

The Relationship Between Role Overload and Work Stress in Nurses at Muhammadiyah General Hospital Bandung, Tulungagung District

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ABSTRACT

Nurses are health workers who play a very important role in health services. Therefore, the workload of a nurse is very heavy. A nurse who has to carry out her duties for the patient's recovery, on the other hand, the nurse's own psychological state must be maintained. These conditions can cause feelings of depression and stress in nurses. The heavier the workload of a nurse, the higher the level of work stress. The type of research used is correlational analytic with cross sectional approach. The population of 58 respondents and a sample of 50 respondents using purposive sampling technique. The independent variable is role overload and the dependent variable is work stress. Collecting data using a questionnaire and analyzed using the Spearman rank test with a significance of $p < 0.05$. The results showed that most of the respondents had a heavy workload as many as 36 respondents (72%). Most of the respondents had moderate stress as many as 27 respondents (54%). Based on the Spearman test, it is known that the significance value or Sig. (2-tailed) of 0.000, because the value of Sig. (2-tailed) $0.000 < \text{less than } p=0.05$, it means that there is a significant relationship between workload and work stress. It was concluded that there was a relationship between role overload and work stress on nurses at Muhammadiyah General Hospital Bandung Tulungagung. It is recommended for further researchers to look at the workload not only from the patient aspect, but also other aspects such as the level of expertise of nurses, organizational aspects and the work environment of nurses in order to obtain a more comprehensive picture of the workload of nurses.

Keywords: Role Overload, Work Stress, Nurse

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INTRODUCTION

A hospital is an organization that operates in the health sector to meet the health service needs of the community in an area. Hospitals will provide optimal services if this is supported by quality resources, one of which is human resources. Human resources are the main asset in providing energy, potential, creativity and effort for the progress of the Hospital.

In improving health services, services in inpatient installations are a very complex aspect of health services and contribute to the recovery of inpatients. The role of nurses when serving patients in inpatient settings (*hospitalization*) is very influential on the

patient's recovery. So, it can be said that nurses have quite a big responsibility and are required to work professionally in providing services to patients.

Nursing staff are professionals who play an important role in hospital functions. This is based on the number of nursing staff as the largest portion of hospital services. In carrying out their functions, nurses are the staff who have the most contact with patients. Nurses are also part of a team, which includes various other professionals such as doctors.

Based on data from the Indonesian Ministry of Health in 2015, the largest number of health workers were nurses, 147,264 people (45.65%). In Indonesia, professional nurses only make up 2% of the total number of nurses available. This figure is much lower compared to the Philippines, where the bio-psycho-social-spiritual approach is a unique service carried out 24 hours a day and continuously, which is a distinct advantage compared to other services (Ministry of Health of the Republic of Indonesia, 2011). By looking at the important role of nurses in carrying out their duties, nurses are required to further improve their abilities and performance. To improve performance, work motivation, work attitudes, good leadership and supervision are needed (Hafni, 2014). According to research results from Endah Sarwendah (2013), it shows that 63.3% of nurses have a light to moderate workload with work stress in the low range with 30 respondents (100%). According to research by Haryanti, et al (2013), 85.2% of respondents who had a high workload experienced moderate stress and 14.8% experienced mild stress. Based on a preliminary study at the inpatient hospital at RSU Muhammadiyah Bandung, Tulungagung Regency on January 5 2021, it was found that there were 58 nurses and the average number of patients per month was 550 patients. There were nurses who felt their workload was heavy and experienced stress due to the large number of patients and the imbalance in the number of nurses. In inpatient care, the workload of nurses can be seen from the percentage of BOR or Bed Occupancy Ratio which has been calculated by comparing the number of patients and the number of beds in inpatient rooms in low care with. It can be concluded that one nurse at Muhammadiyah Hospital handles 9-10 patients.

Nurses are health workers who play a very important role in health services. Therefore, the workload of a nurse is very heavy. A nurse must carry out her duties for the patient's recovery. On the other hand, the nurse's own psychological condition must be maintained. This condition can cause feelings of pressure and stress in nurses.

Nurse workload is the volume of work of nurses in a hospital unit. Meanwhile, the nurse's work volume is the time needed to treat patients per day. It is important to know the workload as a basis for knowing the work capacity of nurses so that there is a balance between nursing staff and workload (Purba, Y. S 2015).

