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Determinants of Stress Levels in Pharmacy Installation Officers at Tgk Regional General Hospital Abdullah Syafii Year 2023

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Keywords

pharmacy installation, workload, fatigue, interactions with superiors, interactions with colleagues, interactions with patients

Abstract. Stress is often associated with accumulated levels of fatigue which can be a factor influencing stress, fatigue not only affects the health and welfare of officers but also endangers the performance of officers, resulting in an increased risk of patient safety. Empirical evidence suggests that accumulated fatigue can accelerate thrombotic reactions and even cause sudden cardiac arrest. The medical and health care industry is particularly vulnerable to the accumulation of work-related fatigue due to its specific nature, such as workload, fatigue, interactions with superiors, interactions with co-workers and interactions with patients which are related to stress levels. This study used an analytical research method, which is a research design that aims to determine the factors associated with stress levels in IFRS officers at Tgk Hospital. Abdullah Syafii. This research was conducted on 46 pharmaceutical installation staff respondents consisting of 27 women and 19 men. In this study, data analysis was carried out using a questionnaire and the data would be analyzed using univariate, bivariate, and multivariate analysis techniques, presenting data and drawing conclusions. The results of the analysis show that the most dominant factor influencing the stress level of Pharmacy Installation Officers in Hospitals is interaction with colleagues and interactions with superiors. For this reason, it is hoped that the hospital will have problems interacting with colleagues and interactions with superiors to find ways to make good relations happen for all so that there is no stress on the installation staff even though the stress that occurs is only at a mild stress level. This research was conducted on 46 pharmaceutical installation staff respondents consisting of 27 women and 19 men. In this study, data analysis was carried out using a questionnaire and the data would be analyzed using univariate, bivariate, and multivariate analysis techniques, presenting data and drawing conclusions. The results of the analysis show that the most dominant factor influencing the stress level of Pharmacy Installation Officers in Hospitals is interaction with colleagues and interactions with superiors. For this reason, it is hoped that the hospital will have problems interacting with colleagues and interactions with superiors to find ways to make good relations happen for all so that there is no stress on the installation staff even though the stress that occurs is only at a mild stress level. This research was conducted on 46 pharmaceutical installation staff respondents consisting of 27 women and 19 men. In this study, data analysis was carried out using a questionnaire and the data would be analyzed using univariate, bivariate, and multivariate analysis techniques, presenting data and drawing conclusions. The results of the analysis show that the most dominant factor influencing the stress level of Pharmacy Installation Officers in Hospitals is interaction with colleagues and interactions with superiors. For this reason, it is hoped that the hospital will have problems interacting with colleagues and interactions with superiors to find ways to make good relations happen for all so that there is no stress on the installation staff even though the stress that occurs is only at a mild stress level.

1. INTRODUCTION

According to WHO, mental health is a state of well-being in which an individual is aware of his or her own abilities and can cope with the normal stresses of life, can work productively and can contribute to his or her community. If mental health disorders occur, it will have a broad impact on the health, social, human rights and economic sectors throughout the world. In Indonesia, mental disorders are still a significant problem. The 2015 Riskesdas stated that the prevalence of emotional mental disorders in Indonesia reached 14 million people or 6% of the total population in Indonesia for ages 15 and over (Rahmayani et al., 2019).

Stress is one of the impacts that arises from disturbed mental health. In 1936, Selye Hans was the first to introduce the notion of stress which comes from the Latin word 'stringere' which means hunger, sting, pain, and physical suffering/suffering. According to Selye Any external event or internal

force that threatens to disturb the balance of the organism is stress. He defined stress as the body's non-specific response to any demand. (Baba, 2017). Stress can be described as feeling excessive, tense, worried. Most people have experienced stress, sometimes to motivate themselves to complete work and do it well. How dangerous stress is if it occurs excessively and disrupts daily activities in the long term. Job stress is an adverse reaction to excessive pressure or demands at work and work stress is also an individual's psychological response to demands at work and the work environment. Jobs related to hospitals or health care have a high tendency to be exposed to work stress or depression. Factors that influence stress include age, gender, highest level of education, marital status, length of service and workload. (Aiska, 2016) Factors that influence stress include age, gender, highest level of education, marital status, length of service and workload. (Aiska, 2016) Factors that influence stress include age, gender, highest level of education, marital status, length of service and workload. (Aiska, 2016)

