NHSJ Nursing and Health Sciences Journal

Volume 05, Number 03 (September 2025)
e-ISSN: 2798-5067
p-ISSN: 2798-5059

# Analysis of workload, work environment, and work stress on nurse performance

**Arif Widiyantoro[1], Jenny Marlindawani Purba[2], Mido Ester Sitorus[1]**

[1]Master of Public Health Study Program, Faculty of Public Health, University of Sari Mutiara Indonesia, Indonesia
[2]Community and Psychiatric Nursing Department, Faculty of Nursing, Universitas Sumatera Utara, Indonesia

Corresponding Author: Jenny Marlindawani Purba; e-mail: jenny_marlindawani@usu.ac.id

***Abstract***:
The decline in nurse performance significantly affects the service image of a hospital in the community. Poor nursing services lead to a lack of public confidence in the hospital's capabilities. The low quality of nursing services can be caused by many factors, such as the quality of nurses' working lives and burnout syndrome. High work handled by a few human resources will only result in a high workload and increased work stress. A conducive work environment not only helps nurses control stress but also allows them to improve their performance. Researchers aim to analyze the workload, work environment, and work stress on the performance of nurses. The number of samples used was 141 nurses who were willing to be respondents and not in a state that could affect data collection. The dependent variable is nurse performance, and the independent variables are workload, work environment, and work stress. Data was analyzed using the Chi-Square Analysis method with the SPSS 19.0 for Windows program. The results showed that the workload variable did not affect nurse performance, with a p-value of 0.513; the work environment variable affected nurse performance, with a p-value of 0.013; the work stress variable did not affect nurse performance, with a p-value of 0.484. The results indicate that the work environment is the only factor significantly associated with nurse performance among the variables examined. These findings suggest that interventions to improve nurse performance should prioritize optimizing the work environment. Work workload and work stress, as measured in this study, may not require targeted adjustments for performance enhancement.

***Article Info:***
Submitted:
11-06-2025
Revised:
26-08-2025
Accepted:
04-09-2025

***Keywords***:
workload; work environment; work stress; performance

https://doi.org/10.53713/nhsj.v5i3.551



## INTRODUCTION

Health represents a fundamental human right and a cornerstone of societal well-being, universally recognized as a critical determinant of individual dignity and socioeconomic development (Singh, 2023). Equitable access to quality healthcare is not merely a moral obligation but a prerequisite for sustainable national progress. As populations grow and health challenges evolve, the demand for robust healthcare infrastructure intensifies, positioning hospitals as indispensable institutions in safeguarding public health outcomes across diverse communities (Kapoor, 2024).

Hospitals constitute the operational epicenter of health systems, serving as primary venues for complex medical interventions, preventive care, and health promotion (Freijser et al., 2023). Their effectiveness hinges on the seamless integration of physical infrastructure, advanced technology, and, most critically, skilled human resources. In resource-constrained settings like regional Indonesia, these institutions bear disproportionate responsibility for addressing community health disparities, making optimizing their service delivery mechanisms a strategic priority for policymakers (Nwokedi et al., 2025).

Volume 05, Number 03 (September 2025)
e-ISSN: 2798-5067
p-ISSN: 2798-5059

Among healthcare professionals, nurses form the largest and most versatile workforce, functioning as the primary interface between health systems and patients (Jackson et al., 2022). The International Council of Nurses (ICN) underscores its irreplaceable role in executing evidence-based care, coordinating multidisciplinary services, and ensuring continuity across the health-illness continuum. Their continuous, direct engagement with patients, from admission to discharge, positions them as pivotal in translating institutional policies into tangible health outcomes (Camicia et al., 2021).

Nursing performance is subjected to intense scrutiny due to the profession's inherent responsibility for human welfare and safety (Grace et al., 2024). Unlike many occupations, nursing errors carry immediate, life-altering consequences, elevating performance standards beyond technical competence to encompass ethical vigilance, emotional resilience, and adaptive decision-making. Consequently, nurse performance metrics have become central healthcare quality indicators, directly influencing patient satisfaction, clinical outcomes, and institutional accreditation globally (Alhawajreh et al., 2023).

