RESEARCH ARTICLE

OCCUPATIONAL STRESS IN NURSES AT HAJJ HOSPITAL UIN SYARIF HIDAYATULLAH JAKARTA: THE ROLE OF CONFLICT WITH DOCTOR AND DEATH EXPOSURE

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ABSTRACT

Background: In the demanding healthcare environment, both nurses and doctors are at high risk of experiencing stress, with nurses being particularly vulnerable to various psychosocial hazards. This risk also applies to nurses at Hajj Hospital UIN Syarif Hidayatullah Jakarta, especially following organizational changes and nurse rationalization implemented since 2024.

The aim is to identify the contributing factors to occupational stress and to inform interventions that enhance nurses' well-being and improve the quality of healthcare services.

Methods: A cross-sectional analytical study was conducted involving all 96 nurses at Hajj Hospital UIN Syarif Hidayatullah Jakarta. Data was collected using Expanded Nursing Stress Scale (ENSS) to asses hazard psychosocial and Workplace Stress Scale (WSS) to evaluate occupational stress levels through a Google Form. The study examined the association between conflict with doctors and lack of experience with end-of-life (independent variables) and the nurses' reported stress levels (dependent variable).

Results: The study revealed a significant association between conflict with doctors and occupational stress (p=0.000), with nurses experiencing conflict being 6.13 times more likely to experience occupational stress (95% CI: 2.337-16.106). A significant relationship was also found between limited experience with End of life and occupational stress (p=0.017), with nurses having limited experience facing a 2.07-fold increased risk of occupational stress (95% CI: 1.188-3.612).

Conclusion: The occupational stress experienced by nurses at Hajj Hospital UIN Syarif Hidayatullah Jakarta is significantly related to conflict with doctors and limited experience in managing End of life situations.

Keywords: Occupational Stress, Nurses, Conflict, End of life, Psychosocial Factors

INTRODUCTION

Stress can be defined as a state of mental tension or worry stemming from challenging circumstances. It is a natural human response that motivates individuals to address life's threats and difficulties. While everyone experiences stress to some degree, the way in which individuals respond to it significantly affects their overall well-being.[2] Occupational stress is characterized by a harmful physical and emotional response arising from a perceived imbalance between job demands and the resources available to meet them, relative to an individual's coping capacity. This imbalance can manifest in various ways, such as excessive workload, lack of control over work tasks, inadequate support from colleagues or supervisors, unclear expectations, or conflicting job demands. The harmful effects can range from psychological distress, including anxiety and depression, to physiological symptoms like cardiovascular problems and weakened immune function. Ultimately, the severity of occupational stress depends on the magnitude of the perceived imbalance and the individual's resilience and coping mechanisms.[3]

Research conducted on emergency room nurses at Labuang Baji Hospital Makassar found that conflict factors with doctors and lack of experience in handling patient death were the two biggest factors contributing nurses' work stress.[4] Previous research conducted by Hartono and Siwanto (2017) reported a high prevalence of occupational stress among nurses at Hajj Hospital UIN Syarif Hidayatullah Jakarta, with 8% experiencing this phenomenon. Their study identified several contributing factors, most notably shift work (OR: 6.182) and workload (OR: 4.250). These odds ratios suggest that nurses working shifts were over six times more likely to experience occupational stress compared to those on regular schedules, while those with heavy workloads were more than four times

as likely. This highlights the significant impact of work arrangements and demands on the mental well-being of nurses in this setting. The study underscores the need for interventions aimed at mitigating these risk factors and promoting a healthier work environment.[6]

This study aims to analyze the relationship between conflict with doctors and lack of experience with end-of-life as the contributing factors to the level of occupational stress among nurses at Hajj Hospital UIN Syarif Hidayatullah Jakarta. By understanding these contributing factors, strategic interventions can be developed and implemented to mitigate workplace stress, enhance the psychological well-being of hospital staff, and ultimately improve the quality of healthcare services provided at Hajj Hospital UIN Syarif Hidayatullah Jakarta.

