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THE RELATIONSHIP BETWEEN THE WORK DIVISION AND WORK STRESS AMONG EMPLOYEES OF THE HEALTH DEPARTMENT OF CITY X IN 2025

Haidar Rifqi Albadii¹, Izza Hananingtyas^{1*}

¹Public Health Study Program, Faculty of Health Science, Syarif Hidayatullah State Islamic University
Jakarta, Indonesia

*Corresponding Author: Izza Hananingtyas Email: izza.hananingtyas@uinjkt.ac.id

Abstract

Introduction: Work stress has become a critical issue in the health sector, with significant impacts on productivity and quality of service. Employees of the Health Office are tasked with handling health crises, epidemiological surveillance, and emergency services. This research is important because it aligns with the mandate of Law No. 17 of 2023 on Health, which emphasizes the protection of workers' mental health. Preliminary studies found that 50% of employees at the Health Office of City X experience work stress.

Methods : This research examines the relationship between individual characteristics (age and gender) and the work division on work stress among 115 employees of the Health Office of City X in 2025 using a cross-sectional design. Data were collected through a standardized questionnaire (Workplace Stress Scale) and statistically analyzed using chi-square and simple logistic regression.

Results: Based on the test results, it is known that 53% of respondents experience work-related stress. Work-related stress is influenced by age, gender, and field of work. The test results indicate that work-related stress has a significant relationship with age ($p=0.038$) and field of work, particularly in the P2P sector ($p=0.030$). Meanwhile, there is no significant relationship between gender and work-related stress ($p>0.05$).

Conclusion: Work stress mitigation for employees can be implemented through interventions such as cross-generational mentoring programs and evaluating the workload in each area. Additionally, it is also necessary to conduct regular assessments for work stress, stress management training, and monitor the workload of all employees in the Health Department.

Keywords: Employees; Health Office; Workplace Stress Scale; Work Division; Work Stress

Introduction

The work environment encompasses all physical, psychological, social, and organizational conditions that affect employee comfort and productivity⁽¹⁾. A positive environment with transformational leadership and inclusive policies can enhance mental resilience⁽²⁾. Conversely, a poor environment—such as limited resources, ineffective communication, or a toxic work climate—can trigger stress and health problems^(3,4). This phenomenon is global, as reported by the ILO (International Labour Organization), which states that work stress occurs when job demands exceed an individual's capacity⁽⁵⁾.

Global data highlights the urgency of work stress issues in various countries. For instance, in the UK, there were 776,000 cases of work-related illnesses in 2023–2024⁽⁶⁾. Meanwhile, in Indonesia, stress levels reached 16%⁽⁷⁾. A similar condition was found in preliminary studies at the Health Office of City X, where 50% of employees experienced work

stress, consistent with the findings of Sorongan et al. in Manado (72.3%)⁽⁸⁾. The government's response through Law No. 17/2023 on Health affirms mental health as a fundamental right and serves as a basis for the importance of addressing work stress⁽⁹⁾.

According to Gibson et al., work stress stems from the complex interaction of stressors at the individual, group, organizational, and external levels. Recent research confirms risk factors such as excessive workload, bullying, and individual characteristics^(10,11). This stress has multidimensional impacts, ranging from decreased productivity to physiological risks such as cardiovascular disease⁽¹²⁾.

Health office employees face unique challenges due to their responsibility for public safety, high workloads, and pressure to make quick sdecisions⁽¹³⁾. These characteristics increase vulnerability to stress while underscoring the importance of a supportive work environment. Studies in City X reveal the need for specific approaches, given that 50% of employees experience stress.

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Methods

This study employs an analytical quantitative approach with a cross-sectional design, analyzing and describing all research variables at a specific time. This design was chosen for its ease of implementation, cost and time efficiency, and suitability for the variables under investigation. The research was conducted at the Health Office of City X from February to July 2025, covering stages from proposal preparation, data collection, to data analysis and interpretation.

The study population consisted of 140 employees of the Health Office of City X working across five divisions (secretariat, public health, disease prevention and control, healthcare services, and health resources). Samples were selected based on inclusion criteria—active employees willing to participate—and exclusion criteria, such as employees on leave or those who had participated in preliminary studies. The sample size was calculated using the two-proportion hypothesis test formula with a 95% confidence level ($Z_{1-\alpha/2} = 1.96$) and 95% test power ($Z_{1-\beta} = 1.64$). Based on the calculation, the minimum required sample was 72 respondents. However, to enhance validity and account for potential dropouts, the final sample size was set at 115 participants from the total population.

