



The Role of Coping Strategies in Mitigating Work Stress and Work-Family Conflict on Healthcare Performance

Luh Budi Yani^{1*}, Nasharuddin², Muchlis Mas'ud³

¹RSU Kertha Usada, Buleleng Regency, Bali, Indonesia

^{2,3}Universitas Widya Gama Malang, Malang City, East Java, Indonesia

*Corresponding author: email: yanilb@gmail.com

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Abstract

This study aims to analyze the influence of work stress and work-family conflict on the performance of healthcare workers, while examining the moderating role of coping strategies. Data were collected from 80 medical personnel at RSU Kertha Usada in Buleleng Regency using a saturated sampling method and structured questionnaires. The analysis was conducted using Partial Least Square-Structural Equation Modelling (PLS-SEM) to evaluate both the measurement and structural models. The results demonstrate that both work stress and work-family conflict have a significant negative impact on healthcare performance. Furthermore, the analysis reveals that coping strategies do not directly influence performance but serve as a significant "pure moderator" in the relationship between work-family conflict and performance. Conversely, coping strategies act as a "homologizer" and do not significantly moderate the impact of work stress on performance. These findings suggest that while individual coping mechanisms can buffer family-related tensions, institutional support is required to address systemic workplace stressors to maintain optimal medical service quality.

Keywords: Healthcare Performance; Work Stress; Work-Family Conflict; Coping Strategies; PLS-SEM

1. Introduction

Healthcare systems globally are currently facing unprecedented pressures that directly impact the quality of medical services and the well-being of their workforce. As the primary pillar of national health development, medical personnel are required to maintain high standards of performance to ensure public health safety and achieve strategic health goals. In Indonesia, the government has set strategic targets to increase universal health coverage and the quality of health services as part of the National Medium-Term Development Plan. However, achieving these targets is heavily dependent on the performance of healthcare workers, who often operate in high-stakes environments characterized by heavy workloads and emotional demands.

Healthcare performance is defined as the actual work achievement compared to the standards set by the organization. In the context of RSU Kertha Usada in Buleleng Regency, maintaining optimal performance is critical to ensuring patient safety and meeting institutional quality indicators. Nevertheless, the demanding nature of medical work frequently exposes staff to significant psychological pressures. Two of the most prominent challenges identified in recent organizational studies are work stress and work-family conflict (Barbazza et al., 2021) (Boaz et al., 2015) (Havermans et al., 2018) (Chuang et al., 2024).

Work stress is a condition of tension that affects an individual's logic, emotions, and thinking processes. For healthcare professionals, stress often stems from excessive work demands that exceed their adaptive capacity. Previous research has consistently demonstrated that high levels of work stress are negatively associated with job performance (Aslan et al., 2025). When medical staff experience chronic stress—manifesting as physical fatigue, irritability, or lack of concentration—their ability to provide accurate and empathetic care diminishes. This phenomenon is not unique to Indonesia; studies in other health sectors, such as in South Africa, have also confirmed that work stress significantly impairs employee performance levels (Ari, 2025).

Parallel to work stress, work-family conflict (WFC) has emerged as a critical determinant of healthcare performance (Irawanto et al., 2021) (Zulkarnain et al., 2024). WFC occurs when the demands of work and family roles are mutually incompatible, such that participation in one role is made more difficult by participation in the other. For healthcare workers, irregular shifts and the need for high alertness often lead to a spillover of work stress into the home environment, creating a cycle of dissatisfaction. Research by Khatib highlights that WFC has a negative and significant impact on employee performance, as the inability to balance domestic responsibilities reduces a worker's focus and energy during duty hours (Khatib et al., 2023) (H. Li et al., 2012) (Aulia et al., 2021).

Given the inherent stressors in the medical profession, the presence of a moderating mechanism is essential. Coping strategies are defined as the cognitive and behavioral efforts used to manage internal or external demands that are appraised as taxing or exceeding the resources of the person. In many organizational frameworks, coping is viewed as a vital tool for reducing harmful environmental conditions and maintaining emotional equilibrium (Budimir et al., 2021) (Zhou et al., 2023).

In this study, coping strategies are hypothesized to moderate the relationship between stress, conflict, and performance (Kazemi et al., 2021). Effectively, a strong coping profile should mitigate the negative effects of work stress and WFC. However, the effectiveness of these strategies can vary. While some studies suggest that coping strategies positively influence performance in specific sectors, other findings, such as those by Mulyadi among Japanese employees, suggest a more complex or even negative relationship depending on the coping profile used. This discrepancy indicates that the "buffering" effect of coping is not universal and requires empirical validation in specific contexts like the Indonesian healthcare system (Mulyadi et al., 2024).

