

The Effect of Psychophysical Pressure and Work Stress on Administrative Staff Productivity through Life Equilibrium as a Mediating Variable

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ABSTRACT

Increasing work pressure in the healthcare sector has the potential to reduce employee productivity. This study aims to analyze the effect of psychophysical pressure and work stress on administrative staff productivity with Life Equilibrium as a mediating variable. The study employed a quantitative approach using Partial Least Squares-based Structural Equation Modeling (SEM-PLS). The sample consisted of 80 administrative staff members at Muhammadiyah Hospital Gresik selected through saturated sampling technique. Data were collected through questionnaires using a Likert scale and analyzed using SmartPLS 4.0. The results showed that: (1) Psychophysical pressure and work stress had a significant negative effect on productivity; (2) Both variables significantly negatively affected Life Equilibrium; (3) Life Equilibrium had a significant positive effect on productivity; and (4) Life Equilibrium significantly mediated the effect of psychophysical pressure and work stress on productivity. These findings indicate that despite high work pressure, productivity can be maintained through comprehensive management of work-life equilibrium. The practical implications of this study emphasize the importance of structured workload management policies and psychological support programs to maintain the well-being and performance of administrative staff in hospital settings.

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INTRODUCTION

The transformation of the modern workplace, driven by technological disruption, globalization, and increasingly rapid service demands, has significantly heightened psychophysical pressure on employees across various sectors, including healthcare. Unmanaged work pressure has the potential to trigger chronic stress, burnout, and reduced productivity, ultimately threatening organizational service quality (Safitri, 2020; Makkira, 2022). Within the hospital context, this dynamic becomes increasingly complex due to escalating demands for accuracy, response speed, and accreditation standards. When job demands exceed an individual's coping capacity whether cognitively or emotionally employees' psychophysical equilibrium is disrupted, creating risks of diminished performance and long-term well-being deterioration (Robbins & Judge, 2017; Asbari, 2022).

Human resource management (HRM) plays a strategic role in sustaining hospital operational continuity, not only for medical personnel but also for administrative staff who serve as the backbone of non-clinical service delivery. Administrative staff productivity, reflected in data processing efficiency, service responsiveness, and inter-unit coordination, directly impacts patient experience quality and overall healthcare system effectiveness (Ally, 2024; Jaya, 2025). However, high work intensity, administrative system digitalization, and limited human resource expansion often create disproportionate workloads. This condition necessitates that organizations focus not

only on performance outputs but also on managing psychological pressure and providing employee well-being support as foundational elements of sustainable productivity (Yulianty, 2024).

Empirical phenomena at Muhammadiyah Hospital Gresik during the 2022–2024 period reveal a compelling performance paradox worthy of investigation. Internal data indicate that administrative staff productivity remained stable at 91%–94%, with employee turnover consistently below 5%, despite significant upward trends in psychophysical pressure and work stress indices. Conversely, work-life balance indicators demonstrated a declining trajectory, suggesting that employees' energy and time are increasingly absorbed by professional demands at the expense of recovery and personal life aspects. This condition raises critical questions regarding the mechanisms enabling sustained productivity amid escalating workloads, as well as the extent to which life equilibrium functions as a psychological buffer against the negative impacts of stress and psychophysical pressure (Simone, 2023; RS Muhammadiyah Gresik, 2024).

Theoretically, the relationship between work pressure, stress, and productivity has been extensively examined through the lens of Work-Life Balance (WLB). However, much of the conventional literature tends to limit WLB to structural dimensions such as time flexibility and organizational policies (Allen et al., 2020; Haar et al., 2017). In high-intensity environments like hospitals, however, the required balance is multidimensional and depends not only on formal policies but also on psychological conditions, availability of recovery time, quality of social interactions, and employees' mental health. This study introduces the concept of *Life Equilibrium* as a more comprehensive construct that not only reflects time allocation but also captures the psychophysical reality of employees in integrating work demands with personal life. This approach aligns with Kalliath's (2021) perspective emphasizing that psychological balance serves as a fundamental foundation for sustaining optimal performance under high-pressure conditions.

