The Relationship Between Workload and Work Stress With Caring Behavior Of Nurses in Inpatient Rooms

Intan Rizkianti[1*)]; Ani Haryani[2]

[1*),2]Universitas Faletehan Serang, Indonesia

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ABSTRACT

The workload experienced by nurses in the inpatient room needs to be known so, the hospital management can determine the quality and quantity needs. Therefore, there is no excessive workload and will eventually result in work stress. If job stress is not handled, it will affect physical, psychological, and emotional health so that it can affect the caring behaviour of nurses. This study aims to determine whether there is a significant relationship between workload and work stress with nurse caring behaviour. This study used a correlation design with a cross-sectional approach. A sample of 63 nurses and 126 patients was selected using a simple random sampling technique. The data was collected through a questionnaire. The results of the univariate analysis showed that the average value of caring behaviour was 73.47 (SD = 9.004), workload 33.60 (SD = 2.797) and work stress 28.87 (SD = 6.399). Bivariate analysis using the Pearson correlation test. The test results showed that there was no significant relationship between workload and nurse caring behaviour (p = 0.067, more than 0.005). Then, there is no significant relationship between work stress and caring behaviour (p = 0.545 more than 0.005). The efforts are needed to improve caring behaviour through in-house training which includes soft skills and hard skills training.

Hubungan Beban Kerja dan Stres Kerja Dengan Perilaku *Caring* Perawat di Ruang Rawat Inap

ABSTRAK

Beban kerja yang dialami oleh perawat di ruang rawat inap perlu diketahui agar pihak manajemen rumah sakit dapat menentukan kebutuhan kualitas dan kuantiatasnya sehingga tidak terjadi beban kerja yang berlebih dan pada akhirnya akan mengakibatkan stres kerja. Bila stres kerja tidak ditangani maka akan mempengaruhi terhadap kesehatan fisik, psikologis, dan emosional sehingga dapat mempengaruhi perilaku caring perawat. Penelitian ini bertujuan untuk mengetahui apakah ada hubungan yang signifikan antara beban kerja dan stres kerja dengan perilaku caring perawat. Penelitian ini menggunakan desain korelasi dengan pendekatan cross sectional. Sampel sebanyak 63 perawat dan 126 pasien dipilih dengan menggunakan teknik simpel random sampling. Pengumpulan data dilakukan melalui kuesioner. Hasil analisa univariat didapatkan nilai rata-rata perilaku caring yaitu 73,47 (SD=9,004), beban kerja 33,60 (SD=2,797) dan stres kerja 28,87 (SD=6,399). Analisa bivariat menggunakan uji pearson korelasi. Hasil uji menunjukan bahwa tidak terdapat hubungan yang bermakna antara beban kerja dengan perilaku caring perawat (p=0,067 > 0,005). Dan tidak ada hubungan yang bermakna antara stres kerja dengan perilaku caring (p=0,545 > 0,005). Perlu upaya dalam meningkatkan perilaku caring melalui in house training yang meliputi pelatihan soft skills dan hard skills.

Introduction

Improving the quality of health services within the scope of hospitals is a major issue in the development of good public health, both nationally and globally. This is supported by the growing demand of the community for the excellent quality of health services provided by the hospital. The efforts to maintain the quality of health services in hospitals cannot be separated from the role of the nursing profession which plays a very important role (Putra, 2014). The declaration of Indonesian nurses states that caring behaviour is the key in improving the quality of excellent nursing services (Kementrian Kesehatan Republik Indonesia, 2012).

Caring is a part of nursing action that shows compassion, empathy and sincerity in caring for patients. This nurse caring behaviour aims to provide nursing care through an approach centred on the care of nurses for patients. So, if this can be implemented properly, the patient will feel satisfied and will have an impact on improving the quality of nursing services (Watson, 2010).