Stress has now become a common problem in modern life, including work-related stress (ILO, 2016). Work stress is a dangerous physical and emotional response and can occur when job demands exceed the worker's ability or work control (Alberta, 2017). Work stress becomes a risk to the health and safety of workers when the work carried out exceeds the capacity, resources and abilities of workers for a long time (ILO, 2016). Stress is often associated with accumulated levels of fatigue which can be a factor that influences stress. Fatigue not only affects the health and well-being of officers but also endangers the performance of officers, resulting in increased risks to patient safety. Empirical evidence suggests that accumulated fatigue can accelerate thrombotic reactions and even cause sudden cardiac arrest. The medical and health services industry is particularly susceptible to the accumulation of work-related fatigue due to its specific nature, such as long and irregular working hours and lack of rest and sleep. Work-related fatigue accumulation has been shown to be associated with officer fatigue (Tang et al., 2019).

In Japan and Korea, cerebrovascular and cardiovascular diseases (CVD) associated with overwork have been recognized by the government as occupational side effects. Overwork has been reported as a silent killer for officers in China. The sudden deaths of three officers from two prestigious tertiary hospitals in Beijing over two weeks in October 2016 attracted sensational media attention. Karoshi, a term of Japanese origin that describes death from overwork, has since become a growing occupational safety concern in China's hospital sector. Similar problems have also been reported in several other East Asian countries, including Japan and South Korea. (Tang et al., 2019)

In Indonesia, it is recorded that around 10% of the total Indonesian population experiences stress. The 2013 Basic Health Research (Riskesdas) data states that around 1.33 million residents of DKI Jakarta experience stress, where this figure reaches 14% of the total population with acute stress levels reaching 1-3%, and severe stress reaching 7-10% (Nurhidayati, 2016). Hospitals have a high workload and various emergency cases that must be handled quickly are very risky for officers experiencing work stress. Work stress is an important concern, one of which is in the health service sector (ILO, 2016). The results of research conducted by the Health and Safety Executive (2015) show that the work of officers has a high level of stress. In a survey conducted by VITAL Worklife and Cejka Search (2015) it was shown that 88% of 2,005 officers identified themselves as having moderate to severe levels of stress on a daily basis. Jobplanet (2017) conducted a survey of 86,000 employee and worker respondents from August 2015 to January 2017.

Clerk in IFRS is considered a high-stress job because of the responsibility towards people. Another reason that makes IFRS officers increasingly at risk of experiencing stress is its strong impact on human life. The Working Conditions Survey conducted in Europe (2005) proved that 22% of health workers felt stressed. Conditions related to stress such as anxiety, depression are the most common reasons why people who work in the health sector often feel stressed, and the main reason behind it is the work environment (National Social Insurance Agency, 2013; Theorell, 2016). Stress has a detrimental impact on physical and psychological health resulting in serious outcomes such as exhaustion and suicide (Aslam et al., 2016)

Extensive studies have been conducted on long working hours and multiple work shifts in work-related fatigue, Lack of sleep, physical fatigue are considered as the main causes of work-related fatigue which can be stress-inducing factors. Work-related fatigue is also believed to be related to many individual factors such as age, anxiety, food intake and sleep patterns (Tang et al., 2019). Based on the results of an initial survey conducted in January 2023, the things that IFRS officers in the field often face are patients who are upset due to long waits for the necessary medicines to be ready. Likewise, the officer's attitude when confirming medication. Likewise, nurses are impatient waiting for medicine to be prepared. Prepare cash disbursement reports.

2. METHOD

This analytical research was conducted to explore factors related to stress levels in IFRS officers at Tgk. Abdullah Syafii in 2023. The specific research location is at Tgk. Abdullah Syafii, with research time from January to July 2023. The population that is the focus of this research is all officers at the Pharmacy Installation of Tgk Regional Hospital. Abdullah Syafii and the number of samples = 46 people.