The workload of nurses in hospitals includes both physical and mental workload. Physical workload such as lifting patients, installing IVs, observing vital signs, administering oxygen, etc. Meanwhile, mental workload consists of work complexity, preparing mentally and spiritually for patients and families, especially those who will undergo surgery or are in critical condition, working on special skills in caring for patients, and having to establish good communication with patients and families (Yudi, D. , Tangka, JW, & Wowiling, F. 2019).

According to Cooper (in Supardi, 2007) sources of stress can be found in (1) Work environment: Bad working conditions have the potential to cause workers to get sick easily, experience stress, and reduce work productivity; (2) Overload: Overload can be divided into quantitative and qualitative. Quantitative overload is when the work target exceeds the ability of the worker concerned, as a result they get tired easily and are under high tension. Qualitative overload is when workers have a high level of difficulty or complexity; (3) Deprivational stress: work that is no longer challenging or interesting for workers. (4) High risk work: Is work that poses a high risk and is dangerous for safety.

The stress that nurses face when working will greatly influence the quality of nursing services provided to patients, so it is very important to know the causes of nurses' work stress. With the statement above, a relationship can be formulated between role overload and the level of work stress of nurses.

The heavier the workload of a nurse, the higher the level of work stress. The workload felt by the nurse can determine the severity of the work stress experienced by the nurse. It is necessary to have a division of work that is in accordance with the function and main tasks of nurses so that the workload given can be appropriate to the situation so that the perceived work stress can be reduced to a minimum. This is important so that in carrying out their responsibilities in carrying out nursing care, nurses can work optimally and can provide comprehensive and professional services.

METHOD

Research design is something that is very important in research. Allows maximum control of several factors that can influence performance or results (Nursalam, 2014). The type of research used is correlational analytics with the approach used in this research being *cross sectional*, where data regarding the independent variable and the dependent variable will be collected at the same time (Notoatmodjo, 2012). This research was carried out at the Muhammadiyah Bandung Tulungagung General Hospital. The time used in this research is January 2021.

RESULTS AND DISCUSSION

Characteristics of Respondents Based on Age

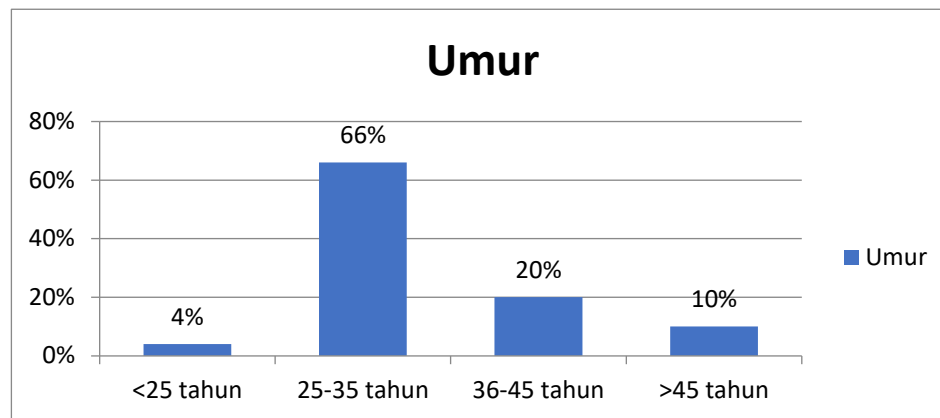


Figure 5.1 Characteristics of Respondents Based on Age

Based on Figure 5.1, it shows that the majority of respondents were aged 25-35 years as many as 33 respondents (66%) and a small percentage of respondents aged <25 years were 2 respondents (4%).

Characteristics of Respondents Based on Gender

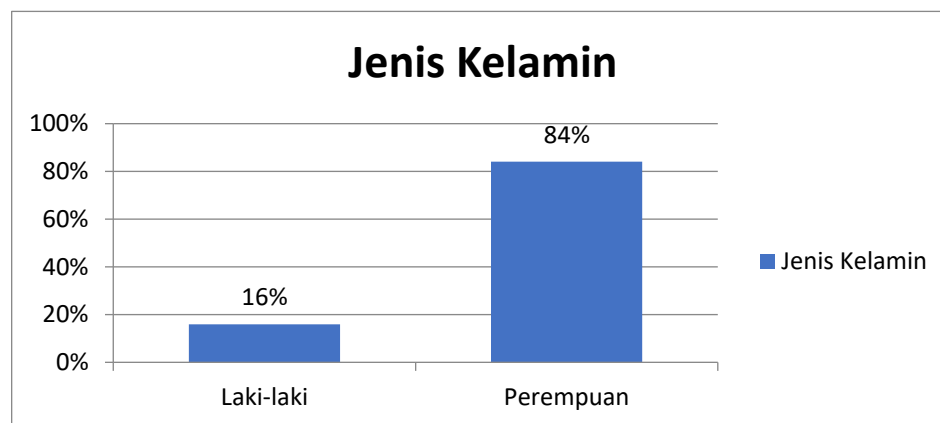


Figure 5.2 Characteristics of Respondents Based on Gender

Based on Figure 5.2, it shows that almost all of the respondents were female, 42 respondents (84%) and a small portion of the respondents were male, 8 respondents (16%).