In the real order of nursing services, there are still nurses who are considered not having caring behaviour as expected. In Indonesia itself, the caring behaviour of nurses is an important assessment for the community in utilizing health services. Unfortunately, in Indonesia, it is still relatively low. Based on the results of a research survey conducted at the Bandung City Hospital, it was shown that most (58.1%) of the caring behaviour of implementing nurses was still lacking (Supriatin, 2015). This is in line with other studies conducted by (Mailani & Fitri, 2017) and (Mulyadi & Katuuk, 2017) that show low caring behaviour and some patients feel dissatisfied with the services provided.

The low caring behaviour of nurses can be influenced by several factors related to their work, including individual factors which consist of education, abilities and skills, background and demographics, psychological factors consisting of personality attitudes and motivation, and organizational factors which include leadership style, rewards, structure, and job design (Fahriani Zees, 2012).

From the several factors above, workload and work stress can also affect the caring behaviour of nurses in providing nursing care. This is caused by a nurse's excessive activity or activity while on duty. So, it can have a fatigue effect on nurses and will have an impact on the deterioration of nurse performance (Ernawati et al., 2011). It is necessary to know the workload in the inpatient room in order to determine the quantity and quality requirements of nurses needed in the inpatient room. So that there is no excessive or inappropriate workload, which ultimately leads to the emergence of unstable nurse emotions (Haryanti et al., 2013).

The physical burden of nurses experienced by inpatient nurses includes lifting patients, bathing patients, helping patients to the bathroom, pushing medical equipment, tidying the patient's bed, pushing patient blankart. While the mental workload experienced by nurses, including working shifts, preparing mental of patients and families, especially those who are going to carry out surgery or are in critical condition, work with special skills in caring for patients and must establish communication with patients (Kasmarani, 2012). If the number of tasks is not proportional to both physical abilities and skills and available time, it will be a source of stress (Desima, 2013).

Stress that occurs in inpatient nurses, if not handled properly, will cause physical, psychological illness, and can affect the performance of nurses in health services. The condition, either directly or indirectly, can affect patient satisfaction and health services in the hospital (Haryanti et al., 2013).

From the literature search results regarding workload and work stress on nurse caring behaviour, so far there have been those who examined both in the inpatient room and the critical patient care room. However, from several studies, these two variables were examined separately. Both workload and caring behaviour by nurses (Tusnia et al., 2017), or work stress with caring behaviour by nurses (Desima, 2013). The results of the two studies indicate that there is a relationship between these two variables with the caring behaviour of nurses.

This study examines the two variables simultaneously associated with nurse caring behaviour because these two variables are related to one another. Working in an inpatient room with a larger number of patients than the number of nurses besides that different treatment handling for each patient can be a stressor in itself for nurses so that it can affect the caring behaviour of nurses (Desima, 2013).

Past research on workload with caring behaviour shows different results. Research conducted (Marmi, 2015) which shows the workload with caring behaviour according to patient perceptions in the IGD PKU Muhammadiyah Yogyakarta Hospital shows there is no significant relationship. Meanwhile, according to (Tusnia et al., 2017), what was carried out in the IGD Jombang Hospital showed that there was a significant relationship between workload and caring behaviour.

Likewise research on work stress with nurse caring behaviour conducted by (Kurniyantii, M A. Sumarno, & Supriati, 2015), at the IGD of dr. Soedarsono Pasuruan Regional Hospital shows that there is no significant relationship between work stress and caring behaviour of nurses. It is different from research (Desima, 2013) which was conducted in the inpatient room of Islamic Malang Hospital which states that there is a significant relationship between work stress and nurse caring behaviour.

Based on a preliminary study conducted on February 28, to ten nurse administrators through interviews, it was revealed that the number of nurses was not proportional to the number of clients, especially if one shift was absent. Besides, if there was a patients' condition that was not good. The nurse also stated that the task of documenting the actions that had been taken after treating the patient was also a burden in itself. In addition, ten nurses said they experienced stress during work. The causes of stress include responding to patients and their families who have a lot of demands when taking action, a lack of caring attitude between nurses when taking action when the patients' condition deteriorates, and the amount of work that must be completed every day can causing boredom. Among the ten nurses, six nurses stated that stressful situations could affect

communication with patients. However, as a nurse, must try to give the best to the patient.

dr. Dradjat Prawiranegara Hospital is a hospital as a referral centre in Banten Province which includes Lebak, Pandeglang, Cilegon City and Serang City. So, more patients are treated at the hospital. It is more interesting to examine whether there is a relationship between workload and work stress of nurses with the caring behaviour of nurses in the inpatient room of dr. Dradjat Prawiranegara Hospital Serang.

