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ANALYSIS OF THE RELATIONSHIP BETWEEN AGE, GENDER, AND LENGTH OF EMPLOYMENT WITH WORK-RELATED STRESS AMONG NURSES

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ABSTRACT

Background: Work-related stress is a common issue among nurses and can affect their performance, quality of care, and psychological well-being. This study aimed to analyze the relationship between age, gender, and length of service with work-related stress levels among nurses at a hospital in Banjarbaru City.
Methods: A quantitative approach with a cross-sectional design was used. The sample consisted of 120 nurses at a hospital in Banjarbaru City selected through proportional stratified random sampling. Data were collected using a demographic questionnaire and the Perceived Stress Scale (PSS), which has been validated in previous studies with a Cronbach's alpha of 0.82. Data were analysed using the Chi-Square test with a significance level of 0.05.
Results: The results showed no significant relationship between age (p=0.298), gender (p=0.397), and length of service (p=0.581) and the level of work-related stress. However, descriptive results indicated a higher proportion of stress among nurses who were female, younger, and had longer work experience.
Conclusion: It is recommended that hospital management focus more on workload, work environment, and psychosocial support rather than individual demographic factors in managing work stress.
Keywords: age, gender, length of service, nurses, work stress

INTRODUCTION

In general, stress is the body's and mind's response to situations perceived as threats or challenges, whether physically or psychologically. Work-related stress refers to psychological pressure that arises in the workplace, especially when individuals face demands that exceed their capabilities. Globally, work-related stress has become a widespread issue and has significant impacts on workers and professionals (Carenina et al., 2024; Pramono, 2024).

Work-related stress is a psychological response of employees to the demands of their job. Furthermore, stress is an excessive self-defence mechanism triggered by an individual in response to an imbalance in work conditions. This term is commonly used in psychology to describe the pressure a person experiences in life. Stress is a state of

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tension that affects a person's emotions, cognitive processes, and mental condition. According to a study conducted in 2022, work-related stress is characterised in employees by job dissatisfaction, low performance, irritability, anxiety, restlessness, and lack of concentration (Hermawan, 2022).

According to the World Health Organisation (WHO), around 450 million people worldwide suffer from mental and behavioural disorders. In 2020, the WHO also estimated that workplace stress would become a major issue threatening human health. (Awalia et al., 2021). According to data from the Indonesian Ministry of Health in 2017, 60.6% of workers experienced depression, and 57.6% suffered from sleep disorders. The National Institute for Occupational Safety and Health (NIOSH) stated that healthcare workers are in a profession with a high risk of developing stress. A 2018 survey conducted by the Indonesian National Nurses Association (PPNI) found that 50.9% of nurses in Indonesia experienced work-related stress (Awalia et al., 2021; Carenina et al., 2024).

Healthcare services in hospitals include medical services, medical support services, medical rehabilitation, and nursing care. In hospitals, nurses play a vital role as they interact with patients more frequently than doctors. One of the key factors that determines the quality and image of a healthcare institution is the quality of nursing services. Nursing is the frontline of healthcare services and is often used as an indicator of high-quality healthcare, as well as a factor in determining client satisfaction. Nurses carry numerous duties and responsibilities assigned by the hospital, which can lead to a significant workload due to the number of tasks and pressures. The pressure from excessive workload can cause work-related stress among nurses, which in turn may affect their performance (Fatimah Fauzi Basalamah et al., 2021; Hakman et al., 2021).

As many as 67% of healthcare workers, such as hospital directors and supervisors, experience high levels of stress in healthcare services. Meanwhile, work-related stress among nurses ranks highest among forty identified cases of occupational stress in Indonesia. Research conducted by the National Institute for Occupational Safety and Health (NIOSH) found that jobs related to hospitals or healthcare tend to have high levels of work-related stress. A study by the American National Association for Occupational Health (ANAOH) also placed nurse-related work stress at the top among the first forty cases of occupational stress in the workforce (Carenina et al., 2024; Padila & Andri, 2022).

