INTERNATIONAL CONFERENCE
ON LIFESTYLE DISEASES AND NATURAL MEDICINE (ICOLIFEMED)
Nomor ISSN: 3124-1115

# Analysis of Risk Factors For Work Stress Among Health Workers at Bhayangkara Hospital TK II Medan

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## ABSTRACT
Occupational stress among healthcare workers has many factors. Mismatch between job requirements and available resources, excessive workload, work environment, work experience, workplace conflict, gender discrimination, marital status, educational status, job satisfaction, and lack of appreciation are some factors that are significantly associated with occupational stress among healthcare professionals. The purpose of this study was to analyze the risk factors for occupational stress among healthcare workers at Bhayangkara Hospital Level II Medan. The study was conducted at Bhayangkara Hospital Level II Medan. The type of research used was an analytical survey. The population was all healthcare workers at Bhayangkara Hospital Level II Medan, totaling 335 healthcare workers. Sampling used total sampling so that the sample size was 335. Data analysis used univariate, bivariate, and multivariate analysis. The results showed that the variables of marital status, workload, work shifts, interpersonal relationships, and family situations influenced the occurrence of occupational stress among healthcare workers at Bhayangkara Hospital Level II Medan, while the variables of age, gender, and length of service did not. The variable that has the most influence on the occurrence of work stress in health workers at Bhayangkara Hospital Class II Medan is the family situation variable.

***Keywords:*** *Job Stress, Individual characteristics, Job factors, Psychosocial factors, Family factors*

## INTRODUCTION
Human Resources are something important and are the basic capital in an organization, skilled and reliable human resources (HR) are needed in their fields in order to produce performance that can make a significant contribution to the organization, human resources in a hospital will be required to always provide maximum and optimal performance in serving their patients (Girsang et al., 2023). Work stress, also known as work-related stress, can be defined as a physiological or psychological response to psychosocial or environmental factors in the workplace that are perceived as demanding, burdensome, threatening, and exceed the worker's ability and resources to cope effectively with the situation, which if prolonged will result in physical, mental, and behavioral disorders (Joshi et al., 2022; Onyiri et al., 2022). Workplace stress has received a lot of attention lately and has been recognized as a global disease due to its negative impacts (Menardo et al., 2022). Therefore, it is not surprising that the World Health Organization (WHO) stated that stress is a global epidemic of the 21st century that can destroy a person's emotional and physical health (Gunasekra & Perera, 2023; Ofei et al., 2020).
This work stress has also become an endemic problem in the healthcare world, contributing to health-related challenges that reduce efficiency and productivity (Wright et al., 2022).

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Professional health workers are the profession that is most vulnerable to stress among all job groups due to their work environment which requires full commitment without compromise due to the large number of patients who come every day (Odonkor & Adams, 2021; Onyiri et al., 2022). *Global Emotions Report* (2019), estimates that about 2/3 of 143 countries experience a lot of stress in the workplace with the Philippines, Tanzania, Uganda, and Nigeria ranking the highest at 58%, 57%, 56%, and 55.5%, respectively (Clifton, 2019). Studies (Kaburi et al., 2019) reported that job stress among health professionals varies between 9.2% and 68.2%. According to Joshi et al., (2022), The prevalence of occupational stress among healthcare professionals ranges from 27 to 87.4%. The relatively high prevalence of occupational stress among primary healthcare professionals in low- and middle-income countries has implications for patient safety, service quality, and workforce planning. (Wright et al., 2022).

*World Health Organization* (WHO) Studies report that more than half of workers in developed countries experience work-related stress. Nearly 11 million people in the United States suffer from work-related stress, and it is said to be the most significant problem in life. Work-related stress can be linked to mental and physical problems (Irhamullah, 2021). Based on data from WHO, around 450 million people in the world experience work stress disorders (Aufar, 2020). According to research from the 2020 Labor Force Survey, there were 440,000 cases of work-related stress. In England, the incidence rate was 1,380 cases per 100,000 workers experiencing work-related stress (Hasbi, 2019). In the Asia Pacific region, workplace stress trends exceed the global average of around 48%. A 2012 Regus survey reported that workplace stress levels in countries such as Malaysia reached 57%, Hong Kong 62%, Singapore 63%, Vietnam 71%, China 73%, Indonesia 73%, and Thailand 75% (Habibah et al., 2021). The results of a survey conducted by PPNI stated that around 50.9% of nurses in Indonesia or as many as 286,864 nurses experienced stress and workload (Hendarti, 2020). Job stress affects 44% of healthcare workers in the inpatient ward of Husada Hospital, 51.5% in the ward of MH. Thamrin International Hospital Jakarta, 54% in the ward of PELNI "Petamburan" Hospital Jakarta, and 51.2% of nurses in the Intensive Care Unit (ICU) and Emergency Room (IGD) of Mitra Keluarga Hospital Bekasi (Yana, 2022). In the province of North Sumatra, especially at H. Adam Mali General Hospital in Medan, it was found that as many as 80% of health workers experienced work stress (Esraida, 2020).

A pre-survey conducted by researchers at Bhayangkara Hospital Class II Medan, conducted by interviewing several healthcare workers, showed that the majority of those interviewed experienced work stress, with workload being the primary factor. Work stress among healthcare workers has many factors. Mismatch between job requirements and available resources, excessive workload, work environment, work experience, workplace conflict, gender discrimination, marital status, educational status, job satisfaction, and lack of recognition are some of the factors significantly associated with work stress among healthcare professionals (Joshi et al., 2022). Additionally, individual characteristics such as age, education level, marital status, and length of service can contribute to work stress and influence the level of stress experienced. Workers under 40 years of age experience more work stress than those over 40. Workers in the older age group, or over 40, are said to have a better ability to manage stress (Awalia et al., 2021)

Study Odonkor & Adams, (2021) A study found that 69.5% of healthcare workers in Western Ghana experienced occupational stress, with women experiencing higher levels of stress than men. Respondents aged 56 years and older experienced stress more often (3.16%)