Suboptimal nursing performance manifests through preventable complications, including medication errors, hospital-acquired infections, and care delays, that escalate costs and erode public trust. These failures often originate not from individual shortcomings but from systemic pressures: excessive workload strains cognitive capacity, toxic work environments undermine professional efficacy, and unmanaged stress triggers burnout. Left unaddressed, such conditions create a vicious cycle where diminished performance further exacerbates workplace hazards (Alsadaan, 2025).

Workload in nursing extends beyond numerical patient ratios to encompass task complexity, acuity levels, and cognitive demands (Galatzan et al., 2025; Putri et al., 2025). When staffing inadequacies force nurses to manage unsustainable caseloads, critical functions like patient monitoring and documentation suffer, directly compromising safety. Research consistently correlates high workload with reduced time for therapeutic communication, increased procedural shortcuts, and diminished adherence to clinical protocols, factors that collectively degrade care quality (Qureshi et al., 2022).

The work environment is a critical mediator between organizational structures and nurse effectiveness (Sarıköse & Göktepe, 2022). A supportive environment, characterized by adequate resources, collaborative leadership, and psychological safety, mitigates stress and actively enhances performance through empowerment and professional satisfaction. Conversely, chaotic or unsupportive settings amplify stress responses, triggering physiological and cognitive impairments that hinder clinical judgment and increase error propensity (Dimino et al., 2021).

While the theoretical links between workload, environment, stress, and performance are well-established in high-income settings, evidence remains sparse in Indonesian regional hospitals. Unique contextual factors, cultural dynamics, resource limitations, and decentralized governance demand localized investigation (Alojayfi et al., 2024). Current literature lacks robust empirical analysis of how these variables interact within Indonesia's hospital system, particularly in understudied regions like Bangka Regency.

This research addresses this critical gap by examining the synergistic impact of workload, work environment, and work stress on nurse performance at Depati Bahrin Regional General Hospital, a representative institution serving Indonesia's eastern archipelago. By generating context-specific evidence through rigorous analytical methods, this study aims to inform targeted interventions for optimizing nursing workforce sustainability and elevating healthcare quality in resource-limited settings.

## METHOD

This analytical cross-sectional study examined the association between workload, work environment, work stress, and nurse performance at Depati Bahrin Regional General Hospital in Bangka Regency, Indonesia. Data collection occurred over three months from March to May 2023. A total of 141 nurses were recruited using a non-probability consecutive sampling technique, adhering to the following inclusion criteria: active employment at the hospital, willingness to participate as confirmed by written informed consent, and absence of physical, psychological, or

Volume 05, Number 03 (September 2025)
e-ISSN: 2798-5067
p-ISSN: 2798-5059

situational conditions (e.g., acute illness, administrative leave, or participation in concurrent research) that could compromise data reliability or participant well-being. Ethical approval for the study protocol was formally granted by the Faculty of Nursing Ethics Committee of Universitas Sumatera Utara, ensuring compliance with international standards for human subject research, including voluntary participation, confidentiality, and the right to withdraw without consequence.

The dependent variable was nurse performance, operationalized through validated institutional assessment metrics encompassing clinical competence, protocol adherence, patient interaction quality, and task completion efficiency. Independent variables included workload (measured via patient-nurse ratios and task-complexity scales), work environment (assessed using the validated Practice Environment Scale of the Nursing Work Index [PES-NWI] adapted for the Indonesian context), and work stress (evaluated through the Nursing Stress Scale [NSS] with local linguistic validation). All instruments underwent pretesting for reliability and validity prior to full-scale implementation. Data were collected via structured self-administered questionnaires supplemented by institutional records for workload verification, with trained research assistants ensuring standardized administration and immediate query resolution to minimize measurement error.

Data analysis followed a hierarchical approach using IBM SPSS Statistics for Windows, Version 19.0. Univariate analysis described participant characteristics and variable distributions through frequency tables and percentages. Bivariate analysis employed the Chi-square test to determine associations between each independent variable (workload, work environment, work stress) and the dependent variable (nurse performance), with performance dichotomized into "satisfactory" and "unsatisfactory" categories based on institutional benchmarks. The Chi-square test was selected as the primary inferential method due to the categorical nature of the outcome variable and the need to assess independence between discrete variables. Statistical significance was defined a priori at $p<0.05$. Assumptions for Chi-square application, including adequate expected cell counts and independence of observations, were rigorously verified prior to result interpretation.

