

# Overview of the level of work stress of nurses in the central surgical installation room of Jampangkulon Regional Hospital in 2024

Yoga Anggriawan<sup>1</sup>, Amir Hamzah<sup>2</sup>, Mustopa Saepul Alamsah<sup>3</sup>

<sup>1,2,3</sup>Undergraduate Nursing Study Program, Faculty of Health, Universitas Muhammadiyah Sukabumi, Indonesia

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## ABSTRACT

Job stress occurs when job demands exceed the capacity, resources, and abilities of nurses. Based on the results of previous interviews with several nurses at the Central Surgical Installation of Jampangkulon Hospital, they revealed that their biggest problems were the increasing number of patients, demands from other professions in one team that were so high on their performance, emergency situations also often required nurses to work quickly and accurately without making mistakes. These conditions are considered to be the cause of stress in nurses at the central surgical installation. This results in feelings of anxiety, fatigue, anger, frustration and internal conflict at the Central Surgical Installation of Jampangkulon Hospital. The researcher will use a quantitative descriptive research type with a Cross-sectional approach. The research sample was all nurses at the Central Surgical Installation of Jampangkulon Hospital, totaling 28 people. Data collection was carried out by filling out a questionnaire (NIOSH Generic Job Stress Questionnaire). The results of this study revealed that among nurses, job stress was evenly distributed 50% mild stress and 50% severe stress. Factors that influence stress include the dominance of male respondents 60.7%, married status 92.9%, and DIII education level 64.2%. In addition, 82.1% of nurses are involved in low activities outside of work, and 57.2% of nurses have high social support. Therefore, researchers recommend that hospitals evaluate nurses' job descriptions and conduct effective communication before working. Effective communication is carried out to convey the roles and responsibilities of nurses clearly and workers can convey obstacles felt while carrying out their duties as nurses.

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### Corresponding Author:

Yoga Anggriawan,  
Undergraduate Nursing Study Program,  
Muhammadiyah University of Sukabumi,  
Jl. R. Syamsudin, SH No. 50, Cikole, Cikole District, Sukabumi City, West Java 43113, Indonesia  
Email: [yassbhc@gmail.com](mailto:yassbhc@gmail.com)

## INTRODUCTION

Stress is a very common problem found in modern society like today, which also includes stress related to work problems. Work stress will cause a physical and emotional response that can endanger workers when it exceeds work ability or control (Goni et al., 2019). The cause of stress that occurs in nurses is due to the large amount of pressure in the work where this is continuous that the workload affects work anxiety. This can happen because the higher a person's workload, the easier it is for anxiety or work stress to arise (Maharani & Budianto, 2019).

According to the World Health Organization (WHO) in 2014, in many countries 8% of work-related illnesses are depression. Research by the Occupational Medicine Masters Program FKUI (Faculty of Medicine, University of Indonesia) in the 1990s stated that work stress experienced by workers ranging from mild to severe complaints is around 30% (Karima, 2014).

According to the National Institute for Occupational Safety and Health (NIOSH), nurses are a profession at risk of stress, because nurses have very high duties and responsibilities for the safety of human life (patients). The nursing profession is specialized in individual patient care efforts with job demands depending on certain characteristics in carrying out their work, namely task and material characteristics such as (speed, equipment and readiness), in organizational characteristics such as working hours or work shifts and characteristics of the work environment such as friends, tasks, culture, temperature and noise (Ilyas et al., 2020).

According to the survey results of the Indonesian National Nurses Association (PPNI) in 2018, there were around 50.9% of nurses in Indonesia who had the potential to experience work stress, which was characterized by symptoms such as frequent dizziness, excessive fatigue, and disturbed rest caused by excessive workload and taking up a lot of nurses' time. Work stress can be linked to psychological and physical problems. Several things that can cause stress in nurses are high workload, risk of infection, family problems and inadequate facilities in the workplace (Mahastuti et al., 2019).

Nurses have many tasks to do compared to other professions. Health and social work professions rank first in experiencing the most stress, which is around 43% (Amelia et al., 2019). Nurses are part of the health services in hospitals as nursing staff who have an important role in providing nursing care according to the duties and functions of their units. Nurses are also divided based on their work units, namely poly nurses, emergency room nurses, inpatient nurses, ICU nurses, dental nurses and IBS nurses. The number of work units is continuous with the many tasks and the great responsibility of nurses in saving patients. It can be assessed that nurses have a high workload so that it can trigger work stress. One of the most at-risk work units is the IBS unit (Hadiansyah et al., 2019).

## RESEARCH METHOD

In this study, the researcher will use a quantitative descriptive research type with a Cross-sectional approach. According to (Hikmawati, 2018) descriptive research is research that is intended to collect information about the status of an existing symptom, namely the condition of the symptom according to what it is at the time the research is conducted without making conclusions that apply to the public. The type of quantitative research is research that emphasizes its analysis on numerical data and is processed using statistical methods (Siswanto, 2017). Cross-sectional is a type of research that emphasizes the measurement/observation of independent and dependent variable data only once at one time (Notoatmodjo, 2005).

This study was conducted to determine the level of work stress of nurses in the Central Surgical Installation Room of Jampangkulon Hospital. The population in this study were all nurses on duty in the Central Surgical Installation Room of Jampangkulon Hospital, totaling 28 people. The sampling technique used in this study was total sampling. The sample in this study were all nurses on duty in the Central Surgical Installation Room of Jampangkulon Hospital using sample criteria. Based on this, the number of samples required in this study was 28 samples which was the total of the research population taken. This study was conducted in the Central Surgical

Installation Room of Jampangkulon Hospital and the implementation time was December 6-13, 2024.

