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Toxic Workplace Environment, Not Job Stress, as a Predictor of Diminished Nurse Performance in Indonesia

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INDEXING

Keywords:
Performance;
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Job stress

ABSTRACT

Nurse performance is critical for ensuring hospital services are good." This study examines the influence of a hazardous work environment and job stress on nurses' work at Cideres Regional Hospital in Majalengka. A cross-sectional approach was employed, and data were collected from 107 inpatient nurses using structured questionnaires with validated instruments. We performed a multiple linear regression analysis to determine the extent to which each of these variables contributed to the prediction. The formulated model is $Y = 54.783 - 0.310X_1 - 0.016X_2$, where Y represents nursing performance, X_1 represents a toxic working environment, and X_2 represents job stress. The results revealed that working environment toxicity had a strong negative influence on nursing performance ($\beta = -0.310$, $p < 0.05$), indicating that stress does not significantly predict performance. The studies highlighted the value of organizational interventions that address toxic behaviors and promote respectful communication and psychological safety. Investing more effort in enhancing connections between people and leadership practices may have a greater impact on nursing performance than techniques that focus solely on reducing stress. The results indicated that reducing toxicity in the workplace is crucial for enhancing nurse performance and the quality of hospital care.

Kata kunci:
Kinerja;
Lingkungan kerja toxic;
Stres kerja

Kinerja perawat memegang peran penting dalam memastikan kualitas layanan rumah sakit. Penelitian ini bertujuan menganalisis pengaruh lingkungan kerja toxic dan stres kerja terhadap kinerja perawat di RSUD Cideres Majalengka. Desain penelitian yang digunakan adalah cross-sectional, dengan pengumpulan data dari 107 perawat rawat inap melalui kuesioner terstandar. Analisis regresi linear berganda dilakukan untuk mengetahui kekuatan prediktif masing-masing variabel. Model regresi yang dihasilkan adalah: $Y = 54{,}783 - 0{,}310X_1 - 0{,}016X_2$, di mana Y menunjukkan kinerja perawat, X_1 merupakan lingkungan kerja toxic, dan X_2 merupakan stres kerja. Hasil penelitian menunjukkan bahwa lingkungan kerja toxic berpengaruh negatif signifikan terhadap kinerja perawat ($\beta = -0{,}310$; $p < 0{,}05$), yang berarti semakin tinggi tingkat toksisitas lingkungan kerja, semakin menurun kinerja perawat. Sebaliknya, stres kerja memiliki pengaruh negatif namun tidak signifikan ($\beta = -0{,}016$; $p > 0{,}05$), sehingga tidak menjadi prediktor bermakna. Penelitian ini menegaskan pentingnya intervensi organisasi untuk mengurangi perilaku toxic, mendukung komunikasi yang saling menghormati, dan meningkatkan keselamatan psikologis di lingkungan kerja. Upaya memperbaiki hubungan interpersonal dan praktik kepemimpinan berpotensi memberikan dampak lebih besar terhadap peningkatan kinerja perawat dibandingkan intervensi yang hanya berfokus pada pengurangan stres. Temuan ini memberikan bukti bahwa meminimalkan toksisitas lingkungan kerja sangat penting untuk mengoptimalkan kinerja perawat dan meningkatkan kualitas pelayanan rumah sakit.

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INTRODUCTION

Hospitals are facilities that offer a comprehensive range of medical treatments, utilizing advanced medical technology and trained staff (Ministry of Health of the Republic of Indonesia, 2009). According to Law No. 44 of 2009, hospitals are required to provide inpatient, outpatient, and emergency care, ensuring that patients are safe, the services are of high quality, easily accessible, and in accordance with the law (Ministry of Health of the

Republic of Indonesia, 2009). Nurses are the most crucial part of the hospital staff, providing constant, direct patient care (Ministry of Health of the Republic of Indonesia, 2020; Martyastuti et al., 2019; Dessy, 2023). Therefore, for hospitals to achieve their objectives and deliver high-quality healthcare services, nurses must perform their duties effectively *(Undang-Undang No. 38 Tahun 2014).*

Despite being reclassified from Type C to Type B in 2020, RSUD Cideres Majalengka, a Type B referral hospital in West Java, continues to struggle to achieve optimal nursing performance. Some of the problems often cited include lengthy wait times for test results, insufficient facilities, delays in obtaining medications, and a shortage of personnel, especially during evening and night shifts, when only 2–3 nurses are available to care for up to 30 patients. It makes nurses' employment more stressful and tougher, particularly for newer ones (Sudaryanti & Maulidia, 2021). The 2023 inpatient satisfaction rating (32.9%) is much lower than the 2022 LAKIP community satisfaction index (77.5%), indicating poor nursing care.

Studies from both Indonesia and other countries demonstrate that nurses often struggle to perform their jobs effectively in healthcare environments. Prior studies indicated nurse performance rates of just 32% in Sudan (Mukhtar et al., 2019), 52.5% at RS Tentara TK IV Pematang Siantar (Damanik, 2019), and 51.8% at RSUD Sawahlunto (Desrison & Ratnasari, 2018). One of the most common reasons for nurses not performing their jobs effectively is work-related stress, which may be caused by a heavy workload, role conflict, and unpleasant patient interactions (Amin et al., 2020; Ratnasari, 2022; Kokoroko & Sanda, 2019). Toxic working settings characterized by bullying, incivility, verbal abuse, or physical violence are known to cause stress and diminish individual well-being and performance (Damopoli et al., 2019).

While numerous studies have investigated toxic workplace environments, job stress, and nurse performance in isolation, research examining their synergistic effects, particularly in Indonesian hospital contexts, is still scarce (Pasek Rismayanti & Ariani Mayasari, 2021; Rasool et al., 2019; Haeruddin et al., 2022). Between such organizational changes as the transformation of RSUD Cideres Majalengka from a malaria carrier hospital to a general municipal one, staffing shortages and service quality issues certainly create complex job demands that exacerbate the damaging effects of stress on performance. After treatment for congestive heart failure with reticulum node metastasis, Simtong Binjit undergoes palliative routine operating under stage anesthesia, which brings him to the brink without medics nearby. Only then does the assistant appear and frees him from the operating table as quickly as possible before everyone around becomes involved in an embarrassing situation, which wastes our dear patient's life.

Several characteristics of this research are particularly noteworthy in terms of its contributions to both theory and practice: First, the present study will, for the first time, inspect nurses' occupation-centered expressions of possible job stress and toxic working conditions simultaneously as part of a single model–an analysis which has long yet seldom been made in healthcare research by Indonesians themselves. There, the two variables are usually handled separately. Second, this study focuses attention on RSUD Cideres Majalengka Hospital — an institution in the process of restructuring and undergoing other service changes, thus setting forth an institutionally unusual backdrop for analyzing the dynamics between labor and management during transformation. Third, earlier empirical studies on the effect of job stress

on performance have reported both positive and negative results. Yet, this study further clarifies these points by demonstrating conclusively, in a large number of cases, the negative impact of work stress, which eventually leads to illness. However, we wish to point out that there are both illustrations and non-illustrations for each of these generalizations. This study aims against this backdrop to provide much-needed empirical evidence on the subject of "Effect of Toxic Work Environment and Job Stress on Nurse Performance in RSUD Cideres Majalengka."

RESEARCH METHOD

This research specifies the population as the nursing staff at Cideres Regional General Hospital (RSUD Cideres) in Majalengka, a public class B hospital serving as a regional hub for referrals and aiming to become a Hospital Trauma Center. Sugiyono (2019) defined research objects as the characteristics, attributes, or values of an individual, object, or activity, and as a result, takes its object definition from the researcher's empirical boundaries for further analysis. This study employs a quantitative research method characterized by an exploratory nature and an ex post facto design, utilizing data collected at a single point in time to examine how independent variables influence the dependent variable. Descriptive research aims to clarify the conditions inherent in the variable under examination for the surveyed individuals (Sugiyono, 2019). In contrast, verification research seeks to test the hypotheses stated earlier (Sekaran & Bougie, 2017). This study examined the impact of exposure to a hazardous working environment (X1) and occupational stress (X2) on the performance of nursing staff at RSUD Cideres.

The environment at work has a significant impact on how well employees perform their jobs; therefore, hospitals need to ensure that the atmosphere is supportive to enhance the quality of nursing care. A toxic workplace is one where undesirable behaviors are part of the company's culture, such as bullying, harassment (verbal or physical), discrimination, or social exclusion (Alsomaidaee et al., 2023). These kinds of situations raise stress levels, lower productivity, diminish commitment, and lead to conflicts (Rasool et al., 2019; Saepudin & Sary, 2022; Daniel, 2020). Bullying, harassment, ostracism, rudeness, and even stalking are all signs of a toxic work environment (Anjum et al., 2018; Rasool et al., 2021; Larasati et al., 2022). Nurses who work under these circumstances are more likely to feel anxious, tired, have trouble communicating, and have poor self-esteem, which makes hospital services less effective overall.

