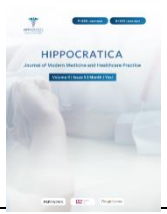

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The Relationship Between Stress and Motivation, Burnout, and Performance Among Nurses in the Emergency Department of Soewondo Regional General Hospital in Kendal

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Abstract

Work stress is an occupational concern among Emergency Department (ED) nurses because of workloads, time pressure, unpredictable patient conditions, and demands for rapid clinical responses. This study examined the relationships between work stress and work motivation, burnout, and performance among ED nurses at Soewondo Regional General Hospital, Kendal. A quantitative descriptive-correlational study with a cross-sectional approach involved 32 ED nurses recruited through total sampling. Data were collected using the Work Stress Questionnaire and questionnaires measuring work motivation, burnout, and nursing performance. Descriptive statistics summarized study variables, while bivariate relationships were analyzed using Spearman's rank correlation. Moderate work stress was observed in 13 nurses (40.6%), while low and moderate work motivation were each identified in 11 nurses (34.4%). High burnout was found in 12 nurses (37.5%), and 14 nurses (43.8%) demonstrated adequate performance. Work stress was strongly and negatively associated with work motivation (rho = −0.954; p = 0.000) and nursing performance (rho = −0.872; p = 0.000), while a strong positive association was identified with burnout (rho = 0.935; p = 0.000). These findings indicate that higher work stress is associated with lower motivation, greater burnout, and poorer nursing performance, highlighting the importance of occupational stress management to support psychological well-being and performance among ED nurses.

Keywords: *Burnout, Emergency Department, Nurse Performance, Work Motivation, Work Stress.*

INTRODUCTION

Emergency nursing has become an increasingly demanding component of contemporary healthcare systems because emergency departments must provide rapid, continuous, and clinically accurate responses to unpredictable patient volumes, heterogeneous acuity levels, and time-critical conditions. Nurses in this environment are expected to conduct initial assessments, establish clinical priorities, implement nursing interventions, monitor rapidly changing conditions, and coordinate with multidisciplinary teams while maintaining patient safety under severe temporal constraints. Recent evidence from emergency settings indicates that workload is closely related to occupational stress, emphasizing that the intensity of emergency care creates psychological demands beyond those encountered in more predictable clinical environments (Hidayat et al., 2025). Work stress, workload, and motivation have also been shown to influence the implementation of emergency severity assessment, illustrating that psychological and organizational conditions can extend directly into nurses' clinical functions (Riu et al., 2024). Contemporary nursing research increasingly conceptualizes performance as the product of interactions among individual psychological resources, workplace demands, professional competencies, and organizational conditions rather than as an isolated measure of technical ability (Holtan et al., 2024). The consequences of sustained occupational pressure are particularly important in emergency departments because impaired concentration, emotional exhaustion, or reduced engagement may occur precisely where clinical decisions must be made rapidly and accurately. This global shift toward understanding workforce well-being as an integral component of healthcare performance makes stress, motivation, burnout, and nursing performance interconnected concerns rather than separate occupational outcomes.

Previous research provides substantial evidence for relationships among these constructs, although the direction and magnitude of their associations vary across settings and populations. Occupational stress has been associated with nurses' performance, supporting the proposition that persistent psychological pressure may interfere with the cognitive and behavioral resources required to maintain effective nursing practice (Fayola Issalillah, 2022). Motivation represents a different but closely connected pathway because stronger work motivation has been associated with better nursing performance, suggesting that willingness to invest effort may partially determine how nurses respond to demanding clinical responsibilities (Basir et al., 2022). Research examining stress and motivation simultaneously has likewise identified relationships between these psychological conditions and nurses' performance, reinforcing the need to understand them within an integrated occupational framework (Mandagi et al., 2019). At the performance level, nursing work depends not merely on task completion but also on judgment, responsiveness, documentation, communication, and consistent implementation of professional responsibilities under changing clinical circumstances. Critical thinking has been positively linked with nurses' job performance, illustrating how psychological and cognitive functioning can converge in determining the quality of professional behavior (Ateş et al., 2023). Taken together, the literature suggests a plausible sequence in which excessive occupational demands intensify stress, sustained stress consumes psychological resources, reduced resources weaken motivation or facilitate burnout, and these changes may ultimately compromise performance, although these relationships cannot be assumed to operate identically across emergency-care contexts.

Despite this evidence, several conceptual and empirical limitations prevent the existing literature from adequately explaining how stress is related simultaneously to motivation, burnout, and performance among emergency nurses. Much of the available evidence has examined isolated relationships, including stress and performance or motivation and performance, rather than positioning several occupational outcomes around a common stress construct within the same emergency nursing population. Studies conducted in inpatient settings have reported relationships between occupational stress and nursing performance, but the organizational demands of inpatient wards differ materially from emergency departments in terms of patient turnover, uncertainty, acuity, and decision speed (Ismail & Sabil, 2023). Individual nurse characteristics can also influence professional behavior, indicating that observed psychological–performance relationships may partly reflect differences in personal and occupational profiles that are not consistently considered across studies (Jannah et al., 2022). Research on nursing performance has identified multiple associated factors, further challenging explanations that attribute performance variation to a single psychological determinant (Kamila & Fauziah, 2024). Leadership behavior constitutes another relevant organizational influence on nursing staff performance and well-being, demonstrating that stress and motivation operate within broader workplace systems rather than independently of managerial conditions (Alsadaan et al., 2023). A particularly important gap remains the limited evidence from Indonesian emergency departments examining stress in relation to motivation, burnout, and performance concurrently, leaving uncertainty about whether relationships documented separately in other clinical environments are reproduced under the distinctive pressures of emergency nursing.

Addressing this gap has both scientific and practical urgency because prolonged occupational stress can affect the workforce while simultaneously threatening the stability of nursing processes required for safe emergency care. Recent evidence specifically from emergency departments demonstrates relationships among workload, occupational stress, and nurse performance, making psychological strain an immediate concern for services characterized by high clinical intensity (Yusuf et al., 2026). Broader empirical evidence also indicates that motivation, workload, and occupational stress contribute to nursing performance, suggesting that workforce outcomes are generated through interacting psychological and job-demand mechanisms rather than through stress alone (Siregar et al., 2026). Motivation is especially important because it determines the direction and persistence of work-related effort, while prolonged depletion of psychological resources may progressively make such effort more difficult to sustain. Empirical research has reported a relationship between work motivation and nurse performance, strengthening the practical rationale for evaluating motivation alongside stress rather than treating it merely as an organizational background variable (Hasan et al., 2021). Burnout adds a more chronic dimension to this problem because emotional and physical depletion may develop when occupational demands repeatedly exceed the resources available for recovery. Evidence that nurse characteristics are related to compliance with nursing-care documentation further illustrates that

performance-sensitive behaviors emerge from interacting individual and occupational conditions, reinforcing the need for management strategies based on multidimensional assessment rather than generalized assumptions about employee performance (Furroidah et al., 2023). Identifying the pattern of these relationships can provide hospital managers with a stronger empirical basis for workforce support, particularly in emergency units where psychological deterioration may have implications for both staff sustainability and continuity of patient care.