The research instrument used in this study was a job stress questionnaire developed by the National Institute of Occupational Safety and Health, namely the NIOSH Generic Job Stress Questionnaire (NIOSH, 2014). This questionnaire consists of 21 stress-causing variables and three stress indicators in the form of symptoms of psychological, physiological, and behavioral changes. Scoring is done by adding up the total score, then dividing it by the number of questions to get the average score of the mental demands variable for each individual. Then the average score of the variables of all respondents is added up and divided by the number of respondents to obtain the average population value for each variable. Furthermore, this value is compared with the median value of the total score of each variable.

Univariate analysis was conducted to describe the frequency distribution of each variable consisting of work stress, job factors (physical environment, role conflict, role ambiguity, interpersonal conflict, job uncertainty, lack of control, lack of job opportunities, amount of workload, workload variation, responsibility for others, unused abilities, mental demands, and work shifts), non-work factors (activities outside of work), individual factors (age, gender, marital status, length of service, type A personality and self-assessment) and supporting factors (social support). The analysis was conducted with the help of SPSS for Windows 20 data processing software.

## RESULTS AND DISCUSSIONS

### Results

The research results are described to find out the description of the level of work stress and the factors that influence work stress. Based on the collection and processing of data that has been done, the results of this study can be described as follows:

**Table 1.** Frequency distribution of work stress levels of nurses in the installation room central surgery of Jampangkulon Regional Hospital in 2024

Job Stress	Number (n)	Percentage (%)
Mild Stress	14	50%
Severe Stress	14	50%
Total	28	100%

Based on table 4.1, respondents who have a light level of work stress are as large as respondents who have a heavy level of work stress, namely 14 respondents each (50%).

**Table 2.** Frequency distribution of nurses' work stress levels based on individual factors in the central surgical installation room of Jampangkulon Regional Hospital in 2024

Individual Factors	Job Stress				Total		
	Mild Stress		Severe Stress		N	(%)	
	N	(%)	N	(%)			
Gender	Woman	7	25	4	14.3	11	39.3
	Man	7	25	10	35.7	17	60.7
Marital Status	Marry	12	42.9	14	50	26	92.9
	Not married yet	2	7.1	0	0	2	7.1
Level of education	D3	9	32.1	9	32.1	18	64.2

Individual Factors	Job Stress				Total		
	Mild Stress		Severe Stress		N	(%)	
	N	(%)	N	(%)			
S1	5	17.9	5	17.9	10	35.8	
S2	0	0	0	0	0	0	
Age	26-35 Years	5	17.9	5	17.9	10	35.8
	36-45 Years	9	32.1	9	32.1	18	64.2
	>45 Years	0	0	0	0	0	0
Years of service	< 5 Years	4	14.3	2	7.1	6	21.4
	5-10 Years	3	10.7	6	21.4	9	32.1
	>10 Years	7	25	6	21.4	13	46.4
Work unit	Surgical Nurse	9	32.1	10	35.8	19	67.9
	Nurse Anesthesia	2	7.1	1	3.6	3	10.7
	Recovery room nurse	4	14.3	2	7.1	6	21.4
Type A Personality	Tall	5	17.9	7	25	12	22.9
	Low	9	32.1	7	25	16	57.1
Self Assessment	Low	8	28.6	11	39.3	19	67.9
	Tall	6	21.4	3	10.7	9	32.1

Based on table 4.2, it is known that most of the respondents are male, 17 respondents (60.7%) with a mild stress level of 7 respondents (25%) and a severe stress level of 10 respondents (35.7%). The marital status variable is known that most of the respondents are married, 26 respondents (92.9%) with a mild stress level of 12 respondents (42.9%) and a severe stress level of 14 respondents (50%). Meanwhile, the level of education is S1, 10 respondents (35.8%) with a mild stress level of 5 respondents (17.9%) and a severe stress level of 5 respondents (17.9%). The age of the respondents is mostly in the 36-45 category, 18 respondents (64.2%) with a mild stress level of 9 respondents (32.1%) and a severe stress level of 9 respondents (32.1%). The most work period in the category > 10 years as many as 13 respondents (46.4%) with a mild stress level of 7 respondents (25%) and a severe stress level of 6 respondents (21.4%). The most work units in surgical nurses as many as 19 respondents (67.9%) with a mild stress level of 89 respondents (32.1%) and a severe stress level of 10 respondents (35.8%). In the low type A personality variable as many as 16 respondents (46.4%) with a mild stress level of 6 respondents (21.4%) and a severe stress level of 7 respondents (25%). Based on table 4.2, it is known that low self-assessment is 19 respondents (67.9%) with a mild stress level of 9 respondents (32.1%) and a severe stress level of 7 respondents (25%).

**Table 3.** Frequency distribution of work stress levels of nurses based on work factors in the central surgical installation room of Jampangkulon Regional Hospital in 2024

Job Factors	Job Stress		Total
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		Mild Stress		Severe Stress		N	(%)
		N	(%)	N	(%)		
Physical Environment	Disturbed	6	21.4	7	25	13	46.4
Role Inconsistency	Undisturbed	6	28.6	7	25	15	53.6
Intrapersonal Conflict	Heavy	9	32.1	11	39.3	20	71.4
job uncertainty	Light	5	17.9	3	10.7	8	28.6
lack of control	Light	9	32.1	11	39.3	20	71.4
	Heavy	5	17.9	3	10.7	8	28.6
	Not sure	5	17.9	7	25	12	42.9
employment Opportunity	Certain	9	32.1	7	25	16	57.1
	Lack of Control	3	10.7	3	10.7	6	21.4
Workload Variation	Have Control	11	39.3	11	39.3	22	78.6
	Low	3	10.7	3	10.7	6	21.4
Amount of workload and Responsibilities	Tall	11	39.3	11	39.3	22	78.6
	Light	7	25	5	17.9	12	42.9
Mental Demands	Heavy	7	25	9	32.1	16	57.1
	Light	1	3.6	8	28.6	9	32.2
Work Shift	Heavy	6	21.4	13	45.4	19	66.8
	Tall	7	25	8	28.6	15	53.6
	Low	7	25	6	21.4	13	46.4
	Shift	11	39.3	12	42.9	23	89.3
	No Shift	3	10.7	2	7.1	5	17.8