The conceptual framework of this research is as follows:

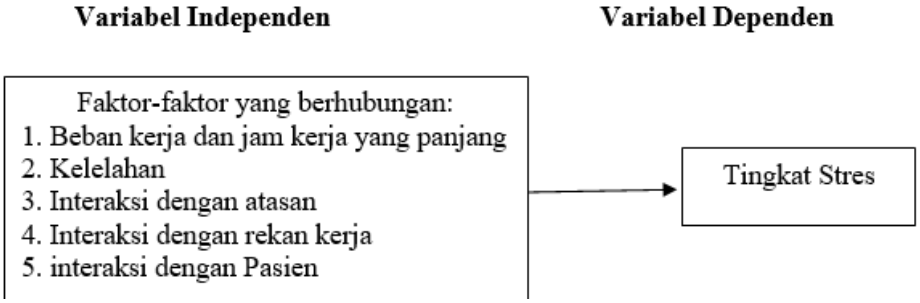

Figure 1. Research Conceptual Framework

Research Hypothesis

a. There is a relationship between workload and long working hours with stress levels.
b. There is a relationship between fatigue and stress levels.
c. There is a relationship between interaction with superiors and stress levels.
d. There is a relationship of interaction with colleagues with stress levels.
e. There is a relationship between interaction with patients and stress levels.

Operational definition

a. Workload and long working hours are workload calculations based on the RI Ministry of Health No. 81/Menkes/SK/I/2004 concerning guidelines for preparing health human resource planning at the Provincial, District/City and Hospital levels.
b. Fatigue is a condition that occurs from work activities.
c. Interaction with superiors is the daily relationship between subordinates and superiors.
d. Interaction with colleagues is the daily relationship between colleagues in doing work.
e. Interaction with patients is the daily interaction between patients and hospital staff in carrying out their work.
f. Stress level is the result of an assessment of the severity of the stress experienced.

Table 1. Measurement Aspects

NO	Independent Variable (x)	Amount Statement	How to and Measuring instrument	Measure Results	Value	Measure Scale
1	2	3	4	5	6	7
1	Workload	Questionnaire 3	Calculating the answer score	(2-3) (1)	OK (2) Not Good (1)	Ordinal

			in accordance with the provisions in the score table. Yes : 1 No : 0			
	b. Fatigue	Questionnaire 10	Calculating the answer score in accordance with the provisions in the score table. Yes : 1 No : 0	(6-10) (1-5)	tired (2) Not Tired (1)	Ordinal
	c. Interaction with superiors	Questionnaire 10	Calculating the answer score in accordance with the provisions in the score table. Yes : 1 No : 0	(6-10) (1-5)	OK (2) Not Good (1)	Ordinal
	d. Interaction with coworkers	Questionnaire 10	Calculating the answer score in accordance with the provisions in the score table. Yes : 1 No : 0	(6-10) (1-5)	Good (1) Not Good (0)	Ordinal
	e. interaction with patients	Questionnaire 10	Calculating the answer score in accordance with the provisions in the score table. Yes : 1 No : 0	(6-10) (1-5)	Safe (1) Not Safe (0)	Ordinal

No	**Dependent variable (Y)**	**Amount Statement**	**How to and Measuring instrument**	**Measure Results**	**Value**	**Measure Scale**
1	**2**	**3**	**4**	**5**	**6**	**7**
1	Stress Level	Questionnaire 14	Calculating the answer score in accordance with the provisions in the score table. 0 : None or never	(0 –14) (15– 18) (19–25) (26– 33)	Normal Stress (5) Light Stress (4) Moderate Stress (3) Severe Stress (2)	Ordinal

	1 : In accordance with what is experienced to a certain degree, or sometimes 2 : Often 3 : Very much in line with what is experienced, or almost all the time	(>34)	Very Severe Stress (1)

The data collected is processed by computer. After collecting the data, it will be analyzed using univariate, bivariate and multivariate analysis techniques. Description Univariate analysis distributes the frequency of each independent and dependent variable, so that an overview of the research variables is obtained. Next, the data is entered into a frequency distribution table. Analysis was carried out to determine the frequency distribution and each variable. Bivariate analysis was carried out using a computer program. To test the hypothesis, statistical analysis was carried out using the chi-square test (x^2), the significance level is 95% (P<0.05) so it can be seen that there is no statistically significant relationship. Multivariate analysis is used to see the relationship between each independent variable and the dependent variable at the research location in terms of stimulus. The statistical test used is binary regression at a significance limit of 95% with a statistical calculation of α = 0.05.

3. RESULTS AND DISCUSSION

Characteristics of Respondents

Table 2. Characteristics of Research Respondents

Characteristics	Indicator	n	%
Gender	Woman	27	58.7
	Man	19	41,3
Amount		**46**	**100**

Table 2 shows that 58.7% of the respondents in this study were female and 41.3% were male.

