

THE RELATIONSHIP BETWEEN STRESS LEVELS AND THE QUALITY OF LIFE OF NURSES AT MITRA MEDIKA TANJUNG MULIA HOSPITAL MEDAN IN 2025

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Abstract

Occupational stress is a common problem experienced by nurses due to high job demands, heavy workloads, and responsibility for patient safety. Poorly managed stress can negatively impact nurses' physical and psychological health, ultimately affecting their quality of life. Therefore, research is needed to determine the relationship between stress levels and the quality of life of nurses in hospitals. The purpose of this study was to determine the relationship between stress levels and the quality of life of nurses at Mitra Medika Tanjung Mulia Hospital, Medan, in 2025. This study used a quantitative design with a correlational approach and cross-sectional methods. The study population was all 175 nurses working at Mitra Medika Tanjung Mulia Hospital, Medan, with a sample size of 64 respondents determined using the Slovin formula and quota sampling techniques. Data collection was conducted using a stress questionnaire and the WHOQOL-BREF questionnaire to measure quality of life. Data analysis included univariate and bivariate analyzes using the chi-square test with a significance level of $\alpha = 0.05$. The results showed that the majority of respondents experienced mild and moderate stress (31 respondents (48.4%), respectively), and the majority of nurses (40 respondents (62.5%)) reported a good quality of life. Bivariate levels analysis revealed a significant relationship between stress and nurses' quality of life. Medika Tanjung Mulia Hospital, Medan.

Keywords: *Stress Levels, Quality Of Life, Nurses, Hospital.*

INTRODUCTION

A hospital is a form of health facility, whether organized by the government or the community, which functions to carry out basic health efforts or referral health and supporting health efforts.(Aini, 2019)In carrying out their functions, hospitals are expected to always pay attention to social functions in providing health services to the community. The success of hospitals in carrying out their functions is characterized by the quality of service.Hospitals. The quality of hospital services is greatly influenced by several factors, the most dominant of which is human resources.(Ministry of Health, 2021). Nurses are one of the healthcare workers in hospitals who play a vital role in maintaining the quality of healthcare services. The standards for quality evaluation and control explain that nursing services ensure high-quality nursing care by continuously participating in the hospital's quality control program.(Aditama, 2020). Stress is an individual's response to a change in circumstances or a threatening situation. It can be seen as a personal reaction to an external event or demand, such as writing an exam, or an internal state of mind, such as worrying about an exam.(Hardiyanti & Permana, 2019)An interesting fact is that stress tends to increase as a person is unable to cope with the unpleasant situations they face. For most people, stress is seen as a negative concept. However, stress can motivate us to achieve our best.(Hidayati & Harsono, 2021). Work stress is a physical and emotional disorder that occurs when the work being done does not meet the desires, abilities, resources and needs of the worker.(Bhastary, 2020)According to the Indonesian National Nurses Association (PPNI) in 2023, 50.9% of nurses working in four provinces experienced work stress and often felt dizzy, exhausted, and lacked rest due to excessively high and time-consuming workloads and low wages.(PPNI,

2018)Therefore, this need must be addressed properly by institutions or the government by using good management.(Jazuli et al., 2023). Based on information, nurses in four provinces in Indonesia reported low job satisfaction and quality of life due to too much work.Overwork, low pay, high stress levels, frequent headaches, fatigue, and lack of sleep, according to a poll by the Indonesian National Nurses Association (PPNI). Aspirations to advance one's position within the company(PPNI, 2018).The picture of stress can be seen from the level of work stress experienced by nurses in the results of interactions with their environment, which is an adjustment response related to individual differences or psychological processes caused by external factors, actions, situations or opportunities that place excessive psychological or physical demands on individuals. In other words, work stress is the experience of feelings of pressure felt by nurses in a work environment that is perceived negatively by nurses.(Hadiansyah et al., 2019).

The quality of life of nurses is one of the factors that can influence nurse performance. The World Health Organization defines quality of life as an individual's perception of his or her position in life in relation to his or her goals, expectations, standards, and concerns, as well as the culture and value system in which he or she lives.(Chess, 2023) Quality of life is an individual's perception of their physical, social, and emotional well-being in carrying out daily activities with the support of their surrounding environment. Quality of life can be influenced by various factors such as work, social, income, and health, which can experience a decline in quality of life (Tandilingi & Ticoalu, 2022). Assessment of a person's quality of life can be seen from four aspects, namely physical, psychological, social, and environmental. A person can be said to be physically good if they do not feel pain, do not feel tired, are able to work and then can rest to continue the next activity.(Ratnaningrum et al., 2024).

