

The Relationship of Working Hours, Incentives, and Work Environment with Work Stress on Indonesian Doctor Internship Participants Batch November 2024 in Bali Province

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ABSTRACT

Work stress has become a common issue experienced by workers and can have negative impacts on productivity and mental health. The aim of this study is to determine the relationship between working hours, incentives, and work environments with work stress. The research was conducted on participants of the Indonesian medical internship program from the November 2024 batch in Bali Province. The type of research used is quantitative with a cross-sectional study design, and sample selection was done using purposive sampling. Data collection was carried out using a questionnaire that had been tested for validity and reliability. The data of 104 respondents were analyzed. Data analysis was conducted using One-Way ANOVA, Kruskal-Wallis, and Pearson tests. The results showed a significant positive relationship between working hours ($p = 0.015$) and work stress, meaning that the longer the working hours, the higher the level of work stress. There was also a significant negative relationship between the work environment ($p = 0.001$) and work stress, indicating that a conducive work environment can reduce the level of work stress. There was no significant relationship between incentives ($p = 0.674$) and work stress. These findings highlight the important role of management in creating sound policies to support the well-being of medical interns.

KEYWORDS

Medical internship; working hours; incentives; work environment; work stress.



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INTRODUCTION

The Indonesian Doctor Internship Program (PIDI) has been implemented since 2010 as a mandatory stage for new doctors to practice their clinical skills comprehensively and integrally for one year in health care facilities, with six months in hospitals and six months in community health centers (Rulianto et al., 2019). Based on *Peraturan Menteri Kesehatan Republik Indonesia Nomor 7 Tahun 2022*, Internship Doctors are entitled to receive basic living expenses, transportation, and/or allowances, as well as health and employment insurance provided by the Minister. In addition, the Central Government, Local Government, and Internship Program Vehicles may also provide incentives to internship program participants in accordance with their respective financial capabilities. In practice, internship participants face various physical and mental pressures that can cause work-related stress due to the discrepancy between expectations and reality in the field, such as long working hours, inadequate incentives, and an unfavorable work environment (Health Human Resources Development and Empowerment Agency, 2018; Lugito et al., 2021; Wintoro et al., 2018).

Work stress can also be defined as a condition of mismatch between what workers expect and what actually happens in the work environment. This work stress will manifest as emotional instability, sleep disorders, feelings of sadness, anxiety, increased blood pressure,

and digestive system disorders (Maghfira, 2023; Septina Liftyawan et al., 2020). Work stress can be caused by several factors, including excessive workload, emotional demands, poor relationships or coworkers, lack of social support, an unpleasant work environment, and income that is not commensurate with the workload. Every individual can experience work stress when faced with one of these factors. However, each individual may have a different response to similar stressful conditions. This depends on the attitude, personality, and ability of the individual to respond to the stress they experience (Maghfira, 2023; Riyadi, 2022).

Working hours are a pattern of time divided into several parts so that employees can do something (Sudrajat & Wahyuningsih, 2023; Yani et al., 2020). Based on Law No. 13 of 2003, working hours can be divided into 7 hours a day and 40 hours a week for employees who work 6 days a week. Meanwhile, workers who work 5 days a week are required to work 8 hours a day and 40 hours a week (Neksen et al., 2021). Long working hours and excessive workloads can reduce the quality of doctors' work and endanger patients. According to the Royal College of General Practitioners (RCGP), one source of this risk is fatigue. When medical personnel experience fatigue, their focus and capacity to perform decline, which can potentially lead to clinical errors. Contributing factors include lack of sleep and excessive work demands (Khan N, 2024).

Incentives are a form of financial reward outside of the salary provided by an organization's leader as a form of appreciation for employee performance and achievements (Saputra et al., 2022). The purpose of providing incentives is to reward employees in order to improve and strengthen their enthusiasm and motivation to be more innovative and enthusiastic in carrying out the tasks mandated by the agency (Yulia et al., 2024). For employers and work institutions, the provision of incentives should not be considered a burden on the institution, but rather an investment to create an efficient and productive work atmosphere. In terms of benefits for workers, incentives are seen as an encouragement for them to work better in order to obtain greater incentives (Febrian et al., 2025). Incentives that include financial aspects (such as living expenses, allowances, and regional compensation) and non-financial aspects (such as awards, training, and supervisory support) can affect the motivation, job satisfaction, and psychological well-being of internship participants. Inequity or mismatch between workload and incentives received can be a significant source of stress (Wintoro et al., 2018).