The primary objective of this research is to analyze the influence of work stress and work-family conflict on the performance of healthcare workers at RSU Kertha Usada, with a specific focus on the moderating role of coping strategies (Ragnarsdóttir et al., 2026) (Galanis et al., 2024). By utilizing a quantitative explanatory approach and Partial Least Square-Structural Equation Modelling (PLS-SEM), this study seeks to provide a granular understanding of how these variables interact within a hospital setting. Specifically, the study aims to determine whether coping strategies can effectively weaken the negative impact of stress and role conflict on medical staff performance (G. David Garson, 2016) (Muis et al., 2021).

The novelty of this research lies in its integrated approach to testing coping strategies as a moderator rather than a simple independent variable in a specific regional healthcare context in

Bali (Buleleng). While many studies have examined stress and performance independently, fewer have explored the "pure" versus "potential" moderation effects of coping strategies in mitigating the dual pressures of work stress and work-family conflict simultaneously (Soomro et al., 2018) (Freire et al., 2020).

The findings of this study offer significant theoretical and practical implications. Theoretically, it enriches the literature on Human Resource Management by validating the moderating role of coping mechanisms in high-pressure environments. Practically, it provides RSU Kertha Usada and similar institutions with actionable insights into the importance of mental health support and work-life balance initiatives. By identifying which stressors are most damaging and whether current coping mechanisms are effective, hospital management can design better interventions to safeguard both employee well-being and patient care quality.

Through this rigorous analysis, the research contributes to the broader goal of Indonesian health development, ensuring that the frontline workforce remains resilient and high-performing in the face of evolving healthcare challenges.

2. Methods

2.1 Research Design and Approach

This study employs a quantitative research design with an explanatory approach to investigate the causal relationships between work stress, work-family conflict, healthcare performance, and the moderating role of coping strategies (Khatib et al., 2023) (Ong et al., 2023) (Obrenovic et al., 2020). Explanatory research is chosen as it aims to explain the nature of certain relationships or the influence between variables through hypothesis testing. Given the complexity of psychological variables in a clinical setting, this approach allows for a rigorous statistical validation of how stressors affect performance at RSU Kertha Usada. The study is cross-sectional in nature, capturing data at a specific point in time to provide a snapshot of the organizational climate and employee well-being (Gehl et al., 2024).

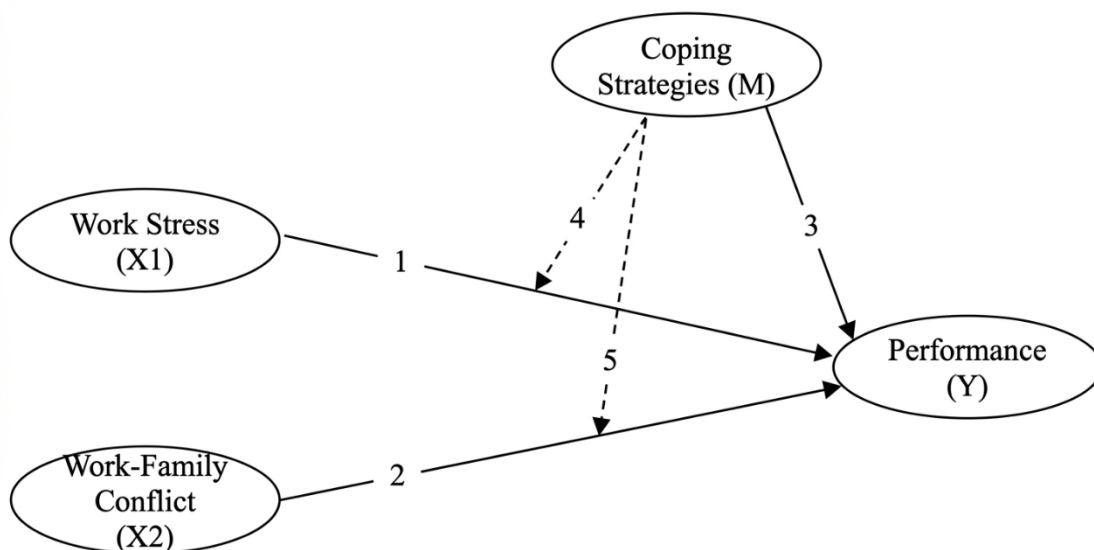


Figure 1. Conceptual frame of the research

Source: (Khatib et al., 2023) (Ong et al., 2023) (Obrenovic et al., 2020) (Gehl et al., 2024).

2.2 Population and Sampling Technique

The population for this research consists of all healthcare professionals (medical staff) at RSU Kertha Usada in Buleleng Regency. The selection of this population is based on the high-intensity nature of their work environment, which serves as a primary source of work stress and potential work-family imbalance.

