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EFFECTS OF STRESS–BUFFERING, JOB RESOURCES ON PSYCHOLOGICAL WELL-BEING WITH HEALTH AS A MODERATING VARIABLE TO HEALTH PROFESSIONALS AT HOSPITAL X

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ABSTRACT

Psychological well-being is a core element of overall well-being and is connected to physical health, mental health. Work does not only involve risk factors and stressors, but also provides protective factors and resources (job resources) that help to buffer stress (stress buffering). In general, this study aims to determine the effect of stress buffering, job resources and health on the psychological well-being of health professionals. This research is included in the cross-sectional study. In this study also used a quantitative descriptive approach, the selected population was all health professionals working at the Hospital X, totalling 100 people. Data collection was done by distributing questionnaires. There are two independent variables, namely stress buffering (X1) and job resources (X2), one intervening variable, namely health (Z) and one dependent variable, namely welfare (Y). Based on the t test, there is an effect of the Stress Buffering variable on Psychological Well-being of p=0.004. There is an effect of health on psychological well-being p=0.001. There is an influence of Job Resources on Psychological Welfare p=0.00. There is an effect of Stress Buffering on Health p=0.015. The implications of the stress-buffering model are interventions to increase available social support or to teach people positive attitudes about commitment, control, and challenge.

Keywords: *stress buffering, job resources, health, psychological well-being*

1. Introduction

Psychological well-being is a core element of overall well-being and is connected to physical health, mental health. People are happy when they subjectively believe they are happy. Psychologically healthy beings experience positive vibrations rather than negative vibrations (Aryan & Kathuria, 2017). The well-being and emotional resilience of health professionals is a key component to sustaining health services. Well-being is an individual's ability to overcome pressure from stressors, work productively, and realize one's highest potential (Ruggeri et al., 2020).

Health is a factor that helps a person carry out his daily life tasks correctly. A person's physical health means that the body has no disease in all parts of the body. Meanwhile, mental and social health is represented by a person's ability to complete social tasks entrusted to him without defects or mistakes. The importance of good health in one's life is unquestionable. To truly build a more resilient workforce, companies must prioritize well-being, that is, being comfortable, healthy, or happy. Organizations must treat well-being as a tangible skill, a critical business input and a measurable outcome.

Hospital X is a class A private hospital that specializes in eye health, located in West Jakarta. Almost 8,000 patients are reported every month with various cases of eye health. As a private hospital that has a vision and mission as a hospital that provides services beyond patient expectations, inevitably the health professionals who are members of it participate in carrying out the vision and mission of the organization. They are required to be able to provide services at a level that exceeds patient expectations.

With the high demands of work at the Hospital X, it does not rule out the possibility of work-related stress. Emotional fatigue due to work includes stress that arises at work such as: loss of enthusiasm at work, work that is being carried out as just a routine, decreased performance at work, easily emotional, withdrawing from the social environment, and easily sick. As was done in the pre-survey at the out patient department unit, from the results of measurements on 26 eye polyclinic nurses who experienced emotional fatigue, it was found that as many as 8 people (30.8%) experienced low emotional fatigue, 12 (46.2%) people Nurses experience

emotional exhaustion at a moderate level. Whereas in severe emotional fatigue there were 6 (23%) nurses who experienced it.

Bakker & Demerouti, (2007) In a job it does not only involve risk factors and stressors, but also provides protective factors and resources (job resources) that help to buffer work-related stress and to overcome job stressors. The most frequently reported work-related protective resources were job control or job autonomy, social support at work, and a good work environment or positive work climate. Job resources function to assist employees in dealing with job demands and all the consequences that occur, as well as triggering learning, personal development and growth (Demerouti, 2001). Job resources are obtained through interpersonal and social relationships, work arrangements, and work itself (Bakker & Demerouti, 2007). Job resources include: wages, support from superiors, feedback, role clarity, job autonomy, or empowerment.

Not much data is available on the relationship between stress buffering, job resources, and health and psychological well-being among health professionals in Indonesia, especially at the Hospital X. Similar previous studies conducted in Switzerland discussed and confirmed demanding working conditions (heavy responsibilities, job stressors, and growing bureaucracy), stressful/low reward situations at work, and in particular symptoms of increased fatigue among domestic employees. hospital in Switzerland (Hämmig et al., 2012). However, it is still partly unclear to what extent and under what circumstances workplace stress affects the general and mental health of health workers in Switzerland and what role specific job resources play in this. The main objective of this research is that researchers are interested in finding the relationship between stress buffering and job resources on psychological health and well-being.

2. Research methods

This research is included in the cross-sectional study in which this study used an observational design that was carried out at a certain time and with no follow-up period characteristics. Researchers also use a quantitative descriptive approach (Three Box Method). This research was carried out from December 2022 to January 2023 at the Hospital X. The population selected in this study were all health professionals working at the Hospital X (a total of 100 people), namely all health professional staff consisting of nurses, RO, pharmacists, nutritionists, radiographers, lab analysts. Researchers took the number of samples with non-probability sampling technique, namely saturated sampling. This technique is used by researchers because it takes all members of the sample from the existing population (Sugiyono, 2013). The researcher wants to make generalizations with very little error with all members of the population being sampled.