## RESULT

Characteristics of nurses based on gender, age, and length of service are presented in Table 1 as frequency distribution and percentage. Table 2 shows the frequency distribution of Nurses' Workload at Depati Bahrin Regional General Hospital, Bangka Regency. Table 3 shows the nurses' work environment distribution frequency at Depati Bahrin Regional General Hospital, Bangka Regency. Table 4 shows Nurses' Work Stress frequency distribution at Depati Bahrin Regional General Hospital, Bangka Regency. Table 5 illustrates the frequency distribution of Nurses' Performance at Depati Bahrin Regional General Hospital, Bangka Regency. Table 6 analyzes the effect of workload on nurse performance at Depati Bahrin Regional General Hospital. Table 7 analyzes the effect of work environment on nurse performance at Depati Bahrin Regional General Hospital. Table 8 analyzes the effect of work stress on nurse performance at Depati Bahrin Regional General Hospital.

Table 1. Frequency distribution of nurse characteristics at Depati Bahrin Regional General Hospital, Bangka Regency, based on gender, age, and length of service (n=141)

| Characteristics | Frequency | Percentage |
|---|---|---|
| Gender | | |
| Female | 117 | 83 |
| Male | 24 | 17 |
| Age | | |
| 20-30 Years | 28 | 19.9 |
| 31-40 Years | 91 | 64.5 |
| >40 Years | 22 | 15.6 |
| Length of service | | |
| <5 Years | 38 | 27.0 |
| 5-10 Years | 30 | 21.2 |
| >10 Years | 73 | 51.8 |
| Total | 141 | 100.00 |

Volume 05, Number 03 (September 2025)
e-ISSN: 2798-5067
p-ISSN: 2798-5059

Based on Table 1 above, it was found that most of the nurses' gender (83%) were female, and 17% were male out of 141 respondents. Most of the nurses' ages (19.9%) were 20-30 years old, (64.5%) 31-40 years old, and (15.6%) >40 years old out of 141 respondents. Length of work of nurses (27.0%) <5 years, (21.3%) 5-10 years, and (51.8%) >10 years old out of 141 respondents.

Table 2. Frequency Distribution of Workload of Nurses at Depati Bahrin Regional General Hospital, Bangka Regency (n=141)

| Criteria | Frequency | Percentage |
|---|---|---|
| Low | 3 | 2.1 |
| Moderate | 117 | 83.0 |
| High | 21 | 14.9 |
| Total | 141 | 100 |

Based on Table 2 above, it is found that the length of work of nurses is low (2.1%), moderate (83.0%), and high (14.9%) for 141 respondents.

Table 3. Frequency Distribution of Nurse Work Environment at Depati Bahrin Regional General Hospital, Bangka Regency (n=141)

| Nurse Work Environment | Frequency | Percentage |
|---|---|---|
| Poor | 2 | 1.4 |
| Moderate | 41 | 29.1 |
| Good | 98 | 69.5 |
| Total | 141 | 100 |

Based on Table 3 above, it is found that the work environment of nurses (1.4%) is poor, (29.1%) is moderate, and (69.5%) is good among 141 respondents.

Table 4. Frequency Distribution of Nurse Work Stress at Depati Bahrin Regional General Hospital, Bangka Regency (n=141)

| Criteria | Frequency | Percentage |
|---|---|---|
| Low | 0 | 0 |
| Moderate | 92 | 65.2 |
| Severe | 49 | 34.8 |
| Total | 141 | 100 |

Based on Table 4 above, it is found that the work stress of nurses (0%) is low, (65.2%) is moderate, and (34.8%) is severe among 141 respondents.

Table 5. Frequency Distribution of Nurse Performance at Depati Bahrin Regional General Hospital, Bangka Regency (n=141)

| Criteria | Frequency | Percentage |
|---|---|---|
| Poor | 0 | 0 |
| Moderate | 22 | 15.6 |
| Good | 119 | 84.4 |
| Total | 141 | 100 |

Table 5 showed that the performance of nurses (0%) is poor, (15.6%) is moderate, and (84.4%) is excellent out of 141 respondents.

