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Work Stress, Work Conflict, and Their Effects on the Mental Health of Healthcare Professionals

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A B S T R A C T :

The World Health Organization (WHO) conceptualizes health as a holistic state encompassing physical, mental, and social well-being. Mental health is thus integral to human capital development, and its deterioration may generate adverse consequences for both institutional performance and broader economic productivity. Within emergency departments, healthcare professionals are frequently exposed to intensive workloads, heightened emotional demands, and urgent clinical decision-making, conditions which render them susceptible to work-related stress and conflict. These psychosocial stressors may, in turn, significantly influence mental health outcomes. This study aims to examine the effect of work stress and work conflict on the mental health of healthcare workers in the Emergency Department of Private Hospital X in Bandung. A quantitative research design was employed, utilizing multiple linear regression analysis to test the relationships among the variables. The study population comprised healthcare personnel in the emergency unit who voluntarily participated in the survey. Data were collected through validated questionnaires assessing work stress, work conflict, and mental health dimensions. The empirical findings indicate that both work stress and work conflict exert statistically significant positive effects on mental health outcomes. Furthermore, the simultaneous interaction of these factors demonstrates a substantial influence, underscoring the complexity of psychosocial dynamics in high-intensity clinical environments. These results highlight the necessity for targeted organizational interventions and conflict management strategies to mitigate stressors, thereby promoting psychological resilience and safeguarding the mental well-being of healthcare professionals in emergency settings.

Keywords: Information system, Hospital Management, Evaluation, TAM, HMIS.

1. Introduction

The World Health Organization (WHO) defines health as a state of complete physical, mental, and social well-being, enabling individuals to live productively both socially and economically. This conceptualization emphasizes that health is not only measured by the absence of disease but also by an individual's capacity for social and economic functioning. Similarly, Indonesian Law No. 36 of 2009 on Health defines health as a state of physical, mental, spiritual, and social well-being that allows individuals to live productively in society (Astutik, 2020). Mental health, while often less visible than physical health, has a significant impact on organizational productivity and national economic outcomes. Poor mental health among healthcare professionals can lead to absenteeism, presenteeism, labour turnover, and reduced efficiency, thereby limiting the capacity of human resources to contribute effectively to society (Kwon et al., 2021). Despite its importance, mental health has historically received less attention in human development programs, although it is now recognized as a critical component of the United Nations Sustainable Development Goals (Ghanbari et al., 2021). Empirical studies indicate that individuals with good mental health demonstrate greater cognitive flexibility, emotional resilience, and responsiveness to financial and social incentives, while poor mental health is associated with higher rates of depression, anxiety, and even suicidal behaviour (Joshanloo, 2013).

Hospitals represent complex organizational settings in which healthcare workers play a pivotal role in delivering quality services. Emergency departments, in particular, are high-pressure environments that expose healthcare personnel to intense workloads, rapid decision-making, emotionally charged interactions with patients and families, and the constant potential for life-threatening scenarios. These conditions make emergency department staff highly susceptible to work-related stress and interpersonal conflict, both of which are closely linked to adverse mental health outcomes. Studies in Indonesia and globally have reported that frontline healthcare workers, especially nurses and mid-level staff, face elevated risks of depression, anxiety, insomnia, and emotional exhaustion due to high patient volumes, insufficient staffing, and inadequate institutional support (Johnson et al., 2020). Work-related stress is understood as the psychological tension arising from the imbalance between job demands and coping capacity, which can manifest as fatigue, irritability, loss of appetite, impaired concentration, and burnout (Khoshakhlagh et al., 2019).

In the context of Private Hospital X in Bandung, interviews with emergency department staff reveal that stress levels are intensified by unpredictable patient inflows, insufficient personnel, and the cumulative burden of both clinical and administrative responsibilities. These conditions frequently give rise to interpersonal conflicts, not only among staff but also between staff and patients or their families, further exacerbating psychological strain (Šprajc & Lukhanin, 2022). Although management recognizes the potential risks of stress and conflict, systematic programs to monitor and mitigate these factors remain limited, with existing initiatives, such as team-building activities or brief recreational gatherings, proving insufficient to address the severity and persistence of mental health challenges in the emergency setting. Furthermore, access to mental health resources for healthcare workers in Indonesia remains constrained, with a limited number of qualified professionals, social stigma, and insufficient organizational policies contributing to the gap

between mental health needs and available support. This combination of high work demands, interpersonal conflict, and inadequate organizational support underscores a critical need for empirical research into the determinants of mental health among emergency healthcare workers in Indonesia, particularly in high-intensity hospital settings such as Private Hospital X in Bandung, to inform interventions that can enhance staff well-being and sustain quality patient care.

The phenomenon of work-related stress and mental health disturbances among healthcare workers, particularly nurses and doctors in Emergency Departments (EDs), has become a significant concern in the context of healthcare delivery in Indonesia. Various studies indicate that EDs are among the hospital units with the highest levels of stress due to heavy workloads, emotional pressures, and demanding physical conditions. For instance, a study at Semarang District Hospital found that 93.1% of ED nurses experienced high workloads, and 82.8% experienced moderate to severe work-related stress (Giyana, 2012). In addition, research at Haji Adam Malik General Hospital in Medan revealed that 57.1% of ED nurses suffered from burnout, with work stress and years of service identified as significant determinants (Rahma et al., 2021).

Poorly managed work-related stress can lead to decreased productivity, reduced quality of patient care, and negative impacts on the overall well-being of healthcare professionals. Empirical studies have shown that nurses experiencing high levels of stress often demonstrate lower work productivity, with a significant proportion reporting both elevated stress and diminished effectiveness in their roles (Purnawati, 2014). Similarly, research indicates a strong relationship between work stress and burnout, which can directly compromise the quality of healthcare services and the efficiency of clinical operations (Ahmad & Afgan, 2016). These findings underscore the critical importance of implementing systematic strategies to identify, monitor, and mitigate stress among healthcare personnel, particularly in high-pressure clinical environments such as emergency departments.