METHODS

A cross-sectional analytical method was used in this study to investigate how conflict with doctors and lack of experience with End of life affect occupational stress experienced by nurses at Hajj Hospital UIN Syarif Hidayatullah Jakarta. The study analyzed the relationship between conflict with doctors and lack of experience with end-of-life, acting as independent variables, and the nurses' reported stress levels, which served as the dependent variable. The data collection method in this research is by distributing ENSS to asses hazard psychosocial and WSS questionnaires by using Google Form. Data on psychosocial hazards, including nurses' limited experience with end-of-life care and conflicts with doctors, were collected using the Expanded Nursing Stress Scale (ENSS) questionnaire. Occupational stress, as the dependent variable, was assessed using the Workplace Stress Scale (WSS) questionnaire, which evaluates various aspects including as work environment conditions, the impact of work on physical and emotional well-being, workload, relationships with supervisors, job pressure, job control, recognition of work, and job-related skills. Demographic and individual characteristics of participants were also collected using a questionnaire. Additionally, supporting data on nurse staffing at Hajj Hospital UIN Syarif Hidayatullah Jakarta were obtained from the hospital's Staffing Section. Coping strategies for stress were categorized into four types: problem-focused (actively seeking solutions), emotion-focused (regulating emotional responses), avoidant (distancing oneself from the situation), and social support (seeking assistance from others). Personality traits were classified based on the Big Five model, encompassing Extraversion (sociable, energetic), Neuroticism (emotionally reactive, anxious), Openness (creative, curious), Agreeableness (cooperative, compassionate), and Conscientiousness (organized, responsible).

The target population in this study were all nurses working at Hajj Hospital UIN Syarif Hidayatullah Jakarta. This study included clinical nurses who had been working at Hajj Hospital UIN Syarif Hidayatullah Jakarta for at least six months. Nurses with a diagnosed mental illness were excluded. Applying these criteria, 96 out of 146 nurses qualified for participation. The estimated sample size in cross-sectional research is obtained using $n= N/(1+Ne^2)$. The information about this formula is n= total sample size, N= total population, *e*= margin of error. The size of the population of nurses in Hajj Hospital UIN Syarif Hidayatullah Jakarta which is around 146 nurses. Based on that formula, the minimum sample size for this study was 60 subjects. To minimize errors, there was an additional sample of 10% so that the total sample was 66 subjects. The sampling method of the research was carried out using total sampling. Total sampling is a sampling technique where all members of the population are used as samples. Using total sampling ensures maximum participation and minimizes potential non-response bias. The authors have anticipated potential attrition or drop out (subjects withdrawing) during the study. By starting with a 96 sample, the authors could ensure a sufficient number of subjects remain until the end of the study, even with some dropouts.

Univariate analysis was conducted to determine the frequency distribution of each variable, expressed as percentages or proportions, for each variable. These variables included nurse demographics and individual characteristics such as age, gender, work experience, unit assignment, educational level, income, marital status, personality, coping mechanisms, psychosocial hazards, and levels of occupational stress. Bivariate analysis was performed using the Chi-Square test to examine the relationship between each psychosocial hazard (independent variables) and occupational stress (dependent variable), categorized as “stressed” or “not stressed”. This analysis utilized a 2 × k contingency table for unpaired categorical data, with a significance level set at $p < 0.05$. A p-value less than 0.05 is considered statistically significant. In addition to the bivariate test, researchers also calculated the prevalence ratio (PR) and Confidence Interval (CI).

ETHICAL APPROVAL

This study received ethical approval from the Ethics Committee of Muhammadiyah University of Jakarta, under approval number 10.027.B/KEPK-FKMUMJ/II/2025.

RESULTS

A. Respondent Characteristics

This study involved 96 nurses. The characteristics of respondents in this study consisted of age, gender, marital status, length of service, personality, education level, work unit, income level, and stress coping, and the research variables were psychosocial hazard (lack of experience with End of life and conflict with doctors) and occupational stress levels.

Table 1. General Characteristics of Respondents

Characteristics	Frequency (n)	Percentage (%)
Age (years)		
15-24	1	1
25-54	94	97.9
55-64	1	1
Gender		
Male	18	18.8
Female	78	81.3
Marital Status		
Married	87	90.6
Unmarried	5	5.2
Divorce/Death of a spouse	4	4.2
Length of Service (years)		
<1	1	1
1-10	13	13.5
11-20	27	28.1
>20	55	57.3
Personality		
Extraversion	19	19.8
Openness	25	26
Agreeableness	28	29.2
Conscientiousness	24	25
Neuroticism	0	0
Education Level		
Diploma	62	64.2
Bachelor/Profession (Ners)	32	33.2
Others	2	2.1
Work Unit		
Outpatient	13	13.5
Inpatient	38	39.6
Intensive Care	13	13.5
Emergency Room	10	10.4
Haemodialysis Unit	9	9.4
Surgical Room	13	13.5
Income Level		
< 5.000.000	41	42.7
> 5.000.000	55	57.3
Stress Coping		
Problem-focused coping	47	49
Emotion-focused coping	39	40.6
Avoidant coping	6	6.3
Social support coping	4	4.2

Table 1 shows that the majority participants were women (81.3%, 78 nurses), while men only 18.8% (18 nurses). Regarding work experience, most respondents had over 20 years of service (55%), followed by those with 11–20 years (27%), 1–10 years (13%), and less than a year (1%). Personality traits were mainly agreeableness (29.2%), openness (26%), conscientiousness (25%), and extraversion (19.8%), with no respondents classified as neurotic.

