The Relationship Between Workload, Shift Work, Work Shift, And Role Conflict On Work Stress In Idaman Regional Hospital Nurses Banjarbaru

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ABSTRACT

The nursing profession has potential to experience stress in the workplace. Based on 2022, as many as 68% nurses at RSD Idaman Banjarbaru experience work stress. Apart from that, the Bed Turn Over value at RSD Idaman Banjarbaru exceeds the standard, namely 67,73. Based on Hurrell and McLaney's theory, work stress can be impacted by numerous factors, one of which is the workload, work shift, and role conflict. The objective of this study is to examine the correlation involving workload, work shift and role conflict on work stress among nurses RSD Idaman Banjarbaru. The study employed a quantitative cross sectional design, with a research population comprising all 327 nurses at RSD Idaman Banjarbaru. The sample was 90 people using a proportional random sampling. The research instruments used the Nursing Stress Scale, the Nursalam workload questionnaire, and NIOSH questionnaire. The result of chi-square test show that there is a relationship between workload (p-value=0,022), role conflict (p-value=0,004), there is no relationship between work shifts (p-value=0,277) and work stress among nurses at RSD Idaman Banjarbaru. Based on the results, RSD Idaman Banjarbaru is expected to be able to evaluate the workload and adjust workload for each room, fulfilling resources and materials. It is also recommended that nurses be open with colleagues regarding problems in the workplace.

Keywords: Role conflict, workload, work shifts, work stress

INTRODUCTION

A person experiences work stress when their knowledge and abilities are inadequate to handle the demands and responsibilities of their job, as stated by the World Health Organisation (WHO). Workplace stress occurs when a person's mental and physical well-being is threatened by their work environment, and when expectations exceed available resources. Someone who experiences work stress can experience 3 symptoms as follows, changes in the metabolic rate of the body's organs are the source of physical complaints (increased heart rate, increased blood pressure, feelings of fatigue), psychological symptoms are changes in attitude (anxiety, boredom), and behavioural symptoms are changes that result in decreased productivity, increased absenteeism, and the emergence of a desire to resign from work (1).

Based on data from the Labour Force Survey (LFS) in 2021-2022, there were 3,320 cases of occupational stress measured in 100,000 workers in the health sector. Nurses are the profession most at risk of occupational stress. This is also supported by The American Nurses Foundation which found 34% of nurses in America, where nurses who carry out tasks in the emergency room report high stress pressure (2). Nurses in Indonesia have also seen high levels of stress, as reflected in the data of 70.7% of nurses at GMIM Pancaran Kasih General Hospital Manado experiencing considerable levels of stress (3). Workload has become a major source of work stress for nurses at Idaman Banjarbaru Hospital. Measurements conducted by the K3RS unit of Idaman Banjarbaru Hospital showed that 68% of them experienced moderate levels of work

stress, while 32% experienced milder levels of work stress.

According to Hurrell and McLaney's 1988 theory, work stress can arise due to various factors, such as work factors, individual factors, factors outside work, and support factors. Workplace factors that contribute to job stress include workload, shift work, and role conflict. A worker's workload is determined by the amount of work and time required to do it. Workload measurements conducted by K3RS Idaman Banjarbaru in 2022 showed the results of heavy workload in nurses (2%), moderate workload (32%), and light workload (66%). In addition, the value of Bed Turn Over (BTO) in 2022 exceeds the standard value set by the Ministry of Health which is 40-50 times per year, while the BTO in the inpatient room of Idaman Banjarbaru Hospital has a value of 67.73 times. The higher the BTO value indicates that more patients use the bed in turn, causing nurses to spend more time in handling patients. The workload of nurses can also occur due to disproportionality in the number of patients and nurses, direct and indirect nursing activities, the number of actions, and the number of patients.