World Health Organization (WHO) urges people to maintain their quality of life, such as: maintaining health, social relationships, economic and religious. According to the World Health Organization (WHO), (2023) Quality of life is a condition in which an individual is not only free from disease and weakness, but also has a balance between physical, mental and social functions. So that the measurement of quality of life can be seen from four areas of function, namely physical, psychological, social and environmental.(Organization, 2023). According to the Indonesian Ministry of Health (2005), nursing is a profession and nurses are professionals who are responsible for providing services within their competence and authority, both individually and in collaboration with other members of the health sector. This support must be borne by highly competent individuals so that they can uphold the implementation of the officers' obligations in providing quality nursing care.(Wuryastuti et al., 2023). This is in accordance with Anita's research (2019) entitled *The Relationship Between Nurses' Work Stress Levels and Nurse Performance at Muntilan Regional Hospital, Magelang Regency*. Results: From the statistical test, it was found that the results of the analysis between nurses' stress levels and nurse performance with the Spearman rank statistical test showed that there was a relationship between nurses' stress levels and nurse performance with a value of $p = 0.001$, meaning that there was a significant relationship between nurses' stress levels and nurse performance at Magelang Regency Hospital in Muntilan, with a negative correlation direction with a strong correlation strength of $r = -0.616$. Conclusion: The heavier the nurse's stress level, the worse the nurse's performance will be, and vice versa, the lighter the nurse's stress level, the better the nurse's performance will be. Suggestion: The results of the study are expected to enable nurses to improve their performance by minimizing stress levels to improve the quality of service.(Fitrianingrum, 2019).

Based on the results of the initial survey conducted by researchers on November 19, 2024 at the Mitra Medika Tanjung Mulia General Hospital, the population obtained was 175 nurses, of which 27 nurses were in the Emergency Room, 27 in the ICU, 22 in the IBS, 14 people per floor on the fourth to eighth floors, 10 in the Lungs and 19 in the Polyclinic. The formulation of the problem of this research is: is there a relationship between stress levels and the quality of life of nurses at the Mitra Medika Tanjung Mulia Hospital, Medan in 2025. The objectives of this research are 1) To determine the frequency distribution of stress levels in nurses at the Mitra Medika Tanjung Mulia Hospital in 2025, 2) To determine the frequency distribution of the quality of life of nurses at the Mitra Medika Tanjung Mulia Hospital, Medan in 2025, and 3) To determine the frequency distribution of the relationship between stress levels and the quality of life of nurses at the Mitra Medika Tanjung Mulia Hospital, Medan in 2025.

LITERATURE REVIEW

A. Nursing concept

1. Definition of Nurse

A nurse is someone who has graduated from a higher nursing education, either domestically or internationally, that is recognized by the government in accordance with statutory provisions (Nursing Law, 2014). A nurse is someone who is capable and has the ability to perform nursing actions based on knowledge gained through nursing education recognized by the government (Health Law, 1992). Nursing is a profession that provides health services that plays a vital role in determining overall health success. Nursing services are services provided by nurses professionally as an integral part of health services that are based on nursing knowledge and skills.(Siregar & Kep, 2022). Nursing is a professional nursing service that is part of providing health care to patients. Nursing is an applied science that utilizes interpersonal skills and the nursing process to help clients achieve optimal and comprehensive health (Mardiyah, 2018). Nurses play a crucial role in delivering quality health care in hospitals, as the health care provided is based on bio-psycho-social-spiritual principles, a unique service that is implemented 24 hours a day and continuously. This gives the nursing profession a distinct advantage compared to other health professions.(Siregar & Kep, 2022). According to the International Council of Nursing (ICN), competency means the integrated knowledge, skills, attitudes, and judgments that must be possessed/required to perform actions safely and within the scope of individual nursing practice. A nurse's competence is something that is displayed comprehensively by a nurse in providing professional services to clients, including the knowledge, skills, and judgments required in practice situations. In the definition of nursing, it is agreed that the nurse's performance refers to the desired/requested service standards.

