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Effect Of Work Stress On Mental Well-Being With Workplace Spirituality As A Mediating Variable

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ABSTRACT

Purpose: *This study aims to evaluate the effect of work stress on the mental well-being of medical personnel and to examine the mediating role of workplace spirituality at Arosuka Regional General Hospital, Solok Regency.* ***Methodology:*** *The research employs a quantitative survey approach. The study population consists of 162 medical personnel, with 116 respondents selected using simple random sampling. Data were collected through structured questionnaires and analyzed using Partial Least Squares (SmartPLS).* ***Results:*** *The results indicate that work stress has a significant negative effect on the mental well-being of medical personnel. Additionally, workplace spirituality is proven to mediate the relationship between work stress and mental well-being by reducing the negative impact of stress.* ***Novelty:*** *This study highlights workplace spirituality as an important psychological resource in managing occupational stress within healthcare institutions.* ***Findings:*** *Strengthening workplace spirituality can help medical personnel cope more effectively with work stress and improve their mental well-being.* ***Originality:*** *The originality of this study lies in its empirical examination of workplace spirituality as a mediating variable in a hospital setting, which remains limited in previous research.* ***Conclusions:*** *Integrating workplace spirituality into stress management strategies is essential to maintaining and enhancing the mental well-being of medical personnel.* ***Type of Paper:*** *Empirical Quantitative Research Paper.*

INTRODUCTION

Human resources (HR) play a vital role in a company because of their significant contribution to creating a productive work environment and implementing effective employee management, thereby enhancing the organization's competitiveness. HR not only performs administrative functions but also acts as a strategic factor that determines the achievement of long-term business goals (Ulrich, 1996). One important aspect of HRM is maintaining the mental well-being of employees. Employee mental well-being is important because it is directly related to productivity, engagement, and job satisfaction. Wright and Cropanzano (2000) found that workers with good mental health perform better than those who face work pressure. This means that mental well-being is not only a personal matter, but also has a significant impact on the overall success of the

organization. Conversely, if the mental well-being of employees declines, the negative impact will be felt by the company. Research by Danna and Griffin (1999) proves that prolonged work stress can cause emotional and physical fatigue. This condition not only reduces performance but also increases absenteeism, interpersonal conflicts, and turnover intention. Ultimately, companies face major obstacles in maintaining operational stability and competitiveness. The same thing is experienced by Solok Regency, which is still limited in providing health facilities. Medical personnel in this area face a heavy workload, especially at Arosuka Regional General Hospital as the main referral hospital. With a population of 397,829 in 2022, which continues to grow every year (Solok Regency Regional Statistics Agency, 2023), the need for health services is increasing. However, there is only one large hospital with complete facilities, namely Arosuka Regional General Hospital. This situation increases the workload of medical personnel, potentially leading to prolonged stress that affects their mental well-being and performance. This is why research on the mental health of medical personnel is highly relevant.

Arosuka Regional General Hospital was established on May 2, 2007 as a regional hospital owned by the Solok Regency Government with type C status. This hospital is the only large referral facility with fairly complete facilities in the region. In addition to serving the community directly, Arosuka Regional General Hospital is also a referral for 86 health facilities spread across Solok Regency. Therefore, this hospital plays an important role in ensuring that the community has access to adequate health services. Improving the mental well-being of employees is very important in human resource management because it has a direct influence on productivity, job satisfaction, and organizational success. One strategy that can be implemented is a work-life balance program. Research (Sipayung et al., 2023) shows that the effective implementation of work-life balance can reduce stress levels while improving mental well-being. In addition, social support also plays a major role. A study (Dimala et al., 2020) reveals that support from family and coworkers, along with self-efficacy, has a significant influence on the burnout of healthcare workers handling COVID-19, with resilience as a mediating and moderating factor. However, there is a research gap regarding the role of workplace spirituality as a mediating variable in the relationship between work stress and the mental well-being of medical personnel. Previous studies have focused more on psychological and social aspects, while spirituality has not been explored much. In fact, spirituality in the workplace has great potential to help medical personnel manage stress and maintain their mental health.