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than those in other age groups. This study found a significant relationship between age, marital status, workload, and educational background and stress levels. Study Bastian et al., (2022) A 2022 study of 30 nurses in the Emergency Department of Bahteramas Regional Hospital, Southeast Sulawesi Province, concluded that there was a relationship between workload and interpersonal relationships and levels of work stress. Another study conducted by Jeon et al., (2022) linking work stress to environmental factors such as excessive workload, role conflict/ambiguity, and poor working conditions. The results of further research conducted by Priyatna et al., (2021) The study showed that 68.7% of healthcare workers, including doctors, dentists, nurses, dental hygienists, midwives, health analysts, nutritionists, sanitarians, community health educators, pharmacists, and pharmacist assistants, experienced work stress in 9 community health centers in Belitung Regency. This study also found a relationship between work period and work shifts with work stress in nurses at the inpatient unit of Dr. H. Chasan Boesoirie Regional General Hospital, Ternate, North Maluku (Salsabila et al., 2023). Research conducted by Azteria & Hendarti, (2020) stated that factors associated with work stress at X Hospital, Depok, in 2020 included gender, length of service, work shifts, and workload. Female healthcare workers, those with ≥5 years of service, night shifts, and high workloads were at higher risk of experiencing work stress. Although “stress” is more often perceived as something harmful, the response to stress is a spectrum that spans from “eustress,” where positive responses such as innovation and increased productivity are generated, to “distress,” which is associated with varying degrees of the more well-known negative outcomes of stress. A person’s stress threshold is influenced by the source of the stress, personal characteristics, experiences, and coping skills (Kaburi et al., 2019). Healthcare workers are suspected to be highly susceptible to work-related stress. Based on this suspicion, researchers were interested in conducting research on the risk factors influencing it at Bhayangkara Hospital Class II Medan.

## METHODS

This type of research is an analytical survey with a cross-sectional research design. The location of this research is Bhayangkara Hospital Class II Medan, this research was conducted from January 2025 until completion. The population of this study was all health workers of Bhayangkara Hospital Class II Medan, totaling 335 health workers. The sample determination in this study used total sampling with a sample size of 335 samples. The independent variables in this study were age, gender, marital status, workload, length of service, work shifts, interpersonal relationships, and family situation, and the dependent variable in this study was work stress. Primary data in this study were obtained through questionnaires distributed to respondents via Google Form. In this study, the questionnaire questions were taken from a previous study by Febiana (2022) which had been tested for validity and reliability. Secondary data in this study were obtained through hospital administrative data regarding health workers. The data analysis used in this study was univariate analysis using descriptive statistical methods to describe the parameters of each variable. Bivariate analysis was carried out using a statistical analysis using a cross table followed by a Chi-Square test, and multivariate analysis using a logistic regression test. The data analysis in this study used SPSS statistical software version 25.00.

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## RESULTS

### Frequency Distribution of Respondent Characteristics

**Table 1. Frequency Distribution Results of Respondent Characteristics**

| Age | n | % |
|---|---|---|
| > 40 Years | 142 | 42,4 |
| <40 Years | 193 | 57,6 |
| **Total** | **335** | **100** |
| **Gender** | **n** | **%** |
| Male | 71 | 21,2 |
| Female | 264 | 78,8 |
| **Total** | **335** | **100** |
| **Marital status** | **n** | **%** |
| Unmarried | 22 | 6,6 |
| Married | 306 | 91,3 |
| Widowed | 7 | 2,1 |
| **Total** | **335** | **100** |
| **Years of service** | **n** | **%** |
| ≤ 5 Years | 63 | 18,8 |
| > 5 Years | 272 | 81,2 |
| **Total** | **335** | **100** |
| **Work Shifts** | **n** | **%** |
| Night | 147 | 43,9 |
| Morning/Afternoon | 188 | 56,1 |
| **Total** | **335** | **100** |

Source: Processed Primary Data (2025)

Table 1 describes the characteristics of respondents in this study, showing that the majority were aged <40 years (57.6%), female (78.8%), and married (91.3%). Most respondents had worked for >5 years (81.2%) and worked the morning/afternoon shift (56.1%).

### Univariate Analysis Results

The following are the results of the univariate analysis in this study.

**Table 2. Univariate Analysis Results**

| Workload | n | % |
|---|---|---|
| Light | 216 | 64,5 |
| Heavy | 119 | 35,5 |
| **Total** | **335** | **100** |
| **Interpersonal Relations** | **n** | **%** |
| Good | 230 | 68,7 |
| Not Good | 105 | 31,3 |
| **Total** | **335** | **100** |
| **Family Situation** | **n** | **%** |
| Good | 224 | 66,9 |
| Not Good | 111 | 33,1 |
| **Total** | **335** | **100** |

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| Job Stress | n | % |
|---|---|---|
| Light | 111 | 33,1 |
| Medium | 163 | 48,7 |
| Heavy | 61 | 18,2 |
| **Total** | **335** | **100** |

Source: Processed Primary Data (2025)

Table 2 explains the research results, showing that the majority of respondents considered the workload at Bhayangkara Hospital Class II Medan to be light (64.5%), interpersonal relationships to be good (68.7%), and family situations to be good (66.9%). Meanwhile, the majority of respondents experienced moderate work stress (48.7%).