Stress is commonly characterized as an individual's response to novel challenges or threats in the workplace that may impact them physically and emotionally, especially when job demands are misaligned with available resources, needs, and capabilities (Samuel et al., 2021; Febrianti & Syarifah, 2022). In nursing, stress occurs when work duties exceed a person's ability to manage them, resulting in adverse physical and emotional reactions. Job stress explicitly relates to how well people can handle both internal and external work-related stresses (Maha & Herawati, 2022). Long-term stress that isn't controlled may harm performance, lower the quality of service, and even impact patient care. Research indicates that nurses on rotational shifts are much more prone to stress compared to their counterparts on fixed schedules (Bekele et al., 2023). Job stress among nurses may result in both physiological (e.g., sleep disturbances, hypertension, exhaustion) and psychological symptoms (e.g., irritability, poor motivation),

which can eventually disrupt nursing care (Herqutanto et al., 2017); (Hangewa et al., 2020). The Expanded Nursing Stress Scale (ENSS) identifies prevalent stressors, including critical patient care and mortality, conflicts with physicians or supervisors, difficulties with colleagues, excessive workload, ambiguity in treatment outcomes, challenges in managing patients and their families, emotional distress, and discrimination (Harsono et al., 2024). (Robbins & Judge, 2018) categorize stresses as environmental variables (e.g., economic or technical uncertainty), organizational factors (e.g., job ambiguity, workload, poor interpersonal connections), and human factors (e.g., family, financial concerns, personality). This study categorizes stressors into three main groups: (1) environmental concerns, encompassing critical patient conditions and familial obligations; (2) organizational elements, such as excessive workload, discrimination, and conflicts with colleagues or superiors; and (3) personal factors, including emotional preparedness.

Performance refers to the extent to which an individual effectively carries out assigned tasks in accordance with established rules and regulations (Afandi, 2018; DePesa et al., 2023). According to Nabawi (2019), performance represents the work outcomes achieved by an individual in completing assigned duties to attain predetermined work targets. High-quality performance is essential in fostering patient trust and loyalty toward a hospital and has a direct impact on the institution's reputation. The American Nurses Association (2021) outlines performance criteria for various areas, including assessment, diagnosis, planning, implementation, and evaluation. It also outlines professional duties, including ethics, advocacy, communication, leadership, and lifelong learning. The Indonesian National Nurses Association (PPNI, 2017) and the Ministry of Health Decree No. HK.01.07/Menkes/425/2020 further stresses that nurses' performance includes clinical practice, professional ethics, leadership, education, and research. To do a good job, you need to be skilled at your job and be able to work effectively with others, show respect, and advocate for patients.

The performance of nurses at RSUD Cideres Majalengka is affected by a hazardous work environment and high levels of stress. Rasool et al. (2019) contended that a toxic work environment, coupled with low self-esteem, may lead to suboptimal nursing performance, significant organizational losses, increased turnover, compromised employee ethics, decreased productivity, and deteriorating employee well-being. A supportive work environment may reduce stress levels, whereas a toxic working environment tends to elevate them (Pasek Rismayanti & Ariani Mayasari, 2021; Wang et al., 2020), hence impacting nurses' health and performance. Hawkins et al. (2023) further emphasized that nurses often feel intimidated when they are assigned excessive workloads, which exacerbates the negative effects of a toxic work environment. Acquadro Maran et al. (2018) found that many nurses suffer violence at work, but only a small number of them report it. The negative effects of toxicity on stress and performance are probably not being fully understood. Consequently, both a toxic working environment and occupational stress are anticipated to collectively influence nursing performance (George et al., 2019; Schleu & Hüffmeier, 2021; Anjum et al., 2018).

The hazardous employment environment at RSUD Cideres Majalengka makes nurses less productive. Rasool et al. (2019) characterized toxic workplace settings as including behaviors such as exclusion, harassment, bullying, threats, incivility, and hostility, which together diminish employee motivation, ethics, and well-being. Rasool et al. (2019) have

focused on harassment, Mehmood et al. (2024) explored bullying and incivility. Wang et al. (2020) suggested that these types of places make it more difficult for people to perform their jobs and increase their stress levels. Schleu & Hüffmeier (2021) emphasized the significance of efficient communication and staff engagement in improving performance. Shin et al. (2023) and Haeruddin et al. (2022) similarly discovered that adverse assessments of the work environment substantially impair nurses' mental health, elevate turnover intentions, and diminish job performance.

Stress at work affects nurses at RSUD Cideres Majalengka in a negative way. David (2019) observed that stress is a prevalent concern in contemporary living, particularly in professional environments, aligning with the ILO (2016) claim that workplace stress constitutes a significant risk to employee well-being. Buulolo et al. (2021) found that high levels of stress hinder people's ability to make decisions and reduce their productivity at work. Pasek Rismayanti & Ariani Mayasari (2021) found that work-related stress reduces the effectiveness of nurses in the healthcare sector, thereby impacting the hospital's reputation. Wu et al. (2019) found that role ambiguity, as a manifestation of work-related stress, significantly increases the likelihood of job burnout and deteriorates job performance. Accordingly, higher levels of work stress experienced by nurses may lead to diminished performance in carrying out their professional duties. The following are the assumptions:

1. Major Hypothesis
    a. H1: There is an influence of the toxic workplace environment and job stress on the performance of nurses
2. Minor Hypotheses
    a. H1a: The toxic workplace environment has a negative effect on the performance of nurses
    b. H1b: Job stress has a negative effect on the performance of nurses

The poll comprised 146 nurses from RSUD Cideres. According to Slovin's technique with a 5% margin of error (Silalahi, 2017), 107 nurses replied. Randomly selected. Because the study focuses on individuals, nurses are the unit of analysis (Sekaran & Bougie, 2017). A Likert scale (Sugiyono, 2017) is used to analyze questionnaire data from respondents (Sekaran & Bougie, 2017). Shukla & Srivastava (2016) and HSE (2000)'s Job Stress Scale, Rasool et al.'s Toxic Workplace Environment Questionnaire, and Vikram's Nurse Performance Scale were used for the study. The Toxic Workplace Environment Scale (X1) has 13 items (see Table 1). They include bullying (8 items on personal, workplace, and physical bullying), ostracism (3 items), incivility (1 item), and harassment (2 items). The Job Stress Scale (X2) has 57 items (see Table 2). These are divided into nine subscales: death and dying (7 items), conflict with doctors (5 items), inadequate preparation (3 items), peer (7 items), supervisor (7 items), workload (9 items), treatment uncertainty (9 items), patient and family (7 items), and discrimination (3 items). The Nurse Performance Scale (Y) (see Table 3) has five parts: nursing assessment (3 items), nursing diagnosis (4 items), nursing planning (2 items), execution of nursing activities (2 items), and nursing evaluation (2 items). In all, there are 13 items. The instrument consists of 83 items, all of which are assessed on an ordinal Likert scale. The Pearson product-moment was used to assess the validity of the instruments. Items were deemed valid if $r > 0.3$ (Azwar,

2016). Cronbach's Alpha was used to examine the reliability of the instruments. Instruments were considered trustworthy if $\alpha \geq 0.6$ (Azwar, 2016).