Medical personnel are the focus of this study because they are the group most vulnerable to stress due to high job demands, long working hours, and exposure to critical situations such as treating emergency patients. At Arosuka Regional General Hospital, these conditions are exacerbated by limited facilities and resources. Research (Morgantini et al., 2020) found that medical personnel experience high levels of stress, anxiety, and emotional exhaustion, especially during the COVID-19 pandemic. The impact is not only on mental health but also on the quality of health services. In fact, (Shanafelt et al., 2015) showed that excessive work stress can cause fatigue, decreased productivity, and even the desire to change jobs. Therefore, understanding the factors that can mediate the relationship between work stress and mental well-being, such as spirituality in the workplace, is very important. Research (Pawar, 2009) confirms that spirituality in the workplace can improve well-being by creating meaning in work. This is also supported by (Milliman et al., 2003), which proves that spirituality is positively related to job satisfaction and mental well-being, while also being able to mitigate the adverse effects of work stress. Thus, spirituality at the workplace has the potential to be a significant mediator in the relationship between work stress and mental well-being. Based on this description, this study is entitled ***"The Effect of Work Stress on Mental Well-being with Workplace Spirituality as a Mediating Variable (A Study of Medical Personnel at Arosuka Regional General Hospital, Solok Regency)".*** This study is expected to provide practical recommendations for hospital management and other health facilities in Solok District in designing spirituality-based programs to support the mental well-being of medical personnel. Additionally, the results of this study can serve as a basis for policymakers in developing more inclusive mental health policies.

RESEARCH METHOD

Analysis Method

The research method used in this study was a quantitative approach with a survey design. The research population consisted of 162 medical personnel at Arosuka Regional General Hospital in Solok Regency, with a research sample of 116 people determined using simple random sampling. This method was chosen so that each member of the population had an equal chance of being selected as a sample, thereby minimizing bias and increasing the representativeness of the data obtained (Sugiyono, 2013). Quantitative research was chosen because it is suitable for testing the effect of independent variables on dependent variables and identifying the role of mediating variables, in this case work stress, mental well-being, and workplace spirituality. The use of a questionnaire survey allowed the researchers to collect data directly from the respondents, so that the results obtained could describe the actual conditions in the field objectively and measurably. The types of data used in this study included primary and secondary data. Primary data was collected directly from respondents through questionnaires that had been compiled based on the research variable indicators, while secondary data was obtained from other sources in the form of documents, literature, and related publications that supported the analysis (Sugiyono, 2013; Sumarsono, 2004). The questionnaire instrument was designed using a Likert scale with five answer choices, namely Strongly Agree (SS), Agree (S), Neutral (N), Disagree (TS), and Strongly Disagree (STS), to measure the attitudes, perceptions, and beliefs of respondents towards the phenomenon being studied. This scale was chosen because it provides a quantitative description of the intensity of respondents' attitudes or opinions towards each statement presented. The collected data was then analyzed using the Partial Least Squares (SmartPLS) technique, which allows for a more in-depth examination of the relationship between variables, including the mediating effect of workplace spirituality in the relationship between work stress and mental well-being.

RESULTS AND DISCUSSION

RESULTS

Arosuka Regional General Hospital (RSUD) is one of the health facilities owned by the Solok Regency Government, which has a long history since its establishment on May 2, 2007. Initially, this hospital only had a capacity of 27 beds and was classified as a type D hospital. However, as the community's need for health services increased, RSUD Arosuka continued to develop its quality and capacity. On December 29, 2009, the hospital was officially upgraded to a type C hospital based on the Decree of the Minister of Health Number 1166/Menkes/SK/XII/2009. This change in status not only reflects an improvement in service quality but also demonstrates the commitment of RSUD Arosuka to expanding access to healthcare for the people of Solok and its surrounding areas. Additionally, Arosuka General Hospital has been officially registered with the Directorate General of Health Services Development of the Indonesian Ministry of Health under hospital code 1303023 since January 4, 2010, and successfully obtained conditional accreditation for five basic service categories on January 3, 2012, as evidence of its ongoing commitment to improving service quality.

As a public service institution, Arosuka Regional General Hospital has a major responsibility in ensuring that the community's right to health is fulfilled, from the lower economic class to the middle and upper classes. This hospital serves as one of the main referral centers in Solok Regency with the aim of optimally improving the community's health. To support this role, Arosuka Regional General Hospital has established a vision to become the community's hospital of choice by providing high-quality, ethical, and equitable services. This vision is realized through a mission that includes providing professional, high-quality, fast, accurate, safe, and comfortable services while remaining grounded in ethical principles. By prioritizing quality and fairness in every aspect of its

services, Arosuka Regional General Hospital is not only a place of healing but also a symbol of the local government's commitment to improving the welfare and quality of life of the Solok community as a whole.