**Bivariate Analysis Results**

**The Influence of Age on Occupational Stress in Health Workers at Bhayangkara Hospital Class II Medan**

**Table 3. The Effect of Age on Occupational Stress in Health Workers at Bhayangkara Hospital Class II Medan**

| No | Age | Job Stress | | | | | | Amount | | *p-value* |
|---|---|---|---|---|---|---|---|---|---|---|
| | | Light | | Medium | | Heavy | | | | |
| | | f | % | f | % | f | % | f | % | |
| 1 | ≥ 40 Years | 45 | 13,4 | 71 | 21,2 | 26 | 7,8 | 142 | 42,4 | 0,883 |
| 2 | < 40 Years | 66 | 19,7 | 92 | 27,5 | 35 | 10,4 | 193 | 57,6 | |
| ***OR = 0,893*** | | | | | | | | | | |

Source: Processed Primary Data (2025)

Table 3 explains the results of the influence of age on the occurrence of work stress in healthcare workers at Bhayangkara Hospital Class II Medan. From the cross-tabulation results, it can be seen that respondents in the study aged > 40 years who experienced work stress in the mild category were 45 (13.4%), moderate as many as 71 (21.2%), and severe as many as 26 (7.8%). Respondents aged < 40 years who experienced work stress in the mild category were 66 (19.7%), moderate as many as 92 (27.5%), and severe as many as 35 (10.4%). From the results of the bivariate test using Chi-Square, a p-value of 0.883> 0.05 was obtained, which means there is no influence between age and the occurrence of work stress in healthcare workers at Bhayangkara Hospital Class II Medan with an Odd Ratio (OR) value of 0.893.

**The Influence of Gender on Occupational Stress in Health Workers at Bhayangkara Hospital Class II Medan**

**Table 4. The Influence of Gender on Occupational Stress in Health Workers at Bhayangkara Hospital Class II Medan**

| No | Gender | Job Stress | | | | | | Amount | | *p-value* |
|---|---|---|---|---|---|---|---|---|---|---|
| | | Light | | Medium | | Heavy | | | | |
| | | f | % | f | % | f | % | f | % | |
| 1 | Male | 29 | 8,7 | 32 | 9,6 | 10 | 3 | 71 | 21,2 | 0,260 |
| 2 | Female | 82 | 24,5 | 131 | 39,1 | 51 | 15,2 | 264 | 78,8 | |
| ***OR = 1,533*** | | | | | | | | | | |

Source: Processed Primary Data (2025)

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Table 4 explains the results of the influence of gender on the occurrence of work stress in health workers at Bhayangkara Hospital Class II Medan. From the results of the cross tabulation, it can be seen that respondents in the study with male gender who experienced work stress in the mild category were 29 (8.7%), moderate as many as 32 (9.6%), and severe as many as 10 (3%). Respondents with female gender who experienced work stress in the mild category were 82 (24.5%), moderate as many as 131 (39.1%), and severe as many as 51 (15.2%). From the results of the bivariate test using Chi-Square, a p-value of 0.260> 0.05 was obtained, which means there is no influence between gender on the occurrence of work stress in health workers at Bhayangkara Hospital Class II Medan, with an Odd Ratio (OR) value of 1.533.

**The Influence of Marital Status on Occupational Stress in Health Workers at Bhayangkara Hospital Class II Medan**

**Table 5. The Influence of Marital Status on the Occurrence of Work Stress in Health Workers at Bhayangkara Hospital Class II Medan**

| No | Marital Status | Job Stress | | | | | | Amount | | *p-value* |
|---|---|---|---|---|---|---|---|---|---|---|
| | | Light | | Medium | | Heavy | | | | |
| | | f | % | f | % | f | % | f | % | |
| 1 | Unmarried | 15 | 4,5 | 7 | 2,1 | 0 | 0 | 22 | 6,6 | 0,003 |
| 2 | Married | 93 | 27,8 | 152 | 45,4 | 61 | 18,2 | 306 | 91,3 | |
| 3 | Widowed | 3 | 0,9 | 4 | 1,2 | 0 | 0 | 7 | 2,1 | |
| ***OR = 3,748*** | | | | | | | | | | |

Source: Processed Primary Data (2025)

Table 5 explains the results of the influence of marital status on the occurrence of work stress in healthcare workers at Bhayangkara Hospital Class II Medan. From the cross-tabulation results, it can be seen that respondents in the study with unmarried marital status who experienced work stress in the mild category were 15 (4.5%), moderate as many as 7 (2.1%), and severe as many as 0 (0%). Respondents with married marital status who experienced work stress in the mild category were 93 (27.8%), moderate as many as 152 (45.5%), and severe as many as 61 (18.2%). Respondents with widower/widow marital status who experienced work stress in the mild category were 3 (0.9%), moderate as many as 4 (1.2%), and severe as many as 0 (0%). From the results of the bivariate test using Chi-Square, a p-value of 0.003 < 0.05 was obtained, which means there is an influence between marital status and the occurrence of work stress in healthcare workers at Bhayangkara Hospital Class II Medan, with an Odd Ratio (OR) value of 3.748.

**The Influence of Workload on Occupational Stress in Health Workers at Bhayangkara Hospital Class II Medan**

**Table 6. The Effect of Workload on the Occurrence of Work Stress in Health Workers at Bhayangkara Hospital Class II Medan**

| No | Workload | Job Stress | | | | | | Amount | | *p-value* |
|---|---|---|---|---|---|---|---|---|---|---|
| | | Light | | Medium | | Heavy | | | | |
| | | f | % | f | % | f | % | f | % | |
| 1 | Light | 99 | 29,6 | 104 | 31 | 13 | 3,9 | 216 | 64,5 | 0,000 |
| 2 | Heavy | 12 | 3,6 | 59 | 17,6 | 48 | 14,3 | 119 | 35,5 | |

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| ***OR = 7,545*** | | | | | | | | | | |

Source: Processed Primary Data (2025)

Table 6 explains the results of the influence of workload on the occurrence of work stress in healthcare workers at Bhayangkara Hospital Class II Medan. From the cross-tabulation results, it can be seen that respondents in the study with a light workload who experienced work stress in the light category were 99 (29.6%), moderate as many as 104 (31%), and severe as many as 13 (3.9%). Respondents with a heavy workload who experienced work stress in the light category were 12 (3.6%), moderate as many as 59 (17.6%), and severe as many as 48 (14.3%). From the results of the bivariate test using Chi-Square, a p-value of 0.000 <0.05 was obtained, which means there is an influence between workload and the occurrence of work stress in healthcare workers at Bhayangkara Hospital Class II Medan, with an Odd Ratio (OR) value of 7.545.