Table 1. Instrument Validity Test Results: *Toxic Workplace Environment* (X1)

Question Code	r count	r critical	Conclusion
Experiencing unpleasant treatment from coworkers or supervisors (e.g., rumor-spreading)	0.788	0.30	Valid
Receiving unpleasant treatment from supervisors (e.g.. rumor-spreading)	0.743	0.30	Valid
Being humiliated by coworkers.	0.708	0.30	Valid
Not receiving the necessary information from coworkers.	0.677	0.30	Valid
Having opinions rejected by coworkers or supervisors	0.613	0.30	Valid
Being accused by coworkers or supervisors	0.736	0.30	Valid
Receiving inappropriate physical comments (body shaming)	0.661	0.30	Valid
Facing indifferent attitudes from coworkers or supervisors	0.803	0.30	Valid
Experiencing social distancing from coworkers or supervisors	0.717	0.30	Valid
Having unnecessary discussions about personal life	0.632	0.30	Valid
Being exposed to inappropriate or vulgar jokes at work	0.685	0.30	Valid
Experiencing unwanted physical contact from coworkers or supervisors	0.673	0.30	Valid

Source: *Data Processing Results 2025*

Table 2. Results of Work Stress Instrument Validity Test (X2)

Question Code	r count	R Critical	Conclusion
The intensity level of performing medical procedures that cause pain to patients	0.564	0.30	Valid
The intensity level of feeling helpless when a patient's condition does not improve	0.604	0.30	Valid
The intensity level of listening and talking to patients who are nearing death	0.475	0.30	Valid
The intensity level of facing the death of a patient	0.652	0.30	Valid
The intensity level of having a patient die under one's care	0.707	0.30	Valid
The intensity level of situations where no doctor is present when a patient dies	0.764	0.30	Valid
The intensity level of witnessing patients suffer	0.709	0.30	Valid
The intensity level of being criticized by doctors	0.703	0.30	Valid
The intensity level of conflicts with doctors	0.656	0.30	Valid
The intensity level of disagreements with doctors regarding patient treatment	0.693	0.30	Valid
The intensity level of making decisions about a patient when no doctor is present	0.720	0.30	Valid
The intensity level of organizing doctors' tasks	0.822	0.30	Valid
The intensity level of feeling insufficiently prepared to assist patients	0.694	0.30	Valid
The intensity level of being asked by patients questions that cannot be answered satisfactorily	0.685	0.30	Valid
The intensity level of feeling insufficiently prepared to address patients' emotional needs	0.719	0.30	Valid
The intensity level of the lack of opportunities to openly discuss work tasks with other staff	0.665	0.30	Valid
The intensity level of problems encountered at the workplace	0.705	0.30	Valid

Table 2. Results of Work Stress Instrument Validity Test (X2) (cont')

Question Code	r count	R Critical	Conclusion
The intensity level of problems encountered at the workplace	0.705	0.30	Valid
The intensity level of the lack of opportunities to express negative feelings about patients to other staff in the inpatient unit	0.752	0.30	Valid
The intensity level of difficulties working with certain nurses in the current unit	0.595	0.30	Valid
The intensity level of difficulties working with certain nurses in other units	0.753	0.30	Valid
The intensity level of difficulties working with nurses of the opposite sex	0.577	0.30	Valid
The intensity level of conflicts with supervisors	0.714	0.30	Valid
The intensity level of the lack of support from supervisors / direct superiors	0.781	0.30	Valid
The intensity level of being criticized by supervisors/superiors	0.761	0.30	Valid
The intensity level of the lack of support from the nursing department	0.806	0.30	Valid
The intensity level of being responsible for matters beyond one's authority	0.713	0.30	Valid
The intensity level of the lack of support from other departments	0.689	0.30	Valid
The intensity level of criticism from the nursing department	0.762	0.30	Valid
The intensity level of unexpected scheduling and staffing arrangements	0.764	0.30	Valid
The intensity level of not having enough time to provide emotional support to patients	0.765	0.30	Valid
The intensity level of not having enough time to complete nursing tasks	0.772	0.30	Valid
The intensity level of non-nursing tasks that must be performed (overload). such as administrative duties	0.739	0.30	Valid
The intensity level of staffing shortages to meet unit needs	0.733	0.30	Valid
The intensity level of not having enough time to respond to patients' family needs	0.654	0.30	Valid
The intensity level of service demands related to patient classification systems	0.733	0.30	Valid
The intensity level of having to work during rest hours	0.595	0.30	Valid
The intensity level of having to make decisions under pressure	0.819	0.30	Valid
The intensity level of insufficient information from doctors regarding patients' medical conditions	0.812	0.30	Valid
The intensity level of doctors ordering treatments that seem inappropriate for patients	0.855	0.30	Valid
The intensity level of being afraid of making mistakes in patient care	0.767	0.30	Valid
The intensity level of doctors being absent during medical emergencies	0.791	0.30	Valid
The intensity level of feeling is inadequate to perform the required tasks	0.838	0.30	Valid
The intensity level of not knowing what to communicate to patients or their families regarding conditions and treatment	0.863	0.30	Valid
The intensity level of exposure to occupational health and safety risks	0.754	0.30	Valid
The intensity level of being responsible for tasks without adequate experience	0.823	0.30	Valid

Table 2. Results of Work Stress Instrument Validity Test (X2) (cont')

Question Code	r count	R Critical	Conclusion
The intensity level of not understanding how to operate or use special equipment	0.820	0.30	Valid
The intensity level of patients making unreasonable requests	0.682	0.30	Valid
The intensity level of patients' families in making unreasonable requests	0.749	0.30	Valid
The intensity level of being blamed for every mistake that occurs	0.837	0.30	Valid
The intensity level of dealing with patients' families	0.855	0.30	Valid
The intensity level of dealing with violent patients	0.757	0.30	Valid
The intensity level of dealing with abusive behavior from patients' families	0.813	0.30	Valid
The intensity level of having to deal with abusive behavior from patients' families	0.835	0.30	Valid
The intensity level of not knowing whether patients' families will report inadequate care	0.820	0.30	Valid
The intensity level of experiencing sexual harassment	0.661	0.30	Valid
The intensity level of experiencing discrimination based on ethnicity. religion. race. or intergroup identity	0.677	0.30	Valid
The intensity level of experiencing gender-based discrimination	0.700	0.30	Valid

Source: *Data Processing Results 2025*

Table 3. Results of Testing the Validity of Nurse Performance Instruments (Y)

Question Code	r count	R Critical	Conclusion
The level of nurses' accuracy in collecting patient data	0.866	0.30	Valid
The level of completeness in nurses' documentation of patient data	0.856	0.30	Valid
The level of clarity in nurses' communication regarding follow-up information for patient care	0.888	0.30	Valid
The level of nurses' ability to analyze patient problems based on available data	0.810	0.30	Valid
Ability to carry out nursing diagnostic actions	0.831	0.30	Valid
Ability to collaborate in validating nursing interventions	0.873	0.30	Valid
Ability to re-assess diagnoses based on updated data	0.846	0.30	Valid
Ability to accurately develop intervention plans to address patient problems	0.889	0.30	Valid
The level of accuracy in providing the necessary resources for patients	0.860	0.30	Valid
The level of accuracy in performing nursing interventions to resolve patient issues	0.901	0.30	Valid
Accuracy in collaborating with other health professionals to improve patient health status	0.893	0.30	Valid
The level of accuracy in evaluating nursing interventions	0.819	0.30	Valid
The level of accuracy in documenting evaluation results and modifying care plans	0.864	0.30	Valid

Source: *Data Processing Results 2025*

Table 4. Instrument Reliability

Variable	Cronbach's Alpha	Number of Items	Cut-off	Conclusion
Toxic Workplace Environment (X1)	0.904	12	≥ 0.60	Reliable
Job Stress (X2)	0.987	57	≥ 0.60	Reliable
Nurse Performance (Y)	0.971	13	≥ 0.60	Reliable

The findings indicated that all instruments are valid and reliable, as shown in Table 4, with Cronbach's Alpha coefficients of 0.904 for the hazardous working environment, 0.987 for job stress, and 0.971 for nursing performance. Data analysis includes descriptive statistics to summarize the features of variables (Sugiyono, 2017), as well as classical assumption tests such as normality, multicollinearity, and heteroscedasticity, to ensure that regression analysis is feasible (Ghozali, 2018). To evaluate the hypotheses, multiple regression analysis is employed to determine the impact of the independent variables on the dependent variable (Sekaran & Bougie, 2017), which is corroborated by concurrent testing using the F-test and partial testing using the t-test (Ghozali, 2018). The regression model used in this study is presented as follows: $Y = \alpha + \beta1X1 + \beta2X2 + e$, where Y represents nursing performance, X1 denotes a hazardous working environment, X2 reflects job stress, α represents the intercept, $\beta1$ and $\beta2$ are the regression coefficients, and e represents the error term.

RESULTS AND DISCUSSION

Overview of Respondent Characteristics

Respondents at RSUD Cideres Majalengka were distributed across several inpatient units, including Cendrawasih, Dadali 1, Dadali 2, Elang, Galatik, Jatayu 1, Jatayu 2, Kutilang, and Walet, each of which has distinct responsibilities and patterns of nursing care delivery. Dadali 2 recorded the highest number of respondents (22 nurses, 20.6%), followed by Dadali 1 (16 nurses, 15%). Cendrawasih, Galatik, and Walet each contributed 13 respondents (12.1%), Kutilang had 12 respondents (11.2%), Jatayu 2 had 7 respondents (6.5%), Jatayu 1 had 6 respondents (5.6%), while Elang had the lowest number of respondents (5 nurses, 4.7%). The uneven distribution of nurses across units may reflect differences in workload intensity and service demand. Blume et al. (2021) stated that the number of nurses assigned to a ward often indicates the level of service activity and patient care demand. In this study, a relatively high proportion of nurses in Dadali 1, Dadali 2, and Cendrawasih (47.7%) reported working triple shifts, suggesting higher workload pressure in these units.