The work environment encompasses everything that surrounds employees, both physical and non-physical, directly or indirectly, that can influence them and their work (Fransiskus Caracioli et al., 2023). The work environment includes the place where employees work and the working relationships between subordinates and superiors as well as between coworkers (Anis, 2022). To have a good work environment, companies must provide a workplace, facilities, tools, cleanliness, lighting, tranquility, and safety for employees, including good working relationships between people in the workplace (Limbong et al., 2022; Octarina & Ardana, 2022). When supported by a good work environment, employees will feel comfortable, safe, and free from worry, enabling them to perform their activities well and produce maximum results (Danisa & Komari, 2023; Nadapdap et al., 2022).

A previous study by Yuan et al. (2023) titled *“Burnout and Fatigue Amongst Internal Medicine Residents: A Cross-Sectional Study on the Impact of Alternative Scheduling Models on Resident Wellness”* found that the *“1-in-4 call”* scheduling model among medical residents

was strongly associated with high levels of fatigue and burnout, with an odds ratio (OR) of 5.69 for negative impacts on both work and home life. The strength of this study lies in its robust quantitative analysis of working hours and scheduling models; however, it does not specifically address internship programs for new doctors in the Indonesian context, nor does it incorporate factors such as incentives or work environment quality that can influence stress levels. Another study by Azizi et al. (2024), “*The Challenges of Medical Students in Their Internship (Shiraz University)*”, explored the challenges faced by medical interns in Iran, including workload, examination pressure, and health-related issues during internship. While the study provided valuable qualitative insights into the lived experiences of interns, its limitations include a small and localized sample and the absence of a systematic analysis of variables such as incentives, work hours, and organizational environment, which limits its generalizability.

This study aims to determine the relationship between working hours, incentives, and work environment with work stress levels among medical interns in Bali Province (Ganster et al., 2018). The findings are expected to provide evidence for policymakers at the provincial level and health care facilities to improve work hour arrangements, incentive mechanisms, and work environment conditions that support the psychological well-being of new doctors and the quality of service.

METHOD

This study used a quantitative approach with a descriptive analytical research design to analyze the relationship between working hours, incentives, and work environment with work stress among Indonesian Doctor Internship Participants (PIDI) batch November 2024 in Bali Province. The minimum sample size based on Cochran's calculation with a margin of error of 0.05 (5%) was 104 out of a total population of 143. This study was conducted in October 2025.

The instrument used in this study was a questionnaire consisting of three main sections, namely: respondent identity, work stress questionnaire, and work environment questionnaire. The sampling technique used was non-probability sampling, namely purposive sampling. Data collection was conducted using a cross-sectional approach. The data source for this study was primary data obtained from distributing questionnaires online, using a Likert scale consisting of strongly disagree (1), disagree (2), neutral (3), agree (4), and strongly agree (5). The work stress measurement tool used the Job Stress Scale by Shukla and Srivastava (2016), which consists of four dimensions, namely job stress scale (9 items), role expectation conflict (5 items), coworker support (4 items), and work-life balance (4 items).

The research instruments used will undergo validity and reliability tests to ensure that they are valid and reliable. The data obtained will be analyzed using univariate and bivariate analysis. Bivariate analysis consists of correlative analysis using the Spearman test for the work environment variable, the One Way Anova test for the working hours variable, and the Kruskal-Wallis test for the incentive variable. Bivariate data analysis uses IMB SPSS Statistics 26 software.

RESULT AND DISCUSSION

Respondent Distribution

Based on Table 1, the sample size for this study was 104 respondents who were Indonesian medical interns in Bali Province. Based on Table 1, the majority of respondents were female, numbering 78 (75%), while 26 (25%) were male. Most respondents were in the 25-30 age range, namely 68 people (65%), followed by 35 people (34%) in the 26-30 age range and 1 person (1%) in the 31-35 age range. Most respondents worked at community health centers, numbering 53 people (51%), and the rest worked at hospitals, numbering 51 people (49%). Next, the average working hours of respondents over 7 days were mostly 31-35 hours, with 39 people (38%), followed by 36-40 hours with 22 people (21%), 20-25 hours with 16 people (15%), 41-45 hours for 14 people (13%), and 26-30 hours for 13 people (14%). In terms of incentives, 28% or 29 people received incentives of Rp. 750,000-1,000,000 per month, incentives of Rp. 500,000-750, 000 per month for 21 people (21%), no incentive for 18 people (18%), an incentive of Rp. 1,000,000-1,500,000 per month for 15 people (14%), incentives of <Rp. 500,000 and >Rp. 2,000,000 per month for 8 people (7%) each, and incentives of Rp. 1,500,000-2,000,000 per month for 5 people (5%).

