

Managerial Strategy of Female Health Workers Plays A Dual Role (Swot Analysis at Wira Bhakti Clinic in Lhokseumawe City)

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ABSTRACT

This study aims to formulate a managerial strategy for female health workers to play a dual role at the Wira Bhakti Clinic in Lhokseumawe City through a SWOT analysis approach. This study uses a qualitative descriptive design with a case study approach. The research subjects were selected using purposive sampling techniques totaling 10 health workers (doctors, nurses, midwives) who had the status of active soldiers' wives. Data collection was carried out through in-depth interviews, observations, and documentation, which were then analyzed using the Miles & Huberman interactive model and SWOT matrix (IFAS and EFAS). The results of the study show that the dynamics of dual roles at Wira Bhakti Clinic run through a hierarchical mechanism, where wives with the rank of Enlisted tend to support the clinical operational burden to cover the vacancies left by wives with the rank of Officer or Non-Commissioned Officer who have high obligations in the Persit organization. Based on the SWOT analysis, the main strength lies in the husband's support and financial stability, while the main weakness is the time conflict due to the organization's mandatory activities. This study recommends a "Negotiable Advocacy" strategy that includes operational, diplomacy, and retention strategies, as well as the need for hybrid scheduling policies and formal delegation to maintain the quality of health services.

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1. INTRODUCTION

The phenomenon of working women in Indonesia has become a social norm that is getting stronger, but certain groups face multi-layered challenges because they are at the crossroads of two institutions that both demand high loyalty or greedy institutions, namely health institutions and military institutions. This condition is experienced by female health workers who are married to members of the TNI, who carry out domestic roles as mothers and wives while bearing professional responsibilities as the frontline of health services and the obligations of soldiers' wives organizations

(Himmawan, 2020). Women in the position of "military wife" are not only seen as legal partners, but are part of the military institutional system that places the wife as the main supporting element for the success of the husband's duties (Muthia & Hadiwirawan, 2021).

The concept of double burden, which is commonly understood as a conflict between the domestic and public spheres, develops into a triple burden, as formulated by Moser (1993) (Megaulia et al., 2025). In addition to professional demands as health workers and domestic obligations as household managers, women are also burdened with community roles through membership in soldiers' wives organizations that are hierarchical and binding. ILO data in 2023 shows that 79.3% of Indonesian women experience a double burden, but the findings of Puspitosari & Purwandi (2021) confirm that the obligations of the wife's organization in the military structure are institutional mandates that can affect the husband's career, so that the role conflicts experienced by soldiers' wives are inter-role and more complex.

The reality of the work of health workers has high physical and psychological demands, long working hours, patient safety responsibilities, and preparedness in emergencies and health crises (Krisdiana et al., 2022). This work pressure has the potential to trigger emotional fatigue when it intersects with the organizational obligations of soldiers' wives which are often mandatory, protocol, and sudden. The unwritten norm in military culture places the wife's performance as a reflection of her husband's success, so that active participation in organizational activities becomes an unavoidable demand.

Wira Bhakti Clinic as a First Level Health Facility under regional command has the responsibility of providing medical services for TNI members, families, and the general public. Personnel data until December 2025 shows a total of 20 human resources, consisting of 10 health and administrative workers with the status of soldiers' wives, 3 active TNI members, 5 professional civilian workers, and 2 cleaning support personnel. The composition shows the clinic's operational dependence on the soldier's wife's group, so that the potential for service disruption arises when the obligations of the Persit organization intersect directly with the working hours of medical services. This situation creates a complexity of human resource management that is different from that of a civilian clinic in general.

A number of previous studies have placed women working more in the framework of family conflicts, economic needs, or self-development, as stated by Nurhayati (2020), Afrizal (2024), and Amrulloh et al. (2025). Research on soldiers' wives generally focuses on psychological resilience or Persit organizational activities without medical professional specifications. The research gap is still seen in the wedge between the high-risk health profession and the military's binding institutional obligations. This research is directed to fill this space through an analysis of the managerial strategy of female health workers with a three-layer dual role based on SWOT at the Wira Bhakti Clinic in Lhokseumawe City, in order to understand the structural implications on health service professionalism and organizational sustainability.