A study conducted on 98 nurses at RSJD Abepura found a significant relationship between work-related stress and workload, with a p-value of 0.002 (< 0.05) (Elvianasari et al., 2022). In this study, workload was identified as the primary cause of stress among nurses. This aligns with research conducted by Lating (2021), which stated there's a relationship between workload and work stress among nurses in the inpatient ward of Namrole City Regional General Hospital. The study results showed a p-value of 0.000 ($p < \alpha = 0.05$) (Lating & Soumena, 2021).

Another factor that can influence work stress in nurses is work shifts. This is supported by the previous research finding in 2020, which showed a p-value of $0.027 < 0.05$. Nurses working night shifts are forced to rest during the day, when their bodies are typically awake. For the variable of task demands on the incidence of stress, a p-value of $0.014 > 0.05$ was obtained, meaning there is a relationship between nurses' task demands and work stress. Additionally, working conditions also have a relationship with work stress, with a p-value of $0.021 < 0.05$. Therefore, there are many factors that cause work stress in nurses (Disabilitas et al., 2020).

Work-related stress that arises and is not handled well will have an impact on a person's physiology, psychology, and attitude. Signs of physiological changes include

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fatigue, exhaustion, dizziness, and digestive problems. Psychological changes are characterised by prolonged anxiety and difficulty sleeping. Attitudinal changes manifest as stubbornness, irritability, and dissatisfaction with achievements. Nurses experiencing stress can experience a decrease in nursing performance, such as poor decision-making, lack of concentration on tasks, suboptimal nursing care delivery, fatigue, and even work accidentsb(Awalia et al., 2021; Puspitasari et al., 2021).

Work-related stress that arises and is not handled well will have an impact on a person's physiology, psychology, and attitude. Signs of physiological changes include fatigue, exhaustion, dizziness, and digestive problems. Psychological changes are characterised by prolonged anxiety and difficulty sleeping. Attitudinal changes manifest as stubbornness, irritability, and dissatisfaction with achievements. Nurses experiencing stress can experience a decrease in nursing performance, such as poor decision-making, lack of concentration on tasks, suboptimal nursing care delivery, fatigue, and even work accidents (Anggini et al., 2023).

Based on the description above, it is important to conduct research on work-related stress among nurses at the Banjarbaru City Regional Hospital. This hospital was chosen because it is the main referral hospital for the city of Banjarbaru, serving a diverse range of patients from various social and medical backgrounds.

RESEARCH METHOD

This study employed a quantitative descriptive analytic design with a cross-sectional approach. The population consisted of all nurses at a hospital in Banjarbaru City, totalling 328 individuals (143 males and 185 females), based on data from the Human Resources for Health section.

The sampling technique used was proportional stratified random sampling. First, nurses were grouped based on their work units. Then, a proportional number of respondents was selected from each unit using randomisation to ensure representative sampling. A total of 120 nurses met the inclusion criteria, which included having worked at the hospital for at least six months and providing informed consent to participate.

Data were collected using two questionnaires. Questionnaire A captured sociodemographic information such as age, gender, education level, length of service, and employment status. Questionnaire B used the Perceived Stress Scale (PSS) to assess levels of work-related stress. The PSS is a standardised instrument with established validity and reliability, showing a Cronbach’s alpha value of 0.82 in previous studies.

The data processing steps included editing for completeness, coding responses numerically, tabulating data, and conducting statistical analysis. Descriptive statistics were used to summarise respondent characteristics and stress levels, while bivariate analysis using the chi-squared test was conducted to determine the relationship between variables. A significance level of 0.05 was used to assess statistical significance.

Ethical approval for this research was obtained from the hospital's Health Research Ethics Committee with reference number 037/KEPK-RSDI/IX/2024.