Competencies reflect the following:

- a. Knowledge, understanding and assessment.
- b. A series of cognitive skills, psychomotor techniques and interpersonal skills.
- c. Personality, attitude, and behavior. The attitudes that need to be emphasized as a nurse ready to work abroad with Indonesian cultural characteristics are the 3 Ss (greeting, smiling, and enthusiastic).(Nursalam & Efendy, 2008)

2. Functions of Nurses

The nursing functions understood by the participants include three functions: independent, dependent, and interdependent. All participants performed all three functions, but none was dominant due to the adjustments made to the conditions during the service, which were influenced by the number of patients, the participant's activity schedule, and the number of healthcare workers on duty that day.(Prabasari, 2021).

The definition of function itself is a task performed according to a specific role. Functions can change depending on the circumstances. In carrying out their roles, nurses will perform various functions, including:

- a. Independent Function
It is an independent function and does not depend on others, where nurses carry out their duties independently with their own decisions in carrying out actions in order to fulfill basic human needs such as fulfilling physiological needs (fulfilling oxygenation needs, fulfilling fluid and electrolyte needs, fulfilling nutritional needs, fulfilling activity needs and others), fulfilling needs and comfort, fulfilling the need for love and affection, fulfilling the need for self-esteem and self-actualization.(Panglipurningsih et al., 2020).
- b. Dependent Function
It is the nurse's function to carry out their activities based on messages or instructions from other nurses. This is a form of delegation of assigned tasks. This is usually done by a specialist nurse to a general nurse, or from a primary nurse to a nurse practitioner.
- c. Interdependent Functions
This function is carried out within a team that is interdependent. This function can occur when the form of service requires teamwork in providing services, such as providing nursing care to patients with complex illnesses. This situation cannot be addressed by a team of nurses alone but also by doctors and others. For example, doctors administer treatment in collaboration with nurses in monitoring the reactions of medications given.(Chapter & II, 2021).

3. Nurse Duties

The nurse's duties in carrying out her role as a provider of nursing care can be carried out according to the stages in the nursing process.(Fajrianti, 2016). the function of nurses in providing nursing care is: collecting data, analyzing and interpreting data, developing nursing action plans, using and applying concepts and principles of behavioral science, socio-cultural science, biomedical science in carrying out nursing care in order to fulfill KDM, determining measurable criteria in assessing nursing plans, assessing the level of achievement of goals, identifying necessary changes, evaluating nursing problem data, recording data in the nursing process, using client records to monitor the quality of nursing care, identifying research problems in the field of nursing, making proposals for nursing research plans, applying research results in nursing practice, identifying health education needs, making health counseling plans, carrying out health counseling, evaluating health counseling, participating in health services to individuals, families, groups and communities, creating effective communication with both the nursing team and other health teams(Ananta & Dirdjo, 2021).

B. The concept of stress

1. Definition of Stress

Stress is a state of tension that affects a person's emotions, thought processes, and overall well-being. Excessive stress can threaten a person's ability to cope with their environment. Symptoms of stress include frequent anger, an inability to relax, aggression, uncooperativeness, and coping strategies such as excessive alcohol consumption, smoking, and even drug use.(Wahjono & Surabaya, 2022). Stress is a disturbance in the body and mind caused by changes and demands of life. Stress is caused by many factors, both internal and external to the individual. Each person has a different level of resilience in dealing with stressors. Both external and internal stimuli that can cause stress will trigger self-defense reactions.(Ramadini & Yanti, 2024)Stress can trigger more severe mental disorders, so it's crucial to manage it effectively. Stress is a very common experience, and in life, a person will inevitably encounter stimuli that can cause stress.(Nurmala et al., 2022). Stress can come from any situation or thought that makes us feel frustrated, angry, or anxious. Everyone views situations differently and has different coping skills. Therefore, no two people will respond exactly the same to a given situation.(GUSTIYANA, 2021).

2. Symptoms of Stress

Some indicators that can be used to measure stress levels are:

- a. Physiological symptoms, which are related to health and medical aspects, are seen from changes in metabolism, increased heart rate and breathing, increased blood pressure, causing headaches and causing heart attacks.
- b. Psychological symptoms, seen from dissatisfaction, tension, anxiety, irritability, boredom, and procrastination.
- c. Behavioral symptoms, seen from changes in productivity, absenteeism, employee turnover rates, changes in eating habits, increased cigarette and alcohol consumption, rapid speech, restlessness and sleep disturbances.(Wahjono & Surabaya, 2022).