The Banjarbaru City Government manages a type C regional general hospital, RSD Idaman Banjarbaru. Referrals from other health facilities often come to RSD Idaman Banjarbaru which provides general care, BPJS health, and BPJS employment. RSD Idaman Banjarbaru has 3 shifts to support the hospital's 24-hour operational system. The shifts include morning shift (07.30-14.30), afternoon shift (14.30-21.30), and night shift (21.30-7.30). There were nurses who worked beyond the duration stipulated in the Standard Operating Procedure (SPO), which was 11 hours and 30 minutes during the night shift. Workers who are less accustomed to regular work schedules find that shift work increases their stress levels. Decreased physical working ability, reduced appetite, and poor sleep are physiological manifestations of the effects of shift work. The human body is designed to be active during the day and rest at night. Being active at night and resting during the day goes against the body's established circadian cycle (4). This is corroborated by Rewo, et al's research in 2020 which found a correlation between work shifts and the level of stress experienced by nurses. The stress level in the afternoon and night work shifts was 0.209 times higher than the early morning shift (5).

A person who experiences role conflict occurs when the responsibilities entrusted to them conflict with their own personal principles and beliefs. Role conflict is also defined as a conflict that occurs because the roles performed are not in accordance with each other (6). In addition to carrying out their main duties and functions as nurses such as providing nursing care, nurses at RSD Idaman Banjarbaru are also found to perform other tasks and activities outside their profession such as handling patient administration, finance, and carrying out patient cleaning tasks. Working nurses will be faced with role conflict because their work is filled with demands from various sources.The effects of work stress on nurses create a complex impact, involving quality of care, mental and physical health, and overall quality of work. Occupational stress will affect the individual, the organisation, and society. A person's inability to perform and lack of job satisfaction can decrease, and eventually can even bring complaints from patients. Such complaints will create a negative image of the hospital due to unprofessional nurses on duty. Burnout and the desire to leave work are further outcomes of stress (7).

Based on this description, it is important to conduct an in-depth review of the relationship between workload, work shifts, and role conflict on work stress in nurses at Idaman Banjarbaru Regional Hospital. It is hoped that this research can help nurses and health workers in avoiding work accidents in the Banjarbaru Idaman Regional Hospital due to stress in the workplace.

METHODE

This study applied a cross-sectional approach and quantitative method. The study lasted for two months, starting from November to December 2023. The sampling method applied was proportional random sampling. A total of 327 nurses were used as the population in this study. Based on the Lemeshow test, 75 research samples were obtained, then the results of this calculation were added with a correction factor of 20% so that a sample size of 90 nurses was obtained as participants in this study. Data were collected using direct observation and questionnaire filling as information collection techniques.

The tool to measure the level of stress received by nurses in the work environment uses the standardised Nursing Stress Scale (NSS) questionnaire. There are seven sections of the NSS (death and dying situations, conflicts with doctors, lack of adequate preparation, lack of support, problems with colleagues, job demands, and unclear treatment). The questionnaire to measure workload adopted from the Nursalam questionnaire in Yuli kristyaningsih in 2018 which consists of indicators of physical aspects and psychological aspects. Shift work was measured using a fill-in sheet on the questionnaire. Role conflict was measured by the National Institute for Occupational Safety and Health Stress Questionnaire which consists of 3 indicators (conflict between tasks and human resource availability, tasks that are not part of the job and override the rules, and conflict between personal values and beliefs). Statistical tests using SPSS through chi square test at 95% confidence level

RESULTS AND DISCUSSION

Nurses in all rooms of RSD Idaman Banjarbaru have a population of 327 nurses. Based on the Lemeshow test, 75 research samples were obtained, then the results of this calculation were added with a correction factor of 20% so that 90 nurses were selected as samples. The following are the demographic details of the respondents:

Table 1. Distribution and Frequency of Respondent Characteristics Based on Age, Gender, Tenure, and Work Unit

Respondents' Characteristics	Frequency	Percentage
Age		
Age ≤30 tahun	30	33,3%
Age >30 tahun	60	66,7%
Jenis Kelamin		
Male	32	35,6%
Female	58	64,4%
Period of Employment		
Period of Employment ≤5 tahun	43	47,8%
Period of Employment >5 tahun	47	52,2%
Work Unit		
Emergency Room (IGD)	10	11,1%
Dove (Postpartum Room)	7	7,8%
Gull (Internal Medicine Room)	7	7,8%
Cassowary (VIP Class I Room)	6	6,7%
Parrot (Surgical Room)	6	6,7%
Murai (VIP Hospitalization)	7	7,8%
Peacock (Children's Room)	6	6,7%
Cendrawasih (Baby Room)	7	7,8%
Intensive Care Unit (ICU)	6	6,7%
Pediatric Intensive Care (PICU)	4	4,4%
Gelatik (Covid ICU)	5	5,6%

