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Not All Psychosocial Hazards Matter Equally: A Dimensional Analysis of Nurses' Quality of Life Using the Job Demands-Resources Framework

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ABSTRACT: This study examines whether psychosocial hazards exert uniform or differential effects on the quality of life of nurses and midwives, drawing on the Job Demands-Resources (JD-R) framework. A quantitative explanatory design was employed among nurses and midwives working in an Indonesian hospital. Data were collected using a structured questionnaire measuring psychosocial hazard dimensions and quality of life based on the WHOQOL framework and analyzed using Partial Least Squares-Structural Equation Modeling (PLS-SEM). The results demonstrate that psychosocial hazards do not uniformly affect quality of life. Significant effects were found only for dimensions closely related to daily work experiences, namely the work environment and equipment, supervision, interpersonal relationships, and career-related aspects. Conversely, job characteristics, workload, work schedule, and role-related factors showed no significant direct effects. The model demonstrated strong explanatory and predictive power, highlighting psychosocial conditions as important determinants of healthcare workers' well-being. These findings suggest that hospital management should prioritize improving work environments, strengthening supervisory support, and fostering positive workplace relationships, with targeted interventions likely to be more effective than generalized approaches. Enhancing nurses' and midwives' quality of life may contribute to individual well-being, sustainable healthcare systems, and improved patient care. The study extends the JD-R framework by demonstrating that psychosocial hazards have selective rather than uniform effects and by introducing a proximity-based theoretical refinement, whereby dimensions closer to daily work experiences exert stronger direct influences on well-being. This dimension-specific perspective provides a more nuanced and potentially generalizable explanation of occupational well-being in healthcare contexts, particularly in developing countries.

1. INTRODUCTION

The healthcare sector is known as one of the most demanding work environments (Al Sabei et al., 2020; Ayed et al., 2024; Hu et al., 2025), especially for nurses and midwives who are faced daily with high workloads, emotional demands, time pressures, and complex interpersonal relationships (Kool et al., 2023; Marzo et al., 2022). In recent years, attention to psychosocial hazards in healthcare workplaces has increased (Saik et al., 2024; Simon & Elias, 2023). Different studies have shown that these factors significantly impact the mental health, work performance, and quality of life of healthcare workers (Al Sabei et al., 2020; Ayed et al., 2024; Hu et al., 2025).

Psychosocial hazards refer to aspects of job design, work organization, and the social context of the workplace that have the potential to cause adverse psychological and social impacts (Ose et al., 2023; Simon & Elias, 2023). These dangers include excessive work demands, low job control, role conflict, lack of social support, and inadequacy between work life and personal life (Ose et al., 2023). In nursing and obstetric practice, psychosocial hazards are often exacerbated by shift work systems,

limited staffing, and high demands for patient safety (Marzo et al., 2022; Nena et al., 2018), as well as repeated exposure to suffering, pain, and death (Simon & Elias, 2023).

Empirical evidence suggests that poorly managed psychosocial hazards can trigger burnout and emotional exhaustion (Al Sabei et al., 2020; Hu et al., 2025), which can then develop into chronic fatigue and reduced well-being for people who work in healthcare (Falatah & Alhalal, 2022; Ikhrum Hardi et al., 2025; Saik et al., 2024). Burnout in nurses and midwives not only affects individuals, such as decreasing their quality of life and increasing psychological distress, but also has organizational consequences, including decreased service quality, low patient satisfaction, and an increased intention to leave the job (Falatah & Alhalal, 2022; Ikhrum Hardi et al., 2025; Paul et al., 2022). Prior studies predominantly treat psychosocial hazards as a unified construct, assuming that all dimensions exert similar effects on well-being outcomes (Bagis et al., 2026). However, this assumption may oversimplify the complexity of healthcare work environments, where psychosocial conditions differ in their proximity to daily work experiences and in the intensity of their psychological consequences.

This problem has become increasingly complex in the post-COVID-19 pandemic era (Marzo et al., 2022; Tomaszewska et al., 2023). Although the acute phase of the pandemic has passed, long-term psychosocial impacts are still felt by healthcare workers, especially those on the front lines of care (Jarad et al., 2023). Post-pandemic research shows that levels of work stress and impaired quality of life among nurses and midwives remain high, indicating that psychosocial issues are structural and systemic, not simply situational (Marzo et al., 2022; Tomaszewska et al., 2023).

Quality of life (QoL) is a complex concept that includes aspect of physical health, psychological well-being, social relationships, and environmental conditions (Ayed et al., 2024; Bagis et al., 2025; WHOQOL Group, 1998). For healthcare workers, quality of life reflects not only personal well-being (Bagis et al., 2025), but also professional sustainability and the capacity to survive in stressful work environments (Hernández et al., 2024; Tomaszewska et al., 2023). Several studies have shown that psychosocial working conditions have a stronger influence on healthcare workers' quality of life than demographic or physical factors alone (Ayed et al., 2024).