RESULTS

Based on the primary data collected from 328 respondents at Idaman Regional Hospital in Banjarbaru City, the frequency distribution for age, gender, years of service, education, career position, and employment status at risk of stress is presented in Table 1 below.

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Table 1. Characteristics of Respondents at Idaman Regional Hospital, Banjarbaru

Variable	Work Related Stress				Total	
	At Risk of Stress (n=53)		Not At Risk (n=67)			
	Frequency	Percentage (%)	Frequency	Percentage (%)	Frequency	Percentage (%)
Age						
Early Productive (<45 Years Old)	45	42.5	61	57.5	106	88.3
Late Productive (≥45 Years Old)	8	57.1	6	42.9	14	11.7
Gender						
Men	10	18.87	17	25.37	27	22.50
Woman	43	81.13	50	74.63	93	77.50
Period of Employment						
≤ 5 Years Old	25	47.17	35	48.16	60	50
> 5 Years Old	28	52.83	37	51.39	60	50
Education						
D3 Nurse	21	39,62	33	49.25	54	45
D4 Nurse	5	9.43	9	13.43	14	11.67
D4 Nurse + Profession of Nurses	1	1.89	6	8.96	7	5.83
S1 Profession of Ners	26	49.06	19	28.36	45	37.50
Career Level						
Pra PK	5	9.43	3	4.48	8	6.67
PK I	15	28.30	26	38.81	41	34.17
PK II	13	24.53	17	25.37	30	25.00
PK III	19	35.85	21	31.34	40	33.33
PK IV	1	1.89	0	0.00	1	0.83

The table above shows the distribution of work stress based on several respondent characteristic variables, namely age, gender, length of service, education, and position in the career ladder. Based on the age variable, most respondents are in the early productive age (≤40 years), totalling 106 people (88.3%). Of this group, 45 people (42.5%) are categorised as at risk of experiencing work stress, while 61 people (57.5%) are not at risk. Meanwhile, respondents in the late productive age (≥45 years) numbered 14 people (11.7%), with eight people (57.1%) at risk of experiencing stress and six people (42.9%) not at risk.

Based on gender, the majority of respondents are female, totalling 93 people (77.5%), and male, totalling 27 people (22.5%). Of these, 43 females (81.13%) are at risk of experiencing work stress, while only 10 males (18.87%) are at risk of experiencing stress. Based on length of service, the number of respondents with ≤ 5 years and > 5 years of service is equal, with 60 people (50%) in each group. However, from the group with ≤ 5 years of service, 25 people (47.17%) are at risk of stress, and from the group with > 5 years of service, 28 people (52.83%) are at risk of work stress..

If viewed by education level, respondents with a D3 Nursing educational background totalled 54 people (45%), of whom 21 people (39.62%) were at risk of experiencing work stress. Respondents with a D4 Nursing education totalled 14 people (11.67%), with five

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people (9.43%) among them at risk. For D4 Nursing education plus the Ners profession, there were seven people (5.83%), and only one person (1.89%) was at risk. The second largest group came from S1 Nursing with Ners profession, totalling 45 people (37.5%), and 26 of them (49.06%) were at risk of experiencing work stress.

If viewed by position in the career ladder, the majority of respondents are at the PK I level (41 people, 34.17%) and the PK III level (40 people, 33.33%). From the PK I group, 15 people (28.30%) are at risk of experiencing stress, and in PK III, there are 19 people (35.85%) who are at risk. Meanwhile, the PK II group consists of 30 people (25%), with 13 people (24.53%) among them at risk, while the Pra PK group consists of 8 people (6.67%), with five people (9.43%) who are at risk. Only one person is at the PK IV level (0.83%) and is included in the group at risk of work stress.