The present study is positioned within this unresolved landscape by examining emergency nurses at Soewondo Regional General Hospital in Kendal, where preliminary observations in 2026 indicated approximately 60–80 emergency visits per day, corresponding to around 20–30 patients per shift, with an individual nurse estimated to manage approximately 6–8 patients during busy periods and night shifts. Preliminary interviews and observations further indicated that some nurses experienced fatigue, occupational pressure, reduced work motivation, boredom, and emotional exhaustion when patient volume increased, providing a contextual basis for examining these experiences systematically rather than interpreting them as isolated complaints. Nursing performance must be understood through the execution of professional responsibilities across the nursing process, making psychological conditions relevant when they interfere with the consistency and quality of care delivery (Agus & Kadir, 2021). Occupational stress and workload have previously been linked with nurses' work achievement, supporting investigation of whether psychological pressure is accompanied by variation in performance within a specific hospital workforce (Fanka, 2021). From an organizational perspective, motivation reflects forces that initiate and sustain goal-directed behavior, providing a conceptual basis for examining why nurses exposed to similar workplace demands may display different levels of engagement and performance (Kreitner et al., 2018). Empirical research in Indonesian nursing settings has also demonstrated an association between work stress and nursing performance, although such findings require contextual testing within emergency services rather than direct generalization across hospital units (Lestari et al., 2023). By focusing simultaneously on motivation, burnout, and performance as outcomes associated with stress, this study moves beyond fragmented pairwise explanations and places the psychological consequences of emergency nursing within a unified empirical framework.

This study aims to analyze the relationships between stress and motivation, burnout, and performance among nurses working in the Emergency Department of Soewondo Regional General Hospital in Kendal, while also describing nurses' characteristics and the distributions of the principal study variables. Its theoretical contribution lies in treating occupational stress as a central psychological condition whose associations may extend across motivational, exhaustion-related, and performance domains rather than considering each outcome as an independent workforce problem. This framework allows motivation and burnout to represent distinct responses to demanding work conditions, while performance represents the professional outcome through which psychological experiences may acquire direct organizational and clinical relevance. Methodologically, examining these variables within the same emergency nursing population permits their relationship patterns to be evaluated under a shared clinical and organizational context, reducing the fragmentation produced when each association is investigated in a different population or care setting. The study also provides context-specific evidence from an Indonesian regional hospital, where patient volume, staffing patterns, shift arrangements, and available resources may generate occupational experiences that cannot be inferred reliably from studies conducted in other healthcare systems. Its practical contribution is expected to support the identification of workforce groups requiring psychological and organizational support and to inform interventions directed toward stress management, motivational reinforcement, burnout prevention, and preservation of nursing performance. The resulting evidence is intended to strengthen a more integrated approach to emergency nursing workforce management in which employee well-being and professional performance are evaluated as interdependent components of sustainable and safe healthcare delivery.

RESEARCH METHODS

This study employed an empirical quantitative approach using a descriptive correlational design with a cross-sectional framework to examine the relationships between occupational stress and motivation, burnout, and performance among nurses working in the Emergency Department of Soewondo Regional General Hospital in Kendal. A cross-sectional approach was appropriate because the study assessed the variables within a defined observation period and examined their statistical

relationships without manipulating participants' working conditions, consistent with quantitative empirical inquiry based on systematically collected observations (Masykur, 2019). The study population consisted of all 32 nurses working in the Emergency Department, and all eligible nurses were included through total sampling, allowing the accessible population to be represented without additional sample selection. Participants were eligible if they were actively working as nurses in the Emergency Department during the study period and willing to participate, while nurses who were unavailable during data collection or unable to complete the required questionnaires were excluded. Data collection was conducted at Soewondo Regional General Hospital in Kendal in May 2026 through structured self-report questionnaires administered to eligible participants, with procedures designed to maintain consistency in the measurement of occupational conditions and nursing outcomes. The selection of an emergency nursing population was particularly relevant because workload and occupational stress have been identified as closely related conditions within emergency departments (Hidayat et al., 2025), while stress, workload, and motivation can influence the execution of emergency nursing functions (Riu et al., 2024).

Occupational stress, the independent variable, was measured using the Work Stress Questionnaire (WSQ), while the dependent variables—work motivation, burnout, and nursing performance—were assessed using their respective structured questionnaires as specified in the study protocol. Questionnaire-based measurement is appropriate for evaluating psychological and occupational constructs among nurses, including motivation and work-related performance within healthcare settings (Holtan et al., 2024). Data were analyzed descriptively to summarize respondent characteristics and the distributions of occupational stress, motivation, burnout, and nursing performance, followed by bivariate analysis using Spearman's rank correlation test because the variables were analyzed on an ordinal measurement scale. Spearman's analysis was applied separately to examine the relationships between occupational stress and work motivation, occupational stress and burnout, and occupational stress and nursing performance, with statistical significance evaluated according to the predetermined study criterion. The analytical approach was consistent with nursing research demonstrating the relevance of examining occupational stress in relation to performance (Ismail & Sabil, 2023), while motivation has likewise been empirically associated with nurses' performance (Hasan et al., 2021). Ethical conduct included voluntary participation, informed consent before questionnaire completion, confidentiality and anonymity of participant information, the right to withdraw without consequences, and use of collected data solely for research purposes in accordance with the ethical approval applicable to the study.