3. Causes of Stress

Stressors can generally be classified as internal and external. Internal stressors originate within a person, such as physical conditions or emotional states. External stressors originate outside a person, such as changes in the surrounding environment, family, and sociocultural context.(Dwi Susapto, 2018). Stress results from an imbalance between environmental demands, which involve an appraisal of the situation at hand, and the resources available to address it. Healthcare workers often assess their work situations as either a threat or a challenge, depending on their perceived ability to cope with the demands of the job. In this context, mobile health applications can serve as tools to improve healthcare workers' coping strategies through relaxation techniques, meditation, and breathing exercises.(Amaliyah & Sumantiawan, 2024). The cause of stress greatly influences how we handle it. Stress that originates within ourselves allows us to analyze solutions independently because we understand the problem. However, this doesn't preclude seeking counseling or confiding in a professional to help us manage stress.(Dr. Muhammad Yusup & Dr. Muhammad Shoffa Saifillah Al Faruq, 2021).

4. Types of Stress

a. *Distress (Negative Stress)*

Distress is a type of stress that is threatening and dangerous for the person experiencing it, such as excessive academic demands, work demands beyond the individual's ability to complete them, or an unpleasant demand that drains energy, resulting in decreased motivation and immunity, making the individual vulnerable to physical and mental health problems. This kind of condition is what most people have referred to as stress and this is what will be the focus of our discussion on stress management.(Bunyamin, 2021).

b. *Eustress (Good Stress)*

Eustress Unlike distress, which threatens well-being and safety, eustress has a positive impact on the individual who experiences it. Eustress is the result of a positive, constructive, and positive response to stress that can increase motivation for the individual experiencing it. Students who have a positive response to the pressure they experience, such as college assignments that must be completed in a short time, can increase their motivation to study harder and complete assignments well because they don't want to get low grades that can lower their self-esteem in front of their friends or don't want to disappoint their parents who support them.(Bunyamin, 2021).

C. Quality of Life

1. Definition of Quality of Life

The definition of quality of life is a person's satisfaction with life, and the assessment of quality of life depends on a person's value system and the cultural environment in which he or she lives. Quality of life is determined by many factors and conditions, such as residence, employment, income, material well-being, moral attitudes, personal and family life, social support, stress, health conditions, and relationships with the environment.(Lilieki Pratiwi & Yane Liswanti, 2021). Humans, as individual and social beings, sometimes require solitude to reflect and understand the meaning of life. However, as social beings, interaction and cooperation between individuals and groups or organizations are essential, allowing for the mutually beneficial solutions to any shortcomings and obstacles they face. This relationship fosters positive, mutually beneficial relationships, fostering a shared quality of life, both in fulfilling both objective and subjective needs. Every country strives to optimize the needs of its people, including public facilities and infrastructure.(Jamaruddin & Sudirman, 2022).

Quality of life (QoL) is the level of well-being experienced by an individual or group of people. QoL is a complex, multidimensional concept. It can be manifested as a state of health, physical functioning, perceived health status, subjective health, perceptions of health, symptoms, need satisfaction, individual cognition, functional disability, mental health disorders, well-being, and sometimes more than one meaning at the same time.(Resmiya & Ifa, 2019). Quality of life is often associated with human development within a country or region. It is also often associated with a person's ability to perform physical activities, whether healthy or ill, in daily life. Some people associate the term quality of life with the fulfillment of basic needs for life, such as clothing, food, shelter, and education. People who can adequately fulfill these basic needs are considered to have a good quality of life. People with adequate food and education will have a good quality of life. Other opinions about quality of life are related to several indicators, including income, housing, environment, social stability, health, and employment opportunities.(Muhaimin, 2018). Quality of life is an individual's perception of their physical, social, and emotional well-being in carrying out daily activities supported by their environment. Quality of life can be influenced by various factors such as work, social, income, and health, which can all lead to a decline in quality of life (Tandilingi & Ticoalu, 2022). An individual's quality of life can be assessed from four aspects: physical, psychological, social, and environmental. A person is considered physically well if they do not experience pain, fatigue, and are able to work and then rest to continue their next activity.(Ratnaningrum et al., 2024)

