



The Relationship between Workload and Work Stress and Nurse Performance in the Emergency Installation (IGD) of Dr. M.M Dunda Limboto Hospital

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ABSTRACT

Emergency Installations (IGD) have high work dynamics that require nurse preparedness for 24 hours, so nurse performance is an important indicator in determining service quality. Nurse performance includes quality, quantity, precision and work behavior according to professional standards. In its implementation, nurses face an excessive workload and can trigger work stress in the form of emotional pressure when providing services. This study aims to determine the relationship between workload and work stress and the performance of nurses in the Emergency Installation (IGD) of Dr. M.M Dunda Limboto Hospital. This study is a quantitative research with a cross sectional method. A sample of 31 nurses was taken using the total sampling technique. This research instrument used questionnaires of workload, work stress, and nurse performance. Bivariate analysis using the Spearman Rank test. The results showed a significant relationship between workload and nurse performance (p-Value = 0.001; $r = -0.580$). Meanwhile, there was also a significant relationship between work stress and nurse performance (p-Value = 0.003; $r = -0.520$). It is hoped that the hospital can hold a stress management program and workload management on a regular basis and create a conducive work environment to improve nurse performance.

INTRODUCTION

The Emergency Installation (IGD) is one of the service units in the hospital that provides initial treatment for patients who come directly and referral patients from other health facilities. The emergency room is one of the units with high work dynamics. Services in the emergency room cannot run optimally without the role of nurses. Nurses are one of the health workers who play a role in hospital operations, especially in the emergency room which requires full readiness for 24 hours to provide quick and appropriate help to patients in critical conditions or emergencies. (Darma et al., 2021) (Fathia & SquirrelSquirt, 2022)

In addition to carrying out nursing care, nurses also carry out various forms of collaboration with other health workers, such as sending prescriptions, taking medications, transporting patients to the radiology unit, and accompanying patients to the inpatient room. The complexity of these tasks makes nurse performance an important indicator in determining the quality and success of services in the emergency room. (Mulyono et al., 2024)

Nurse performance is defined as the result of work in terms of quality, quantity, accuracy, and work behavior according to professional standards within a certain period of time (. Operationally, nurse performance can be measured through assessment indicators such as discipline, honesty, responsibility, ability, loyalty and cooperation. Good performance is reflected when the indicators run optimally, for example, nurses are present on time, comply with rules, are responsible in carrying out tasks, have adequate clinical capabilities, are loyal to the institution, and are able to work closely with the health team. Conversely, poor performance arises when such indicators are not met. Pourteimour et al., 2021) (Iskandar & Yuhansyah, 2018) (Iskandar & Yuhansyah, 2018)

Decreased performance of nurses has a direct impact on the quality of services, including delays in providing care, errors in nursing actions, and less effective coordination between health workers. Nurses' performance can decline due to various factors such as excessive workload. (Asriasi et al., 2024)

Workload is the volume and intensity of activities that must be completed in a certain period of time. The workload of nurses can be affected by the number of patients, suitability of work capacity and education level, work shift system, and the availability of supporting facilities and infrastructure. Excessive workload can reduce concentration, increase fatigue, and trigger errors in nursing care. If this condition continues without adjustment, it results in psychological pressure that leads to work stress. (Erviana, 2024) (Alpian et al., 2024) (Fortune, 2025)

Work stress is defined as various forms of stimuli or reactions of the body, both derived from internal and external factors that can cause health disorders. Based on a survey conducted by the (Dewa et al., 2024) *American Nurses Association* (ANA, 2023) also shows that 64% of nurses experience high levels of stress due to work.

Untreated work stress can reduce morale and cause emotional symptoms such as irritability, moodiness, anxiety, anxiety, and negative impact on performance. Nurses who experience stress tend to show a decrease in the quality of providing nursing care, so it can trigger complaints from patients. The quality of hospital services is highly determined by the ability of nurses to maintain performance in accordance with professional standards. However, heavy workloads and work stress often hinder nurses in maintaining work quality and productivity. (Sari et al., 2023) (Saputra et al., 2023)

As a result of initial observations and interviews with the head of the room and four nurses at the emergency room of Dr. M.M Dunda Limboto Hospital, information was obtained, namely that three out of four nurses stated that they often felt tired and overwhelmed when they had to handle many patients at the same time, coupled with demands from the patient's family. This condition causes emotional complaints in the form of irritability, and anxiety in clinical decision-making, as well as decreased work morale.