RESULTS AND DISCUSSION

Demographic and Professional Characteristics of Emergency Department Nurses

The demographic and professional profile of the 32 emergency department nurses provides an important context for interpreting occupational stress, motivation, burnout, and performance because individual resources and accumulated professional experience may shape how nurses respond to intensive clinical demands. The gender distribution was completely balanced, with 16 male nurses (50.0%) and 16 female nurses (50.0%), indicating that the workforce composition was not concentrated in either gender group. Most respondents were adults aged 26–45 years, accounting for 24 nurses (75.0%), while seven nurses (21.9%) were in the 45–59-year pre-elderly category and only one nurse (3.1%) was in the 12–25-year adolescent category. Individual characteristics are relevant to professional nursing behavior because demographic and occupational attributes may interact with how nurses perform clinical responsibilities and respond proactively within nursing practice (Jannah et al., 2022). The predominance of nurses in the adult age group suggests a workforce positioned within a professionally productive stage in which clinical responsibilities, occupational demands, and accumulated experience are simultaneously substantial. This age composition should not be interpreted as evidence of greater resilience or better performance by itself, because adaptation to emergency work is also shaped by workload, psychological resources, organizational support, competence, and the nature of repeated exposure to critical situations.

The balanced gender composition provides an analytical advantage because the descriptive profile is not dominated by either male or female nurses, although the present study was not designed to test gender differences in the principal variables. Both groups worked within the same emergency environment, where rapid assessment, prioritization, communication, continuous monitoring, and

responses to unstable patients constitute shared professional demands. Nursing performance is more appropriately understood through competence and the execution of professional responsibilities than through demographic characteristics considered in isolation, particularly because nursing care requires systematic clinical processes and accountable decision-making (Dermawan, 2019). The equal distribution observed in this study consequently provides contextual information about the workforce rather than an explanatory mechanism for variation in stress, motivation, burnout, or performance. Emergency nursing may expose nurses to comparable organizational and clinical stressors even when individual responses to those stressors differ according to personal and occupational resources. Interpretation of the subsequent psychological findings should consequently emphasize the conditions under which emergency nurses work rather than attributing differences in occupational outcomes to gender without direct statistical evidence.

Educational attainment showed a marked concentration at the professional nursing level, with 25 respondents (78.1%) holding an S1 Ners qualification and seven respondents (21.9%) holding a Diploma III in Nursing. This profile indicates that the emergency department workforce was predominantly composed of professionally educated nurses who are expected to integrate clinical knowledge, judgment, communication, and nursing-process competencies when managing rapidly changing patient conditions. Critical thinking has been associated with nurses' job performance, which is particularly relevant in emergency practice because clinical information must often be interpreted and translated into action within limited periods (Ateş et al., 2023). Higher professional education can strengthen the knowledge base required for complex nursing decisions, but educational attainment cannot be assumed to protect nurses from occupational stress or burnout when work demands remain persistently high. The descriptive pattern should consequently be interpreted as evidence of the professional capacity available within the unit rather than as proof that education independently determines psychological well-being or performance. Table 1 presents the complete demographic and professional distribution and shows that educational concentration coexisted with substantial accumulated work experience among the respondents.

Table 1. Distribution of Characteristics of Emergency Department Nurses at Soewondo Regional General Hospital in Kendal (N = 32)

Variable	Category	Frequency	Percentage (%)
Gender	Male	16	50.0
	Female	16	50.0
Age	Adolescence (12–25 years)	1	3.1
	Adulthood (26–45 years)	24	75.0
	Pre-elderly (45–59 years)	7	21.9
Education	Diploma III in Nursing	7	21.9
	S1 Ners	25	78.1
Length of Employment	<1 year	1	3.1
	2–4 years	3	9.4
	5–7 years	7	21.9
	8–10 years	4	12.5
	11–14 years	17	53.1
Total		**32**	**100**

Length of employment further clarifies the professional composition shown in Table 1, with 17 nurses (53.1%) having worked for 11–14 years, seven (21.9%) for 5–7 years, four (12.5%) for 8–10 years, three (9.4%) for 2–4 years, and one (3.1%) for less than one year. The concentration in the 11–14-year category indicates that more than half of the respondents had substantial occupational exposure, which may provide familiarity with emergency workflows, patient prioritization, interdisciplinary communication, and recurrent high-acuity situations. Empirical evidence indicates that length of employment does not necessarily correspond directly to compliance with nursing-care documentation, suggesting that accumulated experience alone cannot explain the quality of professional nursing behavior (Furroidah et al., 2023). Extensive work experience may strengthen practical judgment and familiarity with institutional routines, yet repeated exposure to demanding clinical environments can

simultaneously accumulate psychological and physical strain. This dual possibility is particularly relevant to the present study because experienced nurses may possess stronger adaptive resources while still remaining vulnerable to occupational stress and burnout when demands repeatedly exceed opportunities for recovery. Length of employment should consequently be treated as a contextual professional characteristic rather than as an automatic indicator of either resilience or vulnerability.

When age, education, and length of employment are considered together, the sample represents a predominantly adult, professionally educated, and relatively experienced emergency nursing workforce. This combination may support clinical capability because professional education provides a knowledge foundation while accumulated experience can facilitate recognition of recurrent emergency patterns and adaptation to institutional procedures. Professional characteristics, however, do not operate independently of workplace conditions, as emergency nurses remain exposed to unpredictable caseloads, time pressure, rapidly changing patient severity, and the requirement to sustain immediate clinical responses. Recent evidence from emergency departments has demonstrated a relationship between nurses' workload and occupational stress, underscoring the importance of examining work-environment demands even among experienced personnel (Hidayat et al., 2025). The characteristics observed in this sample consequently provide a relevant background for interpreting why occupational stress may still emerge despite substantial professional experience and relatively high educational attainment. They also indicate that subsequent variations in motivation, burnout, and performance cannot reasonably be attributed to a workforce that is predominantly inexperienced or lacking professional nursing education.

From a nursing-management perspective, the respondent profile suggests that workforce strategies should capitalize on professional experience while recognizing that long service and advanced education do not eliminate psychological vulnerability in emergency care. Nurses with longer employment histories may constitute an important resource for clinical mentoring, peer support, orientation of less experienced staff, and knowledge transfer during complex emergency situations. Leadership practices are particularly relevant because nurse leaders can influence staff performance and the organizational conditions within which nurses perform their responsibilities (Alsadaan et al., 2023). Development opportunities should also remain available to experienced personnel because learning and professional development can reinforce motivational processes rather than assuming that prolonged employment is sufficient to sustain engagement (Arquisola & Ahlisa, 2019). The balanced gender distribution, predominance of adult nurses, high proportion of S1 Ners graduates, and concentration of long-serving personnel collectively describe a workforce with substantial professional resources but continued exposure to the psychological demands inherent in emergency nursing. This demographic and professional context provides the empirical foundation for interpreting the distributions of occupational stress, work motivation, burnout, and nursing performance examined in the subsequent analysis.