Univariate analysis

The following univariate analysis was carried out on pharmacy installation officers at the Tgk Regional General Hospital. Abdullah Syafi'i in 2023: workload, fatigue, interactions with superiors, colleagues, patients, and stress levels.

Table 3. Workload for Hospital Staff in 2023

No	Officer Workload	N	%
1	Heavy	28	60.9
2	Not heavy	18	39.1
	Amount	**46**	**100**

The distribution of respondents based on the level of workload for officers in hospitals - in 2023 shows that the workload for officers in hospitals - is heavy at 60.9% and the workload for officers at hospitals is not heavy at 39.1%.

Table 4. Fatigue among Hospital Staff - in 2023

No	Installation Officer Fatigue	N	%
1	Tired	27	58.7
2	Not tired	19	41,3
	Amount	**46**	**100**

Table 4 shows that the fatigue level is 58.7% and the non-fatigue level is 41.3%.

Table 5. Interaction with Superiors in Installation Officers at Hospitals -2023

No	Interaction with Superiors	N	%
1	Not good	25	54.3
2	Good	21	45.7
	Amount	**46**	**100**

Table 5 is the distribution of respondents based on the level of interaction with superiors for Installation Officers at Hospitals in 2023, showing that interactions with superiors for Installation Officers at Hospitals are 54.3% bad and interactions with superiors for Installation Officers at Hospitals are good at 54.3%. 45.7%.

Table 6. Interaction with Colleagues in Installation Officers at Hospitals -2023

No	Interaction with Coworkers	N	%
1	Not good	28	60.9
2	Good	18	39.1
	Amount	**46**	**100**

Table 6 shows that interactions with co-workers on Installation Officers at the Hospital are not good as much as 60.9% and as much as 39.1% as good.

Table 7. Patient interaction with installation staff at the hospital -2023

No	Interaction with patients	N	%
1	Not good	24	52.2
2	Good	22	47.8
	Amount	**46**	**100**

Table 7 shows that job security for Installation Officers in Hospitals is not good at 52.2% and job security for Installation Officers at Hospitals is good at 47.8%.

Table 8. Stress Levels in Installation Staff at Hospitals -2023

No	Stress Level	N	%
1	Mild Stress	27	59,7
2	Moderate Stress	19	41,3
	Amount	**46**	**100**

Table 8 shows that the stress level for Installation Officers at Hospitals - mild stress is 59.7% and the stress level for Installation Officers at Hospitals - normal stress is 41.3%.

Bivariate Analysis

The results of bivariate analysis via the chi-square test for each variable can be seen in the following description.

Table 9. Relationship between workload and stress levels among installation staff at hospitals

No	Workload	Stress Level				Amount		p value
		Moderate Stress		Mild Stress				
		N	%	N	%	N	%	
1	Heavy	25	89.3	3	10,7	28	100	0,000
2	Not heavy	2	11,1	16	88.9	18	100	
	Total	**27**	**58.7**	**19**	**41,3**	**46**	**100**	

Table 9 shows the heavy workload of Installation Officers in Hospitals at 60.9 percent, the workload of Installation Officers at Hospitals that are not heavy is 39.1 percent, and the stress level of Installation Officers at Hospitals is light at 59.7 percent. and the p-value (p-value) is 0.000 (p<0.05).

Table 10. Correlation between Fatigue and Stress Levels in Installation Staff in Hospitals -

No	Fatigue	Stress Level				Amount		p value
		Moderate Stress		Mild Stress				
		n	%	N	%	N	%	
1	Tired	23	85.2	4	14,8	27	100	0,000
2	Not tired	4	21.1	15	78.9	19	100	
	Total	**27**	**58.7**	**19**	**41,3**	**46**	**100**	

Table 10 shows the stress level of Installation Staff at the Hospital, with a mild stress level of 59.7% and a normal stress level of 41.3%, as well as fatigue, with a tired level of 58.7% and fatigue, with a non-fatigue level of 41.3%.

