

## The Impact of Psychodynamic Theory-Based Resilience Training on Occupational Stress and Resilience Among Nurses

Fretty L Manalu

<sup>1</sup>STIKES Sint Carolus, Jakarta, Indonesia

\*Email: [frettymanalu@gmail.com](mailto:frettymanalu@gmail.com)

ARTICLE INFO	ABSTRACT
<p><b>Keywords:</b> Resilience training, work stress, resilience.</p>	<p><i>Hospitals offer extensive individualized medical care, while nurses perform specific tasks and fulfill distinct roles, which can cause significant stress among nurses. This study aimed to evaluate the effectiveness of psychodynamic resilience training in improving job stress management and endurance among nurses. Conducted in July 2023, the study involved 46 nurses at West Jakarta X Hospital. The research objectives were to assess the impact of psychodynamic resilience training on job stress levels and to determine the influence of such training on the resilience and endurance of nurses. The study employed a quantitative research approach with a quasi-experimental design, incorporating pre- and post-tests, control groups, and statistical techniques such as ANCOVA, t-tests, and multivariate analysis. The multivariate analysis demonstrated a substantial impact of PK and training on nursing work stress, with p-values of 0.008 and 0.000, respectively. Additionally, the resilience of nurses was significantly influenced by the implementation of resilience training, indicated by a p-value of 0.006, and the specific impact of resiliency training on nurse resilience showed a p-value of 0.020. The study found that psychodynamic resilience training effectively decreases work stress and enhances endurance among West Jakarta X Hospital nurses. Implementing psychodynamic theory is expected to enhance resilience training at X and Y hospitals, reducing work stress and increasing nursing resilience.</i></p>

### INTRODUCTION

A hospital is a vital societal and healthcare institution component that delivers comprehensive services, including curative and preventive measures, to the community, as defined by the World Health Organization. Hospitals must offer high-quality services to the community, as stated in PP No. 47 of 2021. This regulation mandates that hospitals must provide accurate information about their services and deliver safe, effective, and non-discriminatory healthcare that prioritizes the well-being of patients by establishing hospital service standards. Hospitals offer intricate health services that encompass a range of service providers, including nurses.

The nurse has a specific role and function in carrying out his duties. Nurses fulfill various roles, including providing nursing care, making clinical decisions, advocating for patients, managing cases, facilitating rehabilitation, providing comfort, communicating with others, assisting patients, collaborating with healthcare professionals, educating patients, offering consultation, and driving innovation. Additionally, nurses perform independent, dependent, and interdependent functions (Anggita, 2003). The role of a nurse is very intricate and fraught with significant risks, leading to occupational stress. According to a survey conducted among executive healthcare workers in the United States, 46% reported feeling high-stress levels in their jobs.

In comparison, 34% expressed severe intentions of leaving their current positions (Fajrillah & Nurfitriani, 2016). According to a report by the Indonesian Ministry of Health 2012, 55.1% of nurses in Indonesia experience high levels of occupational stress. According to the 2018 data from the National Association of Nurses of Indonesia, 50.9% of Indonesian workers suffer from occupational stress, which manifests as dizziness, fatigue, irritability, lack of rest, and inadequate income (Lumingkewas et al., 2015). In May 2022, the West Jakarta X Hospital collected

data on the nurses' maximum stress levels when their workload reached 12%. The lowest stress levels were reported when nurses experienced discrimination at a rate of 1.29%.

Efforts to reduce work stress and maintain a healthy workforce can be made by understanding the concept of resilience (Turner, 2014). Resilience can assist nurses in managing the prevalence of violence in their profession, which otherwise contributes to their stress levels (Phillips, 2020). Resilience is believed to aid nurses in mitigating the impact of stress and exhaustion. Additionally, resilience is regarded as a valuable tool or ability that may be utilized to manage work-related challenges (Yu et al., 2019). Gaining a comprehensive understanding of a nurse's resilience might enable the nurse to proactively recognize and avert future issues, thus enhancing their employability and eventually facilitating personal and professional development.

A study was conducted in February 2023 to assess the stamina levels of 67 nurses using an unstructured measuring method. The survey revealed that 58% of respondents admitted being unable to cope with change. In comparison, 68% stated that the stress they encountered did not contribute to their resilience. Additionally, 59% found it easy to give up, 79% reported difficulty maintaining focus and clarity of thought under pressure, and 68,65% believed stress did not make them stronger. Furthermore, 76% disliked leadership roles, even when faced with problem-solving situations. In addition, 64% admitted to being easily overwhelmed, 74,62% confessed to struggling with unpleasant emotions, and 65% admitted to not enjoying challenges. According to an informal conversation with the head of the department and the shift supervisor, some nurses expressed concerns about an excessive workload and occasional difficulties in handling job-related obstacles.