**The Influence of Length of Service on Occupational Stress in Health Workers at Bhayangkara Hospital Class II Medan**

**Table 7. The Effect of Length of Service on Occupational Stress in Health Workers at Bhayangkara Hospital Class II Medan**

| No | Years of service | Job Stress | | | | | | Amount | | *p-value* |
|---|---|---|---|---|---|---|---|---|---|---|
| | | Light | | Medium | | Heavy | | | | |
| | | f | % | f | % | f | % | f | % | |
| 1 | ≥ 5 Years | 90 | 26,9 | 135 | 40,3 | 47 | 14 | 272 | 81,2 | 0,616 |
| 2 | < 5 Years | 21 | 6,3 | 28 | 8,4 | 14 | 4,2 | 63 | 18,8 | |
| ***OR = 1,011*** | | | | | | | | | | |

Source: Processed Primary Data (2025)

Table 7 explains the results of the influence of work period on the occurrence of work stress in healthcare workers at Bhayangkara Hospital Class II Medan. From the cross-tabulation results, it can be seen that respondents in the study with work period > 5 years who experienced work stress in the mild category were 90 (26.9%), moderate as many as 135 (40.3%), and severe as many as 47 (14%). Respondents with work period < 5 years who experienced work stress in the mild category were 21 (6.3%), moderate as many as 28 (8.4%), and severe as many as 14 (4.2%). From the results of the bivariate test using Chi-Square, a p-value of 0.616> 0.05 was obtained, which means there is no influence between work period on the occurrence of work stress in healthcare workers at Bhayangkara Hospital Class II Medan, with an Odd Ratio (OR) value of 1.011.

**The Influence of Work Shifts on Occupational Stress in Health Workers at Bhayangkara Hospital Class II Medan**

**Table 8. The Effect of Work Shifts on Occupational Stress in Health Workers at Bhayangkara Hospital Class II Medan**

| No | Work Shifts | Job Stress | | | | | | Amount | | *p-value* |
|---|---|---|---|---|---|---|---|---|---|---|
| | | Light | | Medium | | Heavy | | | | |
| | | f | % | f | % | f | % | f | % | |
| 1 | Night Shift | 27 | 8,1 | 64 | 19,1 | 56 | 16,7 | 147 | 43,9 | 0,000 |

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| 2 | Morning and Afternoon Shift | 84 | 25,1 | 99 | 29,6 | 5 | 1,5 | 188 | 56,1 | |
| ***OR = 0,279*** | | | | | | | | | | |

Source: Processed Primary Data (2025)

Table 8 explains the results of the influence of work shifts on the occurrence of work stress in healthcare workers at Bhayangkara Hospital Class II Medan. From the cross-tabulation results, it can be seen that respondents in the study with night shifts who experienced work stress in the mild category were 27 (8.1%), moderate as many as 64 (19.1%), and severe as many as 56 (16.7%). Respondents with morning and afternoon shifts who experienced work stress in the mild category were 84 (25.1%), moderate as many as 99 (29.6%), and severe as many as 5 (1.5%). From the results of the bivariate test using Chi-Square, a p-value of 0.000 <0.05 was obtained, which means there is an influence between work shifts on the occurrence of work stress in healthcare workers at Bhayangkara Hospital Class II Medan, with an Odd Ratio (OR) value of 0.279.

**The Influence of Interpersonal Relationships on Occupational Stress in Health Workers at Bhayangkara Hospital Class II Medan**

**Table 9. The Influence of Interpersonal Relationships on the Occurrence of Work Stress in Health Workers at Bhayangkara Hospital Class II Medan**

| No | Interpersonal Relations | Job Stress | | | | | | Amount | | *p-value* |
|---|---|---|---|---|---|---|---|---|---|---|
| | | Light | | Medium | | Heavy | | | | |
| | | f | % | f | % | f | % | f | % | |
| 1 | Good | 107 | 31,9 | 113 | 33,7 | 10 | 3 | 230 | 68,7 | 0,000 |
| 2 | Not Good | 4 | 1,2 | 50 | 14,9 | 51 | 15,2 | 105 | | |
| ***OR = 21,965*** | | | | | | | | | | |

Source: Processed Primary Data (2025)

Table 9 explains the results of the influence of interpersonal relationships on the occurrence of work stress in healthcare workers at Bhayangkara Hospital Class II Medan. From the cross-tabulation results, it can be seen that respondents in the study with good interpersonal relationships who experienced work stress in the mild category were 107 (31.9%), moderate as many as 113 (33.7%), and severe as many as 10 (3%). Respondents with poor interpersonal relationships who experienced work stress in the mild category were 4 (1.2%), moderate as many as 50 (14.9%), and severe as many as 51 (15.2%). From the results of the bivariate test using Chi-Square, a p-value of 0.000 <0.05 was obtained, which means there is an influence between interpersonal relationships on the occurrence of work stress in healthcare workers at Bhayangkara Hospital Class II Medan, with an Odd Ratio (OR) value of 21.965.

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**The Influence of Family Situations on Occupational Stress in Health Workers at Bhayangkara Hospital Class II Medan**

**Table 10. The Influence of Family Situations on the Occurrence of Work Stress in Health Workers at Bhayangkara Hospital Class II Medan**

| No | Family Situation | Job Stress | | | | | | Amount | | *p-value* |
|---|---|---|---|---|---|---|---|---|---|---|
| | | Light | | Medium | | Heavy | | | | |
| | | f | % | f | % | | | f | % | |
| 1 | Good | 104 | 31 | 110 | 32,8 | 10 | 3 | 224 | 66,9 | 0,000 |
| 2 | Not Good | 7 | 2,1 | 53 | 15,8 | 51 | 15,2 | 111 | 33,1 | |
| ***OR = 12,876*** | | | | | | | | | | |

Source: Processed Primary Data (2025)

Table 10 explains the results of the influence of family situations on the occurrence of work stress in healthcare workers at Bhayangkara Hospital Class II Medan. From the cross-tabulation results, it can be seen that respondents in the study with good family situations who experienced work stress in the mild category were 104 (31%), moderate as many as 110 (32.8%), and severe as many as 10 (3%). Respondents with poor family situations who experienced work stress in the mild category were 7 (2.1%), moderate as many as 53 (15.8%), and severe as many as 51 (15.2%). From the results of the bivariate test using Chi-Square, a p-value of 0.000 < 0.05 was obtained, which means there is an influence between family situations and the occurrence of work stress in healthcare workers at Bhayangkara Hospital Class II Medan, with an Odd Ratio (OR) value of 12.876.