More importantly, prior studies generally model psychosocial hazards as a broad or unified construct, implicitly assuming that all dimensions exert comparable effects on well-being (Bagis et al., 2026). This assumption may mask important differences across dimensions, especially in healthcare settings where some psychosocial conditions are experienced more immediately and intensely than others. Accordingly, evidence remains limited regarding which psychosocial hazard dimensions matter most for quality of life among nurses and midwives.

Although the literature on this topic continues to grow, several research gaps remain. First, most studies focus on burnout or job satisfaction separately, while studies integrating psychosocial hazards as a comprehensive construct directly related to quality of life are limited. Second, research specifically examining midwives, particularly within a model with nurses, is relatively scarce, even though midwifery practice is characterized by unique psychosocial stressors, particularly related to emotional responsibility and continuity of care (Hernández et al., 2024; Simon & Elias, 2023). Third, empirical evidence from developing country contexts and transitional health systems remains underrepresented in international publications.

Based on these gaps, this study aims to examine the dimensional effects of psychosocial hazards on the quality of life of nurses and midwives. By adopting a disaggregated approach, this study contributes to the literature by revealing that psychosocial hazards do not operate uniformly but exert selective and context-dependent effects. This study offers three ways, first, it disaggregates psychosocial hazards into multiple dimensions rather than treating them as a single unified construct. Second, it provides evidence from a developing-country hospital context involving both nurses and midwives. Third, it extends the JD-R framework by showing that psychosocial hazards influence quality of life selectively rather than uniformly.

Beyond disaggregating psychosocial hazards empirically, this study advances a theoretical proposition that has not been made explicit in prior applications of the JD-R framework: that psychosocial hazard dimensions differ systematically in their experiential proximity, that is, the degree to which a given job demand or resource is directly and immediately encountered in daily clinical practice, and that this proximity conditions the strength of its association with quality of life. Proximal dimensions embedded in everyday interactions, such as the physical work environment, supervisory support, interpersonal relationships, and perceived career recognition, are hypothesized to exert stronger and more immediate effects, whereas distal, structurally defined dimensions, such as job characteristics, workload, work schedule, and role definition, are hypothesized to operate more diffusely, often through indirect or mediated pathways. This proximity-based perspective, elaborated in the following section,

is offered as a theoretical refinement of the JD-R framework rather than a purely descriptive observation, and it generates testable propositions that extend beyond the present dataset.

2. LITERATURE REVIEW AND HYPOTHESIS DEVELOPMENT

2.1. Toward a Proximity-Based Extension of the JD-R Framework

The Job Demands-Resources framework has traditionally treated job demands and job resources as broadly comparable categories of predictors, with less explicit theoretical attention to why some demands and resources matter more than others for a given outcome (Bakker & Demerouti, 2017). Building on this foundation, the present study proposes a conceptual refinement termed experiential proximity, defined as the degree to which a psychosocial condition is directly, repeatedly, and immediately encountered by workers in the course of daily clinical practice, as distinct from conditions that are structurally embedded in the organization of work but experienced less directly on a day-to-day basis.

Under this proximity-based perspective, psychosocial hazard dimensions can be arrayed along a continuum from proximal to distal. Proximal dimensions, such as the physical work environment and equipment, supervisory support, interpersonal relationships, and perceived opportunities for career growth, are encountered directly in the course of daily work and are therefore expected to be appraised quickly, translating more directly into affective and evaluative judgments of quality of life. Distal dimensions, such as job characteristics, workload, work schedule, and role definition, are more structurally embedded features of the job that, while consequential, may act on well-being primarily through intervening psychological states such as fatigue, chronic stress, or burnout, rather than being appraised directly (Bakker & Demerouti, 2017; Falatah & Alhalal, 2022).

This proximity-based extension generates two testable theoretical propositions. First, proximal psychosocial hazard dimensions are expected to exert stronger direct effects on quality of life than distal dimensions, even when both are conventionally classified as job demands or resources within the JD-R framework. Second, the effects of distal dimensions on quality of life are expected to operate substantially through indirect or mediated pathways rather than direct ones, implying that non-significance in a direct-effects model does not indicate theoretical irrelevance but rather a different mode of influence. These propositions are examined empirically in the results and discussion that follow, and they extend the JD-R framework beyond its conventional demands-resources dichotomy toward a more fine-grained, proximity-graded account of how psychosocial conditions shape worker well-being.