Efforts to enhance resilience can be cultivated and honed to endure challenges effectively, and a heightened level of resilience will lead to exemplary performance, particularly among nurses (Walpita & Arambepola, 2020). This resilience training is founded on Hildegrad E Peplau's theory of interpersonal relationships in nursing, which encompasses several orientation phases. These phases include recognition, problem identification, selective response to individuals who can fulfill their needs, utilization of available services, and ultimately, the termination of the professional relationship with the patient, with the expectation that the patient will become more independent and resilient. Addressing and preventing work-related stress among nurses at West Jakarta X Hospital is crucial. This is necessary to prevent the adverse effects that can harm the hospital's ability to provide quality health services.

The primary objective of this research is to evaluate the effectiveness of psychodynamic resilience training in reducing work-related stress and enhancing resilience among nurses at West Jakarta X Hospital. By implementing such training, the study aims to improve nurses' ability to manage stress, thereby improving their overall job performance and well-being. The benefits of this research include providing actionable insights for hospital management to enhance the mental health support systems for nurses, ultimately leading to higher quality patient care and a more resilient healthcare workforce.

## **METHOD**

The study employed a quasi-experimental research design, namely a pre-post-test control group design. Two groups were randomly selected, and pretests and post-tests were administered to determine whether there were any differences in the effects of the intervention on the treatment group compared to the control group. The sampling technique employed in this study utilizes probability sampling, ensuring that every individual in the population has an equal opportunity to either be selected or not selected as a sample. The study comprised 46 nurses, divided equally between the intervention and control groups. The study was conducted in West Jakarta X Hospital, which is classified as a type B hospital. The investigation was conducted in many locations, including Hermon, Sinai Kanan, Kiri, Horeb, Gilead, ICU/HCU, ICCU, Moriah, NICU, and Karmel inpatient wards. The study was conducted from May to July 2023.

## **RESULTS AND DISCUSSION**

The study was conducted at Siloam Hospital Kebon Jeruk (Intervention) and Siloam Hospital MRCCC (Control).

### **Univariate Analysis**

#### **Characteristics of Respondents**

**Table 1. Frequency Distribution of Nurse Characteristics at West Jakarta X and Y Hospitals**

No	Variable	Control		Case	
		Σ	%	Σ	%
1	Age				
	<25	32	69.6	40	87.0
	25-35 yo	8	17.4	6	13.0
	36-45 yo	6	13.0	0	0.0
2	Education				
	D3 Keperawatan	6	13.0	13	28.3
	S1/News	40	87.0	33	71.7
3	Duration of employment				
	<3 y	12	26.1	5	10.9
	3-5 y	8	17.4	26	56.5
	>5 y	26	56.5	15	32.6
4	Clinical Nurse				
	PK I	12	26.1	19	41
	PK II	12	26.1	14	30.4
	PK III	22	47.8	13	28.3
	PK IV	0	0.0	0	0.0
	Total	46	100.0	46	100.0

According to the data in Table 1, the control intervention group had the highest proportion of nurses under 25 years old. A Bachelor's Degree in Nursing was the predominant kind of education for nurses in both the intervention and control groups. The duration of work was more significant than five years in the control group and between 3 and 5 years in the intervention group. The control group mainly included participants classified as PK III. In contrast, the intervention group primarily consisted of participants classified as PK I.

**Occupational stress experienced by nurses**

**Table 2. Pre- and post-job stress scores of nurses who received resilience training based on psychodynamic theory were compared between the control and intervention groups.**

Occupational Stress		n	Min-Max	Mean	SD
Case	Pretest	46	59.0-97.0	78.3	10.6
	Post-test		23.0-81.0	54.7	11.5
Control	Pretest	46	52.0-100.0	80.3	11.2
	Post-test		52.0-100.0	80.0	11.3

According to Table 2, there were a total of 46 participants in both the intervention and control groups. Before the intervention (pretest), the average stress level among these participants was 78.3, with a standard deviation of 10.6. The lowest work stress score is 59.0, while the highest is 97.0. Following the intervention, a noticeable reduction in job stress levels may be observed, with a mean of 54.7 and a standard deviation of 11.5. The minimum value is 23.0 dam, while the maximum value is 81.0. The control group exhibited no score disparity before and after the instruction.