These findings are consistent with Cho et al. (2020), reported that the prevalence of missed nursing care varies across nursing activities and is strongly influenced by staffing levels. Inadequate staffing is associated with a higher number of missed nursing activities, which negatively impacts patient safety, the quality of nursing care, and nurses' job satisfaction, while also increasing their intention to leave. Conversely, adequate nurse staffing allows nurses to prioritize essential activities such as focused patient reassessment, timely medication administration, and patient education, thereby improving both care quality and nurse outcomes. Kurnia et al. (2024) nurse staffing levels are influenced by patient load and the complexity of required care, with inadequate staffing linked to missed care and lower quality outcomes. While Cho et al. (2020), sufficient staffing is crucial to reducing missed nursing care

and ensuring optimal service delivery for patients as well as sustainable working conditions for nurses (Table 5).

Most of the nurses at RSUD Cideres Majalengka had completed a Diploma III program (41 respondents, or 38.3%), while 15 respondents (14%) held a Bachelor's degree. Additionally, 51 respondents (47.7%) had completed the Ners professional program, Masfuri et al. (2019) D-III and Ners graduates the most prevalent among the nursing staff. Many diploma nurses pursue professional training to meet competency standards and enhance their clinical skills. Nurses with master's or specialist qualifications performed more tasks in the patient care management category. Interestingly, nurses with a Diploma III performed significantly clinical (Table 5).

Table 5. Demographic Characteristics of Respondents (n=107)

Variable	Category	Frequency	Percent
Ward	Cendrawasih	13	12.1%
	Dadali 1	16	15.0%
	Dadali 2	22	20.6%
	Elang	5	4.7%
	Galatik	13	12.1%
	Jatayu 1	6	5.6%
	Jatayu 2	7	6.5%
	Kutilang	12	11.2%
	Walet	13	12.1%
	Total	107	100%
Education Level	D-III	41	38.3%
	S1	15	14.0%
	Ners	51	47.7%
	Total	107	100%
Gender	Male	25	23.4%
	Female	82	76.6%
	Total	107	100%
Marital Status	Not Married	16	15.0%
	Married	91	85.0%
	Total	107	100%
Years of Service	< 5 Years	31	29.0%
	5–10 Years	30	28.0%
	> 10 Years	46	43.0%
	Total	107	100%

Source: *Data Processing Results 2025*

The gender distribution indicates that most respondents were women (82 respondents, 76.6%), reflecting the continued female dominance in the nursing profession, which is often associated with societal perceptions of women as more caring and empathetic. Tong et al (2023) show that female nurses scored 1.93 points higher on caring than male nurses after fully controlling for other influencing factors. Interview results revealed that both male and female nurses perceived caring as encompassing three types of relationships: nurses and patients, nurses and themselves, and nurses and society. Gender differences were found only in the connotation of caring related to nurses and themselves, while no differences emerged in caring connotations related to other relationships. Furthermore, the ranking of the importance of

caring connotations across these relationships showed no gender differences, except in the nurse–self relationship. Twenty-five male nurses (23.4%) also have an important job. According to Zou et al. (2022) male nurses were mainly assigned to ICUs, operating rooms, and emergency departments, whereas female nurses predominantly worked in general wards. Significant gender differences were observed in physical and mental health, social functioning, social support, and job satisfaction, with female nurses showing higher physical and mental component summary scores. Both genders perceived caring as involving relationships with patients, themselves, and society, with gender differences evident only in the nurse–self dimension.

Most nursing students were married (85%), and married nurses often held dual work roles, which may increase life and occupational stress. Matarsat et al (2021) work–family conflict was found to negatively affect nurses' health status and job satisfaction, with general ward nurses experiencing higher conflict but reporting better health and job satisfaction than those in high-dependency units; additionally, older, single, and non-smoking nurses reported higher job satisfaction (Table 5). Forty-three percent of nurses had more than ten years of work experience, 28% had five to ten years of experience, and 29% had less than five years of experience. Nurses with long-term experience tend to demonstrate higher levels of clinical confidence and competence, along with a deeper understanding of hospital policies and service effectiveness. Extensive experience also enhances nurses' abilities in stress management and clinical decision-making (Rababa et al. 2021). Nurses with five to ten years of service are generally in a transitional career stage, during which they actively engage in professional development and skill advancement. In contrast, less-experienced nurses (less than five years) are often more adaptive to technology and innovation; however, they are also more vulnerable to work-related stress (Rasool et al., 2021). Thus, workforce distribution reflects a balance between experience and adaptability in delivering optimal care (Table 5).

The Effect of Toxic Workplace Environment and Partial or Simultaneous Job Stress on the Performance of Nurses at Cideres Majalengka Hospital

Normality Test Results

Normality tests are used to determine whether the data is normally distributed or not. Normality testing in this study used the normal p-plot and Kolmogorov-Smirnov (K-S) tests. The following presents the output results of the SPSS program version 26.0 data normality test using the p-plot normality test.

Figure 1. Normality Test Results

Based on the normal residual p-plot in Figure 1, it can be seen that the residuals are normally distributed, as seen from the data that spreads close to the diagonal or follows the direction of the diagonal line. Therefore, it can be concluded that the regression model meets the assumption of normality. The following are the output results of the SPSS 26.0 program's data normality test, which utilizes the Kolmogorov-Smirnov test.

Table 6. Normality Test Results

N	K–S Statistic	p-value	Cut-off (α)	Normality Conclusion
107	0.073	0.200	0.05	Normal

Based on the SPSS output results (see Table 6 for the residual data), an Asymptotic. Sig. (2-tailed) A value of 0.200 was obtained, which is greater than 0.05 (α = 5%). Since p-value = 0.200 > α = 0.05, the residual data is normally distributed. There is no issue with data normality in multiple linear regression analysis, which is a parametric statistical prerequisite test that assumes data normality. In other words, the normally distributed residual data show that the model used in the statistical analysis of multiple linear regression is reliable.

Multicollinearity Test Results

To detect the presence or absence of multicollinearity in the regression model, it can be seen from the value of tolerance or the variance inflation factor (VIF). These two measures indicate which independent variable is described by the other. Tolerance measures the variability of a selected independent variable that other independent variables cannot explain. A low tolerance value is equivalent to a high VIF value (because VIF = 1/tolerance) and indicates high collinearity. The cut-off value used is a tolerance value of 0.01 or a VIF value above 10 (Ghozali, 2018). By using the SPSS 26.0 for Windows program, the output of the VIF value for each independent variable is obtained as follows.

Table 7. Multicollinearity Test

		Collinearity Statistics	
Model		Tolerance	BRIGHT
1	Toxic workplace environment (X1)	0.947	1.056
	Job stress (X2)	0.947	1.056

a. Dependent Variable: Nurse Performance (Y)

The Table 7 results show that the value of each independent variable, namely, toxic workplace environment and job stress, has a tolerance value of > 0.01 and a VIF value of < 10. Therefore, it can be concluded that there is no multicollinearity between the free variables in the regression model. Thus, results showing a tolerance value of > 0.01 and VIF < 10 imply that the independent variables in the regression model, namely, toxic workplace environment and job stress, do not have a very strong relationship. The two independent variables can function independently without influencing each other; thus, the regression coefficients generated in this model can be trusted and interpreted more accurately.

Heteroscedasticity Test Results

The heteroskedasticity test is used to determine whether the data have the same variance (homoskedasticity). Data heteroskedasticity testing was carried out using the Scatterplot test.