Based on these empirical and theoretical gaps, this study aims to analyze the effect of psychophysical pressure and work stress on administrative staff productivity through *Life Equilibrium* as a mediating variable at Muhammadiyah Hospital Gresik. The novelty of this research lies in conceptualizing life equilibrium as a psychological mechanism capable of mitigating the negative impacts of workload, while offering a more holistic perspective compared to traditional WLB approaches. Practically, the findings are expected to inform the development of sustainable HRM strategies, particularly in designing targeted well-being interventions, proportional workload redistribution, and strengthening organizational cultures that support employees' psychological recovery. Thus, this study contributes not only to advancing organizational behavior theory in the healthcare sector but also provides relevant managerial solutions for simultaneously sustaining workforce productivity and well-being.

METHOD

Research Design and Setting

This study employs a quantitative approach with a causal associative research design to examine the effect of psychophysical pressure and work stress on administrative staff productivity through *Life Equilibrium* as a mediating variable. The research was conducted at Muhammadiyah Hospital Gresik from January to March 2025. The research location was selected based on the consideration of the productivity paradox phenomenon occurring at this hospital, where administrative staff productivity remained high (91%–94%) despite significant increases in psychophysical pressure and work stress during the 2022–2024 period. The quantitative approach

was chosen as it is appropriate for empirically testing causal relationships among variables through measurable and generalizable hypothesis testing (Sugiyono, 2022).

Population and Sample

The population of this study comprises all administrative staff at Muhammadiyah Hospital Gresik, totaling 80 individuals. Population is defined as the entire set of elements possessing specific characteristics relevant to the research objectives (Sinambela, 2021). Given the relatively small population size (fewer than 100 individuals), the sampling technique employed saturated sampling (census), wherein all population members served as respondents (Sugiyono, 2023). This technique aligns with Arikunto's (2020) recommendation that for small populations, using the entire population as a sample yields more representative data and minimizes sampling error.

Research respondents were focused on administrative staff due to the more homogeneous nature of their work compared to medical personnel, thus expected to produce more consistent and valid findings. The distribution of respondents by work unit is presented in Table 1.

Table 1. Distribution of Respondents by Work Unit

No	Work Unit	Frequency	Percentage
1	Administration Building A	32	40.0%
2	Administration Building B	48	60.0%
Total		80	100.0%

Source: Secondary Data from HRD Department, Muhammadiyah Hospital Gresik (2024)

Variables and Measurement

This study involves four main variables: psychophysical pressure (X_1) and work stress (X_2) as independent variables, productivity (Y) as the dependent variable, and *Life Equilibrium* (Z) as the mediating variable. The operational definitions and measurement indicators for each variable are presented in Table 2.

Table 2. Operational Definitions and Indicators of Research Variables

Variable	Operational Definition	Measurement Indicators	Scale
Psychophysical Pressure (X_1)	Workload experienced by administrative staff that depletes physical and psychological energy	1. Work volume 2. Time pressure for completion 3. Task complexity 4. Responsibility demands	Likert 1–5
Work Stress (X_2)	Psychological condition arising from imbalance between job demands and individual capabilities	1. Feelings of anxiety 2. Emotional exhaustion 3. Difficulty concentrating	Likert 1–5

			4. Decreased work motivation	
Life Equilibrium (Z)	Multidimensional balance between work demands and personal life encompassing psychological, and social aspects	temporal,	1. Time balance 2. Work involvement 3. Quality of personal life	Likert 1–5
Productivity (Y)	Employees' ability to generate output effectively and efficiently according to organizational standards		1. Ability to achieve work targets 2. Time use efficiency 3. Impact of work outcomes on organizational goals	Likert 1–5

Source: Researcher (2025)

Variable measurement employed a 5-point Likert scale with criteria: 1 = Strongly Disagree, 2 = Disagree, 3 = Neutral, 4 = Agree, and 5 = Strongly Agree. The scale range was determined through calculation of the Interval Class Value (NJI) = $(5-1)/5 = 0.8$, yielding the following ranges: 1.00–1.80 (Strongly Disagree), 1.81–2.60 (Disagree), 2.61–3.40 (Neutral), 3.41–4.20 (Agree), and 4.21–5.00 (Strongly Agree) (Sugiyono, 2021).