Table 1. Respondent Demographic Data

Category		Frequency (n)	Percentage (%)
Gender	Man	26	25%
	Woman	78	75%
Age	20-25 years	68	65%
	26-30 years old	35	34%
	31-35 years old	1	1%
Workplace	Hospital	51	49%
	Community Health Center	53	51%
Average work duration/week	20-25 hours	16	15%
	26-30 hours	13	13%
	31-35 hours	39	38%
	36-40 hours	22	21%
	41-45 hours	14	13%
Monthly incentives	Can not	18	18%
	<Rp. 500,000	8	7%
	Rp. 500,000-750,000	21	21%
	Rp. 750,000-1,000,000	29	28%
	Rp. 1,000,000-1,500,000	15	14%
	Rp. 1,500,000-2,000,000	5	5%
	>Rp. 2,000,000	8	7%

Source: Data processing results, 2025

Table 2. Results of Validity Test and Work Environment Variables (X)

Question variables	r-count	r-table	Criteria
X.1	0.639	0.1927	Valid
X.2	0.674	0.1927	Valid
X.3	0.696	0.1927	Valid

Question variables	r-count	r-table	Criteria
X.4	0.789	0.1927	Valid
X.5	0.806	0.1927	Valid
X.6	0.674	0.1927	Valid
X.7	0.491	0.1927	Valid
X.8	0.573	0.1927	Valid
X.9	0.580	0.1927	Valid
X.10	0.452	0.1927	Valid

Source: Data processing results, 2025

Table 3. Results of the Validity Test of the Work Stress Variable (Y)

Question variables	r-count	r-table	Criteria
Y.1	0.542	0.1927	Valid
Y.2	0.529	0.1927	Valid
Y.3	0.119	0.1927	Invalid
Y.4	0.341	0.1927	Valid
Y.5	0.572	0.1927	Valid
Y.6	0.690	0.1927	Valid
Y.7	0.612	0.1927	Valid
Y.8	0.470	0.1927	Valid
Y.9	0.525	0.1927	Valid
Y.10	0.648	0.1927	Valid
Y.11	0.575	0.1927	Valid
Y.12	0.514	0.1927	Valid
Y.13	0.469	0.1927	Valid
Y.14	0.633	0.1927	Valid
Y.15	-0.063	0.1927	Invalid
Y.16	-0.240	0.1927	Invalid
Y.17	-0.006	0.1927	Invalid
Y.18	-0.235	0.1927	Invalid
Y.19	-0.390	0.1927	Invalid
Y.20	0.523	0.1927	Valid
Y.21	-0.051	0.1927	Invalid
Y.22	-0.210	0.1927	Invalid

Source: Data processing results, 2025

Validity and Reliability Test

Validity and reliability tests were conducted on both measuring instruments. The validity test for the work environment and job stress variables was conducted using the Guttman Split-Half method. The number of respondents was 104 people, so the r-table value used was 0.000. is 0.1927. Based on Table 2, all items are valid in the work environment instrument. Based on Table 3, there are 8 invalid items in the work stress instrument, so they are not used in this study. The reliability test on the work environment variable items produced a Cronbach's Alpha value of 0.895. Meanwhile, the reliability test on the work stress variable items produced a Cronbach's Alpha value of 0.911.