Respondents' Characteristics	Frequency	Percentage
Parakeet (Isolation)	7	7,8%
Central Surgical Installation (IBS)	9	10%
Hemodialysis	3	3,3%

Source: Primary Data Year 2023

The majority of respondents in this study were more than 30 years old, as seen in Table 1 as many as 60 respondents (66.7%), the majority of nurses were female with a total of 58 people (64.4%), the dominant working period of nurses was >5 years, namely 47 people (52, 2%), and the Emergency Department (IGD) work unit was the most work unit filling out the questionnaire, namely 10 people (11.1%).

The independent variables in this study are workload, work shift, and role conflict, while the dependent variable in this study is job stress. The following is a description of these variables:The majority of respondents in this study were more than 30 years old, as seen in Table 1 as many as 60 respondents (66.7%), the majority of nurses were female with a total of 58 people (64.4%), the dominant working period of nurses was >5 years, namely 47 people (52, 2%), and the Emergency Department (IGD) work unit was the most work unit filling out the questionnaire, namely 10 people (11.1%).

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Table 2. Frequency Distribution of Respondents Based on Workload

No.	Workload	Frequency	Percentage
1.	Ringan	22	24,4%
2.	Berat	68	75,6%
	Total	90	100%

Source: Primary Data Year 2023

Based on Table 2, of the total study respondents, 68 people (75.6%) had a high workload and 22 people (24.4%) showed a light level of workload. This clearly shows that the majority of nurses experienced high levels of workload. The research findings revealed that respondents who felt heavy workload often attributed the demands of their job to the fact that they had to "deal with individuals with diverse characteristics". This was stated by 43 respondents (47.8%). Heavy workload was also indicated by 45 respondents (50%) who felt a "responsibility when providing care to patients in any condition and always providing patient rescue measures". The respondents who experienced light workload indicated that "the knowledge and skills possessed by nurses are balanced with the demands given", so that 58 people (64.4%) considered that the demands given did not exceed their knowledge and skills as nurses.

Table 3. Frequency Distribution of Respondents Based on Work Shift

No.	***Work Shift***	Frequency	Percentage
1.	Morning	36	40%
2.	Afternoon	24	26,7%
3.	Night	30	33,3%
	Total	**90**	**100%**

Source: Primary Data Year 2023

Based on Table 3, most of the nurses with morning work shifts, namely 07.30-14.30 WITA,

numbered 36 respondents (40%), nurses who worked on the day shift consisted of 24 respondents (26.7%), while nurses who worked on the night shift numbered 30 people (33.3%).

Table 4. Frequency Distribution of Respondents Based on Role Conflict

No.	Role Conflict	Frequency	Percentage
1.	Not risky	54	60%
2.	Risky	36	40%
	Total	**90**	**100%**

Source: Primary Data Year 2023

Table 4 shows that of the total number of responses, the majority of 54 people (60%) in this study were not at risk of role conflict. The respondents who fell into the category of risky role conflict were 36 people (40%). Based on the results of filling out the role conflict questionnaire, it is known that the lowest score is 8 and the highest score is 38.

Respondents who were included in the non-risky role conflict group stated that "in completing tasks, nurses do not have to violate established regulations or policies", so as many as 52 respondents (57.8%) continued to complete work in accordance with all relevant rules. This can occur because respondents realise that if they ignore the rules when providing services to patients, it is feared that it will increase the risk of medical errors. If this happens, it will cause role conflict because there is a difference between what nurses should do in these circumstances. This awareness of nurses is what makes respondents not at risk of having role conflict. It is known that 15 nurses (16.7%) who face the risk of role conflict are due to workers carrying out tasks in unusual ways that may not match the expectations given, so that it will cause conflict with colleagues who expect work to be done in accordance with certain ways.

