Overview of Work Stress Based on Work Divisions in The Health Department X

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Abstract: Work stress is a serious challenge in the health sector, affecting productivity and service quality. This study aims to analyze the level of work stress by division in the Health Office of City X using a quantitative cross-sectional approach involving 115 respondents in 2025. The results show that 53% of employees experience work stress, with disparities across divisions: Disease Prevention and Control (P2P) recorded the highest prevalence (66.7%), followed by Health Services (60%), and Public Health (54.2%), while Health Resources (SDK) had the lowest rate (36%). Employees with less than 8 years of service were more prone to stress (59.6%) compared to those with ≥8 years of experience (48.5%). Task complexity showed a unique pattern, with high stress levels in both low (57.1%) and high (54.8%) complexity tasks, indicating that both monotonous and challenging work carry risks. These findings highlight the importance of division-based interventions, such as workload redistribution in P2P and stress management training for new employees. The study recommends a periodic assessment system and mental health protection policies in accordance with Law No. 17 of 2023. This research contributes to occupational health literature by emphasizing a contextual approach to stress mitigation.

1 INTRODUCTION

Work stress has become a significant global issue, particularly in the healthcare sector, where job demands are often high and impact employees' mental well-being (WHO, 2024). In Indonesia, workplace pressure in health institutions has been increasing, further burdening both medical and non-medical personnel (Indonesian Ministry of Health, 2024). This study aims to provide an overview of work stress in Health Department X, emphasizing the importance of understanding stress variations across different divisions to design more targeted interventions.

Unmanaged work stress can reduce productivity, increase absenteeism, and trigger physical and mental health issues, such as chronic fatigue and anxiety disorders (Goetzel et al., 2018). In healthcare settings, these effects may compromise patient care quality, making it crucial to identify stress sources (West et al., 2018). Therefore, this study will analyze stress level differences across divisions to pinpoint the most vulnerable areas.

Existing research indicates that stress levels vary depending on job roles and responsibilities. For instance, frontline medical workers tend to experience higher stress than administrative staff due to exposure to risks and time pressures (Joshi et al., 2023). However, studies comparing stress levels

across divisions in Health Department X remain limited, and this research aims to fill that gap.

Stress reduction interventions should be tailored to division-specific characteristics, considering their unique demands and challenges (Tamminga et al., 2023). For example, stress management training may be more critical for divisions with high patient interaction, while technical support could be more relevant for logistics teams. The findings of this study are expected to inform more precise policy recommendations.

This study seeks to map work stress levels across different divisions in Health Department X. The results are anticipated to contribute to occupational health literature in Indonesia and provide practical recommendations for management. Thus, this research holds not only academic relevance but also real-world implications for improving workplace conditions.

2 METHOD

This study adopts an analytical quantitative approach with a cross-sectional design to simultaneously analyze multiple variables at a single point in time. This design was chosen for its cost and time efficiency, as well as its relevance to the research objectives. The study was conducted at the Health Office of City X from February to July 2025, covering all research stages from proposal preparation and data collection to result analysis.

The study population consisted of 140 employees from five different work divisions (secretariat, public health, disease prevention, health services, and health resources), with a sample of 115 respondents selected based on inclusion criteria (active employees willing to participate) and exclusion criteria (employees on leave or who had participated in preliminary studies).

Data were collected using standardized questionnaires that had undergone validity and reliability testing. The data analysis process included coding, entering, editing, and cleaning to ensure accuracy, followed by distribution analysis using cross-tabulation to evaluate work stress prevalence across divisions. All analyses were performed using statistical software to ensure result precision.

This study was designed to identify factors influencing work stress while comparing stress levels across divisions within the health office work environment.

3 RESULT

Table 1: Overview of Work Stress, Working Period, Work Division, and Task Complexity of Respondents.

Variable	Frequency (n)	Percentage (%)
Work Stress		
Stress	61	53.0
No Stress	54	47.0
Working Period		
Less than 8 years	68	59.1
8 Years or More	47	40.9
Work Division		
Secretariat	24	20.9
Disease Prevention and Control	27	23.5
Healthcare Services	15	13.0
Public Health	24	20.9
Health Resources	25	21.7
Task Complexity		
High	42	36.5
Moderate	52	45.2
Low	21	18.6
Total	**115**	**100.0**

Based on Table 1, it can be seen an overview of work stress, length of service, field of work, and task complexity of the employees of the Health Office of City X in 2025. The research results show that the majority of respondents (53%) experience work stress. Most employees have work experience of less than 8 years. In terms of division of work distribution, the largest number of employees is in the field of Disease Prevention and Control with 27 people (23.5%), while the Healthcare Services field has the least number of employees with 15 people (13%). In terms of task complexity, most respondents (45.2%) face a moderate level of work difficulty.