The Relationship Between Working Hours and Job Stress

Table 4. Normality Test Results

Item	<i>Shapiro-Wilk</i>		
	Statistics	df	Sig.
20-25 hours	0.926	16	0.207
26-30 hours	0.893	13	0.107
31-35 hours	0.970	39	0.369
36-40 hours	0.974	22	0.794
41-45 hours	0.951	14	0.579

Source: Data processing results, 2025

Table 5. Results of Homogeneity Test

<i>Lavene Statistics</i>	df1	df2	Sig.
0.369	4	99	0.830

Source: Data processing results, 2025

Table 6. Test Results One Way Anova on the Relationship between Working Hours and Job Stress

	Mark
<i>Mean Square</i>	284,990
F	3,238
Sig.	0.015

Source: Data processing results, 2025

Before conducting the One-Way ANOVA test, the data must be analyzed for normality and homogeneity. In Table 4, the results of the normality test show a significance value of >0.05 for each data item, indicating a normal distribution. In Table 5, the homogeneity test obtained a significance value of 0.830 (>0.05), indicating a homogeneity of the data. In Table 6, the One-Way ANOVA test obtained a significance value of 0.015 (<0.05). Therefore, the conclusion is that there is a significant relationship between working hours and job stress among the November 2024 batch of Indonesian Doctor Internship (PIDI) participants in Bali Province.

The Relationship Between Incentives and Work Stress

Table 7. Normality Test Results

Item	<i>Shapiro-Wilk</i>		
	Statistics	df	Sig.
Can not	0.869	18	0.017
<Rp. 500,000	0.880	8	0.187
Rp. 500,000-750,000	0.924	21	0.103
Rp. 750,000-1,000,000	0.943	29	0.120
Rp. 1,000,000-1,500,000	0.902	15	0.103
Rp. 1,500,000-2,000,000	0.997	5	0.998
>Rp. 2,000,000	0.920	8	0.432

Source: Data processing results, 2025

Table 8. Results of the Kruskal-Wallis Test on the Relationship between Incentives and Job Stress

	Mark
<i>Kruskall-Wallis H</i>	4,022
df	6
Asymp. Sig.	0.674

Source: Data processing results, 2025

In Table 7, the results of the data normality test found that one of the data was not normally distributed, with a significance value of 0.017 (<0.05). Therefore, the data analysis test used was the *Kruskall-Wallis test*. In Table 8, the *Kruskall-Wallis test* significance value was 0.674 (>0.05). Therefore, the conclusion is that there is no significant relationship between incentives and work stress in PIDI.

The Relationship Between Work Environment and Job Stress

Table 9. Normality Test Results

	<i>Unstandardized Residual</i>
N	104
Asymp. Sig.	0.139

Source: Data processing results, 2025

Table 10. Pearson Test Results on the Relationship between Work Environment and Job Stress

<i>Pearson Correlation</i>	-0.308
Sig. (2-tailed)	0.001
N	104

Source: Data processing results, 2025

In Table 9, the results of the data normality test obtained a significance value of 0.139 (>0.05), which means the data were normally distributed. Furthermore, the data were analyzed using the *Pearson test*. In Table 10, a significance value of 0.001 (<0.05) was obtained and a weak negative correlation of -0.308. Therefore, the conclusion is that there is a significant relationship between the work environment and job stress in PIDI.

The Relationship Between Working Hours and Job Stress

Numerous studies have shown that long working hours can negatively impact the health of professional workers. Cumulative fatigue is the most common, and the longer the working hours, the greater the level of cumulative fatigue. Cumulative fatigue in professional groups is a condition in which an individual suffers from physical exhaustion, long-term emotional stress, or sleep deprivation, resulting in decreased performance, worsening health, emotional disturbances, or decreased work efficiency (Lu et al., 2023).

The demand for research on occupational stress in the health sector clearly remains relevant and continues to grow, along with changing conceptions of work stress. Globally, long working hours are reported to have a negative impact on mental and physical health. A recent systematic analysis of combined estimates of the World Health Organization (WHO) and the International Labour Organization (ILO) on the burden of disease and injury found that in 2016, approximately 488 million people, or 8.9% of the global population, were exposed to long

working hours (Chireh et al., 2023). Long working hours have not been uniformly defined across countries. In the European Union, working hours exceeding 48 hours in a week, including overtime, are considered long working hours (Lu et al., 2023). In South Korea, the Labor Standards Act defines long working hours as exceeding 52 hours per week, while Indonesia itself has provisions for working hours regulated by Law No. 13 of 2003 concerning employment stipulates that working hours are 8 hours per day for 5 days a week or 7 hours per day for 6 days a week. Overtime is 3 hours per day and 14 hours per week, so the total maximum working hours are 54 hours per week (Government of Indonesia, 2003).