Data Collection Techniques

Data were collected through questionnaires distributed directly (*door-to-door*) to respondents in their work environment. This method was chosen to ensure a high questionnaire response rate and minimize missing data (Bougie, 2020). Prior to the main distribution, a pilot test of the questionnaire was conducted with 10 respondents outside the sample to ensure instrument clarity. In addition to primary data from questionnaires, this study also utilized secondary data including annual hospital performance reports, personnel records, and internal documents related to administrative staff productivity for the 2022–2024 period.

Data Analysis Methods

Data analysis employed Partial Least Squares Structural Equation Modeling (PLS-SEM) using SmartPLS version 4.0 software. The PLS-SEM method was selected based on three main considerations: (1) the ability to analyze complex relationships among latent variables simultaneously, including testing direct and indirect effects (mediation); (2) no requirement for multivariate normal data distribution; and (3) remaining robust and reliable with relatively small sample sizes (Hair et al., 2021; Latan, 2025).

The analysis process was conducted through three main stages following Ghozali and Latan's (2020) guidelines:

First, evaluation of the measurement model (*outer model*) to assess instrument validity and reliability. Convergent validity was measured through *loading factor* values (> 0.70) and Average Variance Extracted (AVE > 0.50). Discriminant validity was assessed through *cross-loading* (> 0.70). Construct reliability was measured using Composite Reliability and Cronbach's Alpha with criteria > 0.70 .

Second, evaluation of the structural model (*inner model*) to predict relationships among latent variables. Evaluation was conducted through the coefficient of determination (R^2) with

criteria of 0.75 (strong), 0.50 (moderate), and 0.25 (weak), as well as predictive relevance (Q^2) with criteria of 0.35 (strong), 0.15 (moderate), and 0.02 (weak).

Third, hypothesis testing employed the *bootstrapping* procedure with 5,000 subsamples to generate standard error and *t-statistic* estimates. Hypotheses were accepted if *t-statistic* values > 1.96 and *p-value* < 0.05 at a significance level of $\alpha = 0.05$. Testing of mediation effects was conducted by comparing *t-statistic* and *original sample* values between direct and indirect effects to determine the type of mediation (partial or full).

In addition to PLS-SEM analysis, this study also employed descriptive statistics to describe respondents' demographic characteristics and variable response distributions through calculations of frequency, percentage, mean, and standard deviation (Sugiyono, 2021).

RESULTS

Research Results

This study involved 80 administrative staff members from Muhammadiyah Hospital Gresik as respondents. Data analysis was conducted using Partial Least Squares-based Structural Equation Modeling (SEM-PLS) with SmartPLS 4.0 software to examine the effect of psychophysical pressure and work stress on productivity through *Life Equilibrium* as a mediating variable.

Respondent Characteristics

Respondents' demographic characteristics are presented in Table 1. The majority of respondents were female (61.25%), aged 31–40 years (46.25%), and had 5–10 years of work experience (48.75%). This profile indicates that administrative staff at the research site are predominantly composed of productive workers with adequate professional experience.