Based on table 4.3, it is known that the physical environment was disturbed by 13 respondents (46.4%) with a mild stress level of 6 respondents (21.4%) and a severe stress level of 7 respondents (25%). It was found that there were 20 respondents (71.4) with severe role conflict and role ambiguity, with 9 respondents (32.1%) with mild stress levels and 11 respondents (39.3%) with severe stress levels. Interpersonal Conflict was identified as mild interpersonal conflict as many as 20 respondents (71.4) with mild stress levels as many as 9 respondents (32.1%) and severe stress levels as many as 11 respondents (39.3%). Based on table 4.3, it is known that there are 12 respondents (42.9) with job uncertainty, with 5 respondents (17.9%) having a mild stress level and 7 respondents (25%) with a severe stress level. Meanwhile, the uncertainty of definite work was 16 respondents (57.1%) with a mild stress level of 9 respondents (32.1%) and a severe stress level of 7 respondents (25%). It is known that there is a lack of control of 6 respondents (21.4%).) the number of mild and severe stress levels is the same, namely 3 respondents (10.7%). Based on table 4.3, it is known that the lack of low job opportunities is 6 respondents (21.4) the number of mild and severe stress levels is the same, namely 3 respondents (10.7%). Meanwhile, the variation of light workload was 12 respondents (42.9) with a light stress level of 7 respondents (25%) and a heavy stress level of 5 respondents (17.9%). It is known that the amount of workload and light responsibility towards others as many as 9 respondents (32.2) with a light stress level of 1 respondent (3.6%) and a heavy stress level of 8 respondents (28.6%). And it is known that there are 15 respondents (56.6.2) with a light stress level of 7 respondents (25%) and a heavy stress level of 8 respondents (28.6%). And most nurses have work shifts with shifts namely 23 nurses (89.3%), with a mild stress level of 11 respondents (39.3%) and a severe stress level of 12 respondents (42.9%).

**Table 4.** Frequency distribution of nurses' work stress levels based on factors outside of work in the central surgical installation room of Jampangkulon Regional Hospital in 2024

Activities outside work	Mild Stress		Severe Stress		Total	
	N	(%)	N	(%)	N	(%)
<b>Tall</b>	1	3.6	4	14.3	5	17.9

<b>Low</b>	13	46.4	10	35.7	23	82.1
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Based on table 4.4, it shows that most respondents have low activities outside of work as many as 23 respondents (82.1%), 13 respondents (46.4%) with mild stress levels and 10 respondents (35.7%) with severe stress levels. While respondents with high activities as many as 5 respondents (17.9%), 1 respondent (3.6%) with mild stress levels and 4 respondents (14.3%) with severe stress levels.

**Table 5.** Frequency distribution of nurses' work stress levels based on supporting factors in the central surgical installation room at Jampangkulon Regional Hospital in 2024

Social Support	Mild Stress		Severe Stress		Total	
	N	(%)	N	(%)	N	%
<b>Low</b>	5	17.8	7	25	12	42.8
<b>Tall</b>	9	32.2	7	25	16	57.2

Based on table 4.5, it shows that most respondents have high social support as many as 16 respondents (57.2%), 9 respondents (32.2%) with mild stress levels and 7 respondents (25%) with severe stress levels. While respondents with low social support as many as 12 respondents (42.8%), 5 respondents (17.8%) with mild stress levels and 7 respondents (25%) with severe stress levels.

## Discussion

Overview of the level of work stress of nurses in the Central Surgical Installation Room of Jampangkulon Regional Hospital in 2024 Based on the results of the study, work stress in the central surgical installation room of Jampangkulon Regional Hospital showed that respondents with the mild stress category were as large as the high stress category of 14 respondents with a percentage (50%). According to Handoko, quoted in (Febriani, 2017), work stress is the influence of a person's thought process, emotions, and condition due to a condition of tension, as a result of stress that exceeds the limit can threaten a person's ability to face the environment and this can interfere with the implementation of his/her duties. According to (SJAHRANIE & AZIZAH, nd) Factors that influence work stress are individual factors, work factors, non-work factors and social support. The health profession and social workers are in the first place that experience the most stress, which is around 43% (Amelia et al., 2019). Nurses are part of the health service in the hospital as nursing staff who have an important role in providing nursing care according to the duties and functions of their unit. The number of work units is continuous with the many tasks and the great responsibility of nurses in saving patients. It can be assessed that nurses have a high workload which can trigger work stress. One of the work units that is most at risk is the IBS unit (Hadiansyah et al., 2019).

The description of individual factors related to work stress consists of seven variables including age, gender, marital status, length of service, work unit, type A personality, and self-assessment. Gender is a biological and physiological characteristic that distinguishes between men and women (WHO, 2016). In relation to stress, women tend to experience greater stress where hormonal changes occur in a woman's body. The results of the study showed that most of the respondents were male, 17 respondents (60.7%) and 10 respondents experienced severe stress, 35.7%. When viewed from the number of nurses who were respondents in this study, it is known that the number of female nurse respondents is greater than that of male nurse respondents. So that the proportion of male and female nurse respondents is not proportional and cannot describe the actual difference in stress. Meanwhile, according to Sugeng (2015), the absence of a relationship between gender and work stress is caused by the absence of consistent differences in men and women in terms of thinking ability, solving problems, adjusting to the work environment, motivation, skills and analysis.

Individuals who are unmarried have a higher risk of experiencing work stress compared to individuals who are married (Ismar et al., 2011). This is because married workers get emotional support from their partners that unmarried workers do not. However, the effect of marital status on work stress will only have a positive effect if the marriage is going well (Karima, 2014). From the results of the study, most respondents were married 92.9% and unmarried respondents 39.2% while the level of severe stress was higher in married respondents, namely 50%. This is due to problems that often occur in families, especially because most respondents are young families who still have toddlers. Family conditions that require special attention such as when a child or partner is sick while having to continue working can be stressful for nurses who are married. This is supported by (Santrock, 2011) which states that family can be one of the factors that can trigger stress. This research is in line with research conducted by (Aiska, 2014) which states that 94.3% of married nurses tend to experience higher work stress compared to unmarried nurses.