Referring to the results of the One-Way ANOVA test in this study, as presented in Table 6, a significant relationship exists between working hours and job stress among participants in the November 2024 batch of Indonesian Doctor Internship Programs (PIDI) in Bali Province. This is in line with a 2021 study conducted on primary healthcare workers in China, which found an average job stress score among employees in the primary healthcare system of approximately 27.5%. Furthermore, the job stress levels of primary healthcare workers who must work shifts, particularly night shifts, are significantly higher than those of workers who work regular hours (Lu et al., 2023).

The Relationship Between Incentives and Work Stress

Based on the research results presented in Table 8, the Kruskal-Wallis test significance value was 0.674 (>0.05). Therefore, the conclusion is that there is no significant relationship between incentives and work stress among Indonesian Internship Doctor Participants (PIDI). This is in line with research by Wang et al., which stated that there is no significant correlation between incentives and employee performance. The study stated that incentives can increase employee work motivation but cannot reduce work stress (Wang et al., 2022). Financial difficulties caused by inadequate benefits do not affect work stress levels but do affect the quality of services provided to the community (Lorraine et al., 2019). This is also in line with research by Azizi et al., which found that financial problems affect the performance and learning process of intern doctors (Azizi et al., 2024). The goal of the internship program is to develop professional healthcare professionals by providing hands-on practice and experience in a real-life clinical setting, enabling them to apply theory, enhance clinical skills, and gain practical experience in various specialties selected after the internship. According to Anamika, the internship program provides financial independence, and the internship can technically lead to full-time employment (Anamika F, 2023).

The Relationship Between Work Environment and Job Stress

The work environment refers to the geographic and social context in which an individual engages in work, including the physical conditions of the workplace, organizational culture, interpersonal relationships, and job requirements (Saparniene et al., 2023). One example is the challenging psychosocial work environment faced by healthcare workers, characterized by increased job demands, role conflict, an imbalance between effort and reward, and the assignment of illegitimate tasks, which has been consistently associated with increased stress levels (Teoh et al., 2020).

Occupational stress is a psychological condition experienced by employees when facing various unfavorable work environments, where the resources, abilities, and work requirements are unable to cope with the demands and pressures of the work environment. The prevalence of occupational stress among the general working population is reported to be 19% to 30%. However, there is a high prevalence of occupational stress among healthcare workers in community health care centers. A survey conducted in Shanghai showed that 190 (61.7%) family physicians experienced excessive work stress. Similarly, a study conducted in southwest China showed that 78.39% of primary healthcare workers experienced work stress. Occupational stress also significantly impacts the mental and psychological well-being of staff (Chen et al., 2022).

This study, as confirmed in Table 10, found a causal relationship between the work environment and job stress among participants in the Indonesian Doctors Internship Program (PIDI) in Bali Province, graduating in November 2024. These results align with previous research on healthcare workers and medical personnel in Saudi Arabia, which showed a significant positive correlation between the work environment and stress (Hu et al., 2024).

In 2022, a study analyzing stressors among nurses, physicians, physician assistants/nurse practitioners, and other healthcare professionals found that approximately 10% of stressors involved relationships with other team members. The three main relationships with team members were: (a) lateral, (b) upper-level (e.g., employee-to-supervisor), and (c) lower-level (e.g., supervisor-to-employee). Additionally, stressors related to toxic work cultures and communication issues were identified (Rink et al., 2023). Among studies that included intra-subject correlation coefficients in their findings, the most frequently measured work environment risk factor was work intensity, and this factor was most frequently correlated with affective responses. Stress was categorized as an affective response, and job demands as work intensity. The social environment (e.g., support from coworkers and supervisors) has also been correlated with affective and other responses in previous studies (Lukan et al., 2022).

CONCLUSION

This study highlights that workload, measured by working hours, and the quality of the work environment are key factors influencing the mental health of intern doctors in Bali. Although financial incentives contribute to well-being, they do not significantly correlate with work stress, suggesting that stress mainly arises from the clinical demands and emotional challenges of patient care, which financial rewards alone cannot resolve. An effort-reward imbalance, where high workloads lack sufficient recognition and support, appears to be a more accurate explanation. Future strategies to reduce work stress should therefore extend beyond financial compensation to include humane working hour policies with strict overtime monitoring, fostering supportive collegial and supervisory relationships, promoting a culture emphasizing psychological well-being, and enhancing non-financial rewards like recognition, career development, and stress management training. Investing in a healthy work environment and sustainable hours is essential not only for physician well-being but also for maintaining healthcare quality and minimizing medical errors. Future research should explore interventions targeting organizational culture and non-financial support mechanisms to better understand their impact on reducing stress in medical interns.