**Multivariate Analysis Results**

**Table 11. Variable Selection Results for Multivariate Analysis**

| Variable | P-Value | Candidate |
|---|---|---|
| Age (X1) | 0,883 | No |
| Gender (X2) | 0,260 | No |
| Marital Status (X3) | 0,003 | Yes |
| Workload (X4) | 0,000 | Yes |
| Years of service (X5) | 0,616 | No |
| Work Shift (X6) | 0,000 | Yes |
| Interpersonal Relationships (X7) | 0,000 | Yes |
| Family Situation (X8) | 0,000 | Yes |

Source: Processed Primary Data (2025)

Table 11 shows that the independent variables in this study with a p-value <0.05 are marital status, workload, work shift, interpersonal relationships, and family situation. Based on these results, the independent variables in this study that entered the multivariate testing model were marital status, workload, work shift, interpersonal relationships, and family situation, as can be seen in Table 12:

**Table 12. Multivariate Analysis Results**

| Variable | P-Value |
|---|---|
| Marital Status (X3) | |
| Workload (X4) | |

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| | |
|---|---|
| Work Shift (X6) | 0,000 |
| Interpersonal Relationships (X7) | |
| Family Situation (X8) | |

Source: Processed Primary Data (2025)

Table 12 explains the results of multivariate analysis on the variables of marital status, workload, work shift, interpersonal relationships and family situation on the occurrence of work stress in health workers at Bhayangkara Hospital TK II Medan, from the table it can be seen that the significance value is 0.000 < 0.05 which means that the independent variables of marital status, workload, work shift, interpersonal relationships and family situation in this study together or simultaneously have an influence on the occurrence of work stress in health workers at Bhayangkara Hospital TK II Medan.

**Table 13. Independent Variables That Have the Most Influence on the Dependent Variable**

| Variable | t |
|---|---|
| Marital Status (X3) | 1,366 |
| Workload (X4) | 3,586 |
| Work Shift (X6) | -8,843 |
| Interpersonal Relationships (X7) | 5,050 |
| Family Situation (X8) | 5,891 |

Source: Processed Primary Data (2025)

Table 13 explains the results regarding the independent variables that are most related to the dependent variable. From the research results, it can be seen that the highest t value is found in the family situation variable (X8), which is 5.891. From these results, it can be concluded that the independent variable that is most related to the dependent variable in this study is the family situation variable (X8).

## DISCUSSION

### The Influence of Age on Occupational Stress in Health Workers at Bhayangkara Hospital Class II Medan

Based on research results at Bhayangkara Hospital Class II Medan, respondents consisted of two age groups: 142 (42.4%) respondents (>40 years old) and 193 (57.6%) respondents (<40 years old). This study aimed to determine whether age influences levels of work stress, given that age is often associated with emotional maturity, work experience, and the ability to manage psychological stress. Cross-tabulation results showed that in the >40 age group, 45 (13.4%) experienced mild work stress, 71 (21.2%) experienced moderate stress, and 26 (7.8%) experienced severe stress. Meanwhile, in the <40 age group, 66 (19.7%) experienced mild work stress, 92 (27.5%) experienced moderate stress, and 35 (10.4%) experienced severe stress. Descriptively, the younger age group tended to experience higher levels of work stress across all categories. This is likely related to a lack of experience, a lack of adaptation to work pressure, or suboptimal stress management skills. However, the results of the bivariate test using Chi-Square showed that there was no significant relationship between age and work stress levels (p = 0.883). The Odds Ratio (OR) value of 0.893 indicates that the age group >40 years has a slightly lower chance of experiencing work stress than the age

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group <40 years, but this relationship is not statistically significant because the OR value is close to 1 and the p-value is > 0.05.

These findings indicate that age is not a dominant factor in determining levels of work stress. Work stress can be influenced by various other factors, such as workload, work duration, pressure from superiors, patient conditions, social support in the workplace, and personal factors such as family and economic circumstances. A person's ability to manage stress is also individual and does not always depend on age. Some younger healthcare workers may have good coping mechanisms, while some older ones may experience burnout due to long-term work pressure. Therefore, interventions to address work stress should not focus solely on age but should be comprehensive through equitable workload management, improving healthcare worker welfare, stress management training, and providing equitable psychosocial support to all healthcare workers regardless of age.

**The Influence of Gender on Occupational Stress in Health Workers at Bhayangkara Hospital Class II Medan**

This study also aimed to determine whether there is a relationship between gender and levels of work stress among healthcare workers at Bhayangkara Hospital Class II Medan. Based on the distribution of respondents, the majority were women, at 264 (78.8%), while 71 were men (21.2%). This reflects the predominance of female workers in the hospital environment, which is a general trend in the healthcare sector.

Cross-tabulation results showed that 29 male healthcare workers (8.7%) experienced mild work stress, 32 moderate (9.6%), and 10 severe (3%). Meanwhile, 82 female healthcare workers (24.5%) experienced mild work stress, 131 moderate (39.1%), and 51 severe (15.2%). Descriptively, it appears that the number of women experiencing work stress is higher than that of men across all stress categories.

However, the results of the statistical test using Chi-Square produced a p value of 0.260 (p > 0.05), indicating that there is no significant relationship between gender and work stress levels. Although the Odds Ratio (OR) value of 1.533 indicates that women are approximately 1.5 times more likely to experience work stress than men, this result is not statistically significant. Thus, the differences seen descriptively are not strong enough to be concluded as a direct effect of gender on work stress.