Education level is a person's experience in developing abilities and increasing intellectuality, which means that the higher the level of education, the higher the level of knowledge and expertise. The level of education affects critical thinking and reasoning, so that individuals are increasingly able to solve problems, overcome the pressure or workload they face, are able to adapt to their work, and ultimately are able to control the stress they experience. From the results of the study, it was found that the majority of respondents' education levels were D-III as many as 18 respondents (64.2%) and severe stress levels as many as 9 respondents (32.1%). The level of education will affect the quality of work. The lowest quality can result in increased workload and cause stress (Mangkunegara, 2022). Ismafiaty (2013), almost all nurses with D-III education experience higher work stress compared to nurses with higher educational backgrounds, this is because the higher a person's education, the more knowledge they have so they will be better able to overcome the stress that occurs in themselves compared to those with lower education. This study is in line with research (Muthmainah, 2012).

Age is the length of an individual's life, calculated from birth to their last birthday. Age is a risk that can significantly increase work stress (Al Rasasi et al., 2015). The older a person is, the more mature they will be, their mental maturity will increase and they will be more capable of carrying out their duties and responsibilities. As they get older, their ability to make decisions, think rationally, become wiser, be able to control their emotions, be more tolerant, and be open to the views or opinions of others will increase so that their resistance to stress will increase (Sugeng et al., 2015). The results of the study showed that the most respondents were in the 36-45 year age category, as many as 18 respondents (64.2%), while the mild and severe stress levels were the same, namely 9 respondents (32.1%). Age factors are indeed difficult to analyze alone because there are still many other individual factors that influence work stress. In addition, with increasing age, experience and knowledge will improve as well as a greater sense of responsibility, all of which will be able to cover up deficiencies in adapting. According to (Ibrahim et al., 2016) shows that respondents who experience the most stress are under 40 years old. This shows that workers under 40 years old experience more work stress than workers over 40 years old. Workers who are in the old age group or over 40 years old can be said to have more ability to control stress.

Work period related to work stress is related to causing work saturation. Workers who have worked for more than five years usually have a higher level of work saturation compared to new workers. This saturation can then have an impact on the emergence of stress in the workplace (Munandar, 2001). From the results of the study, the highest work period was in the category > 10 years as many as 13 respondents (46.4%), the highest level of severe stress was in the 5-10 years of work period, namely 6 respondents (21.4%). Based on the results of the study, it is known that work period does not show a significant attachment to work stress. The results of this study are in line with research conducted by Ibrahim (2016), Sahraian (2013), and Ismafiaty (2013). New or old work periods can trigger work stress. Stress that arises due to long work periods can be caused by boredom that arises from monotonous work routines (Ibrahim, 2016).

Work Unit is the work unit of the direct superior as the place where the person concerned carries out duties in the organization. From the results of the study, it is known that the most work units are surgical nurses with 19 respondents (67.9%) with a mild stress level of 9 respondents (32.1%) and a severe stress level of 10 respondents (35.8%). While the recovery room nurse work unit has 6 respondents (21.4%) with a mild stress level of 4 respondents (14.3%) and a severe stress level of 2 respondents (7.1%). And the anesthesia nurse work unit has 3 respondents (10.7%) with a mild stress level of 2 respondents (7.1%) and a severe stress level of 1 respondent (3.6%).

Personality is one of the triggers for interpersonal conflict. In terms of psychology, personality is divided into two types, namely Type A and Type B personality. This personality type is based on the stress experienced by a person. Type A personality is a behavior that is more directed towards aggressive competitive, assertive, selfish, impatient perfectionist, and polyphasic actions. Type B personality is the opposite of type A personality with characteristics that are less aggressive, less competitive, patient, not ambitious, monophasic, and relaxed. The results of the study showed that type A personality was mostly low, namely 16 respondents (46.4%), while the level of severe stress was 7 respondents (25%), namely in the high type A personality category. The results of Satrio's study (2017) stated that respondents who experienced work stress mostly had high type A personality with a percentage of 56.1%. However, the type A personality variable was not significantly related to work stress in this study with a p-value of 0.501. The available break time can be used for hobbies, meditation, art, listening to music, playing games and other open activities (Hasibuan, 2008).

Self-assessment is an individual's perception of his/her abilities, success and worthiness. If someone has a positive self-concept, then he/she has a high self-assessment so that he/she can develop himself/herself in facing conditions, situations or events that disturb, pressure or threaten him/her, as a result he/she will experience low work stress. Conversely, if he/she has a low self-assessment in facing conditions, situations or events that disturb, pressure or threaten him/her in his/her work, then he/she will experience high work stress because his/her self-confidence is low (Munandar, 2018). The results of the study showed that most of the self-assessments were low, namely 67.9% with a high stress level of 25%. This is in line with the research of Arats (2014) which stated that there is a relationship between self-assessment and work stress where low self-assessment will cause high stress levels, while if self-assessment is high, the stress level will be lower.

Description of work stress levels based on work factors in the Central Surgical Installation Room of Jampangkulon Regional Hospital in 2024. In this study, the work factors studied consisted of the physical environment, role conflict and role ambiguity, interpersonal conflict, job uncertainty, lack of control, lack of job opportunities, amount of workload, variation in workload, responsibility for others, unused abilities, mental demands and work shifts.

Physical working conditions have an influence on the physiological and psychological conditions of a worker. Physical conditions can be stressors such as noise, vibration, and hygiene in the working environment (Revalicha, 2014). From the results of the study, the physical environment was mostly undisturbed 53.6% with a mild stress level of 28.4%. Poor physical environmental conditions caused 61.9% of nurses to have work stress. This is in line with the results of the study (Dewi & Netra, 2015) which shows that the environmental conditions that are at risk of causing work stress in nurses are as much as 79.3%. According to Budiyanto and Pratiwi (2015), a poor physical environment is related to work stress.