Data collection techniques used in this study were filling out questionnaires and studying the literature. This study aims to determine the effect of stress buffering (X1) and job resources (X2) on well-being (Y) at Hospital X with health (Z) as a moderating variable. In this study, there are two independent variables or independent variables, namely stress buffering (X1) and job resources (X2), one intervening variable, namely health (Z) and one dependent variable or dependent variable, namely welfare (Y).

The research constellation in this model is shown in Figure 1. The research constellation is shown below:

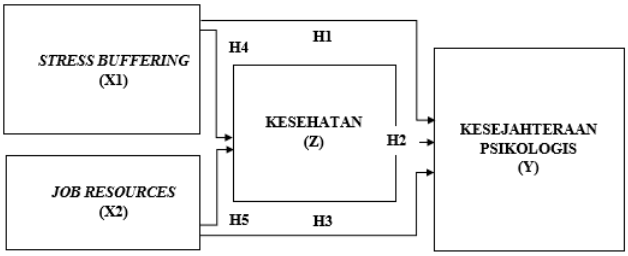


Figure 1. Research constellation

The research hypothesis is formulated as follows:

H1: There is a significant influence between stress buffering and psychological well-being.
H2: There is a significant influence between health and psychological well-being
H3: There is a significant influence between job resources and psychological well-being.
H4: There is a significant effect between stress buffering and health.
H5: There is a significant influence between job resources and health.

3. Results and Discussion

Based on the results of the validity test, it is known that the loading factor value in each question item for each research variable has a loading factor value > 0.70, meaning that all question item indicators are valid indicators. Then it is stated that validity can also be assessed by Average Variance Extracted (AVE), the value of the AVE root variable X2 is 0.841. This value is greater than the correlation with other constructs, namely with Y of 0.695, variable X1 of 0.509 and variable Z of 0.584. Furthermore, the root value of the AVE variable Y is 0.766. This value is greater than the correlation with other constructs, namely with X1 of 0.614 and variable Z of 0.651. Furthermore, the root value of the AVE variable X1 is 0.796. This value is greater than the correlation with other constructs, namely with Z of 0.474. Each indicator is also declared reliable by fulfilling the Cronbachs Alpha requirements for each variable > 0.60, Composite reliability each > 0.70. A construct is said to be reliable if the composite reliability value is above 0.700, the Average Variance Extracted (AVE) value is above 0.500 and the Cronbach's alpha value is suggested above 0.600. from the test results obtained for the stress buffering variable the Cronbach's alpha value was 0.964 and the AVE value was 0.633, the job resources variable was 0.965 with an AVE value of 0.707, the Health variable was 0.937 with an AVE value of 0.571, and the psychological welfare variable was 0.967 with an AVE value of 0.587. it can be concluded that the research instrument used is valid and reliable.

Table 1. Characteristics of Respondents

No	Characteristic		Amount	Percentage
1.	Gender	Male	31	31%
		Female	69	69%
	Total		**100**	**100%**
2.	Age	> 51 tahun/years	0	0%
		41 – 50 tahun/years	6	6%
		31 – 40 tahun/years	44	44%
		≤ 30 tahun/years	50	50%
	Total		**100**	**100%**
3.	Education	Profession	25	25%
		S1/D4	5	5%
		Diploma	70	70%
		Senior high School	0	0%
	Total	**Jumlah**	**100**	**100%**
4.	Occupation	Nurse	68	68%
		Nutritionist	2	2%
		RO	18	18%
		Pharmacy	9	9%
		Lab Analyst	1	1%
		Radiographer	2	2%
	Total		**100**	**100%**
5.	Period of Employment	> 20 Years	2	2%
		11 – 20 Years	30	30%
		6 – 10 Years	20	20%
		1 – 5 Years	36	36%
		< 1 Years	12	12%
	Total		**100**	**100%**

Based on table 1, most of the respondents were female (69%), aged ≤ 30 years (50%), diploma, nurse education (68%), and 11-20 years of service (30%).

Deskriptive Analysis (*Threebox method)*

Table 2. ***Matrix Threebox method***

No	Variabel	Posisi Tanggapan Responden			
		Rendah	Sedang	Tinggi	Perilaku
1	Kesejahteraan Psikologis			*	*Satisfaction of life*
2	*Stress Buffering*		*		*Adaptive coping strategy*
3	*Job Resources*		*		*Work engagement*
4	Kesehatan			*	*Happiness*

The total index value using the 3-box method (three-box method), then the interval value can be calculated at 80 and will produce a range of 26.66 which will be used as the basis for interpreting the index value. The use of 3 boxes (three-box method) is divided as follows:

Criteria	Range Value
20-46.66	Low
46.67-73.33	Moderate
73.34-100	High

1) Stress Buffering Analysis

The average score for the answer to the stress buffering variable was 57.20. Based on the Three box method score index category, the average is at the moderate score level. This condition provides evidence that the respondent's stress buffering is at moderate intensity. The dimensions of the role in the organization obtained an average index of 59.25, many factors that influence both internal and external. Good stress buffering means that the strategic process used is an adaptive coping strategy, namely an attitude that is more effective in dealing with sources of stress, and is a process in which psychosocial resources help reduce the impact of life stress on psychological health and well-being. Psychosocial sources can be in the form of social support, self-confidence, optimism, work environment. Stress buffering can make you more resistant to the pressures and challenges of life.