These findings indicate that gender is not the primary factor determining levels of work stress. Work stress is a complex and multidimensional phenomenon, influenced by various factors such as excessive workload, interpersonal conflict, time pressure, lack of job autonomy, and social and organizational support. Individual variations in adaptability to pressure, personal circumstances, and work experiences also contribute to stress. Therefore, strategies for managing work stress should not focus on demographic categories such as gender, but rather focus on a systemic and individualized approach. Comprehensive interventions, such as effective workload management, improved communication and team collaboration, coping skills training, and the provision of psychological support services, will be more effective in reducing work stress in the hospital environment. This approach is not only inclusive but can also create a healthy and equitable work environment for all healthcare workers, regardless of gender.

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**The Influence of Marital Status on Occupational Stress in Health Workers at Bhayangkara Hospital Class II Medan**

This study also evaluated whether marital status influences the level of work stress among healthcare workers at Bhayangkara Hospital Class II Medan. Based on the distribution of respondents, the majority of healthcare workers were married (306 people) (91.3%), while 22 were unmarried (6.6%), and 7 were widowed/widowed (2.1%). This data reflects that the majority of healthcare workers working at this hospital are married, which implies dual responsibilities at work and at home. Cross-tabulation results showed that in the unmarried group, 15 (4.5%) experienced mild work stress and 7 (2.1%), with no cases of severe stress. In the married group, 93 (27.8%) experienced mild stress, 152 (45.5%) experienced moderate stress, and 61 (18.2%) experienced severe stress. Meanwhile, in the widowed/widowed group, 3 (0.9%) experienced mild stress and 4 (1.2%) experienced moderate stress, with no cases of severe stress. Descriptively, the married group showed higher levels of work stress in all categories than the other groups.

The results of the bivariate test using the Chi-Square method showed a p value = 0.003 ($p < 0.05$), which means there is a significant relationship between marital status and work stress levels. The Odds Ratio (OR) value of 3.748 indicates that married healthcare workers have almost 4 times greater risk of experiencing work stress than those who are not married. The high level of work stress in married respondents is likely caused by the burden of dual roles that must be carried out, namely as professionals in the workplace and as individuals responsible for the family. Work demands in hospitals such as night shifts, severe patient conditions, and administrative pressure, when combined with domestic responsibilities such as caring for children, partners, and households, can significantly increase psychological stress.

On the other hand, unmarried respondents tend to have greater flexibility in managing personal time and rest, and have a wider social space for relaxation or stress-relief activities. However, this does not mean that this group is free from stress. Some unmarried respondents may face stress from other factors such as career expectations, social loneliness, or family pressure. Interestingly, the widowed/widowed group also showed significant symptoms of stress in the mild to moderate category, possibly caused by the loss of a spouse, the burden of single care, or limited emotional support. These psychological burdens can exacerbate the impact of work pressure experienced in the hospital.

These findings confirm that marital status is a factor influencing occupational stress among healthcare workers. Therefore, stress management in the workplace should consider the individual's social circumstances more holistically. Hospitals can develop psychosocial support programs such as counseling services, family-based stress management training, and work-life balance policies that are more adaptive to the dual burden faced by healthcare workers. Therefore, it can be concluded that marital status significantly influences the level of occupational stress among healthcare workers. A human resource management approach that is sensitive to social backgrounds, such as marital status, can improve the mental health of healthcare workers and ultimately positively impact the quality of care provided to patients.

Nomor ISSN: 3124-1115

**The Influence of Workload on Occupational Stress in Health Workers at Bhayangkara Hospital Class II Medan**

Based on the research results, the majority of respondents considered their workload to be light, namely 216 people (64.5%), while 119 people (35.5%) stated that their workload was heavy. Although the majority of health workers felt their workload was quite light, the percentage who considered their workload to be heavy was also quite significant, reflecting the existence of an imbalance in perception or reality of workload in the field. Cross-tabulation analysis showed that respondents with light workloads tended to experience lower levels of work stress, with 99 people (29.6%) experiencing light stress, 104 people (31.0%) experiencing moderate stress, and 13 people (3.9%) experiencing severe stress. In contrast, among respondents with heavy workloads, light stress occurred in only 12 people (3.6%), moderate stress in 59 people (17.6%), and severe stress in 48 people (14.3%). This difference indicates that the heavier the workload, the higher the level of work stress experienced.

The results of the bivariate Chi-Square test confirmed these findings with a p-value of 0.000 ($p < 0.05$), indicating a significant relationship between workload and job stress levels. Furthermore, the Odds Ratio (OR) of 7.545 indicates that healthcare workers with heavy workloads have a more than sevenfold higher risk of experiencing job stress compared to those with light workloads. This indicates that workload is one of the most powerful factors influencing job stress.

Heavy workloads in the hospital context can include high patient volumes, long shifts, high administrative demands, and limited time for rest and recovery. When these conditions persist, healthcare workers can experience physical and mental fatigue, leading to reduced resilience to stress, work errors, and the risk of burnout. Conversely, respondents with light workloads tend to have better control over their tasks, sufficient rest periods, and greater opportunities to maintain a work-life balance. This supports better mental health and emotional resilience, as well as improving the quality of healthcare services. Therefore, workload management should be a priority in hospital policies. Regular workload evaluations, adjustments to the healthcare worker-to-patient ratio, and humane work shift arrangements are essential. Furthermore, providing psychosocial support facilities such as adequate rest rooms, counseling programs, and stress management training can help reduce the pressure felt by healthcare workers. Therefore, it can be concluded that the heavier the perceived workload, the higher the level of work stress experienced. Therefore, rational workload management based on actual needs is an important strategy in creating a healthy, productive, and sustainable work environment at Bhayangkara Hospital Class II Medan.

**The Influence of Length of Service on Occupational Stress in Health Workers at Bhayangkara Hospital Class II Medan**

The results showed that the majority of healthcare workers at Bhayangkara Hospital Level II Medan (272) had more than five years of service, while the remaining 63 (18.8%) had less than five years of service. This data indicates that most respondents were healthcare workers with relatively long work experience, which in many studies is often associated with increased adaptability, mental resilience, and emotional stability.