REFERENCES

- Anamika, F. (2023). *Internship: A time to prioritise. Indian Journal of Medical Ethics*, 8(2), 146–147. <https://doi.org/10.20529/IJME.2022.071>
- Anis, S. M. (2022). Pengaruh kompensasi dan lingkungan kerja terhadap motivasi kerja pegawai pada Dinas Pekerjaan Umum Kabupaten Nias Selatan. *Jurnal Ilmiah Mahasiswa Nias Selatan*, 5(1), 1–9. <https://jurnal.uniraya.ac.id/index.php/jim/article/view/576>
- Azizi, P., Jalalpour, A., Jahangiri, S., Shaygani, F., Marzaleh, M., Shojaadini, H., & Nemati, A. (2024). The challenges of medical students in their internship: A qualitative study from Iran. *BMC Research Notes*, 17(241), 1–8. <https://doi.org/10.1186/s13104-024-06883-9>
- Chen, J., Wang, Y., Du, W., Liu, S., Xiao, Z., & Wu, Y. (2022). Analysis on the relationship between effort-reward imbalance and job satisfaction among family doctors in China: A cross-sectional study. *BMC Health Services Research*, 22(1), 1–10. <https://doi.org/10.1186/s12913-022-08377-5>
- Chireh, B., Essien, S. K., Novik, N., & Ankrah, M. (2023). Long working hours, perceived work stress, and common mental health conditions among full-time Canadian working population: A national comparative study. *Journal of Affective Disorders Reports*, 12, 1–12. <https://doi.org/10.1016/j.jadr.2023.100508>
- Danisa, D., & Komari, N. (2023). Kajian teoritis lingkungan kerja dan kinerja karyawan. *Prosiding Management Business Innovation Conference (MBIC)*, 6, 989–1001.
- Febrian, A., Marlina, N., & Publik, K. P. (2025). Pengaruh pemberian insentif terhadap kualitas pelayanan publik pada Dinas Kependudukan dan Pencatatan Sipil Kota Jakarta Selatan. *Journal of Politic and Government Studies*, 14, 1–16.
- Fransiskus Ayang Sertus Caracioli, Walter Obon, & Yustina Olivia Da Silva. (2023). Pengaruh pengawasan dan lingkungan kerja terhadap kinerja tenaga kesehatan UPT Puskesmas Waipare. *Jurnal Projemen UNIPA*, 10(3), 149–159. <https://doi.org/10.59603/projemen.v10i3.163>
- Ganster, D. C., Rosen, C. C., & Fisher, G. G. (2018). Long working hours and well-being: What we know, what we do not know, and what we need to know. *Journal of Business and Psychology*, 33(1), 25–39.
- Khan, N. (2024). GP workload and patient safety. *British Journal of General Practice*, 74(746), 412–413. <https://doi.org/10.3399/bjgp24X739257>
- Limbong, S., Solehudin, S., & Supriyadi, D. (2022). Pengaruh lingkungan kerja, kepuasan kerja dan disiplin kerja terhadap kinerja karyawan Bank BNI (Persero) Tbk Cabang Jababeka Kabupaten Bekasi. *Journal of Economic, Business and Accounting (COSTING)*, 5(2), 1468–1484. <https://doi.org/10.31539/costing.v5i2.2606>
- Lorraine, A., Capinpuyan, & Miguel, R. (2019). Ethical challenges in medical community internships: Perspectives from medical interns in the Philippines. *Health and Human Rights Journal*, 21(1), 141–147.
- Lugito, N., Kurniawan, A., Lorens, J., & Sieto, N. (2021). Mental health problems in Indonesian internship doctors during the COVID-19 pandemic. *Journal of Affective Disorders Reports*, 6, 1–8. <https://doi.org/10.1016/j.jadr.2021.100283>
- Lukan, J., Bolliger, L., Pauwels, N. S., Luštrek, M., De Bacquer, D., & Clays, E. (2022). Work environment risk factors causing day-to-day stress in occupational settings: A systematic review. *BMC Public Health*, 22(1), 1–13. <https://doi.org/10.1186/s12889-021-12354-8>
- Nadapdap, N., Lindawati, T., & Yuniarto, A. (2022). Pengaruh motivasi kerja dan lingkungan kerja terhadap kinerja dengan kepuasan kerja sebagai mediasi pada karyawan pabrik sepatu di Surabaya. *Jurnal Ilmiah Mahasiswa Manajemen (JUMMA)*, 11(1), 41–51. <https://doi.org/10.33508/jumma.v11i1.3949>