Table 1.1 Characteristics of Respondents Based on Age

Age	Frequency	Percentage
≤ 35 Years	20	16.3
36–45 years old	66	53.7
≥ 46 years old	37	30.1
Total	**123**	**100**

Source: Data processed by the researcher, 2025

The table above shows that there were 20 respondents aged ≤35 years, or 16.3%. The 36–45 age group was the largest, with 66 respondents, or 53.7%. Meanwhile, there were 37 respondents aged ≥46 years, or 30.1%. Furthermore, the characteristics of respondents based on length of employment are presented in the following table:

Table 1.2 Characteristics of Respondents Based on Length of Employment

Length of Employment	Frequency	Percentage
≤4 Years	9	7.3
5-9 Years	25	20.3
10–14 years	32	26
≥15 years	57	46.3
Total	**123**	**100**

Source: Data processed by the researcher, 2025

Based on length of employment, the majority of respondents were from the ≥15 years employment group: 57 respondents, 46.3%. The 10–14 years group ranked second: 32 respondents, 26%. Next was the 5–9 years group: 25 respondents, 20.3%. The smallest group was ≤4 years: 9 respondents, 7.3%. Details of respondent characteristics by profession are presented in the following table:

Table 1.3 Characteristics of Respondents by Profession

Occupation	Frequency	Percentage
Doctor	27	22
Midwife	16	13
Pharmacist	7	5.7
Nurse	39	31.7
Laboratory Technician	7	5.7
Structural Management	14	11.4
Other	13	10.6
Total	**123**	**100%**

Source: Data processed by the researcher, 2025

Based on profession, nurses provided the most responses: 39 respondents, 31.7%. In second place were doctors: 27 respondents, 22%. Next were midwives: 16 respondents, 13%; structural management: 14 respondents, 11.4%; other categories: 13 respondents, 10.6%. Pharmacists and laboratory technicians each provided 7 respondents, 5.7%.

The work stress variable (X) has 7 dimensions, namely: 1) Calmness, 2) Time constraints, 3) Physical complaints, 4) Worries, 5) Confusion, 6) Emotional burden, 7) Emotional control. These seven dimensions were converted into fourteen questions, which were then measured quantitatively. The information collected from the respondents' answers about work stress is as follows:

Table 1.4 Frequency Distribution of Work- sion Variables (X)

Item	STS		TS		N		S		SS		Mean
	F	%	F	%	F	%	F	%	F	%	
X1	11	8.9	17	13.8%	31	25.2	36	29.3%	28	22.8%	**3.43**
X2	13	10.6	9	7.3%	34	27.6%	42	34.1	25	20.3	**3.46**
X3	10	8.1%	11	8.9%	39	31.7	42	34.1%	21	17.1%	**3.43**
X4	14	11.4%	9	7.3%	38	30.9	43	35.0	19	15.4	**3.36**
X5	8	6.5	12	9.8%	38	30.9	36	29.3%	29	23.6	**3.54**
X6	13	10.6	17	13.8%	31	25.2	45	36.6	17	13.8%	**3.29**
X7	7	5.7	15	12.2%	34	27.6%	36	29.3	31	25.2	**3.56**
X8	11	8.9	12	9.8%	42	34.1%	39	31.7	19	15.4	**3.35**
X9	15	12.2	7	5.7%	39	31.7	39	31.7	23	18.7	**3.39**
X10	12	9.8%	26	21.1%	34	27.6%	29	23.6	22	17.9	**3.19**
X11	15	12.2%	34	27.6%	24	19.5	27	22.0%	23	18.7	**3.07**
X12	15	12.2%	33	26.8%	25	20.3%	29	23.6%	21	17.1%	**3.07**
X13	15	12.2%	31	25.2%	26	21.1	23	18.7	28	22.8	**3.15**
X14	12	9.8%	31	25.2%	35	28.5%	23	18.7	22	17.9%	**3.10**