Despite numerous studies highlighting the high prevalence of stress and burnout among ED healthcare workers, there remains a substantial gap in the implementation of effective, systematic stress management strategies at the institutional level. Many hospitals in Indonesia, including Private Hospital X in Bandung, lack formal policies, standardized protocols, or structured programs to monitor and mitigate work-related stress and mental health issues. Existing interventions are often limited to sporadic or ad-hoc activities, such as short recreational gatherings or occasional team-building exercises, which are insufficient to address the chronic and cumulative nature of stress and emotional exhaustion in high-pressure clinical settings. The absence of consistent, evidence-based support systems means that healthcare workers must cope with complex psychological challenges largely on their own, increasing the risk of long-term mental health deterioration, reduced job satisfaction, and eventual workforce attrition. Furthermore, organizational constraints such as limited resources, inadequate staffing, and insufficient mental health training for managerial personnel compound these challenges, leaving the system ill-prepared to proactively address the mental well-being of frontline staff.

In addition to systemic gaps, individual and interpersonal factors significantly contribute to stress and conflict within emergency units. Workforce shortages, unpredictable patient volumes, and imbalances between workload and staffing levels exacerbate pressure on healthcare workers, often resulting in interpersonal conflicts over task allocation, work shifts, and decision-making authority. Conflicts may also arise between staff and patients or their families, particularly in situations involving high-stakes clinical decisions or when patient care resources are limited. These stressors are further amplified by inadequate organizational communication, hierarchical rigidity, and the absence of formal performance appraisal and feedback mechanisms, which can lead to feelings of frustration, inequity, and helplessness among staff (Hasan et al., 2021). In turn, these unresolved conflicts and chronic stress can manifest as emotional exhaustion, burnout, diminished concentration, irritability, and physical health problems, ultimately undermining the quality of care delivered to patients. Addressing these multifaceted challenges requires a holistic approach that integrates individual coping strategies with systemic organizational interventions, including structured mental health programs, ongoing psychosocial support, leadership training, workload optimization, and team-based conflict resolution strategies. Implementing such evidence-based practices can foster a healthier, more resilient workforce, enhance job satisfaction, and ensure that emergency departments operate efficiently while maintaining high standards of patient care.

2. Literature Review

2.1. Hospital Management

Management originates from the term “to manage,” which means to organize or regulate. Management is carried out through processes structured according to the sequence of managerial functions. It is essentially a process aimed at achieving predetermined objectives. According to Griffin (2018), management is both an art and a science involving planning, organizing, staffing, directing, and supervising human resources to achieve set goals. Kotler & Amstrong (2018) further defines management as a set of processes that can keep a complicated system of people and technology running smoothly, highlighting planning, budgeting, staffing, controlling, and problem-solving as core managerial activities. Synthesizing these perspectives, management can be understood as the art and science of effectively and efficiently utilizing human and other resources to achieve predetermined objectives. The functions of management are interconnected activities in which one function is dependent on the other. Afiyah & Ayuningtyas (2023) identify four primary managerial functions:

First, planning involves setting objectives and determining the appropriate actions needed to achieve them. Second, organizing entails gathering and coordinating human, financial, physical, informational, and other resources required to meet objectives. Third, leading refers to stimulating individuals to perform at high levels, including motivating and communicating with employees both individually and in groups. Fourth, controlling involves monitoring performance and implementing necessary adjustments to ensure organizational resources are used as intended.

According to the World Health Organization (WHO), hospitals are integral components of social and health organizations, providing comprehensive healthcare services, including curative and preventive care, to the community. Hospitals also serve as training centres for healthcare personnel and as centres for medical research. Indonesian Law No. 44 of 2009 defines a hospital as an institution that provides comprehensive individual health services, including inpatient, outpatient, and emergency care. Hospitals are uniquely shaped by advances in medical science, technology, and the socio-economic conditions of the communities they serve. They are expected to deliver high-quality, affordable healthcare to achieve the highest possible level of

community health. Comprehensive health services encompass promotive, preventive, curative, and rehabilitative care (Wendimagegn & Bezuidenhout, 2019).

Hospitals can be categorized in several ways. In terms of services, they are classified as general hospitals, which provide care across all medical disciplines, and specialized hospitals, which focus on specific diseases, patient age groups, organs, or other special needs. From a management perspective, hospitals can be public or private. Public hospitals may be managed by the central or local government or by non-profit legal entities, with any surplus revenue reinvested to improve services. Private hospitals are profit-oriented, managed by corporations, and their revenue benefits shareholders. Hospitals can also be classified by service capacity into classes A, B, C, or D for general hospitals and classes A, B, or C for specialized hospitals. Additionally, hospitals may be designated as teaching hospitals if they meet the criteria for integrated education and research in medical professions and health sciences (Wahyuda O et al., 2024).

Healthcare services possess unique characteristics that significantly influence hospital management and operational decision-making. These services are capital, labour, and technology-intensive, requiring substantial investment in sophisticated medical equipment, skilled personnel across multiple disciplines, and continuous training to maintain competency. Patient-provider interactions are inherently complex, often involving emotional, ethical, and life-critical considerations, which make decision-making in hospitals both high-stakes and nuanced. Moreover, healthcare delivery typically involves "mix outputs," where patients receive integrated packages of diagnostics, treatment, therapy, and rehabilitation rather than discrete, easily quantifiable services. This complexity is further compounded by workforce competency limitations, unpredictable patient volumes, and the occurrence of sudden medical emergencies, which demand rapid adaptation and resource allocation.