2) Job Resource Analysis

The distribution of answers to the average job resources variable obtained an index score of 72.55. Based on the score index category Three box method. then the average is at the moderate score level. This condition provides evidence that the job resources of the respondents are at moderate intensity. The highest index value is found in the social support at work indicator with an average index of 73.03, social support among colleagues is needed by health workers at Hospital X, social support refers to support for individuals in dealing with work stress and can help in stress buffering. Good job resources mean those aspects of work that can help employees achieve job goals, reduce workload, and promote growth, learning, and development. Examples of job resources are support from superiors and colleagues, clear feedback, autonomy, and career opportunities. Good job resources can also be in the form of knowledge, expertise, and enthusiasm provided by colleagues when completing work assignments. These job resources can motivate and increase work engagement.

3) Health Analysis

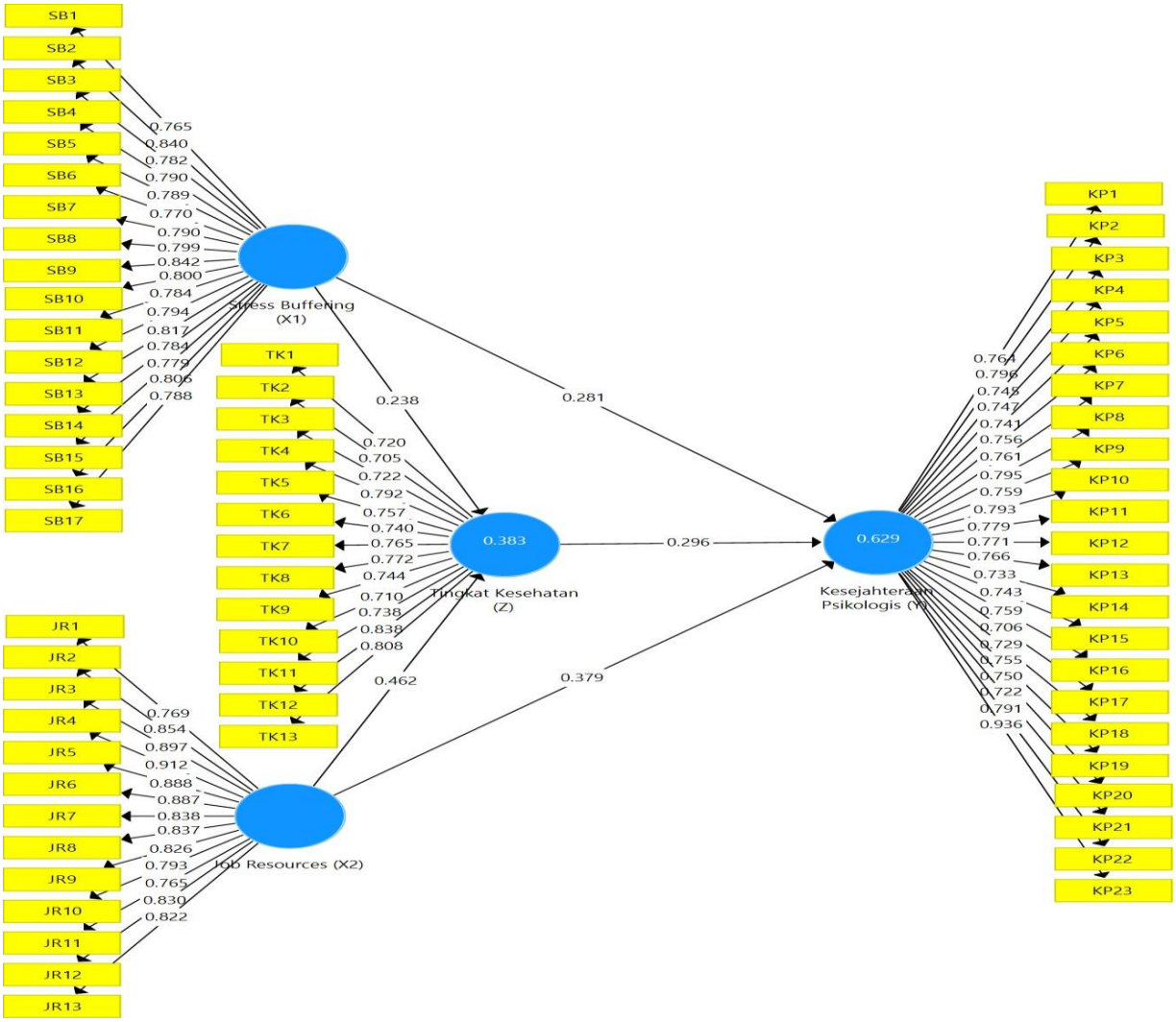
The distribution of respondents from the calculation results obtained an average score index of answers to the health variable obtained at 74.94. Based on the Three box method score index category, the average is at the high score level. This condition provides evidence that the health of Hospital X respondents is at high intensity. The highest index value is found in physical indicators. Health that is felt in the high category means physically healthy, mentally healthy, socially healthy, not just free from disease, and living a productive life. Mental health in this sense already includes mental and spiritual health, and a productive life already describes a happy life. Where adequate health conditions can improve employee performance and productivity in achieving company or organizational goals. Some examples of health programs that can be implemented at the Hospital X are health benefits, membership facilities at sports venues, health counseling.

