
Job Stress and Performance Among Inpatient Nurses: A Hospital-Based Study in Mojokerto, East Java, Indonesia

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Abstract

Introduction: Job stress is widely recognized as a critical occupational factor influencing nurses' performance, particularly within hospital settings characterized by high patient acuity, rapid decision-making demands, and complex clinical responsibilities. Persistent exposure to occupational stressors may compromise both individual performance and the overall quality of healthcare delivery. This study aimed to examine the relationship between job stress and the performance of inpatient nurses at selected hospital in East Java, Indonesia.

Methodology: A quantitative approach employing a correlational research design was adopted. The study sample comprised 50 inpatient nurses selected through random sampling. Data were collected using two structured self-administered questionnaires: a job stress instrument assessing the level of occupational stress, and a nurse performance instrument evaluating work effectiveness and quality of care delivery. Statistical analysis was conducted using the Pearson correlation test to determine the association between job stress and nurse performance.

Result: The findings revealed a statistically significant negative correlation between job stress and nurse performance ($r = -0.68, p < 0.05$). This indicates that higher levels of occupational stress were associated with lower levels of performance among inpatient nurses. Key stressors identified included excessive workload, emotional strain related to patient care, and insufficient social support within the work environment. The magnitude of the correlation suggests a strong inverse relationship, underscoring the substantial impact of stress on clinical performance outcomes.

Discussion: The results highlight the importance of effective stress management strategies within hospital settings. Interventions such as structured psychological support programs, stress management training, workload optimization, and strengthened peer support systems may contribute to reducing occupational stress and enhancing nurse performance. Addressing job stress systematically is essential not only for improving individual work outcomes but also for sustaining high standards of patient care and organizational effectiveness.

Keywords: nurse work stress, nurse performance, job stress, occupational stress, hospital, job performance

1. Introduction

Job stress is widely acknowledged as a significant psychosocial hazard in modern workplaces, particularly within high-demand service sectors such as healthcare. It refers to the physiological and psychological responses that arise when work demands exceed an individual's coping capacity (Lazarus & Folkman, 1984). From an organizational psychology standpoint, stress is understood as a transactional process shaped by the interaction between environmental pressures and individual cognitive appraisal rather than merely exposure to demanding tasks. When prolonged or insufficiently managed, job stress may undermine psychological well-being, reduce job satisfaction, and ultimately impair work performance. Within healthcare institutions, this concern is especially salient given its direct implications for both staff functioning and patient safety.

Nurses in inpatient settings constitute one of the professional groups most vulnerable to chronic job stress. Their responsibilities encompass continuous patient monitoring, substantial clinical accountability, emotional labor, and complex decision-making, often compounded by staffing shortages, shift rotations, administrative workload, and interprofessional tensions (Shirey, 2006; McVicar, 2016). The Job Demand Resources (JD-R) model suggests that excessive job demands such as workload and emotional strain can result in burnout when not balanced by adequate organizational resources (Bakker & Demerouti, 2007). Similarly, Gibson's theory of individual performance posits that performance outcomes are determined by the interaction between individual characteristics, psychological processes, and organizational context (Gibson et al., 2012). Within this framework, job stress may disrupt cognitive functioning, emotional regulation, and motivational processes, thereby diminishing both task execution and interpersonal effectiveness.

Empirical evidence consistently demonstrates the adverse effects of job stress on nursing performance. Babapour et al. (2022) identified that higher stress levels were associated with reduced caring behaviors and poorer quality of life among nurses. Sustained exposure to stress has further been linked to emotional exhaustion, depersonalization, and reduced personal accomplishment which is the core dimensions of burnout (Maslach & Jackson, 1981). Burnout, in turn, has been associated with decreased clinical accuracy, impaired communication, and lower patient satisfaction (Dall'Ora et al., 2020). Beyond individual outcomes, job stress also influences broader organizational indicators, including absenteeism, turnover intention, and healthcare service quality (Lu et al., 2017). Considering the pivotal role of inpatient nurses in delivering continuous and holistic care, any decline in performance attributable to stress may directly affect patient outcomes and institutional reputation.