Effective hospital management must therefore integrate multiple dimensions, including human resource development, operational oversight, quality control, and ethical clinical practice (Bahadori et al., 2018). Administrators must ensure that staffing levels are adequate, staff are appropriately trained, and resources are efficiently distributed, while maintaining high standards of patient care. Hospitals must also navigate external pressures such as regulatory compliance, technological advancements, and socio-economic disparities in patient populations, all of which influence service accessibility and quality. Governments and policymakers play a critical role in supporting hospitals by providing infrastructure, financing for vulnerable populations, disaster preparedness, and oversight to ensure ethical and effective service delivery (Agustina et al., 2023). By balancing these internal and external factors, hospitals can fulfil their mandate of delivering comprehensive, equitable, and high-quality healthcare, while fostering an environment that supports both staff well-being and patient-centered outcomes.

Healthcare services possess unique characteristics that significantly influence hospital management and operational decision-making. These services are capital, labour, and technology-intensive, requiring substantial investment in sophisticated medical equipment, skilled personnel across multiple disciplines, and continuous training to maintain competency (Endeshaw, 2021). Patient-provider interactions are inherently complex, often involving emotional, ethical, and life-critical considerations, which make decision-making in hospitals both high-stakes and nuanced. Moreover, healthcare delivery typically involves "mix outputs," where patients receive integrated packages of diagnostics, treatment, therapy, and rehabilitation rather than discrete, easily quantifiable services. This complexity is further compounded by workforce competency limitations, unpredictable patient volumes, and the occurrence of sudden medical emergencies, which demand rapid adaptation and resource allocation.

Despite the critical role of hospital management, empirical evidence indicates significant gaps in addressing the mental health and well-being of healthcare workers. Many hospitals still rely on ad-hoc or incidental interventions, such as occasional team-building or informal stress-relief activities, which are insufficient to address chronic work-related stress and conflict, particularly in high-pressure units such as emergency departments. Existing studies highlight that healthcare workers frequently experience burnout, fatigue, and psychological strain, yet systematic monitoring, structured mental health programs, and evidence-based managerial strategies remain limited. The mismatch between staffing levels, patient demand, and organizational support exacerbates stress and increases the likelihood of interpersonal conflicts, role ambiguity, and suboptimal patient care outcomes. Furthermore, while regulations and guidelines exist, their implementation at the operational level is often inconsistent, leaving healthcare personnel vulnerable to prolonged occupational stress.

These gaps, coupled with the observed real-world conditions, such as high patient-to-staff ratios, unpredictable workload, inadequate mental health support, and conflicting organizational demands, underscore the urgency of research focused on understanding the factors influencing healthcare workers' mental health. Investigating the interplay between work-related stress, organizational conflict, and mental well-being is crucial for designing comprehensive interventions, informing policy, and developing management practices that enhance both staff resilience and service quality. By addressing these gaps, the research aims to provide actionable insights for improving organizational strategies, creating healthier work environments, and ultimately ensuring safer, more effective healthcare delivery.

2.2. Emergency Department in Hospital

According to the Indonesian Ministry of Health Regulation No. 47 of 2018 on Emergency Services, an emergency is defined as a clinical condition requiring immediate medical intervention to save life and prevent disability. Emergency services encompass medical actions necessary for patients in urgent conditions, delivered promptly to mitigate mortality and permanent impairment. These services must meet specific criteria, including life-threatening situations, risks to the patient or others, airway, breathing, or circulation compromise, decreased consciousness, hemodynamic instability, or other conditions requiring immediate action. Access to emergency services is recognized as a fundamental human right, encompassing both disaster-related and routine emergency care. To achieve high-quality emergency care, it is essential to continually enhance human resource competency, improve infrastructure and medical facilities, and maintain affordability and accessibility for the population (Bahri & Patimah, 2023).

Emergency services are provided across multiple levels, including pre-facility, intra-facility, and inter-facility care. Pre-facility care, such as first aid or emergency response before reaching a healthcare facility, is critical in determining patient outcomes. Intra-facility care, delivered within healthcare facilities, involves rapid assessment, triage, stabilization, and treatment by competent clinical personnel. Inter-facility care ensures that patients needing higher levels of treatment are appropriately referred. Despite regulations, emergency care in many Indonesian healthcare facilities remains largely

traditional, functioning primarily as an intake point where patients are received, assessed, and referred to definitive care providers. This system often lacks standardized triage protocols, rapid-response culture, and patient-centered practices that are hallmarks of modern emergency care.

Patients presenting to emergency units arrive with varying degrees of urgency, commonly categorized into three levels: true emergencies requiring immediate intervention (priority 1), urgent but non-life-threatening cases (priority 2), and non-urgent or false emergencies (priority 3). Priority 1 cases demand immediate attention, often necessitating zero-minute response times. Empirical observations indicate that critically ill patients frequently present with multi-organ involvement, which requires initial management by highly skilled healthcare professionals capable of performing advanced resuscitation, communicating effectively, functioning efficiently in teams, and delivering holistic, patient-centered care (Lassoued et al., 2024). These demands create substantial physical, cognitive, and emotional pressure on staff, especially in high-intensity settings such as hospital emergency departments.

Hospital emergency departments serve as the primary entry point for patients and as referral centres for other facilities. Their effectiveness reflects the hospital's overall capacity to provide timely, quality care. Delays in pre-facility or intra-facility intervention can significantly worsen patient outcomes, highlighting the importance of well-coordinated, fully staffed, and resourced emergency units. The concept of the "golden hour" underscores that every minute counts during critical events, emphasizing the need for prompt, decisive intervention to save lives and preserve function. Hospitals must therefore ensure that emergency departments are equipped with adequate infrastructure, technology, and personnel capable of delivering comprehensive emergency care.