**Table 3. Frequency distribution of work stress differences among nurses before and after receiving resilience training, based on psychodynamic theory, in both the control and intervention groups.**

Occupational Stress	Control Pre		Control Post		Case Pre		Case Post	
	n	%	n	%	N	%	n	%
No Stress	5	10.9	10	21.7	5	10.9	12	26.1
Mild	25	54.3	21	45.7	15	32.6	34	73.9
Medium	14	30.4	13	28.3	24	52.2	0	0.0
Severe	2	4.3	2	4.3	2	4.3	0	0.0
Total	46	100.0	46	100.0	46	100.0	46	100.0

**Table 4. The frequency distribution of occupational stress among nurses at West Jakarta Hospital is analyzed using the X and Y variables in the Nurse Questionnaire.**

No	Queries	Preintervention				Postintervention			
		TP	KK	Sr	Sa	TP	KK	Sr	Sa
1	Dying and Death	11	59	18	2	27	19	29	17
		12.0	64.1	19.6	2.2	29.4	20.7	31.5	18.5

No	Queries	Preintervention				Postintervention			
		TP	KK	Sr	Sa	TP	KK	Sr	Sa
2	Conflict with doctors	23	51	13	38	20	24	37	11
		25.0	55.4	14.1	41.3	21.8	26.1	40.2	12.0
3	Insufficient preparation	22	47	20	2	19	19	13	41
		23.9	51.1	21.7	2.2	20.7	20.7	14.1	44.6
4	Conflict with a colleague	13	50	26	38	19	26	32	15
		14.1	54.3	28.3	41.3	20.71	28.3	34.8	16.3
5	Conflict with supervisor	23	51	13	38	20	24	37	11
		25.0	55.4	14.1	41.3	21.8	26.1	40.2	12.0
6	Uncertainty over treatment	18	53	16	38	19	19	13	41
		19.6	57.6	17.4	41.3	20.7	20.7	14.1	44.6
7	Conflict with patients	11	59	18	27	19	26	29	18
		12.0	64.1	19.6	29.3	20.7	28.3	31.5	19.6
8	Workload	20	24	37	11	42	0	29	21
		21.8	26.1	40.2	12.0	43.3	0.0	31.5	22.8
9	Discrimination	19	19	13	7	42	0	29	21
		20.7	20.7	14.1	7.6	43.3	0.0	31.5	22.8

Table 4. presents the measurements of work-related stress in nurses, with the primary source being the uncertainty over treatment, accounting for 44.6% of cases. In such instances, nurses are frequently held responsible for any confusion, as they are directly involved in patient care. The nurse harbored apprehensions regarding the proliferation of the sickness within the institution (Irawan et al., 2023). Insufficient preparation, accounting for 41% of cases, can lead to stress, mainly when the workload is heavy. Therefore, it is crucial for nurses to meticulously prepare patient treatments and address any conflicts of roles that may hinder the execution of nursing processes and effective communication (Irawan et al., 2023). Conflicts with supervisors (40.2%) can lead to stress due to inadequate supervisor support. Supportive assistance is crucial for nurses to perform effectively and feel secure in their workplace (Harsono et al., 2017). Conflicts with doctors (40.2%) might arise due to doctors' perceived dominance in patient recovery, the high level of knowledge among nurses, and the legal aspects of self-determining therapy. Disagreements in treatment can also contribute to these conflicts (Kouloubandi et al., 2012).

**Nurse Resilience**

**Table 5. Assessment of nurse resilience scores before and after receiving resilience training based on psychodynamic theory, control groups, and intervention.**

Resilience		n	Min-Max	Mean	SD
Case	Pretest	46	8.0-172.0	89.1	44.0
	Post-test		8.0-177.0	90.6	44.1
Control	Pretest	46	9.0-181.0	79.2	45.1
	Post-test		1.0-183.0	81.5	44.1

According to Table 5, there were a total of 46 participants in both the intervention and control groups. Before the intervention (pretest), the average stamina of these participants was 89.1, with a standard deviation of 44.0. The lowest stamina score is 8.0, while the highest is 172.0. Following the intervention, nurses saw a significant improvement in stamina, with a mean of 90.1 and a standard deviation of 44.1. The minimum value of 8.0 decametres is the maximum of 177.0. There is no discernible disparity in the control group's scores before and after the instruction.