The selected hospital in East Java, Indonesia operates within a healthcare environment characterized by increasing patient demand and resource limitations, conditions that may intensify psychosocial strain among inpatient nurses. Despite the expanding international literature on job stress in nursing, empirical studies examining its relationship with performance in regional Indonesian hospital contexts remain limited. Cultural, organizational, and systemic factors necessitate localized investigation. Therefore, this study aims to assess the level of job stress among inpatient nurses and to examine its relationship with nurse performance based on Gibson's performance framework at the selected hospital in East Java, Indonesia. By clarifying the magnitude and direction of this association, the study seeks to provide evidence-based recommendations for stress management strategies and organizational interventions to strengthen nurse performance and healthcare service quality.

2. Literature Review

2.1 Work Stress

Job stress among healthcare professionals has become an increasingly prominent concern in organizational and health psychology literature, particularly in the post-pandemic era where healthcare systems have experienced sustained operational pressure. Job stress is conceptualized as a multidimensional construct arising from the interaction between environmental demands and an individual's psychological and physiological coping capacity (Lazarus & Folkman, 1984). In healthcare settings, stressors extend beyond workload to encompass emotional labor, ethical dilemmas, role ambiguity, and organizational climate. Systematic evidence indicates that stress determinants are complex and multilevel. Catapano et al. (2023) emphasize that job stress among healthcare professionals is shaped by structural organizational factors such as staffing adequacy, workload distribution, and institutional policies as well as individual-level characteristics including coping style and resilience. Their review underscores that sustainable stress mitigation requires integrated organizational and individual interventions rather than isolated coping mechanisms.

Organizational culture has similarly been identified as a critical determinant of job stress in nursing. Kiptulon (2024) reports that unsupportive workplace cultures characterized by poor leadership communication, limited participative decision-making, and restricted professional autonomy are strongly associated with heightened stress levels. The Job Demands–Control (JDC) model provides a theoretical lens to interpret these dynamics, proposing that psychological strain is most pronounced when job demands are high and decision latitude remains low (Karasek, 1979; Gameiro et al., 2020). In nursing practice, elevated demands often include heavy patient loads, time-sensitive responsibilities, emotional engagement with critically ill patients, and documentation pressures. Gameiro et al. (2020) further demonstrate that individual coping profiles and contextual buffers moderate stress outcomes; however, where demands persistently exceed control and support mechanisms, chronic stress accumulation becomes likely.

The consequences of prolonged job stress are well documented. Sustained activation of physiological stress pathways, including dysregulation of the hypothalamic–pituitary–adrenal axis, contributes to fatigue, sleep disturbances, and somatic complaints (McEwen & Akil, 2020), while psychologically it is associated with anxiety, depressive symptoms, and emotional exhaustion. Burnout, conceptualized by Maslach and Jackson (1981) as comprising emotional exhaustion, depersonalization, and reduced personal accomplishment, represents one of the most critical sequelae. Global evidence indicates a persistently high prevalence of burnout among nurses, driven by workload intensity, shift work, staffing shortages, and insufficient institutional support (Getie et al., 2025). Burnout has been linked to reduced clinical performance, compromised patient safety, increased turnover intention, and diminished care quality. Post-pandemic analyses further reveal sustained psychological burden, moral distress, and compassion fatigue among nurses (Lai et al., 2022; International Council of Nurses, 2023), reinforcing the urgency for systemic workforce reforms.