Method

This study used a correlational design with a cross-sectional approach. This research was conducted from April to May in the inpatient room of dr. Dradjat Prawiranegara Region Hospital Serang in 2019. The population in this study were nurses who served in nine inpatient rooms as many as 169 nurses. Respondents in this study were 63 nurses who were taken using a simple random sampling technique. Apart from the nurses who served in the inpatient room, the sample in this study were patients who being treated in each inpatient room with a length of stay of ≥ 2 days, as many as 126 respondents.

A questionnaire is used to collect the data. The workload questionnaire was adopted from (Pitaloka, 2010) which was re-modified by the researcher. The job stress questionnaire was adopted from (Ramdan, 2016) which was modified by the researcher. The two questionnaires, such as workload and work stress were assessed according to the perception of the nurse. Meanwhile, the nurse's caring behaviour questionnaire uses CAT (Caring Assessment Tools) developed from Duffy which has been modified by (Ardiana, 2010). This questionnaire was assessed according to the patient's perceptions. These patient respondents rated the caring

behaviour of the 63 nurses who were involved in the study. One nurse was assessed by two patients who were confirmed to have previously interacted with nurses during their treatment.

The three questionnaires have been tested for validity and reliability on 20 respondents. In the work stress questionnaire, there were 18 statements that were declared valid with the lowest r value was 0.510 and the highest was 0.915 with a Cronbach alpha value of 0.760. In the workload questionnaire obtained 13 statements that were declared valid with the lowest r value was 0.500 and the highest was 0.757 with a Cronbach alpha value of 0.732. In the Caring Behavior Questionnaire, the lowest r count was 0.467 and the highest was 0.736 with a Cronbach alpha value of 0.746.

The data were analyzed with Pearson correlation with a significance limit α = <0.05. The data normality test requirements have been completed by having previously tested the data normality. The data in this study were normally distributed so, the correlation test conditions were met.

Results and Discussion

The characteristics of the nurses who were respondents in this study are shown in the table. 1 and the characteristics of the patients as respondents are shown in the table. 2. Most of the nurses were female (68.3%), had D3 Nursing education (60.3%), the average age of the nurses was 30 years and the average length of work for nurses was 4 years. Most of the patients were female (59.5%), had high school education (30.2%), the mean age of the patients was 38,50 years and the average length of stay was 4 days.

Table. 1
Frequency Distribution of Nurse Respondents Characteristics in Inpatient Rooms (n = 63)

Characteristic of Nurse			Characteristic of Patient		
Variable	Frequency (n)	Percentage (%)	Variable	Frequency (n)	Percentage (%)
Sex			**Gede**		
Male	20	31,7	Male	51	40,5
Female	43	68,3	Female	75	59,5
Education			**Education**		
DIII Nursing	38	60,3	No school	11	8,7
S1 +Ners	25	39.7	Elementary School	33	26,2
			Middle School	30	23,8
			High School	38	30,2
			College	14	11,1
Employee Status					
Volunteer	34	54			
Contract worker	9	14,3			
Civil Servant	20	31,7			
Age			**Age**		
≤30 years	38	60,3	≤39 years	64	50,8
>30 years	25	39,7	>39 years	62	49,2
Median : 30, SD :6,116 , CI (95%) : 29,59-32,67 Min : 22, Max : 45			Median : 38,50, SD : 18,830, CI (95%) : 39,86-46,50 Min : 10, Max : 90		
Length of working			**Length of stay**		
≤4 year	33	52,4	2- 4 days	79	62,7
>4 year	30	47,6	>4 days	47	37,3
Median : 7, SD : 6,11, CI (95%) : 5,10-8,29 Min : 1, Max : 22			Median : 4, SD : 1,954, CI (95%) : 4,14-4,83 Min : 2, Max : 14		