Role conflict can be one of the important causes of stress for some people, and role ambiguity is felt when nurses do not have enough information to carry out their duties. While role ambiguity is a lack of understanding of the rights, privileges, and obligations that a person has to carry out work. Role ambiguity is felt if a worker does not have enough information to be able to carry out their duties, or does not understand or realize the expectations related to a particular role (Munandar, 2018). From this study, role conflict and role ambiguity were most severe, namely

71.4% with a high level of stress of 11 respondents 39.3%. High role ambiguity leads to social tension in the form of low job satisfaction, decreased health conditions and a sense of being threatened by superiors and colleagues (Munandar, 2018). Effective communication can be carried out between superiors and subordinates at every briefing held before starting work.

According to Aisyah et al (2010), interpersonal conflict is a form of conflict that occurs in an organization caused by differences in goals, communication errors, work activity dependencies, differences in assessment and effective errors. Nursing services are services related to services, so interpersonal conflict can occur when nursing care is not carried out properly (Apriana et al, 2016). Based on the results of observations, it is known that the conflict occurred due to the patient's family demanding quick treatment for their sick family. For example, when a nurse is performing an action on a patient, then another patient's family in the same room calls and demands that the nurse immediately perform an action on their sick family. Without realizing it, this is a common occurrence and can trigger work stress in a nurse. The results of the study showed that most interpersonal conflicts were in the mild category, namely 71.4% and at a mild stress level, namely 32.1%. The results of the study showed that the higher the interpersonal conflict experienced by nurses, the greater the work stress experienced. These results are in line with several studies, including those conducted by (Laelasari & Kurniawidjaja, 2016) which shows that people with poor interpersonal relationships tend to experience work stress 9.4 times more than those with good interpersonal relationships. Next is the research (Martha, 2016) which shows that poor interpersonal relationships can increase work stress in nurses.

Fear of losing a job and the threat that one's job is no longer needed are common things that can happen in work life. This happens because of reorganization to deal with environmental changes such as the use of new technology that requires new work skills. Every reorganization creates job uncertainty, which is a potential source of stress (Munandar, 2018). The results of the study showed that job uncertainty was mostly in the definite category, namely 57.1% and most were at a mild stress level, namely 32.1%. According to (Indrawan, 2009) Job uncertainty can be in the form of the opportunity to lose a job, the possibility of the job not being done anymore, unclear career paths and small opportunities for promotion and promotion. This uncertainty in the organization will confuse employees and disrupt employee performance. Therefore, nursing management needs to take control steps to reduce the concerns felt by nurses. Control steps that can be taken by establishing a clear work contract regarding worker status, respecting worker rights and appreciating the results of the work that has been done (ILO, 2016).

Job control is a combination of demands in a job with wisdom in using the abilities possessed. The combination of high job demands with low job control can cause high stress and cause various health problems. Nurses are one of the workers who are considered to be at risk of experiencing high stress (Landy, 2016). From the results of the study, it is known that the lack of control is mostly in the category of having control, namely 78.6% with the same level of mild and severe stress, namely 39.3%. This is in line with the results of Karima's study (2014) which stated that there is no relationship between lack of control and work stress because low freedom in exercising control over feelings of lack of control can arise when doing work that is very rigid and full of rules where workers are unable to get input into work decisions so that it can cause work stress (Ardani, 2020). Therefore, attention is needed from the nursing management to prevent work stress in nurses.

Feelings of worry due to lack of employment opportunities can trigger mental health disorders, emotional instability, and anxiety. The higher the workers' worries about the lack of employment opportunities, the more work stress they experience will increase (Karima, 2014). The results of the study showed that most had high employment opportunities, namely 78.6%, and the levels of mild and severe stress were the same, namely 11 respondents (39.3%). This is in line with research (Mehta & Singh, 2014) which states that anxiety due to lack of job opportunities that occurs continuously can cause health problems for individuals who experience it. Therefore, nurses

are expected to be able to overcome their feelings of anxiety by doing mind-calming techniques. This technique is a thinking process in the form of planning, remembering and reasoning continuously which is done in a conscious state (Munandar, 2018).

Workload variation is related to the various types of work given to workers with different ability demands. Workload variation can be one of the causes of stress in workers. This happens when workers feel unable to carry out the task. Diverse task demands that are not in accordance with the competencies and skills possessed by employees will have an impact on work stress (Soegiono, 2010). The results of the study showed that most of the variations in workload were heavy at 57.1% and the level of stress was severe at 32.1%. In general, variations in the workload of nurses in inpatient installations include providing direct care services based on the care process, carrying out care actions and evaluating according to patient problems, implementing medical programs, paying attention to the balance of patient needs (both physically, mentally and spiritually), providing a sense of security and comfort, maintaining the room (cleanliness, security, comfort, and beauty), accompanying visiting doctors and recording programs to be implemented, making daily reports, creating and maintaining interpersonal relationships, carrying out handovers of responsibility verbally and in writing, and assisting the head of the room in administrative room management (Maharja, 2015). The variety of workloads requires nurses to have various abilities and focus not only on one job. When job demands vary greatly and exceed the abilities possessed, this can cause complaints of work stress in nurses. This is in line with Soegiono's research (2010) which states that diverse task demands will have an impact on work stress. The same thing was expressed by Sumarni (2011) where nurses are required to carry out various nursing actions strictly, quickly and precisely on patients. Such as the results of the study which showed that 77.2% of nurses are required to think quickly while working.