2. METHODS

This study uses a qualitative approach to explore an in-depth understanding of managerial strategies in managing female health workers with dual roles at the Wira Bhakti Clinic in Lhokseumawe City. The characteristics of the problem are related to subjective experiences, organizational work patterns, management policies, and social interactions that cannot be adequately represented through numerical data. This type of qualitative descriptive research aims to objectively describe conditions, processes, and field phenomena without manipulating variables (Sugiyono, 2021). The research participants consisted of 10 female health workers who were directly involved in service activities and clinic management. Data collection was carried out through semi-structured in-depth interviews, direct observation of service activities and work communication, as well as analysis of organizational documents such as activity reports, managerial meeting minutes, and evaluation documents.

Data analysis was carried out interactively along with the data collection process using the Miles & Huberman (2018) model which includes data reduction, data presentation, and conclusion drawn.

The data reduction was directed at the sorting of relevant information related to managerial strategy practices, operational challenges, and experiences of the dual role of women health workers. The data presentation is arranged in the form of descriptive narratives, matrices, and charts to facilitate tracing patterns of relationships between variables. Conclusions are drawn in stages and continue to be verified through triangulation of sources and techniques in order to produce valid and accountable findings.

SWOT analysis is used as a strategic analysis framework to map organizational strengths, weaknesses, opportunities, and threats in the management of women health workers in dual roles. The results of internal and external mapping are integrated into the SWOT matrix to formulate alternative managerial strategies that are adaptive and applicable to the operational conditions of the Wira Bhakti Clinic in Lhokseumawe City.

3. FINDINGS AND DISCUSSION

Results

SWOT Analysis

Internal Analysis: Strengths

Based on the research conducted, the power is divided based on the rank of the husband, namely officer, non-commissioned officer, and enlisted man. The phenomenon that emerged shows that the higher the husband's position, the better the internal support obtained in Persit's organizational activities.

The results of interviews with respondents P1 and P2, who are both officers' wives, show different perceptions.

Respondent P1, as the head of the organization of his unit, stated:

"As the chairman of Persit Denkesyah, for such activities I can organize and determine routine activities so as not to interfere with my work as a health worker. It's just that, if the activity is related to the chairman of the Persit branch of the Kodam and the ranks above him, then I manage my time. I communicated with the clinic supervisor so that it could be handled by other doctors who were not members of Persit. My husband's support for my activities as a doctor in the clinic is only limited to filling my time and honing my skills as a doctor."

Meanwhile, respondent P2, who works as the only dental nurse in the clinic and is only a member of the Persit organization in the Yonkaf 11/MSK unit, said:

"I have been accompanying my husband for many years. My husband used to have the rank of non-commissioned officer and then went to school again to become an officer. After school, my husband was placed in a unit that was almost 1-2 hours away from where we lived. From the beginning my husband entered the Yonkaf unit, I immediately coordinated with the chairwoman that I could not participate in daily activities because of the distance from where I lived and my activities as a dental nurse. The chairwoman was very supportive and understanding of my profession as the only dental nurse in the clinic. In addition, my husband and I are both stabilizing financially because our son is studying outside the city, so my job is one of the securities in meeting household needs."

The next interview was conducted with female health workers who had husbands with the rank of non-commissioned officer with different units and positions at the clinic. The difference is very noticeable from the P3 respondents, who serve as treasurers at the clinic but only as members in the Persit organization. He stated:

"I have been accompanying my husband for 18 years. So far, I have been able to live the dynamics of life as a health worker as well as a member of Persit. I can manage my time well. If there are daily Persit activities such as posyandu counseling, recitations, and several other activities, I only need to coordinate with the clinic manager. My position as treasurer allows me to communicate via text message or phone if there are clinical needs that need to be met. My profession as a treasurer is very guaranteed and provides a sense of security for family finances and household stability."

In the next interview, respondents P4 and P5, who work as midwives and nurses, gave different answers. Both come from different units. The husband of respondent P4 is under the North Aceh 01/03 Military Command unit. P4 states:

"As long as I accompany my husband, there are no activities that interfere with my profession as a health worker. My profession as a midwife allows me to carry out Persit organizational activities while continuing to work as a health worker. My profession provides a sense of security, and so far, there have been no financial difficulties because I have no children. My husband is very supportive of my work so that I don't feel lonely when he is on duty."