2. Quality of Life in Nurses

The quality of nurses' work life is now a critical issue in healthcare organizations, impacting both nurses and nursing services. The theory suggests that a good quality of nurses' work life can improve the quality of healthcare services. Conversely, a poor quality of nurses' work life significantly impacts healthcare services, leading to patients experiencing discomfort with the care they receive. This decline in quality of life can lead to various symptoms, including depression, loss of meaning and purpose in life, low self-esteem, and decreased

physical and social health, as well as decreased self-control.(Cahyani, 2023). According to the World Health Organization (WHO), quality of life is not only a state of being free from disease or infirmity, but also a state of balance between physical, mental, and social functioning. Therefore, measuring quality of life related to health encompasses three functional areas: physical, psychological (cognitive and emotional), and social. To date, the factors that cause a decline in quality of life in humans, both individually and collectively, are not yet fully understood. One problem is the difficulty of conducting research on humans to establish a causal relationship. It is acknowledged that the problem is very complex and that many factors (multifactorial) influence human quality of life.(Soekarno, n.d.).

METHOD

This study used a quantitative correlational design with a cross-sectional study approach, namely research that aims to determine the relationship between independent variables and dependent variables measured at the same time. The independent variable in this study is stress levels, while the dependent variable is the nurses' quality of life. The quantitative correlational approach was chosen because this study focuses on measuring the relationship between variables objectively using statistical analysis. Data collection was conducted using standardized questionnaires whose validity and reliability have been tested by previous researchers, namely the stress level questionnaire and the WHOQOL-BREF questionnaire to measure the nurses' quality of life. The population in this study was all nurses working at Mitra Medika Tanjung Mulia General Hospital Medan, totaling 175 people. The sample size was determined using the Slovin formula, with an error rate of 10% (0.1). The Slovin formula used is: $n = N / (1 + N(e^2))$, where n is the sample size, N is the population size, and e is the error rate. Based on the calculation, the sample size was 64 respondents. The sampling technique used quota sampling, a non-probability sampling technique by determining the number of respondents according to the quota set by the researcher. This technique was chosen to facilitate data collection according to the specified criteria. The collected data consisted of primary, secondary, and tertiary data. Primary data were obtained through direct questionnaire distribution to respondents, while secondary data were obtained from hospitals, scientific journals, and previous research, and tertiary data were sourced from official reports such as WHO and Riskesdas. Data processing was carried out using the Statistical Package for Social Science (SPSS) program through the stages of collecting, checking, coding, entering, and processing. Data analysis included univariate analysis to describe the distribution of respondent characteristics and each research variable, and bivariate analysis using the chi-square test to determine the relationship between stress levels and nurses' quality of life with a significance level of $\alpha = 0.05$. If the p -value < 0.05 , it is stated that there is a significant relationship between the two variables.

RESULTS AND DISCUSSION

A. Research result

1. Respondent Characteristics

The characteristics of the respondents who were the subjects of this research, namely based on age, gender, last education, occupation, ethnicity, religion, marital status, can be seen in the following table:

Table1.Respondent Characteristics Based on gender, age, last education, status, religion, room, positionAt Nurses at Mitra Medika Tanjung Mulia General Hospital 2024.

| No. | Characteristics | Amount | Percentage |
|----------|-----------------------------|--------|------------|
| | | f | % |
| 1 | Gender | | |
| | Man | 15 | 23.4 |
| | Woman | 49 | 76.6 |
| | Amount | 64 | 100 |
| 2 | Age | | |
| | Early Adulthood 21-35 Years | 47 | 73.4 |
| | Middle Adults 36-45 Years | 13 | 20.3 |
| | Late Adulthood 46-65 Years | 4 | 6.3 |
| | Amount | 64 | 100 |
| 3 | Last education | | |
| | Diploma | 19 | 29.7 |
| | Bachelor of Nursing | 30 | 46.9 |
| | Nurses | 15 | 23.4 |
| | Amount | 64 | 100 |