Quantitative overload can create the need to work for a very large number of hours, which is an additional source of stress (Munandar, 2018). And responsibilities in work are divided into two, namely responsibility for objects and responsibility for others. Responsibility for others can significantly trigger coronary heart disease compared to holding responsibility for objects. The older and higher their responsibilities, the greater the likelihood of symptoms of coronary heart disease (Cooper, 2020). From the results of the study, the amount of workload and responsibility for others was heavy, namely 66.8% and the level of severe stress was 45.4%. These results are in line with research conducted by Supriatna (2014) which stated that responsibility for others is one of the factors that causes work stress in nurses at the Muhammadiyah Hospital in Bandung.

The forms of nurses' responsibilities include responsibility for safety, namely keeping patients in a calm condition, responsibility for patient needs, namely providing the best possible care according to patient needs during the healing period, moral responsibility to care for patients with compassion and a caring attitude, and the many work responsibilities that must be carried out according to the expectations of others so that others feel satisfied with the work that has been done (Supriatna, 2014). Based on the results of further research, it is known that nurses feel they have a responsibility towards others, the forms of this responsibility include responsibility for the future (40.4%), security (45.6%), morals (45.6%), welfare and the lives of others (42.1%). Therefore, it is necessary to improve the skills of nurses in providing nursing care to patients. Because high responsibility accompanied by the ability to control well will be able to reduce work stress experienced (Aldwin et al., 2007).

Mental demands are a significant source of stress, especially in jobs that require direct interaction with clients, especially in the service sector. In general, the standards applied require workers to always be friendly to the clients they encounter. However, jobs that require good emotional conditions are closely related to low levels of worker mental well-being (Koradecka, 2010). From the research results, it is known that mental demands are mostly high, namely 56.6%, and the level of severe stress is 28.6%.

In general, what is meant by work shifts is all arrangements for working hours, as a replacement or addition to the usual daytime work (Nurliasari et al., 2023). According to (Firmana & Hariyono, 2011), shift workers complain more often about fatigue and stomach upset than morning/afternoon workers and the impact of shift work on eating habits that may cause stomach upset. From the results of the study, most nurses have shift work with shifts, namely 89.3%, and a high stress level of 42.9%.

Non-work activities are a potential stress-generating category that includes all elements of a person's life that can interact with life and work events within an organization, and thus put pressure on the individual (Munandar, 2018). The results of this study indicate that most respondents have low non-work activities of 82.1%, with a mild stress level of 46.4% and a severe stress level of 35.7%. Meanwhile, respondents with high activities were 17.9%, with a mild stress level of 3.6% and a severe stress level of 14.3%. Non-work activities such as personal life events can be a pressure for individuals in doing their jobs. As stress at work has a negative impact on family and personal life. However, personal life events can alleviate the effects of organizational stressors. Therefore, nurses can increase non-work activities in order to get social support that functions as a buffer against stress due to work (Munandar, 2018).

Social support is the pleasure, help, or information that a person receives through relationships, formal and informal, with others or groups. Social support is considered capable of protecting or buffering individuals from the negative consequences of stressors. The higher the social support given, the fewer health complaints are caused (Gibson et al., 1987).

The results of the study showed that most respondents had high social support of 57.2%, with a mild stress level of 32.2% and a severe stress level of 25%. While respondents with low social support were 42.8%, with a mild stress level of 17.8%, and with a severe stress level of 25%.

Good social support can have a positive impact on workers' health. This is because a good environment can prevent the emergence of factors that can cause stress. In addition, if there are many sources of stress in the work environment, social support can be a buffer against the negative impact of sources of stress in the environment Koradecka in SBP Rachman (2017).

Several research results state that low social support can increase health risks such as stress, cardiovascular disease, general mental disorders, depression (Eurofound, 2020). Research conducted by Nurazizah (2017) states that there is a relationship between social support and work stress with a negative correlation where the lower the social support, the higher the work stress in workers.

## CONCLUSION

Based on the results of research conducted on nurses in the Central Surgical Installation Room of Jampangkulon Regional Hospital in 2024, it can be concluded that the distribution of light and heavy work stress in nurses in the Central Surgical Installation Room of Jampangkulon Regional Hospital in 2024 showed the same percentage, namely 50%.

The description of work stress based on individual factors in nurses in the Central Surgical Installation Room of Jampangkulon Regional Hospital in 2024 includes the majority of respondents being male with a percentage of 60.7% and experiencing severe work stress with a percentage of 35.7%. Most respondents have a marital status of being married with a percentage of 92.9% and severe work stress with a percentage of 50%. Most respondents have a D-III education level with a percentage of 64.2%, and severe work stress with a percentage of 32.1%. Most respondents are 36-45 years old with a percentage of 64.2%, with light and severe work stress with the same percentage of 32.1%. Most respondents have a work period of > 10 years with a percentage of 46.4%, and severe work stress is mostly in the 5-10 year work period with a percentage of 21.4%. Most of the respondents' work units are in surgical nursing with a percentage of (60.7%), and severe work stress with a percentage of 32.1%. Most respondents have low type A personality with a percentage of (46.4%), and heavy work stress with a percentage of 25%, namely in high type A

personality. Most respondents have low self-assessment with a percentage of 67.9%, and heavy work stress with a percentage of 25%.

The description of work stress based on work factors in nurses in the Central Surgical Installation Room of Jampangkulon Regional Hospital in 2024 includes the majority of respondents considering the physical environment in the work area to be undisturbed with a percentage of 53.6%, and experiencing light work stress with a percentage of 28.4%. Most respondents have role conflict and severe role ambiguity with a percentage of 71.4% and severe work stress with a percentage of 39.3%. Most respondents have interpersonal conflict with a percentage of 71.4% and mild work stress with a percentage of 32.1%. Most respondents have job uncertainty with a percentage of 57.1% and mild work stress with a percentage of 32.1%. Most respondents have control with a percentage of 78.6% and mild and severe work stress are the same with a percentage of 39.3%. Most respondents have high job opportunities with a percentage of 78.6% and mild and severe work stress are the same with a percentage (39.3%). Most respondents have a variation in heavy workload with a percentage of 57.1% and experience severe work stress with a percentage of 32.1%. Most respondents have a heavy workload and responsibility with a percentage of 66.8% and heavy work stress with a percentage of 45.4%. Most respondents have high mental demands with a percentage of 56.6%, and heavy work stress with a percentage of 28.6%. Most respondents have work shifts with a percentage of 89.3%, and heavy work stress with a percentage of 42.9%.