Source: Data processed by the researcher, 2025

Statements related to concerns (X7–X8) recorded the highest average score of 3.46, indicating that concerns are a relatively common experience among respondents in the context of work stress. On the other hand, the emotional burden indicators (X11–X12) obtained the lowest average score of 3.07, indicating that the intensity of emotional burden felt by respondents tended to be lower than other aspects of stress. Overall, the average work stress variable (X) reached 3.31, which places this condition in the moderate category, meaning that respondents were generally neutral to somewhat agree with statements reflecting pressure in the workplace. The mental well-being variable (Y) has four dimensions, namely: 1) Job satisfaction, 2) *Work-Life Balance,* 3) Social relationships in the workplace, and 4) Self-development. These four dimensions were converted into eight questions, which were then measured quantitatively. The information collected from the respondents' answers about mental well-being is as follows:

Table 1.5 Frequency Distribution of Mental Well- al Variables (Y)

Item	STS		TS		N		S		SS		Mean
	F	%	F	%	F	%	F	%	F	%	
Y1	23	18.7	26	21.1	26	21.1	29	23.6	19	15.4	**2.96**
Y2	19	15.4%	28	22.8%	22	17.9	37	30.1	17	13.8	**3.04**

Y3	19	15.4%	33	26.8%	17	13.8	36	29.3%	18	14.6	**3.01**
Y4	13	10.6%	33	26.8%	22	17.9	34	27.6%	21	17.1	**3.14**
Y5	17	13.8	28	22.8%	29	23.6	29	23.6	20	16.3	**3.06**
Y6	13	10.6%	28	22.8%	38	30.9	26	21.1	18	14.6	**3.07**
Y7	22	17.9%	31	25.2%	27	22.0	22	17.9%	21	17.1	**2.91**
Y8	16	13.0	32	26.0%	31	25.2	26	21.1%	18	14.6	**2.98**

Source: Data processed by the researcher, 2025

Statement Y4 on *work-life balance* recorded the highest average score of 3.14, which means that respondents tend to rate their *work-life balance* as fairly positive. Conversely, statement Y7 related to self-development received the lowest score of 2.91, indicating that opportunities or feelings of growth in the workplace are still lacking. Overall, the average mental well-being variable (Y) is 3.02, which indicates a neutral to fairly good condition. This indicates that employees generally feel relatively well-off, but special attention needs to be paid to self-development programs in order to significantly improve mental well-being. The workplace spirituality variable (Z) has four dimensions, namely: 1) *Compassion*, 2) *Mindfulness*, 3) *Meaningful* Work, and 4) *Transcendence*. These four dimensions are converted into eight questions, which are then measured quantitatively. The information collected from respondents' answers about workplace spirituality is as follows:

Table 1.6 Frequency Distribution of Workplace Spirituality Variable (Z)

Item	STS		TS		N		S		SS		Mean
	F	%	F	%	F	%	F	%	F	%	
Z1	20	16.3	28	22.8%	41	33.3%	33	26.8	1	0.8	**2.73**
Z2	19	15.4%	26	21.1%	34	27.6%	40	32.5	4	3.3%	**2.87**
Z3	20	16.3%	30	24.4%	31	25.2	37	30.1	5	4.1%	**2.81**
Z4	14	11.4%	38	30.9%	33	26.8	31	25.2	7	5.7	**2.83**
Z5	30	24.4%	29	23.6%	39	31.7	20	16.3%	5	4.1%	**2.52**
Z6	30	24.4%	30	24.4%	34	27.6	23	18.7	6	4.9%	**2.55**
Z7	27	22.0%	31	25.2%	39	31.7	23	18.7	3	2.4%	**2.54**
Z8	27	22.0	31	25.2%	36	29.3	26	21.1	3	2.4%	**2.57**

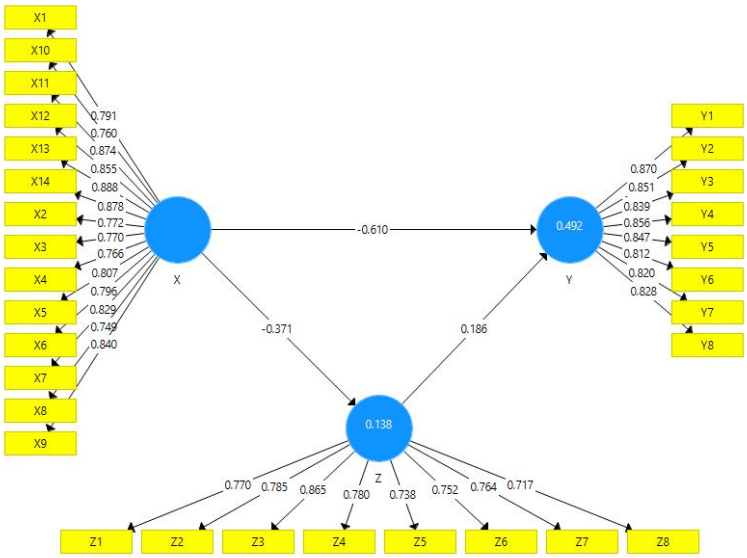
Source: Data processed by the researcher, 2025