2.2. Psychosocial Hazards in Health Work

Psychosocial hazards arise from the interaction between job demands, organizational structure, and social relationships in the workplace. In the healthcare sector, these hazards include excessive workload, high emotional demands, role ambiguity, low job autonomy, lack of supervisor support, and work-life imbalance (Ose et al., 2023). Nurses and midwives are particularly vulnerable to psychosocial hazards due to the intensity of patient interactions, high emotional involvement, and professional responsibility for clinical outcomes.

Studies using standardized instruments such as the Copenhagen Psychosocial Questionnaire (COPSOQ III) indicate that healthcare workers frequently report high quantitative demands, emotional distress, and limited opportunities for recovery (Ayed et al., 2024; Ose et al., 2023). Recent research findings confirm that psychosocial hazards do not stand alone, but rather form a complex of interrelated risk factors embedded within organizational systems. Accumulated exposure to psychosocial hazards without adequate management has the potential to lead to chronic stress and a decline in healthcare workers' mental health (Simon & Elias, 2023).

2.3. Psychosocial Hazards and Burnout in Nurses and Midwives

Burnout is one of the main consequences of exposure to psychosocial hazards in the healthcare sector. Burnout is distinguished by emotional weariness, depersonalization, and a reduction in personal accomplishment. Meta-analytic evidence shows a strong association between poor psychosocial working conditions and high rates of burnout in nurses (Al Sabei et al., 2020; Hu et al., 2025). Similar findings have been reported in midwives. High emotional demands, long working hours, and lack of organizational support significantly increase the risk of burnout and negatively impact professional commitment (Alemu et al., 2024; Paul et al., 2022). Systematic reviews indicate that midwives face unique psychological burdens, particularly related to responsibility for maternal and infant safety (Kool et al., 2023). Several studies have identified burnout as a mechanism linking

psychosocial hazards to various well-being outcomes, including quality of life and intention to leave the profession (Falatah & Alhalal, 2022).

2.4. Quality of Life of Healthcare Workers

The quality of life of healthcare workers is an important indicator in occupational health studies and the sustainability of healthcare systems. Quality of life encompasses physical, psychological, social, and environmental dimensions and reflects an individual's overall well-being (Ayed et al., 2024; WHOQOL Group, 1998). Empirical research shows that nurses and midwives exposed to poor psychosocial working conditions report lower quality of life scores across key domains, particularly psychological and social (Hernández et al., 2024; Tomaszewska et al., 2023). Shift work duration, workload intensity, and limited recovery time contribute to impaired sleep quality, decreased mental health, and reduced life satisfaction (Nena et al., 2018). These findings confirm that job characteristics and psychosocial conditions in the work environment greatly influence the quality of life of health workers.

2.5. Psychosocial Risk Management and Organizational Implications

Occupational health literature emphasizes the importance of proactively managing psychosocial risks through an organizational approach. Effective interventions include redesigning workloads, strengthening supportive leadership, increasing social support, and systematic monitoring of psychosocial hazards (Saik et al., 2024; Simon & Elias, 2023).

Effective management of psychosocial hazards has been shown to not only improve the well-being of healthcare workers but also contribute to patient safety and quality of care (Al Sabei et al., 2020; Hu et al., 2025). Therefore, understanding the association between psychosocial hazards and the quality of life of nurses and midwives is an important foundation for formulating evidence-based organizational policies. Based on the theoretical review and empirical findings described, this study proposes one primary hypothesis:

H1: The dimensions of psychosocial hazards exert differential effects on the quality of life of nurses and midwives.

3. RESEARCH METHODS

This research utilized a quantitative explanatory approach to investigate how psychosocial risks affect the quality of life for nurses and midwives, as commonly applied in occupational health and organizational psychology studies (Creswell & Poth, 2018). The study was conducted at a regional hospital in Indonesia, a hospital whose service characteristics are still dominated by maternity services with relatively high work intensity and psychosocial risks, making it a relevant location for testing the link between psychosocial dangers and the quality of life of healthcare personnel.

The research group included every nurses and midwife employed at the hospital, amounting to 79 nurses and 39 midwives. The sampling technique used a census (saturated sampling), where all members of the population were selected as respondents. This technique was chosen to obtain a comprehensive empirical picture of a limited and homogeneous population, in accordance with recommendations for organizational and occupational health research (Sugiyono, 2018). Data were collected using a structured questionnaire. Psychosocial hazard variables are measured based on job indicators that represent job demands and organizational conditions, including type of work, workload, work schedule, supervision, work environment and equipment, interpersonal relationships in the workplace, role within the organization, and career development.

