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THE INFLUENCE OF WORKING HOURS AND WORKLOAD ON THE PSYCHOLOGICAL WELL-BEING OF HEALTHCARE WORKERS AT RSU MAHAWIRA PRIMA INDONESIA

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ABSTRACT

This study aimed to determine the influence of working hours and workload on the psychological well-being of healthcare workes at Mahawira Prima General Hospital, Indonesia. This research employs a quantitative approach with a population of 107 healthcare workers. A sample size of 52 respondents was determined using Slovin's formula. The research instrument was a questionnaire that had been tested for validity and reliability. The data were analyzed using multiple linear regression with t-tests, F-tests, and the coefficient of determination (R^2). The results of this study indicated that working hours have a significant influenced on the psychological well-being of healthcare workers ($t=2.188$; $p<0.05$). Similarly, workload also significantly affected the psychological well being of healthcare workers ($t=3.201$; $p<0.05$). Simultaneously, working hours and workload significantly influenced the psychological well-being of healthcare workers with an F value of 16.147 ($p<0.05$) and a coefficient of determination of 39.7%. This suggests that 39.7% of the variation in psychological well-being could be explained by working hours and workload, while the remaining 60.3% was influenced by factors outside the scope of this research.

Keywords: Working hours; workload; psuchological well-being.

INTRODUCTION

Modern human life is inextricably linked to increasingly demanding work. Work is not only a source of income but also consumes a significant portion of people's time and energy, affecting their physical, emotional, and psychological well-being. In healthcare, medical personnel play a crucial role in maintaining service quality and patient safety. This task demands high levels of physical and mental preparedness, as medical personnel work under high pressure and are required to provide non-stop service 24/7 (Maurits in Rahmaningsih, 2015). One factor affecting the well-being of medical personnel is working hours. Hospitals generally employ a shift system to ensure 24-hour service. However, this system has the potential to cause physical and mental fatigue if not properly managed.

Excessive working hours often cause various problems for workers. Jeikawati et al. (2021) found that long work hours can degrade physical condition, disrupt rest rhythms, and reduce focus, characterized by persistent fatigue, decreased vitality, and increased emotional stress, which can negatively impact workers' health and decrease their effectiveness in carrying out their duties. Besides working hours, another important factor is workload. Field observations indicate that at Mahawira Prima Indonesia General Hospital, medical personnel face a combination of long working hours and a high workload. Observations show that medical personnel at this hospital work three shifts. Many medical personnel work more than 40 hours per week, especially when the number of patients increases. In addition to carrying out their primary duties, they are often given additional responsibilities that are sometimes unrelated to their professional background. This combination of long working hours and a heavy workload has the potential to affect the psychological well-being of medical personnel and impact the quality of hospital services (Field Observation, 2025).

Psychological well-being is an important indicator reflecting quality of life and an individual's ability to function optimally. In addition to being influenced by internal factors such as working hours and workload, the psychological well-being of medical personnel is also vulnerable to external factors, particularly in interactions with patients and their families.

Research by Harsono (2025) confirms that the higher the workload and the less supportive the work environment, the lower the psychological well-being of healthcare personnel. Uyun (2018) also emphasized that stressful working conditions can impact the well-being and productivity of medical personnel. Similarly, Ilyasa (2023) found that workload can negatively impact psychological well-being, especially when not supported by a healthy work environment. However, Wahyu et al. found an indirect effect through work stress as a mediator (Wahyu et al., 2025). To date, no similar research has been conducted specifically within the Mahawira Prima Indonesia General Hospital, particularly one that analyzes the simultaneous influence of working hours and workload on the psychological well-being of medical personnel. Therefore, this study not only contributes to enriching scientific studies on the relationship between working conditions and the psychological well-being of medical personnel, but is also expected to provide input for hospital management in designing more balanced work hour and workload policies. Therefore, this research has the potential to support the well-being of medical personnel while improving the quality of healthcare services to the public.

RESEARCH METHODS

The type of research conducted was quantitative, testing hypotheses, measuring relationships between variables, or evaluating the effectiveness of an intervention using numerical data and statistical analysis. The study location was Mahawira Prima Indonesia General Hospital. The population in this study, which included all doctors, nurses, midwives, and medical support staff at Mahawira Prima Indonesia General Hospital, totaled 107 individuals. This study used probability sampling based on the Slovin formula with a 10% margin of error, resulting in a sample size of 52 respondents.