Operational challenges within emergency departments are multifaceted. High patient-to-staff ratios, unpredictable patient arrivals, complex cases with multiple comorbidities, and a need for constant vigilance increase workload and stress for healthcare providers. Staff must perform under intense time pressure, make rapid clinical decisions, and coordinate effectively across interdisciplinary teams. In addition to clinical tasks, healthcare workers are often responsible for administrative duties, patient communication, and managing interactions with families, all of which contribute to cumulative stress. These conditions create a heightened risk of work-related stress, burnout, interpersonal conflicts, and reduced mental health, which in turn can compromise quality of care, patient safety, and overall organizational performance (Lan et al., 2018).

Despite the critical role of emergency departments, gaps remain in systematic research on the effects of occupational stress and conflict on healthcare workers' mental health in Indonesia. While studies in other countries have documented the impact of stress, workload, and organizational conflict on burnout and patient care outcomes, limited empirical data exist regarding local conditions in hospital emergency units, especially in the context of multi-disciplinary teams managing high-acuity patients (Sharifi et al., 2020). Existing interventions to support healthcare workers' mental health are often informal, sporadic, or insufficiently evidence-based, leaving staff vulnerable to psychological strain. This highlights the need for research that examines the relationship between work-related stress, workplace conflict, and mental health outcomes among emergency healthcare workers, providing evidence for targeted managerial strategies and policy interventions.

Ultimately, ensuring effective emergency care requires not only clinical competence and adequate resources but also well-structured management systems that address human resource challenges, workflow efficiency, and occupational well-being. Emergency departments must be integrated with hospital operations, guided by clear leadership, staffed appropriately, and supported by disaster preparedness programs. Physicians, dentists, nurses, and allied health professionals must be trained in life-saving protocols, equipped to respond to both routine and mass-casualty events, and supported in maintaining mental resilience. By addressing these operational and human resource gaps, hospitals can deliver timely, high-quality emergency care while safeguarding the health and well-being of their workforce, thereby improving overall patient outcomes and advancing public health objectives.

2.3. Hospital Organization Behaviour

Organizational behaviour is broadly defined as the study of how individuals come together to accomplish tasks toward a common goal, encompassing the behavioural aspects of people within an organization or group (Azyabi et al., 2021). In any organization, individuals possess distinct interests and objectives and often compete to achieve their goals within the organizational framework. Azyabi et al. (2021) identifies three core components of organizational behaviour: the individual, the organizational structure, and the environment, which includes both internal (within the organization) and external (outside the organization) factors. Similarly, Porter (2010) describe organizational behaviour as the study of human actions within organizations, linking individual behaviours to organizational structures and dynamics. Robbins & Coulter (2012) further defines organizational behaviour as the systematic study of the actions and attitudes exhibited by people within organizations. Simply put, organizational behaviour represents a structured environment in which individuals interact according to established rules, norms, and goals, with humans considered central to organizational functioning. This field examines not only how organizations influence human behaviour but also how human behaviour shapes organizational outcomes.

Within healthcare organizations, organizational behaviour is particularly critical, as it directly affects the professionalism and effectiveness of healthcare workers. The behaviour of healthcare professionals, including doctors, nurses, pharmacists, midwives, and allied health personnel, plays a decisive role in determining the quality of patient care. Continuous development of professional knowledge and skills, aligned with one's educational background and professional training, has been shown to positively influence workplace behaviour (Nattar, 2020). The availability of advanced information and communication technologies further enhances healthcare workers' capacity to deliver efficient, high-quality services. Organizational behaviour in healthcare can manifest through voluntary actions that support the institution's objectives, expressed as cooperative, responsible, ethical, and courteous behaviours (Azyabi et al., 2021).

However, contemporary healthcare environments present several organizational behaviour challenges that have intensified in recent years. Rapid technological advancements and the emergence of the millennial workforce, whose behaviours are often influenced by digital media, have introduced new dynamics into workplace interactions. The increasing participation of women in healthcare roles, global competition, and the growing diversity of cultural backgrounds among staff add further complexity. These changes necessitate a nuanced understanding of organizational behaviour in healthcare to optimize team performance, collaboration, and patient outcomes. Studying organizational behaviour provides critical benefits for healthcare management, including improving productivity and service quality, developing employee skills, managing workforce diversity, responding to

globalization, fostering innovation and change, supporting work-life balance, maintaining employee loyalty, and promoting ethical behaviour (Robbins & Coulter, 2012).

Despite these theoretical insights, empirical research in Indonesia highlights several gaps in understanding how organizational behaviour influences healthcare delivery. Studies have examined aspects such as employee performance, motivation, job satisfaction, quality of work life, organizational commitment, and turnover; however, there is limited research linking these behavioural dimensions to the mental health and well-being of healthcare professionals in high-stress environments such as emergency departments. The interaction between workplace stressors, interpersonal conflicts, and organizational behaviour remains underexplored, yet it is crucial for designing interventions that enhance both employee well-being and patient care quality. This research gap underlines the necessity of integrating organizational behaviour studies with occupational health, particularly in contexts where high-pressure situations and unpredictable patient loads are the norm, to inform evidence-based managerial strategies and policy-making in healthcare institutions.

3. Research Method

This study employed a quantitative approach with a correlational research design to examine the influence of work stress and work conflict on the mental health of healthcare workers in emergency care units. The study aimed to determine both the individual and simultaneous effects of these independent variables on mental health outcomes, providing insights into how organizational factors may contribute to employee well-being. The population consisted of all healthcare workers assigned to the emergency unit, including doctors, nurses, and supporting medical staff who were directly involved in patient care and voluntarily agreed to participate in the study. To ensure that respondents were sufficiently exposed to the typical work demands and stressors of the emergency unit, a purposive sampling technique was applied, selecting participants with at least six months of work experience in the unit.