Table 11. Relationship between interactions with superiors and stress levels among installation staff at hospitals

No	Interaction with Superiors	Stress Level				Amount		p value
		Moderate Stress		Mild Stress				
		n	%	N	%	N	%	
1	Not good	23	92.0	2	8.0	25	100	0,000
2	Good	4	19.0	17	81.0	21	100	
	Total	**27**	**58.7**	**19**	**41,3**	**46**	**100**	

Table 11 shows that interactions with superiors of Installation Officers in Hospitals were not good at 54.3%, interactions with superiors of Installation Officers in Hospitals were good at 45.7%, and the stress level for Installation Officers in Hospitals was light at 59.7%. and the stress level of Installation Officers in Hospitals is normal at 41.3%.

Table 12. Interaction Relationship with Colleagues with Stress Levels in Installation Officers at Hospitals

No	Interaction with Coworkers	Stress Level				Amount		p value
		Moderate Stress		Mild Stress				
		n	%	N	%	N	%	
1	Heavy	25	89.3	3	10,7	28	100	0,000
2	Not heavy	2	11,1	16	88.9	18	100	
	Total	**27**	**58.7**	**19**	**41,3**	**46**	**100**	

Table 12 shows that interactions with co-workers of Installation Officers at Hospitals were not good at 60.9%, interactions with co-workers at Installation Officers at Hospitals were good at 39.1%, and the stress level for Installation Officers at Hospitals was light at 59 .7%, and the normal stress level of Installation Officers at the Hospital is 41.3%.

Table 13. Relationship between patients and stress levels in hospital installation staff

No	Interaction with patients	Stress Level				Amount		p value
		Moderate Stress		Mild Stress				
		n	%	n	%	N	%	
1	No, Sis	22	91.7	2	8,3	24	100	0,000
2	Good	5	22,7	17	77,3	22	100	
	Total	**27**	**58.7**	**19**	**41,3**	**46**	**100**	

Table 13 shows the p-values, or p-values, from the chi-square statistical analysis. The results showed that 52.2% of interactions with patients at installation staff in hospitals were not good, 47.8% of interactions with patients at installation staff at hospitals were good, and the stress level for pharmacy installation staff at hospitals was mild stress at 59 .7%, and the stress level of the installation staff at the mild stress hospital was 41.3%.

Multivariate Analysis

In this study, multivariate analysis was carried out using Multiple Logistic Regression as a follow-up to the statistical analysis of bivariate tests. The variables included in this study were considered as selection thresholds with a p value of 0.25. The variables workload, work fatigue, interactions with superiors, coworkers, and patients are components that qualify for bivariate statistical tests that qualify for multivariate analysis. Next, logistic binary regression analysis is used to analyze the five variables in the study. This multivariate analysis was carried out in two (two) stages, namely: All independent variables were tested in the first stage of the binary multiple regression test (logistic regression), with results of p <0.25 in the bivariate test.

Table 14. Results of Multiple Logistic Regression Analysis of Variables Workload, Work Fatigue, Interaction with Superiors, Interaction with Colleagues and Interaction with Patients as Model Candidates

Stage	Variable	B	Sig	Exp (B)
Stage 1a	Workload	17,180	1,000	0,000
	Work Fatigue	18,698	1,000	1,320
	Interaction with Superiors	3,197	0.018	24,466
	Interaction with Coworkers	3,794	0.040	44,426
	Patient interaction	0.614	0.717	0.541
Stage 2a	Workload	3,399	0.006	29,944
	Patient interaction	3,730	0.002	41,668
	Constant	10,871	0,000	0,000

The variables tested in the first stage of binary multiple regression (logistic regression) are all independent variables that have been declared significant at p<005 in bivariate analysis. The independent variable with a significance value <0.05 is interaction with superiors, which is 0.006, and interaction with colleagues is 0.002. The results of variable analysis using the binary regression test (logistic regression) revealed that the most dominant factor influencing the stress level of pharmaceutical installation workers in hospitals is the interaction factor with co-workers and interaction with superiors.

Discussion

The Relationship between Workload and Stress Levels in Installation Officers at Tgk.Abdullah Syafi'i Regional General Hospital

According to Table 8, the p-value is 0. The workload for Pharmacy Installation Officers in Hospitals is heavy is 60.9 percent, and the workload for Pharmacy Installation Officers in Hospitals is not heavy is 39.1 percent. The stress level for Pharmacy Installation Officers in hospitals with moderate stress was 59.7 percent, and the stress level for Pharmacy Installation Officers in mildly stressed Hospitals was 41.3 percent. The p-value resulting from the chi-square statistical analysis is 0.