The independent variables were the Influence of Working Hours (X1) and Workload (X2), while the independent variable was the Psychological Well-being of Medical Personnel (Y).

1. The Influence of Working Hours ($X1$) measured by 12 items including number of working hours, break times, and overtime.
2. The Workload variable ($X2$) measured by 24 items including Physical Demands, Effort, Mental Demands, Temporal Demands, Performance, and Frustration Level.
3. The Psychological Well-Being variable for medical personnel (Y) measured by 33 items including Self-Acceptance, Positive Relationships with Others, Independence, Environmental Mastery, Life Purpose, and Personal Growth.

The instrument used has undergone a validation process and is declared valid with a coefficient value of >0.3 and reliable because it meets the predetermined coefficient value of 0.60. Next, the influence of the independent variables on the dependent variable was determined using SPSS version 26 analysis software.

RESULTS AND DISCUSSION

Research Results

Respondent Data Characteristics

The number of respondents required for this study was 52, consisting of medical personnel at Mahawira Prima Indonesia General Hospital. Respondent data was collected using a questionnaire. The following is a breakdown of the respondents' characteristics:

Table 1. Characteristics of Respondents by Gender

Gender	Frequency	Persentage (%)
Male	16	31%
Female	36	69%
Tota.	52	100%

The table above shows that there are more female medical personnel namely 36 people (69%) while male are 16 people (31%).

Validity Test

Significance test by comparing the values with . If ***rhitung*** is greater than ***rtabel***, the question indicator is declared valid. Conversely, if ***rhitung*** is less than ***rtabel***, the question is declared invalid, with a significance level of 0.05 or 5%. The r value is calculated using the formula df = n-2 (n=sample). Therefore, if df = 50 (df = 52-2), the r value is 0.2732.

Working Hours

Table 2. Validation Test Results of Working Hours Variable

No	Statement	*rhitung*	*rtabel*	Remarks
1	X1.1	0,507	0,2732	Valid
2	X1.2	0,624	0,2732	Valid
3	X1.3	0,484	0,2732	Valid
4	X1.4	0,478	0,2732	Valid
5	X1.5	0,505	0,2732	Valid
6	X1.6	0,539	0,2732	Valid
7	X1.7	0,425	0,2732	Valid
8	X1.8	0,734	0,2732	Valid
9	X1.9	0,615	0,2732	Valid
10	X1.10	0,736	0,2732	Valid
11	X1.11	0,671	0,2732	Valid
12	X1.12	0,625	0,2732	Valid

Based on the table above, the results show that all statements in the Working Hours variable meet the validity test requirements, where the calculated r value is greater than the table r value. Therefore, the Working Hours variable is declared valid.

Workload

Table 3. Workload Variable Validation Test Results

No	Statement	*rhitung*	*rtabel*	Remarks
1	X2.1	0,3	0,2732	Valid
2	X2.2	0,411	0,2732	Valid
3	X2.3	0,33	0,2732	Valid
4	X2.4	0,375	0,2732	Valid
5	X2.6	0,439	0,2732	Valid
6	X2.7	0,293	0,2732	Valid
7	X2.8	0,49	0,2732	Valid

8	X2.9	0,499	0,2732	Valid
9	X2.10	0,497	0,2732	Valid
10	X2.11	0,334	0,2732	Valid
11	X2.12	0,387	0,2732	Valid
12	X2.6	0,439	0,2732	Valid
13	X2.13	0,292	0,2732	Valid
14	X2.14	0,514	0,2732	Valid
15	X2.15	0,36	0,2732	Valid
16	X2.16	0,418	0,2732	Valid
17	X2.17	0,334	0,2732	Valid
18	X2.18	0,4	0,2732	Valid
19	X2.19	0,309	0,2732	Valid
20	X2.20	0,501	0,2732	Valid
21	X2.21	0,542	0,2732	Valid
22	X2.22	0,39	0,2732	Valid
23	X2.23	0,346	0,2732	Valid
24	X2.24	0,318	0,2732	Valid

Based on the table above, all statements in the Workload variable meet the validity criteria, with the calculated r value exceeding the table r value. Therefore, the Workload variable is declared valid.