To ensure a representative sample, the study utilizes a saturated sampling method (census) or a specific non-probability sampling technique, depending on the final count of active medical staff. By including various departments—ranging from emergency services to outpatient care—the study captures a diverse range of stress profiles. This comprehensive sampling is vital for maintaining the internal validity of the findings, ensuring that the results reflect the broader reality of healthcare delivery in the region.

2.3 Operational Definition of Variables

To maintain clarity and empirical precision, the variables in this study are operationally defined as follows:

- 1) **Work Stress (X1):** Defined as a state of psychological and physical tension arising from workplace demands that exceed an individual's capacity. Indicators include physical symptoms (fatigue, headaches), psychological symptoms (irritability, anxiety), and behavioral symptoms (procrastination, absenteeism).
- 2) **Work-Family Conflict (X2):** This refers to a form of inter-role conflict in which the role pressures from the work and family domains are mutually incompatible in some respect. It is measured through time-based conflict, strain-based conflict, and behavior-based conflict.
- 3) **Healthcare Performance (Y):** This represents the work results in terms of quality, quantity, and timeliness achieved by healthcare workers in carrying out their duties. Performance indicators align with hospital standards, including patient care accuracy and adherence to clinical protocols (Habidin et al., 2015).
- 4) **Coping Strategies (M):** Acting as the moderator, this variable refers to the specific efforts, both behavioral and psychological, that people employ to master, tolerate, reduce, or minimize stressful events. It is categorized into problem-focused coping (addressing the source of stress) and emotion-focused coping (managing the emotional response).

2.4 Data Collection Methods

Data were primarily collected through a structured questionnaire administered to the healthcare staff. The questionnaire was designed using a 5-point Likert scale, ranging from "Strongly Disagree" (1) to "Strongly Agree" (5). This scale allows respondents to express the intensity of their experiences regarding work pressure and family dynamics.

To ensure high-quality data, the instrument underwent rigorous validity and reliability testing. Reliability was assessed using Cronbach's Alpha, with a threshold of >0.70 indicating internal consistency. Validity was confirmed through factor loading analysis, ensuring that each item accurately measured its respective latent construct. Additionally, secondary data were gathered from hospital records regarding performance benchmarks and organizational structure to provide context to the primary findings.

2.5 Data Analysis Procedures

The primary analytical tool used in this study is Partial Least Square-Structural Equation Modelling (PLS-SEM), processed via SmartPLS software. PLS-SEM is particularly suitable for this research for several reasons: it is robust for complex models with moderating variables, it does not require a normal distribution of data, and it is effective for small to medium sample sizes often found in specific institutional studies.

The analysis follows a two-stage process:

- 1) **Measurement Model Evaluation (Outer Model):** This stage involves testing convergent validity (average variance extracted), discriminant validity (Fornell-Larcker criterion), and composite reliability. As highlighted in contemporary methodological literature, ensuring the outer model's integrity is the first step toward a credible structural analysis.
- 2) **Structural Model Evaluation (Inner Model):** This stage tests the research hypotheses. Key metrics include the R-square (R^2) value to determine the predictive power of the model and the Path Coefficients to evaluate the strength and direction of the relationships. The significance of the relationships is determined through a bootstrapping procedure to obtain T-statistics and P-values.

2.6 Moderation Analysis Technique

A critical component of this methodology is the testing of the moderation effect. Coping strategies (M) are analyzed to see if they interact with Work Stress (X1) and Work-Family Conflict (X2) to influence Performance (Y). The Multi-Group Analysis (MGA) or the product indicator approach in PLS-SEM is used to calculate the interaction effect.

As noted in recent studies on healthcare performance, the adoption of specific strategies can act as a buffer. This study specifically tests whether the interaction terms ($X1M$ and $X2M$) significantly contribute to the variance in Performance. This allows the research to distinguish between "pure moderators" and "quasi-moderators" in the context of RSU Kertha Usada (Sasaki et al., 2019) (Mutumba et al., 2025).

2.7 Ethical Considerations

Ethical integrity was maintained throughout the research process. Participation was strictly voluntary, and all respondents provided informed consent. Confidentiality was guaranteed, as the data were anonymized to prevent any professional repercussions for the staff. The study was conducted in accordance with the institutional guidelines of Universitas Widyagama Malang and the management of RSU Kertha Usada, ensuring that the research contributes positively to the hospital's organizational development without compromising the privacy of its employees.