However, cross-tabulation results showed that in the group with more than five years of service, 90 (26.9%) experienced mild work stress, 135 (40.3%) experienced moderate stress, and 47 (14%) experienced severe stress. Meanwhile, in the group with less than five years of

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service, 21 (6.3%) experienced mild stress, 28 (8.4%) experienced moderate stress, and 14 (4.2%) experienced severe stress. Although the absolute number of work stressors was higher in the group with more than five years of service, this requires further analysis given the uneven distribution of respondents across the two groups.

The bivariate test using Chi-Square yielded a p-value of 0.616 ($p > 0.05$), indicating no significant relationship between length of service and job stress levels. The Odds Ratio (OR) of 1.011 indicates that healthcare workers with more than 5 years of service have only a very slightly higher risk (almost no difference) of experiencing job stress compared to those with shorter service periods. Thus, length of service is not proven to be a significant factor influencing the level of job stress among healthcare workers at this hospital. Several possibilities may explain these findings. First, work stress tends to be triggered by actual working conditions such as high workloads, shift systems, pressure from superiors, interpersonal conflict, or lack of social support, rather than by length of service alone. Second, both new and experienced healthcare workers can experience stress if the work system is not conducive. Long tenure can also lead to accumulated psychological fatigue (emotional fatigue) or burnout if not balanced with rewards, professional development, and organizational support. Therefore, stress management approaches should not be based on tenure but should instead focus on creating a supportive work environment for all healthcare workers, regardless of length of service. Comprehensive interventions such as workload monitoring, improved organizational communication, coping mechanism training, and the provision of relaxation or counseling facilities need to be provided evenly and continuously. In conclusion, the results of this study indicate that tenure does not have a significant influence on healthcare workers' work stress levels. An effective work stress management strategy must consider more relevant situational and psychosocial factors, and be directed at creating a healthy, safe, and supportive work climate for all health workers at Bhayangkara Hospital Class II Medan.

**The Influence of Work Shifts on Occupational Stress in Health Workers at Bhayangkara Hospital Class II Medan**

Shift work is a factor often associated with occupational stress, particularly among healthcare workers who must undergo a rotating work system. This study found that 147 respondents (43.9%) worked the night shift, while 188 respondents (56.1%) worked the morning/afternoon shift. These data indicate that nearly half of the healthcare workers at Bhayangkara Hospital Level II Medan work the night shift, which is known to carry a higher risk of physiological and psychosocial disorders. A cross-tabulation analysis between shift work and stress levels revealed striking differences. In the night shift group, 27 (8.1%) experienced mild stress, 64 (19.1%) moderate stress, and 56 (16.7%) severe stress. Meanwhile, in the morning/afternoon shift group, 84 (25.1%) experienced mild stress, 99 (29.6%) moderate stress, and only 5 (1.5%) experienced severe stress. These findings indicate that the proportion of severe stress is significantly higher in the group working at night. The Chi-Square test results showed a p-value of 0.000 ($p < 0.05$), indicating a significant relationship between work shifts and job stress levels. The Odds Ratio (OR) of 0.279 indicates that healthcare workers working morning/afternoon shifts are less likely to experience severe job stress compared to those working night shifts. Therefore, it can be concluded that night shifts significantly increase the risk of job stress in healthcare workers.

Working at night poses significant biological challenges, primarily due to the disruption of the human body's circadian rhythm. This rhythm is naturally designed for daytime activity

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and nighttime rest. Changes to this pattern can lead to sleep disturbances, chronic fatigue, decreased concentration, and even a weakened immune system. Psychosocially, healthcare workers who work night shifts often experience limited social interaction, difficulty maintaining a work-life balance, and increased feelings of social isolation. Furthermore, night shifts are typically performed with smaller staff, high workloads (especially for emergency cases), and limited direct supervision from management. A quiet work environment and minimal interpersonal support also contribute to worsening staff psychological well-being.

In contrast, healthcare workers who work morning or afternoon shifts are more in tune with their body clock, have better access to organizational resources, and have more time for social interactions. They also tend to be more involved in professional development and work coordination activities, which can increase satisfaction and commitment to the institution. These findings underscore the importance of special attention to shift management. Hospitals need to implement fair and adaptive shift work policies, such as humane shift rotation, adequate rest periods, and access to counseling or psychological support services. Providing special compensation for healthcare workers who work night shifts can also increase motivation and strengthen their resilience to stress. Thus, shift work is a significant factor influencing work stress. Hospital management needs to make shift management part of its strategy to improve healthcare worker welfare, in order to create a healthy, productive, and sustainable work environment at Bhayangkara Hospital Level II Medan.

**The Influence of Interpersonal Relationships on Occupational Stress in Health Workers at Bhayangkara Hospital Class II Medan**

Interpersonal relationships are a crucial element in creating a harmonious and supportive work environment, particularly in the healthcare sector, which demands collaborative work, effective communication, and cross-professional coordination. This study found that the majority of respondents (68.7%) rated interpersonal relationships at Bhayangkara Hospital Level II Medan as good, while 31.3% stated that interpersonal relationships in their work environment were poor. This percentage illustrates that most healthcare workers are quite satisfied with the social interactions in their workplace. However, when associated with levels of work stress, significant differences were observed based on the quality of interpersonal relationships. Respondents who rated their interpersonal relationships as good showed a relatively mild distribution of work stress: 31.9% experienced mild stress, 33.7% moderate stress, and only 3% experienced severe stress. Conversely, in the group who rated interpersonal relationships as poor, only 1.2% experienced mild stress, but 14.9% experienced moderate stress and 15.2% experienced severe stress. This difference in distribution indicates that the quality of interpersonal relationships significantly influences the psychological burden felt by healthcare workers.