This pressure is also reflected in discipline and responsibility. The nurse stated that she arrived late during the shift change due to a decrease in work morale which was influenced by personal problems and work pressure. There are even nurses who still leave the room before the end of service hours even though they do not get permission.

Other problems can also be seen in tasks that are not completed optimally, such as delays in monitoring patients' conditions or reluctance to report errors. In addition, a decrease in professional ability is characterized by doubt or anxiety in clinical decision-making and lack of coordination. This situation results in services being slow or unresponsive and potentially endangering patient safety. Based on this background description, the researcher is interested in conducting a more in-depth study on "The Relationship between Workload and Work Stress and Nurse Performance in the Emergency Installation (IGD) of Dr. M.M Dunda Limboto Hospital".

RESEARCH METHODS

This research was carried out at the Emergency Installation (IGD) of Dr. M.M Dunda Limboto Hospital on October 21-24, 2025. This type of research is a quantitative research using *a cross sectional* research design. The sampling technique used *Total Sampling*, which was 31 nurses. This research instrument used questionnaires of workload, work stress and nurse performance.

RESEARCH RESULTS

Respondent Characteristics

The characteristics of the respondents in this study are an overview of nurses who work in the Emergency Installation (IGD) of Dr. M.M Dunda Limboto Hospital which includes age, gender, last education and length of work.

Characteristics of Respondents by Age

Table 1. Distribution of Respondents by Age at Dr. M.M Dunda Limboto Hospital

No.	Age	n	%
1.	17-25 Years	1	3,2
2.	26-35 Years	24	77,4
3.	36-50 Years	6	19,4
4.	> 50 Years	0	0
Total		31	100

Source: Primary Data, 2025.

Based on table 1, it is known that most of the respondents in this study are 26-35 years old, which is 24 people (77.4%) out of a total of 31 respondents.

Characteristics of Respondents by Gender

Table 2. Distribution of Respondents by Gender at Dr. M.M Dunda Limboto Hospital

No.	Gender	n	%
1.	Male	9	29,0
2.	Women	22	71,0
Total		31	100

Source: Primary Data, 2025.

Based on table 2, it is known that most of the respondents in this study are female, namely 22 people (71.0%) out of a total of 31 respondents.

Characteristics of Respondents Based on Recent Education

Table 3. Distribution of Respondents Based on Last Education at Dr. M.M Dunda Limboto Hospital

No.	Final Education	n	%
1.	D3	17	54,8
2.	Ners	14	45,2
3.	S2	0	0
Total		31	100

Source: Primary Data, 2025.

Based on table 3, it is known that most of the respondents in this study have the last education of Diploma III (D3), which is as many as 17 people (54.8%) out of a total of 31 respondents.

Characteristics of respondents based on length of work

Table 4. Distribution of Respondents Based on Length of Work at Dr. M.M Dunda Limboto Hospital

No.	Long Time Working	n	%
1.	< 1 Year	0	0
2.	1-5 Years	15	48,4
3.	6-10 Years	6	19,4
4.	> 10 Years	10	32,3
Total		31	100

Source: Primary Data, 2025.

Based on table 4, it is known that most of the respondents in this study have a working period of 1-5 years, namely 15 people (48.4%) out of a total of 31 respondents.

Univariate Analysis

Univariate analysis describes the frequency distribution of each variable from the results of this study which includes workload, work stress and performance.

Workload of Nurses in the Emergency Installation (IGD) of Dr. M.M Dunda Limboto Hospital

Table 4. Distribution of Nurse Workload Frequency in the Emergency Room of Dr. M.M Dunda Limboto Hospital

No.	Workload	n	%
1.	Lightweight	15	48,4
2.	Medium	14	45,2
3.	Weight	2	6,5
Total		31	100

Source: Primary Data, 2025.

Based on table 5, it shows that the workload of nurses in the emergency room of Dr. M.M Dunda Limboto Hospital consists of 15 respondents (48.4%) with light workload, 14 respondents (45.2%) with medium workload, and 2 respondents (6.5%) with heavy workload out of a total of 31 respondents.