These indicators were developed based on the psychosocial risk framework established by the International Labour Organization and the World Health Organization, as well as standardized instruments such as the Copenhagen Psychosocial Questionnaire (COPSOQ), which is widely used in occupational health research (ILO, 2016; Ose et al., 2023; WHO, 2010). For analytical clarity, the psychosocial hazard dimensions were coded as follows: BP1 = job characteristics/type of work, BP2 = workload, BP3 = work schedule, BP4 = role-related factors, BP5 = work environment and equipment, BP6 = supervision, BP7 = interpersonal relationships, and BP8 = career development.

Quality of life variables were measured multidimensionally, encompassing an individual's quality of life, which is shaped by physical health, psychological well-being, social connections, and environmental factors. Quality of life measurements were derived from the WHOQOL framework developed by the World Health Organization as an international standard for assessing individual quality of life, including in healthcare populations (Ayed et al., 2024; WHOQOL Group, 1998). Data analysis was conducted using A Partial Least Squares approach to Structural Equation Modeling (SEM), as it allows for predictive model testing under conditions of limited sample size and non-normal data distributions (Hair et al., 2021). The study was carried out

in line with established ethical research standards. Subjects received thorough details concerning the aim of the study, participation was voluntary, and confidentiality of responses was fully ensured.

4. RESEARCH RESULTS

4.1. Respondent Description

The sample consisted predominantly of female respondents (72.9%), mirroring the typical gender ratio observed in the fields of nursing and midwifery professions. Most respondents held diploma-level qualifications (69.5%), consistent with workforce patterns in developing healthcare systems. This predominance of female respondents aligns with the structural characteristics of the nursing and midwifery professions consistently reported in various hospital studies, particularly on nursing and maternal health services, in both developed and developing countries (Ayed et al., 2024; Kool et al., 2023; WHO, 2020). This educational distribution pattern aligns with previous research findings showing that the nursing and midwifery workforce in secondary-care hospitals is generally dominated by diploma graduates, particularly in health systems in developing countries (Hernández et al., 2024; Marzo et al., 2022). These respondent characteristics indicate a relatively homogeneous workforce profile, which is relevant when interpreting the limited variation in several psychosocial hazard dimensions.

4.2. Measurement Model Evaluation (Outer Model)

The findings from the examination indicated that every constructs had a composite reliability value above 0.7 and an average variance extracted (AVE) above 0.5, so that it could be declared to meet the criteria of reliability and convergent validity. Although Cronbach's alpha value on the BP2 construct is slightly below 0.7, it is still acceptable because the composite reliability value has met the minimum limit. The discriminant validity test using the Fornell-Larcker criterion showed that the entire construct had a larger square root of AVE than the correlation between other constructs, so it could be concluded that the model met the discriminant validity (Hair et al., 2021a).

Table 1. Construct Reliability and Convergent Validity

Construct	Cronbach's Alpha	rho_A	Composite Reliability	AVE	Remarks
BP1	0.778	0.778	0.858	0.601	Valid
BP2	0.695	0.708	0.812	0.521	Acceptable
BP3	0.794	0.811	0.906	0.828	Very good
BP4	0.884	0.885	0.920	0.743	Very good
BP5	0.806	0.819	0.885	0.720	Very good
BP6	0.873	0.878	0.922	0.797	Very good
BP7	0.806	0.827	0.885	0.719	Very good
BP8	0.877	0.882	0.916	0.733	Very good
QoL	0.925	0.932	0.940	0.694	Excellent

All constructs achieved acceptable convergent validity ($AVE > 0.50$) demonstrated strong internal consistency reliability ($CR > 0.70$), indicating that the measurement model is robust. Although BP2 showed a slightly lower Cronbach's alpha, it remains acceptable in PLS-SEM because composite reliability is considered a more appropriate estimate of internal consistency in variance-based SEM (Hair et al., 2021).

4.3. Structural Model Evaluation (Inner Model)

4.3.1. Model Fit

Table 2. Model Fit Indices

Indicator	Value	Threshold	Interpretation
SRMR	0.073	< 0.08	Good fit
NFI	0.656	> 0.60	Acceptable
Chi-square	1217.601	-	Informative

The SRMR value of 0.073 indicates an acceptable model fit, as it is below the recommended threshold of 0.08. The NFI value of 0.656 also suggests an acceptable level of fit for a variance-based SEM model. Overall, the model demonstrates adequate goodness-of-fit for further analysis.

4.3.2. Coefficient of Determination (R^2)

Table 3. Coefficient of Determination (R^2)

Variable	R^2	Adjusted R^2	Interpretation
QoL	0.792	0.777	Substantial

Approximately 79.2% of the variance in Quality of Life (QoL) can be accounted for by BP1-BP8, indicating a high level of explanatory power. This value suggests that the model explains a large proportion of variation in the endogenous construct.