The results of the bivariate statistical test using the Chi-Square method showed a p-value of 0.000 (<0.05), which confirmed that there is a significant relationship between the quality of interpersonal relationships and the level of work stress. In addition, the Odds Ratio (OR) value of 21.965 indicates that respondents with poor interpersonal relationships have a 21 times greater risk of experiencing severe work stress compared to respondents who have good interpersonal relationships. This finding indicates a very high relationship strength and has important practical implications for organizational management.

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Theoretically and practically, interpersonal relationships in the workplace encompass the quality of interactions among fellow healthcare workers, between healthcare workers and their superiors, and relationships with patients. When interpersonal relationships are strong, a supportive and cohesive work environment is created, which in turn can strengthen an individual's ability to cope with work pressures. Open communication, mutual trust, respect, and teamwork are key sources of psychosocial support in the workplace. Conversely, when interpersonal relationships are poor, individuals are more susceptible to emotional distress due to conflict, social isolation, miscommunication, and a lack of moral and professional support. This situation not only increases the risk of work stress but also negatively impacts team performance, service effectiveness, and patient safety. Poor relationships also often create a work climate full of tension and unhealthy competition, which can reduce work motivation and trigger burnout.

Healthcare workers who feel valued, listened to, and supported by their colleagues tend to be better able to face work challenges with greater emotional stability. Even in high-pressure situations, healthy work relationships can act as a buffer against stress. This is also in line with theories of occupational stress, which place social support as a protective factor in stress management in the workplace. These findings provide a strong basis for suggesting that the quality of interpersonal relationships is a key determinant of healthcare workers' work stress levels. Therefore, hospitals, as public service institutions, need to prioritize strengthening work relationships among employees as part of their strategy to improve healthcare worker well-being.

Some strategic efforts that can be implemented include training in interpersonal communication and conflict resolution, regular team-building activities, establishing a mentoring and assistance system, implementing a teamwork-based reward system, and strengthening a work culture that values empathy, solidarity, and appreciation for individual contributions. By creating a friendly, collaborative, and supportive work environment, the risk of workplace stress can be minimized, and healthcare workers will be better able to provide optimal care to patients.

**The Influence of Family Situations on Occupational Stress in Health Workers at Bhayangkara Hospital Class II Medan**

In this study, the family situation variable emerged as the most powerful factor influencing the level of work stress among healthcare workers. Of the 335 respondents, the majority (66.9%) reported a good family situation, while 33.1% stated that their family situation was less than ideal. Family situation, in the context of this study, encompasses various aspects such as the quality of relationships between family members, emotional stability at home, social and emotional support from partners or significant others, and work-life balance.

The cross-tabulation results show a striking difference between the groups with good and poor family situations in terms of the distribution of work stress. In the group with good family situations, mild stress was experienced by 31%, moderate stress by 32.8%, and severe stress by only 3%. Conversely, in the group with poor family situations, only 2.1% experienced mild stress, while moderate and severe stress were experienced by 15.8% and 15.2% of respondents, respectively. The high proportion of severe stress in this group makes it clear that conflict or disharmony in the family sphere significantly contributes to psychological disorders in the workplace. Statistically, the results of the Chi-Square test showed a p-value of 0.000, indicating a highly significant relationship between family situations and work stress. Furthermore, the Odds Ratio (OR) value of 12.876 confirms that

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healthcare workers with poor family situations have a nearly 13-fold higher risk of experiencing work stress compared to those with good family situations. This is the highest OR value among all the variables tested in this study, making the family situation the most dominant factor in influencing work stress levels.

This high OR value can be explained logically and psychologically. Healthcare workers experiencing marital conflict, economic burdens, or a lack of emotional support from their families face a double psychological burden—both from their work and personal lives. This pressure will affect work focus, disrupt emotional stability, and reduce their ability to cope with stress in a professional environment. In the long term, this accumulated stress can lead to emotional exhaustion (burnout), decreased performance, and even more serious mental health disorders. Conversely, healthcare workers with harmonious family situations are more likely to have strong sources of emotional support. A stable home environment provides a psychological recovery center after facing work pressures, enabling them to return to work with greater energy and mental resilience. Family harmony also fosters a sense of security, intrinsic motivation, and a deep sense of belonging to their work, which ultimately positively impacts their productivity and professionalism.

These findings emphasize that hospital management cannot ignore external factors rooted in the personal lives of healthcare workers. Interventions that focus solely on internal work conditions without addressing social and family aspects will be less effective in reducing overall work stress. Therefore, Bhayangkara Hospital Level II Medan needs to consider policies and programs that integrate a holistic approach, such as providing psychosocial counseling services that also address family issues, implementing flexible work policies for employees with serious family issues, conducting stress management training based on the realities of personal life, and building a culture of empathy and open communication between staff and management.

By prioritizing family situations as a primary focus in work stress management strategies, hospitals can improve the overall well-being of healthcare workers. This, in turn, will support the creation of a resilient, mentally healthy workforce ready to provide the best possible care to patients. Therefore, the results of this study clearly demonstrate that family situations are not merely a supporting factor, but rather a fundamental foundation for maintaining the mental health of healthcare workers.

## CONCLUSION

Based on the research results, it was found that several factors have a significant influence on the occurrence of work stress in healthcare workers at Bhayangkara Hospital Level II Medan. Influential factors include marital status, workload, work shifts, interpersonal relationships, and family situations. Meanwhile, age, gender, and length of service did not show a significant influence on work stress. Simultaneously, all variables studied, namely age, gender, marital status, workload, work period, work shifts, interpersonal relationships, and family situations were proven to influence work stress. Of all these variables, family situations were the most dominant factor in influencing the level of work stress in healthcare workers.

## ACKNOWLEDGEMENT

The author expresses his deepest gratitude to his supervisor for all the guidance, motivation, and knowledge provided during the preparation of this research. He also expresses his gratitude to the management and all healthcare personnel at Bhayangkara Hospital Level II

Medan for providing permission, support, and participation in the implementation of this research. He also thanks all parties, not mentioned individually, who provided assistance and contributions so that this research could be successfully completed.

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