Nurses' Work Stress in the Emergency Installation (IGD) of Dr. M.M Dunda Limboto Hospital

Table 5. Distribution of Nurses' Work Stress Frequency in the Emergency Room of Dr. M.M Dunda Limboto Hospital

No.	Work Stress	n	%
1.	Lightweight	24	77,4
2.	Medium	5	16,1
3.	Weight	2	6,5
Total		31	100

Source: Primary Data, 2025.

Based on table 6, it shows that the work stress of nurses in the emergency room of Dr. M.M Dunda Limboto Hospital consists of 24 respondents (77.4%) with mild work stress, 5 respondents (16.1%) with moderate work stress, and 2 respondents (6.5%) with heavy work stress out of a total of 31 respondents.

Performance of Nurses in the Emergency Installation (IGD) of Dr. M.M Dunda Limboto Hospital

Table 6. Distribution of Nurse Performance Frequencies in the Emergency Room of Dr. M.M Dunda Limboto Hospital

No.	Performance	n	%
1.	Good	23	74,2
2.	Enough	7	22,6
3.	Less	1	3,2
Total		31	100

Source: Primary Data, 2025.

Based on table 7, it shows that the performance of nurses in the emergency room of Dr. M.M Dunda Limboto Hospital consisted of 23 respondents (74.2%) with good performance, 7 respondents (22.6%) with sufficient performance, and 1 respondent (3.2%) with less performance than a total of 31 respondents.

Bivariate Analysis

Bivariate analysis in this study aims to determine the relationship between independent variables and dependent variables. Before conducting the relationship test, the results of the normality test showed that all variables had a significant value of <0.05 so that the data was not normally distributed. Therefore, to find out the relationship between variables, the *Spearman Rank test* is used.

The Relationship between Workload and Nurse Performance in the Emergency Installation (IGD) of Dr. M.M Dunda Limboto Hospital

Table 7. The Relationship between Workload and Nurse Performance in the Emergency Installation (IGD) of Dr. M.M Dunda Limboto Hospital

Beban Kerja	Kinerja						Total		P-Value	Koefisien Korelasi
	Baik		Cukup		Kurang					
	n	%	n	%	n	%	n	%		
Ringan	14	45,2	1	3,2	0	0	15	48,4	0,001	-0,580
Sedang	9	29	5	16,2	0	0	14	45,2		
Berat	0	0	1	3,2	1	3,2	2	6,4		
Total	23	74,2	7	22,6	1	3,2	31	100		

Source: Primary Data, 2025.

Based on table 8 showing that from 31 respondents, 14 respondents (45.2%) obtained the results of light workload with good performance, 1 respondent (3.2%), the results of medium workload with good performance as many as 9 respondents (29%), the results of medium workload with sufficient performance of 5 respondents (16.2%), the results of heavy workload with sufficient performance 1 respondent (3.2%), heavy workload results with less performance than 1 respondent (3.2%).

The results of this study showed that H_0 was rejected and H_1 was accepted, which means that there is a relationship between workload and nurse performance in the Emergency Installation (IGD) of Dr. M.M Dunda Limboto Hospital. Based on the results of the *Spearman Rank* statistical test, the value of $p = 0.001$ ($p < 0.05$) and the value of the correlation coefficient of -0.580 showed that the relationship was quite strong in a negative direction.

The Relationship between Work Stress and Nurse Performance in the Emergency Installation (IGD) of Dr. M.M Dunda Limboto Hospital

Table 8. The Relationship between Work Stress and Nurse Performance in the Emergency Installation (IGD) of Dr. M.M Dunda Limboto Hospital

Stres Kerja	Kinerja						Total		P-Value	Koefisien Korelasi
	Baik		Cukup		Kurang					
	n	%	n	%	n	%	n	%		
Ringan	22	71	2	6,4	0	0	24	77,4	0,003	-0,520
Sedang	1	3,2	4	13	0	0	5	16,2		
Berat	0	0	1	3,2	1	3,2	2	6,4		
Total	23	74,2	7	22,6	1	3,2	31	100		

Source: Primary Data, 2025.

Based on table 9, it shows that from 31 respondents, 22 respondents (71%) obtained results from mild work stress with good performance, 2 respondents (6.4%), 2 respondents (6.4%), 1 respondent (3.2%) with moderate work stress with good performance, 4 respondents (13%), and 4 respondents (13%). The result of heavy work stress with sufficient performance was 1 respondent (3.2%), the result of heavy work stress with poor performance was 1 respondent (3.2%).