Table 6. The effect of workload on nurse performance at Depati Bahrin Regional General Hospital (n=141)

| Workload | Nurse Performance | | | Total | P Value |
|---|---|---|---|---|---|
| | Less | Fair | Good | | |
| Low | 0 | 0 | 3 | 3 | 0.513 |
| Moderate | 0 | 14 | 103 | 117 | |
| Severe | 0 | 1 | 20 | 21 | |
| Total | 0 | 15 | 126 | 141 | |

Based on Table 6 above, 103 nurses with a moderate workload have good performance, and one nurse with a reasonable workload has sufficient performance. Based on the results of statistical tests with chi-square, the p-value is 0.513. If the p-value> α (0.05), it can be interpreted that there is no significant relationship between workload and nurse performance at Depati Bahrin Regional General Hospital.

Table 7. The effect of work environment on nurse performance at Depati Bahrin Regional General Hospital (n=141)

| Work Environment | Nurse Performance | | | Total | P Value |
|---|---|---|---|---|---|
| | Less | Fair | Good | | |
| Less | 0 | 1 | 1 | 2 | 0.013 |
| Fair | 0 | 8 | 33 | 41 | |
| Good | 0 | 6 | 92 | 98 | |
| Total | 0 | 15 | 126 | 141 | |

Table 7 above shows that 92 nurses feel they have a good work environment and perform well. In a poor work environment, there is one adequate performance and one even good performance. Based on the results of statistical tests with chi-square, the p-value is 0.013. If the p-value < α (0.05), it can be interpreted that there is a significant relationship between the work environment and the performance of nurses at Depati Bahrin Regional General Hospital.

Table 8. The effect of job stress on nurse performance at Depati Bahrin Regional General Hospital (n=141)

| Job Stress | Nurse Performance | | | Total | P Value |
|---|---|---|---|---|---|
| | Less | Fair | Good | | |
| Mild | 0 | 0 | 0 | 0 | 0.484 |
| Medium | 0 | 11 | 81 | 92 | |
| Heavy | 0 | 4 | 45 | 49 | |
| Total | 0 | 15 | 126 | 141 | |

Table 8 above shows that 81 nurses feel they get moderate work stress and perform well, and no one even feels they have a mild stress level. Based on the results of statistical tests with chi-square, the p-value is 0.484. If the p-value> α (0.05), then it can be interpreted that there is no significant relationship between work stress and nurse performance at Depati Bahrin Regional General Hospital.

## DISCUSSION

### Analysis of Workload on Nurse Performance

Based on the research that has been done, it is found that 103 nurses with moderate workload have good performance, and there is one heavy workload that has sufficient performance. Based on the results of statistical tests with chi-square, the p-value is 0.513. If the p-value> α (0.05), it can be interpreted that there is no significant relationship between workload and nurse performance at Depati Bahrin Regional General Hospital.

Volume 05, Number 03 (September 2025)
e-ISSN: 2798-5067
p-ISSN: 2798-5059

The application of workload requires employees to release all their potential. According to nurses, the demands of the hospital to understand outside the nursing field, such as hospital management, insurance, and preparedness in treating patients under any circumstances, make nurses continue to improve their abilities to improve the performance of nursing care services. Workload has a positive and significant effect on nurse performance, which shows that the increasing workload is followed by a strong effort from nurses to improve service performance. The high workload plus tasks outside of their primary job often increase the workload of nurses, which results in a decrease in performance, due to the amount of work that must be handled (Kurniawati et al., 2023).

**Analysis of Work Environment on Nurse Performance**

Based on research that has been conducted, it is obtained that 92 nurses feel they get a good work environment and have good performance as well, with a poor work environment, there is one adequate performance, and one even good performance. Based on the results of statistical tests with chi-square, the p-value is 0.013. If the p-value < α (0.05), it can be interpreted that there is a meaningful relationship between the work environment and the performance of nurses at Depati Bahrin Regional General Hospital.

This research aligns with the findings of Ariga et al. (2020), which states that nurse performance is influenced by emotional intelligence and a positive work culture. There is a significant relationship between emotional intelligence, workplace culture, and nurse performance. Therefore, hospital managers need to encourage the development of emotional intelligence and create a supportive work environment to improve nurse performance optimally.