Data collection was conducted using a structured questionnaire composed of standardized instruments designed to measure work stress, work conflict, and mental health. Work stress was evaluated through items addressing workload, time pressure, emotional demands, and task complexity, reflecting the psychological and physical strain experienced by healthcare workers in high-intensity emergency settings. Work conflict was measured by assessing interpersonal conflicts among colleagues, role-related conflicts, and interactions between staff and patients that could hinder workflow or create tension. Mental health was assessed using indicators of emotional well-being, anxiety, depression, and burnout, capturing both cognitive and emotional aspects of psychological functioning. All questionnaire items employed a Likert-scale format ranging from strongly disagree to strongly agree, allowing for quantifiable and comparable responses across participants.

The collected data were analysed using multiple linear regression analysis to evaluate the effect of work stress and work conflict on mental health, both individually and simultaneously. Prior to conducting regression analysis, the data were carefully screened to ensure compliance with assumptions including normality, linearity, homoscedasticity, and the absence of multicollinearity, thereby validating the reliability and accuracy of the statistical tests. The significance level was set at 0.05, and all analyses were performed using SPSS software.

Ethical considerations were strictly observed throughout the study. Participants were provided with detailed information about the purpose and procedures of the research, and informed consent was obtained before participation. Confidentiality and anonymity were maintained to protect respondents' personal information and responses, ensuring that participation did not interfere with their professional roles or workplace dynamics. The study design emphasized voluntary participation and the right to withdraw at any stage without any consequences, aligning with established ethical standards for research involving human subjects.

This methodological approach allows for a comprehensive understanding of how work-related stressors and conflicts contribute to mental health outcomes among emergency healthcare workers. By examining these relationships empirically, the study provides evidence-based insights that can inform organizational management strategies and the development of interventions aimed at reducing work stress, mitigating conflicts, and promoting mental well-being in high-demand healthcare environments. The findings have potential implications for policy, workforce training, and resource allocation to support sustainable and effective emergency care services.

4. Results

The study involved the distribution of questionnaires to 42 respondents, all of whom were healthcare personnel working in the emergency department. The questionnaire was structured into three parts: the first part assessed work stress through 14 items, the second part measured work conflict using 10 items, and the third part evaluated mental health with 38 items. Respondent characteristics were analysed based on gender, age, educational background, and employment status to provide context for understanding the responses.

In terms of gender distribution, the majority of respondents were female, comprising 69% of the sample, while male respondents accounted for 31%. This ratio reflects the gender composition within the emergency department and may influence differences in coping mechanisms and resilience to work-related stress. Age distribution indicated that most respondents were between 26 and 30 years old (64%), followed by those aged 31–35 years (19%), 36–40 years (7%), and those aged 41 years or older (10%). Age is an important factor to consider, as it can affect maturity in decision-making and approaches to managing workplace conflicts.

Regarding educational background, most respondents held a bachelor's degree, accounting for 95% of the sample, while a small proportion had completed a diploma (3%) or postgraduate studies (2%). Educational attainment is significant in understanding the respondents' capacity to comprehend and respond to complex work situations, including stress and conflict. Employment status was predominantly BLU employees (86%), with the remaining 14% being civil servants (PNS). Employment type reflects career structure and organizational hierarchy, which can also influence stress levels, job satisfaction, and access to professional development opportunities.

Overall, the demographic profile of the respondents provides a comprehensive overview of the workforce in the emergency department, highlighting factors such as age, gender, education, and employment status that may interact with work stress, conflict, and mental health outcomes. These

characteristics serve as an important context for interpreting the results of the study and understanding how personal and organizational factors contribute to healthcare personnel performance and well-being.

4.1. Occupational Stress among Healthcare Workers

The findings of this study indicate that healthcare workers in the Emergency Department of Private Hospital X in Bandung experience a moderate level of work-related stress. This stress emerges from a combination of high patient volumes, unpredictable case complexity, prolonged working hours, and frequent interactions with patients' families, who often present with diverse emotional responses and expectations. Interviews revealed that the hospital management has not yet prioritized addressing the stress of ED staff, focusing instead on other operational or administrative concerns. This lack of systematic attention to stress management potentially exacerbates the psychological and emotional burden on healthcare workers.

Analysing the data across five dimensions of work stress, namely task demands, organizational leadership, role demands, interpersonal demands, and organizational structure, reveals nuanced insights into the sources and intensity of stress experienced by ED personnel. The dimension of task demands, which includes pressures from regulations, workload, and time constraints, demonstrated a moderate level of stress. Healthcare workers particularly felt the pressure of having to complete tasks within strict time frames, reflecting the unpredictable and high-stakes nature of emergency care. This constant urgency, combined with the responsibility for multiple patients in a single shift, contributes significantly to mental fatigue and the perception of being overwhelmed.

Organizational leadership was found to contribute moderately to stress as well. While staff reported that leaders occasionally provided strict reprimands for errors, the intensity of this stressor was not extreme, suggesting that the leadership style, though firm, is somewhat balanced. However, the perception that certain tasks were misaligned with individual skills amplified stress, indicating that more tailored allocation of responsibilities and supportive supervision could alleviate tension. Staff felt that hard work was not always proportionally rewarded or recognized, which, when coupled with inconsistent feedback, creates an environment in which employees may question the fairness and effectiveness of organizational processes.

Role demands also influenced stress moderately, with workers feeling that their effort did not always correspond to outcomes and that some responsibilities occasionally conflicted. While the perception of role conflict was lower, the significant concern was the imbalance between effort and reward. Staff frequently expressed that intense effort often produced insufficient recognition or tangible results, a factor that contributed to feelings of frustration and dissatisfaction. This highlights the psychological impact of working in a high-demand environment without adequate acknowledgment of contributions.