In terms of education, 64.2% held a Diploma degree, 33.2% had an Bachelor/Ners degree, and 2.1% had other qualifications. The largest group worked in inpatient units (38%), followed by outpatient, intensive care, and surgical units (each 13%), emergency units (10.4%), and hemodialysis units (9.4%). Income distribution was nearly equal, with 55% earning more than 5 million rupiah per month and 41% earning below that amount. The most common stress coping strategy was problem-focused coping (49%), followed by emotion-focused coping (40.6%), avoidant coping (6.3%), and social support coping (4%).

The univariate analysis results showed that 52 nurses (54.2%) reported experiencing conflict with doctors, while 44 nurses (45.8%) did not. In addition, 38 nurses (39.6%) reported having limited experience dealing with End of life, while a majority, 58 nurses (60.4%), reported sufficient experience.

B. The Relationship Between Conflict With Doctors and Occupational Stress Experienced by Nurses at Hajj Hospital UIN Syarif Hidayatullah Jakarta

A comparative analysis presented in Table 2 demonstrates a strong association between conflict with doctors and occupational stress among the 96 nurse respondents (p=0.000). The prevalence of occupational stress was substantially higher among nurses reporting conflict with doctors (55.8%, n=29) compared to those without such conflict (9.1%, n=4). This difference corresponds to a 6.13 times greater risk of occupational stress for nurses with doctor conflict (PR= 6.13; 95% CI= 2.337-16.106; p=0.000).

Table 2. Relationship Between Conflict With Doctors and Occupational Stress

Conflict with doctors	Occupational Stress				Total	p-Value	PR (95% CI)
	Stress		Not Stress				
	n	%	n	%			
Present	29	55.8	23	44.2	52	0,000	6.13
Not Present	4	9.1	40	90.9	44		(2.337-16.106)

Data Source: 2025 research data (data processed)

C. The Relationship Between Lack of Experience with End-of-Life With Occupational Stress

Table 3 demonstrates a significant association between limited experience with end-of-life and occupational stress among the 96 nurse respondents (p=0.017). Among nurses with limited experience, 50% (n=19) experienced stress, compared to 24.1% (n=14) of those with sufficient experience. Nurses with limited experience had a 2.07-fold higher risk of occupational stress (PR= 2.07; 95% CI: 1.188-3.612; p=0.017).

Table 3. Relationship Between Lack of Experience With End-of-Life Care and Occupational Stress

Lack of experience with end-of-life	Occupational Stress				Total	p-Value	PR (95% CI)
	Stress		Not Stress				
	n	%	n	%			
Yes	19	50	19	50	38	0.017	2,07
No	14	24.1	44	75.9	58		(1.188-3.612)

Data Source: 2025 research data (data processed)

DISCUSSION

Based on the questionnaire result from 96 respondents, the majority of respondents (97.9%) were in the aged between group of 25 and 54 years. This aligns with data from the Central Bureau of Statistics, which reports that the Labor Force (LF) in 2024 is predominantly composed of individuals aged 20 to 54 years.In addition, research by Umar, Riyanta and Rustam (2024) indicated that the majority of job applicants in Indonesia were aged 24 to 35 years.[7] Nursing is a functional profession, with the retirement age for nurses in Indonesia set at 58.[8] In terms of gender, 81.3% of respondents (78 people) were female, while 18.8% (18 people) were male. This is consistent with data from the BPS Pontianak from 2017-2019, which indicated that the nursing profession is predominantly occupied by women.[10] Furthermore, research by Woo, Goh, and Zhou (2022) found that nursing is a female-dominated profession, partly due to persistent gender stereotypes associated with men in nursing.[12] Based on marital status, most respondents (90.6%, 87 people) were married, while 5.2% (5 people) were unmarried, and 4.2% (4 people) were divorced or widowed. In terms of work experience, respondents with the most tenure were those who worked for more than 20 years, as many as 57.3% (55 people).