Occupational Stress, Work Motivation, Burnout, and Nursing Performance Profiles

The descriptive analysis revealed that occupational stress was distributed across all three categories, although moderate stress represented the largest proportion of the emergency nursing workforce. Of the 32 nurses, 13 respondents (40.6%) experienced moderate occupational stress, 10 (31.3%) experienced mild stress, and nine (28.1%) experienced severe stress, with a mean category score of 1.97 ± 0.78 and a median of 2.00. This distribution indicates that psychological pressure was not confined to a small subgroup, as more than two-thirds of the respondents were classified within the moderate or severe categories. Emergency nursing requires sustained readiness to respond to unpredictable patient conditions, rapid clinical decisions, fluctuating workloads, and simultaneous demands from patients, families, and multidisciplinary teams, creating conditions in which occupational pressure can accumulate across shifts. Evidence from emergency departments has demonstrated a relationship between nurses' workload and occupational stress, supporting the interpretation that stress in this setting should be understood within the intensity of clinical demands rather than solely as an individual psychological response (Hidayat et al., 2025). The observed distribution is clinically relevant because the presence of nine nurses in the severe category indicates a subgroup that may experience substantial difficulty maintaining psychological resources when intensive work demands are sustained.

Table 2. Distribution of Occupational Stress Levels Among Emergency Department Nurses at Soewondo Regional General Hospital in Kendal (N = 32)

Occupational Stress Level	Frequency	Percentage (%)
Mild	10	31.3
Moderate	13	40.6
Severe	9	28.1
Total	**32**	**100**

The stress profile in Table 2 should be interpreted alongside work motivation because occupational demands may be accompanied by differences in the psychological energy nurses are able to direct toward their professional responsibilities. Work motivation was relatively evenly distributed, with 11 respondents (34.4%) classified as having low motivation, 11 (34.4%) moderate motivation, and 10 (31.3%) high motivation; the mean category score was 1.97 ± 0.82, with a median of 2.00 and a range from 1 to 3. The near-equal distribution across motivation categories suggests considerable heterogeneity in nurses' motivational conditions despite their exposure to the same emergency department environment. Motivation represents an important component of nursing work because it can influence willingness to sustain effort, accept responsibility, and remain engaged in professional activities, while empirical evidence has linked work motivation with nursing performance (Hasan et al., 2021). The presence of low motivation among approximately one-third of respondents warrants attention because reduced motivational resources may become particularly consequential in an emergency environment requiring persistent alertness and rapid responsiveness. At the same time, these descriptive findings do not establish that occupational stress accounts for the observed motivational distribution, making inferential analysis necessary before interpreting the relationship between the two variables.

Table 3. Distribution of Work Motivation Levels Among Emergency Department Nurses at Soewondo Regional General Hospital in Kendal (N = 32)

Work Motivation	Frequency	Percentage (%)
Low	11	34.4
Moderate	11	34.4
High	10	31.3
Total	**32**	**100**

Burnout showed a somewhat different pattern from motivation, as the high category represented the largest single group in the sample. Twelve nurses (37.5%) experienced high burnout, while low and moderate burnout were each identified among 10 respondents (31.3%); the mean category score was 2.06 ± 0.84, the median was 2.00, and observed categories ranged from 1 to 3. The predominance of high burnout is important when considered together with the occupational stress profile because it suggests that a meaningful proportion of nurses were experiencing substantial psychological strain within the same clinical setting, although the descriptive data alone cannot establish whether stress produced burnout. Emergency nursing repeatedly exposes staff to urgency, critical illness, emotional encounters, and restricted recovery opportunities during demanding shifts, making the balance between work demands and psychological resources especially relevant. Organizational and leadership conditions are also important to nurses' well-being, as supportive leadership pathways can influence motivational and performance-related outcomes within nursing environments (Holtan et al., 2024). The distribution observed here supports the need to examine burnout as more than transient tiredness, particularly because a high category may reflect a more persistent occupational problem that can coexist with reduced engagement and difficulties in sustaining professional functioning.

Table 4. Distribution of Burnout Levels Among Emergency Department Nurses at Soewondo Regional General Hospital in Kendal (N = 32)

Burnout Level	Frequency	Percentage (%)
Low	10	31.3
Moderate	10	31.3
High	12	37.5
Total	**32**	**100**

Nursing performance was concentrated in the moderate or "adequate" category, providing an important professional outcome against which the psychological distributions can subsequently be interpreted. Fourteen respondents (43.8%) demonstrated adequate performance, 10 (31.3%) were classified as having poor performance, and eight (25.0%) demonstrated good performance, while the mean category score was 1.94 ± 0.76 and the median was 2.00. The fact that only one-quarter of the nurses were categorized as having good performance suggests that professional functioning was not concentrated at the highest measured level, despite the sample being predominantly professionally educated and relatively experienced. Nursing performance is multidimensional and can reflect competence, work conditions, motivation, psychological demands, and organizational factors, making it inappropriate to attribute the observed distribution to occupational stress before the corresponding association is statistically examined. Empirical evidence has similarly identified multiple factors associated with nurses' performance, reinforcing the view that performance differences emerge within a broader occupational system rather than from a single personal characteristic (Kamila & Fauziah, 2024). In an emergency department, this distinction is particularly important because maintaining performance requires not only completing assigned tasks but also sustaining judgment, prioritization, communication, and responsiveness under conditions of uncertainty and time pressure. The performance profile consequently establishes a descriptive outcome that can be evaluated against occupational stress in the subsequent correlational analysis.

Table 5. Distribution of Nursing Performance Among Emergency Department Nurses at Soewondo Regional General Hospital in Kendal (N = 32)

Nursing Performance	Frequency	Percentage (%)
Poor	10	31.3
Adequate	14	43.8
Good	8	25.0
Total	**32**	**100**

Considered collectively, Tables 2–5 reveal a workforce in which moderate occupational stress was most frequent, motivation was almost evenly distributed across categories, high burnout represented the largest burnout category, and adequate performance was the predominant performance category. This configuration is analytically important because unfavorable psychological conditions were present alongside continued professional functioning rather than being accompanied by uniformly poor performance. Research involving emergency nurses has shown that stress, workload, and motivation can be relevant to the execution of emergency clinical functions, supporting the need to interpret these variables as interconnected components of work behavior (Riu et al., 2024). The descriptive pattern may indicate that nurses retain a degree of functional capacity despite occupational pressure, but maintaining adequate rather than good performance cannot be interpreted as evidence that stress or burnout has already caused performance deterioration. The coexistence of severe stress in 28.1% of nurses and high burnout in 37.5% nevertheless identifies clinically meaningful psychological conditions that warrant closer examination within workforce management. These results provide the empirical basis for testing whether differences in occupational stress correspond systematically with differences in motivation, burnout, and nursing performance rather than relying on apparent similarities between their descriptive distributions.