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|----------|--------------------|-----------|------------|
| 4 | Status | | |
| | Married | 42 | 65.6 |
| | Not married yet | 22 | 34.4 |
| | Amount | 64 | 100 |
| 5 | Religion | | |
| | Islam | 42 | 65.6 |
| | Christian | 22 | 34.4 |
| | Amount | 64 | 100 |
| 6 | Room | | |
| | Emergency Room | 13 | 20.3 |
| | ICU | 13 | 20.3 |
| | IBS | 13 | 20.3 |
| | Polyclinic | 12 | 18.8 |
| | Inpatient | 13 | 20.3 |
| | Amount | 64 | 100 |
| 7 | Position | | |
| | Head of the room | 1 | 1.6 |
| | Person responsible | 10 | 15.6 |
| | implementing nurse | 53 | 82.8 |
| | Amount | 64 | 100 |

Based on Table 1. Characteristics of 64 respondents (100%), the majority of gender is female, 49 respondents (76.6%), the majority of patients are aged 22-31 years, 47 respondents (73.4%), characteristics Respondents based on education, the majority were Bachelor of Nursing, as many as 30 respondents (46.9%), characteristics of respondents based on status, the majority were married, as many as 42 respondents (65.6%), characteristics based on religion, the majority were Islam, as many as 42 respondents (65.6%), characteristics of respondents based on the IGD room, as many as 13 respondents (20.3%), ICU, as many as 13 respondents (20.3%), IBS, as many as 13 respondents (20.3%), polyclinic, as many as 12 respondents (18.8%), inpatient, as many as 13 respondents (20.3%), characteristics Respondents based on position, the majority were implementing nurses, namely 53 respondents (82.8%).

2. Univariate Analysis

Table2. Stress Level of Nurses at Mitra Medika Tanjung Mulia General Hospital 2025.

| No. | Stress Level | Amount | Percentage |
|-----|--------------|-----------|--------------|
| | | F | % |
| | Light | 31 | 48.5 |
| | Currently | 31 | 48.5 |
| | Heavy | 2 | 3.2 |
| | Total | 64 | 100.0 |

Table3. Quality of Life of Nurses At Mitra Medika Tanjung Mulia General Hospital 2024.

| No. | Quality of Life | Amount | Percentage |
|-----|-----------------|-----------|--------------|
| | | f | % |
| | Good | 40 | 62.5 |
| | Bad | 24 | 37.5 |
| | Total | 64 | 100.0 |

Based on table 2, the level of stress of nurses based on the table above can be known Of the 64 respondents (100%), the mild stress level in nurses was 31 respondents (48.4%), the moderate stress level in nurses was 31 respondents (48.4%), and the severe stress level in nurses was 2 respondents (3.1%). Based on table 3, Quality of Life can be seen from 64 respondents (100%), Good Quality of Life in nurses amounted to 40 respondents (62.5%), Poor Quality of Life in nurses amounted to 24 respondents (37.5%).

3. Bivariate Analysis

Bivariate analysis aims to determine whether there is a relationship between the independent variable (x) and the dependent variable (y).

Table4. The Relationship Between Stress Levels and Quality of Life of Nurses at Mitra Medika Tanjung Mulia General Hospital in 2025

| Table 1. General Hospital in 2020 | | | | | | | |
|-----------------------------------|-----------------|------|-----|------|--------|------|---------|
| Stress Level | Quality of Life | | | | | | P-Value |
| | Good | | Bad | | Amount | | |
| | F | % | f | % | f | % | |
| Light | 25 | 39.1 | 6 | 9.4 | 31 | 48.5 | 0.006 |
| Currently | 15 | 23.4 | 16 | 25.0 | 31 | 48.5 | |
| Heavy | 0 | 0.0 | 2 | 3.1 | 2 | 3.2 | |
| Total | 40 | 62.5 | 24 | 37.5 | 64 | 100 | 0.006 |

Based on table 4. cross tabulation shows the relationship between stress levels and the quality of life of nurses at Mitra Medika Tanjung Mulia General Hospital respondents in a study involving 64 participants. The data is divided into two categories of quality of life, namely "Good" and "Poor," and three levels of stress, namely Mild, Moderate, and Severe. Of the 31 respondents who experienced mild stress, 25 respondents (39.1%) showed a good quality of life, while 6 respondents (9.4%) showed a poor quality of life. This indicates that the majority of respondents with mild stress tend to have a good quality of life. There were 16 respondents with moderate stress levels, where 15 respondents (23.4%) showed a good quality of life and 1 respondent (1.6%) showed a poor quality of life. This data shows that most respondents with moderate stress also have a good quality of life. A total of 17 respondents experienced severe stress, with 0 people (0%) showing a good quality of life and 17 respondents (26.6%) showing a poor quality of life. This indicates that severe stress is closely related to poor quality of life. Overall, of the total 64 respondents, 40 people (62.5%) had a good quality of life and 24 people (37.5%) had a poor quality of life. Based on the results of the study on the Relationship between Stress Levels and Nurses' Quality of Life At Mitra Medika Tanjung Mulia Hospital In 2025, from the results of the analysis using the chi-square test, a significant value or p-value (0.006) was found with an a value of (0.05) Ho was rejected Ha was accepted and this means that there is a relationship between stress levels and the quality of life of nurses in general hospitals. Tanjung Mulia Medical Partners 2025.