Characteristics of Respondents Based on Education

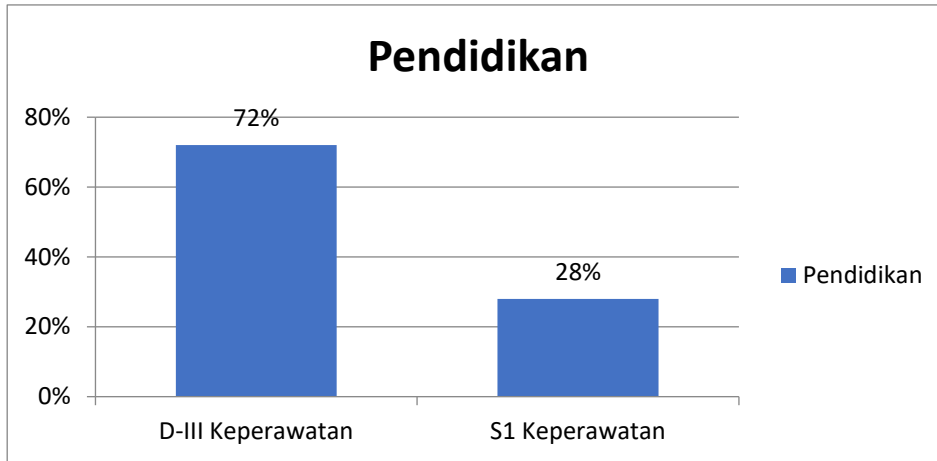


Figure 5.3 Characteristics of Respondents Based on Education

Based on Figure 5.3, it shows that the majority of respondents had a Bachelor's Degree in Nursing, 36 respondents (72%) and almost half of the respondents had a Bachelor's degree in Nursing, 14 respondents (28%).

Characteristics of Respondents Based on Length of Work

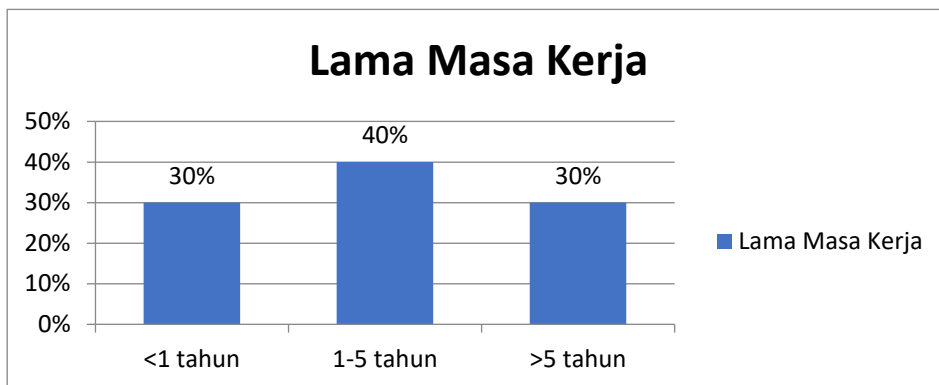


Figure 5.4 Characteristics of Respondents Based on Education

Based on Figure 5.4, it shows that almost half of the respondents have a length of service of 1-5 years as many as 20 respondents (40%) and almost half of the respondents have a length of service of <1 year and >5 years as many as 15 respondents (30%).