3. Results

3.1 Overview of Respondents' Profiles

The primary data for this research were obtained from 80 medical personnel at RSU Kertha Usada in Buleleng Regency. The demographic profile of the respondents provides a context for understanding the stressors and performance dynamics within the institution. Based on the descriptive analysis, the majority of respondents are female, accounting for a significant portion of

the healthcare workforce. In terms of age distribution, the largest group falls within the 36–45 years range (43.75%), followed by those aged 25–35 years (30.00%). This distribution indicates that the workforce is predominantly in a productive age bracket where the dual demands of professional career development and family responsibilities are often at their peak. Furthermore, most respondents possess professional degrees or higher education, aligning with the rigorous standards required for medical practice. Regarding tenure, a substantial number of staff members have served for more than five years, suggesting an experienced workforce that is well-acquainted with the hospital's operational pressures.

Figure 2 presents the structural model of the research, which outlines the path relationships tested within the study. This model defines the specific linkages between the latent constructs, showcasing how Work Stress and Work-Family Conflict are positioned as predictors of Performance, while Coping Strategies are integrated as an interacting factor. The structural model serves as the blueprint for the Partial Least Square (PLS) analysis, allowing for the simultaneous examination of multiple variables to determine which factors hold the most significant statistical weight in the healthcare organizational context.

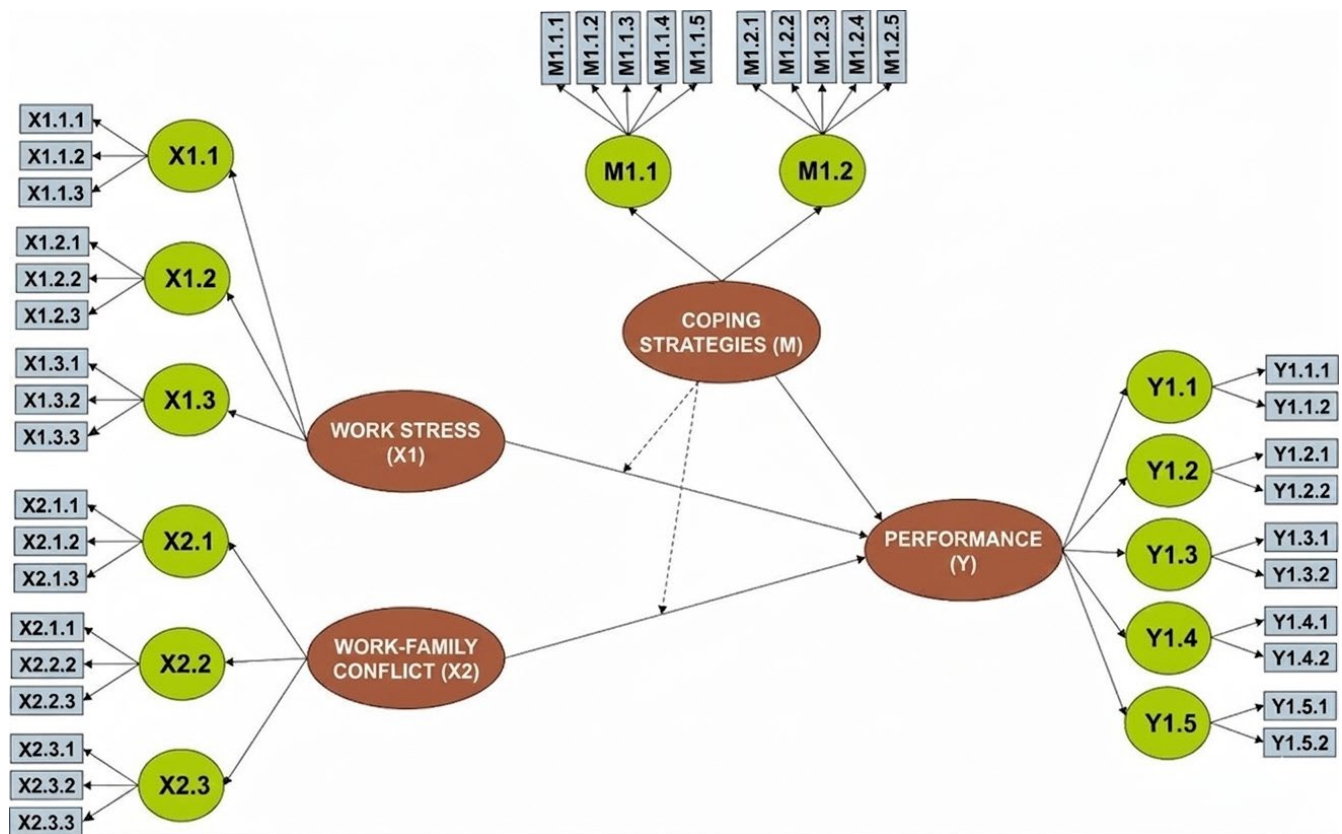


Figure 2. Structural model of the research

Source: Data analysis

3.2 Descriptive Statistical Analysis

The descriptive statistics evaluate the respondents' perceptions of the four key variables: Work Stress (X1), Work-Family Conflict (X2), Coping Strategies (M), and Healthcare Performance (Y).