Statement Z2 regarding *mindfulness* recorded the highest average score of 2.87, indicating that the aspect of self-awareness in performing tasks was slightly stronger than other aspects. Conversely, statement Z5 regarding *meaningful work* recorded the lowest average score of 2.52, indicating that many respondents did not yet fully feel the personal meaning of their work. Overall, the workplace spirituality variable showed a low-neutral score with an average value of 2.68, which places this condition at a low-neutral level. In other words, the elements *of compassion* and *mindfulness* are present but still weak, so efforts are needed to strengthen the meaning of work and transcendent experiences in order to make spirituality in the workplace more impactful. To evaluate the validity and reliability of each concept using the indicators employed, this study applied the Partial Least Squares (PLS) approach to primary data analysis. In addition, the relationship between independent (exogenous) and dependent (endogenous) variables was examined using this

methodology. This method was also used to assess the quality of the measurement model design (outer model) and structural model (inner model).

The purpose of the structural model design is to describe the causal relationships between latent variables. As seen in the following example, the outer model steps describe the reliability and construct validity tests:

Figure 1.1 Related to Outer Model



Source: Data processed by the researcher, 2025

An indicator is considered to have adequate convergent validity if its outer loading value is greater than 0.70 (Hair et al., 2021). This score indicates that the latent variable can be significantly explained by the indicator. Thus, the stronger the indication in showing the intended construct, the higher the factor loading value.

Table 1.7 Convergent Validity Analysis Results

Item	*Outer Loading*	AVE	Description
	Work Stress		
X1	0.791		Valid
X2	0.772		Valid
X3	0.770		Valid
X4	0.766		Valid
X5	0.807		Valid
X6	0.796		Valid
X7	0.829	**0.662**	Valid
X8	0.749		Valid
X9	0.840		Valid
X10	0.760		Valid
X11	0.874		Valid
X12	0.855		Valid
X13	0.888		Valid
X14	0.878		Valid

Mental Well-being			
Y1	0.870	**0.707**	Valid
Y2	0.851		Valid
Y3	0.839		Valid
Y4	0.856		Valid
Y5	0.847		Valid
Y6	0.812		Valid
Y7	0.820		Valid
Y8	0.828		Valid
Workplace Spirituality			
Z1	0.770	**0.597**	Valid
Z2	0.785		Valid
Z3	0.865		Valid
Z4	0.780		Valid
Z5	0.738		Valid
Z6	0.752		Valid
Z7	0.764		Valid
Z8	0.717		Valid

Source: Data processed by the researcher, 2025

Based on the table above, the AVE value for each construct is greater than 0.5, and the *outer loading* value for all indicators is greater than 0.7. This indicates that each construct meets the convergent validity criteria. Therefore, all indicators are considered appropriate and valid for use in the next stage of analysis.

Table 1.8 HTMT

Variable	Work Stress (X)	Mental Well-being (Y)	Workplace Spirituality (Z)
Work Stress (X)			
Mental Well-being (Y)	0.711		
Workplace Spirituality (Z)	0.362	0.421	

Source: Data processed by the researcher, 2025

According to Henseler et al. (2015), if the *heterotrait-monotrait* (HTMT) value is less than 0.90, discriminant validity is said to have been achieved. If the HTMT value is higher than this threshold, it may indicate that distinguishing between constructs is difficult. Based on the results of this study, each HTMT value was found to be below the criterion of 0.90. These results indicate that there was no mixing or overlap between the variables tested, so that each construct could be easily identified. *Cross loading* values are also used to test discriminant validity; an indicator is considered valid if its loading value on the original construct is higher than its correlation with other constructs. The *cross loading* results for each indicator are shown in detail in the following table:

Table 1.9 Cross- -Loading

Item	Work Stress (X)	Mental Well-being (Y)	Workplace Spirituality (Z)
X	0.791	-0.586	-0.269
X2	0.772	-0.53	-0.21
X3	0.77	-0.476	-0.242
X4	0.766	-0.518	-0.235
X5	0.807	-0.512	-0.262
X6	0.796	-0.601	-0.215
X7	0.829	-0.574	-0.259
X8	0.749	-0.509	-0.232
X9	0.84	-0.581	-0.271
X10	0.76	-0.469	-0.432
X11	0.874	-0.65	-0.436
X12	0.855	-0.542	-0.364
X13	0.888	-0.607	-0.41
X14	0.878	-0.551	-0.319
Y1	-0.544	0.87	0.415
Y2	-0.527	0.851	0.407
Y3	-0.532	0.839	0.393
Y4	-0.534	0.856	0.406
Y5	-0.62	0.847	0.344
Y6	-0.597	0.812	0.279
Y7	-0.599	0.82	0.243
Y8	-0.607	0.828	0.298
Z1	-0.357	0.372	0.77
Z2	-0.378	0.327	0.785
Z3	-0.331	0.422	0.865
Z4	-0.253	0.32	0.78
Z5	-0.064	0.141	0.738
Z6	-0.195	0.265	0.752
Z7	-0.262	0.306	0.764
Z8	-0.257	0.238	0.717

Source: Data processed by the researcher, 2025

Based on Table 1.9, the *loading factor* values for each indicator in the original construct appear to be higher than their relationship with other constructs. This shows that each indicator meets the validity requirements, proving that they all accurately reflect the construct being assessed. Hair et al. (2021) state that *p-value* and *t-statistic* are the two main measures used to evaluate significance tests. If *the t-statistic* is greater than 1.96 and *the p-value* is less than 0.05, the relationship is considered significant, meaning that the null hypothesis (H0) is rejected and the alternative hypothesis (Ha) is accepted. H0 is accepted and Ha is rejected if the t-statistic is less than 1.96 and the p-value is greater than 0.05, indicating that the relationship is not significant. This approach ensures that research findings are interpreted in accordance with statistical guidelines that are often applied in PLS SEM techniques.

Table 1.10 Path Coefficient

	Original Sample (O)	Sample Mean (M)	Standard Deviation (STDEV)	T Statistics (|O/STDEV|)	P Values
X → Y	-0.610	-0.613	0.053	11.556	0.000
X → Z	-0.371	-0.383	0.071	5.264	0.000
Z → Y	0.186	0.194	0.065	2.874	0.004

Source: Data processed by the researcher, 2025

Table 1.11 Total Indirect Effect

	Original Sample (O)	Sample Mean (M)	Standard Deviation (STDEV)	T Statistics (|O/STDEV|)	P Values
X → Z → Y	-0.069	-0.072	0.024	2.863	0.004

Source: Data processed by the researcher, 2025

This study examines the effect of work stress (X) on mental well-being (Y), both directly and indirectly through spirituality in the workplace (Z) as a mediating variable. Details of the relationships between variables are presented in Table 1.15 and Figure 1.16. The test results show that all construct relationships have a significant effect on the dependent variable. The direct relationship between work stress and mental well-being has a t-statistic = 11.556 with p = 0.000, which indicates significance at $\alpha < 0.05$. The relationship between work stress and spirituality at work is also highly significant (t = 5.264; p = 0.000), while the path from spirituality at work to mental well-being is proven to be significant with t = 2.874 and p = 0.004. Mediation analysis shows a significant indirect effect X→ Z→ Y (t = 2.863; p = 0.004), thus it can be concluded that spirituality at work acts as an effective mediator in increasing spirituality can reduce the negative impact of work stress on the mental well-being of medical personnel.

H1: Work Stress (X) has an effect on Mental Well-being (Y)

Based on the results of *the path coefficient* analysis, the first hypothesis was proven: work stress (X) has a significant effect on mental well-being (Y). This is evidenced by a t-statistic = 11.556 (>1.96) and p = 0.000 (< 0.05). Thus, H1 is accepted, which means that the higher the level of work stress among medical personnel, the lower their mental well-being.

H2: Work Stress (X) has an effect on Spirituality in the Workplace (Z)

The second hypothesis was also proven to be true. Path coefficient analysis shows that work stress (X) significantly affects spirituality in the workplace (Z), as seen from the t-statistic = 5.264 (> 1.96) and p = 0.000 (< 0.05). Therefore, H2 is accepted; an increase in work stress is associated with a decrease in the level of spirituality in the work environment.