The following are the results of the heteroscedasticity test method using the SPSS 26.0 program application:

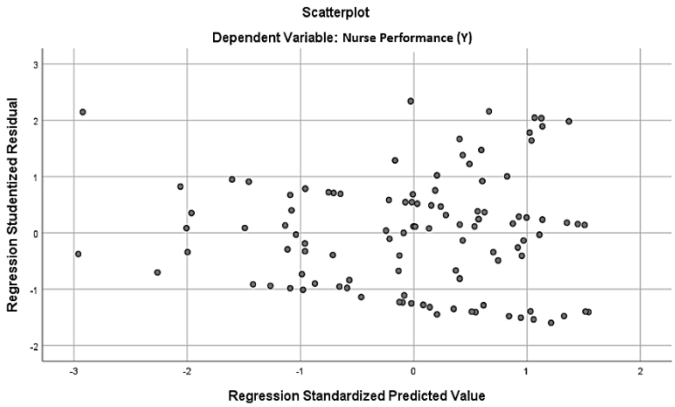

Figure 2. Test Results Heteroskedasticity

Figure 2 shows that the dots spread out and do not form a pattern, with the distribution extending above and below the zero point. Thus, it can be seen that there is no violation of the heteroscedasticity assumption in the regression model.

a. Multiple Linear Regression Equations

The multiple regression model formed is as follows:

Y = a + β1X1 + β2X2+ e

Where:

And = nurse performance
X1 = toxic workplace environment
X2 = job stress
b1 = regression coefficient for the variable toxic workplace environment
b2 = regression coefficient for job stress variables
and = error
b0 = Number of constants

By using the SPSS 26.0 for Windows program, the regression coefficient results are obtained as follows:

Table 8. Multiple Linear Regression Coefficient Results

Variable	B (Unstandardized)	t-value	p-value	Significance (Cut-off p < 0.05)
Constant	54.783	20.933	0.000	Significant
Toxic Workplace Environment (X_1)	−0.310	−2.130	0.036	Significant
Job Stress (X_2)	−0.016	−1.014	0.313	Not Significant

Based on the results of Table 8 output, it is known that the value of the constant and the regression coefficient can be formed so that a multiple linear regression equation can be formed as follows: Y = 54.783 + -0.310 X1 + -0.016 X2

b0 = 54,783 If the variables X1 and X2 are equal to zero (0), the predicted nurse performance score is 54.783.

b1= -0,310 For every one-unit increase in the toxic workplace environment score, the predicted nurse performance score decreases by 0.310 units, holding job stress constant.

b2= -0,016 For every one-unit increase in the job stress score, the predicted nurse performance score decreases by 0.016 units, holding the toxic workplace environment constant.

b. Simultaneous Hypothesis Testing (F Test)

H0: $\beta 1 = \beta 2 = 0$, indicating that there is no significant influence of the independent variables, namely (X1) toxic workplace environment and (X2) job stress, on the dependent variable, nurse performance (Y), simultaneously.

Ha: $\beta 1 = \beta 2 \neq 0$, there is a significant influence of independent variables, namely (X1) toxic workplace environment and (X2) job stress, simultaneously on the dependent variable, namely nurse performance (Y).

Table 9. F Test Results

Source of Variation	Sum of Squares	df	Mean Square	F-value	Sig. (p-value)	Cut-off (α)	Conclusion
Regression	371.950	2	185.975				
Residual	5584.349	104	53.696	3.464	0.035	0.05	Significant
Total	5956.299	106					

Based on the Table 9 output, it is known that the F-value is 3.464 with a p-value (sig) of 0.035. With $\alpha = 0.05$ and degrees of freedom v1 = 104 (107 - (2 + 1)) and v2 = 2, we obtain a table value of 3.084. Since the F-value of the table ≥ F (3.464 ≥ 3.084) or the p-value of ≤ α (0.000 ≤ 0.05), H0 is rejected, meaning that there is a significant influence of toxic workplace environment (X1) and job stress (X2) simultaneously on the performance of nurses (Y). In this study, a toxic workplace environment and job stress were found to have a combined effect on nurse performance. A nurse's decline in performance can occur when they work in a stressful environment, whether it's due to detrimental behavior in the workplace (such as bullying) or physical and emotional conditions that affect their health. Rasool et al. (2019) explained that toxic workplace environments can lead to organizational losses, decreased productivity, and increased stress levels, which can have a direct impact on nurse performance. When the work environment is not supportive, nurses are more likely to experience depression and a lack of motivation, which can lead to a decline in their performance. The conclusion of the study, as evident from these data, is that the pressures of work do not, in themselves, significantly weaken nursing performance; however, when combined with other factors, such as a hazardous working environment, they do. Wang et al. (2020) found that unsafe environments can bring significant stress to workers, particularly nurses. Unpleasant work environments and high stress levels often coincide, leading to poorer performance by nurses and making it less likely that they will complete their tasks on time. However, the research found that, although each has only a slight effect when taken in isolation, taken together, they can lead to a noticeable overall effect on performance. Pasek Rismayanti & Ariani Mayasari (2021) also supported our study, indicating that work stress can have a profound effect on nursing performance. They point out

how much more effectively nurses can practice their calling if they work without treats. Worse still, according to research by Acquadro Maran and his colleagues in 2017, dangerous work environments can make nurses' mental and physical health suffer. Hence, nurses are less able to do their jobs. In this situation, hospitals need to make sure that nurses can work in a safe and supportive setting where they won't be exposed to things that hurt their mental health.

Moreover, Josephine (2025) found that job stress research is structured around three main clusters: workplace dynamics and employee well-being, stress and psychological health, and job performance with organizational support. These findings indicate that job stress is a multidimensional phenomenon that significantly affects employees' mental health, work performance, and organizational sustainability. In this research, although the stress of work itself was not deemed relevant, the existence of a toxic working atmosphere exacerbated the situation and concurrently impacted nurses' performance. This situation makes it even more crucial to focus on these two aspects if you want to support nurses in performing their jobs more effectively in hospitals.

A good work environment and effective stress management strategies may help mitigate the impact of these factors on you. Anjum et al. (2018) argued that a healthy work environment can simultaneously lower stress levels and improve performance, as workers feel valued, encouraged, and have a good balance between work and personal life. Therefore, hospitals must ensure that they address these two key aspects. They can achieve this by implementing regulations that reduce job stress and by creating a workplace that is happy and welcoming. Overall, this study's findings provide a better understanding of the importance of improving nursing performance by reducing stress and hazardous work environments. Although neither job stressor has a significant effect on individuals, the combined effects of a toxic workplace environment and job stress have a significant impact on performance. Therefore, hospitals need to implement measures to mitigate both factors, such as improving human resource management, improving communication between staff, and providing adequate facilities and support for nurses to work optimally and healthily.

c. Partial Hypothesis Testing (t-test)

Using the SPSS 26.0 for Windows program, the following output is obtained:

Table 10. Test Results t

Variable	B (Unstandardized)	t-value	p-value	Significance (Cut-off p < 0.05)
Constant	54.783	20.933	0.000	Significant
Toxic Workplace Environment (X_1)	−0.310	−2.130	0.036	Significant
Job Stress (X_2)	−0.016	−1.014	0.313	Not Significant
Variable	**B (Unstandardized)**	**t-value**	**p-value**	**Significance (Cut-off p < 0.05)**
Constant	54.783	20.933	0.000	Significant
Toxic Workplace Environment (X_1)	−0.310	−2.130	0.036	Significant
Job Stress (X_2)	−0.016	−1.014	0.313	Not Significant

The significant rate (α) is 5%, and the degree of freedom (v) = 104 (107 - (2+1), resulting in a t-table value of 1.660.

1) Hypothesis X_1 (Toxic workplace environment)

H0: $\beta 1 \geq 0$, meaning that the toxic workplace environment variable does not have a negative and significant effect on the nurse performance variable.

H1: $\beta 1 < 0$, meaning that the toxic workplace environment variable has a negative and significant effect on the nurse performance variable.

From the SPSS output Table 10, the tcal value for X1 is 2.130 with a p-value (sig) of 0.036 and a ttable value of -1.660. Because the -t-value of the < -ttable (2.130 < 1.660) and the p-value of < α (0.036 < 0.05), H0 is rejected, meaning that the toxic workplace environment variable has a negative and significant effect on the nurse performance variable. The higher the toxic workplace environment in a nurse's workplace, the lower the nurse's performance. (Rasool et al., 2019) stated that a toxic workplace environment and a lack of confidence can lead to low performance among nurses, resulting in organizational losses, high resource utilization, and low employee morale. A poor work environment may lead to lower productivity, increased conflicts between work and personal life, and a higher number of people missing work. They have demonstrated firsthand experience at many other organizations; however, this illustrates how it all fits together. Additionally, during essay-related Polishing Work, they asked people to write about their own work experiences, and Passos could contact any employee. Did bosses have the correct vision? They wondered. "We are far into industries and spaces where knowledge is influential. I'm travelling for another French authors meeting."