From a nursing-management perspective, the profiles indicate that psychological well-being and professional performance should be evaluated concurrently because interventions directed exclusively toward performance targets may overlook the occupational conditions under which those outcomes are produced. Evidence indicates that nursing performance is shaped by interacting motivation, workload, and occupational stress, reinforcing the importance of workforce management strategies that recognize both psychological and organizational determinants (Siregar et al., 2026). Leadership is also relevant because nurse leaders can influence staff performance through organizational behaviors, communication, support, and management practices that shape the conditions in which nurses deliver care (Alsadaan et al., 2023). Periodic assessment of occupational stress and burnout, appropriate workload distribution, adequate recovery opportunities between demanding shifts, supportive supervision, recognition of professional contributions, and access to competency development represent reasonable management considerations arising from the observed profiles, although their effectiveness was not tested in this cross-sectional study. The relatively small differences among several descriptive categories also demonstrate why the findings should not be reduced to simple labels such as a predominantly stressed, unmotivated, or poorly performing workforce. More informative conclusions depend on whether occupational stress is statistically associated with the other measured variables, which is addressed through the Spearman rank correlation analyses of work motivation, burnout, and nursing performance in the following sections.

Association of Occupational Stress with Work Motivation and Burnout

The bivariate analysis demonstrated a very strong inverse relationship between occupational stress and work motivation among emergency department nurses at Soewondo Regional General Hospital in Kendal. Spearman's rank correlation yielded rho = −0.954 with p = 0.000, indicating a statistically significant negative association between the two ordinal variables. The cross-tabulation showed that all 10 nurses with mild occupational stress were classified as having high motivation, whereas among the 13 nurses with moderate stress, 11 had moderate motivation and two had low motivation. All nine nurses experiencing severe occupational stress were classified in the low-motivation category, producing a pronounced gradient across the observed stress levels. This pattern is consistent with organizational evidence indicating that occupational stress and motivation are closely involved in nurses' work-related functioning, particularly when clinical responsibilities are performed under intensive demands (Riu et al., 2024). Given the cross-sectional design, however, the coefficient should be interpreted as evidence of a strong association rather than proof that increasing occupational stress directly causes a decline in motivation.

The strength and direction of this relationship can be interpreted through the psychological resources required to maintain engagement in demanding emergency nursing work. Nurses experiencing lower stress may retain greater cognitive and emotional capacity to sustain enthusiasm, responsibility, persistence, and goal-directed effort, whereas increasing occupational pressure may coincide with reduced capacity to maintain these motivational resources. Work motivation is not generated solely by individual disposition because achievement, recognition, opportunities for professional development, and workplace conditions can influence the intensity with which employees invest effort in organizational responsibilities (Arquisola & Ahlisa, 2019). The observed relationship is also compatible with previous nursing evidence in which stress and motivation were associated with professional performance, indicating that these psychological dimensions can operate simultaneously within nursing work rather than as isolated phenomena (Mandagi et al., 2019). The unusually high absolute correlation coefficient in the present sample indicates that the ordinal rankings of stress and motivation were closely aligned, but its magnitude should be interpreted cautiously because only 32 nurses from a single emergency department were studied. Table 6 presents the original cross-classification and correlation statistics underlying this pattern.

Table 6. Association Between Occupational Stress and Work Motivation Among Emergency Department Nurses at Soewondo Regional General Hospital in Kendal (N = 32)

Occupational Stress	Motivation						Total	Rho	P value
	Low	%	Moderate	%	High	%			
Mild (21–41)	0	0%	0	0%	10	31.25%	10	−.954	.000[c]
Moderate (42–62)	2	6.25%	11	34.38%	0	0%	13		
Severe (63–84)	9	28.13%	0	0%	0	0%	9		
Total	**11**	**34.38%**	**11**	**34.38%**	**10**	**31.25%**	**32**		

Note: Spearman Rank Correlation Test, p < 0.05

The relationship between occupational stress and burnout followed the opposite direction from motivation but was similarly strong in magnitude. Spearman's rank correlation produced rho = 0.935 with p = 0.000, indicating a statistically significant and very strong positive association between occupational stress and burnout. All 10 nurses with mild stress had low burnout, while among the 13 nurses with moderate stress, 10 had moderate burnout and three had high burnout; all nine nurses experiencing severe stress were classified as having high burnout. This progressive pattern indicates that higher ordinal stress categories corresponded closely with higher burnout categories within the study population. Occupational conditions in nursing can affect well-being through motivational and psychological pathways, particularly when job demands are sustained without sufficient resources for adaptation and recovery (Holtan et al., 2024). The result does not establish a temporal progression from stress to burnout because exposure and outcome were assessed within the same cross-sectional observation period.

Table 7. Association Between Occupational Stress and Burnout Among Emergency Department Nurses at Soewondo Regional General Hospital in Kendal (N = 32)

Occupational Stress	Burnout						Total	Rho	P value
	Low	%	Moderate	%	High	%			
Mild (21–41)	10	31.25%	0	0%	0	0%	10	.935	.000[c]
Moderate (42–62)	0	0%	10	31.25%	3	9.38%	13		
Severe (63–84)	0	0%	0	0%	9	28.13%	9		
Total	**10**	**31.25%**	**10**	**31.25%**	**12**	**37.50%**	**32**		

Note: Spearman Rank Correlation Test, p < 0.05

The results in Table 7 are particularly relevant to emergency nursing because recurrent psychological pressure may coexist with emotional exhaustion when nurses repeatedly manage unstable patients, rapid clinical decisions, unpredictable workloads, and emotionally demanding encounters. Workload has been empirically associated with occupational stress among emergency department nurses, providing a plausible occupational context for understanding why substantial psychological strain may be observed in this clinical environment (Hidayat et al., 2025). Burnout should nevertheless not be reduced to workload alone, since leadership, interpersonal support, autonomy, professional recognition, recovery opportunities, and individual coping resources may alter how nurses experience persistent workplace demands. Evidence from nursing organizations indicates that leadership behavior can influence staff performance and working conditions, highlighting the organizational dimension of maintaining a psychologically sustainable nursing workforce (Alsadaan et al., 2023). The concentration of high burnout among nurses with severe stress suggests that assessment of occupational stress may have practical value for identifying personnel who also experience substantial burnout, although predictive utility was not directly evaluated in this study. The magnitude of rho = 0.935 further warrants cautious interpretation because the small single-center sample and highly ordered category distributions can produce a very strong rank correlation that may not be replicated with the same magnitude in larger or more heterogeneous populations.