Table 3 shows that from a total of 63 nurses who were being researched respondents, most of the respondents who had caring behavior were less caring nurses, namely 34 nurses (54.0%). Most of the nurses assessed that they had a light workload, namely 38 nurses (60.3%) and most of the nurses rated that they had light work stress as many as 33 nurses (52.4%).

Table 3.
Frequency Distribution of Nurse Caring Behavior, Workload, and Work Stress in Inpatient Rooms (N = 63)

Variable	Frequency (n)	Percentage (%)
Caring Behaviour		
Less of caring	34	54,0
Caring	29	46,0
Mean: 73,47		
(SD: 9,0042; Min-Maks 95% CI: 71,20-75,74		
Workload		
Light workload	38	60,3
Heavy workload	25	39,7
Mean: 33,60		
(SD: 2,797; Min-Maks 95% CI: 32,90-34,31		
Work Stress		
Light stress	33	52,4
Severe stress	30	47,6
Mean: 28,87		
(SD: 6,399; Min-Maks 95% CI: 327,26-30,48		

The results of the correlation analysis in table 4. show that the *r-value* = -0.233 with a *p-value* of 0.067. These results indicate that there is no significant relationship between nurse workload and nurse caring behaviour. Likewise with the results of the intermediate analysis work stress and nurse caring behaviour also showed no significant relationship with a *r-value* = 0.078 and a *p-value* of 0.545.

Table. 4
Correlation Analysis of Nurse Caring Behavior and Workload in Inpatient Rooms (N = 63)

Variable	Caring Behaviour
Workload	R : -0233
	P : 0,0067
	N : 63
Work Stress	R : 0,078
	P : 0,565
	N : 63

Description of Workload, Work Stress and Nurse Caring Behavior

The distribution table shows that of the 63 respondents studied, it is known that most respondents have less caring behaviour with the average score of nurses' caring behaviour is 73.47, with a standard deviation of 9.0042. If viewed from the answers to the questionnaire, there are several statement items that are still considered low according to patient perceptions, including items 7, 8, 12, 15, 17 and 27. These items are related to the fulfilment of basic needs such as defecation, urination, bathing, eating, drinking, and changing clothes, the patients' spiritual needs such as facilitating the patient when they want to do worship, the nurse seems to be in a hurry to take nursing actions. While the statement items that are highly rated according to

patient perceptions are items that concern nurses who are able to pay attention to the comfort and safety of the surrounding environment, nurses are able to instil confidence and hope, nurses are able to apply humanistic and altruistic relationships, have intrapersonal relationships with patients, and are able to communicate well with patients.

The results of this study are in line with previous research conducted by (Mailani & Fitri, 2017), regarding the caring behaviour of nurses in the inpatient room of dr. Rasidin Regional Hospital Padang with a sample of 84 respondents. The study found that most of the nurses behaved less caring, as many as 39 (46.4%). However, the results of this study are different from the research conducted by (Nurmalasari & Haryani, 2017), in the inpatient room of dr. Dradjat Prawiranegara Hospital Serang totalled 63 nurse respondents. The results of this study indicate that most of the respondents have caring behaviour as many as 34 (54%).

The difference between this study results and the research of (Nurmalasari & Haryani, 2017) in the same research place shows that caring research based on nurses' perceptions is different from caring research according to patient perceptions. The difference in the average of the two studies is 17 points with the number of questionnaire items that are almost the same as the two studies. The average score of caring for nurses by patients was lower than the research on nurses caring by the nurses themselves. The results of this study support the research result by (Leyla, D., 2013) in conducting a literature review on 34 studies, which show that there is a significant difference between the nurses' perception and the patients' perceptions in assessing the nurse-patient trust relationship. Most of the trusting relationships with patients were rated higher by nurses than by patients.