The nursing work environment indicates the organizational features of working conditions that accelerate or interfere with nurses' professional work (Kohnen et al., 2023). The work environment has many properties that can affect physical and mental well-being. A quality workplace is essential to keep workers working effectively on top of their various tasks. Such attributes characterize a good workplace as competitive wages, trusting relationships between employees and management, equality and fairness for everyone, and a reasonable workload with challenging yet achievable goals. Combining all these conditions makes the workstation the best working conditions for employees to work satisfactorily. As a profit-oriented organization, creating an enabling environment for satisfied employees is a clue to achieving the required bottom line (Nemati-Vakilabad et al., 2025).

Several factors can affect the performance of nurses social support from coworkers increases the level of job performance, older nurses have higher perceptions of performance than younger nurses, nurses who have more nursing experience report performing better than nurses who have less nursing experience, nurses who have more close friends at work report having higher perceptions of job performance and coworker support than nurses who have fewer close friends, and nurses who work in dialysis units are perceived to have more support than those who work in surgical medical units.

**Analysis of Job Stress on Nurse Performance**

This study showed that most of the 81 participating nurses experienced moderate job stress but performed poorly. There were no nurses who reported mild stress. Based on the chi-square statistical test results, the p-value obtained is 0.484, which is greater than α (0.05). This means there is no significant relationship between work stress and nurse performance at Depati Bahrin Regional General Hospital.

Controllable stress can actually improve nurses' performance. Moderate stress can increase alertness, work intensity, and creativity in completing job tasks. Therefore, well-managed stress can encourage nurses to work better and improve service quality (Chen et al., 2025). Most nurses can cope with work stress well, so it does not interfere with their performance. On the other hand, if stress reaches higher levels, it can reduce work productivity and service quality. Internal and external factors influence the causes of work stress. External factors, such as work environment and social relationships, as well as internal factors, such as personality, work experience, and belief system, play a role in the level of stress experienced by nurses. In this study, nurses with work experience

Volume 05, Number 03 (September 2025)
e-ISSN: 2798-5067
p-ISSN: 2798-5059

between 1 and 5 years (44% of respondents) showed the ability to cope well with stress, supported by a high level of education and good knowledge in carrying out their professional duties.

Nurses often face various issues, including patient complaints, poor working relationships with colleagues and supervisors, heavy workloads, and monotonous and complex tasks, which can increase stress levels. High stress can negatively affect performance, with nurses becoming irritable, aggressive, unable to relax, or even displaying uncooperative behavior. Excessive stress is closely related to physical and mental health problems, ultimately hindering the nurse's productivity in delivering quality patient care (Noor et al., 2023).

However, in some cases, stress can also motivate nurses to work harder and achieve good performance. Stress among some employees, including nurses, does not always result in poor performance. Stress can serve as a motivator, especially for those with strong character and a high sense of responsibility in providing the best care to patients. This is evident in nurses who, despite experiencing severe stress, can still demonstrate good performance, driven by their motivation to provide professional nursing care (Goudarzian et al., 2024).

Additionally, during the COVID-19 pandemic, nurses faced new challenges with the prolonged use of Personal Protective Equipment (PPE). They had to work under more difficult conditions, such as being unable to eat or drink during strict working hours yet still maintained high performance. The negative impact of work-related stress on nurses affects their performance and physical and mental health. Not properly managed stress can lead to health problems, decreased motivation, and difficulties establishing social relationships with colleagues, doctors, and patients. This can worsen the nurse's psychological state, such as fatigue, mood swings, anxiety, and emotional distress, which ultimately impacts the quality of care provided (Hosseini et al., 2022; Darmawan et al., 2024).

However, work-related stress, which is inevitable in the nursing profession, can be minimized through various interventions. Some ways to reduce stress include providing rewards or recognition from supervisors, granting leave, and organizing recreational activities with the team. Team-building activities such as outbound events, reorganizing workspaces, and adding necessary facilities can create a more conducive work environment. Additionally, motivational seminars and training can help boost nurses' enthusiasm, professionalism, and performance. Nursing round training has a positive impact on improving nurses' motivation and skills in providing nursing care. The training has enhanced nurse performance, particularly in understanding job responsibilities, decision-making, interpersonal communication, problem analysis, and resolution based on the training materials received (Wiratikusuma et al., 2023).