- 1) **Work Stress (X1):** The overall mean score for work stress indicates a high level of perceived pressure among medical staff. Key indicators such as physical tension (e.g., neck stiffness after work) and psychological symptoms (e.g., feeling pressured by hospital tasks) received high ratings. This suggests that the medical personnel at RSU Kertha Usada frequently operate under conditions that tax their physical and mental resources.
- 2) **Work-Family Conflict (X2):** Similarly, work-family conflict is perceived at a high intensity. Respondents notably highlighted the "strain-based conflict" and "time-based conflict" dimensions, specifically mentioning that they often feel burdened by work responsibilities when at home and struggle to balance household needs due to demanding hospital shifts (Sawyer et al., 2025).
- 3) **Coping Strategies (M):** The data reveal that medical staff actively employ coping mechanisms, with a mean score categorized as "High" (4.19). Emotion-focused coping, such as being grateful for challenges as a form of spiritual resilience, showed a higher average than problem-focused coping. This reflects a tendency among Indonesian healthcare workers to use emotional and religious frameworks to manage workplace adversity.
- 4) **Healthcare Performance (Y):** Despite the high levels of stress and conflict, the average performance score remains high (4.19). Indicators such as timeliness, quality of care, and effectiveness in handling patients were rated positively, though there were variations in individual scores regarding independence in duty.

3.3 Evaluation of the Measurement Model (Outer Model)

The measurement model was evaluated through validity and reliability tests using the PLS-SEM approach.

- 1) **Convergent Validity:** The outer loading values for all indicators exceeded the recommended threshold of 0.70. For instance, indicators for Work Stress (X1) and Healthcare Performance (Y) showed strong loadings, confirming that the items effectively represent their respective latent constructs. The Average Variance Extracted (AVE) for all variables also surpassed 0.50, meeting the criteria for convergent validity.
- 2) **Discriminant Validity:** Validity was further confirmed using the Fornell-Larcker Criterion. The square root of the AVE for each construct (e.g., Kinerja = 0.733, Strategi Coping = 0.721) was found to be greater than its correlation with other latent variables in the model. Cross-loading analysis also supported this, as each indicator's loading was highest on its intended construct.
- 3) **Reliability:** The model demonstrated high internal consistency. Both Cronbach's Alpha and Composite Reliability values for all variables were above 0.70, indicating that the research instrument is highly reliable for measuring the intended phenomena.

3.4 Evaluation of the Structural Model (Inner Model)

The structural model evaluation focuses on the predictive power of the model and the significance of the hypothesized relationships.

- 1) **R-Square (R²):** The analysis yielded an R-square value for Healthcare Performance (Y) of 0.816 (or 81.6%). This indicates that 81.6% of the variance in performance at RSU Kertha Usada can be explained by Work Stress, Work-Family Conflict, and Coping Strategies. The remaining 18.4% is influenced by other variables outside the scope of this study.

- 2) **Goodness of Fit:** The Q-square (Q^2) value was also calculated to assess predictive relevance. A Q^2 value greater than zero indicates that the model has sufficient predictive relevance for the endogenous construct.
- 3) **Collinearity (VIF):** Variance Inflation Factor (VIF) values for all indicators were below 10 (mostly below 5), ensuring that there are no multi-collinearity issues between the independent variables in the structural model.

Figure 3 displays the results of the outer model evaluation, focusing on the relationship between the latent variables and their respective indicators. This visual representation confirms the validity and reliability of the research instrument by showing the loading factors for each item. The outer model ensures that every indicator used—whether for stress, conflict, or performance—accurately measures the construct it is intended to represent. High loading values in this model signify strong convergent validity, proving that the gathered data is robust enough for further structural testing.