- Neksen, A., Wadud, M., & Handayani, S. (2021). Pengaruh beban kerja dan jam kerja terhadap kinerja karyawan pada PT Grup Global Sumatera. *Jurnal Manajemen dan Bisnis*, 2(2), 105–112.
- Octarina, K. A., & Ardana, I. K. (2022). Peran stres kerja memediasi pengaruh lingkungan kerja terhadap kinerja karyawan pada Como Como Shambala Estate. *Jurnal Manajemen*, 11(1), 1–10. <http://gp-a2.blogspot.com.cy/2009/05/front-office.html>
- Peraturan Menteri Kesehatan Nomor 7 Tahun 2022 tentang Penyelenggaraan Program Internship Dokter dan Dokter Gigi. (2022). *Berita Negara Republik Indonesia*, 151(2), 10–11.
- Rink, L. C., Oyesanya, T. O., Adair, K. C., Humphreys, J. C., Silva, S. G., & Sexton, J. B. (2023). Stressors among healthcare workers: A summative content analysis. *Global Qualitative Nursing Research*, 10, 1–13. <https://doi.org/10.1177/23333936231161127>
- Riyadi, S. (2022). *Peran motivasi kerja, stres kerja, dan kepuasan kerja terhadap kinerja guru* (S. A. Efendi, Ed.; 1st ed.). Jejak Pustaka.
- Rulianto, Y., Mukhtar, R., & Taridi, M. (2019). The effect of doctor competence, interpersonal communication and work satisfaction on the effectiveness of the internship program in Jambi Province. *Jurnal Administrasi Publik*, 5(1), 1–10.
- Saparniene, D., Strukcinskiene, B., Mineviciute, G., Cizauskaite, A., Rapoliene, L., Grigoliene, R., Paciauskaite, I., & Genowska, A. (2023). Working environment of health care professionals – focus on occupational stress. *Annals of Agricultural and Environmental Medicine*, 30(4), 721–728. <https://doi.org/10.26444/aaem/172116>
- Saputra, A., Hartono, S., & Istiqomah, I. (2022). Kinerja karyawan ditinjau dari insentif, promosi jabatan dan stres kerja. *Akuntabel*, 19(1), 101–108. <https://doi.org/10.30872/jakt.v19i1.10718>
- Septina Liftyawan, K., Susilo Hadi, F., & Siwi Agustina, T. (2020). Pengaruh konflik pekerjaan-keluarga, kelelahan emosional dan stres kerja terhadap kinerja. *Jurnal Penelitian Ipteks*, 5(1), 1–16.
- Sudrajat, B., & Wahyuningsih, A. (2023). Manajemen pengaturan jam kerja untuk meningkatkan kinerja karyawan menggunakan pendekatan gender di Apotek Enggal Sehat Majenang. *Jurnal Ekonomi Manajemen*, 9(2), 105–114. <https://doi.org/10.37058/jem.v9i2.7972>
- Wang, H., Zhao, S., Liu, Q., Wang, J., Yuan, B., & Wang, H. (2022). The association between financial incentives and job performance among primary care providers in six provinces of China. *Risk Management and Healthcare Policy*, 15, 2323–2334. <https://doi.org/10.2147/RMHP.S384114>
- Wintoro, A., Dwiputri, R., Yuniarti, S., & Iskandarsyah, A. (2018). Stress kerja pada dokter internship. *Jurnal Psikologi Sains dan Profesi*, 2(1), 67–73. <https://doi.org/10.24198/jpsp.v2i1.16840>
- Yulia, E., Firdaus, M. A., & Agung, S. (2024). Pengaruh pemberian insentif dan motivasi kerja terhadap peningkatan kinerja pegawai. *Indonesian Journal of Innovation Multidisipliner Research*, 2(1), 1–9. <https://doi.org/10.31004/ijim.v2i1.63>