Custom Data

Workload Category Distribution

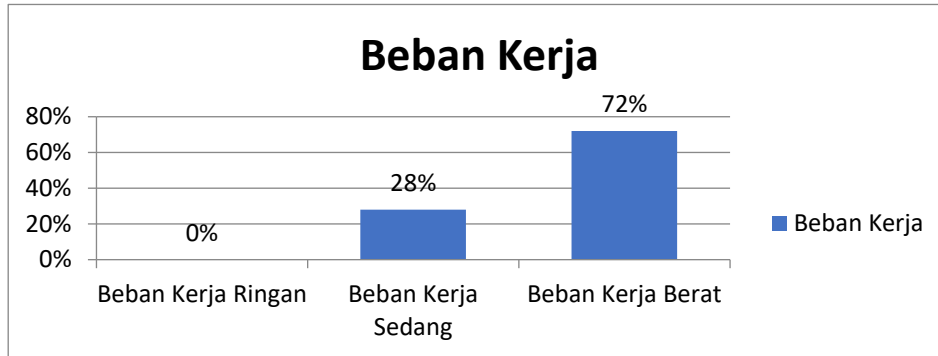


Figure 5.5 Distribution of Workload Categories

Based on Figure 5.5, it shows that the majority of respondents have a heavy workload, 36 respondents (72%) and almost half of the respondents have a moderate workload, 14 respondents (28%).

Distribution of Job Stress Categories

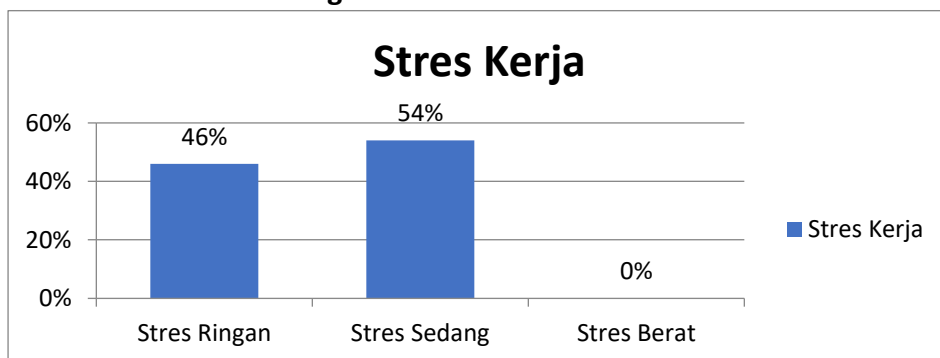


Figure 5.6 Distribution of Work Stress Categories

Based on Figure 5.6, it shows that the majority of respondents have moderate stress, 27 respondents (54%) and almost half of the respondents have mild stress, 23 respondents (46%).

Cross Tabulation

Workload

Cross Tabulation of Age and Workload

Table 5.1 Cross Tabulation of Age and Work Load

Age	Workload					
	Medium Workload		Heavy Workload		Total	
	F	%	F	%	Σ	%
<25 years	1	2	1	2	2	4
25-35 years old	7	14	26	52	33	66
36-45 years old	3	6	7	14	10	20
>45 years	3	6	2	4	5	10
Total	14	28	36	72	50	100

Based on table 5.1, it shows that the majority of respondents aged 25-35 years had a heavy workload, 26 respondents (52%) and a small percentage of respondents aged >45 years who had a heavy workload, 2 respondents (4%).

Cross Tabulation of Gender and Workload

Table 5.2 Cross Tabulation of Gender and Work Load

Gender	Workload					
	Medium Workload		Heavy Workload		Total	
	F	%	F	%	Σ	%
Man	1	1	7	14	8	16
Woman	13	26	29	58	42	84
Total	14	28	36	72	50	100

Based on table 5.2, it shows that the majority of respondents are female who have a heavy workload, 29 respondents (58%) and a small proportion of male respondents who have a heavy workload, 7 respondents (14%).

Cross Tabulation of Education and Workload

Table 5.3 Cross Tabulation of Gender and Work Load

Education	Workload					
	Medium Workload		Heavy Workload		Total	
	F	%	F	%	Σ	%
D-III Nursing	12	24	24	48	36	72
Bachelor's Degree in Nursing	2	4	12	24	14	28
Total	14	28	36	72	50	100

Based on table 5.3, it shows that almost half of the respondents with a D-III degree in Nursing had a heavy workload, 24 respondents (48%) and a small portion of the respondents with a Bachelor's degree in Nursing who had a heavy workload, 12 respondents (24%).

Cross Tabulation of Length of Work Period with Work Load

Table 5.4 Cross Tabulation of Gender and Work Load

Length of Work Period	Workload					
	Medium Workload		Heavy Workload		Total	
	F	%	F	%	Σ	%
<1 year	1	2	14	28	15	30
1-5 years	6	12	14	28	20	40
>5 years	7	14	8	16	15	30
Total	14	28	36	72	50	100

Based on table 5.4, it shows that almost half of the respondents with a length of service <1 year had a heavy workload, as many as 14 respondents (28%) and a small portion of respondents with a length of service >5 years who had a heavy workload were 8 respondents (16 %).