4) Psychological Wellbeing Analysis

The distribution of respondents from the calculation results obtained an average score index of answers to the psychological well-being variable obtained at 80.36. Based on the Three box method score index category, the average is at the high score level. This condition provides evidence that the psychological well-being of the respondents is at a high intensity. The psychological well-being of health professionals in the high category means that the health professionals at Hospital X are in a state where individuals have a high quality of life from a mental and emotional perspective (accept themselves with all their strengths and weaknesses, have independence and freedom in making decisions). decisions, able to build warm, mutually supportive, and empathetic relationships with others, able to control and adapt to the surrounding environment, have direction and meaning in life, and able to develop self-potential continuously.

Results of Hypothesis Testing with SEM PLS

An indicator is said to be fulfilled when the loading factor value is > 0.700. The loading factor value shows the weight of each indicator/item as a measure of each variable. Indicators with large loading factors show that these indicators measure the strongest (dominant) variable. The test results are shown in Figure 2. Convergent Validity Value.



Gambar 2. *Nilai Convergent Validity*

Evaluation of the PLS structural model begins by looking at the R-square of each dependent latent variable. The table below is the result of Rsquare estimation using PLS.

HTMT is the recommended alternative method for assessing discriminant validity. This method uses a multitrait-multimethod matrix as the basis for measurement. The HTMT value must be less than 0.9 to ensure discriminant validity between the two reflective constructs (Henseler et al., 2015).

Table 3. HTMT

	R Square	R Square Adjusted
Psychological Well-being (Y)	0.629	0.617
Health (Z)	0.383	0.370

The value (R-square adjusted) for the Psychological Welfare variable (Y) is 0.617 or 61.7%. This value indicates that the variable Psychological Welfare (Y) can be explained by the variables Stress Buffering (X1), Job Resources (X2) and Health (Z) of 61.7% while the remaining 38.3% is influenced by other variables not present in the study.

The value (R-square adjusted) for the Health variable (Z) is 0.370 or 37.0%. This value indicates that the Health variable (Z) can be explained by the Stress Buffering (X1) and Job Resources (X2) variables of 37.0% while the remaining 63.0% is influenced by other variables not present in the study.

a. Hypothesis Testing Results

Testing the structural relationship model serves to explain between the variables in the study. Structural model testing is done through the t test. The basis used in testing the hypothesis directly is the output image and the values contained in the output patch coefficients and indirect effects. The following is a complete explanation of hypothesis testing.

Table 4. Direct Relationship between Variables

	Original Sample (O)	Sample Mean (M)	Standard Deviation (STDEV)	T Statistics (|O/STDEV|)	P Values	Hipotesis
Stress Buffering (X1) -> Psychological Well-being(Y)	0.281	0.281	0.097	2.889	**0.004**	**Diterima**
Health (Z) -> Psychological Well-being(Y)	0.296	0.304	0.088	3.379	**0.001**	**Diterima**
Job Resources (X2) -> Psychological Well-being(Y)	0.379	0.369	0.081	4.682	**0.000**	**Diterima**
Stress Buffering (X1) -> Health (Z)	0.238	0.239	0.098	2.431	**0.015**	**Diterima**
Job Resources (X2) -> Health (Z)	0.462	0.453	0.106	4.374	**0.000**	**Diterima**

Statistical testing of each relationship that was hypothesized using PLS was carried out by simulation, namely by bootstrapping the sample. The following is the result of the PLS analysis using the bootstrapping method:
1) The effect of Stress Buffering (X1) on Psychological Well-being (Y) Based on the t test table above the effect of the Stress Buffering variable (X1) on Psychological Well-being (Y) is 0.004 < 0.050 while for the calculated t value is 2.889 > t table (1.96), where Ho is rejected and Hypothesis 1 is accepted, which means that there is an effect of Stress Buffering (X1) on Psychological Well-being (Y).
2) Effect of Health (Z) on Psychological Well-being (Y) Based on the t test table above the effect of the variable Health (Z) on Psychological Well-being (Y) is 0.001 < 0.050 while for the calculated t value is 3.379 > t table (1.96), where Ho is rejected and Hypothesis 2 is accepted which means that there is an effect of Health (Z) on Psychological Well-being (Y).
3) Effect of Job Resources (X2) on Psychological Welfare (Y) Based on the t test table above, the effect of Job Resources (X2) on Psychological Welfare (Y) is 0.000 <0.050 while for the calculated t value is 4.682 > t table (1.96), where Ho is rejected and Hypothesis 3 is accepted, which means that there is an influence of Job Resources (X2) on Psychological Welfare (Y).
4) Effect of Stress Buffering (X1) on Health (Z)
Based on the t test table above, the effect of the Stress Buffering variable (X1) on Health (Z) is 0.015 <0.050 while the t count value is 2.431 > t table (1.96), where Ho is rejected and Hypothesis 4 is accepted, which means there is an effect of Stress Buffering (X1)) on Health (Z).
5) Effect of Job Resources (X2) on Health (Z)
Based on the t test table above, the effect of the Job Resources variable (X2) on Health (Z) is 0.000 <0.050 while for the calculated t value of 4.374 > t table (1.96), where Ho is rejected and Hypothesis 5 is accepted, which means that there is an influence of Job Resources (X2)) on Health (Z).