Table 2: Cross Tabulation of Working Period, Work Division, and Task Complexity with Work Stress

Independent Variable	Work Stress					
	Stress		No Stress		Total	
	n	%	n	%	n	%
Working Period						
Less than 8 years	28	59.6	19	40.4	**47**	**100.0**
8 Years or More	33	48.5	35	51.5	**68**	**100.0**
Work Division						
Secretariat	12	50.0	12	50.0	**24**	**100.0**
Disease Prevention and Control	18	66.7	9	33.3	**27**	**100.0**
Healthcare Services	9	60.0	6	40.0	**15**	**100.0**
Public Health	13	54.2	11	45.8	**24**	**100.0**
Health Resources	9	36.0	16	64.0	**25**	**100.0**
Task Complexity						
High	23	54.8	19	45.2	**42**	**100.0**
Moderate	26	50.0	26	50.0	**52**	**100.0**
Low	12	57.1	9	42.9	**21**	**100.0**
Total	**61**	**53.0**	**54**	**47.0**	**115**	**100.0**

Based on Table 2, it is known that the distribution of work stress among employees of the Health Service of City X in 2025 is based on working period, work division, and task complexity. Employees with less than 8 years of working period higher stress levels (59.6%) compared to those with 8 years or more of service (48.5%). In terms of work division, the Disease Prevention and Control division records the highest stress prevalence (66.7%), followed by Healthcare Services (60%) and Public Health (54.2%), while Health Resources has the lowest level (36%). Task complexity also affects stress levels, with the highest percentages in the high (54.8%) and low (57.1%) categories, while the moderate category shows a balanced distribution (50% stressed and not stressed).

4 DISCUSSION

Working Period

The study results indicate that employees with less than 8 years of service exhibit higher work stress levels (59.6%) compared to their more experienced counterparts (48.5%). This finding aligns with research by Rink et al. (2023), which revealed that new healthcare workers face a 70% greater stress risk due to adaptation challenges and initial workload

pressures (Rink et al., 2023). These results suggest that employees with longer tenure tend to be more vulnerable to work stress. This phenomenon may stem from accumulated job pressures over years of service and the emotional exhaustion often associated with prolonged work experience (Maslach & Leiter, 2017).

The significant difference highlights work experience's critical role in stress management capacity. Research by Wright et al. (2025) demonstrates that experienced workers develop more effective coping strategies through accumulated knowledge and years of workplace social support (Wright et al., 2025).

These findings corroborate prior studies indicating that work stress tends to escalate with prolonged exposure to the same work environment, particularly when organizational support systems are inadequate (Goh et al., 2015). Consequently, interventions such as stress management programs or mental resilience training should be considered, especially for long-tenured employees, to mitigate work stress's adverse effects on mental health and productivity.

Work Division

The study results reveal that more than half of the employees at the Health Office of City X experience work-related stress, indicating a significant psychological burden in this work environment. This finding aligns with global literature highlighting the high stress levels in the healthcare sector due to increasing work demands and limited resources (WHO, 2024). The elevated stress rates warrant serious attention given their impact on performance and healthcare service quality.

Cross-tabulation reveals variations in stress prevalence across work divisions, with Disease Prevention and Control recording the highest rates and Health Resources the lowest. These differences may stem from distinct task characteristics and responsibilities. For instance, Disease Prevention and Control's focus on disease prevention and control likely involves high pressure from program targets and health crisis responses, while Health Resources (primarily administrative tasks) operates with more measurable workloads. This corroborates West et al. (2018), who found healthcare burnout varies by job complexity and intensity (West et al., 2018).

Although the Healthcare Services Division has the smallest staff (13%), 60% report work stress. This suggests direct patient interaction and prolonged service demands as key triggers. Babamiri et al. (2022) confirm that frontline healthcare workers are vulnerable to emotional stress from complex cases and chronic fatigue risks (Babamiri et al., 2022).

The lower stress levels in Health Resources may reflect effective organizational support, such as structured workflows and manageable administrative loads. This reinforces the need for division-specific interventions, as proposed by Shanafelt & Noseworthy (2017), who advocate policies tailored to work characteristics. For example, Disease Prevention and Control and Healthcare Services may require staff additions or stress management training, while Health Resources could model process efficiency.

Given inter-division stress variations, interventions must be targeted. High-stress divisions like Disease Prevention and Control could implement

workload redistribution, resilience training, and enhanced psychological support (West et al., 2018). Meanwhile, Health Resources's success in maintaining low stress warrants further study as a potential best practice.

Task Complexity

The cross-tabulation results reveal an interesting distribution of work stress based on task complexity levels. Among employees with low-complexity tasks, work stress prevalence reached 57.1%, higher than those with medium (50%) and high complexity tasks (54.8%). This finding suggests that minimally challenging work demonstrates significant stress prevalence, consistent with Grant's (2013) research showing that monotonous jobs with low cognitive stimulation may cause chronic boredom and job dissatisfaction, ultimately triggering stress (Grant, 2013).

Although no correlation test was conducted, the stress distribution pattern in the high-complexity group (54.8%) warrants attention. Literature indicates that while complex work provides intellectual challenges, excessive and sustained demands without adequate resources can become psychological burdens (Crawford et al., 2019). These results demonstrate that both simple and complex tasks carry stress potential, though through different mechanisms.