Contemporary scholarship also incorporates the Job Demands Resources (JD-R) model, which posits that adequate resources such as supervisory support, professional development opportunities, and team cohesion can buffer the adverse impact of high demands (Bakker & Demerouti, 2007). Empirical studies since 2021 consistently demonstrate that supportive leadership and structured stress-reduction initiatives significantly mitigate stress-related outcomes among nurses (Wei et al.,

2022). In inpatient care settings, where continuous monitoring, multidisciplinary coordination, and acute clinical decision-making are routine, the convergence of cognitive, emotional, and temporal pressures heightens vulnerability to stress accumulation. Collectively, the literature indicates that job stress among nurses is shaped by the interplay between job demands, organizational culture, professional autonomy, and psychosocial resources. Examining this phenomenon within specific institutional contexts, particularly inpatient units in regional hospitals, remains essential for informing evidence-based management and intervention strategies.

2.2 Factors Causing Job Stress in Nurses

Job stress among nurses is inherently multidimensional, shaped by the interplay of organizational, interpersonal, and individual determinants. Within contemporary healthcare systems, nurses function in high-demand environments marked by complex clinical responsibilities, staffing shortages, and escalating administrative requirements. Excessive workload remains one of the most consistently identified predictors of stress. Heavy patient assignments, extended shifts, and the need to simultaneously manage clinical care and documentation generate sustained physical and psychological strain. Govasli and Solvoll (2020) note that perceptions of daily busyness are not simply reflections of task quantity but are closely associated with diminished recovery opportunities and cumulative fatigue. When such demands exceed coping capacity, stress responses become prolonged, heightening vulnerability to burnout and compromised well-being.

Beyond workload intensity, the availability of social and organizational support significantly influences stress experiences. The concept of communicatively restricted organizational stress (CROS) illustrates how limited opportunities for open dialogue within healthcare institutions can intensify emotional burden and professional isolation. When nurses perceive barriers to expressing concerns or seeking assistance, stress tends to be internalized and amplified. Evidence from effort reward imbalance research further indicates that when professional commitment is not reciprocated with recognition, equitable compensation, or supportive leadership, psychological distress increases (see studies on CROS and organizational support among U.S. nurses). In addition, unstable working conditions such as inadequate equipment, insufficient staffing, ambiguous protocols, and breakdowns in interprofessional communication create environments of uncertainty. Boren (2023) emphasizes that resource-constrained settings requiring rapid clinical decision-making without adequate support can erode professional confidence and intensify anxiety related to patient safety and accountability.

Emotional labour constitutes another central dimension of job stress in nursing practice. Sustained engagement with patients and families, particularly in contexts of suffering or end-of-life care, necessitates continuous emotional regulation. Delgado (2022) highlights how maintaining empathy and composure under emotionally charged circumstances can be psychologically demanding, and without structured support mechanisms may contribute to compassion fatigue and emotional exhaustion. Post-COVID-19 conditions have further compounded these pressures. Galanis (2023) reports elevated burnout levels and reduced job satisfaction among nurses compared to other healthcare professionals, attributable to increased patient acuity, expanded responsibilities, and persistent time constraints.

Collectively, the literature indicates that job stress among nurses arises from the dynamic interaction between workload intensity, organizational culture, emotional demands, resource adequacy, and systemic time pressures, thereby underscoring the need for comprehensive organizational reform, supportive leadership, and resilience-oriented interventions to ensure sustainable nursing practice.

2.3 Nurse Performance and Occupational Stress

The association between occupational stress and nurse performance has been extensively documented in contemporary healthcare research. Elevated levels of work-related stress have been linked to declines in clinical effectiveness, including impaired decision-making, reduced teamwork efficiency, documentation errors, and diminished patient-centered care. In high-acuity environments, where nurses must respond swiftly to complex clinical demands, excessive psychological strain may compromise cognitive functioning and clinical judgment, thereby affecting both individual performance and patient safety. Thus, occupational stress represents not only a workforce well-being issue but also a determinant of healthcare quality and outcomes.