According to the Big Five personality proposed by Ricco (2018), nurses at UIN Syarif Hidayatullah Hajj Hospital have the personality types of agreeableness (29.2%, 28 people), openness (26%, 25 people), conscientiousness (25%, 24 people) and extraversion (19.8%, 19 people).[14] According to research conducted by Divinakumar et al. (2019), nurses with personality traits such as extraversion, agreeableness, openness, and conscientiousness tend to show a low correlation with work-related burnout. Extraversion tends to have positive emotions, often interacts is optimistic, and is able to see problems more positively. Meanwhile, agreeableness is associated with idealized nurse

traits such as caring and empathy, which makes them more likable in the work environment. On the other hand, conscientiousness reflects discipline, responsibility, and diligence. Individuals with this trait tend to be organized, achievement-oriented and carry out tasks responsibly.[16] According to Molavynejad et al. (2019), nurses with an openness personality type have a flexible nature and see challenges as opportunities, so they are not prone to emotional exhaustion.[18]

Result From the WSS questionnaire, administered to 96 nurses at Hajj UIN Syarif Hidayatullah Jakarta Hospital, indicated that the majority of respondents, 65.6% (63 individuals) were categorized as non-stressed. On the other hand, 34.4% (33 individuals) were classified as experiencing stress. The relatively high proportion of nurses not experiencing stress may be influenced by their personality traits and coping mechanisms. According to Lazarus (1979), problem-focused coping refers to a stress management strategy that concentrates on addressing the problem and efforts to resolve the source of the issue. In contrast, emotion-focused coping is a strategy employed by individuals to regulate the emotions triggered by stress without directly addressing the source of the stressor.[18] This is consistent with the study by Ta'an et al. (2024), which reports that nurses who employ problem-focused coping strategies demonstrate better stress mitigation, making them less vulnerable to stress.[19]

Conflicts with doctors were a significant psychosocial hazard (54.2%). Factors assessed related to conflicts with doctors included nurses having more frequent contact with patients than doctors, difficulties in reaching doctors when clarification was needed, and doctors showing impatience when the information provided by nurses was deemed insufficient. Conflicts with doctors are is categorized as interpersonal conflicts. This aligns with research by Eka Roza Wijaya, Yulia Yasman (2021), which found that interpersonal conflicts among nurses can arise from miscommunication, a disharmonious work environment, and role ambiguity, leading to workplace tension. Tension between nurses and doctors often occurs because nurses feel they lack a platform to express opinions, ideas, and concerns, hesitate to answer patient questions due to inadequate information from doctors, and perceive doctors as not fully informed about patient-related issues. These factors are believed to contribute to conflicts between nurses and doctors as well as among nurses themselves.[21] Research by Hanafi et al. (2024) suggests that support from supervisors may include skill development, recognition of work performance, and career advancement. The absence of such support for nurses has the potential to decrease motivation and job satisfaction, which may subsequently lead to occupational stress among nurses.[21]

The study results indicated a significant relationship between the lack of experience in dealing with end-of-life situations and the level of occupational stress (p=0.017). Nurses with limited experience in facing end-of-life had a 2.07 times higher risk (95% CI 1.188 - 3.16) of experiencing work-related stress compared to those with adequate experience. Research by Chatzigianni et al. (2018) identified as confronting death and the dying process of patients is a major stress trigger for nurses.[23] Similar research by Kowalenko et al. (2024) that in nurses tend to seek support primarily from fellow nurses and unit collaegues rather than from doctors during such events.[24] Another findings were reported in Cybulska et al. (2022) showed that 53.90% of nurses experienced high levels of stress. Attributing this feelings of sadness, regret, and helplessness, which serve as significant stressors.[25]

CONCLUSION

Occupational stress among nurses at Hajj Hospital UIN Syarif Hidayatullah Jakarta was found to have a statistically significant relationship with two key psychosocial hazards conflict with physicians and limited experience in managing end-of-life situations. The hospital needs to prioritize improved communication between doctors and nurses. Implementing regular forums, communication skills training, and standardized procedures can minimize misunderstandings and foster mutual understanding. Establishing a safe reporting system and providing conflict mediation services are also crucial for constructively resolving disputes. Furthermore, equipping nurses, particularly those with less experience, with with emotional support and practical exposure to end-of-life care is essential. Mentorship programs, palliative care training, and access to counseling can help-assist them manage death-related stress. More broadly, comprehensive mental health programs, reasonable workloads, and a positive work environment can reduce stress and improve nurses' well-being.

CONFLICT OF INTEREST

The authors declare no financial or other conflicts of interest related to this research.

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