In contrast, interpersonal demands were generally lower in intensity. Healthcare workers perceived that their tasks posed some physical and mental risks, yet these risks were not dominant sources of stress compared to workload and role-related pressures. Staff indicated that hazardous tasks or challenging interactions with colleagues and patients were manageable and not the primary contributors to their overall stress. This suggests that ED personnel have developed coping mechanisms to deal with interpersonal stressors, though these challenges still exist and require attention to prevent long-term strain.

Organizational structure contributed a moderate level of stress, particularly regarding high performance targets, unclear expectations, and significant responsibilities. The stress associated with structural factors was amplified when tasks were perceived as excessive, misaligned with individual capacity, or inadequately communicated. Employees reported feeling frustrated when targets seemed unattainable or when accountability was disproportionately high, indicating that structural adjustments, such as realistic performance metrics and clearer communication of responsibilities, could meaningfully reduce stress.

Overall, the average stress score of 2.98, which falls into the moderate category, suggests that healthcare workers in the ED at Private Hospital X are sufficiently capable of handling their responsibilities but experience a consistent, tangible level of stress that could affect their performance, decision-making, and overall well-being if not properly addressed. The data indicate that the most impactful stressors are related to task demands, leadership practices, role expectations, and organizational structure, whereas interpersonal stressors exert comparatively less influence. The findings underscore the importance of proactive stress management interventions, such as optimizing shift schedules, improving staffing adequacy, providing leadership training focused on supportive supervision, clarifying roles and responsibilities, and establishing fair recognition systems. Addressing these factors could enhance job satisfaction, reduce burnout, and improve the quality of patient care in a high-pressure emergency setting. In such an environment, even moderate stress levels, if sustained over time, can have cumulative effects, potentially leading to decreased job satisfaction, higher turnover intentions, and compromised patient outcomes. Therefore, it is crucial for hospital management to integrate stress evaluation and mitigation strategies into routine operational planning, ensuring that healthcare workers have access to both organizational support and personal coping resources. This approach would not only promote staff well-being but also strengthen the resilience and efficiency of the Emergency Department as a critical component of healthcare delivery.

4.2. Workplace Conflicts Among Healthcare Workers

The research conducted in the Emergency Department of Private Hospital X in Bandung provides a comprehensive view of workplace conflicts among healthcare workers, revealing a multifaceted and nuanced phenomenon. Conflicts in this context are not merely interpersonal disagreements but are rooted in a combination of organizational, structural, and personal factors that interact in complex ways. The analysis highlights that while the overall level of conflict is moderate, its presence is significant enough to warrant attention, particularly because the emergency department is a high-pressure environment where mistakes or delays can have immediate and serious consequences.

High workload emerges as one of the primary triggers of conflict. Healthcare workers in the emergency department face an exceptionally demanding environment with a continuous influx of patients requiring urgent care. This high patient volume places constant pressure on staff to make rapid and accurate decisions, often under stressful conditions. Such an environment naturally increases stress and frustration, which can contribute to conflict if not effectively managed. The study suggests that workload pressure does not always manifest as overt disputes but can exacerbate tensions subtly, impacting morale, teamwork, and decision-making efficiency.

Situational uncertainty also contributes to workplace conflicts. Emergency medicine is inherently unpredictable, with patient conditions changing rapidly and requiring immediate intervention. This constant uncertainty can create disagreements among staff regarding the best approach to care, prioritization of cases, or allocation of limited resources. When healthcare professionals encounter differing opinions on how to respond to emergent situations, conflicts may arise over clinical decisions, reflecting not personal animosities but professional disagreements rooted in the urgency and complexity of the work.

The study also identifies limited resources as a structural factor that intensifies workplace conflicts. Shortages of beds, medical equipment, or even personnel force staff to compete for resources, creating situations where perceived inequities can lead to tension or dissatisfaction. The structural dimension, which includes differences in organizational vision, approaches to tasks, and methods of problem-solving, recorded an average score of 2.81, categorized as moderate. This reflects the reality that while interpersonal disputes may be less frequent, conflicts linked to work structures, processes, and resource allocation are more pronounced. Differences in professional perspectives, priorities, and approaches to patient care, coupled with limited resources, can subtly undermine collaboration and efficiency.

Communication, though showing a relatively low score of 2.19, is another essential dimension affecting conflict levels. While the majority of healthcare workers report low levels of direct arguments or personal tension, communication gaps or misunderstandings can still occur. Ineffective communication, delays in information transfer, or incomplete handovers can exacerbate stress and create conditions where conflicts are more likely to arise. Even minor miscommunications in a high-stakes environment such as the emergency department can have amplified effects, highlighting the importance of structured, clear, and consistent communication channels among staff.

The personal dimension, with a score of 2.43 and classified as moderate, emphasizes the internalized aspects of conflict. Burnout, mental fatigue, and emotional exhaustion are prevalent among healthcare workers dealing with continuous pressure and high-stakes responsibilities. Even in the absence of open conflict, internal stress can influence behaviour, reduce patience, and subtly affect relationships with colleagues. Mental fatigue can also affect decision-making, increase susceptibility to errors, and limit the capacity for collaborative problem-solving. The study's analysis indicates that the effects of such internalized stress are significant enough to contribute to the overall perception of conflict in the workplace.

Overall, the average score across all dimensions is 2.48, placing workplace conflict in the moderate category. This demonstrates that while overt disputes and interpersonal tensions may be limited, structural challenges, workload pressures, and mental strain create a climate where conflict is present and potentially impactful. The findings highlight the importance of proactive conflict management strategies, including improving communication systems, providing stress management training, promoting equitable task distribution, and ensuring fair allocation of resources. Addressing these areas is critical not only for reducing conflicts but also for maintaining the efficiency, cohesion, and resilience of the healthcare team in a high-pressure emergency department setting.