In contrast to the P5 respondent, who works as a nurse at the Wira Bhakti Clinic. P5's husband has the rank of non-commissioned officer and joined the North Aceh Arhanud Battalion. He explains:

"As long as I accompany my husband as a health worker and Persit's mother, I often have to leave my job as a health worker because as a Persit administrator there are many daily activities and meetings that must be followed. I often coordinate with my superiors to be given permission to participate in organizational activities. My job as a health worker provides a sense of financial security and helps household needs, because my husband's income is not enough to support family life. My husband was very supportive of my work and often helped communicate with the battalion commander to give me some leeway."

Respondent P6, who works as a nurse and is a member of the Persit organization in the Koramil unit of Lhokseumawe City, stated:

"Various social activities can be carried out side by side with clinic activities. As a nurse, I can balance organizational activities and my duties as a health worker at the clinic. All activities are arranged in such a way by the chairwoman so as not to burden the members, because many members help the family financially."

Recent interviews with enlisted husbands showed that tasks were often delegated to enlisted wives, but some respondents indicated the opposite.

Respondent P7, who works as a midwife and administrator in the Persit organization, stated:

"I accompanied my husband for several years and have always been an administrator in each unit, including the current unit. I have only worked for 2 years at Wira Bhakti Clinic and have not been given many responsibilities. Currently, I am a doctor's assistant, and if I can't attend, I am usually replaced by a nurse. My husband is very supportive of this work, even though it is just to fill the time because we don't have children yet."

This statement is in line with respondents P8 and P9, who are in the Denpal Lhokseumawe unit and are only members of the organization:

"We accompanied my husband for 5-6 years in the Denpal unit. The organization's activities at Denpal are not very significant, only focusing on central activities without daily activities. My husband is very supportive of our work at the clinic as a nurse, for financial reasons."

Respondent P10, who works as a nurse and is placed in the clinic's public relations department, is a member of the Persit Koramil Batuphat Timur organization, stated:

"I have been married for 5 years to my husband and have one child. Activities at the clinic can be coordinated with organizational activities, and my husband is very supportive of my activities at the clinic and the Persit organization."

Internal Analysis: Weaknesses

The discussion of weaknesses still affects the husband's unit and the husband's rank. The disadvantages in respondents P1 and P2 were found to be the same:

"As a doctor, I once felt indecisive and could not divide my time, during the visit of the Pangdam to the region and the presence of the branch chairman's mother, while at that time other doctors were also carrying out health checks for soldiers. As an officer's wife, I have to be present. In a situation like this, I had to finally remain present at the meeting with the Pangdam. And the superiors at the clinic who are looking for a replacement for the doctor so that services at the clinic can be carried out."

"As the only dental nurse, I have to ask permission from the dentist and the clinic manager because I cannot provide services on the day of the Pangdam's visit. The difficulty when becoming an officer's wife is the obligation to attend the event of branch officials. Because these obligations are already stated in the AD/ART of the Persit organization."

The next statement of weakness focuses on the non-commissioned officer's wife. Because there are several different positions in each P3 to P7 respondent, each respondent has a different answer to his or her weaknesses:

"Because I am not in a position of service, I never feel indecisive if there are organizational activities that I must or must undertake. Psychologically, I admit that maybe I feel a little tired because there are some activities that are required to be precise, fast and precise. Ethics in language also greatly affect my psychology in communicating with the wife of the boss or the chairwoman."

"As an administrator, this is a concern for me and several administrators who work because we have to live with the obligation to attend. Psychologically and physically, I was exhausted. Sometimes these mandatory activities make the dynamics of services in the clinic very disturbed and make superiors confused in arranging the part that continues to work. If we decide not to attend, the meal will affect my husband's career affairs and my own career as a health worker."

"Unlike the management, we do not have to be present for us, but the rules are related to the policy of the husband's unit. Physically and psychologically we were exhausted because some of us had to cover up for friends who had an obligation to attend certain events."

The statement of weakness in respondents who have husbands of officers and non-commissioned officers is slightly different from respondents who have husbands with enlisted rank. Nearly four respondents had the same statement:

"In mandatory activities, as enlisted wives we have an exception to attend, due to the lack of information about the lack of health workers at the clinic, we are allowed not to attend and carry out services at the clinic. Only physically we experienced fatigue because there were many empty parts and we had to fill them. This is where the limitations of our ability to provide maximum service are limited."