Job Stress

Cross Tabulation of Age with Job Stress

Table 5.5 Cross Tabulation of Age and Work Stress

Age	Job Stress					
	Mild Stress		Moderate Stress		Total	
	F	%	F	%	Σ	%
<25 years	1	2	1	2	2	4
25-35 years old	15	30	18	36	33	66
26-45 years old	3	6	7	14	10	20
>45 years	4	8	1	2	5	10
Total	23	46	27	54	50	100

Based on table 5.5, it shows that almost half of the respondents aged 25-35 years who had moderate work stress were 18 respondents (36%) and a small portion of respondents aged >45 years who had severe work stress were 4 respondents (8%).

Cross Tabulation of Gender and Job Stress

Table 5.6 Cross Tabulation of Gender and Job Stress

Gender	Job Stress					
	Mild Stress		Moderate Stress		Total	
	F	%	F	%	Σ	%
Man	2	4	6	12	8	16
Woman	21	42	21	42	42	84
Total	23	46	27	54	50	100

Based on table 5.6, it shows that almost half of the female respondents had mild work stress, 21 respondents (42%) and almost half of the female respondents, 21 respondents (42%) had moderate work stress.

1. Cross Tabulation of Education with Job Stress

Table 5.7 Cross Tabulation of Education and Job Stress

Education	Job Stress					
	Mild Stress		Moderate Stress		Total	
	F	%	F	%	Σ	%
D-III Nursing	16	32	20	40	36	72
Bachelor's Degree in Nursing	7	14	7	14	14	28
Total	23	46	27	54	50	100

Based on table 5.7, it shows that almost half of the respondents with a D-III degree in Nursing had moderate work stress, 20 respondents (40%) and a small portion of the respondents with a Bachelor's degree in Nursing who had moderate work stress, 7 respondents (14%).

2. Cross Tabulation of Length of Work Period with Job Stress

Table 5.8 Cross Tabulation of Length of Work Period with Job Stress

Length of Work Period	Job Stress					
	Mild Stress		Moderate Stress		Total	
	F	%	F	%	Σ	%
<1 year	2	4	13	26	15	30
1-5 years	13	26	7	14	20	40
>5 years	8	16	7	14	15	30
Total	23	46	27	54	50	100

Based on table 5.8, it shows that almost half of the respondents with a working period of <1 year had moderate work stress, 13 respondents (26%) and almost half of the respondents with a working period of 1-5 years had mild work stress, 13 respondents (26%).

The Relationship Between Role Overload and Work Stress in Nurses at RSU Muhammadiyah Bandung, Tulungagung Regency

Table 5.9 Spearman Test

		Workload	Stress. Work
Spearman's rho	Workload	Correlation Coefficient	1,000
		Sig. (2-tailed)	,676 **
		N	50
Stress. Work		Correlation Coefficient	,676 **
		Sig. (2-tailed)	,000
		N	50

** . Correlation is significant at the 0.01 level (2-tailed).

Based on table 5.9, it is known that the significance value or Sig. (2-tailed) of 0.000, because the Sig value. (2-tailed) $0.000 < \text{smaller than } p = 0.05$, meaning there is a significant relationship between workload and work stress. The correlation coefficient was obtained at 0.676. This means that the level of strength of the relationship (correlation) between workload and work stress is 0.676 or a strong relationship. The correlation coefficient figure is positive, namely 0.676, so the relationship between the two variables is unidirectional, thus it can be interpreted that the higher the workload, the heavier the work stress.

DISCUSSION

Level of Role Overload in Nurses

Based on the research results, it shows that the majority of respondents have a heavy workload, 36 respondents (72%) and almost half of the respondents have a moderate workload, 14 respondents (28%).

Role overload is a condition that indicates too many work demands that must be carried out by an employee at one time (Jansen, Patel and Messersmith, 2013). According to Sutanto (2011) in Ambarwati (2014), role overload occurs when demands exceed the capacity of a nurse to fulfill these demands adequately. As a result of a workload that is too heavy or too little, it can result in a worker suffering from work-related disorders or illnesses. Not only that, excessive workload will cause physical or mental fatigue and emotional reactions such as headaches, indigestion and irritability. Meanwhile, too little workload where there is repetition of movements will result in boredom and a feeling of monotony. According to Manuaba (2000), excessive or low workload can cause work stress.