In addition, research conducted in India found that 42% of installation workers experienced moderately high stress levels, 28% experienced low moderate stress levels, and 14% experienced very high stress levels. Only 16% of pharmacy installation workers are included in the low stress group. Due to the workload that makes them tired, the scores of installation workers who experience moderately high levels of stress are very high. Where they have to treat patients, examine patients in every ward, attend academic lectures, and work as a night watchman at least twice a week. Furthermore, they also have to provide for their family. According to Baba (2012), a survey of 34

general installation workers at Bethesda General Hospital GMIM Tomohon Manado. According to workload, 17 people (50, 0%) and 17 people (50%) experienced heavy workloads, respectively. According to the level of work stress, 13 people (38.2%) and 21 people (61.8%) experienced heavy work stress. According to Mintjelungan et al. (2019), researchers argue that pharmacy installation staff may experience lower levels of stress due to their large workload because they work in more than one practice.

The Relationship between Fatigue and Stress Levels in Installation Officers at the Tgk.Abdullah Syafi'i Regional General Hospital

Table 4 shows the results of the chi-square statistical analysis. The results showed that the fatigue level of Pharmacy Installation Officers in Hospitals who were tired was 58.7%, the fatigue level of Pharmacy Installation Officers who were not tired was 41.3%, and the stress level of Pharmacy Installation Officers in Hospitals who were moderately stressed was 59.7%. and the stress level for Pharmacy Installation Officers in Hospitals who were mildly stressed was 41.3%. This is caused by gender factors which influence stress levels. Men and women respond to conflict in different ways. Men generally enjoy conflict and competition, even considering it good encouragement. In contrast, women's brains view conflict and stress negatively, causing stress, anxiety and fear. Additionally, there are several reasons why pharmacy workers are tired. One of them is a bad environment, such as many patients and few pharmacists. External factors, such as fatigue from homework or a difficult job, can also be a cause of fatigue related to stress levels. Most pharmacists are wives or housewives.

Someone who experiences stress can experience excessive feelings, tension and worry. Most people experience stress, sometimes to encourage them to do a good job and get it done. How is stress dangerous if it is excessive and interferes with daily activities for a long time? Job stress is a psychological reaction to excessive demands and pressure at work. Workers who work in hospitals or the health sector tend to experience work stress or depression. Age, gender, highest level of education, marital status, length of service, and workload are some of the stress factors. According to Aiska (2014), stress has become a common problem in modern life, and work-related stress is one of them (ILO, 2016).

The accumulated level of fatigue is often associated with stress, which is one of the factors that affect stress. Fatigue not only affects the health and well-being of Plant Workers but also compromises their performance, increasing patient safety risks. Excessive fatigue can accelerate thrombotic reactions and even lead to cardiac arrest, according to empirical evidence. Due to its unique characteristics, such as long and irregular working hours and lack of rest and sleep, the medical and health services sector is particularly vulnerable to the accumulation of work-related fatigue. There is a relationship between work-related fatigue accumulation and workers working in pharmaceutical installations (Tang et al., 2019).

Interaction Relations with Superiors with Stress Levels in Installation Officers at the Tgk.Abdullah Syafi'i Regional General Hospital

The results of the chi-square dip statistical analysis showed that 54.3% of interactions with supervisors at Pharmacy Installation Staff at Hospitals were not good and interactions with superiors at Pharmacy Installation Staff at Hospitals were good at 45.7%. The stress level for Pharmacy Installation Officers in mild hospitals is 59.7% and the normal stress level is 41.3%.

Because relationships with superiors, coworkers, and subordinates are not always good and compatible, human relations in the workplace can cause stress. difficulty building relationships with other employees, such as arguing with colleagues, knowing that others do not appreciate their contributions, and failing to form a work team with employees (Tarigan, 2015). One of the challenging aspects of life is having to live with other people. Good relationships between work group members are considered very important for organizational and individual health (Munanjar, 2016).

Table 5 shows the results of the study of Interaction Relations with Superiors and Stress Levels in Pharmacy Installation Staff at the Tgk Regional General Hospital. Abdullah Syafi'i who showed

that women tend to have less good interactions with superiors (17 people) compared to men, which is only 2 people. This is caused by the gender factor, namely the way men think tends to be based on facts, while women tend to have a feeling of being supported by men usually think of finding solutions, while women need someone to tell their grievances. Although correspondence doesn't always have to provide a solution, men generally prefer to solve problems rather than talk about them.