Tabel 5. Distribusi Frequency Responden Berdasarkan Stres Kerja

No.	Work Stress	Frequency	Percentage
1.	Not risky	31	34,4%
2.	risky	59	65,6%
	Total	**90**	**100%**

Source: Primary Data Year 2023

Based on Table 5, 59 respondents (65.6%) were at risk of work-related stress, while 31 respondents (34.4%) were not at risk of work stress. The lowest score obtained by respondents in this study was 9, while the highest score was 63.

Based on the results of the respondents' answers, it can be seen that 54 people (60%) are at risk of work stress, which is reflected in the level of complaints on many indicators of work stress in the questionnaire. The findings in this study can be interpreted that respondents who fall into the risky work stress group mostly stated that they "always experience feelings of helplessness when dealing with patients who do not show improvement in their condition". This statement was expressed by 43 respondents (47.8%) and this is included in the death and dying indicator. This can occur in novice nurses, so that nurses will imagine death more frightening than actual events. In line with Febrilianti Kusuma Wardhani's research in 2018 which states that the death and dying subscale is the biggest cause of work stress in South Tangerang City Hospital nurses. Nurses are often faced with the final stages of a patient's life. If not accompanied by therapeutic communication skills, there will be feelings of guilt watching a patient suffer during the process and this will be a source of work stress (7). Based on Table 5, 59 respondents (65.6%) were at risk of work-related stress, while 31 respondents (34.4%) were not at risk of work stress. The

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The review of data on respondents who do not have risky work stress is indicated by 72 people (80%) who answered "doctors never provide treatment that is not in accordance with the needs of patients". Nurses are a profession that is always in direct contact with patients for a long time, so they must know clearly how to treat or care for these patients. Sometimes the communication between doctors and nurses does not go well, so that when mistakes occur, nurses are often blamed because nurses have direct and longest relationships compared to other workers or professions. However, in nurses at RSD Idaman Banjarbaru this does not apply because communication between doctors and nurses runs smoothly, especially in caring for and treating patients.

Bivariate analyses were presented in tabular form and conducted through the chi-square test at 95% confidence level. The following are the results of the bivariate analysis:

Table 6. Analysis of the Relationship between Workload and Job Stress in Respondents of RSD Idaman Banjarbaru

Workload	Work Stress				Total		p-*value*
	Not risky		Risky				
	N	%	N	%	N	%	
Mild	12	54,5	10	45,5	22	100%	0,022
Heavy	19	27,9	49	72,1	68	100%	

Source: Primary Data Year 2023

Based on Table 6, it can be seen that there are 22 respondents in the light workload category, while 68 people are in the heavy workload category. Table 6 also explains that in the group that had a light workload, the majority had no risk of occupational stress, as many as 12 people or equivalent to 54.5% compared to the group at risk of occupational stress (10 people or 45.5%). In contrast, in the group that experienced heavy workload, the majority of them were at risk of occupational stress (49 people or 72.1%) when compared to the group that did not face the risk of stress, the number was lower at 19 people or 27.9%. The results of the chi-square test showed a p value of 0.022 ($p<0.05$), which means there is a relationship between workload and work stress in nurses at Idaman Banjarbaru Hospital.

There is a lot of work that needs to be done to ensure patient safety, and supervisors have high expectations for nurses in terms of providing excellent care, which causes them to be overworked and increases their stress levels at work. Heavy workload is also indicated by 36 respondents (40%) who answered that they always do a lot of work for patient safety. Workers experience stress due to various responsibilities. When workers feel unable to complete the

assigned work, it will have an impact on their self-esteem (8). The large amount of work can make nurses' physical condition easily tired and tense. In order to meet the demands of their patients, nurses must rely on their extensive knowledge and technical abilities, which can strain their bodies and minds (3).