When the two outcomes are considered together, occupational stress displayed contrasting but internally coherent relationships: higher stress corresponded with lower motivation (rho = −0.954) and

higher burnout (rho = 0.935). These findings suggest that occupational stress is closely associated with both the motivational resources nurses bring to their work and the exhaustion-related condition they experience while performing it, although the study does not establish whether motivation and burnout mediate one another or share common antecedents. Motivation has previously been associated with nursing performance, indicating that maintaining motivational resources remains important to professional functioning even when motivation is considered alongside broader workplace factors (Basir et al., 2022). The nearly monotonic category patterns observed in Tables 6 and 7 strengthen the internal consistency of the findings, but they also emphasize the importance of future studies using continuous scores, larger samples, and multivariable models to determine whether similarly strong relationships persist after potential confounding factors are considered. Characteristics such as age, length of employment, education, workload, shift pattern, organizational support, and leadership conditions could influence the observed associations and were not statistically controlled in the reported bivariate analysis. The present findings consequently support an integrated interpretation of stress, motivation, and burnout while remaining within the inferential boundaries of a descriptive correlational cross-sectional design.

The clinical and managerial implications concern the psychological conditions under which emergency nurses sustain professional engagement rather than simply whether individual nurses can tolerate occupational pressure. Nursing managers may reasonably consider periodic assessment of occupational stress and burnout, workload distribution, opportunities for adequate recovery, supportive communication, recognition of professional contributions, and access to professional development as components of workforce management, while the effectiveness of these measures cannot be inferred from the current data. Motivation is particularly relevant because organizational support and workplace conditions may reinforce or undermine nurses' capacity to sustain goal-directed professional behavior under demanding circumstances (Hasan et al., 2021). Emergency nursing systems also require attention to the interaction between psychological conditions and clinical responsibilities because work stress, workload, and motivation have been associated with the implementation of emergency severity assessment (Riu et al., 2024). Intervention studies are needed to determine whether modifying organizational stressors can produce subsequent improvements in motivation or reductions in burnout, as the present cross-sectional analysis establishes association but not temporal or causal effects. These findings provide a strong empirical basis for extending the analysis from psychological outcomes to professional functioning, particularly the relationship between occupational stress and nursing performance examined in the following section.

Association Between Occupational Stress and Nursing Performance and Its Implications for Emergency Nursing Management

The bivariate analysis identified a statistically significant and very strong inverse relationship between occupational stress and nursing performance among emergency department nurses at Soewondo Regional General Hospital in Kendal. Spearman's rank correlation yielded rho = −0.872 with p = 0.000, indicating that higher occupational stress categories were associated with lower nursing performance categories. The cross-tabulation showed a distinct ordinal pattern, as eight of the 10 nurses with mild stress demonstrated good performance, whereas the remaining two demonstrated adequate performance. Among the 13 nurses with moderate stress, 11 demonstrated adequate performance and two were classified as having poor performance, while eight of the nine nurses with severe stress demonstrated poor performance and only one demonstrated adequate performance. This distribution indicates that occupational stress and performance rankings moved predominantly in opposite directions within the observed sample. Evidence from hospital nursing settings has similarly demonstrated a significant relationship between occupational stress and nursing performance, supporting the relevance of psychological working conditions to professional nursing outcomes (Ismail & Sabil, 2023).

The magnitude of the correlation deserves particular attention because rho = −0.872 represents a very strong monotonic association rather than a marginal statistical relationship. The result suggests that nurses occupying progressively higher stress categories tended to occupy progressively lower performance categories, producing a highly ordered relationship across the three levels of each variable. Occupational stress may coincide with reduced concentration, psychological energy, attentional control, and capacity to sustain work engagement, all of which are potentially relevant in an emergency

department where clinical tasks must frequently be performed under substantial time pressure. Previous research has also reported an inverse association between occupational stress and nurses' performance, reinforcing the interpretation that psychological strain can accompany unfavorable professional outcomes in hospital nursing populations (Fayola Issalillah, 2022). The current coefficient should not, however, be interpreted as demonstrating that stress independently determines performance because the analysis was bivariate and did not adjust for workload, motivation, burnout, leadership, demographic characteristics, or other potential confounding variables. The cross-sectional measurement further prevents temporal ordering, meaning that the study establishes a strong association at the observation point rather than demonstrating that occupational stress preceded deterioration in performance.

Table 8. Association Between Occupational Stress and Nursing Performance Among Emergency Department Nurses at Soewondo Regional General Hospital in Kendal (N = 32)

Occupational Stress	Nurse Performance						Total	Rho	P Value
	Poor	%	Adequate	%	Good	%			
Mild (21–41)	10	31.25%	0	0%	0	0%	10	.935	.000[c]
Moderate (42–62)	0	0%	10	31.25%	3	9.38%	13		
Severe (63–84)	0	0%	0	0%	9	28.13%	9		
Total	**10**	**31.25%**	**10**	**31.25%**	**12**	**37.50%**	**32**		

Note: Spearman Rank Correlation Test, $p < 0.05$.

The distribution presented in Table 8 provides greater substantive detail than the correlation coefficient alone because it shows where the inverse relationship was concentrated across the sample. No nurse with mild occupational stress was classified as having poor performance, and no nurse with severe occupational stress achieved good performance, while the moderate-stress group was strongly concentrated in the adequate-performance category. This pattern is compatible with findings from other Indonesian nursing settings in which occupational stress has been significantly associated with nurses' performance, despite differences in clinical setting and statistical procedures (Lestari et al., 2023). Emergency nursing may intensify the practical significance of this relationship because performance depends on sustained attention, rapid prioritization, communication, accurate implementation of nursing interventions, and responsiveness to sudden deterioration in patients' conditions. Evidence from emergency departments also indicates that workload is related to occupational stress, suggesting that the psychological condition measured in the present study operates within a broader configuration of clinical demands rather than independently of the working environment (Hidayat et al., 2025). The concentration of poor performance among nurses experiencing severe stress consequently identifies an important workforce-management concern, although individual performance categories cannot be attributed to stress alone on the basis of these data.