**Table 6. Frequency distribution of nurse resilience before and after resilience training, based on psychodynamic theory, in control groups and intervention groups.**

Resilience	Control Pre		Control Post		Case Pre		Case Post	
	n	%	n	%	n	%	n	%
a. Low	12	26.1	4	8.7	27	58.7	6	13.0
b. Medium	8	17.4	9	19.6	19	<b>41.3</b>	12	26.1
c. High	26	56.5	33	71.7	0	0.0	28	<b>60.9</b>

Table 6. displays the percentage of changes in nurse resilience before and after receiving resilience training intervention, which is based on psychodynamic theory. The control group and intervention group showed differences in levels of persistence. Specifically, in the intervention group, the medium to considerable persistence

percentage increased from 41.3% before the intervention to mostly high persistence (60.9%) after the intervention.

**Table 7. Frequency distribution of nurse resilience based on questionnaires conducted at X and Y Hospitals in West Jakarta.**

No	Queries	Preintervention				Postintervention			
		K	C	B	SB	K	C	B	SB
1	Personal	55	31	5	23	2	4	53	31
	Competencies	59.8	33.7	5.4	25.0	2.2	4.3	59.8	33.7
2	Faith vs Instinct	48	29	5	18	2	13	48	29
		52.2	31.5	5.4	19.6	2.2	14.1	52.2	31.5
3	Positive Regard	59	18	4	11	4	11	59	18
		64.1	19.6	4.3	12.0	4.3	12.0	64.1	19.6
4	Self-Control	51	13	5	23	5	23	51	13
		55.4	14.1	5.4	25.0	5.4	25.0	55.4	14.1
5	Spiritual	47	20	3	22	3	22	47	20
		51.1	21.7	3.3	23.9	3.3	23.9	51.1	21.7

Table 7. presents a resilience dimension further broken into five dimensions, specifically Personal Competence, which is rated at 59.8% as good. Previous research by (Henshall et al., 2020) suggests that individuals with good personal competence are considered to possess resilience. A nurse with exceptional interpersonal skills is expected to excel in nursing care and thrive in challenging circumstances. (McDonald et al., 2012). According to (Wrae Hill, 2010), believing in excellent instincts is beneficial since it allows individuals to be self-aware and conscious of their existence. This belief is held by 52.2% of people (Morse et al., 2021). The study conducted by (Monroe et al., 2021) found that a high level of positive self-acceptance, at 64.1%, is associated with the ability to effectively handle stressors and successfully overcome challenging situations in the workplace. Embracing positivity enables individuals to cultivate their personal qualities while mitigating the adverse effects of their surroundings. Self-control at 55.4% is considered to be good. It refers to an individual's ability to regulate their desires and effectively manage their emotions, enabling them to navigate challenging circumstances successfully (Kim & Chang, 2022). A nurse who possesses strong resilience will demonstrate the ability to exert self-control. The greater the level of self-control, the more resilient the nurse will be (Hofmeyer et al., 2020). The spiritual dimension, which accounts for 51.1% of overall well-being, refers to the importance of religious beliefs and ideals. A solid spiritual foundation is crucial for nurses as it enhances their resilience and motivation to pursue a meaningful life. A robust religious belief system can assist a nurse in effectively managing and dealing with stress professionally.

### Bivariate Analysis

#### Test Results

**Table 8. Results of the Work Stress Normality Test for the pretest and post-test data**

No	Variable	Skewness	SE	Results	Information
1	Work Stress pretest	0.753	0.622	0.131	Data is normally distributed
2	Work Stress posttest	1.323	0,060	1.263	Data is normally distributed

Table 8 shows that both the variables of job stress before and after the test follow a normal distribution, with values ranging from -2 standard deviations to +2 standard deviations. The bivariate test employs the parametric dependency t-test (paired t-test) and the independent t-test, as suggested by the test outcomes.

**Table 9. Toughness Normality Test Results for Pretest and Posttest Data**

No	Variable	Skewness	Std. Error	Result	Information
1	Pretest toughness	0.541	0.932	-0.391	Normal distributed data
2	Posttest toughness	0.492	0.969	-0.477	Normal distributed data

Table 9. demonstrates that all the pretest and post-test variables have a normal distribution, with values ranging between -2 and +2 standard deviations. The bivariate test utilizes both the parametric dependency t-test (paired t-test) and the independent t-test, as indicated by the test results.