The results of this study showed that H_0 was rejected and H_1 was accepted, which means that there is a relationship between work stress and nurse performance in the Emergency Installation (IGD) of Dr. M.M Dunda Limboto Hospital. Based on the results of the *Spearman Rank* statistical test, the value of $p = 0.003$ ($p < 0.05$) and the value of the correlation coefficient of -0.520 showed that the relationship was quite strong with a negative direction.

DISCUSSION

Workload of Nurses in the Emergency Installation (IGD) of Dr. M.M Dunda Limboto Hospital

Based on the results of a study on 31 nurses in the Emergency Installation (IGD) of Dr. M.M Dunda Limboto Hospital, it was found that most of the respondents were in the light workload category, namely 15 respondents (48.4%). Meanwhile, 14 respondents (45.2%) were in the medium workload category, and 2 respondents (6.5%) were included in the heavy workload category.

These results show that the majority of nurses assess that the work they are facing is still within the limits of their capacity and ability. Based on the results of the questionnaire on the quantitative workload dimension, most respondents in the light workload category stated that they disagreed with the statement that the work given was too heavy. The researcher assumes that the volume of work and the variety of tasks that

nurses receive are still within the limits of physical and mental ability, so that they do not cause excessive work pressure.

Meanwhile, in the qualitative workload dimension, the majority of respondents with light workloads also stated that they disagreed with the statement that their knowledge and skills were not able to compensate for the difficulty of the work. These findings show that nurses feel that their competencies are in accordance with the demands of the job in the emergency room.

The results of this study are in line with the study Tunny and Rochmaedah (2023), which shows that 64.3% of respondents are in the light workload category. The study explains that light workloads can be achieved when nurses have the ability to manage time, remain calm when facing emergency situations, and are able to work effectively in teams.

In addition, the results of this study are also in line with Grandjean's (1993) theory in , which states that the workload will be felt light if the individual's physical, mental, and skill capacity is in accordance with the demands of the job, so that the work can be completed without causing excessive fatigue, pressure, or the perception that the task is too heavy. (Syarli, 2024)

Some of the other nurses are in the medium and heavy workload category. In the moderate workload group, the results of the questionnaire showed that most respondents agreed with the statement that they had to deal with patients with different characteristics at all times. This condition relates to the qualitative workload dimension, where nurses are required to adjust their approach to service, decision-making, and nursing responsibilities according to the patient's diverse conditions and needs. The researcher assumes that these demands increase the complexity of the job, but it can still be balanced with the ability of nurses so that the workload is still at a moderate level. (Vanchapo, 2020)

Meanwhile, in the heavy workload group, most respondents strongly agreed with the statement that the number of patients did not correspond to the number of nurses. These findings reflect the existence of a quantitative workload, particularly related to the imbalance between the number of patients and the available nursing staff. Researchers assume that the condition could potentially increase work pressure as nurses have to deal with more patients in a limited amount of time.

The results of this study are in line with the study Fadillah & Nurmallasari (2024) which showed a moderate workload of 42.9% and a heavy workload of 30.2%. The study explains that the increased workload occurs due to dynamic working conditions, where nurses have to deal with patients with diverse characteristics and needs and face an imbalance between the number of patients and the number of nurses available.

According to Gillies' (1998) theory in , which states that an imbalance between the number of patients, the complexity of nursing actions, and the availability of task completion time can lead to an increase in workload. The results of this study are reinforced by the results of the study (Sapphire & Budiono, 2025) Sudirman et al. (2022), which explain that the workload is reflecting an increase in responsibilities and complexity of work that can still be balanced with individual abilities, while the heavy workload shows that the demands of the job have exceeded the available capacity of the health workers. However, the number of nurses who experienced heavy workload in this study was relatively small, so it can be concluded that the workload in the emergency room of Dr. M.M Dunda Limboto Hospital is still in a reasonable category.

Nurses' Work Stress in the Emergency Installation (IGD) of Dr. M.M Dunda Limboto Hospital

Based on the results of a study on 31 nurses in the emergency room of Dr. M.M Dunda Limboto Hospital, it is known that most of the respondents experienced mild work stress, namely 24 respondents (77.4%). Meanwhile, 5 respondents (16.1%) were included in the category of moderate work stress, and 2 people (6.5%) were in the category of heavy work stress. The results show that the majority of nurses in the emergency room are at a stress level that can still be controlled.