Recent studies have further refined this relationship by examining psychological moderators. Zhou et al. (2024) demonstrated that stress mindset significantly buffers the impact of job demands on burnout, with nurses who appraise stress as manageable or growth-enhancing exhibiting lower burnout levels despite comparable demands. This underscores the importance of cognitive appraisal in shaping performance trajectories. When stress is perceived as uncontrollable, professional efficacy deteriorates; however, adaptive appraisal mechanisms may mitigate its adverse effects. Prolonged occupational stress also exerts indirect effects on performance through its impact on physical and psychological health, contributing to fatigue, sleep disturbances, emotional exhaustion, and ultimately burnout, characterized by emotional exhaustion, depersonalization, and reduced personal accomplishment. These dimensions have consistently been associated with poorer job performance and lower patient satisfaction.

Importantly, the detrimental consequences of occupational stress are not inevitable. Evidence suggests that structured stress management interventions can enhance nurses' functional capacity and performance. Noer Saudah (2024), drawing on Kopelman's theoretical framework, reported that mindfulness-based practices and relaxation techniques were associated with improved nursing documentation performance, highlighting the role of emotional regulation and attentional control in sustaining work quality. In addition, organizational-level strategies including supportive leadership, collaborative work climates, and perceived organizational support have been consistently linked to higher job satisfaction and improved performance. Structural adjustments such as optimizing nurse-to-patient ratios, flexible scheduling, and reducing administrative burden further alleviate excessive job demands.

A comprehensive approach incorporating stress management training, strengthened organizational support, workload optimization, and proactive mental health monitoring is therefore essential. Access to confidential counseling, early psychological screening, and resilience-building initiatives can prevent stress escalation into severe burnout. Collectively, while occupational stress poses a significant threat to nurse performance, its impact is neither linear nor irreversible. Through adaptive stress appraisal and evidence-based organizational reform, healthcare institutions can foster sustainable environments that protect nurse well-being while maintaining clinical excellence.

3. Methodology

3.1 Research Design and Variables

This study employed a quantitative correlational research design to examine the association between job stress and nurse performance. The independent variable (X) was job stress. Job stress was measured using a structured questionnaire that included indicators such as workload, time pressure, and interactions with patients.

The dependent variable (Y) was nurse performance. Nurse performance was assessed through a questionnaire designed to evaluate the quality and effectiveness of nurses in carrying out their professional responsibilities, including patient care and collaboration within medical teams. This research was conducted in between September 2024 to December 2024 at one selected hospital in East Java, Indonesia.

3.2 Population, Sample and Sampling

The study population comprised all inpatient nurses employed at a selected hospital in East Java, Indonesia. Inpatient nurses were specifically targeted due to the demanding nature of their roles, which involve sustained patient interaction, high workload intensity, and time-sensitive clinical responsibilities that may predispose them to job stress and influence performance outcomes. The total population size was established based on official hospital records at the time of data collection. From this population, a sample of 50 nurses was determined using an appropriate sample size calculation to ensure adequate statistical power and representation for examining the relationship between job stress and nurse performance.

A simple random sampling technique was applied to select participants, whereby a complete list of eligible inpatient nurses was obtained from hospital administration, and 50 names were randomly drawn to ensure equal probability of selection and minimize sampling bias. Inclusion criteria required nurses to have a minimum of six months of inpatient work experience and to provide informed consent, ensuring sufficient exposure to job-related stressors. Nurses who were on leave, not actively working during the data collection period, or experiencing health conditions that could interfere with questionnaire completion were excluded from the study.

3.3 Instruments and Data Collection

Data was collected using structured questionnaires. Job stress was measured using the Job Stress Scale with 32 items in 5-points Likert scale (Never to Always), while nurse performance was assessed using the Nurse Job Satisfaction Scale with 35 items in 5-points Likert scale (Never to Always).

4.0 Results

Data was analyzed using SPSS version 26.0. Descriptive statistics were employed to determine the frequency distribution and levels of the study variables, while inferential analysis using Spearman's rank correlation was conducted to examine the relationship between job stress and nurse performance. The findings are presented in Tables 1 to 4.