The description of work stress based on factors outside of work in nurses in the Central Surgical Installation Room of Jampangkulon Regional Hospital in 2024 showed that most respondents had low activities outside of work with a percentage of 82.1%, and mild stress levels with a percentage of 46.4%.

The description of work stress based on supporting factors in nurses in the Central Surgical Installation Room of Jampangkulon Regional Hospital in 2024 shows that most respondents have high social support with a percentage of 57.2%, with a mild stress level with a percentage of 32.2%.

## References

- A.A. Anwar Prabu Mangkunegara. (2022). *Manajemen Sumber Daya Manusia Perusahaan*. Bandung: PT Remaja Rosdakarya.
- Aiska, S. (2014). *ANALISIS FAKTOR-FAKTOR YANG BERPENGARUH PADA TINGKAT STRES KERJA PERAWAT DI RSJ GRASIA YOGYAKARTA*. Universitas Muhammadiyah Yogyakarta.
- Aisyah, M. F., Utami, W., Sunardi, S., & Sudarsih, S. (2017). Kualitas Sumber Daya Manusia, Profesionalisme Kerja, Dan Komitmen Sebagai Faktor Pendukung Peningkatan Kinerja Karyawan <https://doi.org/10.19184/ejeba.v4i1.4753>
- Al Rasasi, A., Al Faisal, W., El Sawaf, E., Hussain, H., & Wasfy, A. (2015). Work-related stress among nurses working in Dubai, a burden for healthcare institutions. *American Journal of Psychology and Cognitive Science*, 1(2), 61-65.
- Aldwin, C. M., Park, C. L., & Spiro, A. (2007). *Handbook of health psychology and aging*. Guilford Press.
- Amelia, A. R., Andayanie, E., & Alifia, A. N. (2019). Gambaran stres kerja pada perawat di ruang rawat inap jiwa Rumah Sakit Khusus Daerah Provinsi Sulawesi Selatan. *Prosiding Seminar Nasional Sinergitas Multidisiplin Ilmu Pengetahuan Dan Teknologi*, 2, 35-43.
- priana, Rista, Menik Kustriyani, Rakhma Dwi Augustin. 2018. Hubungan Komunikasi Interpersonal terhadap Burn Out Karyawan PT. Erela. *Jurnal Empati*. Vol. 1. No. 2. Hal. 1-14.
- Ardani, Tristiadi Ardi. (2020). Strategi Coping terhadap Stres Kerja di Lingkungan Karyawan STAIN Malang. *Psikoislamika*,
- Budiyanto, T., & Pratiwi, E. Y 2015, Hubungan Kebisingan Dan Massa Kerja Terhadap Terjadinya Stres Kerja Pada Pekerja Di Bagian Tenun Agung Saputra Tex Piyungan Bantul Yogyakarta, *Jurnal Kesehatan Masyarakat (Journal of Public Health)*, 4(2), 126-135, <https://doi.org/10.12928/kesmas.v4i2.2258>
- Cooper, C.L. (2020). *From Stress to Wellbeing*. New York: Palgrave Macmillan.
- Dewi, P. E. L., & Netra, I. G. S. K. (2015). *Pengaruh stres kerja dan motivasi kerja terhadap kepuasan kerja karyawan pada Matahari Bungalow Restaurant and Spa Legian Kuta-Bali*. Udayana University.
- Eurofound. (2020). Living, working and COVID-19: First findings. Eurofound, April, 1-11.