A study by Pasek Rismayanti & Ariani Mayasari (2021) found that a healthy work environment can minimize stress levels in employees and directly increase their performance. On the other hand, a hazardous environment may increase stress levels, which can have a negative impact on workers' physical and mental health. Wang et al. (2020) say that toxic environments may produce physical and mental imbalances that lead to high levels of job stress, which can be bad for nurses' health. A toxic work environment may lead to long-term mental health issues, including burnout and emotional exhaustion, which will make nurses less effective over time. This study indicates that stress has a minimal to no effect on performance at Cideres Majalengka Hospital. However, it's still important to be aware of events at work that may exacerbate stress. Hawkins et al. (2023) reported that nurses often experience workplace bullying, characterized by unsafe job allocation and interpersonal conflict arising from toxic work environments. The study suggests that the adverse impacts of a toxic work environment may intensify occupational stress, hence reducing nurses' effectiveness and performance. So, even though stress at work doesn't seem to have a significant influence on how well people accomplish their jobs at Cideres Majalengka Hospital, it's still essential to address the toxic work environment to maintain nurses' mental and physical health in excellent condition.

Acquadro Maran et al. (2018) also said that many nurses are abused physically and mentally at work, but very few of them inform anybody about it. Although many nurses are affected by toxic workplace environments, this behaviour is often not officially reported, potentially leading to a decline in their performance indirectly. An intimidating and violent work environment can hinder nurses' performance, reduce their job satisfaction, and even lead to increased staff turnover rates.

2) Hypothesis of the X2 variable (Job stress)

H0: $\beta 2 \geq 0$, meaning that the job stress variable does not have a negative and significant effect on the nurse's performance variable.

H1: $\beta 2 < 0$, meaning that the job stress variable has a negative and significant effect on the nurse's performance variable.

Job stress is a common phenomenon that occurs in many workplaces, including those in the healthcare sector, to which nurses are often exposed. Josephine et al. (2025) revealed that stress is a common problem in modern life, particularly in relation to work. Job stress can cause physical and emotional responses that have adverse effects if the intensity exceeds the individual's ability or control. From the SPSS output above, the tcal value for X2 is -1.014 with a p-value (sig) of 0.000 and a ttable value of -1.660 because the t-value of the t-table is$\geq$ 1.014 ($\geq$ 1.660) and the p-value is $\leq \alpha$ (0.313 > 0.10), H0 was accepted, meaning that the job stress variable had a negative but insignificant effect on the nurse's performance variable. The findings indicate a negative relationship between job stress and nurse performance; however, this relationship is not statistically significant. This suggests that although increased job stress tends to be associated with lower performance, the effect is insufficient to produce a meaningful statistical impact. These results are in line with the study by Tuahuns et al. (2023), which found that job stress had no significant effect on nurse performance, either directly or when mediated by job satisfaction. This indicates that while job stress may exist among nurses, it does not necessarily translate into decreased performance, particularly when other factors such as the work environment and coping mechanisms play a more dominant role.

Hospital management has to pay attention to the stress that job uncertainty produces in order to improve nurse performance and make the workplace more efficient. But things are going better at Cideres Majalengka Hospital. The results showed that stress at work didn't have a big effect on how well nurses handled their jobs. The hospital is well-equipped to handle stress effectively. One thing they do is solve problems right away. When difficulties or arguments arise at work, the team leader or room head intervenes immediately to address them. This strategy prevents tension from building up, making the office a more pleasant place to work. The staff at Cideres Majalengka Hospital were likewise quite professional. Even when they have a lot of work to do and are under a lot of stress, they can still accomplish a fantastic job. Nurses have a moral and professional responsibility to provide patients with the best possible treatment, regardless of their own psychological or emotional state. In other words, although job stress remains a factor in the nurse's job, it does not significantly decrease performance because a responsive managerial system and a supportive work culture have mitigated it. The decrease in the level of stress experienced by nurses in 2024 reflects progress in human resource management within Cideres Majalengka Hospital, as well as the success of hospitals in creating a balance between work demands and the welfare of health workers.

d. Correlation Coefficient Analysis

This analysis was used to determine the degree or strength of the relationship between variable X (toxic workplace environment and job stress) and variable Y (nurse performance) simultaneously. By using SPSS version 26.0, the following outputs are obtained:

Table 11. Correlation Coefficient Results

Model Summary[b]

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	0.250a	0.062	0.044	7.32773

a. Predictors: (Constant), Job stress (X2), Toxic workplace environment (X1)

b. Dependent Variable: Nurse Performance (Y)

Based on the Table 11 output, it can be seen that the value of the correlation coefficient is 0.250. This value is included in the low correlation, which ranges from 0.200 to 0.400.

e. Coefficient Determination Analysis

After the R value of 0.250 is known, the determination coefficient can be calculated using the following formula:

Table 12. Coefficient of Determination

Model Summary[b]				
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	0.250a	0.062	0.044	7.32773

a. Predictors: (Constant), Job stress (X2), Toxic workplace environment (X1)
b. Dependent Variable: Nurse Performance (Y)

The percentage (see Table 12) of influence, based on the R-squared value of 6.2%, indicates that the variables, toxic workplace environment (X1) and job stress (X2), jointly explain only 6.2% of the variance in nurse performance (Y). In comparison, as much as 93.8% of the variation was influenced by other determinants not included in this model. A relatively small R-squared value is common in behavioral and organizational research, where a wide range of complex, multidimensional factors influences human performance. Prior studies have consistently shown that tenure, training quality, and organizational service systems significantly shape nurse competence and performance outcomes (Fauzi et al., 2023). Nurses with longer experience typically develop stronger clinical judgment and efficiency, while continuous professional development, including in-service training, strengthens both technical and non-technical skills. In addition, various psychosocial aspects such as motivation, work ethic, work environment, workload, competence, and job satisfaction have been identified as major predictors of nurse performance across different settings (Saragih, 2009; Yuni et al., 2020).

These findings underscore that performance is rarely determined by a single factor but rather by an interplay of intrinsic and extrinsic influences. Organizational mechanisms also play a critical role. Hospitals that implement systematic performance evaluations, constructive feedback cycles, and effective conflict-handling strategies generally observe better and more stable performance outcomes. In line with this, several studies confirmed that unresolved conflicts and weak supervisory structures tend to exacerbate job stress and reduce nurse efficiency, whereas supportive leadership strengthens resilience and enhances performance consistency (Rasool et al., 2019; Haeruddin et al., 2022). At RSUD Cideres Majalengka, the research findings revealed that job stress did not have a significant impact on the performance of nurses. This result suggests that the hospital has successfully developed and institutionalized effective stress-management practices. One notable strategy is the policy of immediate problem resolution, where unit heads or team leaders promptly address conflicts, miscommunication, or operational barriers on the same day they occur. This proactive managerial approach prevents the escalation of stress and fosters a psychologically safe and supportive working atmosphere. Such systems are essential in healthcare environments, where delays in conflict resolution often lead to accumulated emotional fatigue.

Furthermore, nurses at RSUD Cideres consistently demonstrated high professionalism, maintaining quality performance despite work pressures, including high patient loads during evening and night shifts. It reflects a strong ethical commitment and internal motivation to

provide optimal care to patients, regardless of their psychological or emotional challenges. The existing supportive culture, characterized by teamwork, collegiality, and responsive leadership, helps buffer the negative impact of stress. The observed decline in stress levels among nurses in 2024 is a sign of successful human resource management initiatives aimed at balancing workload demands with staff well-being, indicating a positive trend in organizational climate and workforce stability. Therefore, although the R-squared value indicates that toxic workplace environments and job stress account for only a modest portion of the variance in nurse performance, the findings remain theoretically and practically important. They highlight that reducing workplace toxicity is far more influential than stress management alone, and they reinforce the need for hospitals to strengthen anti-bullying policies, respectful communication norms, conflict-resolution mechanisms, structured training systems, and leadership practices that promote psychological safety. In summary, the results reflect a complex but optimistic landscape in which RSUD Cideres has begun to effectively manage stress while still needing to address pockets of toxic behavior that remain significant predictors of nurse performance.

CONCLUSION

Hospital administrators should view this as a top priority: establish anti-bullying regulations, develop clear reporting procedures, and promote respectful communication. In an empirical study of workplace toxicities, a comparison of psychological health among different groups of nurses is particularly interesting. For instance, it is both significant and practical to explore the psychological qualities of individual nurses, as outlined in an earlier section. Mentorship programs, peer-support systems, and frequent communication training provide a safe space for vulnerable groups, such as female nurses and unmarried nurses with limited job experience. Decrease the toxic effects of stressors on nurses' performance: Building Better Environments. Workplace Stress and Nursing Performance: A Two-Way Relationship. What's the future for? An Initiative Strengthening the Model Future study could expand the model with a more comprehensive set of organizational and psychosocial characteristics, including leadership style, organizational support, psychological well-being, communication quality, incentive systems, and working atmosphere. Observing these additional variables across different hospital types and using longitudinal or mixed-methods techniques would deepen our understanding of what actually influences nurse performance. It would also enable concrete suggestions to be made for healthcare administration based on evidence.