B. Discussion

1. The Relationship Between Stress Levels and Quality of Life of Nurses

Based on the results of cross-tabulation research, it shows a relationship between stress levels and the quality of life of nurses at Mitra Medika Tanjung Mulia General Hospital, respondents in a study involving 64 participants. The data were divided into two categories of quality of life, namely "Good" and "Poor," and three levels of stress, namely Mild, Moderate, and Severe. Of the 31 respondents who experienced mild stress, 25 respondents (39.1%) showed a good quality of life, while 6 respondents (9.4%) showed a poor quality of life. This indicates that the majority of respondents with mild stress tend to have a good quality of life. There were 16 respondents with moderate stress levels, where 15 respondents (23.4%) showed a good quality of life and 1 respondent (1.6%) showed a poor quality of life. This data shows that most respondents with moderate stress also have a good quality of life. A total of 17 respondents experienced severe stress, with 0 people (0%) showing a good quality of life and 17 respondents (26.6%) showing a poor quality of life. This indicates that severe stress is closely related to poor quality of life. Overall, of the total 64 respondents, 40 people (62.5%) had a good quality of life and 24 people (37.5%) had a poor quality of life.

Based on the results of the study on the Relationship between Stress Levels and Nurses' Quality of Life At Mitra Medika Tanjung Mulia Hospital In 2025, from the results of the analysis using the chi-square test, a significant value or p-value (0.006) was found with an a value of (0.05) Ho was rejected Ha was accepted and this means that there is a relationship between stress levels and the quality of life of nurses in general hospitals. Tanjung Mulia Medical Partners 2025. *Burnout syndrome* Burnout syndrome is a chronic stress condition caused by work-related fatigue in the workplace. Burnout syndrome refers to the phenomenon of context within a job (Shah et al., 2021). Increased workload, lack of leadership support, and lack of collaboration between nurses and doctors are cited as contributing factors to nurse burnout syndrome (Buckley et al., 2020). If not properly addressed and coping mechanisms are not adaptive, high levels of burnout syndrome can affect the quality of nurses' work lives. A healthcare organization must routinely monitor and measure burnout syndrome in healthcare workers within the organization's work environment in an effort to reduce burnout syndrome and improve well-being. (Cahyani, 2023).

The success of nursing and the quality of nursing services is defined as whether or not the community's health needs within the hospital setting are met. Nurses, in carrying out their duties and responsibilities, interact with other healthcare teams, patients' families, and the community (Widayati, 2020). Furthermore, nurses' work environments require them to deal directly with others, such as illness and death, which can affect nurses' psychology. Quality of work life is now a crucial issue in healthcare organizations, impacting nurses and nursing services. The theory suggests that a good quality of work life for nurses can improve the quality of healthcare services. Conversely, a poor quality of work life for nurses significantly impacts healthcare services, leading to patients experiencing discomfort with the healthcare services they receive.(Cahyani, 2023). Research by Jessica SY Moningka (2022), Researchers found that no respondents had a high level of stress with a low quality of life and those who had high stress were 4 respondents with a good quality of life, and 2 respondents had a moderate level of stress with a low quality of life, and 21 respondents had a moderate level of stress with a good quality of life, and no respondents experienced a low level of stress with a low quality of life while 5 respondents had a low level of stress with a good quality of life. The results of the analysis obtained The results of the analysis obtained a significant value ($p > \alpha$) the conclusion is that it does not have an effect(Wahyuni et al., 2022).