The research underscores that conflict in healthcare is rarely about personal animosities alone; it is deeply intertwined with the organizational environment and the nature of the work itself. The emergency department's inherent intensity, combined with structural limitations and mental fatigue, means that even moderate levels of conflict can influence job satisfaction, team performance, and patient outcomes. Therefore, understanding the nuanced sources of conflict, rather than merely reacting to incidents, is essential for creating a supportive, high-functioning, and sustainable work environment for healthcare professionals.

4.3. Mental Health of Healthcare Workers

The comprehensive survey of healthcare workers in the Emergency Department of Private Hospital X in Bandung evaluated multiple dimensions of emotional and mental health, including anxiety, depression, emotional control, general positive affect, and emotional ties. This assessment captured both negative and positive emotional experiences as well as the ability of staff to regulate their emotions under stressful and unpredictable conditions. Overall, the results indicate that the staff's mental health is generally in a low-risk range, with most emotional responses showing low to moderate intensity, suggesting a workforce that is largely resilient and capable of coping with occupational stress.

The intensity of fear or unease when confronted with unexpected situations was relatively low, with a total score of 89. A significant majority, 69 percent of respondents, disagreed that they felt fear in such scenarios, resulting in a mean of 2.12, categorizing this emotional response as low. Similarly, feelings of anxiousness in unpredictable situations were low, with a total score of 91 and a mean of 2.17. These findings suggest that despite the high-pressure nature of emergency care, staff generally perceive themselves as able to remain calm and composed when faced with sudden challenges. Emotional tension or high arousal was rated slightly higher, with a total score of 131 and a mean of 3.12, reflecting a moderate level of stress. This indicates that while healthcare workers may experience temporary emotional spikes during high-intensity moments, these episodes are neither pervasive nor overwhelming. Physical manifestations of stress, such as trembling hands while performing tasks, were low, with a score of 101 and a mean of 2.40, demonstrating that physiological responses to stress are minimal, likely due to effective coping mechanisms or experience in managing emergencies.

Other negative emotions, including confusion, agitation, nervousness, worry, loneliness, sadness, and depressive thoughts, also scored in the low range with means between 2.07 and 2.60. Extreme emotional indicators, such as thoughts of ending one's life or believing that others would be better off if the staff were gone, were similarly low with a mean of 2.10, underscoring the resilience of staff and their ability to maintain functional mental health even in the face of high stress. Additional indicators of emotional vulnerability, such as wanting to cry, feeling that life is not going as desired, or struggling to find enjoyment in daily activities, also scored low with means between 2.10 and 2.40. Even the perception of losing control over thoughts, emotions, or actions remained low with a mean of 2.31, highlighting that staff maintain a significant degree of behavioural and emotional self-regulation despite workplace stressors.

The survey also measured positive emotional states and general well-being. Across the board, positive emotions such as happiness, satisfaction, personal fulfilment, enjoyment of daily activities, and a sense of peace were reported at low to moderate intensity, with mean scores ranging from 1.60 to 2.62. Specific indicators, including joy, peace, and engagement in everyday tasks, were generally low. However, efforts to actively calm oneself scored high with a mean of 3.57, reflecting the staff's awareness and proactive strategies to regulate emotional responses. Physical refreshment, such as feeling energetic upon waking, scored moderately with a mean of 3.38, indicating that, on average, staff maintain sufficient physical and emotional energy. Feelings of being loved, needed, or engaged in fulfilling relationships also scored moderately with means between 2.83 and 3.10, demonstrating a

reasonable perception of emotional support from colleagues, friends, or family. Optimism and future orientation, such as hopefulness about life or the expectation of enjoyable daily experiences, were low with a mean of 2.10 to 2.12, suggesting that while immediate emotional well-being is generally stable, staff may be more focused on present responsibilities than future aspirations, reflecting the demanding nature of emergency work.

When the responses were aggregated into broader mental health dimensions, the mean scores for anxiety, depression, loss of behavioural or emotional control, general positive affect, and emotional ties all fell into the low category, with means ranging from 1.98 to 2.32. The overall mean across all dimensions was 2.18, reflecting a generally healthy mental state. This indicates that healthcare workers perceive their mental health as largely intact and functional, with minimal signs of significant disturbance.

The data portray a workforce that, while occasionally experiencing stress, tension, and emotional arousal, predominantly maintains emotional stability and resilience. Negative emotions are generally low, and positive affect, although slightly suppressed, remains functional. Staff actively employ coping strategies, such as consciously calming themselves, which enhances their ability to perform under pressure. Overall, the Emergency Department staff at Private Hospital X demonstrate strong mental health and the capacity to function effectively in a high-pressure environment. Nonetheless, ongoing support mechanisms, such as structured stress management programs, peer support, and access to mental health resources, could further strengthen emotional resilience, enhance positive affect, and improve overall well-being. These measures would ensure that staff not only maintain their current mental health but also develop sustainable strategies for long-term emotional and professional stability in a demanding clinical setting.

5. Discussion

The findings from the survey of healthcare workers in the Emergency Department of Private Hospital X in Bandung provide important insights into the mental health and emotional well-being of staff operating in a high-pressure clinical environment. The overall results indicate that the mental health of staff is largely intact, with low to moderate levels of negative emotional intensity and a generally stable capacity for emotional regulation (Lan et al., 2018). This is consistent with expectations for experienced emergency personnel, who are often trained to maintain composure under stress, yet still face occasional moments of heightened emotional arousal.