Study participants were employees of the Health Office of City X. Data collection was conducted using validated and reliable questionnaires. The Workplace Stress Scale employed a 1-5 Likert scale to measure work stress. Primary data were obtained directly from respondents, while secondary data included employee records from the relevant institution.

Data analysis involved coding, entering, editing, and cleaning to ensure accuracy. Bivariate analysis was performed using chi-square tests and simple logistic regression to assess relationships between variables. All analyses were conducted using statistical software.

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This study received ethical approval from the Health Research Ethics Committee of the Faculty of Health Sciences, Syarif Hidayatullah State Islamic University Jakarta (No. Un.01/F.10/KP.01.1/KE.SP/018.011/2025). Research procedures were also authorized by the Health Office of City X, ensuring participant confidentiality and voluntary participation through informed consent.

Results

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Based on the research results from 115 respondents⁽²⁵⁾ who participated in this study, it is known that work stress among respondents is depicted in Table 1.

Table 1. Work Stress of Respondents

Work Stress	Frequency (n)	Percentage (%)
Stress	61	53.0
Not Stressed	54	47.0
Total	115	100.0

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Based on table 1, the majority of employees of the City X Health Department in 2025 experienced stress, with a total of 61 respondents (53%). Furthermore, the characteristics and work factors of the respondents are depicted in table 2.

Table 2. Individual Characteristics and Work Division of Respondents

Independent Variable	Frequency (n)	Percentage (%)
Age		
≥30 years old	83	72.2
<30 years old	32	27.8
Gender		
Female	86	74.8
Male	29	25.2
Work Division		
Secretariat	24	20.9
Disease Prevention and Control	27	23.5
Healthcare Services	15	13.0
Public Health	24	20.9
Health Resources	25	21.7
Total	115	100.0

Based on Table 2, the individual characteristics data and work division of employees in the Health Office of City X in 2025 are known. The majority of employees of the Health Office of City X in 2025 are aged ≥30 years, totaling 83 employees (72.2%), and female, totaling 86 employees (74.8%). Regarding the fields of work of the employees of the Health Office of City X in 2025, the majority work in the P2P sector, totaling 27 employees (23.5%), while the fewest work in the health services sector, totaling 15 employees (13%).

Table 3. Cross-tabulation of Individual Characteristics and Work Division with Work Stress

Independent Variable	Work Stress						P-value	OR (CI 95%)
	Stress		Not Stressed		Total			
	n	%	n	%	n	%		
Age								
≥30 years old	49	59.0	34	41.0	83	100.0	0.038	2.402
<30 years old	12	37.5	20	62.5	32	100.0		(1.038 - 5.557)
Gender								
Male	14	48.3	15	51.7	29	100.0	0.552	0.774
Female	47	54.7	39	45.3	86	100.0		(0.333 – 1.799)
Work Division								
Secretariat	12	50.0	12	50.0	24	100.0	0.324	0.563
								(0.179 - 1.765)
Disease Prevention and Control	18	66.7	9	33.3	27	100.0	0.030	0.281
								(0.090 - 0.882)
Healthcare Services	9	60.0	6	40.0	15	100.0	0.144	0.375
								(0.100 - 1.399)
Public Health	13	54.2	11	45.8	24	100.0	0.204	0.476
								(0.151 - 1.496)
Health Resources	9	36.0	16	64.0	25	100.0		1

Age with Work Stress

Based on table 3, it is known that there are 83 respondents aged ≥30 years. Among them, 49 experienced stress (59%) and 34 did not experience stress (41%). Then, there are 32 respondents aged <30 years. Of these, 12 experienced stress (37.5%), while 20 did not experience stress (62.5%). The analysis results showed a significant relationship between age and work stress ($p=0.038$) with an OR value of 2.042, which means that employees in the age

group ≥ 30 years have 2.042 times higher risk of experiencing work stress compared to those in the age group < 30 years.

