilities were proposed by Fisher-McAuley, Stanton, Jolton, and Gavin such as work interference with personal life, personal life interference with work, personal life enhancement of work, and work enhancement of personal life. Referring to McDonald and Bradley, WLB was illustrated by a good time balance, involvement, and satisfaction. Furthermore, agreeing to Poulouse and Susdarsan, WLB was affected by six factors, namely gender roles, psychological well-being or good psychological traits with acceptance, hope and optimism, work support, family support, working time flexibility, work stress, and childcare responsibilities (Soeharto & Lestari, 2022).

#### **b. Work-Life Balance (WLB) of Regional Midwife during the COVID-19 Pandemic**

The research participant was a midwife graduating from midwifery education and a professional organization recognized by the government, having good qualifications, and was licensed to practice midwifery services (Pengurus Pusat Ikatan Bidan Indonesia, 2016). The midwife could work in clinics, health centers, and hospitals, or open a private health center. In addition, as a regional midwife, this research participant was responsible for handling numerous health cases in a village. The placement of a regional midwife following the circular letter of the Director General of Public Health Guidance No. 429 Binkesmas DJ III89 on March 29, 1989. The purpose of its settlement was to improve the quality of public health services, the quality of services

for pregnant women, health assistance, postpartum, contraception, and the quality of children's health.

As the research respondent, Yeni referred to as BY (*Bidan Yeni*) was a civil servant midwife working at the Setono Health Center. After graduating from the university, she practiced with his mother-in-law. One month later, she started his practice, then in 2007 she started working in public health care, then she was asked by the Singosaren sub-district to be the regional midwife in the village.

She provides services at the family planning and KIA (Kesehatan Ibu dan Anak/Maternal and Child Birth) poly, giving community service, and doing social tasks such as opening *posyandu* (health care center) and weighing months, visiting Playgroups, kindergartens and elementary schools for immunization and DDTK (Early Detection of Growth and Development), being a regional midwife for the Singosaren Village area, as well as having responsibilities for health cases in the village by operating Ponkesdes or health cottages village assisted by a nurse (Y. Puspitasari, personal communication, September 14, 2021). She also had several additional tasks during the pandemic (Y. Puspitasari, personal communication, September 14, 2021). She said that The tasks during this covid-19 pandemic have increased a lot. Especially for a regional midwife. Since the people's health was attached to the regional midwife and nurse's responsibility. For her as a regional midwife in Singosaren, the task was given from time to time, especially when the high positive Covid-19 cases were found last time. After the pandemic, her task has been a bit loose. People had also been vaccinated, smart, and not nervous. BY stated that the people had increased their immunity, eaten, and drunk

lots of nutrition (Y. Puspitasari, personal communication, September 14, 2021).

During the pandemic, it was very busy for BY, because She had to go to the hospital to help people to get swab tests regularly, took people from their homes, delivered them to the hospital, tracked them covid-19 cases, and quarantined positive patients. Even though her task was assisted by a nurse, people still looked for the midwife. Then, after a new policy was offered, namely the swab officers could take the swab results directly to the hospital, a shelter and independent quarantine had been applied, and then her job had decreased. BY stated that "When doing my duty related to Covid-19 patients, I am like the robots (wearing PPE/Personal Protective Equipment). I go around the peoples' homes by wearing complete PPE accompanied by a health care center driver to take patients to the hospital or check their homes."

BY emphasizes that she had to be ready anytime for observation via cellphone and took the patients to the hospital at any time. When She cannot be contacted, people look for her in her home. The funerals are also occasional and become the regional midwife's responsibility. After completing this kind of job, She showered many times with warm water, and her clothes were soaked in warm water and washed right away (Y. Puspitasari, personal communication, September 14, 2021).

Apart from being a midwife at the people health care center and regional midwife, BY had also opened a private health care center in her home since 2006. The private health care center had grown rapidly, had four assistant midwives, provided 24-hour services, and opened other additional services such as baby care (infant photo costumes, massage, baby stimulation, baby bathing services, etc.), circumcision, ultrasound (USG)

examination, simple laboratory, pregnant women care, pregnancy exercise, massage for pregnant and lactating women, and other services. In August 2021, around 555 patients were taken care of and 20 patients gave birth at that place (Y. Puspitasari, personal communication, September 14, 2021).