Table 1. Respondent Characteristics (N = 80)

Characteristic	Category	Frequency	Percentage
Gender	Male	31	38.75%
	Female	49	61.25%
Age	20–30 years	24	30.00%
	31–40 years	37	46.25%
	>40 years	19	23.75%
Work Experience	<5 years	26	32.50%
	5–10 years	39	48.75%
	>10 years	15	18.75%

Source: Processed Primary Data (2025)

Descriptive Statistics of Variables

Based on respondent responses (5-point Likert scale), all research variables demonstrated mean scores in the high category (>3.40). Psychophysical pressure (mean = 4.06) and work stress (mean = 3.96) were at elevated levels, confirming preliminary findings regarding increased workload. Notably, productivity was also recorded as high (mean = 4.15), while *Life Equilibrium* remained at a moderate-to-high level (mean = 3.83). This condition reinforces the performance

paradox identified in the background: productivity remains maintained despite increasing work pressure.

Evaluation of the Measurement Model (Outer Model)

Results of the outer model evaluation indicate that all research instruments met validity and reliability criteria (Table 2). All indicators exhibited factor loadings > 0.70 (range: 0.785–0.872), Average Variance Extracted (AVE) values > 0.50, and Composite Reliability and Cronbach's Alpha values > 0.70. Thus, the research instruments were deemed suitable for hypothesis testing (Ghozali & Latan, 2020).

Table 2. Summary of Outer Model Evaluation

Variable	Factor Loadings	AVE	Composite Reliability	Cronbach's Alpha
Psychophysical Pressure (X ₁)	0.796–0.841	0.688	0.903	0.851
Work Stress (X ₂)	0.785–0.857	0.701	0.911	0.874
Life Equilibrium (Z)	0.819–0.846	0.714	0.892	0.819
Productivity (Y)	0.834–0.872	0.742	0.921	0.887

Criteria: Loadings > 0.70; AVE > 0.50; CR & CA > 0.70 (Ghozali & Latan, 2020)

Evaluation of the Structural Model (Inner Model) and Hypothesis Testing

The coefficient of determination (R²) for *Life Equilibrium* was 0.648 and for Productivity was 0.771, indicating that the model possesses strong predictive capability (Hair et al., 2021). Hypothesis testing results are presented in Table 3.

Table 3. Hypothesis Testing Results (Direct & Indirect Effects)

Relationship	Original Sample	T-Statistic	P-Value	Conclusion
Direct Effects				
X ₁ → Y (Psychophysical Pressure → Productivity)	-0.246	3.112	0.002	Significant
X ₂ → Y (Work Stress → Productivity)	-0.361	4.287	0.000	Significant
X ₁ → Z (Psychophysical Pressure → Life Equilibrium)	-0.536	6.884	0.000	Significant
X ₂ → Z (Work Stress → Life Equilibrium)	-0.452	5.992	0.000	Significant
Z → Y (Life Equilibrium → Productivity)	0.591	7.444	0.000	Significant
Indirect Effects (Mediation)				
X ₁ → Z → Y	-0.317	3.774	0.000	Significant Mediation
X ₂ → Z → Y	-0.267	3.286	0.001	Significant Mediation

Significance criteria: T > 1.96 and P < 0.05 (α = 0.05)

DISCUSSION

The Effect of Psychophysical Pressure and Work Stress on Productivity

The results indicate that psychophysical pressure ($\beta = -0.246$; $p = 0.002$) and work stress ($\beta = -0.361$; $p = 0.000$) exert significant negative effects on administrative staff productivity. These findings align with the Job Demands-Resources (JD-R) theory, which posits that work demands exceeding individual capacity deplete psychophysical energy and impair performance (Bakker & Demerouti, 2017). Within the hospital context, high complexity of administrative tasks, service time pressure, and accreditation demands create cognitive burdens that may disrupt focus and work efficiency (Yulianty, 2024).

However, it is noteworthy that despite these statistically significant negative effects, the average productivity score among respondents remained high (mean = 4.15). This suggests the presence of compensatory mechanisms enabling staff to maintain performance under pressure, such as organizational loyalty, professional commitment, or peer support factors warranting exploration in future research.