The relatively balanced stress distribution across task complexity levels (ranging 50-57%) reinforces the perspective that contextual factors like work environment and organizational support may play crucial roles. Knight et al. (2017) noted that job characteristics must be examined alongside other factors like organizational culture and interpersonal relationships to comprehensively understand work stress patterns. These findings provide an important foundation for follow-up research integrating distribution analysis with exploration of other supporting factors (Knight et al., 2017).

5 CONCLUSIONS

This study reveals that more than half (53%) of employees at the Health Office of City X experience work-related stress, with significant variations in prevalence across divisions. The Disease Prevention and Control Division recorded the highest stress level (66.7%), followed by the Healthcare Services Division (60%) and Public Health Division (54.2%), while the Health Resources Division showed the lowest rate (36%). Working Period also emerged as an influential factor, with employees having less than 8 years of experience being more susceptible to stress (59.6%) compared to their more experienced colleagues (48.5%). Task complexity revealed a unique pattern, with the highest stress levels occurring in both low-complexity (57.1%) and high-complexity tasks (54.8%), indicating that both monotonous work and excessively demanding responsibilities can equally trigger stress. These findings reinforce the importance of division-specific approaches to stress management, given the distinct task characteristics and varying workloads across different units.

6 SUGGESTIONS

Based on the research findings, it is recommended that the Health Office of City X implement specific interventions for high-stress divisions such as Disease Prevention and Control and Healthcare Services, including workload redistribution, stress management training, and enhanced psychological support. For new employees or those with less than 8 years of service, mentoring programs and work adaptation initiatives should be strengthened. Additionally, it is necessary to develop a periodic assessment system using standardized instruments to comprehensively monitor employee stress levels. Further research is also recommended to explore contextual factors such as organizational support and work culture, as well as to evaluate the effectiveness of implemented interventions. The resulting policies should align with Law No. 17 of 2023 on Health to ensure sustainable protection of workers' mental health.

7 REFERENCES

Babamiri, M. *et al.* (2022) 'Burnout and Mental Health of covid-19 Frontline Healthcare Workers: Results from an online survey', *Iranian Journal of Psychiatry* [Preprint]. doi:10.18502/ijps.v17i2.8903.

Crawford, E.R., LePine, J.A. and Rich, B.L. (2010) 'Linking job demands and resources to employee engagement and Burnout: A theoretical extension and meta-analytic test.', *Journal of Applied Psychology*, 95(5), pp. 834–848. doi:10.1037/a0019364.

Goh, J., Pfeffer, J. and Zenios, S.A. (2016) 'The relationship between workplace stressors and mortality and health costs in the United States', *Management Science*, 62(2), pp. 608–628. doi:10.1287/mnsc.2014.2115.

Grant, A.M. (2013) 'Rethinking the extraverted sales ideal', *Psychological Science*, 24(6), pp. 1024–1030. doi:10.1177/0956797612463706.

Joshi, K. *et al.* (2023) 'Occupational Stress Among Health Care Workers', *Identifying Occupational Stress and Coping Strategies* [Preprint]. doi:10.5772/intechopen.107397.

Kementerian Kesehatan RI (2024) *Laporan Kinerja Tahun 2024*. rep. Departemen Pendayagunaan Tenaga Kesehatan.

Knight, C., Patterson, M. and Dawson, J. (2017) 'Building work engagement: A systematic review and meta-analysis investigating the effectiveness of work engagement interventions', *Journal of Organizational Behavior*, 38(6), pp. 792–812. doi:10.1002/job.2167.

Maslach, C. and Leiter, M.P. (2017) 'Understanding burnout', *The Handbook of Stress and Health*, pp. 36–56. doi:10.1002/9781118993811.ch3.

Rink, L.C. *et al.* (2023) 'Stressors among healthcare workers: A summative content analysis', *Global Qualitative Nursing Research*, 10. doi:10.1177/23333936231161127.

Shanafelt, T.D. and Noseworthy, J.H. (2017) 'Executive Leadership and Physician Well-being Nine Organizational Strategies to Promote Engagement and Reduce Burnout', *Mayo Clinic Proceedings*, 92(1), pp. 129–146. doi:doi.org/10.1016/j.mayocp.2016.10.004.

Tamminga, S.J. *et al.* (2023) 'Individual-level interventions for reducing occupational stress in healthcare workers', *Cochrane Database of Systematic Reviews*, 2023(5). doi:10.1002/14651858.cd002892.pub6.

Indonesia (2023) *Law No. 17 of 2023 on Health*. Indonesia.

West, C.P., Dyrbye, L.N. and Shanafelt, T.D. (2018) 'Physician burnout: Contributors, consequences and solutions', *Journal of Internal Medicine*, 283(6), pp. 516–529. doi:10.1111/joim.12752.

WHO (2024) *Mental Health at Work*, *World Health Organization*. Available at: https://www.who.int/news-room/fact-sheets/detail/mental-health-at-work (Accessed: 14 August 2025).

Wright, B., Steyn, L. and van Niekerk, A. (2025) 'Reigniting work engagement through coping for burned-out academics: An open distance learning context', *SA Journal of Industrial Psychology*, 51. doi:10.4102/sajip.v51i0.2264.