Based on the results of the questionnaire on the physiological dimension, it was shown that most respondents with mild work stress never felt a heart palpitation at work or an increase in pulse. In addition, in the psychological dimension, nurses never feel depressed because of work, and in the behavioral dimension, it shows that nurses do not experience a decrease in work productivity or leave work. These symptoms indicate that the work stress felt by nurses is in the mild category.

The results of this study are in line with research that shows that the majority of 91.7% of respondents experience mild work stress because they have good adaptability and coping mechanisms as well as harmonious interpersonal relationships in the workplace. In demanding work situations, social support from peers is needed as an external coping mechanism that helps individuals cope with emotional stress. Anggraini et al. (2024)

The results of this study are also supported by the theory of Luthans (2006) in which states that if individuals have endurance and adaptability as well as good coping mechanisms, then the stress that arises is mild and has no impact on behavior or performance. The coping mechanism in question can be in the form of the ability to regulate emotions, seek social support, and reflect on work problems. (Herawati et al., 2021)

Meanwhile, some respondents were included in the category of moderate and severe work stress. In the moderate work stress group, nurses began to show symptoms on the physiological and psychological dimensions, where most respondents stated that they always experienced symptoms such as feeling back pain during/after work, and sometimes feeling bored with work.

Meanwhile, in the heavy work stress group, respondents stated that they always experienced low back pain during/after work, were irritable and often disappointed with the results of their work in treating patients. Researchers assume that these symptoms indicate that job demands are starting to go beyond an individual's ability to manage stress, thus impacting physical and emotional conditions.

The results of this study are also in line with research Lisdayanti et al. (2022) that shows moderate work stress by 21.7% and heavy work stress by 10.2%. The study explains that the limited number of nurses and the high intensity of tasks can trigger moderate to severe work stress due to high physical load, emotional fatigue and boredom.

According to the theory of Lazarus & Folkman (1984) in , which states that individuals who are unable to manage stress tend to experience physical and mental exhaustion, even health problems. Symptoms of work stress will increase when individuals feel unable to control between work demands and personal resources, including coping skills. (Herawati et al., 2021)

Performance of Nurses in the Emergency Installation (IGD) of Dr. M.M Dunda Limboto Hospital

Based on the results of a study on 31 nurses in the Emergency Installation (IGD) of Dr. M.M Dunda Limboto Hospital, it was obtained that most of the respondents had good performance, namely 23 respondents (74.2%). A total of 7 respondents (22.6%) had sufficient performance, and 1 person (3.2%) had poor performance.

Based on the results of the questionnaire, most of the respondents in the good performance category have good abilities in carrying out nursing duties. This is reflected in the majority of respondents who strongly agree with the statement that skilled nurses in preparing tools, patients, and the environment in performing actions and disagree with the statement that nurses often neglect responsibilities in accordance with their duties and obligations, which shows the fulfillment of the dimension of responsibility at work. The researchers assume that good performance in emergency room nurses can be influenced by adequate professional abilities, a sense of responsibility towards patients, and good teamwork.

The results of this study are in line with research that shows that 84.5% of nurses have good performance. This performance is reflected in positive behavior towards work, such as responsibility for tasks, and compliance with applicable regulations. The study also explained that work motivation in the form of a sense of responsibility towards patients, the desire to provide the best service, and pride in the profession play an important role in maintaining the consistency of nurses' performance. Ratnaningsih et al. (2024)

The results of good performance research are also supported by Robbins and Judge's theory which (Fortune, 2025) explains that there are three main components that play a role in influencing good performance, namely individual ability, motivation, and opportunities to carry out work.

Meanwhile, a small percentage of nurses have sufficient and poor performance. Based on the results of the questionnaire, most of the respondents in the performance category simply showed disagreement with the statement that nurses work with attention to personal safety.

In addition, respondents in the underperformance category strongly agreed with the statement that the nurse was not disciplined in attendance, did not obey hospital rules and strongly disagreed with the statement that the nurse had loyalty and responsibility in carrying out her work. These results show weaknesses in the discipline and loyalty indicators. The researcher assumes that the performance that is not optimal in some nurses can be influenced by work pressure, or less than optimal supervision and reinforcement from superiors.