Table 4. Predictive Relevance (Q^2)

Variable	Q^2	Interpretation
QoL	0.519	Strong predictive relevance

Predictive relevance was evaluated using the Stone-Geisser Q^2 statistic. The Q^2 value for Quality of Life (QoL) is 0.519, exceeding zero and indicating strong predictive capability of the model. This result suggests that the exogenous constructs (BP1-BP8) have substantial predictive capability in explaining the endogenous construct.

4.3.3. Path Coefficients (Hypothesis Testing)

The structural model results indicate that psychosocial hazards explain a substantial proportion of variance in quality of life ($R^2 = 0.792$), suggesting strong explanatory power. However, the effects of psychosocial hazard dimensions are not uniform. Among the eight dimensions examined, work environment and equipment (BP5) demonstrate the strongest positive effect, followed by supervision (BP6), interpersonal relationships (BP7), and career-related aspects (BP8), all of which are statistically significant. In contrast, job characteristics (BP1), workload (BP2), work schedule (BP3), and role-related factors (BP4) do not exhibit significant direct relationships with quality of life. A summary of the structural path testing results is presented in Table 5.

Table 5. Hypothesis Testing

Relationship	Coefficients (β)	T-statistik	P-value	Result
BP1 $\rightarrow$ QoL	0.000	0.006	0.995	Not significant
BP2 $\rightarrow$ QoL	-0.057	1.104	0.270	Not significant
BP3 $\rightarrow$ QoL	0.059	0.913	0.361	Not significant
BP4 $\rightarrow$ QoL	-0.155	1.425	0.155	Not significant
BP5 $\rightarrow$ QoL	0.383	3.703	0.000	Significant
BP6 $\rightarrow$ QoL	0.268	3.574	0.000	Significant

Relationship	Coefficients (β)	T-statistik	P-value	Result
BP7 $\rightarrow$ QoL	0.252	3.175	0.002	Significant
BP8 $\rightarrow$ QoL	0.195	1.970	0.049	Significant

4.3.4. Effect Size (f^2)

Table 6. Effect Size (f^2)

Variable	f^2	Interpretation
BP1	0.000	No effect
BP2	0.013	Very small
BP3	0.013	Very small
BP4	0.024	Small
BP5	0.139	Medium
BP6	0.123	Medium
BP7	0.098	Small-medium
BP8	0.069	Small

This finding indicates that each construct in the model is capable of empirically measuring different concepts and does not experience measurement overlap, making it suitable for use in subsequent structural model analysis. Effect size analysis indicates that BP5 and BP6 exert the largest contributions to QoL, whereas BP7 and BP8 show smaller yet meaningful effects. In contrast, BP1-BP4 contribute negligibly to the explained variance, further confirming the selective nature of psychosocial hazard effects (Hair et al., 2021).

Discriminant validity was assessed using the Fornell-Larcker criterion. The findings suggest that every construct has a greater amount of variance with its respective indicators compared to the variance shared with different constructs, which verifies sufficient discriminant validity.

4.3.5. Importance-Performance Map Analysis (IPMA)

Table 7. Importance-Performance Map Analysis (IPMA)

Construct	Importance (β)	Performance	Interpretation
BP1	0.000	78.157	High performance but negligible impact
BP2	-0.057	44.858	Low performance and low importance
BP3	0.059	60.741	Moderate performance, low importance
BP4	-0.155	69.137	Moderate performance, negative effect
BP5	0.383	69.670	High importance - priority improvement
BP6	0.268	78.850	High importance - maintain performance
BP7	0.252	72.910	High importance - maintain performance
BP8	0.195	69.972	Moderate importance - gradual improvement

To extend the structural model findings, an Importance-Performance Map Analysis (IPMA) was carried out to determine key focus areas for management action. The results reveal that work environment and equipment (BP5) exhibit the highest importance ($\beta = 0.383$) with moderate performance, indicating a critical area for improvement. Supervision (BP6) and

interpersonal relationships (BP7) demonstrate both high importance and high performance, suggesting that these dimensions should be maintained. Interestingly, work schedule (BP2) shows the lowest performance but minimal importance, indicating that not all poorly performing factors require immediate intervention. From the JD-R perspective, BP5 reflects a psychosocial condition that is closely tied to the availability of supportive work resources, which may explain why it emerges as the highest-priority factor for managerial intervention.