The performance findings also need to be interpreted in relation to the motivational and burnout patterns identified earlier because occupational stress was strongly associated with all three dependent variables. Higher stress was associated with lower motivation (**rho = −0.954**), higher burnout (**rho = 0.935**), and lower nursing performance (**rho = −0.872**), producing a coherent pattern in which unfavorable stress conditions coincided with less favorable psychological and professional outcomes. These relationships do not establish a mediation pathway in which stress reduces motivation or increases burnout and subsequently impairs performance, because mediation was not tested and the cross-sectional design does not establish temporal sequence. Recent empirical evidence has nevertheless demonstrated that motivation, workload, and occupational stress are relevant to nursing performance, supporting a multidimensional interpretation of professional functioning rather than an explanation based on a single occupational determinant (Siregar et al., 2026). Nursing performance is also associated with cognitive professional resources, with critical thinking representing an important correlate of nurses' job performance (Ateş et al., 2023). The present findings consequently suggest that psychological conditions should be considered alongside professional competencies when interpreting variation in emergency nursing performance. Future multivariable research would be necessary to determine the independent contribution of occupational stress after motivation, burnout, workload, professional characteristics, and organizational factors are statistically controlled.

The findings also highlight the organizational context in which individual performance is produced, particularly because emergency nurses perform within systems of supervision, workload allocation, shift scheduling, teamwork, and clinical leadership. Leadership behaviors have been shown to influence nursing staff performance, indicating that professional outcomes should not be conceptualized exclusively as attributes of individual nurses (Alsadaan et al., 2023). The predominantly adult, professionally educated, and experienced workforce observed in this study suggests that the strong stress–performance association cannot be interpreted simply as a consequence of a generally inexperienced nursing population. Performance management in the emergency department should consequently integrate evaluation of occupational demands with conventional assessments of competence and task achievement, particularly when nurses demonstrate persistent moderate or severe stress. Evidence from emergency nursing populations further indicates that workload, occupational stress, and performance are interrelated concerns, strengthening the rationale for organizational assessment of the conditions under which emergency nurses perform their clinical responsibilities (Yusuf et al., 2026). Strategies such as workload review, supportive supervision, appropriate recovery between shifts, competency development, and accessible psychological support are theoretically consistent with the observed problems, but their effectiveness remains to be evaluated through prospective or intervention-based research.

Taken together, the findings portray occupational stress as a central correlate of both psychological functioning and professional performance among the 32 emergency nurses studied. The exceptionally strong correlations observed for motivation, burnout, and performance warrant clinical attention, but they also require methodological caution because the study involved a small total sample from a single hospital and relied on ordinal questionnaire-derived categories. Nursing performance is influenced by multiple occupational and organizational conditions, and research has identified factors beyond stress that may contribute to variation in nurses' work outcomes (Kamila & Fauziah, 2024). Leadership and motivational conditions likewise form part of the broader environment through which nurses' well-being and performance are maintained, supporting an integrated rather than single-factor approach to workforce management (Holtan et al., 2024). The present results provide context-specific evidence that nurses reporting greater occupational stress also tended to report lower motivation, greater burnout, and poorer performance, but longitudinal research is required before the direction and causal mechanisms underlying these relationships can be established. Within the limits of the cross-sectional design, the findings support routine attention to nurses' psychological working conditions as an integral component of emergency nursing management rather than treating stress, burnout, motivation, and performance as unrelated workforce indicators.

CONCLUSION

This study demonstrates that occupational stress represents an important psychological condition among nurses working in the Emergency Department of Soewondo Regional General Hospital in Kendal. Among the 32 nurses, moderate occupational stress was the most frequent category, affecting 13 respondents (40.6%), while low and moderate work motivation were each identified in 11 respondents (34.4%). High burnout was observed in 12 respondents (37.5%), whereas adequate nursing performance represented the largest performance category, comprising 14 respondents (43.8%). These findings indicate that considerable occupational pressure coexists with suboptimal motivational conditions, a relatively high level of burnout, and nursing performance that remains predominantly at an adequate rather than good level. The pattern is particularly relevant in emergency nursing, where sustained clinical readiness, rapid decision-making, and responsiveness to unpredictable patient conditions require substantial psychological and professional resources. The findings should be interpreted within the characteristics of the study population, which consisted predominantly of adult, professionally educated, and relatively experienced nurses. Collectively, the descriptive results identify occupational stress, motivation, burnout, and performance as interconnected workforce concerns requiring attention within emergency nursing management.

The correlational analysis identified very strong and statistically significant relationships between occupational stress and each of the three measured outcomes. Occupational stress was inversely associated with work motivation (rho = −0.954; p = 0.000), indicating that higher stress categories corresponded with lower motivation categories among the nurses studied. Occupational stress was positively associated with burnout (rho = 0.935; p = 0.000), with higher stress corresponding

to higher burnout categories. A very strong inverse association was also identified between occupational stress and nursing performance (rho = −0.872; p = 0.000), indicating that greater stress corresponded with poorer performance. The consistency and magnitude of these relationships support the importance of integrating stress monitoring, workload management, adequate recovery, supportive supervision, and psychological support into emergency nursing workforce management. Because the study employed a cross-sectional correlational design with 32 nurses from a single emergency department, these relationships should be interpreted as associations rather than causal effects, and longitudinal or multicenter research is needed to establish temporal pathways and broader generalizability.

REFERENCES

Agus, E. S., & Kadir, A. (2021). Faktor yang Berhubungan dengan Pelaksanaan *Discharge Planning* pada Perawat di Ruang Rawat Inap RSUD Haji Makassar. *JIMPK: Jurnal Ilmiah Mahasiswa & Penelitian Keperawatan*, *1*(2), 222-228. https://doi.org/10.35892/jimpk.v1i2.570

Alsadaan, N., Salameh, B., Reshia, F. A. A. E., Alruwaili, R. F., Alruwaili, M., Awad Ali, S. A., Alruwaili, A. N., Hefnawy, G. R., Alshammari, M. S. S., Alrumayh, A. G. R., Alruwaili, A. O., & Jones, L. K. (2023). Impact of Nurse Leaders Behaviors on Nursing Staff Performance: A Systematic Review of Literature. *INQUIRY: The Journal of Health Care Organization, Provision, and Financing, 60*, 1–10. https://doi.org/10.1177/00469580231178528

Arquisola, M. J., & Walid Ahlisa, S. U. (2019). Do Learning and Development Interventions Motivate Employees at PT Danone Indonesia? Applying McClelland's Theory of Motivation to FMCG Industries. *FIRM Journal of Management Studies, 4*(2), 160–176. https://doi.org/10.33021/firm.v4i2.780

Ateş, N., Erdal, N., & Harmancı Seren, A. K. (2023). The Relationship Between Critical Thinking and Job Performance Among Nurses: A Descriptive Survey Study. *International Journal of Nursing Practice, 29*(5), e13173. https://doi.org/10.1111/ijn.13173

Basir, N. P., Andayanie, E., & Nurgahayu. (2022). Pengaruh Motivasi Kerja terhadap Kinerja Perawat di Ruang Inap RSUD Haji Kota Makassar. *Window of Public Health Journal, 3*(2), 348–358. https://doi.org/10.33096/woph.v3i2.390

Dermawan, D. (2019). *Proses Keperawatan: Penerapan Konsep dan Kerangka Kerja*. Gosyen Publishing.