According to Hurrell and McLaney's 1988 theory, workload reflects how much work has to be done and the allotted time in which the work is expected to be completed. Workload is an occupational factor that is easily recognized as a source of occupational stress, because working long hours or taking on more than one job accelerates the risk of occupational stress. A person's health, including potential risk of illness, accidents in the work environment, mental health problems, and dissatisfaction with their job, can be negatively impacted by a heavy workload (8). The high-risk nature of the job, the pressure to provide excellent care, the need to systematically record patients' vital signs and other information, the importance of keeping patients' conditions from deteriorating, contribute greatly to nurses' stress levels in the workplace. Nurses are the first point of contact for patients, patients' families, doctors, and other hospital staff so nurses are often considered to be at the forefront of patient care (5). The findings of this study corroborate the research of Evi Sunarti, et al in 2021 which found a positive relationship (r=0.551) between workload and work stress in nurses at RSPG Cisarua Bogor (9).

Table 7. Analysis of the Relationship between Work Shift and Job Stress in Respondents of RSD Idaman Banjarbaru

Work Shift	Work Stress				Total		p-*value*
	Not risky		Risky				
	N	%	N	%	N	%	
Morning	15	41,7	21	58,3	36	100%	0,277
Afternoon	9	37,5	15	62,5	24	100%	
Night	7	23,3	23	76,7	30	100%	

Source: Primary Data Year 2023

Based on the information in Table 7, it can be seen that out of 36 nurses on duty in the morning shift, 15 people (41.7%) are not at risk of occupational stress, while 21 people (58.3%) face the risk of occupational stress. As for the 24 people who run the afternoon shift, 9 people (37.5%) are not at risk of occupational stress, while 15 people (62.5%) have a risk of occupational stress. On the other hand, of the 30 people who worked the night shift, 7 people (23.3%) were found to have no risk of occupational stress, while 23 people (76.7%) had a risk of occupational stress. Through the chi-square test, a p value of 0.277 was found, higher than (α = 0.05). The statistical test is interpreted that there is no relationship between work shifts and work stress in nurses at Idaman Banjarbaru Hospital, which can be due to the even distribution of shifts with the number of nurses per shift ranging from 4-5 people so that nurses can manage their time well. Most of the nurses who were respondents when the research was conducted were serving morning shifts, so this could affect the results of statistical tests that showed more morning shifts were not at risk of work stress because in the morning the body was ready for activity compared to the night shift. Night time should be used to rest. This also affects the comfort of nurses while working. Respondents' answers based on the level of comfort in the work shift are as follows:

Table 8. Frequency Distribution of Comfortable Work Shift in Respondents of RSD Idaman

Banjarbaru

No.	*Work Shift*	Frequency	Percentage
1.	Morning	56	62,2%
2.	Afternoon	24	26,7%
3.	Night	10	11,1%
	Total	**90**	**100%**

Source: Primary Data Year 2023

The results in Table 8 reveal that 62.2% of respondents feel comfortable working during the morning shift, 26.7% during the afternoon shift, and 11.1% during the night shift. This shows that each respondent feels comfortable or uncomfortable on certain shifts. This happens because the workload felt by each shift can vary. The morning shift tends to have staff available, such as the head and deputy head of the room, administrative staff, and cleaning service, so it is easier for nurses to access resources or ask for help from other staff when working in the morning than at night. The comfort level of respondents who prefer morning shifts over other shifts is in line with Hurrell and McLaney's theory, which states that the human body during the morning and afternoon is intended for active activity, while at night it is intended for rest in order to restore energy. This is contrary to the body's natural circadian rhythm, working at night and resting during the day can reduce work productivity. Working at night can cause sleep disturbances, digestive disorders, emotional disturbances, and an increased risk of occupational injury. This is due to the disruption of biological rhythms resulting in physiological and biochemical disturbances (6).

Based on Table 7, it can be seen that the highest frequency is non-risky work stress with morning shifts as many as 15 people (41.7%) and day shifts 9 people (37.5%), meaning that nurses who experience risky work stress are predominantly assigned to the night shift. This result shows that nurses get enough sleep at night. Everyone has an innate desire for rest and sleep, as they are necessary for the recovery of the body's biological functions. Sleeping during the day is not as effective as sleeping at night (4). The results of this study also found respondents who did night work shifts but were not at risk of occupational stress. This could be because the tasks they receive during the night shift are lighter than in the morning-morning shift, for example, clinic activities mostly increase in the morning because patients and doctors are more active during these working hours. Therefore, nurses usually spend more time during the morning shift, assisting doctors when examining patient conditions, entering medical data, and taking patients to do laboratory tests (10).