5. DISCUSSION

The results of this research indicate that the impact of psychosocial hazards do not influence the quality of life of nurses and midwives in a uniform manner. Instead, their effects are selective and vary according to the specific dimension being examined. This result is important because it challenges the common tendency in previous studies to treat psychosocial hazards as a broad and relatively homogeneous construct. In the present study, only some dimensions were found to have significant effects on quality of life, whereas others were not statistically significant. This pattern confirms that psychosocial conditions in healthcare settings should be understood as multidimensional, with each dimension carrying different implications for well-being. From the perspective of the Job Demands-Resources (JD-R) framework, this finding is theoretically plausible because not all job demands and job-related psychosocial conditions are experienced with the same immediacy, intensity, or psychological consequence (Bakker & Demerouti, 2017; Falatah & Alhalal, 2022).

Among all examined dimensions, work environment and equipment (BP5) emerged as the strongest predictor of quality of life. This finding reveals that psychosocial conditions closely linked to the physical work setting remain central to well-being in hospital contexts. For nurses and midwives, the work environment is not limited to physical infrastructure alone, but also includes perceived safety, adequacy of equipment, ease of task execution, and the extent to which the workplace supports efficient clinical performance. When healthcare workers perceive that their environment is safe, functional, and adequately equipped, they are more likely to experience psychological comfort and reduced daily strain. Conversely, when the work environment is perceived as inadequate or unsafe, it can intensify stress and reduce the overall quality of life. This result is consistent with recent occupational health research showing that supportive work environments are an essential foundation of healthcare worker well-being, especially in demanding clinical settings and in the post-pandemic period (Saik et al., 2024; Simon & Elias, 2023). In this sense, BP5 may be interpreted as a psychosocial dimension that is strongly embedded in everyday work reality, which explains why its influence is more pronounced than more distant or structural factors.

Supervision (BP6) was also found to significantly influence quality of life. This finding is important because it shows that leadership support is not merely an administrative matter, but also a psychosocial condition that shapes how healthcare workers experience their work. In hospital environments characterized by high responsibility, time pressure, and emotional demands, the presence of supportive supervision can reduce uncertainty and reinforce workers' sense of competence and support. Good supervision may contribute to quality of life by clarifying expectations, facilitating problem-solving, offering emotional reassurance, and reducing the sense of isolation that often accompanies demanding clinical work.

Within the JD-R framework, supervision may function as a job resource because it helps workers manage demands more effectively and strengthens their coping capacity. This interpretation is supported by recent literature emphasizing that supportive leadership and psychosocial risk management play a central role in reducing strain and improving well-being in healthcare professions (Al Sabei et al., 2020; Ayed et al., 2024; Falatah & Alhalal, 2022; Ikhram Hardi et al., 2025). Therefore, the significance of BP6 in this study should not be understated. Rather than being peripheral, supervision appears to be a meaningful determinant of the quality of life of nurses and midwives.

Interpersonal relationships (BP7) also demonstrated a significant positive effect, indicating that the social climate of the workplace is another crucial dimension in explaining quality of life. In professions such as nursing and midwifery, where employees are continuously exposed to emotional demands, uncertainty, and responsibility for patient care, supportive relationships with colleagues can act as a critical psychosocial buffer. Positive social interactions, mutual trust, teamwork, and collegial solidarity can reduce the burden of daily stress and help maintain emotional balance. This result is highly consistent with prior evidence suggesting that workplace relationships are strongly associated with reduced burnout, improved job satisfaction, and better well-being among healthcare workers (Al Sabei et al., 2020; Ayed et al., 2024; Falatah & Alhalal, 2022; Ikhram Hardi et al., 2025). In other words, this study confirms that interpersonal dynamics are not merely contextual features of the hospital setting, but active contributors to quality of life. The significance of BP7 further supports the JD-R perspective

that social support constitutes an important job resource that can protect workers from the adverse effects of demanding work environments.

Career-related aspects (BP8) were likewise found to have a significant, though smaller, effect on quality of life. This finding deserves careful interpretation because career development is often considered a longer-term organizational issue rather than an immediate work experience. However, in this study, career-related aspects still mattered for quality of life, suggesting that workers' perceptions of growth opportunities, future security, recognition, and professional advancement are relevant to their well-being. For nurses and midwives, career development may reflect more than formal promotion opportunities; it may also signal whether the organization values their contribution and provides a meaningful professional future.

When workers perceive their career path as stagnant or uncertain, this may gradually erode motivation and well-being. Conversely, when they perceive opportunities for growth and recognition, these perceptions may support a stronger sense of purpose and professional sustainability. This interpretation is in line with studies reporting that professional development opportunities and future-oriented organizational support contribute to employee well-being and reduce psychological strain in healthcare settings countries (Hernández et al., 2024; Marzo et al., 2022). Thus, although BP8 is not the strongest predictor, its significance indicates that long-term organizational factors can still shape present quality of life.