The Role of Life Equilibrium as a Mediating Variable

A key finding of this study is the significant mediating role of *Life Equilibrium*. Psychophysical pressure and work stress were shown to reduce work-life balance ($\beta = -0.536$ and -0.452 ; $p < 0.001$), subsequently impacting productivity negatively. Conversely, strong *Life Equilibrium* exerted a robust positive effect on productivity ($\beta = 0.591$; $p < 0.001$).

These results reinforce the theoretical argument that work-life balance is not merely a structural policy (time flexibility) but a multidimensional psychological condition encompassing rest time availability, quality of social interactions, and mental health (Kalliath, 2021). In high-intensity work environments such as hospitals, interventions focusing solely on workload reduction without addressing the psychological dimensions of life balance may prove less effective.

Theoretical and Practical Implications

Theoretically, this study contributes to advancing the concept of *Life Equilibrium* as a more holistic construct compared to conventional Work-Life Balance. By integrating work, personal, social, and health dimensions, this concept offers greater relevance for explaining employee well-being dynamics in the healthcare service sector.

From a managerial perspective, the findings provide several important implications for hospital leaders and human resource practitioners. First, psychophysical pressure and work stress should no longer be regarded merely as unavoidable consequences of hospital operations. Instead, they should be continuously monitored as strategic human resource indicators because prolonged exposure may gradually reduce employee effectiveness, even when productivity appears satisfactory in the short term.

Second, hospital management should shift its focus from reactive stress management toward preventive well-being strategies. Rather than addressing employee stress only after performance declines, organizations should establish systematic initiatives that promote psychological recovery, adequate rest, manageable workloads, and healthier work routines. Such initiatives are expected to preserve employees' *Life Equilibrium* while reducing the long-term risk of burnout and emotional exhaustion.

Third, workload allocation should consider not only quantitative aspects such as the number of assigned tasks but also qualitative dimensions including task complexity, cognitive demands, administrative responsibility, and work intensity. Periodic workload evaluations can help

identify departments experiencing excessive pressure, enabling management to redistribute responsibilities more proportionally and improve overall organizational efficiency.

The findings also suggest that Life Equilibrium should become an integral component of hospital human resource policies. Employee assistance programs, psychological counseling, stress management workshops, supervisor support, family-friendly initiatives, and opportunities for recovery should be viewed as strategic investments rather than additional employee benefits. Strengthening these initiatives may improve not only employee well-being but also organizational resilience and service quality.

Moreover, hospital managers should foster a supportive organizational culture that encourages open communication regarding workload, psychological health, and work-related challenges. Employees who perceive organizational support are more likely to maintain motivation, organizational commitment, and adaptive coping strategies when facing demanding work environments.

Finally, these findings provide practical guidance for healthcare organizations undergoing digital transformation and increasing administrative complexity. As hospitals continue to adopt digital information systems and stricter service standards, maintaining employee productivity requires balancing technological efficiency with human-centered management practices. Sustainable organizational performance can therefore be achieved not simply through increasing operational targets, but by simultaneously protecting employees' psychological resources and promoting a healthy Life Equilibrium.

Practically, these findings provide strategic recommendations for Muhammadiyah Hospital Gresik management:

1. **Strengthening Well-being Programs:** Initiatives such as stress management training, counseling services, and family-oriented activities should be maintained and periodically evaluated for effectiveness.
2. **Workload Redesign:** Evaluation of task distribution and augmentation of administrative resources are necessary to prevent long-term burnout.
3. **Supportive Organizational Culture:** Fostering a work environment that respects boundaries between professional and personal life can serve as a strategic investment for sustaining long-term productivity.

Research Limitations

This study has several limitations that should be considered when interpreting its findings. First, the research employed a cross-sectional design, in which data were collected at a single point in time. Consequently, although the proposed relationships were statistically supported through SEM-PLS analysis, the study cannot fully explain changes in employee productivity or Life Equilibrium over time, particularly in response to fluctuations in workload, organizational policies, or environmental changes within the hospital.