The results in this study are in line with Dian Dwiana Maydinar, et al at Dr. M. Yunus Bengkulu Regional General Hospital in 2020, there was no relationship between work shifts and work stress, which was indicated by a p value of 0.626. This is because the nurse has understood the role of nurses in the work shift system regulated in the contract agreement, so that work shifts are not a stressful problem for nurses (10).

Table 9. Analysis of the Relationship between Role Conflict and Job Stress among Respondents of

RSD Idaman Banjarbaru

Role Conflict	Job Stress				Total		p-*value*
	Not risky		Risky				
	N	%	N	%	N	%	
Not risky	25	46,3	29	53,7	54	100%	0,004
Risky	6	16,7	30	83,3	36	100%	

Source: Primary Data Year 2023

Based on Table 9, it indicates that of the 54 participants who have a role conflict that is not at risk, there are 25 nurses (46.3%) who are not at risk of work stress and 29 nurses (53.7%) who are at risk of work stress. Then of the 36 respondents who had risky role conflict there were 6 people (16.7%) who did not experience work stress and 30 people (83.3%) were at risk of experiencing work stress. Referring to the results of the chi-square test analysis, it can be seen that there is a relationship between role conflict and work stress of nurses at Idaman Banjarbaru Hospital, which is indicated by a p value of 0.004.

The finding of a relationship between role conflict and work stress in this study is due to as many as 15 people (16.7%) stated that they "need to complete tasks with methods that are not common or unusual". If role confusion occurs on an ongoing basis, this can increase job stress. Role conflict arises when employees are faced with conflicting instructions that must be carried out simultaneously. This requires workers to be able to complete more than one job, until finally the worker decides to use methods outside of their beliefs (11). Respondents who experience risky role conflict with risky work stress tend to occur in nurses who are assigned to the Central Surgical Room (IBS) and Emergency Room (IGD). It is known that these two units require extra care from nurses because they have to operate in a very limited time compared to other units. Conditions in the installation room often involve emergency situations or critical circumstances, causing additional pressure to provide optimal care and the pressure becomes piled up to trigger job stress. The provision of extra care is what makes nurses in the room have to complete work in different ways.

According to Hurrel and McLaney's 1988 theory, when employees are given high expectations by leaders, but these expectations make it difficult to achieve the assigned tasks (8). There is a lot of pressure in the nursing profession as many different people and organizations put pressure on nurses to do a good job. In addition, nurses often deal with multiple demands from above and below in the organizational structure and these demands often conflict with each other (11). Respondents who have role conflict are not at risk are less likely to experience work stress at risk as much as 46.3%. A total of 52 people (57.8%) answered "in completing nursing tasks, they do not violate regulations or policies". This shows that even though at work they have to meet the demands of the job so that excessive expectations are formed, in completing these tasks or demands they do not violate the rules that have been set because they realize there will be consequences for these violations. Violating rules or policies according to Rizzo et al in 1970 is one of the indicators of role conflict (11). Research by Laela Hasanah, et al in 2019 states that one of the work stressors for nurses in Bandung hospitals is role conflict (12).

CONCLUSION

Based on this study, it can be concluded that there is a relationship between workload and work stress, there is no relationship between work shifts and work stress, and there is a relationship between role conflict and nurses' work stress at RSD Idaman Banjarbaru. It is recommended to RSD Idaman Banjarbaru to manage nurses' work stress through the provision of counseling and training for nurses regarding excellent service in dealing with patients with different characteristics. The hospital is also advised to evaluate the workload of nurses referring to Permenkes Number 43 Year 2017. To avoid role conflict, hospitals need to provide a clear explanation of the roles and responsibilities of nurses and fulfill sufficient resources and materials. Suggestions for nurses of RSD Idaman Banjarbaru in dealing with workload are expected to manage time as well as possible so that strict work can be completed during working hours and does not interfere with rest time. Nurses are also expected to be open with colleagues regarding workplace problems and provide assistance to colleagues in need while carrying out their duties.

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