By contrast, job characteristics (BP1), workload (BP2), work schedule (BP3), and role-related factors (BP4) did not show significant direct effects on quality of life in this study. This does not necessarily mean that these dimensions are unimportant in substantive terms. Rather, the lack of statistical significance suggests that, within the context of this hospital and this particular sample, these dimensions did not emerge as the most decisive predictors of quality of life when examined alongside other psychosocial factors. One possible explanation is the relative homogeneity of working conditions in a single-hospital setting. If nurses and midwives are exposed to similar schedules, workloads, and role structures, then the variability in their responses may be too limited for these dimensions to show strong direct effects. In such contexts, dimensions more closely related to perceived support and workplace experience may become more salient than dimensions that are more normalized as part of routine professional life.

Another possible explanation is that some of these non-significant dimensions may operate through indirect rather than direct pathways. Workload and work schedule, for example, are widely reported in the literature as important stressors in healthcare work, particularly because they influence fatigue, sleep quality, and emotional exhaustion (Al Sabei et al., 2020; Hu et al., 2025; Nena et al., 2018). However, their effect on quality of life may be mediated by intermediate mechanisms such as burnout, chronic stress, or reduced recovery rather than appearing as immediate direct effects. This explanation is compatible with the JD-R framework, which recognizes that job demands often influence well-being through strain processes rather than always through direct pathways (Bakker & Demerouti, 2017; Falatah & Alhalal, 2022). Accordingly, the non-significant effects of BP2 and BP3 in this study should not be interpreted as evidence that workload and scheduling are irrelevant. Instead, they may indicate that their influence is more complex and may require mediation-based or longitudinal models to be captured adequately.

The non-significance of role-related factors (BP4) is also noteworthy because role ambiguity and role conflict are often discussed as important sources of stress in organizational research. Yet in this study, BP4 did not significantly predict quality of life. A plausible explanation is that, in this hospital context, role expectations may already be sufficiently institutionalized, leaving limited variability in how respondents perceive this dimension. Another possibility is that role-related stress, when present, may be overshadowed by more concrete and emotionally salient conditions such as environmental support, supervision, and interpersonal relationships. In other words, when workers are directly confronted with demanding clinical realities, the psychosocial dimensions that are most visible in daily practice may matter more than structural role perceptions. This interpretation helps explain why BP4 did not emerge as a significant predictor, even though the broader literature recognizes the stress potential of role ambiguity and conflict (Ayed et al., 2024).

Overall, the present findings reinforce the core argument of this study: psychosocial hazards should not be treated as a single undifferentiated construct. Some dimensions are clearly more influential than others, and their relevance depends on how closely they are tied to daily work experiences, organizational support, and perceived professional sustainability. The significant dimensions identified in this study work environment and equipment, supervision, interpersonal relationships, and career-related aspects share one common feature: they are all conditions that shape how healthcare workers experience support, safety, and stability in their work lives. This helps explain why these dimensions have more immediate implications for quality of life

than dimensions such as workload or work schedule, which may be more routine, normalized, or indirectly transmitted through other psychological mechanisms.

These results lend empirical support to the proximity-based extension of the JD-R framework proposed earlier in this article. Consistent with the first theoretical proposition, the four significant dimensions, namely work environment and equipment, supervision, interpersonal relationships, and career-related aspects, are precisely those that workers encounter directly and repeatedly in daily clinical practice, whereas the four non-significant dimensions, namely job characteristics, workload, work schedule, and role-related factors, are more structurally embedded features of the job. Consistent with the second proposition, the non-significant direct effects of workload, work schedule, and role-related factors are compatible with the interpretation that these distal dimensions operate through intervening mechanisms, such as burnout, chronic stress, or reduced recovery, rather than being appraised directly by workers as determinants of their quality of life. Rather than a purely post hoc empirical description, this pattern of results represents an initial empirical test of a proximity-graded account of psychosocial hazards, one that reframes the central theoretical question from whether psychosocial hazards matter to which hazards matter, under what conditions, and through what mechanisms they exert their influence, a reframing with implications for how the JD-R framework is applied and tested beyond the healthcare context examined here.

The findings imply that hospital management should avoid adopting a generalized approach to psychosocial risk management. Interventions should not treat all psychosocial dimensions as equally urgent. Instead, priority should be given to those dimensions with the strongest demonstrated influence on quality of life. In this study, the most immediate priorities include improving the work environment and equipment, strengthening supervisory support, and maintaining a supportive interpersonal climate. Career-related support should also be considered, especially in relation to recognition and longer-term professional motivation. Such targeted interventions are likely to be more effective than broad, undifferentiated strategies because they align organizational efforts with the psychosocial dimensions that matter most in practice.