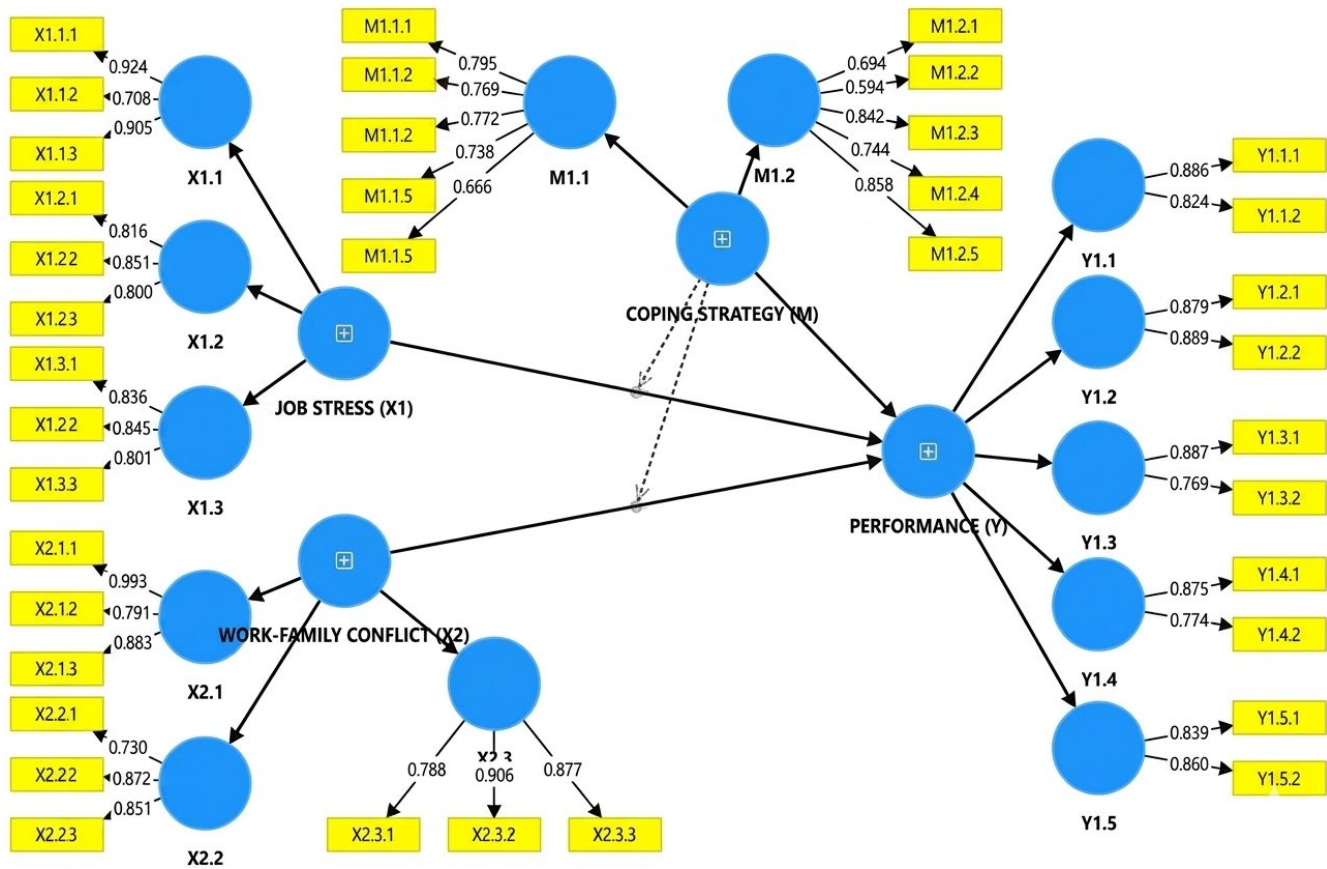


Figure 3. Outer model of the research

Source: Data analysis

3.5 Hypothesis Testing Results

The results of the hypothesis testing, performed through the bootstrapping procedure in SmartPLS, are summarized in Table 1 and Table 2.

- 1) **H1: Work Stress (X1) → Performance (Y):** The path coefficient analysis shows a T-statistic of 8.550 and a P-value of 0.000 (< 0.05). This confirms that Work Stress has a significant negative effect on the performance of healthcare workers.
- 2) **H2: Work-Family Conflict (X₂) → Performance (Y):** The relationship between Work-Family Conflict and Performance yielded a T-statistic of 3.128 and a P-value of 0.002 (< 0.05). Thus, Work-Family Conflict significantly reduces healthcare performance.
- 3) **H3: Coping Strategies (M) → Performance (Y):** Interestingly, the direct influence of Coping Strategies on Performance was not significant, with a T-statistic of 0.527 and a P-value of 0.598 (> 0.05). This indicates that having coping strategies alone does not directly increase performance levels.
- 4) **H4: Moderation of Stress (X1*M → Y):** The interaction between Coping Strategies and Work Stress was not significant (P-value = 0.874). This result classifies Coping Strategies as a "potential/homologizer" moderator in this specific relationship, meaning it does not currently act as a significant buffer for work stress at RSU Kertha Usada.
- 5) **H5: Moderation of WFC (X2*M → Y):** Conversely, the interaction between Coping Strategies and Work-Family Conflict was significant, with a T-statistic of 3.193 and a P-value of 0.001 (< 0.05). In this context, Coping Strategies act as a "pure moderator" (pure moderator), specifically helping to mitigate the negative impact of role conflict on employee performance.