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REFERENCES

Acquadro Maran, D., Varetto, A., Zedda, M., & Magnavita, N. (2018). Workplace Violence Toward Hospital Staff and Volunteers: A Survey of an Italian Sample. *Journal of Aggression, Maltreatment & Trauma*, *27*(1), 76–95. https://doi.org/10.1080/10926771.2017.1405314

Afandi, P. (2018). *Human Resource Management (Theory, Concepts and Indicators)* (Vol. 5). Zanafa Publishing.

Alsomaidaee, M. M., Joumaa, B. A., & Khalid, K. W. (2023). Toxic Workplace, Mental Health and Employee Well-being, the Moderator Role of Paternalistic Leadership, an Empirical Study. *Journal of Applied Business and Technology*, *4*(2), 114–129. https://doi.org/10.35145/jabt.v4i2.126

American Nurses Association. (2021). *Nursing: Scope and Standards of Practice (4th ed.).* American Nurses Association.

Amin, M., Ekwinaldo, Y., & Novrianti, Y. (2020). Stress Kerja dan Konflik Kerja Mempengaruhi Kinerja Perawat. *Journal of Telenursing (JOTING)*, *2*(1), 31–40. https://doi.org/10.31539/joting.v2i1.521

Anjum, A., Ming, X., Siddiqi, A. F., & Rasool, S. F. (2018). An empirical study analyzing job productivity in toxic workplace environments. International Journal of Environmental Research and Public Health, 15(5), 1035. https://doi.org/10.3390/ijerph15051035

Azwar, S. (2016). *Reliabilitas dan validitas (ed. ke-4).* Yogyakarta: Pustaka Pelajar.

Blume, K. S., Dietermann, K., Kirchner-Heklau, U., Winter, V., Fleischer, S., Kreidl, L. M., ... & Schreyögg, J. (2021). Staffing levels and nursing-sensitive patient outcomes: Umbrella review and qualitative study. *Health services research*, *56*(5), 885–907. https://doi.org/10.1111/1475-6773.13647

Buulolo, F., Dakhi, P., & Zalogo, E. F. (2021). Pengaruh Stres Kerja Terhadap Kinerja Pegawai Pada Kantor Camat Aramo Kabupaten Nias Selatan. *Jurnal Ilmiah Mahasiswa Nias Selatan*, *4*(2), 191–202. https://doi.org/10.57094/JIM.V4I2.236

Cho, S. H., Lee, J. Y., You, S. J., Song, K. J., & Hong, K. J. (2020). Nurse staffing, nurses prioritization, missed care, quality of nursing care, and nurse outcomes. *International journal of nursing practice*, 26(1), e12803. https://doi.org/10.1111/ijn.12803

Damanik, H. (2019). Hubungan Iklim Organisasi Terhadap Kinerja Perawat di Rumah Sakit Imelda. *Jurnal Ilmiah Keperawatan Imelda*, *5*(1), 25–29. https://doi.org/10.52943/jikeperawatan.v5i1.304

Damopoli, R. F., Manampiring, A. E., & Doda, D. V. (2019). Hubungan Kekerasan dengan Stres Kerja Pada Perawat Unit Gawat Darurat dan Intensive Care Unit Rumah Sakit di Kota Bitung dan Kabupaten Minahasa Utara. *KESMAS: Jurnal Kesehatan Masyarakat Universitas Sam Ratulangi*, *8*(3). https://ejournal.unsrat.ac.id/v3/index.php/kesmas/article/view/23942

Daniel, T. A. (2020). *Organizational Toxin Handlers*. Springer International Publishing. https://doi.org/10.1007/978-3-030-51685-7

DePesa, C. D., Jurgens, C. Y., Lee, C. S., & O'Reilly-Jacob, M. (2023). Nurse Performance Metrics: A Scoping Review. *The Journal of nursing administration*, 53(2), 110–115. https://doi.org/10.1097/NNA.0000000000001251

Desrison, D., & Ratnasari, S. L. (2018). Faktor-Faktor yang Mempengaruhi Kinerja Perawat di Instalasi Rawat Inap RSUD Sawahlunto. *JURNAL BENING*, *5*(2), 91. https://doi.org/10.33373/bening.v5i2.938

Dessy, A. Y. (2023). *Bunga rampai ilmu keperawatan dasar* (L. S. A. J. Siagian, Ed.). PT Media Pustaka Indo.

Fauzi, R., Kusyairi, A., Hamim, N., Hafshawaty, S., Zainul, P., & Probolinggo, H. (2023). Analisis Faktor Yang Mempengaruhi Kinerja Perawat Di RSUD Asembagus Kabupaten Situbondo Tahun 2023. *Jurnal Ilmiah Kesehatan Mandira Cendikia*, *2*(10), 296–309. https://journal.mandiracendikia.com/index.php/JIK-MC/article/view/618

Febrianti, N. R., & Syarifah, D. (2022). Pengaruh Workplace Incivility dan Regulasi Emosi Terhadap Job Stress Pada Perawat. *Berajah Journal*, *2*(3), 629–638. https://doi.org/10.47353/BJ.V2I3.140

George, B., Walker, R. M., & Monster, J. (2019). Does Strategic Planning Improve Organizational Performance? A Meta-Analysis. *Public Administration Review*, *79*(6), 810–819. https://doi.org/10.1111/puar.13104

Ghozali, I. (2018). *Aplikasi analisis multivariate dengan program IBM SPSS 25*. Badan Penerbit Universitas Diponegoro.

Haeruddin, M. I. M., Akbar, A., Dipoatmodjo, T. S., Kurniawan, A. W., & Abadi, R. R. (2022). The Toxicity of our City: The Effect of Toxic Workplace Environment on Employee's Performance. *International Journal of Social Science and Business*, *6*(2), 183–190. https://doi.org/10.23887/ijssb.v6i2.45297

Hangewa, N., Bawotong, J. S., & Katuuk, M. E. (2020). Stres Kerja dengan Persepsi Perilaku Caring Pada Perawat. *JURNAL KEPERAWATAN*, *8*(1), 59. https://doi.org/10.35790/jkp.v8i1.28412

Harsono, H., Herqutanto, H., Wibowo, S., Kekalih, A., & Sulistomo, A. (2024). Validity and reliability of the Indonesian version of Expanded Nursing Stress Scale (ENSS) as a job-stress assessment tool for nurses. *Occupational and Environmental Medicine Journal of Indonesia*, *2*(1), 5. https://doi.org/10.7454/oemji.v2i1.1027

Hawkins, N., Jeong, S. Y., Smith, T., & Sim, J. (2023). A conflicted tribe under pressure: A qualitative study of negative workplace behaviour in nursing. *Journal of Advanced Nursing*, *79*(2), 711–726. https://doi.org/10.1111/jan.15491

Health and Safety Executive. (2000). The management standards for work-related stress. HSE Gov.

Herqutanto, P., Harsono, H., Damayanti, M., & Setiawati, E. P. (2017). Job Stress in Nurses in Hospitals and Primary Health Care Facilities. *EJournal Kedokteran Indonesia*, *5*(1), 7–12. https://doi.org/10.23886/EJKI.5.7444.12-7

International Labour Organization. (2016). Workplace stress: A collective challenge. ILO: https://www.ilo.org/resource/news/workplace-stress-collective-challenge

Josephine, L., & Marvianta, Y. B. A. (2025). Navigating job stress: Mapping the scientific landscape and charting future research avenues. *International Journal of Business, Education, Humanities and Social Sciences*, *7*(1), 61–72. https://doi.org/10.46923/ijbhes.v7i1.446

Kementerian Kesehatan Republik Indonesia. (2020). *Keputusan Menteri Kesehatan Republik Indonesia Nomor HK.01.07/MENKES/425/2020 tentang Standar Profesi Perawat*. Kementerian Kesehatan RI.