Dyan Ayu Pusparini's (2021) research The relationship analysis in this study shows that the majority of respondents, namely 19 (61%) experienced mild stress, 8 (25.8%) experienced moderate stress and 3 (9.7%) experienced severe stress from the results of the study who experienced stress had a poor quality of life, namely 26 (83.9%) and the rest had a good quality of life. Correlation using the Spearman test shows that the p value of 0.001 is less than the significant value of 0.05, which means there is a relationship between stress levels and quality of life or H_a is accepted and the two variables have a positive correlation direction with a very strong correlation. These results can be interpreted that there is a relationship between stress levels and quality of life in workers in the Temourejo Community Health Center Work Area, Jember Regency. During the study, 30 out of 31 workers experienced stress, and the most were mild and moderate stress. workers who experienced mild and moderate stress, their quality of life was poor(Pusparini et al., 2021).

According to the researcher's assumptions from the data obtained from the questionnaire given to each respondent at Mitra Medika Tanjung Mulia General Hospital, there is a significant relationship between stress levels and quality of life in nurses. This is supported by data that out of 64 respondents, some experienced stress levels that affected their quality of life, with 25 respondents (39.1%) and 6 respondents (9.4%) showing variations in the relationship. The higher the level of stress experienced by nurses, the lower their quality of life tends to be, as found in other studies that show a strong negative correlation between work stress and nurses' quality of life. Work stress factors are one of the important determinants that affect nurses' quality of life, which ultimately impacts nursing performance and services in hospitals. Therefore, interventions aimed at reducing work stress levels in the hospital environment are expected to improve nurses' quality of life.

CONCLUSION

Based on the results and analysis conducted by researchers regarding the variable Relationship between Stress Levels and Quality of Life of Nurses at Mitra Medika Tanjung Mulia Hospital in 2025, the following conclusions were drawn:

1. Based on table 4.1, the characteristics of the 64 respondents (100%), the majority of the gender was female, 49 respondents (76.6%), the majority of the patients were aged 22-31 years, 47 respondents (73.4%), characteristics Respondents based on education, the majority were Bachelor of Nursing, as many as 30 respondents (46.9%), characteristics of respondents based on status, the majority were married, as many as 42 respondents (65.6%), characteristics based on religion, the majority were Islam, as many as 42 respondents (65.6%), characteristics of respondents based on the IGD room, as many as 13 respondents (20.3%), ICU, as many as 13 respondents (20.3%), IBS, as many as 13 respondents (20.3%), polyclinic, as many as 12 respondents (18.8%), inpatient, as many as 13 respondents (20.3%), characteristics Respondents based on position, the majority were implementing nurses, namely 53 respondents (82.8%).
2. Based on the results of the study of Stress Levels in Nurses at Mitra Medika Tanjung Mulia General Hospital. Based on table 4.2, the Stress Levels of Nurses based on the table above can be seen from 64 respondents (100%), Mild Stress Levels in nurses amounted to 31 respondents (48.4%), Moderate Stress Levels in Nurses amounted to 31 respondents (48.4%), Severe Stress Levels in Nurses amounted to 2 respondents (3.1%).
3. Based on the results of the study on the Quality of Life of Nurses at Mitra Medika Tanjung Mulia General Hospital. Based on table 4.3, the Quality of Life can be seen from 64 respondents (100%), Good Quality of

Life in nurses amounted to 40 respondents (62.5%), Poor Quality of Life in nurses amounted to 24 respondents (37.5%).

4. Based on the results of cross-tabulation research, it shows a relationship between stress levels and the quality of life of nurses at Mitra Medika Tanjung Mulia General Hospital, respondents in a study involving 64 participants. The data were divided into two categories of quality of life, namely "Good" and "Poor," and three levels of stress, namely Mild, Moderate, and Severe. Of the 31 respondents who experienced mild stress, 25 respondents (39.1%) showed a good quality of life, while 6 respondents (9.4%) showed a poor quality of life. This indicates that the majority of respondents with mild stress tend to have a good quality of life. There were 16 respondents with moderate stress levels, where 15 respondents (23.4%) showed a good quality of life and 1 respondent (1.6%) showed a poor quality of life. This data shows that most respondents with moderate stress also have a good quality of life. A total of 17 respondents experienced severe stress, with 0 people (0%) showing a good quality of life and 17 respondents (26.6%) showing a poor quality of life. This indicates that severe stress is closely related to poor quality of life. Overall, of the total 64 respondents, 40 people (62.5%) had a good quality of life and 24 people (37.5%) had a poor quality of life.

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