Table 5. Indirect Relationship

	Original Sample (O)	Sample Mean (M)	Standard Deviation (STDEV)	T Statistics (|O/STDEV|)	P Values	Hipotesis
Stress Buffering (X1) -> Health (Z) ->	0.071	0.076	0.044	1.613	**0.107**	**Ditolak**

Psychological Well-being (Y)						
Job Resources (X2) -> Health (Z) -> Psychological Well-being (Y)	0.137	0.136	0.048	2.880	**0.004**	**Diterima**

1) Health (Z) moderates the effect of Stress Buffering (X1) on Psychological Well-being (Y)
   Based on the t test table above, the p value is 0.107 > 0.050 while for the calculated t value is 1.613 < t table (1.96), which means that Health (Z) cannot moderate the effect of Stress Buffering (X1) on Psychological Well-being (Y).
2) Health (Z) moderates the effect of Job Resources (X2) on Psychological Well-being (Y)
   Based on the t test table above, the p value is 0.004 < 0.050 while for the calculated t value is 2.880 > t table (1.96), which means that Health (Z) can moderate the effect of Job Resources (X2) on Psychological Well-being (Y).

1) The Effect of Stress Buffering (X1) on Psychological Wellbeing (Y)

From the research results it is known that there is an effect of Stress Buffering on Psychological Well-being. This shows that the higher the stress buffering possessed by health professionals, the higher the psychological well-being felt by health professionals.

The results of this study are supported by research (Anbumalar et al., 2015) which states that stress buffering is a form of reaction that functions as a warning system that protects humans from surrounding threats. When stress occurs, the body will prepare itself by releasing hormones that increase attention and concentration. Conversely, if the source of stress is still there, stress hormones can survive in the body. Continuous exposure to stress hormones has the potential to cause various physical and psychological diseases such as obesity, cardiovascular disorders, skin disorders, anxiety attacks, and finally depression (Anbumalar et al., 2015). If stress is managed effectively, the chances of getting sick will be reduced. The body's response to stress is not fully regulated and it is out of control. Stress management techniques (stress buffering) teach individuals how to prevent, reduce, and deal with stress. Examples of such techniques are relaxation, hypnosis, cognitive restructuring, visualization, disclosure, conditioning, assertiveness training, biofeedback, and meditation (Cohen & Pressman, 2004).

(Rodriguez et al., 2018) in his research The stress buffering model confirms that social support protects or moderates the detrimental effects of life stress on mental health, with the greatest buffering effect found when an individual is under high pressure and when an individual feels that support social needs are urgently needed (Cohen, 2004; Thoits, 2011). There is ample evidence to support the stress buffering model (Cohen & Wills, 1985; Santini et al., 2015; Thoits, 2011). Stress buffering is more likely to be observed with a measure of perceived social support due to the perception that at least one reliable individual will provide appropriate support when needed (Cohen & Pressman, 2004); Santini et al., 2015).

Psychological well-being can be conceptualized as a collection of positive affective states that refer to the concepts of happiness, one's well-being, interests, and quality of life ((Ryan & Deci, 2000). As summarized by (Huppert, 2009) “psychological well-being is about living life with It is a combination of feeling good and functioning effectively.” In essence, psychological well-being refers not only to happiness but also to mental stability and sociability.

Based on descriptive analysis using the three box method, the stress buffering variable has an index value that is in the moderate category, which means that the coping stress felt by health professionals at Hospital X is good. The highest index value is found in the Role in the organization indicator with an index value of 59.25, roles in the organization help relieve a lot of stress that is felt to reduce stress at work, such as encouraging work-life balance, leading by example, and providing feedback. The importance of collaboration, communication and trust among team members and leaders.

This research is supported by the theory put forward by Carol Ryff, research on how to express oneself to significant others; feel securely connected to others and able to rely on them appropriately during stressful situations; be responsive and supportive of partners and open to the expression of personal needs; understand with reasonable accuracy the partner's close understanding, judgment, and concern for oneself; experiencing true enjoyment during interactions with significant others, and coping constructively with negative emotions and interpersonal conflicts. What makes such interactions affirmative is that a person satisfies a fundamental need to relate to others, a need that has its roots in distal and proximal evolutionary experience. In Carol Ryff's

theory, frustration with these needs tends to activate harmful processes (including negative emotions, maladaptive cognitions and behaviors, and destructive psychophysiological reactions), whereas their satisfaction tends to mobilize response patterns that are more favorable to enhancing psychological well-being. This is also in line with the theory put forward by Cartwright & Cooper, by looking at stress buffering as a result of adjustments between individuals and their particular environment, so one can understand why one person seems to thrive in a certain environment, while others suffer. Cummings and Cooper (1979) in their research have devised a way to understand the stress buffering process which can be explained simply:
a. Individuals, for the most part, try to keep their thoughts, emotions, and relationships with the world in a "steady state."
b. Each factor of a person's emotional and physical state has a "span of stability," within which the person feels comfortable. On the other hand, when a force interferes with one of the factors beyond the range of stability, the individual must act or overcome it to restore feelings of comfort.
c. The individual's behavior aimed at maintaining the steady state forms his or her "adjustment process" or coping strategy.