External Analysis: Opportunities

All respondents gave almost the same statement. Statements about career opportunities for female health workers and husbands are greatly influenced by the assessment of the chairman of Persit or the activeness of the Persit organization itself:

"Most careers in the TNI are influenced by recommendations from superiors and superior judgments. The superiors of various units also consider the needs of members, feasibility, and how the wife's behavior and activity in the organization are."

"I work in the clinic based on the advice of the chairwoman who assessed that my household needs had not been met, so the chairwoman helped me to cope with it. If there is an opportunity, I will be given space to work in the clinic."

"When my husband wants to continue his education, I as an administrator face my boss to get a recommendation for my husband to go back to school."

In this case, the opportunity is very good if health workers can be active in Persit's organizational activities and manage time in providing health services at the clinic. The opportunity to pursue further education is also wide open.

External Analysis: Threats

The results of interviews for threat analysis had quite significant differences among health workers according to husband's rank:

"As officers' wives, we are ready for the change of husbands, and we also have to give up our careers and not continue our careers in the world of work. Because the higher the husband's rank, the higher the chance of moving units or work areas."

"As a non-commissioned officer's wife, the stability of the placement of the husband's unit is quite stable. Even if there is a move, it lasts for a long time. For example, currently we are in the Denkesyah Lhokseumawe unit, most likely the term of duty can be 10-15 years, unless there is a desire and ability of the husband to go to school again."

"As enlisted wives, we have to maintain a lot of attitude and undergo some organizational or supervisory regulations. Usually if one of us doesn't like our attitude, then the husband is also in danger of being transferred to a distant place, so we follow a lot of orders that are best for the clinic and the organization."

Along with the presence of phenomenons and dynamics in the family, changes in culture and role dynamics in a family encourage more and more women to achieve career equality with their husbands. The concept of career equality comes with an ideal goal, which is to provide equal opportunities between husband and wife in the realm of career and their role in the family. However, the implementation of this concept often presents several obstacles such as social expectations (domestic and public roles of a wife), gender discrimination, and lack of social support so that the phenomenon that we are familiar with as the term dual role can arise.

Table 1. Identification of Internal and External Factors at the FKTP Wira Bhakti Denkesyah Clinic IM 04.01 Kesdam IM

Internal Factors	External Factors
<p>Strength (Strenghts)</p> <ol style="list-style-type: none"> 1. Adequate internal support from husbands and families, especially for officers' wives. 2. Good time management skills by health workers to balance clinic work and Persit activities. 3. The profession of health workers provides a sense of financial security for families. 4. Flexibility support from clinic supervisors to adjust Persit's activities. 	<p>Peluang (Opportunities)</p> <ol style="list-style-type: none"> 1. The careers of female and husband health workers are influenced by the assessment of the chairman of Persit and the activeness of members in the Persit organization. 2. The opportunity to get a workspace at the clinic based on the suggestions or recommendations of the chairman of Persit. 3. The opportunity to continue the education of husbands and wives is wide open with the support of organizations and superiors. 4. Persit's organizational activities can increase career opportunities and management experience for health workers.
<p>Kelemahan (Weaknesses)</p> <ol style="list-style-type: none"> 1. Difficulty dividing time between clinic work and Persit organizational activities, especially during important activities (Pangdam visits, important meetings). 2. Physical and psychological fatigue due to the obligation to be present in organizational activities and cover up colleagues who are obstructed. 3. Some organizational activities can disrupt the dynamics of services in the clinic. 4. Limited ability to provide maximum service when many parts of the clinic are empty. 	<p>Threats</p> <ol style="list-style-type: none"> 1. High husband's mobility, especially for officers, requires wives to be ready to change units or work areas. 2. The unstable placement of the husband for enlisted men requires extra attention from the wife so as not to have an impact on the husband's duties. 3. Social expectations, gender discrimination, and lack of social support can create a phenomenon of dual roles for the wives of health workers. 4. The potential imbalance between the wife's career and the mobility of the husband's duties can be a challenge in family stability.