**Equality Test**

**Table 10. Test of characteristic equivalence (age, education, working age, and PK) between the intervention group and the control group**

Variable	Case		Group Control		P-Value
	n	%	n	%	
Age					
<25	40	87.0	32	78.3	0.028
25-35 yo	6	13.0	8	15.2	
36-45 yo	0	0.0	6	6.5	
Education					
D3 Keperwatan	13	28.3	6	13.0	0.060
S1/Ners	33	71.3	40	79.3	
Duration of employment					
<3 y	5	10.9	12	26.1	0.001
3-5 y	26	56.5	8	7.8	
>5 y	15	32.6	26	56.5	
Clinical Nurse					
PK I	19	41.3	12	26.1	0.132
PK II	14	15.2	12	13.0	
PK III	13	28.3	22	62.0	
PK IV	0	0.0	0	0.0	

According to the data in Table 10, the test results showed significant differences in the age variable (p-value: 0.028) and the duration of work (p-value: 0.001) between the intervention group and the control group. This means that there were variations in the proportion of age and time of work between the two groups. No statistically significant proportion difference exists between the intervention and control groups (p-value > 0.05). Therefore, there are discernible disparities in the age and duration of work between the intervention and control groups.

Evaluation of the impact of resilience training, based on psychodynamic theory, on the work stress experienced by nurses in intervention groups by comparing the levels of work stress before and after

**Table 11. The effects of resilience training, based on psychodynamic theory, on the levels of work stress experienced by nurses before and after the intervention are analyzed.**

Occupational Stress	Before (pretest)		After (post-test)		P Value	N
	Mean	SD	Mean	SD		
	78,3	10.6	54,7	11.5	0,001	46

According to Table 11, the intervention group had an average work stress level of 78.3 before receiving resilience training based on psychodynamic theory. The standard deviation for this group was 10.6. A post-test was done after implementing the resiliency training based on psychodynamic theory. The results showed a decrease in job stress, with an average score of 53.7 and a standard deviation of 11.5. Therefore, implementing resilience training treatments based on psychodynamic theory resulted in a significant reduction of 23.6 points in job stress scores.

**Differences in occupational stress among nurses in control groups prior to and following psychodynamic theory-based resilience training**

**Table 12. Analysis of Pre- and Post-Nurse Occupational Stress in Control Groups**

Occupational Stress	Before (pretest)		After (post-test)		P Value	N
	Mean	SD	Mean	SD		
	80,3	11.2	80,0	11.3	0,197	46

According to Table 12, the average level of work stress in the control group before receiving resilience training based on psychodynamic theory was 80.3, with a standard deviation of 11.2. After conducting a post-test on resiliency training based on psychodynamic theory, it was found that work stress fell to an average of 80.0, with a standard deviation of 11.3. The statistical test yielded a p-value of 0.197, indicating no statistically significant difference in the average work stress score between the control group.

### Differences in occupational stress among nurses in the control and intervention groups

**Table 13. Comparative analysis of the occupational stress disparities between the intervention and control groups based on the post-test data in X and Y hospitals.**

Variable	Group	Mean	SD	P Value	N
Occupational Stress	Case	65.90	17.5	0,001	46
	Control	78,3	10.62		46

Referring to Table 13, the average working stress in the intervention group was 65.90, with a standard deviation of 17.5. In contrast, the control group had an average work stress of 78.3, with a standard deviation 10.62. The independent t-test statistical test results yielded a p-value of 0.001, less than the significance level of 0.05. This indicates that the null hypothesis (Ho) can be rejected, suggesting a significant difference in job stress between the control and intervention groups at X and Y in Jakarta 2023.

**A comparison of the nurses' endurance levels before and after receiving resilience training, which is based on psychodynamic theory, was performed in the control group.**

**Table 14. Analyzing the effects of psychodynamic theory-based resilience training on the endurance of nurses in pre and post-intervention groups.**

Nurse Resilience	Before (pretest)		After (post-test)		P Value	N
	Mean	SD	Mean	SD		
	79,2	44.0	81,5	44.1	0,005	46

Table 14 shows that in the intervention group, the mean persistence of nurses before receiving resilience training based on psychodynamic theory was 79.2, with a standard deviation of 44.1. After undergoing resilience training based on psychodynamic theory, the average persistence of nurses increased to 81.5, with a standard deviation of 44.1. The statistical test yielded a p-value of 0.005, indicating a significant difference in the average endurance score of nurses before and after receiving a resilience training intervention based on psychodynamic theory.