The results of this study are also in line with research Etlidawati et al. (2023) that shows adequate performance of 37% and poor performance of 8.7%. The study also explained that nurses' performance that was not optimal was influenced by low discipline, lack of compliance with procedures such as not using PPE, and weak commitment and sense of responsibility in carrying out duties.

According to Gibson's (2012) theory in Asriadi et al. (2024) , some nurses with good to poor performance are influenced by less supportive environmental factors, high psychological pressure, and an imbalance between job demands and individual capacity to handle it.

This is also supported by research Layli et al. (2023) that explains that nurses with a high commitment to their profession tend to have a strong motivation to provide the best service to patients. Peer support, supervision from superiors, and a well-organized work system can assist nurses in maintaining performance stability.

The Relationship between Workload and Nurse Performance in the Emergency Installation (IGD) of Dr. M.M Dunda Limboto Hospital

The results of this study show that there is a relationship between workload and nurse performance in the Emergency Installation (IGD) of Dr. M.M Dunda Limboto Hospital. Based on the results of the statistical test

that has been carried out using the *Spearman Rank* test, a significant p-value of $0.001 < \alpha$ (0.05) was obtained, so that H1 was accepted and H0 was rejected. The value of the correlation coefficient of -0.580 indicates that the relationship is quite strong with the negative direction, meaning that the higher the workload felt by the nurse, the lower the level of performance.

This study is in line with the study, which showed a Erwanto et al. (2025) p-value of $0.041 < 0.05$ which means that there is a relationship between workload and nurse performance. The study explains that nurses with lighter workloads tend to perform better because they are able to work more focused and optimally.

Based on the frequency distribution between the workload and performance categories, this study showed that most of the respondents with light workloads with good performance were 14 respondents (45.2%). The results of the questionnaire showed that most nurses did not feel that their work was too heavy and were able to carry out nursing actions well, on time, and in accordance with the standard operating procedures. According to the researchers' assumptions, this condition shows the ability of nurses to manage working time more effectively, maintain concentration, and minimize errors in the implementation of nursing care.

The results of the study are in line with the research, which states that nurses with light workloads have good performance because there is a balance between job demands and individual abilities, so that nurses are able to provide fast and appropriate services to patients. The results of this study are also strengthened by Kopelman's (1986) theory in , which explains that optimal performance can be achieved when the workload is in accordance with the individual's abilities, knowledge, and characteristics. Putri et al. (2023) (Putri et al., 2023)

Respondents in the light workload category with good performance in this study were also characterized by individual characteristics that support work stability and effectiveness. The majority of nurses are in the age range of 26-35 years (77.4%) and female (71%). According to Pangestu et al. (2025) , individuals of productive age have more stable physical and mental endurance, so they are able to maintain performance despite the demands of work. In addition, the role of women in the nursing profession shows a positive contribution to performance because female nurses generally have the characteristics of adaptiveness, thoroughness, empathy, patience, and good interpersonal communication skills.

Meanwhile, most of the nurses in this study had a working period of 1-5 years (48.4%) and a final D3 nursing education (54.8%). The work experience shows that nurses have a sufficient understanding of the workflow and demands of services in the emergency room, while the D3 nursing education background equips nurses with clinical skills that are applicative, so that they are able to support the ability of nurses to carry out their duties effectively. (Pangestu et al., 2025)

In addition, there was 1 respondent (3.2%) with a light workload who showed sufficient performance, namely based on the results of the questionnaire where nurses felt bored with routine tasks such as hourly patient observation. Feeling bored with such routines can reduce a sense of responsibility, such as delaying observing patients. The researchers assume that these conditions indicate a light workload does not necessarily guarantee optimal performance.

These results are in line with the study, which explains that monotonous work routines such as hourly patient observation can cause boredom and can reduce a sense of responsibility by delaying patient observations, so that performance is not always stable even though the workload is relatively light. Scarlet et al. (2024)

In addition, as many as 9 respondents (29%) were included in the category of medium workload with good performance. Based on the questionnaire, nurses in this category are still able to make informed decisions, as well as work well with patients, families, and colleagues.