Melo's research (2019) showed that 44 respondents felt the workload was moderate (48.9%) compared to 37 respondents who felt the workload was heavy (41.1%) and 9 people felt the workload was light (10, 0%). Excessive workload physically or mentally, namely having to do too much work, is a source of work stress. The element that causes quantitative overload is working conditions, namely that every task is expected to be completed quickly and precisely. Furthermore, time pressure causes many mistakes or causes a person's health condition to decline, so this is a reflection of quantitative overload. Meanwhile, qualitatively excessive load is the work carried out by humans, increasingly the focus is shifted to the work of the brain.

According to the researchers' assumptions, it can be concluded that some respondents have a heavy workload, this is possibly caused by several things, namely the lack of employees and the high expectations of hospital leaders for quality services, especially patient care by nurses. Apart from that, the results of the questionnaire showed that the family's demands for client safety were high so the researchers assumed the workload was heavy.

Age is a factor that determines the occurrence of fatigue because the flexibility of the muscles decreases, making it easier for stiffness in the joint muscles (Idyan, 2007). Based on table 5.1, it shows that the majority of respondents aged 25-35 years had a heavy

workload, 26 respondents (52%) and a small percentage of respondents aged >45 years who had a heavy workload, 2 respondents (4%). Ages approaching 45 years will feel tired more quickly. Workers over 45 years of age will tend to experience increased work fatigue compared to workers under 45 years of age. This is because someone of that age will experience a decrease in work capacity which includes functional, mental and social capacity (Wignjosoebroto, 2003). According to the researcher's assumptions, respondents aged 25-35 years have a heavy workload because many respondents are currently studying, so the researcher assumes that the respondent's workload feels heavier because they are studying.

Female nurses feel more tired because women have less body size and muscle strength than men (Naimah, 2020). Based on table 5.2, it shows that the majority of respondents are female who have a heavy workload, 29 respondents (58%) and a small portion of male respondents who have a heavy workload, 7 respondents (14%). According to the researcher's assumptions, female respondents have a heavy workload in accordance with the theory above, namely that women's muscle strength is lower than men.

According to Green (1980), the level of education is related to their work behavior. Mc's research results. Closkey and McCan quoted by Gillies (1994) found that higher education also has better work abilities. The conclusion is that having more highly educated nursing staff will improve the quality of work in a room (Linda, 2001). Based on table 5.3, it shows that almost half of the respondents with a D-III degree in Nursing had a heavy workload, 24 respondents (48%) and a small portion of the respondents with a Bachelor's degree in Nursing who had a heavy workload, 12 respondents (24%). Researchers also have the same assumption based on experience in the nursing service environment, where with an adequate level of education, the way of thinking in solving problems will be more systematic, scientific and comprehensive because of the quality of a person's personality so that the higher a person's education, the greater the desire to apply knowledge and Skills.

The longer a person's working period will increase work fatigue. Even though the length of work period they have had, respondents are better trained and their work performance is increasing, the occurrence of muscle fatigue cannot be avoided (Hartanti, 2006). Based on table 5.4, it shows that almost half of the respondents with a length of service <1 year had a heavy workload, as many as 14 respondents (28%) and a small portion of respondents with a length of service >5 years who had a heavy workload were 8 respondents (16 %). This is in accordance with the theory that long periods of work can provide static muscle loading if maintained for a long period of time and will result in muscle, bone and tendon pain caused by work which will increase with the longer the work is carried out (Ministry of Health, 2003) . According to the researchers' assumptions, the number of respondents with a working period of <1 year who had a heavy workload was caused by a lack of adaptation to the work that was piling up and a lot, so they felt the workload was heavy.

Job Stress in Nurses

Based on Figure 5.6, it shows that the majority of respondents have moderate stress, 27 respondents (54%) and almost half of the respondents have mild stress, 23 respondents (46%).

Work stress is an individual's psychological response to demands in the workplace that require a person to adapt to overcome them. Work stress is a person's response to the demands of their work (Martina, 2012). Spears (2008) defines work stress as a person's reaction to excessive pressure or demands at work that are detrimental. Positive stress motivates and fosters new discoveries and awareness. On the other hand, negative stress creates feelings of distress, rejection, depression and leads to physical and mental problems or trauma (Johan et al, 2017). Work stress is more often found in women, unmarried, younger age, shorter working period, and lower education level (Cheung and Yip, 2015; Tran et al, 2019; Herqutanto et al, 2017, Cho et al, 2008).