Matriks SWOT

The use of the SWOT Matrix in this study aims to determine the strategic position of the FKTP of the Wira Bhakti Denkesyah IM 04.01 Kesdam IM Clinic in improving health services and the effectiveness of the Persit organization. The SWOT matrix can be seen in the following table:

Table 2. SWOT Matrix of FKTP Wira Bhakti Denkesyah Clinic IM 04.01 Kesdam IM

<p>IFAS EFAS</p>	<p>Strengths – S</p>	<p>Weaknesses – W</p>
<p>Opportunities – O</p> <ol style="list-style-type: none"> 1. The careers of female and husband health workers are influenced by the assessment of the chairman of Persit and the activeness of members. 2. The opportunity to get a workspace in the clinic is based on the recommendation of the chairman of Persit. 3. The opportunity to continue the education of husbands and wives is wide open with the support of organizations and superiors. 4. Persit's organizational activities can increase career opportunities and management experience for health workers. 	<p>S-O Strategy</p> <ol style="list-style-type: none"> 1. Utilize internal support and time management of health workers to increase organizational participation while maximizing clinic services. 2. Leverage the flexibility and support of clinic superiors to improve the management experience and competencies of Persit members. 3. Maintaining financial stability and professionalism of health workers to support the sustainability of services and organizational activities. 	<p>Strategi W-O</p> <ol style="list-style-type: none"> 1. Optimize Persit's organizational opportunities and supervisory support to improve weaknesses in time management and coordination of activities between clinics and organizations. 2. Utilize educational development opportunities and organizational activities to reduce the weaknesses of limited time and physical capacity of clinic members. 3. Develop a strategy for the division of tasks and rotation of Persit activities so as not to interfere with clinic services and minimize member fatigue.
<p>Threats – T</p> <ol style="list-style-type: none"> 1. High husband's mobility, especially for officers, requires wives to be ready to change units or work areas. 2. The unstable placement of the husband for enlisted men requires extra attention from the wife so as not to have an impact on the husband's duties. 3. Social expectations, gender discrimination, and lack of social support can create a phenomenon of dual roles for the wives of health workers. 4. Potential imbalance between the wife's career and the 	<p>S-T Strategy</p> <ol style="list-style-type: none"> 1. Use in-house support, time management, and clinic flexibility to deal with changes in husband placement without disrupting health services. 2. Optimizing the professionalism and adaptability of members to continue carrying out clinical and organizational activities in the midst of social pressure. 3. Leverage the flexibility of supervisory support to maintain continuity of service while reducing the 	<p>W-T Strategy</p> <ol style="list-style-type: none"> 1. Develop a coordination and task sharing system in the clinic to reduce the impact of internal weaknesses when facing threats to the husband's mobility and organizational provisions. 2. Provide stress management, communication, and priority setting training to minimize the impact of dual roles on healthcare workers. 3. Develop an internal contingency plan to maintain the quality of

mobility of the husband's duties.	risk of disruption due to external threats.	clinical services and organizational activities when members face limitations due to mobility or organizational demands.
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The SWOT matrix in the table produces four alternative strategies that illustrate the relationship between the strengths, weaknesses, opportunities, and threats possessed by the FKTP of the Wira Bhakti Denkesyah IM 04.01 Kesdam IM Clinic. The results of the mapping provide a reference for management in determining policy directions and strategic steps to improve the effectiveness of health services, manage Persit's organizational activities, and maintain family stability of health workers. This analysis facilitates the optimization of internal potential, the improvement of operational limitations, the utilization of human resource development opportunities, and the control of risks sourced from the internal and external environment of the clinic.

The Strength-Opportunities strategy is directed at utilizing internal strengths, such as management support and the ability to manage the time of health workers, to access career development and education opportunities through the Persit organization. The Strength-Threats strategy focuses on using leadership policy flexibility, financial stability, and work discipline to cope with husband mobility, organizational demands, and the pressures of dual roles. The Weaknesses-Opportunities strategy leverages organizational and clinical leadership structural support opportunities to address weaknesses in the form of time management limitations, physical fatigue, and potential service interruptions. The Weaknesses-Threats strategy is directed at the development of coordination patterns, task rotation, and risk mitigation so that service quality is maintained even though health workers face organizational pressure, family mobility, and role accumulation.