These studies contribute to the growing occupational health literature by extending the JD-R framework into a more disaggregated analysis of psychosocial hazards in healthcare contexts. Rather than assuming equal effects across all dimensions, the findings show that psychosocial hazards operate selectively and contextually. This not only enriches understanding of healthcare worker well-being, but also opens space for future studies to investigate how different psychosocial dimensions interact, how indirect effects unfold, and whether these patterns remain stable across different hospitals, professions, and health system contexts. In that sense, the present study does not merely confirm that psychosocial hazards matter; it shows that which psychosocial hazards matter most is the more important question.

6. CONCLUSIONS

This study concludes that psychosocial hazards do not influence the quality of life of nurses and midwives in a uniform manner. Instead, their effects are selective and depend on the nature of each dimension and its proximity to daily work experiences. This finding provides important evidence that psychosocial conditions in healthcare settings should be understood as multidimensional rather than homogeneous constructs. Among the eight dimensions examined, work environment and equipment, supervision, interpersonal relationships, and career-related aspects were found to significantly influence quality of life. These dimensions share a common characteristic: they are closely related to the immediate and experiential aspects of daily work.

In particular, the work environment emerged as the most influential factor, indicating that physical safety, adequacy of equipment, and supportive working conditions play a central role in shaping the well-being of healthcare workers. Similarly, supervision and interpersonal relationships function as critical psychosocial resources that help nurses and midwives cope with the emotional and operational demands of their profession. Career-related aspects, although less dominant, also contribute by providing a sense of future security and professional meaning. In contrast, job characteristics, workload, work schedule, and role-related factors did not demonstrate significant direct effects in this study. This suggests that these dimensions may either be perceived as routine aspects of professional life or operate indirectly through psychological mechanisms such as burnout, fatigue, or emotional exhaustion.

The lack of direct effects does not reduce their theoretical significance; rather, it highlights the need for more refined analytical approaches, such as mediation or longitudinal designs, to capture their influence. From a practical standpoint, the results emphasize the importance of prioritizing high-impact psychosocial dimensions in organizational interventions. Hospital management should focus on improving work environment conditions, ensuring the availability of adequate equipment,

strengthening supervisory support, and fostering a positive interpersonal climate. These targeted strategies are more likely to produce meaningful improvements in the quality of life of healthcare workers compared to generalized interventions that treat all psychosocial risks equally. These findings enhancing the quality of life of healthcare workers is crucial for sustaining healthcare system performance and ensuring high-quality patient care.

This study contributes to the extension of the JDR framework by demonstrating that psychosocial hazards operate selectively rather than uniformly in influencing well-being outcomes. The findings emphasize the need to disaggregate psychosocial hazards into distinct dimensions to better understand their differential effects. Furthermore, this study provides empirical evidence from a developing-country healthcare context involving both nurses and midwives, thereby enriching the global literature on occupational health. Future studies are encouraged to investigate indirect pathways, particularly the mediating roles of burnout or emotional exhaustion, as well as to examine these relationships across different healthcare settings and cultural contexts.

Beyond its empirical findings, the principal theoretical contribution of this study lies in proposing, and providing an initial empirical test of, a proximity-based refinement of the JD-R framework, in which psychosocial hazard dimensions are distinguished according to their experiential proximity to daily work rather than treated as functionally interchangeable demands or resources. This distinction offers a generalizable theoretical lens for explaining why certain psychosocial conditions translate more directly into well-being outcomes than others, and it provides a conceptual basis for future studies to formally test proximity as a moderating or mediating mechanism, using longitudinal or multi-level designs, across diverse occupational and cultural settings. In doing so, this study extends the JD-R framework theoretically, rather than merely applying it descriptively to a new empirical context.

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Author Contributions

Herni Justiani Astuti: Conceptualization, Methodology, Investigation, Data Curation, Formal Analysis, and Writing-Original Draft.

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All authors have read and approved the final version of the manuscript and agree to be accountable for all aspects of the work.

Conflict of Interest

The authors declare that they have no conflict of interest.

Ethics Statement

This study was approved by the Research Ethics Committee of the Institute for Research and Community Service (LPPM), Universitas Muhammadiyah Purwokerto, Indonesia (Approval No. A12III/2892-S.Ket/LPPM/I/2026). All procedures performed in this study involving human participants were in accordance with institutional [ethical standards](#). Informed consent was obtained from all participants prior to data collection. Participation was voluntary, and participants had the right to withdraw at any time. All responses were collected anonymously and treated with strict confidentiality.

Data Availability Statement

The data that support the findings of this study are available from the corresponding author upon reasonable request. Due to confidentiality agreements with respondents, the data are not publicly available.

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