According to Rice in Waluyo (2018), work stress symptoms consist of three components: physical symptoms, psychological symptoms, and behavioral symptoms. In contrast, Bram said that symptoms of work stress fall into four categories: physical, emotional, intellectual, and interpersonal (Bram in Donsu, 2017).

Interaction Relations with Colleagues with Stress Levels in Installation Officers at the Tgk.Abdullah Syafi'i Regional General Hospital

The results of the chi-square statistical analysis carried out in Table 8 show that the stress level for Pharmacy Installation Officers in Hospitals is mild at 59.7% and the normal stress level is 41.3%. Interactions with colleagues at the Pharmacy Installation Staff in Hospitals were also not good at 60.9% and good at 39.1%.

The Relationship between Interaction with Patients and Stress Levels in Installation Staff at Tgk.Abdullah Syafi'i Regional General Hospital

The p value, or p-value, is generated from chi-square statistical analysis. Table 7 shows that the interaction with patients in the Pharmacy Installation Staff at the Hospital was not good at 52.2%, the interaction with patients at the Installation Staff at the Hospital was good at 47.8%, and the stress level at the Installation Staff at the Hospital was mild as much as 59.7% and the stress level for Installation Officers in Hospitals was normal as much as 41.3%. According to a study conducted on pharmacy installation staff at a public hospital in the Tgk area which looked at the relationship between their interactions with patients and their stress levels. According to Table 4.6 from Abdullah Syafi'i, women tend to have less good interactions with patients (22 people) compared to men, only 2 people. This is because women are more emotional, with more empathic control cells in their brains than men, so they understand stress better and are more likely to seek social support.

Women actually express more affiliative social behavior, namely making friends or becoming enemies. Angry patients will usually be more emotional or people who suppress them will be seen as enemies, and women are more likely to seek the support of friends or family to deal with their problems. Endorphin hormones, which help reduce pain, encourage women to engage in social interactions. According to Tisa (2017), a study conducted on pharmaceutical workers at the Bitung Regional General Hospital showed a relationship between job satisfaction and workload with work stress. Nurses at the Bitung Regional General Hospital showed a relationship between workload and work stress with a p value of 0.000, and job satisfaction with work stress with a p value of 0.011. According to research conducted by the National Institute for Occupational Safety and Health (NIOSH, 2018), work stress has been a concern for a long time in the health industry. This research also found that employees who work in health facilities experience higher levels of stress compared to employees from other types of work (Anonymous, 2018). Job stress can also cause job burnout, lower work absenteeism, lower patient satisfaction, and wrong diagnoses in patients (NIOSH, 2018).

One of the occupational safety and health problems is stress, according to research by the American Nurses Association (ANA) in 2015 (Anonymous, 2018). In the stress model at work, Cooper, CL explains that job intrinsic factors, such as physical demands (for example, lighting, temperature, cleanliness, and non-ergonomic work station design, hygiene), task demands (for example, work shifts, workload), factors of the individual's role in the organization of work (eg, role conflict and ambiguity of roles), factors of career development, factors of work relationships, and factors that cause stress in the workplace. While moderate levels of work stress can increase productivity, high or low levels of work stress will actually decrease productivity.

4. CONCLUSION

The results of the study at the Tgk.Abdullah Syafi'i Regional General Hospital show that there is a significant relationship between workload, work fatigue, interaction with superiors, interaction with colleagues, and interaction with patients with stress levels in pharmacy installation staff, with all p-values less than 0.05. Of all these factors, interactions with colleagues and interactions with superiors are the most dominant factors influencing stress levels. Based on the results of research at the Tgk Regional General Hospital. Abdullah Syafi'i, suggested that he could reduce the stress level of pharmaceutical installation staff in several ways. First, by adding special staff in the pharmaceutical sector to reduce work load and fatigue. Furthermore, increasing supportive social relationships between colleagues, superiors, and subordinates to avoid interpersonal pressure. Focusing on fostering group cohesion and interpersonal trust can help reduce job stress. Avoiding collaboration with individuals who lack sensitivity in social interactions is also essential. Finally, if the problem of workload and interaction with superiors and colleagues is resolved, this will have a positive effect on interactions with patients, allowing pharmacy staff to have more control over their emotions in interacting with patients.

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