Kokoroko, E., & Sanda, M. A. (2019). Effect of Workload on Job Stress of Ghanaian OPD Nurses: The Role of Coworker Support. *Safety and Health at Work*, *10*(3), 341–346. https://doi.org/10.1016/j.shaw.2019.04.002

Kurnia, A., Karmilah, K., Khusnul, N., Fatimah, S., Intan, T., Ridwan, H., & Sutresna, I. (2024). The Effect of Workload on Nurse Performance in Hospital Inpatient Settings: A

Systematic Literature Review. *Genius Journal*, 5(2), 315–325. https://doi.org/10.56359/gj.v5i2.422

Larasati, N., Prajogo, W., & Ykpn, S. (2022). The Relationship Of Toxic Workplace Environment, Job Stress, Employee Life Satisfaction And Productivity With Gender And Tenure As Moderating. *International Journal of Economics, Business and Accounting Research (IJEBAR)*, *6*(3), 2604–2613. https://doi.org/10.29040/IJEBAR.V6I3.6391

Maha, A. K. K., & Herawati, J. (2022). Analisis Pengaruh Stress Kerja, Lingkungan Kerja, Beban Kerja dan Kepuasan Kerja Terhadap Karyawan di PT Natural Nusantara (Nasa) Yogyakarta. *Derivatif : Jurnal Manajemen*, *16*(1), 212–222. https://doi.org/10.24127/jm.v16i1.827

Martyastuti, N. E., Isrofah, I., & Janah, K. (2019). Hubungan Beban Kerja Dengan Tingkat Stres Perawat Ruang Intensive Care Unit dan Instalasi Gawat Darurat. *Jurnal Kepemimpinan Dan Manajemen Keperawatan*, *2*(1), 9. https://doi.org/10.32584/jkmk.v2i1.266

Masfuri, M., Waluyo, A., Afiyanti, Y., & Hamid, A. Y. S. (2019). Educational background and clinical nursing tasks performed by nurses in Indonesian hospitals. *Enfermería Clínica*, 29(S2), 418–423. https://doi.org/10.1016/j.enfcli.2019.04.061

Matarsat, H. M., Rahman, H. A., & Abdul-Mumin, K. (2021). Work-family conflict, health status and job satisfaction among nurses. British journal of nursing (Mark Allen Publishing), 30(1), 54–58. https://doi.org/10.12968/bjon.2021.30.1.54

Mehmood, S., Rasool, M., Ahmed, M., Haddad, H., & Al-Ramahi, N. M. (2024). Role of workplace bullying and workplace incivility for employee performance: Mediated-moderated mechanism. *PloS one*, 19(1), e0291877. https://doi.org/10.1371/journal.pone.0291877

Ministry of Health of the Republic of Indonesia. (2009). *Law of the Republic of Indonesia Number 44 of 2009 on Hospitals*.

Ministry of Health of the Republic of Indonesia. (2020). *Minister of Health Regulation No. 3 of 2020 concerning Hospital Classification and Licensing*.

Mukhtar, H. F., & Ahmed, M. I. O. (2019). Effect of proposed program of patient safety on nurse's knowledge and quality of care at Kosti and Rabak Teaching Hospitals-Sudan. *International Journal of Research- Granthaalayah*, 7(2), 10–17. https://doi.org/10.29121/granthaalayah.v7.i2.2019.989

Nabawi, R. (2019). Pengaruh Lingkungan Kerja, Kepuasan Kerja dan Beban Kerja Terhadap Kinerja Pegawai. *Jurnal Ilmiah Magister Manajemen*, *Vol 2*(2), 170–183. https://doi.org/10.30596/maneggio.v2i2.3667

Pasek Rismayanti, L., & Ariani Mayasari, N. M. D. (2021). Pengaruh Lingkungan Kerja Dan Stres Kerja Terhadap Kinerja Perawat Pada RSU Kertha Usada Di Tengah Pandemi Covid-19. Bisma. *Jurnal Manajemen*, 7(2), 174. https://doi.org/10.23887/bjm.v7i2.31718

Persatuan Perawat Nasional Indonesia. (2017). *Pedoman praktik keperawatan mandiri.* PPNI.

Rasool, S. F., Maqbool, R., Samma, M., Zhao, Y., & Anjum, A. (2019). Positioning Depression as a Critical Factor in Creating a Toxic Workplace Environment for Diminishing Worker Productivity. *Sustainability*, *11*(9), 2589. https://doi.org/10.3390/su11092589

Rasool, S. F., Wang, M., Tang, M., Saeed, A., & Iqbal, J. (2021). How Toxic Workplace Environment Effects the Employee Engagement: The Mediating Role of Organizational

Support and Employee Wellbeing. *International Journal of Environmental Research and Public Health*, *18*(5), 2294. https://doi.org/10.3390/ijerph18052294

Ratnasari, R. (2022). Hubungan Perilaku Negatif Pasien dan Keluarga Terhadap Stres Kerja Perawat. *ZAHRA: JOURNAL OF HEALTH AND MEDICAL RESEARCH*, *2*(3), 212–217. https://adisampublisher.org/index.php/aisha/article/view/172

Republik Indonesia. (2014). *Undang-Undang Republik Indonesia Nomor 38 Tahun 2014 tentang Keperawatan*. Lembaran Negara Republik Indonesia Tahun 2014 Nomor 307.

Robbins, S. P., & Judge, T. (2018). *Organizational Behavior* (18th Edition). Pearson Education.

Saepudin, N. L., & Sary, F. P. (2022). Employee Engagement: How Toxic Workplace Environment and Job Burnout as a Mediation Variable Influence It? *Proceedings of the International Conference on Industrial Engineering and Operations Management*, 2383–2392. https://doi.org/10.46254/EU05.20220463

Samuel, R., Zaini, N. H., Hassan, W. H. W., Talib, A. N., & Ramly, F. A. (2021). Nurses' perspective of work-related stressors. *IOP Conference Series: Earth and Environmental Science*, *704*(1), 012026. https://doi.org/10.1088/1755-1315/704/1/012026

Saragih, S. L. N. (2009). *Faktor–Faktor Yang Mempengaruhi Kinerja Perawat Dalam Melaksanakan Implementasi Keperawatan Dalam Meningkatkan Mutu Pelayanan Dirumah Sakit*.

Schleu, J. E., & Hüffmeier, J. (2021). Simply the best? A systematic literature review on the predictive validity of employee performance for leader performance. *Human Resource Management Review*, *31*(2), 100777. https://doi.org/10.1016/j.hrmr.2020.100777

Shin, S.-H., Baek, O.-J., & Lee, E.-H. (2023). Effects of Nursing Work Environment, Need Satisfaction, and Depression on Turnover Intention in Korea. *Healthcare*, *11*(12), 1698. https://doi.org/10.3390/healthcare11121698

Silalahi, U. (2017). Metode penelitian sosial. Bandung: Refika Aditama.

Sudaryanti, C., & Maulidia, Z. (2021). Faktor-faktor penyebab stres kerja perawat dalam merawat pasien COVID-19. *Adi Husada Nursing Journal*, 7(2), 57–64. https://doi.org/10.37036/ahnj.v7i1.201

Sugiyono. (2017). Statistika untuk penelitian. Bandung: Alfabeta.

Sugiyono. (2019). *Metode penelitian kuantitatif, kualitatif, dan R&D*. Bandung: Alfabeta.

Tong, L.K., Zhu, M.X., Wang, S.C. et al. Gender similarities and differences in the perception of caring among nurses during the COVID-19 pandemic: a mixed-methods study. BMC Nurs 22, 115 (2023). https://doi.org/10.1186/s12912-023-01267-z

Tuahuns, V. B., Soleman, M. M., & Husen, Z. (2023). Pengaruh stres kerja, dan lingkungan kerja terhadap kinerja perawat dengan kepuasan kerja sebagai variabel mediasi pada masa pandemi COVID-19 (studi pada RSUD Dr. H. Chasan Boesoirie Ternate). *Jurnal Manajemen Sinergi*, 11(1), 18–38. https://doi.org/10.33387/jms.v11i1.6633

Wang, Z., Zaman, S., Rasool, S. F., Zaman, Q. uz, & Amin, A. (2020). Exploring the Relationships Between a Toxic Workplace Environment, Workplace Stress, and Project Success with the Moderating Effect of Organizational Support: Empirical Evidence from Pakistan. *Risk Management and Healthcare Policy*, *Volume 13*, 1055–1067. https://doi.org/10.2147/RMHP.S256155

Wu, G., Hu, Z., & Zheng, J. (2019). Role stress, job burnout, and job performance in construction project managers: The moderating role of career calling. International

Journal of Environmental Research and Public Health, 16(13), 2394. https://doi.org/10.3390/ijerph16132394

Yuni, V., Indahsari, P., & Suroso, J. (2020). Faktor-Faktor Yang Mempengaruhi Kinerja Perawat Dalam Pemberian Pendidikan Kesehatan Studi Fenomenologis di Puskesmas I Sokaraja. *JURNAL KEPERAWATAN MUHAMMADIYAH*, 0(0). https://doi.org/10.30651/jkm.v0i0.5246

Zou, Y., Wang, H., Chen, Y., Xie, H., Chen, Y., & Wang, G. (2022). Factors influencing quality of life and work of male nurses in Hainan Province: logistic regression analysis. American journal of translational research, 14(4), 2367–2375.