- <https://www.eurofound.europa.eu/topic/covid-19>
- Febriani, S. (2017). Gambaran Stres Kerja Pada Perawat Di Ruang Rawat Inap Bagian Perawatan Jiwa Rumah Sakit Khusus Daerah Provinsi Sulawesi Selatan Tahun 2017. *Skripsi. Universitas Islam Negeri Alauddin Makassar*.
- Firmana, A., & Hariyono, W. (2011). Hubungan shift kerja dengan stres kerja pada karyawan bagian operation PT. Newmont Nusa Tenggara Di Kabupaten Sumbawa Barat. *Kes Mas: Jurnal Fakultas Kesehatan Masyarakat Universitas Ahmad Daulan*, 5(1), 24992.
- Gibson, J. L., Ivancevich, J. M., Donnely, J. H., & Dharma, A. (1987). *Organisasi: perilaku, struktur, proses*. Penerbit Erlangga.
- Goni, D. D., Kolibu, F. K., & Kawatu, P. A. T. (2019). Pengaruh Stres Kerja Terhadap Kinerja Tenaga Kesehatan di Puskesmas Mubune Kecamatan Likupang Barat Minahasa Utara. *KESMAS: Jurnal Kesehatan Masyarakat Universitas Sam Ratulangi*, 8(6).
- Hadiansyah, T., Pragholapati, A., & Aprianto, D. P. (2019). Gambaran stres kerja perawat yang bekerja di unit gawat darurat. *Jurnal Keperawatan BSI*, 7(2), 52-58.
- Hasibuan, M. S. P. (2008). *Manajemen sumber daya manusia*.
- Ibrahim, H., Amansyah, M., & Yahya, G. N. (2016). Faktor-faktor yang berhubungan dengan stres kerja pada pekerja factory 2 pt. maruki internasional indonesia makassar tahun 2016. *Al-Sihah: The Public Health Science Journal*.
- ILO. (2016). *Psychosocial Risk and Work-related Stress*.
- Ilyas, L. A., Rahim, M. R., & Awaluddin, A. (2020). Faktor yang Berhubungan dengan Stres Kerja pada Perawat di Rumah Sakit Umum Daerah Sayang Rakyat Makassar. *Hasanuddin Journal of Public Health*, 1(2), 191-200.
- Indrawan, Rifky. (2012). Pengaruh Konflik Peran terhadap Stres Kerja dengan Ketidakpastian dan Kepuasan Kerja Sebagai Variabel Mediasi. Universitas Sebelas Maret.
- Indrawan, R. (2009). *Pengaruh konflik peran terhadap stres kerja dengan ketidakpastian dan kepuasan kerja sebagai variabel mediasi" (studi pada PT. Air mancur Karanganyar)*.
- Ismar, R., Amri, Z., & Sostrosuhardjo, D. (2011). Stres kerja dan berbagai faktor yang berhubungan pada pekerja call center pt. "x" di jakarta. *Majalah Kedokteran Indonesia*, 61(1), 1-28.
- Ismafiaty. (2013). Hubungan Antara Strategi Koping Dan Karakteristik Perawat Dengan Stres Kerja Di Ruang Perawatan Intensif Rumah Sakit Dustira Cimahi. *Jurnal Kesehatan Kartika*. Vol. 6 No. 2. 122- 129
- Karima, A. (2014). *Faktor-faktor yang berhubungan dengan stress kerja pada pekerja di PT X tahun 2014*.
- Koradecka, D. (2010). *Handbook of occupational safety and health*. CRC Press.
- Laelasari, E., & Kurniawidjaja, L. M. (2016). Faktor Kondisi Pekerjaan yang Mempengaruhi Stress Kerja Pada Pegawai Negeri Sipil di Badan Litbang Kesehatan, Kementerian Kesehatan. *Jurnal Ekologi Kesehatan*, 15(2), 127-139.
- Landy, F. J., & Conte, J. M. (2016). *Work in the 21st century: An Introduction to Industrial and Organizational Psychology (fourth edition)*. United States of America: John Wiley & Sons Inc.
- Maharani, R., & Budianto, A. (2019). Pengaruh beban kerja terhadap stres kerja dan kinerja perawat rawat inap dalam. *Journal of Management Review*, 3(2), 327-332.
- Maharja, R. (2015). Analisis tingkat kelelahan kerja berdasarkan beban kerja fisik perawat di instalasi rawat inap rsu haji surabaya. *The Indonesian Journal of Occupational Safety and Health*, 4(1), 93-102.
- Martha, A. R. A. (2016). *Beban Kerja Mental, Shift Kerja, Hubungan Interpersonal dan Stres Kerja pada Perawat Instalasi Intensif di RSD dr. Soebandi Jember*.
- Mehta, R. K., & Singh, I. K. (2014). Stress among nurses working in critical care areas at a tertiary care teaching hospital, Nepal. *Journal of Chitwan Medical College*, 4(4), 42-48.
- Munandar, A. S. (2001). *Psikologi industri dan organisasi*.
- Muthmainah, I. (2012). Faktor-Faktor Penyebab Stres Kerja di Ruangan ICU Pelayanan Jantung Terpadu Dr. Cipto Mangunkusumo Jakarta. *Cipto Mangukusuma Depok Fak Ilmu Keperawatan Progr Stud Sarj Keperawatan*.
- NIOSH. (2014). *Niosh Generic Job Stress Questionnaire*.
- Notoatmodjo, S. (2005). *Metodologi penelitian kesehatan*.
- Nurliasari, S. Y., Inayah, Z., Sutarjo, A., & Bowo, E. A. (2023). HUBUNGAN SHIFT KERJA DENGAN STRES KERJA PADA PERAWAT RUANG RAWAT INAP DI RS MUHAMMADIYAH LAMONGAN. *Jurnal Medika Malahayati*, 7(3), 851-859.
- Revalicha, N. S. (2014). *Perbedaan stres kerja ditinjau dari shift kerja pada perawat di RSUD Dr. Soetomo Surabaya*. UNIVERSITAS AIRLANGGA.

- Santrock, J. W. (2011). *Educational psychology*. McGraw-Hill.
- Satrio, dkk. (2017). *Buku Ajar Keperawatan Jiwa*. Lampung: LP2M
- SBP Rachman (2017). *Faktor Determinan Terhadap Stres Kerja Pada Pekerja Bagian Produksi Di Pt Indogravure Tahun 2017*.
- SJAHRANIE, W., & AZIZAH, A. N. U. R. (n.d.). *POLITEKNIK KESEHATAN KEMENTRIAN KESEHATAN KALIMANTAN TIMUR JURUSAN KEPERAWATAN PRODI D-III KEPERAWATAN SAMARINDA*.
- Soegiono, P. (2010). Pengaruh Kepemimpinan, Tuntutan Tugas dan Karier Staknan terhadap Stres Kerja, dan Dampaknya bagi Komitmen Organisasi dan Organization Citizenship Behavior Karyawan PT Alfa Retailindo Surabaya. *Jurnal Aplikasi Manajemen*, 8(2), 446-454.
- Sugeng, S. U., Hadi, H. T., & Nataprawira, R. K. (2015). Gambaran tingkat stres dan daya tahan terhadap stres perawat instalasi perawatan intensif di Rumah Sakit Immanuel Bandung. *Jurnal Fakultas Kedokteran Universitas Kristen Maranatha*, 1-10.
- Sumarni, Tri., Suandika, Made., & Lintang, Roro. (2011). Hubungan antara Beban Kerja Perawat dengan Stres Kerja Perawat di Bangsal Bedah Rumah Sakit Umum daerah dr. R. Goeteng Tarunadibrata Purbalingga. Purwpekerto: STIKES Harapan Bangsa.
- Supriatna, Soni., Yuniar., & Desrianty, Arie (2014). Usulan Strategi Peningkatan Performansi Kerja Perawat Berdasarkan Faktor Pemicu Stres dengan Menggunakan Dimensi Greenberg. *Jurnal Online Institut Teknologi Nasional*, 1 (2).
- WHO. (2016). *Gender, woman and health*