Gender with Work Stress

Based on Table 3, it is known that there are 29 male respondents. 14 of them experienced stress (48.3%) and 15 others did not experience stress (51.7%). Then, there are 65 female respondents. 47 of them experienced stress (54.7%), while 39 others did not experience stress (45.3%). The analysis results showed that there is no significant relationship ($p=0.552$) and the OR value is 0.774, which means male employees have a 0.774 lower risk of experiencing work stress compared to female employees.

Work Division with Work Stress

Based on Table 3, it is known that the disease prevention and control division shows the highest proportion of work stress (66.7%) and the health resources division has the lowest stress level (36.5%). The Secretariat sector shows a balanced distribution (50% stressed and not stressed). The results of the analysis found no significant overall relationship between work areas and work stress. However, the disease prevention and control division is partially related to work stress ($p=0.030$) with an OR value of 0.281 compared to the health resources division, which means employees in the disease prevention and control division have a 0.281 times lower risk of experiencing work stress compared to employees in the health resources division.

Discussion

Age with Work Stress

The findings of this study indicate that age has a significant relationship with work stress levels among employees of the Health Office of City X. This aligns with the theory proposed by Gibson et al., which states that age is one of the individual characteristics influencing vulnerability to work stress due to differences in job demands, adaptability, and career stages⁽¹²⁾. Additionally, biological and psychosocial factors associated with aging also play a role in determining an individual's response to work pressure.

This finding is supported by Maziyya et al.'s research, which showed that older employees tend to have more work experience, thus developing more effective coping mechanisms to manage stress⁽¹⁴⁾. However, on the other hand, Zulkifli et al.'s study revealed that age-related declines in physical and cognitive functions—such as reduced visual, cognitive, and auditory abilities—can become additional sources of stress⁽¹⁵⁾. This creates a paradox where work experience helps reduce stress, while aging increases vulnerability to it.

Furthermore, this study found that employees aged ≥ 30 years had a 2.402 times higher risk of experiencing work stress compared to younger employees. This finding reinforces that although work experience aids in stress management, the negative effects of aging—such as decreased stamina and increased responsibilities—still have a significant impact. This condition highlights the need for targeted interventions to alleviate stress in this age group.

To mitigate age-related stress, the institution could implement cross-generational mentoring programs where senior employees guide junior employees⁽¹⁶⁾. Such collaboration not only helps younger employees adapt more quickly to job demands but also allows senior employees to feel valued and continue contributing. Thus, while age is an unavoidable factor, proper management interventions can reduce its impact on work stress levels.

Gender with Work Stress

The findings of this study indicate that gender does not have a significant relationship with work stress levels among employees of the Health Office of City X. This is an interesting result as it contradicts Gibson et al.'s theory, which states that gender can influence work stress through differences in social demands, gender roles, and coping strategies. Theoretically, women are often considered more vulnerable due to dual burdens (domestic and professional), while men face pressure as primary breadwinners⁽¹²⁾. However, this study reveals a different dynamic in the context of the institution.

The lack of a significant relationship is likely due to gender role equality within the institution, where tasks are fairly distributed without gender-based discrimination. Additionally, the homogeneity in stress-coping strategies among employees and easy access to stress-reduction programs contribute to creating a balanced work environment. This suggests that when organizations implement inclusive policies, gender differences do not always become a primary determinant of work stress levels.

¹⁰ This finding aligns with studies by Maziyya et al. and Shintyar & Widanarko, which also found no significant relationship between gender and work stress^(14,17). Both studies attributed this to workplace homogeneity in problem-solving, learning ability, and work motivation. The results indicate that when organizational factors are well-managed, employee performance and stress levels are more influenced by individual commitment than gender.

¹² However, this contrasts with Awalia et al.'s findings among nurses, which identified a significant relationship between gender and work stress⁽¹⁸⁾. This discrepancy may stem from differences in job characteristics—health office employees primarily handle administrative tasks, while nurses face direct emotional and physical work demands. This demonstrates that the influence of gender on work stress heavily depends on job context and organizational environment.

Although statistically insignificant, this study noted a higher proportion of work stress among female employees, consistent with literature on women's dual burdens^(19,20). On the other hand, men also face unique pressures as family breadwinners⁽²¹⁾. These findings highlight that while gender differences may not be statistically significant, gender-specific stress dynamics should still inform organizational policies.