## CONCLUSION

Based on the research and discussion conducted on the Analysis of Workload and Work Environment with Nurse Performance at Depati Bahrin General Hospital, Bangka Regency, in 2023, with Work Stress as a Mediating Variable, the following conclusions can be drawn:

1. There is no significant relationship between workload and nurse performance at Depati Bahrin General Hospital.
2. There is a significant relationship between the work environment and nurse performance at Depati Bahrin General Hospital.
3. There is no significant relationship between work stress and nurse performance at Depati Bahrin General Hospital.
4. The results indicate that the work environment is the only factor significantly associated with nurse performance among the variables examined. In contrast, neither workload nor work stress demonstrated a statistically significant effect on nurse performance. These findings suggest that interventions to improve nurse performance should prioritize optimizing the work environment. Work workload and work stress, as measured in this study, may not require targeted adjustments for performance enhancement.

Volume 05, Number 03 (September 2025)
e-ISSN: 2798-5067
p-ISSN: 2798-5059

## REFERENCES

Alhawajreh, M. J., Paterson, A. S., & Jackson, W. J. (2023). Impact of hospital accreditation on quality improvement in healthcare: A systematic review. *PLOS ONE*, *18*(12), e0294180. https://doi.org/10.1371/journal.pone.0294180

Alojayfi, F. H. A., Alshammri, K. T., Alshotiri, R. H., Almarzoq, H. A. R., Alrashdan, A. G., Aljameeli, J. Z. M., ... & khalifah shafi Alshammary, H. (2024). The Influence of Workplace Environment on Nursing Performance in Hospitals and Health Centers: a Systematic Review. *Journal of International Crisis and Risk Communication Research*, *7*(S5), 459. https://doi.org/10.63278/jicrcr.vi.2415

Alsadaan, N. (2025). Exploring the connections between destructive leadership styles, occupational pressures, support systems, and professional burnout in nursing: a cross-sectional survey. *BMC nursing*, *24*(1), 681. https://doi.org/10.1186/s12912-025-03421-1

Ariga, F. A., Purba, J. M., & Nasution, M. L. (2020). The Relationship Of Emotional Intelligence, Workplace Culture, And Nurse Performance In A Private Hospital In Medan Indonesia. *Belitung Nursing Journal*, *6*(3), 73–76. https://doi.org/10.33546/bnj.1063

Camicia, M., Lutz, B., Summers, D., Klassman, L., & Vaughn, S. (2021). Nursing's Role in Successful Stroke Care Transitions Across the Continuum: From Acute Care Into the Community. *Stroke*, *52*(12), e794–e805. https://doi.org/10.1161/STROKEAHA.121.033938

Chen, X., Li, J., Arber, A., Qiao, C., Wu, J., Sun, C., Han, X., Wang, D., Zhu, Z., & Zhou, H. (2025). The impact of the nursing work environment on compassion fatigue: The mediating role of general self-efficacy. *International Nursing Review*, *72*(2), e13044. https://doi.org/10.1111/inr.13044

Darmawan, T. ., Nirmala, R., & Mahayaty, L. (2024). Relationship Between Nursing Length of Work and Nursing Workload with Completeness of Using Personal Protective Equipment among Nurses in Hospital Infection Room. *Nursing and Health Sciences Journal (NHSJ)*, *4*(4), 423–426. https://doi.org/10.53713/nhsj.v4i4.428

Dimino, K., Learmonth, A. E., & Fajardo, C. C. (2021). Nurse managers leading the way: reenvisioning stress to maintain healthy work environments. *Critical Care Nurse*, *41*(5), 52-58. https://doi.org/10.4037/ccn2021463

Freijser, L., Annear, P., Tenneti, N., Gilbert, K., Chukwujekwu, O., Hazarika, I., & Mahal, A. (2023). The role of hospitals in strengthening primary health care in the Western Pacific. *The Lancet Regional Health - Western Pacific*, *33*, 100698. https://doi.org/10.1016/j.lanwpc.2023.100698

Galatzan, B. J., Shan, L., Johnson, E., & Patrician, P. A. (2025). Perceptions of Cognitive Load and Workload in Nurse Handoffs: A Comparative Study Across Differing Patient-Nurse Ratios and Acuity Levels. *Computers, informatics, nursing : CIN*, *43*(1), e01216. https://doi.org/10.1097/CIN.0000000000001216

Goudarzian, A. H., Nikbakht Nasrabadi, A., Farhadi, B., & Navab, E. (2024). Exploring the concept and management strategies of caring stress among clinical nurses: A scoping review. *Frontiers in Psychiatry*, *15*, 1337938. https://doi.org/10.3389/fpsyt.2024.1337938