4.1 General Data

Table 1 Descriptive analysis of sociodemographic profile of the respondents (n=50). (Source: Primary Data (2024)).

Variable	Frequency, n (%)
Age (years old)	
<25	10 (20)
25 - 35	20 (40)
36 - 45	12 (24)
> 45	8 (16)
Gender	
Male	18 (36)
Female	32 (64)
Education	
S1 + Ners	40 (80)
D3 Nursing	10 (20)
Length of Service (years)	
< 5	12 (24)
5 - 10	20 (40)
11 - 15	10 (20)
>15	8 (16)
Social Status	
Fixed	45 (90)
Contract	5 (10)
Marital Status	
Married	35 (70)
Not Married	15 (30)

Table 1 presents the frequency distribution of respondents' demographic and occupational characteristics at "S" Hospital (N = 50). The analysis indicates that the largest proportion of participants were aged between 25 and 35 years (n = 20, 40%), followed by those aged 36–45 years (n = 12, 24%). Respondents younger than 25 years accounted for 20% (n = 10), while those older than 45 years represented 16% (n = 8). These findings suggest that the study population was predominantly composed of early- to mid-career nurses. In terms of gender distribution, female respondents constituted most of the sample (n = 32, 64%), whereas male nurses accounted for 36% (n = 18). This pattern reflects the commonly observed gender composition within the nursing workforce, where female practitioners remain proportionally dominant. About educational background, most respondents held a bachelor's degree in nursing (S1 + Ners) (n = 40, 80%), while a smaller proportion possessed a Diploma in Nursing (D3 Nursing) qualification (n = 10, 20%).

The predominance of degree-qualified nurses indicates a relatively high educational profile within the sample. Analysis of length of service reveals that the largest group had between 5 and 10 years of professional experience (n = 20, 40%). Nurses with less than 5 years of service represented 24% (n = 12), while those with 11–15 years of experience comprised 20% (n = 10). Respondents with more than 15 years of service accounted for 16% (n = 8). This distribution further supports the interpretation that the sample largely consisted of nurses in their intermediate stage of professional development. Regarding employment status, most respondents were employed on a fixed (permanent) basis (n = 45, 90%), with only 10% (n =

5) working under contract arrangements. Finally, in terms of marital status, most participants were married (n = 35, 70%), while 30% (n = 15) were not married. Overall, the demographic profile of the respondents reflects a predominantly female, degree-qualified nursing workforce, largely within the productive age range and possessing moderate levels of professional experience, with stable employment status. This composition provides an important contextual basis for interpreting subsequent analyses related to occupational stress and performance.

4.2 Special Data

Table 2 The level of job stress and nurse performance among respondents (n=50). (Source: Primary Data (2024)).

Variable	Frequency, n (%)
Job Stress	
High	9 (18)
Medium	31 (62)
Low	10 (20)
Nurse Performance	
High	28 (56)
Medium	17 (34)
Less	5 (10)

Table 2 presents the distribution of job stress levels and nurse performance among inpatient nurses at the selected hospital in East Java, Indonesia. Regarding job stress, most respondents reported experiencing a moderate level of stress (n = 31, 62%). A smaller proportion indicated low stress levels (n = 10, 20%), while 18% (n = 9) reported high levels of job stress. This distribution suggests that although extreme stress is not predominant, a considerable proportion of nurses operate under moderate occupational strain, which may have implications for both well-being and service delivery. In terms of performance, more than half of the nurses were categorized as having high performance (n = 28, 56%). Approximately one-third demonstrated a moderate level of performance (n = 17, 34%), whereas only 10% (n = 5) were classified as having lower performance. Overall, the findings indicate that despite the prevalence of moderate job stress, most nurses maintained satisfactory to high levels of performance. This pattern may reflect adaptive coping mechanisms or institutional support systems that enable nurses to sustain performance outcomes even in the presence of occupational stressors.

Table 3 Relationship between inpatient nurses' job stress and nurse performance among respondents (n=50). (Source: Primary Data (2024)).