Internal Factor Evaluation Matrix (IFE)

Internal Analysis (IFAS) is used to identify internal factors that affect the performance of FKTP Klinik Wira Bhakti Denkesyah IM 04.01 Kesdam IM, both in the form of strengths and weaknesses possessed by female health workers and members of the Persit organization. These internal factors reflect the ability of organizations and individuals to manage Persit's clinical and organizational activities, including family support, time management, financial stability, and members' experience in assisting husbands in the military environment.

The following table shows the rating, weight, and score of each internal factor:

Tabel 3. Matriks Internal Factor Evaluation (IFE Matriks)

Internal Key Factors	Rating	Weight	Skor
Strengths			
Husband's support for the health worker profession.	0.15	4	0.60
Time management skills between work and organizational activities.	0.10	4	0.40
Family financial stability through the profession of health workers.	0.10	3	0.30
Persit's organizational support for working members.	0.10	4	0.40
Long experience in accompanying husbands in the military environment.	0.05	3	0.15

Weaknesses			
Distance of residence to husband's work unit.	0.10	2	0.20
Differences in husband's positions affect the level of internal support.	0.10	2	0.20
Time constraints due to professional responsibilities.	0.10	2	0.20
Reliance on superiors' permission in the workplace.	0.10	2	0.20
Lack of time for family due to double burden.	0.10	2	0.20
Total		1.00	2.85

External Factor Evaluation Matrix (EFE)

External Analysis (EFAS) aims to identify external factors that can affect the performance of the Wira Bhakti Clinic's FKTP, both in the form of opportunities and threats. These external factors include organizational support, self-development opportunities, collaboration with other agencies, as well as challenges arising from organizational demands, the location of the husband's unit, placement uncertainty, and social pressure.

The results of this external analysis provide an overview of how external environmental factors can be used to strengthen internal performance or become threats that must be anticipated.

The following table shows the rating, weight, and score of each external factor:

Table 4. External Factor Evaluation Matrix (EFE Matrix)

External Key Factors	Rating	Weight	Skor
Opportunities			
Support for organizational policies towards the professionalism of members.	0.15	4	0.60
Improvement of social status through the profession of health workers.	0.10	3	0.30
Opportunities for self-development through Persit social activities.	0.10	3	0.30
Collaboration between health agencies and Persit organizations.	0.10	4	0.40
Community support for female health workers.	0.05	3	0.15
Threats			
High organizational demands on member participation.	0.10	2	0.20
Differences in distance and location of husband units.	0.10	2	0.20
Uncertainty of the husband's placement in the new unit.	0.10	2	0.20
Social pressure from the organizational environment.	0.05	2	0.10

High workload in the healthcare sector.	0.05	2	0.20
Total		1.00	2.55

SWOT Quadrant

The researcher develops a strategy by comparing the opportunity and threat factors of the external environment with the internal strengths and weaknesses that the research subjects have. This comparison is used to determine the strategic position in dealing with the demands of dual roles, organizational dynamics, and professional challenges in the health sector. The SWOT quadrant analysis shows strategic positions through four quadrants that describe a combination of internal and external factors based on the results of the IFAS and EFAS matrix calculations.

Based on the Internal Factor Analysis (IFAS), the total strength score was obtained from the sum of the scores of each strength indicator, namely the husband's support for the health worker profession, time management skills, family financial stability, Persit organizational support, and long experience in the military environment. The total strength score (S) is 1.85, while the total weakness score (W) which includes distance of residence, time limitations, dependence on superiors' permissions, and the burden of dual roles is 1.00.

Meanwhile, the results of the External Factor Analysis (EFAS) showed that the total opportunity score (O) which included organizational policy support, social status improvement, self-development opportunities, cross-agency collaboration, and community support reached 1.75. The total threat score (T) stemming from high organizational demands, uncertainty about husband placement, social pressure, and health sector workload is 0.80.