The low levels of fear, anxiety, and unease when confronted with unexpected situations suggest that the majority of staff possess strong adaptive coping mechanisms. With 69 percent of respondents reporting disagreement with feelings of fear in unpredictable circumstances, the mean score of 2.12, and classification in the low category, it is clear that staff are generally confident in their ability to handle sudden clinical challenges. This low level of fear aligns with prior research in emergency medicine, which has found that exposure to acute and unpredictable situations over time can enhance professional confidence and emotional stability, even in high-stress environments.

Similarly, feelings of anxiousness, emotional tension, and high arousal were mostly low to moderate, with only occasional increases in stress reflected in scores such as 3.12 for emotional tension. This indicates that while staff may experience transient spikes in emotional arousal during critical events, these responses are not pervasive or debilitating. Physical manifestations of stress, including hand tremors when performing tasks, were also low, which further reinforces the conclusion that emotional stress is largely managed before it translates into physiological symptoms.

Negative emotional states such as confusion, worry, loneliness, sadness, or depressive thoughts were generally low, with mean scores ranging from 2.07 to 2.60. Importantly, extreme indicators, such as thoughts of ending one's life or believing that others would be better off if the staff member were gone, were also low, suggesting that staff are maintaining functional mental health and effective coping strategies even under continuous exposure to emergency situations. These findings indicate resilience and highlight the capacity of staff to regulate emotions despite demanding work conditions.

Positive emotional states, including happiness, satisfaction, engagement with daily activities, and a sense of peace, were reported at low to moderate levels. This suggests that while staff maintain functionality, there may be a slight suppression of positive affect due to occupational demands. However, the high score for efforts to actively calm oneself (mean 3.57) demonstrates that staff employ conscious strategies to manage stress, which likely contributes to their overall mental health stability. Moderate scores for physical refreshment, feelings of being loved or needed, and engagement in meaningful relationships indicate that supportive social networks and personal care may buffer the effects of occupational stress.

The overall mental health dimensions, including anxiety, depression, loss of behavioural or emotional control, general positive affect, and emotional ties, all fell within the low category, with an aggregated mean of 2.18. This reinforces the conclusion that the Emergency Department staff perceive their mental health as largely intact and functional. It is noteworthy that despite occasional moderate stress responses, staff are able to maintain emotional stability, regulate behaviour and emotions, and continue to perform effectively in high-demand clinical settings.

These findings have several implications for hospital management and policy. Although mental health indicators are generally low-risk, the presence of moderate emotional arousal and slightly suppressed positive affect suggests that ongoing support is important. Programs focused on stress management, resilience building, and mental health promotion could further enhance emotional well-being, prevent burnout, and strengthen coping strategies. Structured interventions, such as mindfulness training, peer support groups, or accessible psychological counselling, could help staff manage transient stress and maintain higher levels of positive affect.

In conclusion, the results indicate that healthcare workers in the Emergency Department of Private Hospital X demonstrate strong resilience, low levels of negative emotions, and moderate positive affect, reflecting generally healthy mental states. While occasional stress and emotional tension occur, staff maintain functional emotional regulation and effective coping strategies. Ongoing support mechanisms aimed at enhancing positive emotional experiences and stress management will likely further reinforce the well-being and professional sustainability of this high-performing workforce.

6. Conclusion

This study concludes that the service quality of the Mobile JKN application at BPJS Kesehatan Bandung Branch is categorized as very good, as reflected in the positive perceptions of participants regarding the design and overall appearance of the application. However, ease of understanding remains suboptimal, and several important functions such as reactivation of membership status and changes in membership type are not yet fully facilitated by

the application, prompting participants to continue visiting branch offices directly. Participant satisfaction with the Mobile JKN application is also in the very good category, largely influenced by the accessibility of the application through both Android and iOS platforms. Nevertheless, the alignment between participant expectations and the available services has not been fully achieved, indicating a need for improvements in features and functionality. Participant loyalty is likewise categorized as very good, demonstrated by their willingness to share positive information, recommend the application to others, and maintain consistent usage when accessing health services.

The analysis further confirms that service quality has a positive and significant effect on participant loyalty, with high service quality contributing to stronger trust in the reliability and effectiveness of the Mobile JKN application. Participant satisfaction also has a positive and significant effect on loyalty, as satisfied users are more inclined to continue using the application due to its convenience, relevance of information, and reduction of barriers in accessing health services. Moreover, when service quality and satisfaction are combined, they simultaneously exert a significant influence on loyalty, demonstrating that improved quality and satisfaction reinforce retention and sustained application use, ultimately contributing to the sustainability of the JKN program more broadly.

Based on these conclusions, several suggestions can be put forward. First, BPJS Kesehatan should enhance the ease of understanding in the Mobile JKN interface by providing interactive guides, simple help menus, and a responsive chatbot to quickly address participant questions. Second, unoptimized services such as membership reactivation and membership type switching should be integrated into the application to minimize the need for direct visits to branch offices and increase efficiency. Third, to maintain and improve satisfaction, BPJS Kesehatan should develop personalized service features such as contribution reminders, recommendations for nearby health facilities, and notifications regarding claim status. Fourth, in order to strengthen loyalty, BPJS should conduct regular digital education programs to inform participants about the benefits, new features, and optimal usage of the Mobile JKN application, ensuring participants feel more familiar and advantaged. Fifth, it is recommended that BPJS build a direct feedback channel within the application, enabling participants to submit complaints, suggestions, or requests for new features, while fostering a stronger sense of ownership toward the application. Sixth, to secure long-term participant retention, BPJS should integrate Mobile JKN with the wider national healthcare system, including electronic medical records, online hospital queuing systems, and other digital health applications, positioning Mobile JKN as a central platform for comprehensive digital health services.

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