If analyzed based on the cut-off point value it is obtained 73.47%, compared to the expected hospital accreditation figure of at least 80%. So it has not reached the target achievement if it is assessed according to the patients'perception. The caring behaviour of nurses which is considered lower by the patient is a reflection of the patients'experience of nursing services during the patients'hospitalization. The good impression that a patient can experience while undergoing treatment can help patients improve their well-being. The unfavourable impression displayed by the behavior of nurses just once, can affect the patients'perception of nurses while the patient is treated (Wolf et al., 1998).

A nurse has a responsibility in implementing caring behaviour towards patients, which if not applied it will affect the relationship between nurse and patient so, it will affect the quality of health services. According to (Indraastuti, 2010), the efforts to increase caring can be done through individual, psychological and organizational approaches. Individual approaches can be done by increasing knowledge and skills through training, attending seminars or improving formal education. While the organizational approach can be done through planning the development of rewards or those related to job satisfaction of nurses and the existence of effective leadership in nursing.

Increasing nurse caring behaviour through individual and psychological approaches to complete the demands of society for the quality of nursing services. Required to do in house training. In house training is a training program organized by the hospital. Nurse caring behaviour can be improved by doing this program because guidance and training can increase caring behaviour. In-house training innovations include soft skills and hard skills training. (Purwaningsih, 2015). This research is in line with previous

research conducted by (Susihar, 2011), which explains that there is a significant increase in the application of caring behaviour, nurse motivation and patient satisfaction in the Inpatient Installation of Royal Progress Jakarta Hospital after the nurse has attended training.

Nurses' assessment of the workload in this study shows that most of them are in the light workload category. This research is in line with the research conducted by (Manuho et al., 2015) at Prof. dr. R. D. Kandou Manado, which shows 56.25% of respondents have a light workload. The number of nurses who assessed that their workload was light may be influenced by the value of the answers to questionnaires number 1, 2, and 13 where some respondents answered disagree. This statement is related to the work given that is not too many, heavy and varied. It can also be because most of the patients treated in each room are patients with minimal care, namely patients can do their own work to fulfil their basic needs. When viewed from the BOR (Bed Occupancy Rate) figures in 2019 when the research took place in the last three months, it was still in the normal range (65-85%), namely in February 67.2%, March 70.8% and April 65.1%.

In contrast to most respondents, there were 25 respondents (39.7%) who stated that they were under a heavy workload. This is in accordance with the answers to items in questionnaires number 7, 8, and 11 where most of the nurses rated these items highly, namely regarding feeling bored with work, demands from leaders for quality service, and direct contact with patients on a continuous basis.

The results of this study also indicate that most nurses view the workload given to them as light workload, possibly influenced by the nurses' ability to accept and carry out the tasks assigned to them. However, in carrying out the same task every day it is continuously monotonous. So it can cause in the boredom experienced by nurses. This is evidenced by the answers to the questionnaire which stated that sometimes nurses felt saturated which was quite highly rated by the nurses. According to (Manuaba, 2007), every workload received by a person must be appropriate and balanced both with physical abilities, cognitive abilities and the limitations of humans who accept the workload. The workload can include physical load and mental load. The physical workload can be in the form of work such as lifting, transporting, maintaining, pushing. While the mental workload can be to what extent the level of skill and work performance possessed by individuals with other individuals.

In an effort to minimize the workload, workload analysis can be carried out, namely determining the working hours used to complete the workload and determining the number of nurses needed (Mutiara, 2009).

The results of the study in terms of how nurses assess the stress they experience show that most nurses experience mild work stress as many as 33 nurses (52.4%). This research is in line with research (Kurniyantii, M A. Sumarno, & Supriati, 2015) which shows that most respondents (85%) experience mild stress. The results of this study may be influenced by various factors, this is in accordance with the theory which states that everyone has a different stress level. This is because each person has different job demands so that a persons' ability to stress depends on age, gender, occupation, social status, emotions, personality and intelligence (Nurul, 2003).