Second, the study relied primarily on self-reported questionnaire data. Although validated measurement instruments were employed, respondents may have unintentionally overestimated or underestimated their actual psychological condition, work stress, and productivity due to social desirability tendencies or subjective personal perceptions. As a result, the measured relationships may not entirely reflect employees' objective workplace conditions.

Third, this research was conducted exclusively among administrative staff at Muhammadiyah Hospital Gresik using a saturated sampling technique. While this approach

ensured complete representation of the target population, the organizational characteristics of a single private hospital with a religious-based institutional culture may differ substantially from those of public hospitals, private healthcare corporations, or other service organizations. Therefore, caution should be exercised when generalizing these findings to broader organizational contexts.

Fourth, the research model focused only on psychophysical pressure, work stress, Life Equilibrium, and productivity. Employee productivity, however, is a multidimensional outcome influenced by numerous organizational and individual factors, including leadership style, organizational support, work engagement, psychological resilience, burnout, organizational commitment, compensation systems, and organizational culture. The exclusion of these variables means that the proposed structural model may not fully capture the complexity of productivity determinants in healthcare organizations.

Finally, employee productivity in this study was measured using perceptual indicators rather than objective organizational performance records such as service completion time, administrative accuracy, absenteeism, patient satisfaction, or key performance indicators established by the hospital. Integrating subjective and objective performance measures would provide a more comprehensive understanding of employee productivity and strengthen the robustness of future empirical findings.

Future studies are therefore encouraged to adopt longitudinal or mixed-method research designs, involve multiple hospitals with different organizational characteristics, incorporate additional organizational and psychological variables within the Job Demands–Resources framework, and combine perceptual assessments with objective organizational performance data. Such approaches would improve both the internal and external validity of the findings while providing a more comprehensive explanation of the mechanisms through which Life Equilibrium contributes to sustainable employee productivity.

CONCLUSION AND RECOMMENDATIONS

Conclusion

Based on hypothesis testing using SEM-PLS, this study concludes that: (1) Psychophysical pressure and work stress exert significant partial negative effects on administrative staff productivity, indicating that increased work demands and emotional strain directly reduce work efficiency and performance outcomes; (2) Both independent variables also demonstrate significant negative effects on *Life Equilibrium*, suggesting that high workload tends to erode the balance between employees' professional and personal life domains; (3) *Life Equilibrium* exerts a significant positive effect on productivity and functions as a significant mediator capable of mitigating the negative impacts of psychophysical pressure and work stress on performance. These findings affirm that maintaining work-life balance is not merely a normative policy but a strategic mechanism serving as a psychological buffer. Consequently, healthcare organizations can sustain long-term productivity despite high work pressure, provided that work-life balance dimensions are managed comprehensively.

Recommendations

Based on these empirical findings, several practical and academic recommendations are proposed as follows:

1. For Hospital Management: It is recommended to implement more structured workload management policies, such as task redistribution based on individual capacity, optimization of digital workflow systems, and establishment of realistic administrative response time boundaries (*service level agreements*). Furthermore, psychological support through *Employee Assistance Programs* (EAP), periodic counseling services, and strengthening an organizational culture that respects the separation between work and personal time (*right to disconnect*) should be sustainably integrated into human resource policies.
2. For Administrative Staff: It is recommended to proactively apply *boundary management* strategies between work and personal life, utilize available work-life balance facilities, and develop *recovery practices* such as time management, regular physical activity, and social support to maintain optimal *Life Equilibrium* conditions.
3. For Future Researchers: It is recommended to expand the research model by integrating contextual variables such as *job resources* (organizational support, transformational leadership, work climate), burnout, or job satisfaction to examine Job Demands-Resources model dynamics more holistically. The use of longitudinal designs or mixed-methods approaches, as well as replacing self-reported productivity measures with objective performance indicators, is also recommended to enhance external validity and broaden the generalizability of findings to other healthcare facility contexts.

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