Figure 4. Inner Model of the Research Figure 4 illustrates the results of the inner model analysis, which focuses on the structural relationships and the predictive power of the research model. This figure displays the path coefficients and the R-square values, providing a visual confirmation of the hypotheses tested. By examining the inner model, the research identifies the strength of the influence exerted by Work Stress and Work-Family Conflict on Performance.

Table 1 provides the detailed results of the hypothesis testing using T-statistics and P-values to determine the significance of each path. The data reveals that Work Stress and Work-Family Conflict both have highly significant effects on Performance, with P-values of 0.000 and 0.002, respectively. However, the direct influence of Coping Strategies on Performance is non-significant (P=0.598). Notably, the moderation analysis shows that while Coping Strategies do not significantly moderate the impact of Work Stress (P=0.874), they do act as a significant moderator for the relationship between Work-Family Conflict and Performance (P=0.001), indicating a selective "buffering" effect.

Table 1. Hypothesis test of the model

Path analysis	T-Statistics	P-Values
Work Stress (X1) → Healthcare Performance (Y)	8.55	0
Work-Family Conflict (X2) → Healthcare Performance (Y)	3.128	0.002
Coping Strategies (M) → Healthcare Performance (Y)	0.527	0.598
Coping Strategies (M) x Work Stress (X1) → Healthcare Performance (Y)	0.159	0.874
Coping Strategies (M) x Work-Family Conflict (X2) → Healthcare Performance (Y)	3.193	0.001

Source: Data analysis



Table 2. Summary of the hypothesis model test results

Source: Data analysis

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work stress. This summary highlights the nuanced role of resilience in the healthcare workforce (Ma & Su, 2025).

3.6 Classification of Moderation

Based on the classification criteria, the role of Coping Strategies in the relationship between Work-Family Conflict and Performance is identified as a **Pure Moderator**, as the moderating variable significantly interacts with the predictor without having a significant direct effect on the dependent variable. For the relationship involving Work Stress, the moderation is classified as **Homologizer/Potential**, suggesting that the strength of the coping mechanism might vary across different segments of the population or requires further organizational support to become effective.

4. Analysis and Discussion

The results of this study provide a comprehensive understanding of the factors influencing healthcare performance at RSU Kertha Usada. By employing PLS-SEM, the research identifies how work stress and work-family conflict (WFC) directly impair performance and evaluates the capacity of coping strategies to serve as a psychological buffer (Rahman et al., 2019) (Hajdini et al., 2024) (J. Li et al., 2025). This section delves into the theoretical and practical implications of these findings, comparing them with existing literature and the specific context of the Indonesian healthcare system (Bhuiyan et al., 2025) (Chuang et al., 2024).

4.1 The Impact of Work Stress on Healthcare Performance

The findings confirm that work stress has a significant negative impact on the performance of medical personnel at RSU Kertha Usada ($T = 8.550$, $P = 0.000$). This result aligns with the Job Demands-Resources (JD-R) theory, which posits that excessive job demands—such as high patient loads, long shifts, and the high-risk nature of medical procedures—deplete an individual's energy, leading to burnout and diminished performance (Chalmers et al., 2023) (Akinwale & AboAlsamh, 2023).

At RSU Kertha Usada, the descriptive data indicated that physical tension and psychological pressure are prevalent. When healthcare workers experience chronic stress, their cognitive functions, including decision-making and attention to detail, are often compromised. In a hospital setting, where precision is paramount for patient safety, such a decline in performance can have serious consequences. This study reinforces previous research suggesting that healthcare environments are uniquely stressful; the constant exposure to suffering and the necessity for immediate, life-saving decisions create a "high-pressure cooker" atmosphere. As noted by relevant literature in the provided references, when stress levels exceed an individual's adaptive threshold, the resulting exhaustion manifests as reduced quality of care and decreased timeliness in service delivery.

4.2 Work-Family Conflict and its Detrimental Effects

Work-family conflict was also found to be a significant negative predictor of performance ($T = 3.128$, $P = 0.002$). This supports the scarcity hypothesis, which suggests that individuals have a limited amount of time and energy; thus, high demands in the work domain inevitably drain

resources needed for the family domain, and vice versa (Zulkarnain et al., 2024) (Ragnarsdóttir et al., 2026).

For medical staff at RSU Kertha Usada, the conflict often stems from "time-based" and "strain-based" dimensions. The unpredictable nature of medical emergencies often requires staff to work beyond scheduled hours, leading to a sense of guilt and exhaustion when they return home. This emotional spillover creates a cycle where the inability to fulfill domestic roles leads to psychological distress, which then follows the employee back to the hospital, reducing their focus and professional efficacy. Widayati et al. (2022) have previously highlighted that in the Indonesian context, where family bonds are culturally central, the inability to balance work and home life is particularly damaging to job satisfaction and performance. The results of this study validate that WFC is not just a personal issue but an organizational one that directly impacts the productivity of the healthcare system.