According to the results of the answers to the work stress questionnaire that was rated as low according to the nurse, namely statement items related to physical stress 4, 7, and 13, emotions 2, 5, and 14 behaviours 6, 9, 12, 15, 17, and 18. When a person faces stressors, the response referred to as coping strategies, coping responses or coping mechanisms

(Kozier et al., 2011). According to (Kozier et al., 2011) the effectiveness of individual coping is influenced by several factors, including the individuals' past experience, number, duration, stressor intensity, the support system, available to the individual and the personal qualities of the individual.

The results of this study show different results from research conducted by (Desima, 2013) which shows that some respondents experience moderate work stress. Factors that influence the difference in results are the respondents' characteristics. Based on the average length of work for nurses more than three years, and based on education there are respondents whose education is SPK and for respondents who have S1 education are nothing. And if it is seen from the status of the employees of this study, more respondents are permanent employees. So that these results can affect differences in research results.

The results of this study showed that there were 30 nurse respondents (47.6%) rated themselves in the category of heavy work stress. Judging from the answers of the questionnaire, several statement items were obtained, namely numbers 1, 3, 8, 11, and 16 related to physical, emotional and behavioural stress. Physical stress is a headache when there is too much work to be done. Emotional stress is feeling lazy if you are in a shift with an unsuitable co-worker and feeling bored with the work being done. Behavioural stress, namely feeling confused in dealing with too many and varied jobs and decreasing morale when work is not valued.

Stress conditions experienced by a nurse will have a negative impact on the decrease in the performance of nurses so that it can reduce the quality of health services and nursing services. According to (Rivai, 2009), he explains that work stress is a condition of tension that creates a physical and psychological imbalance that can affect an individuals' ability to deal with his environment. So, the various stress symptoms develop including physical, emotional, and behaviour that can interfere with work.

The efforts to prevent or minimize work stress experienced by nurses can be done through stress management. Stress management is one of the efforts to manage stress properly, aims to prevent and overcome stress so that it does not get to the most severe stages, including: regulating diet and nutrition, rest and sleep well, regular exercise, stop smoking, regulate body weight, and manage the time well (Hidayat, A. A & Uliyah, 2014). In addition, in minimizing work stress, an effective nurse work environment can be implemented such as rotating nurses. The rotation has an important role in reducing boredom and increasing nurses' motivation. If the rotation can be applied periodically, it can improve nurse performance (Robbins et al., 2008). This is supported by research (Honor, 2016), which was conducted at Sele Be Solu Regional Hospital, Sorong city, West Papua, which states that there is a significant effect of job rotation on nurse performance with *p-value*= 0.002.

Relationship between Workload and Caring Behavior

The relationship between workload and work stress with nurses' caring behaviour in the inpatient room was analyzed using the Pearson correlation test which aims to determine the relationship between workload variables and nurse caring behaviour. The results of the analysis showed that there was no significant relationship between the nurses' workload and nurse work stress with the caring behaviour of nurses in the inpatient room of dr. Dradjat Prawiranegara Hospital Serang.

The results showed that the workload did not affect caring behaviour. These results are in accordance with research conducted by (Marmi, 2015) in his research on the

relationship between nurses' workload and caring behaviour, where workload and caring behaviour have no significant relationship. It can be concluded that the workload assessed by nurses does not affect the caring behaviour of nurses towards patients, where even the workload and work stress of nurses are considered light, the patients assess the caring behaviour of nurses as still lacking.

The results of previous research whowed the factors which influence nurse caring behaviour are individual factors which include education, abilities, skills, background and demographics, psychological factors consisting of personality attitudes and motivation, and organizational factors which include leadership style, rewards, structure and design work (Fahriani Zees, 2012; Nursadrina, A., & Andriani, D. 2020). The efforts can be made to improve the lack of caring behaviour by using an approach to these three factors. The workload is closely related to organizational factors, where the reward factor is one part that can be a driving force for increased nurse caring behaviour.