Fanka, F. (2021). *Pengaruh Stres Kerja Dan Beban Kerja Terhadap Prestasi Kerja Perawat Rumah Sakit Sansani Pekanbaru* (Doctoral dissertation, Universitas Islam Riau). https://repository.uir.ac.id/14351/

Fayola Issalillah. (2022). Pengaruh Stres Kerja dengan Kinerja Perawat di Rumah Sakit. *Jurnal Keperawatan Jiwa, 10*(2), 345–354. https://doi.org/10.26714/jkj.10.2.2022.345-354

Furroidah, F., Maulidia, R., & Maria, L. (2023). Hubungan Karakteristik Perawat dengan Tingkat Kepatuhan dalam Menerapkan Pendokumentasian Asuhan Keperawatan. *Jurnal Ilmiah Kesehatan Media Husada, 12*(1), 26-38. https://doi.org/10.33475/jikmh.v12i1.314

Hasan, R., Habibi, A., Ahmad, S. N. A., & Ramdhan, Q. N. (2021). Hubungan Motivasi Kerja dengan Kinerja Perawat di Ruang Rawat Inap RSUP Sitanala Tangerang. *Jurnal Kesehatan Fakultas Teknik, 6*(2), 83–96. https://doi.org/10.31000/jkft.v6i2.5758

Hasibuan, M. S. P. (2018). *Manajemen Sumber Daya Manusia*. Bumi Aksara.

Hidayat, T., Abdillah, H., Hamidah, E., & Hadiyanto, H. (2025). Correlation Between Nurses Workload and Work Stress in the Emergency Department. *Jurnal Keperawatan Priority*, *8*(2), 102-111. https://doi.org/10.34012/jukep.v8i2.7024

Holtan, K. H., Halvari, A. E. M., Olafsen, A. H., Øvergård, K. I., & Halvari, H. (2024). The Role of Leadership in Nurses' Wellbeing and Performance: A Cross-Sectional Survey Using a Dual Motivational Pathway Model. *Journal of Advanced Nursing, 80*(8), 3211–3225. https://doi.org/10.1111/jan.16084

Ismail, Y. H., & Sabil, F. A. (2023). Hubungan Stres Kerja dengan Kinerja Perawat dalam Melaksanaan Asuhan Keperawatan di Ruang Rawat Inap RSUD Labuang Baji Makassar. (2023). *Jurnal Ilmiah Mahasiswa & Penelitian Keperawatan*, *3*(2), 30-36. https://doi.org/10.35892/jimpk.v3i2.1256

Jannah, S. R., Mardhiah, E., Husna, C., & Wardani, E. (2022). Hubungan Karakteristik Individu dengan Perilaku Proaktif Perawat dalam Melaksanakan Handover. *Window of Health: Jurnal Kesehatan*, 385-394. https://doi.org/10.33096/woh.vi.130

Kamila, S. R., & Fauziah, M. (2024). Faktor-faktor yang berhubungan dengan kinerja perawat di instalasi rawat jalan Rumah Sakit Umum Kota Tangerang Selatan tahun 2023. *Environmental Occupational Health and Safety Journal*, *4*(2), 69-78. https://doi.org/10.24853/eohjs.4.2.69-78

Kreitner, R., Kinicki, A., & Buelens, M. (2018). *Organizational Behavior*. McGraw-Hill/Irwin.

Lestari, F. W., Yuhbaba, Z. N., and Yuwanto, M. A. (2023). *Hubungan Stres Kerja dengan Kinerja Perawat dalam Melaksanakan Pelayanan Keperawatan di Ruang Rawat Inap Rumah Sakit DKT Jember.* Other thesis, Universitas dr. SOEBANDI. http://repo.uds.ac.id/id/eprint/1117/

Mandagi, N. S. P., Joseph, W. B., & Rattu, A. J. M. R. (2019). Hubungan Antara Stres Kerja dan Motivasi Kerja dengan Kinerja Perawat di Rumah Sakit Umum Bethesda GMIM Kota Tomohon. *Kesmas: Jurnal Kesehatan Masyarakat Universitas Sam Ratulangi*, *8*(7), 1-7. https://ejournal.unsrat.ac.id/v3/index.php/kesmas/article/view/27611

Masykur, F. (2019). Metode dalam Mencari Pengetahuan: Sebuah Pendekatan Rasionalisme Empirisme dan Metode Keilmuan. *Tarbawi: Jurnal Pendidikan dan Pemikiran Islam*, *1*(1), 57-68. https://ejournal.ibi.ac.id/Tarbawi/article/view/91

Riu, S. D. M., Nursalam, N., Nusi, T., Yahya, I. M., Rahil, N. H., & Taplo, Y. M. (2024). Effect of emergency nurses' work stress, workload, and motivation on emergency severity index implementation. *Iranian Journal of War and Public Health*, *16*(4), 375-380. http://dx.doi.org/10.58209/ijwph.16.4.375

Siregar, F. D., Kosasih, K., & Rahmiyati, A. L. (2026). An Empirical Study of Motivation, Workload, and Occupational Stress on Nursing Performance. *Eqien-Jurnal Ekonomi dan Bisnis*, *15*(01), 112-126. https://doi.org/10.34308/eqien.v15i01.2320

Yusuf, S. A., Rahma, S., & Hunawa, R. D. (2026). The Relationship between Workload and Work Stress and Nurse Performance in the Emergency Installation (IGD) of Dr. MM Dunda Limboto Hospital. *International Journal of Health, Economics, and Social Sciences (IJHESS)*, *8*(1), 246-257. https://doi.org/10.56338/ijhess.v8i1.9976