The calculation of SWOT quadrant coordinates is as follows:

$$x = \text{Total Strength Score (S)} - \text{Total Weakness Score (W)}$$

$$y = \text{Total Opportunity Score (O)} - \text{Total Threat Score (T)}$$

Known:

$$S = 1.85$$

$$W = 1.00$$

$$O = 1.75$$

$$T = 0.80$$

So:

$$x = 1.85 - 1.00 = 0.85$$

$$y = 1.75 - 0.80 = 0.95$$

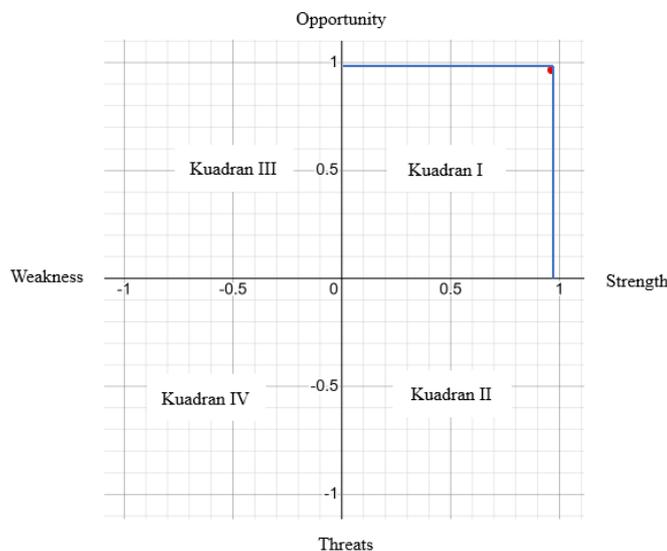


Figure 1. SWOT Quadrant of FKTP Wira Bhakti Clinic

The SWOT Quadrant shows four directions of strategy, namely Progressive Quadrant I (S-O) which leverages internal strengths to optimize external opportunities, Diversification Quadrant II (W-O) which uses opportunities to reduce internal weaknesses, Quadrant III Strategic Change (W-T) which focuses on controlling weaknesses in the face of threats, and Defensive Quadrant IV (S-T) which relies on internal strengths to respond to environmental pressures. Internal strengths include family support, time management skills, experience in the military environment, and organizational support, while external opportunities include organizational policies that support professionalism, self-development space, cross-agency collaboration, and community acceptance.

The mapping results placed the research subjects in Quadrant I (Progressive), which showed relatively strong internal conditions and supportive external opportunities. This position reflects the ability of healthcare workers to optimize professional roles while maintaining organizational engagement. The available internal capital allows for continuous improvement of the quality of performance without neglecting social and family responsibilities.

Discussion

The results of the analysis showed that female health workers at Wira Bhakti Lhokseumawe Clinic have internal strengths in the form of husband's support for the profession, the ability to manage time, family financial stability, long experience in the organizational environment, and structural support that forms individual resilience in the face of work pressure. Supportive family relationships and a relatively conducive organizational environment play a role in maintaining the sustainability of professional and domestic roles simultaneously. Internal weaknesses arise in time constraints, distance from residence to work location, and dependence on superiors' policies in regulating work activities. The constant burden of dual roles has the potential to reduce the allocation of physical and psychological recovery time, but these limitations are more related to structural factors than individual competence.

External opportunities are shown through organizational policies that support women's professionalism, space for self-development through social and organizational activities, public acceptance of women health workers, and opportunities for cross-agency collaboration. The external environment provides a space for dual role adaptation that is relatively flexible when managed appropriately by the clinic's management. External threats remain present in the form of high organizational demands, social pressure in the work environment, workload in the health sector, and uncertainty of partner assignments that can trigger prolonged fatigue and role imbalances. The situational and structural nature of threats requires a planned managerial response so as not to have an impact on the stability of health workers' performance.

Dual roles have been shown to affect performance in a complex way, where time management skills and family support allow the execution of professional tasks to remain optimal, while time constraints and fatigue have the potential to reduce work efficiency if not balanced by proportional workload management. The managerial strategy is directed at the use of internal strengths to seize external opportunities through work flexibility policies, strengthening family-friendly approaches, and providing space for capacity building and cross-sector collaboration. The implementation of this strategy supports the creation of a healthy work climate, the improvement of individual performance, and the sustainability of the quality of health services at the Wira Bhakti Lhokseumawe Clinic.