Previous research has shown that rewards show a significant relationship with nurse caring behavior (p = 0.020) (Wahyudi. Sutria. E, Ashar M. U, 2017). Likewise the statement by (Riani, 2011), that a hospital that uses rewards as a system of fair remuneration for the work of members / nurses in the form of rewards or punishments will determine how an organizational culture evolves. The management needs to reward nurses / appropriate rewards. Giving rewards is not always in the form of material, but management needs to pay attention to rewards in non-material forms such as a conducive work atmosphere, opportunities for creativity development, promotion, and better working conditions (Robbins et al., 2008).

Giving rewards/compensation to nurses who have shown good caring behaviour to patients, either directly or indirectly, will increase motivation towards nurses so that they can improve the nurse's performance well. The amount or size of the reward is related to the status of employment and the weight of the workload experienced by nurses. Lacking appreciation for nurses who excel, perform well, and behave in caring can reduce the motivation of nurses to behave in caring for patients (Wibowo, 2007). This is supported by research (Muzaputri, 2008) and (Aminuddin, 2011) which shows that there is a significant relationship between nurse rewards and performance.

This study shows that there is no relationship between job stress and nurse caring behaviour. The results of this study are in line with the results of research (Kurniyantii, M A. Sumarno, & Supriati, 2015) which also show that there is no significant relationship between work stress and caring behaviour. However, this study is different from research conducted by (Desima, 2013), which shows that job stress has a significant relationship with caring behaviour. The difference in the results of the two studies was possible due to the difference in the number of respondents, the independent variables that were linked, and carried out in different rooms.

In this study, although most of the nurses rated their work stress as low, the percentage of nurses who still rated their work stress was quite high (47.6%). In this phase, the nurse tries various psychological coping mechanisms and copes with problem-solving and arranges strategies to deal with stressors. The body tries to compensate for physiological processes that are influenced by stress-causing factors to return to normal conditions. When the body's endurance runs out, it will affect cognitive and emotional so that it can trigger behaviour change. These changes include decreased interest and activity, absent from work or late, tend to weaken responsibilities, and experience sleep disturbances (Ermawati, 2010).

According to (Desima, 2013), the factors that cause work stress consist of internal and external factors. Internal factors include education, motivation, knowledge, interpersonal relationships of attitudes and behaviour and health conditions at work. Meanwhile, external factors are work environment, income level, social security management, labour efficiency, the opportunity for achievement and technology. Stress can occur in all workers, both at the leadership and executive levels. Working conditions that are not in a good environment can cause stress for workers. Stress in the work environment is unavoidable, what can be done is how to manage, overcome or prevent the occurrence of stress, so that it does not interfere with work (Notoatmodjo, 2010).

According to (National Safety Council, 2004), effective stress management can maintain a sense of self-control in the work environment, so some matters will be accepted as challenges rather than threats. There are various efforts that can be made in responding to the work stress of nurses including Implementing hospital management regarding an effective nurse work environment, reviewing job descriptions, holding regular meetings between hospitals and nurses and managing the coping mechanism of nurses (Desima, 2013). One of the nurses' coping mechanisms is managing diet and nutrition, resting and sleeping well, exercising regularly, quitting smoking, managing body weight, and managing time well (Hidayat, A. A & Uliyah, 2014)

Conclusions and Recommendations

The results of the study which was carried out in nine inpatient rooms including surgical, internal medicine and neurological care rooms showed that most nurses had a light workload and light work stress and displayed less caring behaviour. The analysis showed that there was no significant relationship between the workload and work stress of nurses with caring behaviour. The results of this study also indicate that the low level of caring for nurses by patients is not fully influenced by the workload and work stress of nurses. Efforts are needed to increase nurses' understanding of the caring behaviour expected by patients and encouraged by giving rewards to nurses who have complete the patient expectations in caring behaviour. Then, further research is needed that can explore the factors that influence the patient assessment of nurse caring behavior.

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