Research supports this study by stating that nurses with a moderate workload are able to maintain good performance when supported by a conducive work environment, proportional division of tasks, and effective team coordination. Individual adaptability, effective communication, and team support are key to maintaining performance even though workload increases. Galuh et al. (2023)

Meanwhile, there were 5 respondents (16.2%) with a moderate workload who had sufficient performance. The results of the questionnaire showed that there was an imbalance between the number of patients treated and the number of available nurses, thus affecting the accuracy and speed of their work.

The results of this study are in line with the research carried out Waryantini and Maya (2020) , namely that increasing the volume of work without being balanced with a proportional division of tasks can reduce work effectiveness. This imbalance makes it difficult for nurses to manage time and lose concentration, so that some nurses in this condition find it difficult to maintain optimal performance.

In the heavy workload category, there was 1 respondent (3.2%) with sufficient performance. Based on the results of the questionnaire, nurses in this category feel burdened by the many demands from patients and patients' families, and the high intensity of tasks in the emergency room. This condition makes nurses experience emotional pressure that has an impact on a decrease in professional attitudes, such as being less polite to patients and families. The results of this study are in line with research Scarlet et al. (2024) that states that high workload has a negative relationship with nurse performance because it can cause fatigue,

boredom, and decreased work motivation.

In addition, there was 1 respondent (3.2%) with a heavy workload who showed poor performance. From the results of the research, nurses stated that they felt that their knowledge and skills were not able to keep up with the complexity of work in the emergency room so that nurses were less skilled and meticulous in carrying out nursing actions.

These results are in line with research that explains that excessive workload can decrease the skills, rigor and ability of nurses to perform nursing actions. As a result, the quality of service provided will decrease, especially in work situations that demand high precision and accuracy. Etlidawati et al. (2023),

Therefore, balanced workload management and proportional division of tasks are needed to maintain the stability of nurses' performance in providing quality services in the Emergency Installation.

The Relationship between Work Stress and Nurse Performance in the Emergency Installation (IGD) of Dr. M.M Dunda Limboto Hospital

The results of this study show that there is a relationship between work stress and the performance of nurses in the Emergency Installation (IGD) of Dr. M.M Dunda Limboto Hospital. Based on the results of the statistical test using the *Spearman Rank test*, a significant p-value of $0.003 < \alpha (0.05)$ was obtained, so that H1 was accepted and H₀ was rejected. The value of the correlation coefficient of -0.520 indicates that a fairly strong relationship with the negative direction means that the higher the level of work stress experienced, the lower the performance produced.

The results of this study are in line with the study, which showed a Muhajirin et al. (2025) p-value of $0.000 (< 0.05)$, which means that there is a relationship between work stress and nurse performance, where the lighter the nurse's work stress felt, the better the performance achieved.

Based on the frequency distribution between the categories of work stress and performance, in this study, it was shown that most of the respondents experienced mild work stress who had good performance as many as 22 respondents (71%). The results of the questionnaire showed that most nurses never or occasionally experienced symptoms of stress such as increased pulse, muscle pain, or loss of concentration while working, so that nurses were still able to provide optimal nursing care to patients.

The results of this study are in accordance with the concept of *Eustress*, which is a healthy, positive, and constructive (constructive) stress that can increase flexibility, adaptability, and optimal performance. The results of this study are also in line with the study, which states that nurses who experience mild work stress tend to be able to maintain good performance because they have good emotional control skills against work pressure. (Yuli et al., 2018) Sasmita et al. (2022)

In addition, respondents in the category of light work stress with good performance in this study were also characterized by individual characteristics, namely most nurses aged 26-35 years (77.4%) and some had a working period between 1-5 years (48.4%). According to , adult nurses have emotional maturity, psychological stability, and broader work experience in the face of stress. Gaziyyah et al. (2025)

Meanwhile, there were 2 respondents (6.4%) with mild work stress who had sufficient performance. The results of the questionnaire showed that nurses experienced stress symptoms such as loss of concentration, thus reducing attention to personal and patient safety.