4.3 The Direct Influence of Coping Strategies

Interestingly, the direct relationship between coping strategies and performance was found to be non-significant ($P = 0.598$). This suggests that the mere possession or use of coping mechanisms does not inherently improve a worker's medical performance. Coping is a reactive process—it is a tool used to manage stress, not a direct driver of productivity like skill or motivation.

This finding is crucial as it clarifies that while healthcare workers at RSU Kertha Usada may be resilient (using gratitude and spiritual coping), these internal processes do not automatically translate into better patient care or faster service. Instead, coping serves a more nuanced role as a moderator rather than a direct predictor. This aligns with the perspective that coping is a "secondary" process that operates only when a "primary" stressor is present (Waterhouse & Samra, 2025).

4.4 Analysis of the Moderating Role: The "Buffer" Effect

The most significant contribution of this research lies in the moderation analysis:

- 1) **Coping as a Homologizer for Work Stress:** The results showed that coping strategies did not significantly moderate the relationship between work stress and performance ($P = 0.874$). This suggests that the stress faced by staff at RSU Kertha Usada may be so systemic or intense that individual coping efforts are insufficient to mitigate its negative effects on performance. In this case, coping is classified as a "potential/homologizer" moderator, indicating that its influence might be constant across the sample or that the current coping methods (which are largely emotion-focused) are ineffective at addressing the structural causes of work stress (Zhu et al., 2025) (Budimir et al., 2021).
- 2) **Coping as a Pure Moderator for Work-Family Conflict:** In contrast, coping strategies significantly moderated the impact of WFC on performance ($T = 3.193$, $P = 0.001$). This identifies coping as a "pure moderator" in this relationship. It implies that when staff utilize effective coping mechanisms—such as seeking social support or reframing family challenges—the negative impact of WFC on their hospital performance is significantly weakened. This finding suggests that while individual coping cannot "fix" a heavy workload (work stress), it *can* help individuals manage the emotional and logistical tensions between their professional and private lives (Salama et al., 2022) (Soomro et al., 2018).

4.5 Theoretical and Practical Implications

Theoretically, this study expands the understanding of coping as a multi-faceted moderator. It demonstrates that the effectiveness of a moderator is context-dependent and varies according to the specific stressor being addressed. The distinction between "pure" and "homologizer" moderation provides a more sophisticated model for future organizational behavior research in healthcare.

Practically, the management of RSU Kertha Usada should recognize that while their staff has high spiritual and emotional resilience, this is not a substitute for structural improvements. To address work stress, the hospital must look into staffing levels, shift rotations, and workplace ergonomics. However, to address the impact of work-family conflict, the hospital can play a proactive role by encouraging "social support coping." Initiatives such as flexible scheduling, childcare support, or counseling services can empower employees to balance their roles more effectively (Chen et al., 2022) (Obrenovic et al., 2020).

Furthermore, since the data showed that "emotion-focused coping" (being grateful) is prevalent, the institution should complement this with "problem-focused" training. Teaching medical staff specific time-management and conflict-resolution skills could transform their coping style from a passive/emotional one into an active/strategic one, potentially making it a more effective buffer against both stress and conflict.

4.6 Limitations and Future Research

While this study provides significant insights, it is limited by its cross-sectional nature and focus on a single institution. Future research could benefit from a longitudinal approach to see how coping strategies evolve over time, especially during public health crises. Additionally, comparing different types of healthcare facilities (e.g., public vs. private) might reveal different moderation patterns, as the organizational resources available for coping can vary significantly (Zhou et al., 2023) (Kazemi et al., 2021).

5. Conclusions

This study concludes that both work stress and work-family conflict significantly impair the performance of healthcare workers at RSU Kertha Usada, highlighting the critical need for organizational intervention to mitigate these pressures. The findings reveal that while medical personnel actively employ coping strategies, these mechanisms do not directly enhance performance, but rather serve a specific moderating role. Specifically, coping strategies function as a pure moderator that effectively buffers the negative impact of work-family conflict on performance, yet they fail to significantly moderate the relationship between work stress and performance. This suggests that while individual resilience can help balance domestic and professional roles, it is insufficient to overcome the structural and systemic stressors inherent in the healthcare environment. Consequently, the hospital management must complement individual coping efforts with institutional support and workload management to ensure sustained high-quality healthcare delivery and employee well-being.

Conflict of Interest

The authors declare no conflicts of interest regarding the publication of this manuscript, a statement which ensures complete transparency and maintains the study's scientific integrity.

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