(Khan & Khurshid, 2017) in his research stated that stress occurs when employees cannot meet deadlines or when there is excessive work and limited time to complete work and other different factors. Employee welfare is related to the health and psychological well-being of employees. The organization is responsible as an employer to create a work environment that promotes employee well-being. Psychological well-being leads to mental well-being and together they help individuals to achieve balance in work life. If an employee is satisfied and happy with the organization, he or she is committed to the organization and can easily balance their work life. The most studied workplace stressors are lack of organizational support, excessive workload, stressors, non-standard working hours (including long working hours) etc. Higher expectations, lack of proper rest and unrealistic deadlines, lead to work-related stress and it is found that different types of people react to stress differently. (Shiamzu & Kosugi, 2003). Gender also plays a very important role in dealing with stressors such as excessive workload. Women face severe stress when there is conflict between the organization and family life whereas men stress about roles in the organization (Vagg, Spielberger, & Wasala, 2002). Employees who experienced higher levels of self-reported "overwork" reported higher stress and depressive symptom scales, as well as poor health and self-care. Long working hours not only affect personal life but also negatively affect employee health. This is proven to increase the risk of accidents and affect work productivity and employee health in the long run which in turn increases costs for the organization. Ostraw (2011) reported that working for more than 11 hours can lead to heart disease which has a negative impact on the health and productivity levels of employees. Many organizations have reduced their working hours and implemented flexible working systems to retain their talented employees.

2) Effect of Health (Z) on Psychological Well-being (Y)

From the results of the study it was found that there is an influence of health on psychological well-being. This is in line with the World Health Organization (WHO) (of Health, n.d.-b), which states that “well-being exists in two dimensions, subjective and objective. It consists of the individual's experiences of their life as well as the comparison of life circumstances with social norms and values. Examples of living conditions include health, education, employment, social relations, the built and natural environment, security, civic engagement and governance, housing and work-life balance. Subjective experiences include one's feelings of well-being, psychological functioning, and overall affective state.
a. Health is one of the top things people say is important for well-being
b. Physical health and mental health can affect well-being Most recent acute health problems affect well-being, but long-term chronic illness can also affect well-being
c. The relationship between health and well-being is not only one way, health affects well-being and well-being itself affects health. There are a number of correlations between well-being and physical health outcomes, improved immune system response, higher pain tolerance, increased longevity, cardiovascular health, slower disease progression and reproductive health.
The results of research by Shagvaliyeva & Yazdanifard (2014) state that employee well-being, mental and physical and personal well-being, influences employee productivity and performance. Mental well-being is an important sign of a healthy life. If an employee is mentally ill it will result in bad behavior both in the workplace and in the personal domain.
Based on the results of the three box method analysis on the health variable, the index value is in the high category. The highest index value is found in the physical indicator with an index value of 76.60. Hospital X

realizes the importance of a healthy physical environment in the hospital that can affect the psychological well-being of employees. Several factors play a role, including air quality, lighting, noise, food, waste, and radiation. The implementation of hospital environmental health must be carried out through health, security and control efforts. Employee psychological well-being can have an impact on performance, job satisfaction and family resilience. While the lowest index value is found in the emotional indicator, which is equal to 73.12, Hospital X has not fully realized that employees' emotional health is one of the factors that affect their psychological well-being at work. Emotional health is also an aspect of mental health that influences how a person deals with emotions. It is related to psychological well-being, which includes happiness, resilience, and meaning in life. Emotional health and well-being can affect physical health, relationships and work.

3) Effect of Job Resources (X2) on Psychological Wellbeing (Y)

The results of the research above show that there is an influence between job resources and psychological well-being, this means that the higher the job resources, the higher the psychological well-being felt by health professionals. The results of this study are in accordance with the JD-R Model Theory, where this model encourages the functioning of employee welfare. (Clausen et al., 2022) in his research explains that job autonomy is positively related to psychological well-being and provides support for an understanding of job autonomy as a job resource in the Demand-Control model and the Job Demands- Resources model. This model is also frequently used by managers and supervisors to manage employee engagement. The JD-R model divides working conditions into two components: job requirements and job resources. In addition, the model shows that when job resources are scarce and job requirements are high, factors such as stress can increase burn-out. If enough job resources are available and job requirements are high, the right factors, such as levels of engagement and performance, are increased which will increase the psychological well-being of employees.

Job resources, such as physical, organizational, or social factors that help employees achieve set goals and reduce stress. All resources used to reduce job requirements come under job resources. Examples are: coaching, career development opportunities, good relationships, autonomy, and many more.