The table below presents data regarding the relationship between demographic characteristics such as age, gender, and length of service, as well as the level of work stress risk among respondents

Table 2. Cross-Tabulation Of Variables

Variable	**Stress**						
	At Risk of Stress (n=53)		**Not At Risk (n=67)**		**Total**		***p*-value**
	Frequency	**Percentage (%)**	**Frequency**	**Percentage (%)**	**Frequency**	**Percentage (%)**	
Age							
Early Productive (<45 Years Old)	45	42.5	61	57.5	106	88.3	0.298
Late Productive (≥ 45 Year Old)	8	57.1	6	42.9	14	11.7	
Gender							
Men	10	18.87	17	25.37	27	22.50	0.397
Woman	43	81.13	50	74.63	93	77.50	
Period of Employment							
≤ 5 Years Old	25	47.7	35	58.3	60	50	0.581
> 5 Years Old	28	46.7	32	53.3	60	50	

Based on the age category, most respondents are in the early productive age group (<45 years), totalling 106 people (88.3%). Of this number, 45 individuals (42.5%) are identified as being at risk of experiencing work stress, while 61 people (57.5%) are not at risk. Meanwhile, the late productive age group (≥45 years) comprises 14 people (11.7%), with eight individuals (57.1%) at risk of experiencing work stress and six people (42.9%) not at risk. Although the percentage of work stress appears higher in the late productive age group, a p-value of 0.298 indicates that there is no statistically significant relationship between age and the risk of work stress.

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DISCUSSION

Although descriptively, women appear to experience more work stress, a p-value of 0.397 indicates that there is no statistically significant relationship between gender and work stress. Looking at length of service, in the group with ≤ 5 years of service, 25 people (47.7%) are at risk of experiencing work stress, and 35 people (58.3%) are not at risk. Meanwhile, in the group with > 5 years of service, 28 people (46.7%) are at risk of stress, and 32 people (53.3%) are not at risk. With a p-value of 0.581, it can be concluded that the length of service also has no statistically significant relationship with the risk of work stress among respondents.

Work stress is a psychological phenomenon that can be experienced by anyone, regardless of age, depending on workload, work environment, and an individual's capacity to manage pressure. Various studies indicate that age is not a dominant factor directly influencing work stress levels. One reason is that both young and older workers have the potential for stress, depending on the demands of the tasks assigned and how they adapt to work pressure. Research in 2023 showed that age was not significantly related to work stress among nurses at Permata Pamulang Hospital, with a p-value of 0.257. This suggests that other factors, such as workload and social support, are more influential than age itself (Mustakim & Putri, 2023).

Additionally, a study at Abepura Regional Mental Hospital also noted that age did not show a significant relationship with nurse work stress, with a p-value of 0.816 (Tristanti Puspitasari et al., 2020). Nurses from various age groups can experience stress when faced with heavy workloads, night shifts, or limited resources. While younger nurses may be physically stronger, their limited work experience can lead to stress when confronting complex clinical situations. Conversely, older nurses, despite having more experience, can experience stress due to physical fatigue or increasing administrative pressure. This indicates that stress is more determined by the interaction between workload and an individual’s ability to manage stress.

Another study in 2017 also revealed that age was not significantly related to work stress among inpatient nurses at RS Haji Jakarta (p=0.092), affirming that stress is more influenced by heavy responsibilities, lack of time management, and role conflict within the organisation (Hartono & Siwanto, 2017). Therefore, approaches to address work stress need to focus on workload management, providing psychosocial support, stress coping training, and adjusting work systems to be more adaptive to the dynamics of the nursing profession, rather than solely based on age categories. With this understanding, hospital management is expected to develop more comprehensive and inclusive policies for managing work stress (Anggini et al., 2023).