The health care was carried out every morning and evening after BY worked at the public health care center. BY had a daughter aged 13 years, a son aged 7 years, and a husband working as an entrepreneur. The house works and children's care were assisted by a household assistant. BY described her housework was helped by an assistant. It doesn't mean that She doesn't want to do it, but She does not have enough time to finish it, and BY stated that if She has free time, She also regularly cleans the house, but it's just not the main responsibility. Washing cloth was also the household assistant's job. All housework was not BY's key concern. Her first daughter is handled by her grandmother's mother. Her husband regularly visits her. BY rarely come there, but She always communicates with her daughter via cellphone (Y. Puspitasari, personal communication, September 14, 2021).

BY stated that the first child studies in a junior high school in an international class. She was confused and stressed because all of the students in her daughter's class used English. Then She looked for an English tutor or trainer for her daughter. BY joined her daughter's school WhatsApp group, while her husband joined the second son's school WhatsApp group. Her second son stays in her assistant's home, from 6 am to 8 pm because BY backs home from the public health care in the afternoon, and She has a private health care center until night. Especially with this covid-19 pandemic time, She can't even accompany her son to learn online. Even

though She rarely accompanies her child, the son knows exactly how the mother's job is. If the son is bored, he avoids BY to check the patients and take care of women delivering a child that takes a long time. Then BY tells her son that She helps sick people, looks for merit, and earns money (Y. Puspitasari, personal communication, September 14, 2021).

Regarding her feelings and the way to balance work and personal demands, BY stated that she feels happy and just enjoys it, because it has been her dream before. She also always feels tired. She wanted to relax, but She has a strong commitment to being a true midwife. She was used to sleeping only one hour a day. Even though She was offered to continue her study with a scholarship and contracted to be a lecturer for 5 years by an academy, She refused because She wanted to practice, putting her school results into practice. Related to the way She balances her work and family, She is not always with her children, but when the children are questioned, they still choose BY as a mother over her household assistant. BY stated that at home she never cooks, her husband doesn't protest because he doesn't like the smell of onions. The husband's mother was a senior midwife in Ponorogo, so he understands BY's job very well. Although sometimes the husband complains that BY can't join when the family wants to go somewhere, but if BY explains the reason, the husband and children can understand it. As the husband is an entrepreneur, he has a flexible time. If BY has free time, the husband can immediately adjust BY schedule. BY stated "Happiness is the main need for us. Even though in daily life we hear uncomfortable statements, *bismillah*, I think everything is good and well handled" (Y. Puspitasari, personal communication, September 14, 2021).

Considering the WLB aspects offered by Fisher-McAuley, Stanton, Jolton, and Gavin, the research participant's work-life balance could be categorized as "personal life enhancement of work" since her personal life was able to improve her work performance. Her job was supported and accepted by every person surrounding her life. She was assisted by many parties to complete the housework and numerous workers to handle the private health care center at her home. She felt happy and enjoyed her life. Therefore, her career could develop well. She had several assistants, many patients, and various services. In role theory, humans were considered to have many roles, such as inside and outside work roles that could cause any conflict when there was pressure at the same time so that they could affect each other (Darmawan *et al.*, 2015), and this thing is important to measure work-life balance. In this case it cannot be denied that social support, evaluation of life experiences, locus of control or perspective on an event about the ability to control the event, and religiosity were some factors that could affect psychological well-being, namely demographics (Peristiano & Adellia, 2020).

Then based on McDonald and Bradley, the participant's work-life balance was obtained for the reason that she had a good time balance, involvement, and satisfaction. The research respondent spent more time working.