In line with research conducted by (Thomas et al, 2022) which states that the results of the research conducted also support the conceptualization of work autonomy as a work resource that can contribute to achieving and maintaining relevant results in terms of work performance, worker welfare, and life sustainability Work.

The three box method analysis on the job resources variable obtained an average index value of 72.25 which is included in the medium category. This means that the job resources provided at Hospital X are good.

4) Effect of Stress Buffering (X1) on Health (Z)

Stress buffering refers to coping behaviors to manage stress that crosses the threshold of tolerance (Lazarus & Folkman, 1984). In line with the research conducted (van Steenbergen et al., 2021b) states that an increasing number of neuroimaging studies using functional magnetic resonance imaging (fMRI) show that activation of the reward system can play a stress buffering role. Specifically, activation of the reward system can help dampen brain activity in areas that encode risk, uncertainty, and negative health outcomes. Stress arising from work or other sources causes anxiety and depression which results in poor employee performance. Long-term and excessive stress can be a serious threat to an employee's well-being. When the stress level goes up it leads to a decrease in employee performance, like lost time, workplace safety issues, accidents, absenteeism increase costs for their organization. (Rodriguez et al., 2018) states that stress caused by different and difficult work schedules can disrupt employee family life. Employees don't get enough time to spend with their families, and the stress caused by challenging work schedules also makes them physically and psychologically exhausted, which affects their health.

The results of this study are also in line with the theory by Cartwright & Cooper. Stress is usually measured by the number of negative events a person has experienced in the past year. This includes events such as losing a loved one or experiencing severe financial difficulties. Job tension, in a job, where demands are high but control is low, can be said to be a stressor. High levels of stress have been linked to anxiety, depression and physical health problems in studies of the general population, but sources of buffering may reduce the link between stress and illness.

One type of stress buffering agent is social support. Social support can be defined as resources provided by others that help a person to cope better with problems. Research has shown that people with more social support are less affected (or unaffected) by negative life events. Supportive relationships contribute to well-being because they provide a source of intimacy, acceptance, and trust about emotions (emotional support), which exerts a buffering effect on many of life's stressors. Support people can also offer helpful suggestions and

advice (informational support). By providing these resources, personal relationships help reduce the impact of stress on depression and anxiety. Research (Park et al., 2020) also states that social support can provide a buffering effect that reduces the risk of death from cardiovascular disease or cancer.

5) Effect of Job Resources (X2) on Health (Z)

The results of this study are in line with research by (Thapa, 2022) in his research which states that there is a relationship between job demands, work resources and health outcomes. High job demands have been found to be associated with long-term mental disorders and absenteeism due to illness. In the Swedish Twins study and in Malaysian employees, high physical and emotional work demands were associated with fatigue and sleep. In contrast, social support has been found to increase nursing staff self-efficacy and provide a sense of security. Resources influence the health outcomes of nursing professionals in the private and public health sectors so they are critical to maintaining and improving their health.

With respect to Demerouti and Bakker's JD-R model, job demands and job resources have been demonstrated to be parallel drivers of employee health and well-being and, when job resources are lacking, higher job demands are associated with lower levels. from work engagement. Similarly, when many job resources are available, high job demands can actually increase work motivation and job satisfaction, and can reduce nurse turnover rates. Job resources, such as a supportive social climate, contribute to positive feelings and increase energy and can foster a sense of community and help create a more sustainable workplace. Conversely, low social support and low control are associated with dissatisfaction and burnout syndrome among health professionals. Hence, the need for a more resource-abundant work environment for critical employees to improve their general health. Our results highlight the increased need for employment resources and decreased demand for work among healthcare professionals to promote health and minimize sick leave and burnout. Such knowledge is useful for health promotion related to the work of health professionals. Therefore, maintaining the health of the nursing professional through the resources associated with strains and demands is an important component for the health of the health professional in the workplace.

4) Research Findings

The results of this study indicate the effect of stress-buffering on psychological well-being, and job resources on the psychological well-being of health professionals at Hospital X. However, health cannot moderate stress buffering on psychological well-being, on the contrary, health is able to moderate job resources on psychological well-being at Hospital X.

Research Limitations

1) The existence of other factors that have the potential to contribute or confuse such as personal resources or additional job characteristics have not been considered and included in the research analysis.
2) The possibility of a non-linear relationship has not been considered and taken into account in the model.
3) In general, the use of questionnaires and survey data has the potential for errors and systematic bias.
4) Selection of hospitals and volunteer survey participants from health professionals at Hospital X consisting of nurses, RO, nutritionists, laboratory analysts, pharmacists and radiographers tends to have a rather low response rate due to the dense number of patients (cannot be ruled out as a potential source of bias).

5) CONCLUSIONS, IMPLICATIONS, AND SUGGESTIONS

Conclusion

1. Stress buffering has a significant effect on the psychological well-being of health professionals at the JEC Kedoya Eye Hospital, where the higher the stress buffering, the higher the level of psychological well-being at the JEC Kedoya Eye Hospital.
2. Health has a significant influence on the psychological well-being of health professionals at the JEC Kedoya Eye Hospital, where the higher the health, the higher the level of psychological well-being of health professionals at the JEC Kedoya Eye Hospital.
3. Job resources have a significant influence on the psychological well-being of health professionals at the JEC Kedoya Eye Hospital, where the higher the job resources provided by the company, the higher the level of psychological well-being of health professionals at the JEC Kedoya Eye Hospital.