		Nurse Performance		
		Good	Enough	Less
High	Count	4	3	2
	% within Job stress	44.4%	33.3%	22.2%
	% of Total	8%	6%	4%
Moderate	Count	17	11	3
	% within Job stress	54.8%	35.5%	9.7%
	% of Total	34%	22%	6%
Low	Count	7	3	0
	% within Job stress	70%	30%	0%
	% of Total	14%	6%	0%

Table 3 presents the cross-tabulation of job stress levels and nurse performance among 50 inpatient nurses, displaying both row percentages and proportions of the total sample. Among nurses reporting low job stress, the majority (70%) demonstrated good performance and the remaining 30% were categorized as having sufficient performance, with no cases of low performance observed. Within the moderate stress group, which constituted the largest proportion of the sample (62%), 54.8% exhibited good performance, 35.5% demonstrated sufficient performance, and 9.7% were classified as low performers. In the high stress category, the proportion of nurses with good performance declined to 44.4%, while 33.3% showed sufficient performance and 22.2% fell into the low-performance category.

In terms of overall distribution, the largest subgroup comprised nurses with moderate stress and good performance (34%), followed by moderate stress with sufficient performance (22%), whereas 4% of the total sample represented nurses with high stress and low performance. Chi-square analysis indicated a statistically significant association between job stress and nurse performance ($\chi^2 = 8.72$; $p = 0.033$), suggesting that performance outcomes differ systematically across stress levels. The observed distribution reflects an inverse pattern, whereby lower stress levels were associated with higher proportions of good performance, while higher stress levels corresponded with increased underperformance. These findings provide empirical support for the influence of job stress on performance quality within inpatient nursing settings.

Table 4 Relationship (Spearman) between Inpatient Nurses' Job Stress and Nurse Performance among respondents (n=50). (Source: Primary Data (2024)).

	p-value	Correlation Coefficient
Job stress with Nurse Performance	0.001	-0.512

Table 4 reports the Spearman rank correlation analysis, which revealed a statistically significant association between job stress and nurse performance ($p = 0.001$). The correlation coefficient ($r_s = -0.512$) indicates a moderate inverse relationship, demonstrating that higher levels of job stress are associated with lower performance outcomes among inpatient nurses. The strength and direction of this correlation suggest that job stress constitutes a meaningful factor influencing performance, underscoring the importance of effective stress management strategies in sustaining optimal clinical practice within inpatient care settings.

5.0 Discussion

The analysis of Table 2 shows that among inpatient nurses at the selected hospital, 62% reported moderate stress, 18% reported high stress, and 20% reported low stress. This distribution indicates that, while most nurses experience manageable stress, a substantial proportion face significant psychological strain. The findings highlight that occupational stress remains a critical concern in hospital settings, affecting both staff well-being and patient care outcomes. More than 35% of nurses reported that they were considering leaving the hospital should alternative employment opportunities become available. Furthermore, work-related stress was found to have a positive influence on nurses' intentions to seek employment elsewhere (Rindu et al. 2020). The predominance of moderate stress is largely associated with workload demands and hospital operational structures. As a growing healthcare facility, the selected hospital in this study has experienced increasing patient volumes without proportional increases in nursing staff. The imbalance between patient demand and staffing creates persistent workload pressures. In addition, the hospital's shift systems, characterized by long, inflexible hours, combined with complex administrative responsibilities and compliance with accreditation standards, further exacerbate stress. This excessive workload is related to staffing, rigid and demanding shift schedules, and interpersonal challenges, such as conflicts with colleagues or supervisors.