H3: Spirituality in the Workplace (Z) mediates the effect of Work Stress (X) on Mental Well-being (Y)

For the third hypothesis, testing the indirect effect (mediation) showed a t-statistic = 2.863 and p = 0.004, which met the significance criteria. Thus, H3 is accepted: spirituality in the workplace acts as an effective mediator that can reduce the negative impact of work stress on the mental well-being of medical personnel.

DISCUSSION

The purpose of this discussion section is to understand the relationship between the variables that are the main focus of this study in order to explain the results of the analysis. The consequences of these findings will also be reviewed by the researcher, with a focus on whether the hypotheses based on empirical evidence collected from respondents in the field should be accepted or rejected. To better understand the patterns of influence between variables, this section will provide a detailed description of the relationship between work stress (X), workplace spirituality (Z), and mental well-being (Y).

The Influence of Work Stress on Mental Well-being

It was found that work stress has a negative and significant effect on the mental well-being of medical personnel at Arosuka Regional General Hospital. This means that as work stress levels increase, the mental well-being of medical personnel tends to decline.

In theoretical terms, work stress is understood as a cognitive and emotional response when job demands exceed an individual's ability to cope (Lazarus, 1984). A study by Maslach et al. (2001) shows similar findings, where high job demands are closely related to increased burnout and decreased well-being among healthcare workers.

From the item analysis, statements related to worry recorded the highest average score, indicating that worry is a relatively common experience among respondents. Conversely, the emotional burden indicator received the lowest average score, indicating that the intensity of emotional burden felt by respondents tends to be lower than other aspects of stress. These findings are consistent with studies that found that factors such as workload, time pressure, and work conflicts contribute to stress levels in nurses (Melyana & Saparwati, 2025).

From an Islamic perspective, efforts to maintain mental well-being and manage workload are part of moral responsibility and worship. Allah SWT says in QS. Al-Baqarah verse 286:

لَا يُكَلِّفُ ٱللَّهُ نَفْسًا إِلَّا وُسْعَهَا لَهَا مَا كَسَبَتْ وَعَلَيْهَا مَا ٱكْتَسَبَتْ

"Allah does not burden a soul beyond its capacity. It will have the reward for what it has earned, and it will bear the punishment for what it has earned." (QS. Al-Baqarah: (286

This verse conveys the message that the burdens placed upon humans are always commensurate with their abilities, so that efforts to manage work stress are a form of endeavor to remain within healthy limits. Thus, managing work stress is not only important for professional aspects and patient safety, but also has a religious dimension when done with the intention of safeguarding one's trust and health. Thus, managing work stress is not only important for professional aspects and patient safety, but also aligns with religious values, namely safeguarding one's trust and working with full responsibility and sincerity.

The Effect of Work Stress on Workplace Spirituality

It was found that work stress (X) has a negative and significant effect on workplace spirituality (Z). This means that when work stress levels increase, the experience of meaning at work, a sense of connection between colleagues, and alignment of values in the work environment tend to decrease.

Work stress is defined as the physical and emotional reactions that arise when job demands exceed an individual's ability to cope with them (Robbins & Judge, 2018). According to Lazarus's

(1984) assessment framework, when a person assesses a situation as a threat or burden, their cognitive and emotional capacities are consumed by coping, thereby reducing their ability to reflect, give meaning, and build social relationships (Lazarus, 1984). As a result, aspects of spirituality such as alignment of values with the organization, meaning in work, and a sense of belonging are reduced (Ashmos & Duchon, 2000; Milliman et al., 2003).

From an Islamic perspective, maintaining meaning, sincerity, and responsibility in work is important, as Allah SWT says in Surah At-Taubah verse 105:

ۖوَقُلِ ٱعۡمَلُواْ فَسَيَرَى ٱللَّهُ عَمَلَكُمۡ وَرَسُولُهُۥ وَٱلۡمُؤۡمِنُونَۖ وَسَتُرَدُّونَ إِلَىٰ عَٰلِمِ ٱلۡغَيۡبِ وَٱلشَّهَٰدَةِ فَيُنَبِّئُكُم بِمَا كُنتُمۡ تَعۡمَلُونَ

"Work, and Allah, His Messenger, and the believers will see your work; you will be returned to (Allah) who knows the unseen and the visible, then you will be informed of what you have done." (QS. At-Taubah: .(105

This verse encourages a sincere, responsible, and sincere attitude towards work, values that are at the core of spirituality in the workplace. Given the finding that work stress reduces the experience of meaning and spiritual connection in the workplace, this verse can be used as a normative basis for encouraging work practices that focus not only on technical tasks, but also on intention, ethics, and the meaning of work. Developing a work environment that supports meaning, sincerity, and responsibility not only improves the psychological well-being of staff, but is also in line with religious guidance.