4. Stress buffering has a significant effect on health. Where the higher the stress buffering, the higher the level of psychological well-being of health professionals at the JEC Kedoya Eye Hospital.
5. Job resources have a significant influence on health, where the higher the job resources provided by the company, the higher the health of health professionals at the JEC Kedoya Eye Hospital.

Implications

The implication of the stress-buffering model is that interventions to increase available social support or to teach people positive attitudes about commitment, control, and challenge can help make people less vulnerable to negative events. Providing job resources can help reduce the impact of stress on depression and anxiety.

Suggestion

Managing the psychological well-being of health professionals for Hospital X is important for employee health and productivity. Managing psychological well-being for companies is important for employee health and productivity. There are many ways to do this, such as:
1) Invest in and enhance leadership development programs that can equip leaders to create a climate of trust, openness and learning within teams.
2) Offer free or discounted mental health resources such as fitness classes, meditation rooms, therapy programs, or apps
3) Establish regular check-ins and open communication between managers and employees to monitor their mental health and provide support.
4) Treat welfare as a real skill, a critical business input, and a measurable result that can be improved through training, feedback, and incentives.

REFERENCES

Abraham, C. (2015). *The Health Belief Model Digital media and sexual health promotion among young people View project Emotion Regulation View project*. https://www.researchgate.net/publication/290193215

Albrecht, S. L., Green, C. R., & Marty, A. (2021). Meaningful work, job resources, and employee engagement. *Sustainability (Switzerland)*, *13*(7). https://doi.org/10.3390/su13074045

Albrecht, S. L., & Marty, A. (2020). Personality, self-efficacy and job resources and their associations with employee engagement, affective commitment and turnover intentions. *International Journal of Human Resource Management*, *31*(5), 657–681. https://doi.org/10.1080/09585192.2017.1362660

Angelina Lebang, F., & Ardiyanti, N. (2021). *The Effect of Work-Life Balance and Work Stress on Turnover Intention with Job Satisfaction as A Mediator at Anti-Corruption Institution in Indonesia*.

Clausen, T., Pedersen, L. R. M., Andersen, M. F., Theorell, T., & Madsen, I. E. H. (2022). Job autonomy and psychological well-being: A linear or a non-linear association? *European Journal of Work and Organizational Psychology*, *31*(3), 395–405. https://doi.org/10.1080/1359432X.2021.1972973

Cohen, S., & Pressman, S. D. (2004). *The Stress-Buffering Hypothesis Emotion regulatory skills and health View project Health psychology View project*. https://www.researchgate.net/publication/264860666

Demerouti, E., Nachreiner, F., Bakker, A. B., & Schaufeli, W. B. (2001). The job demands-resources model of burnout. *Journal of Applied Psychology*, *86*(3), 499–512. https://doi.org/10.1037/0021-9010.86.3.499

Dollard, M. F., & Bakker, A. B. (2010). Psychosocial safety climate as a precursor to conducive work environments, psychological health problems, and employee engagement. *Journal of Occupational and Organizational Psychology*, *83*(3), 579–599. https://doi.org/10.1348/096317909X470690

Freund, A. M., & Baltes, P. B. (2002). Life-management strategies of selection, optimization and compensation: Measurement by self-report and construct validity. *Journal of Personality and Social Psychology*, *82*(4), 642–662. https://doi.org/10.1037/0022-3514.82.4.642

Hakanen, J. J., Bakker, A. B., & Turunen, J. (2021). The relative importance of various job resources for work engagement: A concurrent and follow-up dominance analysis. *BRQ Business Research Quarterly*. https://doi.org/10.1177/23409444211012419

Lawrence, C., Gudka, S., Horwitz, P., & Reid, A. (2017). *Health and Wellbeing*. https://www.researchgate.net/publication/321572267

lawrence-green-model. (n.d.).

Meyer, S., Grob, A., & Gerber, M. (2021). No fun, no gain: The stress-buffering effect of physical activity on life satisfaction depends on adolescents' intrinsic motivation. *Psychology of Sport and Exercise*, *56*. https://doi.org/10.1016/j.psychsport.2021.102004

Ruggeri, K., Garcia-Garzon, E., Maguire, Á., Matz, S., & Huppert, F. A. (2020). Well-being is more than happiness and life satisfaction: A multidimensional analysis of 21 countries. *Health and Quality of Life Outcomes*, *18*(1). https://doi.org/10.1186/s12955-020-01423-y

Ryan, R. M., & Deci, E. L. (2000). Intrinsic and Extrinsic Motivations: Classic Definitions and New Directions. *Contemporary Educational Psychology*, *25*(1), 54–67. https://doi.org/10.1006/ceps.1999.1020

Tan, S. Y., & Yip, A. (2018). Hans Selye (1907-1982): Founder of the stress theory. In *Singapore Medical Journal* (Vol. 59, Issue 4, pp. 170–171). Singapore Medical Association. https://doi.org/10.11622/smedj.2018043