These results are in line with research that states that light work stress that is not managed with the right coping strategy can interfere with the rigor and speed of work. According to the researchers' assumptions, the ineffectiveness of using coping strategies makes individuals more easily distracted, so it can lead to decreased performance even though the level of stress is relatively mild. Asri et al. (2023)

In the moderate stress category, there was 1 respondent (3.2%) who had good performance. The results of the questionnaire showed that nurses were still able to maintain concentration and responsibility despite feeling symptoms of stress, both physical and psychological. These results are also in line with the study, which states that nurses with moderate work stress can still maintain performance if they are able to use adaptive coping strategies, such as relaxation techniques, time management, and social support. Muhajirin et al. (2024)

On the other hand, there were 4 respondents (13%) who experienced moderate work stress who showed sufficient performance. The results of the questionnaire showed that nurses began to feel physical symptoms such as back pain, muscle tension, and a feeling of lack of time to complete work. These conditions began to interfere with the implementation of tasks such as lack of meticulousness and not being on time in providing care actions.

The results of this study are in line with research that states that moderate work stress can cause physical fatigue so that it decreases work productivity due to concentration disorders. Respondents in the category of moderate work stress with sufficient performance in this study were also characterized by individual characteristics, namely most of the nurses were female. Melyana & Saparwati (2025)

According to , women tend to experience higher levels of stress than men. This is related to women's tendency to involve emotional or empathetic aspects in carrying out work, while men generally use logic or thoughts more. Differences in how to respond to these work demands can affect stress levels and have an impact on the stability of nurses' performance. Hanoum et al. (2023)

In the category of heavy work stress, 1 respondent (3.2%) was found with sufficient performance. The results of the questionnaire showed that nurses in this category felt symptoms of severe stress such as increased breathing frequency, and emotional tension that negatively impacted the nurse's professional attitude, resulting in a slow response to patients.

These results are in line with research Ismail et al. (2023), which states that heavy work stress can decrease motivation, enthusiasm, and perseverance in carrying out tasks. The lack of coping strategies can exacerbate the negative impact of heavy work stress on performance.

In addition, there was 1 other respondent (3.2%) with heavy work stress and poor performance. Based on the results of the questionnaire, nurses stated that they experienced symptoms such as loss of interest in work, irritability, and irritability for no apparent reason so that nurses were not disciplined and experienced a decrease in teamwork. The results of this study are in line with the concept of *distress*, which is unhealthy, negative, and destructive stress (damages) the health of individuals and organizations and has an impact on high absenteeism rates, and deterioration in service quality. (Yuli et al., 2018)

Therefore, according to the researchers' assumptions, effective stress management strategies, social support from peers, and conducive workload and work environment arrangements are needed to maintain optimal performance of nurses in the face of pressure in the emergency room.

CONCLUSION

Based on the results of the research and discussion, it can be concluded that:

1. Most of the nurses in the Emergency Installation (IGD) of Dr. M.M Dunda Limboto Hospital have a light workload, which is as many as 15 nurses (48.4%).
2. Most of the nurses in the Emergency Installation (IGD) of Dr. M.M Dunda Limboto Hospital experienced mild work stress, as many as 24 nurses (77.4%).
3. Most of the nurses in the Emergency Installation (IGD) of Dr. M.M Dunda Limboto Hospital showed good performance, namely 23 nurses (74.2%).
4. There is a relationship between workload and nurse performance in the Emergency Installation (IGD) of Dr. M.M Dunda Limboto Hospital. The results of the *Spearman Rank* statistical test showed a value of $p = 0.001$ ($p < 0.05$) with a correlation coefficient of -0.580, meaning that it has a fairly strong negative relationship.
5. There is a relationship between work stress and nurse performance in the Emergency Installation (IGD) of Dr. M.M Dunda Limboto Hospital. The results of the *Spearman Rank* statistical test showed a value of $p = 0.003$ ($p < 0.05$) with a correlation coefficient of -0.520, meaning that it has a fairly strong negative relationship.

ADVICE

From the results of the research conducted, the researcher would like to provide some suggestions as follows:

1. For Educational Institutions

It is hoped that educational institutions can strengthen the curriculum related to stress management and coping so that nursing students are ready to face pressure in the work environment.

2. For Hospitals

For hospitals, especially the emergency room of Dr. M.M Dunda Limboto Hospital, it is recommended to hold stress management and workload management programs regularly and create a conducive work environment so that it can improve nurse performance and the quality of service to patients.

3. For the Nursing Profession

Nurses are expected to develop effective and mutually supportive coping strategies to create a healthy work atmosphere, maintain work-life balance and improve performance.

4. For the Next Researcher

Researchers are then advised to use a mixed method and expand the variables to be more comprehensive in examining the factors that affect nurses' performance.

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