Psychological Well-Being

Table 4. Results of the Psychological Well-Being Validation Test for Medical Personnel

No	Statement	*rhitung*	*rtabel*	Remarks
1	Y1	0,531	0,2732	Valid
2	Y2	0,456	0,2732	Valid
3	Y3	0,328	0,2732	Valid
4	Y4	0,305	0,2732	Valid
5	Y5	0,407	0,2732	Valid
6	Y6	0,292	0,2732	Valid
7	Y7	0,368	0,2732	Valid
8	Y8	0,33	0,2732	Valid
9	Y9	0,423	0,2732	Valid
10	Y10	0.364	0,2732	Valid
11	Y11	0,296	0,2732	Valid
12	Y12	0,535	0,2732	Valid
13	Y13	0,512	0,2732	Valid
14	Y14	0,293	0,2732	Valid
15	Y15	0,349	0,2732	Valid
16	Y16	0,321	0,2732	Valid
17	Y17	0,378	0,2732	Valid
18	Y18	0,593	0,2732	Valid
19	Y19	0,637	0,2732	Valid
20	Y20	0,428	0,2732	Valid
21	Y21	0,516	0,2732	Valid
22	Y22	0,367	0,2732	Valid
23	Y23	0,442	0,2732	Valid
24	Y24	0,295	0,2732	Valid
25	Y25	0,369	0,2732	Valid
26	Y26	0,345	0,2732	Valid
27	Y27	0,4	0,2732	Valid
28	Y28	0,393	0,2732	Valid
29	Y29	0,453	0,2732	Valid
30	Y30	0,459	0,2732	Valid
31	Y31	0,551	0,2732	Valid
32	Y32	0,552	0,2732	Valid
33	Y33	0,325	0,2732	Valid

The table above shows that all statements in the Psychological Well-being variable meet the requirements, with the calculated r value exceeding the table r value. Therefore, the statements in the Psychological Well-being variable are declared valid.

Reliability Test

Table 5. Reliability Test Results

No	Variable	Chronbach's Alpha	Cutt Off	N off Item	Conclusion
1	X1	0,808	0,6	12	Reliable
2	X2	0,734	0,6	24	Reliable
3	Y	0,835	0,6	33	Reliable

Based on the table above, it shows that the results of the reliability test for the working hours variable X1 with a Cronbach Alpha value of 0.808 > 0.60, the workload variable X2 with a Cronbach Alpha value of 0.734 > 0.60 and the psychological well-being variable Y with a Cronbach Alpha value of 0.835 > 0.60. thus fulfilling the requirements where the Cronbach Alpha value of all variables is > 0.60 so that the results of the reliability test are declared reliable.

Normality Test

Table 6. Normality Test Results

Test of Normality						
	Kolmogorov - Smirnov[a]			Shapiro – Wilk		
WorkingHour	0,164	52	0,131	0,876	52	0,000
Workload	0,192	52	0,051	0,786	52	0,000
Psychological Well-Being	0,141	52	0,072	0,822	52	0,000

a. lillliefors significance correction

Variable	Kolmogorov-Smirnov	Sig.	Conclusion
Working Hour	0,164	0,131	Data terdistribusi Normal
Workload	0,192	0,051	Data terdistribusi Normal
Psychological Well-Being	0,141	0,072	Data terdistribusi Normal

A value with a Sig. (2-tailed) > 0.05 indicates that the residual data is normally distributed.
Interpretation of Results:

a. Working Hours:
   The Kolmogorov-Smirnov value is 0.164 with a p-value of 0.131. Since the sig. (2-tailed) value is > 0.05, Ha is accepted (the residual data are normally distributed).
b. Workload:
   The Kolmogorov-Smirnov value is 0.192 with a p-value of 0.051. Since the sig. (2-tailed) value is > 0.05, Ha is accepted (the residual data are normally distributed).
c. Psychological Well-Being:
   The Kolmogorov-Smirnov value is 0.141 with a p-value of 0.072. Since the sig. (2-tailed) value is > 0.05, Ha is accepted (the residual data are normally distributed).