Several studies indicate that gender does not significantly influence stress levels in the nursing profession. For instance, a study at Abepura Regional Mental Hospital (RSJD) found no significant association between gender and nurse work stress (p = 0.923) (Elvianasari et al., 2022). Similar findings were reported by Mustakim and Putri (2023) (p = 0.688) and by Fida et al. (2023) during the COVID-19 pandemic (p = 0.108). At Dr. Soetomo Regional Public Hospital, the researcher also concluded that male and female nurses experienced similar levels of stress. Furthermore, a review by another researcher in 2023 of several international studies supports this pattern, showing no consistent differences between genders in handling occupational stress. These results suggest that stress among nurses is more strongly influenced by workload, managerial pressure, and workplace environment rather than gender. Therefore, improving working conditions should take precedence over gender-based approaches to stress management. (Fida et al., 2023; Tristanti Puspitasari et al., 2020).

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Another study also showed similar results: no relationship between gender and work stress, with a p-value of 0.688 (Mustakim & Putri, 2023). Similarly, a study conducted during the COVID-19 pandemic found that gender did not significantly affect nurses' stress levels, with a p-value of 0.108 (Fida et al., 2023).

Research findings also stated that there was no difference in stress levels between male and female nurses at Dr. Soetomo Regional Public Hospital. (Tristanti Puspitasari et al., 2020). Even according to a review of various international studies, most studies found no difference between men and women in facing pressure or stress in the workplace. (Fida et al., 2023). In other words, work stress is more often caused by factors like heavy workload, pressure from superiors, and an uncomfortable work environment, rather than gender differences. Therefore, to address work stress, it's better to focus on improving working conditions rather than differentiating based on gender.

A number of studies indicate that the length of service does not have a significant relationship with the level of work stress in nurses. For example, in research conducted at Dr. H. LM. At Baharuddin Regional Public Hospital, Muna Regency, it was found that the length of service was not significantly related to work stress, with a p-value of 0.089. This study, in fact, found that other factors such as workload and age were more influential on the stress experienced by nurses (Ardiyany Ilyas et al., 2020). Similar results were also found in a study at Dr. M. Yunus Regional Public Hospital, Bengkulu, which indicated that length of service did not affect work stress among operating room nurses, with a p-value of 0.549. Conversely, work shifts were a more significant factor in triggering stress (Raditya & Rantung, 2020). This is consistent with findings by Cahya et al (2024), who concluded that increased workload and shift patterns during the COVID-19 pandemic significantly influenced stress levels among nurses in public hospitals. (Cahya et al., 2024).

Research at Hospital "X" Depok mentioned that length of service does not have a significant effect on work stress ($p = 0.243$), while workload, work shifts, and gender play a greater role in determining stress levels (Azteria & Dwi Hendarti, 2020). A similar research was also conducted at PT. Sasa Inti showed that length of service was not related to employee work stress, while workload and job burnout had a significant influence (Pajow et al., 2020).

Based on these various research findings, it can be concluded that the length of service is not the primary determinant of work stress. Many other factors are more influential, such as high work pressure, unbalanced shift systems, role conflict, and unsupportive work environments. Therefore, to reduce work stress levels, the focus should be directed towards improving overall working conditions, rather than solely based on how long someone has been employed.

CONCLUSION

This study found no statistically significant relationship between age, gender, and length of service and the level of work-related stress among nurses at a hospital in Banjarbaru City (p-values: 0.298, 0.397, and 0.581, respectively). These findings suggest that demographic factors alone are not strong predictors of occupational stress. Organisational aspects such as workload, work conditions, and psychosocial environment likely play a more dominant role in influencing nurses' stress levels.

RECOMMENDATIONS

We recommend several things that can be done to control the stress levels of nurses in hospitals, including: hospital management needs to develop a more comprehensive work stress management policy, with a focus on the work system and environment; workloads

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need to be restructured to be more proportional and humane; the implementation of shift rotations must consider the balance between work and personal life for nurses, hospitals are advised to provide wider access to counseling services, such as cognitive-behavioral stress management training, which should be conducted periodically to improve nurses' mental resilience. Further research is recommended to investigate other factors that may contribute to work stress, such as administrative burden, inter-staff relationships, and organisational support, using multivariate analysis methods such as logistic regression or structural equation modelling for a deeper understanding of the causes of work stress.

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