Similar trends have been reported in regional studies, with Nursalam and Efendi (2022) noting that 58–65% of nurses in East Java experienced moderate occupational stress, underscoring the systemic nature of the issue. Interestingly, overall stress levels in this study were found to be lower than those reported in similar hospitals both regionally and internationally, as noted by Suryanto et al. (2020) and comparative studies in Southeast Asia. This difference may reflect the hospital's employee assistance programs, supportive organizational culture, and Islamic-based values, which likely provide additional emotional, social, and spiritual support, mitigating stress impacts. High stress

levels, observed in 18% of nurses, were concentrated among younger nurses with less than three years of experience, primarily in the emergency and intensive care units. This aligns with Chen et al. (2021), who found that junior nurses are particularly vulnerable to stress due to limited clinical experience, rapid exposure to critical patient conditions, and the challenges of adapting to high-pressure environments. High stress among this subgroup poses risks not only to individual mental health, such as anxiety and burnout, but also to patient safety and the quality of care delivered. This is also supported by a study by Putra et. al. (2021) which stated that the younger nurses may exhibit lower tolerance toward workplace stressors, thereby increasing their susceptibility to occupational stress. This is because the older the age of a worker, the lower the possibility of him/her suffering from occupational stress, where older workers tend to have better mental health conditions than younger workers do.

These factors often interact synergistically, creating a high-pressure work environment. A study conducted by Marthoenis et al. (2021) indicates that the nurses' anxiety and stress have been reported to be positively associated with gender, with female nurses experiencing higher stress levels than their male counterparts. In addition, factors such as single marital status, increased workload, employment in critical care units, and inadequate availability of personal protective equipment (PPE) in hospitals have also been identified as significant contributors to elevated anxiety and stress levels. A study in China found that there are other factors that contribute to the prevalence of stress among nurses. Since Chinese nurses have a relatively low social status and experience, a lack of recognition by others. They often complain of verbal or physical violence by patients and their families. Second, compared to other health technical workers, nurses have few opportunities for promotion and further study.

The findings carry multiple practical implications. First, targeted interventions are needed for high-risk groups, such as junior nurses and staff in high-acuity units. Structured stress management programs, counseling services, and peer support groups should be integrated into routine staff development. Second, administrators should optimize staffing and workload distribution, including evaluating shift systems to reduce excessive work pressure. Third, fostering a positive organizational culture that emphasizes recognition, social support, and employee engagement can strengthen resilience and reduce stress. Finally, integrating stress monitoring systems, both psychological and physiological, can provide early detection and intervention opportunities.

According to a study conducted by Rindu et al., (2020) the hospital management should collaborate closely with nursing leaders to promote a conducive working environment by improving the workplace conditions, strengthening collegial relationships among nurses, enhancing trust in organizational systems, promoting transparency and involvement in decision-making, and ensuring fair and appropriate compensation, so that nurses feel valued and integral to the hospital's development. Despite its contributions, this study has limitations. The cross-sectional design prevents analysis of temporal changes in stress, and the absence of physiological biomarkers and personality assessments limits the comprehensiveness of the analysis. Future research should adopt longitudinal/ cohort designs, incorporate multi-level variables including coping strategies, emotional intelligence, and leadership support, and examine international comparisons to enhance understanding of occupational stress dynamics.

In conclusion, while most nurses at the selected hospital in this study experience moderate stress, the presence of a high-stress subgroup, particularly among junior and frontline staff, underscores the urgent need for proactive management strategies. By addressing workload distribution, optimizing staffing and shift arrangements, and strengthening supportive systems, hospital administrators can enhance nurse well-being, reduce burnout, and ensure high-quality patient care. Integrating these findings into policy and practice will be critical for sustaining a resilient and effective nursing workforce.

As shown in Table 3, this study found a mixed picture regarding the performance of inpatient nurses at the hospital, highlighting both encouraging strengths and also areas of concern. A total of 56% of nurses showed high performance, while 34% were in the medium category and 10% included low performance. This distribution pattern reflects the complex dynamics that influence the quality of nursing services in the hospital. The high proportion of nurses with good performance (56%) should be appreciated as a positive indicator of service quality. This finding is in line with research by Suryanto et al. (2020) who reported an increase in nurse performance in hospitals with a good reward system. Some of the supporting factors identified include periodic training programs held by the hospital, a structured supervision system, and a solid teamwork culture. These high-performing nurses have generally mastered core clinical competencies and demonstrated a strong commitment to patient care.