Multicollinearity Test

Table 7. Multicollinearity Test Results

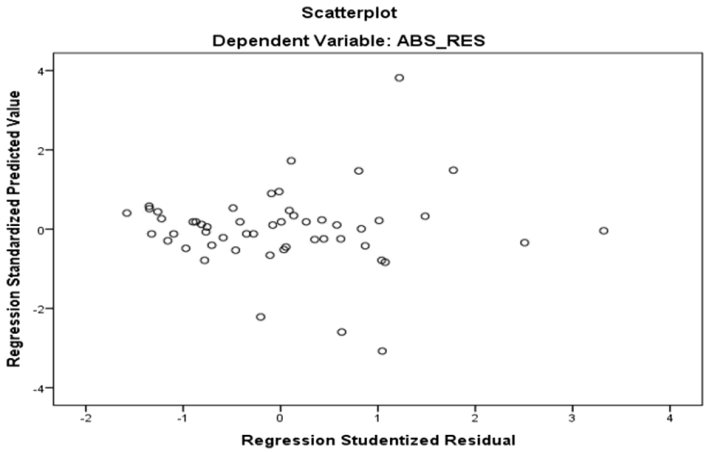
Coefficients[a]								
Model		*Unstandardized Coefficients*		*Standardized Koefficients*	T	Sig.	*Collinearity Statistics*	
		B	*Std.Error*	Beta			Tolerance	VIF
1	*Costant*	58.918	8,574		6,871	0,000		
	Working Hour	0,401	0,183	0,290	2,188	0,033	0,498	2,008
	Workload	0,437	0,136	0,424	3,201	0,022	0,498	2,008

a. Dependent Variable : Psychological Well-Being

Based on the table above, the VIF value for the Working Hours variable is 2.008 < 10 and the Tolerance value is 0.498 > 0.1. The Workload variable shows a VIF value of 2.008 < 10 and a Tolerance value of 0.498 > 0.1. Therefore, it can be concluded that the multicollinearity test meets the test requirements where the data does not experience multicollinearity (a strong relationship between two or more independent variables).

Heteroscedasticity Test

Table 8. Heteroscedasticity Test Results



The image above shows that there is no clear pattern and the points are spread below the number 0 on the Y axis. So it can be concluded that the data does not experience heteroscedasticity (the relationship between predictions and residuals forms a pattern).

Hypothesis Test

Multiple Linear Regression Analysis

Table 9. Multiple Linear Regression Analysis Test Results

Coefficients[a]						
Model		*Understandardized Coefficients*		*Standardized Coefficents*	t	Sig.
		B	*Std.Error*	Beta		
1	*(Contant)*	58,918	8,574		6,871	0,000
	Working Hour	0,401	0,183	0,290	2,188	0,033
	Workload	0,437	0,136	0,424	3,201	0,002
a. Dependent Variable : Psychological Well-Being						

a. The constant value is 58.918, indicating the baseline value of psychological well-being when the working hours and workload variables are at 0. This means that systematically, if there is no influence from these two variables, the initial level of psychological well-being of respondents is at 58.918.
b. The coefficient value for Working Hours is 0.401 and has a positive (+) value. This indicates that the more regular, clear, and coordinated working hours perceived by medical personnel, the more their psychological well-being tends to increase by 0.401. This positive coefficient value for working hours does not imply that longer working hours increase well-being, but rather indicates that medical personnel's perception of regular, clear, and unchanging working hours is associated with increased psychological well-being.
c. The coefficient value for Workload is 0.437 and has a positive (+) value, indicating that when the workload is perceived as clear, proportional, and manageable, the psychological well-being of medical personnel increases by 0.437. This positive coefficient for workload indicates the quality of medical personnel's perception of the workload, not the physical heaviness of the workload.

Partial Significance Test (t-Test)

Table 10. Results of the t-Test on the Working Hours and Workload Variables

Coefficients[a]						
Model		*Understandardized Coefficients*		*Standardized Coefficents*	t	Sig.
		B	*Std.Error*	Beta		
1	*(Contant)*	58,918	8,574		6,871	0,000
	Working Hour	0,401	0,183	0,290	2,188	0,033
	Workload	0,437	0,136	0,424	3,201	0,002
a. Dependent Variable : Psychological Well-Being						

a. For the Working Hours variable, the calculated t-value is 2.188 > t-table (2.009) and the significance value is 0.033 < 0.05. These results indicate that the hypothesis stating that Working Hours influence Psychological Well-being is accepted.
b. For the Workload variable, the calculated t-value is 3.201 > t-table (2.009) and the significance value is 0.002 < 0.05. Therefore, the results indicate that the hypothesis stating that Workload influences Psychological Well-being is accepted.