Melo's research (2019) shows that the respondents who felt the most stress were 44 people (48.9%), compared to 35 respondents who felt quite stressed (38.9%), and 11 respondents who felt less stressed. (12.2%).

The explanation regarding the negative influence between work stress and nurse performance, means that nurses in this hospital have too much work pressure, this could be because there are many more patients than nurses, assignments from superiors, too many responsibilities, family not supporting them, co-workers which is less supportive, the hospital work environment is less comfortable. The results of this research support research conducted by Chandra (2012) in his research explaining that Job Stress partially has a negative and significant influence on employee performance at PT. Lie Fung Surabaya, meaning that when work stress is low then performance is high, and vice versa. Alishah (2015) in his research shows that there is a significant influence between the Job Stress variable and employee performance at the Binama Sharia Cooperative, Semarang.

According to Ibrahim, Amansyah, & Yahya (2016), respondents who experienced the most stress were aged under 40 years. This shows that workers under 40 years of age experience more work stress than workers over 40 years of age. Workers who are in the older age group or above 40 years can be said to have more ability to control stress. Based on table 5.5, it shows that almost half of the respondents aged 25-35 years who had moderate work stress were 18 respondents (36%) and a small portion of respondents aged >45 years who had severe work stress were 4 respondents (8%). According to the researcher's assumptions, this is in line with the theory above and in accordance with the research results that respondents aged 25-35 years have moderate work stress because they are emotionally unstable.

Women tend to deal with stressors emotionally. Women also ask for and use social support more to deal with work stress (Greenberg, 2013). According to Yanto and Rejeki (2017), women have more roles, namely roles in work, mother, wife and housewife. This condition causes emotional pressure on women to increase. Based on table 5.6, it shows that almost half of the female respondents had mild work stress, 21 respondents (42%) and almost half of the female respondents, 21 respondents (42%) had moderate work stress.

According to the researchers' assumptions, this is in line with the theory above, namely that women are more susceptible to work stress because of the many roles that women play.

In Gobel's (2011) research, the level of education is a factor related to work stress because it can be seen that at the high school education level, all of them experience work stress from the number of high school nurses available. The number of nurses with diploma education shows that 68% of nurses experience work stress. Meanwhile, the number of undergraduate nurses who experienced stress was only 3 people and 5 people who were not stressed. Liebert & Neakeref in Ismar R, et al (2011) argue that the level of education influences job selection. The higher a person's level of education, the stronger the desire to do work with a high level of challenge. Hope and creative ideas will be expressed in efforts to complete the task perfectly. Creative ideas are a symbol of self-actualization that differentiates oneself from others in completing tasks and the quality produced. This is different with agents with bachelor's degrees who have a more analytical/managerial educational nature, so that when carrying out their daily duties they feel challenged to balance the quality and quantity of calls. Based on table 5.7, it shows that almost half of the respondents with a D-III degree in Nursing had moderate work stress, 20 respondents (40%) and a small portion of the respondents with a Bachelor's degree in Nursing who had moderate work stress, 7 respondents (14%). According to the researchers' assumptions, based on the research results, it can be concluded that the lower the level of education, the higher the level of stress.

A longer working period is closely related to better experience and understanding of the job description. This experience and understanding will help in overcoming existing problems (stressors) in efforts to prevent stress. Based on table 5.8, it shows that almost half of the respondents with a working period of <1 year had moderate work stress, 13 respondents (26%) and almost half of the respondents with a working period of 1-5 years had mild work stress, 13 respondents (26%). However, this is not in line with research conducted by Syamsul in Sartika (2013) regarding work stress in sub-district rice milling factory workers. Minasate'ne Pangkep which shows that the number of workers who experience work stress is higher among workers with long service periods than workers with new work periods. According to researchers' assumptions, new or long periods of work can trigger work stress and be exacerbated by a heavy workload. However, the working period affects workers because it creates a routine in work, which ultimately causes stress. Limited work routines make workers bored (Munandar in Sartika, 2013).

The Relationship Between Role Overload and Job Stress in Nurses

Based on table 5.9, it is known that the significance value or Sig. (2-tailed) of 0.000, because the Sig value. (2-tailed) $0.000 < p = 0.05$, meaning there is a significant relationship between workload and work stress. The correlation coefficient was obtained at 0.676. This means that the level of strength of the relationship (correlation) between workload and work stress is 0.676 or a strong relationship. The correlation coefficient figure is positive, namely 0.676, so the relationship between the two variables is unidirectional, thus it can be interpreted that the higher the workload, the heavier the work stress.