Workplace Spirituality as a Mediator between Work Stress and Mental Well-being

It was found that spirituality in the workplace (Z) significantly mediates the effect of work stress (X) on mental well-being (Y). This finding suggests that increasing spirituality in the work environment can reduce the negative impact of work stress on the mental well-being of medical personnel. Theoretically, workplace spirituality provides meaning to work, a sense of connection among colleagues, and internal coping resources that help employees cope with job demands, thereby positively impacting mental well-being (Milliman et al., 2003). Previous studies have also reported that a spiritual climate in the workplace is associated with reduced stress, burnout, and improved psychological well-being among healthcare staff. Therefore, the existence of a work culture that supports spiritual values and meaning in work functions as a psychological resource that mediates the relationship between stress and well-being.

From an Islamic perspective, fostering a meaningful, sincere, and responsible work ethic is part of the work ethic that is considered to have moral and spiritual value. The Qur'an emphasizes this recommendation in Surah At-Taubah:

وَقُلِ ٱعۡمَلُواْ فَسَيَرَى ٱللَّهُ عَمَلَكُمۡ وَرَسُولُهُۥ وَٱلۡمُؤۡمِنُونَۖ وَسَتُرَدُّونَ إِلَىٰ عَٰلِمِ ٱلۡغَيۡبِ وَٱلشَّهَٰدَةِ فَيُنَبِّئُكُم بِمَا كُنتُمۡ تَعۡمَلُونَ

"And say, 'Work, for Allah and His Messenger and the believers will see your work, and you will be returned to the Knower of the unseen and the seen, and He will inform you of what you have done.'" (QS. At-Taubah: .(105

This verse encourages a sincere and earnest attitude toward work because every effort will be judged, so that efforts to improve spirituality in the workplace not only have a psychological impact but also have meaning as a form of moral responsibility and worship.

CONCLUSION

Based on the results of research conducted at Arosuka Regional General Hospital, it can be concluded that work stress has a negative and significant effect on the mental well-being of medical personnel, both directly and indirectly through spirituality in the workplace as a mediating variable.

The higher the level of stress experienced by medical personnel, the lower their mental well-being, which is reflected in weakened psychological and emotional conditions. Work stress has also been shown to reduce spirituality in the workplace, namely a decrease in the sense of meaning in work, harmony with organizational values, and togetherness in the work environment. However, this study also found that spirituality in the workplace can be a significant mediator, where medical personnel with high spirituality are better able to maintain their mental condition even under work pressure. Thus, spirituality plays an important role in mitigating the negative effects of work stress, as it allows medical personnel to find meaning, maintain values, and build togetherness in the work environment, which ultimately supports their mental well-being. These findings emphasize that good stress management must be accompanied by efforts to strengthen spirituality in the workplace so that medical personnel can continue to perform their roles optimally, even when facing various challenges and work pressures in hospitals.

In line with the results of this study, there are several practical suggestions that can be implemented. For the management of Arosuka Regional General Hospital, steps that can be taken include developing a structured stress management program, such as regular coping training and stress management workshops, providing confidential internal psychological counseling services, and reorganizing the division of tasks and work schedules to be more balanced and not cause excessive pressure. In addition, periodic monitoring and evaluation are necessary to ensure the effectiveness of the program, as well as to incorporate this initiative into hospital policy for sustainability. For future researchers, this study has limitations because it only focuses on one hospital, so it is recommended to expand the scope of locations and the number of samples to make the research results more representative. Subsequent research could also add other variables, such as transformational leadership and work motivation, and use an intervention research design to reveal cause-and-effect relationships more clearly. A mixed approach, combining quantitative and qualitative methods, is also recommended in order to explore the subjective experiences of medical personnel in greater depth, thereby producing a more comprehensive understanding of the factors that influence their mental well-being.

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