Women health workers at Wira Bhakti Lhokseumawe Clinic show internal strength through their husbands' support for their profession, the ability to manage time between work and organization, and family financial stability that maintains a balance of professional and domestic roles. This condition is in line with the Work-Family Conflict theory of Greenhaus & Beutell (1985) which explains that time-based conflict is resolved through effective time management, where the demands of work do not necessarily reduce family time if individuals are able to prioritize tasks. Long experience in the organizational environment and structural support reflects Role Theory within the framework of Muthia and Hadiwirawan (2021), which describes a hierarchy of soldiers' wives' roles in which the

husband's support is a central priority over external demands, thereby strengthening individual resilience to pressure. Weaknesses such as long distances and time constraints due to double burdens are directly related to strain-based conflict according to Greenhaus and Beutell (1985), where the physical-psychological pressure of one role interferes with the performance of another role, similar to the findings of Mulang (2024) about dual role conflicts that degrade the performance of female employees through continuous burnout.

This structural weakness in female health workers is also reflected in the Greedy Institutions theory adopted from Puspitosari and Purwandi (2021), where military institutions require the mandatory participation of soldiers' wives so as to cause dependence on the policies of superiors, different from ordinary civilian health workers. Nurhayati (2020) added that the motive for working for military wives is often for financial stability, but the organizational burden of Persit creates behavior-based conflicts like Greenhaus and Beutell (1985), where professional behavior patterns collide with social hierarchical norms. External opportunities such as women-professionalism-friendly organizational policies and inter-agency collaboration are in line with the S-O strategy in the SWOT analysis in health human resource management, as Purwadhi et al. (2024) emphasize the use of policy support to improve performance through capacity building. Juniary et al. (2022) support this through the perception of husband empathy and social support that reinforce dual role satisfaction in physician wives, opening up space for flexible adaptation in the military-health environment.

External threats in the form of high organizational demands and uncertainty of husband's assignment reflect the triple burden of Moser (1993) as quoted by Megaulia et al. (2025), where domestic, professional, and social roles are stacked causing chronic fatigue in women pickers or health workers of soldiers' wives. Krisdiana et al. (2022) confirmed the relationship between high workload and fatigue in health workers during the pandemic, similar to social pressure at Wira Bhakti Clinic which exacerbates work-family conflict according to Mulyana & Dwarawati (2025) through mismatch of time demands and emotional strains. SWOT-based managerial strategies to utilize strengths to seize opportunities, such as work flexibility and strengthening family-friendly policies, are in accordance with the recommendations of Memah et al. (2023) who found that dual role conflicts have a positive effect on the task performance of health workers if managed through interpersonal support. Hidayat et al. (2024) complementing the influence of organizational commitment to nurse retention, making the involvement of development programs a strategic step for S-T to reduce pressure.

Dual roles affect performance in a complex way, where time management and family support allow the optimization of professional tasks despite domestic pressures, as the COR (Conservation of Resources) theory underlies resilience in Greedy Institutions from Puspitosari and Purwandi (2021). Pratama (2019) shows that a non-physical work environment that supports balancing the burden of the household, similar to the stability at Wira Bhakti Clinic which suppresses the risk of decreased concentration due to fatigue. Sanaba et al. (2022) emphasized motivation and ability as performance factors for health workers, where the financial stability of the women's profession strengthens loyalty despite the limitations of physical-psychological recovery.

The implementation of strategies such as hybrid scheduling policies and negotiable advocacy has the potential to improve the balance of roles through formal delegation, aligned with the W-O strategy of the health HR SWOT analysis that leverages technology opportunities for flexibility. Ofetri et al. (2025) found time management and social support as the key to the strategy of women workers to play a dual role, applicable to the health workers of soldiers' wives for retention and productivity. Ekawati (2023) on the phenomenology of women entrepreneurs added that dual role management produces organizational loyalty if supported by adaptive management, creating a healthy work climate in clinics that contributes to stable health services.

4. CONCLUSION

In conclusion, female health workers in dual roles at Wira Bhakti Lhokseumawe Clinic have strengths in the form of family support, time management skills, financial stability, and organizational

support, while weaknesses include limited time, distance of residence, and the burden of dual roles, followed by opportunities through organizational policies that support women's professionalism, self-development opportunities, and community support, as well as threats in the form of high work demands. social pressures, and the workload of the health sector; dual role conditions affect work performance and effectiveness, where family support and time management maintain optimal performance, but fatigue and time constraints have the potential to reduce efficiency if not balanced by proportional workload management; The SWOT analysis-based managerial strategy is directed at strengthening family-friendly policies, work flexibility, and capacity building support, so as to create a balance of roles and improve performance through an adaptive work environment, leadership support, and responsive workload management.

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