Simultaneous Significance Test (F-Test)

Table 11. ANOVA Test Results (The Effect of Working Hours and Workload on the Psychological Well-being of Medical Personnel)

ANOVA[a]						
	Model	*Sum Of Squares*	Df	*Mean Square*	F	Sig
1	*Regression*	1662,836	2	831,418	16,147	0,000[b]
	Residual	2522,972	49	51,489		
	Total	4185,807	51			
c. Dependent Variable : Psychological Well-Being						
d. Predictors : (contant) : Workload, Working Hour						

The table above is the result of the simultaneous significance test (F-Test), the result shows a calculated F value of 16.147 > F table (3.19) and a significance value of 0.000 < 0.05. These results indicate that the hypothesis stating that Working Hours and Workload have a joint or simultaneous effect on Psychological Well-being is accepted.

Coefficient of Determination Test

Table 12. Coefficient of Determination Test Result

Model Summary				
Model	R	*R Square*	*Adjustded R Square*	*Std.Error Of Estimate*
1	0, 630[a]	0,397	0,373	7,17560
a.*predictors: (contant),* beban kerja, jam kerja				

The table above shows that the R Square or R2 value is 0.397 (39.7%). This result indicates that the independent variable has a 39.7% influence on the dependent variable, while the other variables influence the remaining 60.3%.

Correlation Coefficient Test

Table 13. Correlation Coefficient Interpretation

Coefficient Interval	**Relationship Level**
0,000 – 0,199	Very Low
0,200 – 3,999	Low
0,400 – 5,999	Moderate
0,600 – 7,999	Strong
0,800 – 1,000	Very Strong

Table 14. Correlation Coefficient Test Result

Model summary				
Model	R	R Square	*Adjustded R Square*	*Std.Error Of Estimate*
1	0, 630[a]	0,397	0,373	7,17560
a. predictors: (contant), beban kerja, jam kerja				

The table above shows an r value of 0.630, which is in the interval 0.600 – 7.999, indicating a "strong" relationship between the independent and dependent variables.

Final Results

Table 15. Statisctics Test Result

Statistics Test	Result
Validity Test	Valid
Reliability Test	Reliable
KS Normality Test	Normal (P > 0,05)
Linear Regression	Y= 58.918+0,401+0,437
t Test (X1)	t Hitung = 2,188 ; P < 0,05
t Test (X2)	t Hitung = 3,201 ; P <0,05
F Test	F Hitung = 16,147 ; P <0,05
Determination Coefficient	R^2 = 0,397

Based on the analysis, it can be concluded that working hours and workload significantly influence the psychological well-being of medical personnel. The regression model used to demonstrate that both variables are equally significant in explaining variations in psychological well-being among medical personnel at Mahawira Prima Indonesia Hospital.

Discussion

Based on the research results, the hypothesis stating that working hours affect psychological well-being and that workload affects psychological well-being was accepted. This indicates that working hours and workload are factors that can influence or impact psychological well-being, particularly the psychological well-being of medical personnel at Mahawira Prima Indonesia General Hospital.

According to Sawatri (2015), psychological well-being is the full achievement of one's psychological potential. Individuals with psychological well-being are able to accept their strengths and weaknesses. This theory is supported by research conducted by Agustina (2024), who stated that psychological well-being is described as a state in which an individual accepts their strengths and weaknesses, develops relationships with others, is able to manage their environment, becomes independent, has a purpose in life, and continues to develop personally.

The psychological well-being of medical personnel at Mahawira Prima Indonesia General Hospital has recently declined, characterized by physical fatigue, stress, and lack of concentration, as well as decreased work concentration. This condition aligns with Schaufeli's (2021) view of occupational well-being as a multifaceted concept encompassing life satisfaction, work mood and emotions, and work engagement. This concept is not merely understood narrowly as a feeling of happiness, but is classified into four main dimensions: hedonistic (momentary happiness) versus eudaimonic (happiness related to the meaning of life and self-fulfillment), temporal stability (consistent levels of happiness), domain-specific (happiness arising in specific areas such as work or family), contextual (happiness that depends on the situation), and positive and negative valence. This theory is also supported by Ablah (2021), who showed that work stress is negatively related to productivity; the higher the stress level, the lower the employee's job satisfaction and performance.