¹² The nonsignificant relationship between gender and work stress in this study suggests that the primary determinants of stress lie in other variables, such as organizational culture and individual workload. To maintain this positive condition, the institution should continue fostering a flexible and inclusive work environment with policies that minimize gender discrimination. Such an approach will not only enhance employee well-being but also establish a strong foundation for sustainable organizational productivity.

¹⁴ Work Division with Work Stress

²³ The findings of this study reveal a significant relationship between work divisions and work stress levels, particularly in the Disease Prevention and Control division. This aligns with Gibson et al.'s theory, which states that varying job characteristics and demands across different divisions can influence work stress levels⁽¹²⁾. The disease prevention and control division, for instance, faces high pressure due to the urgency of health issues, strict deadlines, and public policy responsibilities, all of which cumulatively increase stress risk.

This result contradicts Pitaloka's study, which found no significant relationship between work units and stress, arguing that employee competence and adaptation can neutralize stress impacts⁽²⁰⁾. However, our findings are consistent with Akbar et al. and Ningrat & Mulyana, who linked work stress to specific job demands like tight deadlines and administrative burdens^(22,23). This discrepancy may stem from differences in institutional characteristics and the effectiveness of implemented stress management systems.

At the Health Office of City X, while varying stress levels across divisions are influenced by differing job demands, the institution has developed mitigation mechanisms. Regular activities like division gatherings and consultations with supervisors/colleagues serve as effective coping strategies. Although these help reduce stress, objective pressures remain high in specialized divisions like disease prevention and control due to complex and urgent work nature.

Additional data shows relatively homogeneous workload distribution across divisions, suggesting subjectively fair task allocation. However objectively, most employees still face moderate-to-heavy workloads. This confirms that while general stress levels don't differ significantly across divisions, specialized divisions like disease prevention and control remain higher-risk due to task complexity and urgency.

To address stress level disparities, the Health Office of City X could implement improvements: First, optimizing task distribution by considering each division's specifications

and capacity. Second, enhancing division-specific wellbeing programs, like tailored stress management training. Finally, implementing regular workload monitoring to identify divisions needing targeted interventions, thereby creating a more balanced and healthier work environment for all employees.

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Research Limitations

This study has several limitations that may affect the results and interpretation of the findings. First, there is a possibility of response bias due to the questionnaires being filled out during break hours. This situation could lead to respondents rushing or even filling out the questionnaires together with colleagues, thereby affecting data quality. Although the research instrument was designed with clear language and included filling instructions, there remains a possibility that some respondents may not fully understand certain questions. To minimize this, the researchers provided explanations before the questionnaires were filled out.

Second, this study did not examine employment status, even though this factor has been found to have a significant relationship with work stress based on previous findings (Safitri, 2020). Therefore, it is recommended that future studies consider this variable to enrich the analysis related to work stress.

Conclusion

In 2025, 53% of employees at the Health Office of City X experienced work-related stress. The majority of employees were aged ≥ 30 years (72.2%), female (74.8%), and had tenure less than 8 years (59.1%). Employees were evenly distributed across various work divisions, with disease prevention and control being the most common (23.5%). Most employees perceived their organizational culture as good (54.8%), while mental workload was predominantly moderate (45.2%), followed by high (36.5%) and low (18.6%).

The analysis revealed a significant association between age and work stress ($OR = 2.402$), indicating that older employees were more susceptible to stress. Although work divisions overall showed no significant relationship, the disease prevention and control division partially demonstrated a meaningful association with work stress. Additionally, organizational culture had a highly significant relationship with work stress ($OR = 8.014$), suggesting that a poor perception of organizational culture substantially increases stress risk. These findings highlight the importance of improving organizational culture and managing workload to reduce employee stress.

Ethical approval

The research has received ethical clearance from the Health Ethics Commission at the Faculty of Health Sciences, Syarif Hidayatullah State Islamic University Jakarta. The ethical approval letter has the reference number Un.01/F.10/KP.01.1/KE.SP/07.08.011/2025. The validity period of this ethical approval refers to the duration stated in the protocol and research plan that has been submitted. This research has also obtained permission from the relevant authorities.

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Availability of data and materials

The data collected and analyzed in this study are not publicly published in order to maintain the confidentiality of the respondents, but can be requested directly from the author if needed.

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Author Contribution

HRA design the research, analyzes, interprets, discusses related to the entire research, and is the major contributor. IH provides input, corrects the text, and corrects the manuscript preparation. All authors read and approved the final manuscript.

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