Grace, P. J., Peter, E., Lachman, V. D., Johnson, N. L., Kenny, D. J., & Wocial, L. D. (2024). Professional responsibility, nurses, and conscientious objection: A framework for ethical evaluation. *Nursing Ethics*. https://doi.org/10.1177_09697330231180749

Hosseini Moghaddam, M., Mohebbi, Z., & Tehranineshat, B. (2022). Stress management in nurses caring for COVID-19 patients: a qualitative content analysis. *BMC psychology*, *10*(1), 124. https://doi.org/10.1186/s40359-022-00834-4

Jackson, J., Maben, J., & Anderson, J. E. (2022). What are nurses' roles in modern healthcare? A qualitative interview study using interpretive description. *Journal of Research in Nursing*. https://doi.org/10.1177_17449871211070981

Kapoor, N. (2024). Public health institutions and systems. *Translational Gastroenterology*, 449-452. https://doi.org/10.1016/B978-0-12-821426-8.00001-7

Kohnen, D., De Witte, H., Schaufeli, W. B., Dello, S., Bruyneel, L., & Sermeus, W. (2023). What makes nurses flourish at work? How the perceived clinical work environment relates to nurse motivation and well-being: A cross-sectional study. *International Journal of Nursing Studies*, *148*, 104567. https://doi.org/10.1016/j.ijnurstu.2023.104567

Volume 05, Number 03 (September 2025)
e-ISSN: 2798-5067
p-ISSN: 2798-5059

Kurniawati, F., Fikaris, M. F., Eryani, I. S., Rohendi, A., & Wahyudi, B. (2023). The Effect Of Workload, Burnout, And Work Motivation On Nurse Performance. *Jurnal Aplikasi Manajemen*, *21*(4), 915-927. https://doi.org/10.21776/ub.jam.2023.021.04.05

Nemati-Vakilabad, R., Kamalifar, E., Jamshidinia, M., & Mirzaei, A. (2025). Assessing the relationship between nursing process competency and work environment among clinical nurses: a cross-sectional correlational study. *BMC nursing*, *24*(1), 134. https://doi.org/10.1186/s12912-025-02760-3

Noor, N. ., Rehman, S. ., & Gull, M. . (2023). Determinants of Work-Related Stress among Nursing Professionals. *Pakistan Journal of Humanities and Social Sciences*, *11*(2), 1836–1849. https://doi.org/10.52131/pjhss.2023.1102.0486

Nwokedi, C. N., Soyege, O. S., Balogun, O. D., Mustapha, A. Y., Tomoh, B. O., Mbata, A. O., ... & Forkuo, A. Y. (2025). Addressing healthcare disparities: Tackling socioeconomic and racial inequities in access to medical services. Gulf Journal of Advance Business Research. https://doi.org/10.51594/gjabr.v3i3.118

Putri, A. A., Yanti, N. P. E. D., & Krisnawati, K. M. S. (2025). The relationship between workload and the mental health of nurses at the community health center. *Nursing and Health Sciences Journal (NHSJ)*, *5*(2), 185–192. https://doi.org/10.53713/nhsj.v5i2.490

Qureshi, S. M., Bookey-Bassett, S., Purdy, N., Greig, M. A., Kelly, H., & Neumann, W. P. (2022). Modelling the impacts of COVID-19 on nurse workload and quality of care using process simulation. *PLOS ONE*, *17*(10), e0275890. https://doi.org/10.1371/journal.pone.0275890

Sarıköse, S., & Göktepe, N. (2022). Effects of nurses' individual, professional and work environment characteristics on job performance. *Journal of Clinical Nursing*, *31*(5-6), 633-641. https://doi.org/10.1111/jocn.15921

Singh, B. (2023). Reimagining human rights: harnessing the power of law for global health and sustainable development goals. *Human Rights in the Global South (HRGS)*, *2*(2), 93-105. https://doi.org/10.56784/hrgs.v2i2.65

Wiratikusuma, Y., Acihayati, J. P., & Supardi, S. (2023). The Effect Of Nursing Round Training On Patient Satisfaction In Nursing Services At RS X Jakarta. *Jurnal Mutiara Ners*, *6*(1), 34–45. https://doi.org/10.51544/jmn.v6i1.3399