Observations at Mahawira Prima Indonesia Hospital indicate that working hours in the hospital environment are still considered less conducive for medical personnel. This is clearly evident when some medical personnel are forced to work outside the ideal working hours. The work system for medical personnel should be regulated into three shifts: 7:30 AM - 2:30 PM, 1:30 PM - 8:00 PM, and 8:00 PM - 8:00 AM. In reality, many medical personnel work for one to two hours beyond their

scheduled hours without compensation or additional rest breaks, thus reducing the effectiveness and efficiency of healthcare services.

This phenomenon aligns with the Job Demand-Resource Model (JD-R) theory by Demerouti in Yudita (2023), which states that psychological well-being is influenced by the balance between job demands and job resources. Job demands encompass aspects of work that require physical, cognitive, and emotional effort, such as long working hours, high stress, and the emotional burden of caring for patients. Meanwhile, job resources encompass factors that help address these demands, such as fair compensation, social support, and adequate rest time. In the context of Mahawira Prima Indonesia Hospital, the imbalance between high job demands and limited job resources poses a serious risk to the psychological well-being of medical personnel.

The workload or work demands faced by medical personnel at Mahawira Prima Indonesia Hospital often exceed the limits of their professional responsibilities. One concrete example is the placement of medical personnel in units or areas that are incompatible with their professional background, which risks reducing the quality of service and increasing mental and emotional work stress. Furthermore, some staff in inpatient units are often assigned additional duties outside their core competencies. This situation is further exacerbated by the shortage of staff on night shifts, which can lead to significant fatigue and mental stress for medical personnel, especially if this persists for a prolonged period without management intervention.

According to Munandar's (2014) workload balance theory, each individual has specific physical, cognitive, and emotional capacities. Therefore, workload must be adjusted to achieve optimal performance and maintain psychological well-being. A workload that is too low (underload) can trigger boredom and feelings of meaninglessness, while a workload that is too high (overload) leads to stress, fatigue, and potential burnout. This situation is relevant at Mahawira Prima Indonesia Hospital, where the high workload of medical personnel is not matched by the number of support staff or a fair work system, thus impacting the psychological well-being of medical personnel. These findings also align with research conducted by Juanamasta (2024), which states that the high prevalence of burnout among nurses is due to workload, long working hours, and minimal support. Furthermore, burnout is associated with turnover and decreased service quality.

The complexity of the workload is also more pronounced for medical personnel with families. After completing their already exhausting hospital duties, they still have to fulfill domestic roles such as caring for children, managing household needs, and providing emotional care to their families. Lack of adequate rest and limited time with family can disrupt work-life balance. This situation raises the potential for increased turnover intention, which is the desire to leave one's job, as explained by Habib Soola (2021).

However, not all medical personnel choose to leave. Identity Fusion Theory (Swann, 2024) explains that personal and social identities can merge, allowing individuals to perceive their profession as part of their identity and social calling. For medical personnel, leaving a job is seen as a betrayal of their professional identity and solidarity with colleagues and patients. Research by Hanum (2022) shows that professional identity influences job satisfaction and increases motivation to remain in the profession.

In addition to professional identity, economic factors and survival also play a role in the decision to remain. Based on Hobfoll's Resource Caravans theory (2011), the loss of one resource can trigger a chain reaction of losses in others, including financial security. In this context, medical personnel maintain their jobs because they need income stability and family security. Research by Samuel and Dr. Shavina (2024) in an Ethiopian-Indian hospital also demonstrated that healthcare workers persist despite less-than-ideal working conditions due to economic demands and personal values related to the profession.

Overall, the research findings and theoretical support presented demonstrate that working hours and workload significantly impact the psychological well-being of healthcare workers at Mahawira Prima Indonesia General Hospital. This finding is consistent with theory and previous research that emphasizes the importance of balancing work demands and resources. Therefore, hospital management needs to optimize working hours, align workloads with the potential of healthcare workers, and increase organizational support to maintain the psychological well-being of healthcare workers and maintain optimal service quality.

CONCLUSIONS

The working hours variable have been shown to significantly impact the psychological well-being of medical personnel. Workload variable significantly impacts the psychological well-being of medical personnel. The results of a simultaneous analysis showed that working hours and workload together significantly impact the psychological well-being of medical personnel.

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