**The distinction between the endurance levels of nurses in the control group prior to and after undergoing resilience training grounded in psychodynamic theory**

**Table 15. Analysis of Nurse Resilience Before and After Treatment in Control Groups**

Nurse Resilience	Before (pretest)		After (post-test)		P Value	N
	Mean	SD	Mean	SD		
	89,1	45.1	90,6	44.1	0,811	46

According to Table 15, the control group had an average resistance of 89.1 before receiving resilience training based on psychodynamic theory (pretest), with a standard deviation 45.1. After conducting a post-test on resiliency training based on psychodynamic theory, it was observed that the resistance increased, but not much, to an average of 90.6. The standard deviation was found to be 44.1. Therefore, providing intervention training based on the psychodynamic theory did not substantially increase the strength score, which remained at 0.7. The statistical test yielded a p-value of 0.811, indicating no significant difference in the average endurance score between the control group.

**Distinction in nurse resilience between the intervention and control group**

**Table 16.1z Examining the disparities in nursing perseverance between the intervention and control groups based on the post-test data**

Variable	Group	Mean	SD	P Value	N
Nurse Resilience	Case	84.4	44.07	0,001	46
	Control	79,2	44.0		46

Table 16 shows that the average nurse stamina in the intervention group was 84.4, with a standard deviation 44.07. In contrast, the average work stress in the control group was 79.23, with a standard deviation of 44.0. The independent t-test statistical analysis findings yielded a p-value of 0.001, less than the significance level of 0.05. This indicates that the null hypothesis (Ho) can be rejected, suggesting a significant difference in the stamina of nurses between the control groups and the intervention group in the X and Y hospitals in Jakarta in 2023.

**Multivariate Analysis****Table 17. Multivariate Analysis of the Influence of a Resilience Training Program Founded on Psychodynamic Theory with Work-Related Stress and Nurse Stamina as Confounding Variables**

Variable	Parameter	B	P value
Occupational Stress	a. Intercept	57.602	<b>0.000</b>
	b. Age	-1.953	0.445
	c. Education	-1.110	0.746
	d. Duration of Work	-4.478	0.098
	e. PK	7.239	<b>0.008</b>
	f. Resilience Training	26.867	<b>0.000</b>
Resilience	g. Intercept	102.931	<b>0.020</b>
	h. Age	15.981	0.104
	i. Education	-24.705	0.062
	j. Duration of Work	-12.544	0.224
	k. PK	-6.063	0.555
	l. Resilience Training	-13.109	<b>0.006</b>

According to the data in Table 17, the multivariate analysis of ANCOVA revealed a noteworthy impact of intervention approaches (namely, resilience training program interventions grounded in psychodynamic theory) on the heightened work stress experienced by patients. The p-value is 0.000. The analytical results indicated that the age variables (p-value=0.445) and education (p-value=0.746) were not significantly affected by the intervention methods used in the resilience training program, based on psychodynamic theory. Furthermore, the intervention methods significantly impacted the increase in patient job stress (p-value=0.000). The findings revealed that the age variable (p-value=0.445) and education duration (p-value=0.098) were not statistically significant regarding the work stress nurses experienced. PK (p Value=0.008) and resiliency training (p Value=0.000) were found to have a significant relationship with nursing work stress. The nurse's job stress decreased due to the significant factors of PK and resistance training. The stamina of nurses is exclusively influenced by resilience training rooted in psychodynamic theory.

**CONCLUSION**

Research at Kebon Jeruk Siloam Hospitals and MRCCC Siloam Hospital examined the effect of resilience training based on psychodynamic theory on work stress and nurse resilience. The results showed that this training was effective in reducing work stress and increasing nurse resilience, especially for those under 25 years old and having a working period of 3-5 years. Resilience training needs to be tailored to the specific needs of young nurses and the length of their tenure to maximize their effectiveness.

Although there was a significant reduction in work stress levels after the intervention, there was no significant difference between the control group and the intervention. Therefore, the scope of resilience training should be expanded to include all nurses regardless of group. It is recommended that resilience training be integrated into the mandatory curriculum for all nursing staff. More research is needed to develop more effective methods for assessing and addressing the specific needs of nurses from different demographics and occupational backgrounds.

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