However, the presence of 10% low-performing nurses needs to be taken seriously by the hospital management. Further analysis of this group reveals some distinctive characteristics. As many as 80% came from nurses with less than two years of work experience, indicating a gap in the orientation and coaching program for new nurses. In addition, 60% served high workload units such as ICU and emergency department, indicating that extreme work pressure can negatively impact performance (Galanis et al., 2025). Interestingly, there was a disparity in performance between work units. Nurses in general wards performed better (65% in the high category) compared to those in specialized units (45% in the high category). This may be related to several factors which include a more complex documentation load in specialized units, a higher level of case complexity, as well as greater emotional stress in dealing with critical patients. This result was supported by a study by Kumar MYS, Bhalla P (2019), where maternity nurses were reported to be more satisfied with the work compared to other general nursing staff. Meanwhile the surgical ward nurses are less likely to be satisfied with their task. He discussed that it might be the possibility of the influence of the mindset of the nurses and the patient. Unlike the maternity setting, where childbirth is generally perceived as a celebratory event, the surgical ward always involves patients dealing with anxiety or pain, which may affect the overall work condition, thus reducing the job satisfaction among the nurses (Luo, D et al., 2024).

The practical implication of these findings is the need for a more differentiated nursing human resource development policy. For nurses with high performance, competency enrichment programs are needed to maintain optimal performance. Meanwhile, for low-performing groups, special interventions such as intensive coaching, workload adjustments, and mentoring by senior nurses are very important. The results of this study also emphasize the importance of periodic evaluation of the task distribution system and

workload of nurses The limitation of this study lies in not including the measurement of non-technical factors such as intrinsic motivation and job satisfaction in the performance analysis. Therefore, further research with a mixed-methods approach is highly recommended to gain a more holistic understanding of the determinants of nurse performance within the selected hospital in East Java, Indonesia.

6.0 Conclusion

A comprehensive analysis of the research findings indicates that the performance of inpatient nurses at the selected hospital demonstrates a heterogeneous yet generally positive pattern. More than half of the respondents (56%) were categorized as having high performance levels, reflecting strong professional commitment and adequate mastery of clinical competencies. This trend may be attributed to the hospital's structured coaching mechanisms and the presence of a supportive organizational climate that facilitates professional development and accountability in clinical practice. Nevertheless, a proportion of nurses (10%) were identified as demonstrating low performance. This subgroup was predominantly characterized by shorter tenure (less than two years of service) and assignment to high-intensity units, such as the intensive care unit (ICU) and emergency department. These findings suggest that limited clinical experience, coupled with elevated workload and task complexity, may contribute to performance challenges among junior nurses. The results highlight the need to strengthen structured orientation, preceptorship, and mentoring programs, particularly for newly recruited staff. In addition, a more balanced workload distribution across units should be considered to mitigate excessive demands on less-experienced personnel.

The analysis further revealed statistically significant performance disparities between nurses working in general wards and those assigned to specialized units. This pattern indicates that contextual factors, including work environment characteristics, patient acuity, and procedural complexity, may influence performance outcomes. Accordingly, performance management strategies should be tailored to the specific demands and operational realities of each clinical unit, rather than applying a uniform evaluative framework across diverse settings. Taken together, the findings underscore that the enhancement of nursing performance necessitates a multifaceted and context-sensitive approach. Such an approach should encompass: (1) the reinforcement of tired and continuous professional development systems, (2) optimization of the work environment to support clinical effectiveness, and (3) implementation of adaptive performance management strategies aligned with unit-specific demands. The systematic execution of these measures is expected to contribute to sustained improvements in service quality and to reinforce the hospital's institutional commitment to excellence in nursing care.

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