The research results indicate that every change in workload will be followed by changes in work stress; and, the higher the workload, the higher the chance of severe work stress. Several research results show a strong relationship between workload and work stress.

Nurses with heavier workloads have a greater risk of work stress (Wagiu et al, 2017; Haryanti et al, 2013). Research by Johan et al (2017), 65.2% of nurses agreed that excessive workload was a cause of stress. Meanwhile, in research by Tsai and Liu (2012), the psychological demands of work increase the risk of developing symptoms related to work stress 1.37 – 1.55 times. The results of this study are not in accordance with several studies, that there is no relationship between workload and work stress (Mewengkang, 2017; Sitepu, 2018).

Job stress and workload influence service quality and patient safety (Aini, 2014; Blomberg et al, 2016). According to Retnaningsih and Fatmawati (2016), there is a significant relationship between nurses' workload and the implementation of patient safety. High workload can cause errors in administering medication to patients (Jin et al, 2018; Kang et al, 2016).

According to Haryanti et al (2013), efforts must be made to ensure that the number of nurses is always in accordance with the workload to produce effective and efficient services. This means that, in order not to affect services, the shortage of nursing staff must be compensated by increasing the workload of nurses. In other words, if the amount of work is fixed, then the workload borne by each nurse is greater if there are fewer nurses available. So it is very reasonable that the shortage of nursing staff can have an impact on the high workload of nurses.

The results of this research are in accordance with research by Nugraeni (2014) which states that "there is a positive relationship between role overload and work stress, namely the higher the role overload ability, the higher the nurse's work stress (0.001 < 0.005). This means that nurses' work stress will increase if nurses have high role overload. This is in accordance with the opinion of Supardi (2007) who stated that "there is a significant relationship between workload and work stress of nurses in inpatient rooms". If the number of tasks is not commensurate with physical abilities, skills and available time, it will become a source of stress. Role conflict can occur when nurses face a mismatch between expectations and reality which will make it difficult to work (Jauharia 2015).

The results of this research are in line with research by Melo (2019) based on the chi-square test, a p value of 0.004 was obtained with a value of $\alpha = 0.05$ ($p < 0.05$). The p value (0.004) is smaller than the α value (0.05), so H_0 is rejected and H_1 is accepted, namely that there is a relationship between workload and work stress. This research is in line with research conducted by Tisa (2017) on nurses at the Bitung Regional General Hospital, based on the results of data analysis of the relationship between workload and work stress, a p value of 0.000 was obtained, which means that the p value < 0.05 so there is a relationship between workload and work stress. The same research was also conducted by Indah (2015), it was found that there was a relationship between workload and work stress among nurses

in the Inpatient Unit of Kraton Regional Hospital, Pekalongan Regency with a p value (0.040), which means that the p value <0.05 .

This is in accordance with the opinion of Supardi (2007) who stated that there is a significant relationship between workload and work stress of nurses in the inpatient room. If the number of tasks is not commensurate with physical abilities, skills and available time, it will become a source of stress. The heavier the workload of a nurse, the higher the level of work stress. The workload felt by the nurse can determine the severity of the work stress experienced by the nurse.

Based on the description above, the researcher assumes that increasing workload conditions can cause disruption and threats. This condition will cause nurses to become forgetful, make more mistakes in activities and experience decreased abilities. Changes in conditions and workload will cause workers to react to adapt to existing conditions. If workers are less able to adapt to existing workload conditions, they will tend to experience work stress.

CONCLUSION

Based on the results of research, analysis and discussion regarding " The Relationship Between Role Overload and Work Stress in Nurses at the Muhammadiyah Bandung General Hospital, Tulungagung Regency " it can be concluded as follows:

1. The research results showed that the majority of respondents had a heavy workload, 36 respondents (72%) and almost half of the respondents had a moderate workload, 14 respondents (28%).
2. The research results showed that the majority of respondents had moderate stress, 27 respondents (54%) and almost half of the respondents had mild stress, 23 respondents (46%).
3. Based on the Spearman Test, the significance value or Sig is known. (2-tailed) of 0.000, because the Sig value. (2-tailed) $0.000 < \text{smaller than } p = 0.05$, meaning there is a significant relationship between workload and work stress. The correlation coefficient was obtained at 0.676. This means that the level of strength of the relationship (correlation) between workload and work stress is 0.676 or a strong relationship. The correlation coefficient figure is positive, namely 0.676, so the relationship between the two variables is unidirectional, thus it can be interpreted that the higher the workload, the heavier the work stress.

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