**Table 1. McDonald's and Bradley's Analysis**

Aspect/Life	Time (WIB)	Involvement	Satisfaction
<b>Job description</b>	a. Morning Practice 06.00-08.00	Full involvement, except in the private health care center at home, assisted by an assistant midwife.	Satisfaction can be achieved
	b. Public Health Care Center 08.00-14.00 (Monday-Saturday)		
	c. Evening Practice 18.30-20.00		
	d. Midwifery Service (24 hours)		
	e. Pandemic response at any time		
<b>Family</b>	a. 20.00-06.00	Full involvement, maximizing available time.	Satisfaction can be achieved by acceptance and happiness from all family members
	b. 14.00-18.00		
	c. Sunday 08.00-16.00  (conditional, out of midwifery service time, occasional call for a pandemic response, or other urgent work activities)		

From the table above, for 24 hours, the research participant's time was mostly used for work life, but the involvement and satisfaction were optimally achieved since she was supported by surrounding people's acceptance and a sense of happiness. Therefore, the work-life balance was obtained, even though a minimal time gap for families compared to working time was found.

Based on Poulouse and Susdarsan, work-life balance was attained when six factors were found. No double burden was given to the research participant for carrying out and fulfilling domestic and public work, because her domestic tasks had been recognized as not her main responsibility and assisted by various parties, such as workers and assistant midwives. Therefore, the case was categorized as gender-responsive. The second factor was the existence of psychological well-being, as the research participant and her family were capable of accepting the present condition quite well and felt pleased for doing the daily activities.

The third factor was related to the existence of good work support from the workplace and family. For the fourth factor, flexible working hours were not owned by the research respondent, because a health worker was needed at any time. The fifth factor was dealing with the absence of work stress, while the sixth factor was the responsibility of caring for children who were assisted by the family and additional staff. So, of the six factors, the research participant did not accomplish one factor, namely not having flexible working hours.

Besides WLB, according to Thornthwaite, WFB (Work-Family Balance) could be achieved when time management, conflict management, and good parenting arrangements were implemented. The three aspects were fulfilled well by the research participant. Her time allocation had been regulated and adjusted to other activities or demands, such as time for running her private health care which had been adjusted to the schedule

at the public health care center, and family time which had been accustomed to the working time.

From a gender perspective, a woman who works makes a positive contribution to a more equal husband-wife relationship, increases women's self-esteem, as a form of self-actualization, and can be a positive model for child development. Likewise the case of BY places BY as a woman who can actualize herself by becoming a regional midwife. The negative impact is that there is role conflict between families, and reduced time for family, but this can be solved by having a balance of work and family that can benefit many parties. This is important because it is a way to achieve marital satisfaction, life satisfaction, well-being, and a good life, as well as functioning in a good society.

BY's spouse or BY's husband is an important factor in achieving work balance because when the spouse has traditionalist views, the wife must be in the domestic sector, and it is difficult to work in the public sphere. It's different with a partner who has a modern outlook and supports his wife to work in the public sphere, so the wife will be more comfortable carrying out her role. In BY's case, the husband fully supports BY and has modern views, so BY can carry out his role as a regional midwife well. Then regarding children who have grown up, it provides an opportunity for BY to be able to work in the public sector because attention to children is not as big as when they were toddlers. When they are toddlers, women are more required to be at home because they require full concentration in taking care of children, although this cannot be generalized, the age of children can be a factor in the difficulty for women to work in the public sphere or a factor for partners to be more oriented towards their views traditionalist.

### **C. Conclusion**

Work-Life Balance (WLB) was needed by working women especially for who acquired a double burden in their family life,

being charged with completing work demands in the public sphere, and personal or family loads in the domestic domain, such as cleaning the house, washing clothes for all family members, cooking, and taking care of children. However, the work balance was achieved by this research participant for the reason that the WLB elements were accomplished, mainly for positioning domestic affairs as not the main responsibility, and receiving acceptance and happiness from all parties involved. Being a married woman who works as a midwife in a healthcenter, practicing midwifery at home, as well as being a regional midwife is not an easy thing to achieve WLB, especially during the Pandemic. The risks and challenges she faces are greater, namely the risk of exposure to the virus and the time it takes to be at the forefront against the COVID-19. In the case of this research, BY or Bidan (Midwife) Yeni became a midwife who could be categorized as being able to reach WLB. This is because of internal and external factors. By having a high commitment to work and family, which is then supported by the acceptance of BY's family members.

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