THE EFFECT OF WORKLOAD ANALYSIS AND EMPLOYEE WELL-BEING MEDIATED BY HRIS SYSTEM ON NURSE PRODUCTIVITY AT KALIWATES HOSPITAL JEMBER

Billardi Atmanagara Fadzliansyah[1]
Universitas Muhammadiyah Jember, Jember, Indonesia
billyfadz09@gmail.com

Budi Santoso2
Universitas Muhammadiyah Jember, Jember, Indonesia
budisantoso@unmuhjember.ac.id

Riyanto Setiawan Suharsono3
Universitas Muhammadiyah Jember, Jember, Indonesia
riyantosetiawan@unmuhjember.ac.id

Abstract

Kaliwates Jember Hospital, as a type C plantation hospital, faces challenges in nurse productivity due to high workload and suboptimal employee welfare amid a surge in emergency room patients. This study examines the influence of workload analysis and employee well-being on nurse productivity at Kaliwates Jember Hospital with the HRIS system as an intervening variable. Using an explanatory design quantitative approach with a saturated sample of the entire population of 299 nurses, data was collected through a questionnaire that had been validated and analyzed using Structural Equation Modeling (SEM) based on SmartPLS 4.0. The results showed that workload analysis had a positive effect on nurse productivity through the management of emergency room targets, 12-hour shift efficiency, and physical-mental load mitigation; employee well-being has a positive effect through subjective well-being, workplace, and work-life balance; both affect the HRIS system significantly; HRIS itself increases productivity through automated rotation and real-time analytics. The effect of partial HRIS mediation was confirmed in the moderate category. These findings enrich the theory of Dessler-AMO HR management in the context of Jember type C hospitals, recommending the integration of HRIS workload-well-being modules for the optimization of health human resources.

Keywords: Workload Analysis, Employee Well-Being, HRIS System, Nurse Productivity

INTRODUCTION

The health sector is under high pressure due to the increasing need for services, while the number of health workers, especially nurses, is not always balanced with the existing workload (Mishra, 2021). This condition is exacerbated by the increasing burden of chronic diseases, an aging population, and increasingly high demands for service quality, so hospitals in various countries are trying to find ways to optimize the performance of health workers without sacrificing patient safety (Arfah et al., 2024). This condition has an impact on the quality of service, patient safety, and productivity of health workers, so hospital management is required to manage workload in a more systematic, measurable, and data-based manner (Parmin, 2019). In Indonesia, similar problems occur in various hospitals, where high nurse workloads, lack of information system support, and limited attention to employee welfare often lead to decreased performance and increased risk of burnout, stress, and turnover (Rahmawaty & Solihin, 2023). Therefore, an approach that integrates workload analysis, employee welfare, and the utilization of human resource information systems (HRIS) is needed to improve nurse productivity in a sustainable and sustainable manner in the long term (Asmaraida et al., 2025).

Productivity can be understood as the level of effectiveness and efficiency of an employee in producing quality outputs in accordance with the standards set in a certain period (Rahma & Astuti, 2025). In the context of hospitals, nurse productivity is very important because it is directly related to the quality of nursing care, patient satisfaction, and the efficiency of the use of hospital resources (Husaeni & Febrian, 2024). High productivity means that nurses are able to complete care tasks in a timely, accurate, and safe manner, reducing the risk of errors and increasing patient trust in the institution (Hansah, 2025). When nurse productivity is high, hospitals can provide faster, more accurate, and safer services, thus contributing to improved institutional image, patient satisfaction, and the sustainability of hospital operations (Ilmiyah & Anshori, 2025). Conversely, decreased productivity can lead to increased medical errors, patient complaints, and even fatigue and turnover of nurses, which ultimately puts an additional burden on management and disrupts the smooth running of services (Kunsing et al., 2025).

An HRIS (Human Resource Information System) system is an information system used to manage human resource data and processes in an integrated manner, including personnel planning, payroll, training, and performance evaluation (Yusuf, 2023). In the context of this study, HRIS acts as an intervening variable between workload analysis and employee well-being in influencing nurse productivity, because this system is a means to integrate data on workload, attendance, attendance, complaints, and employee welfare programs (Umboh & Kojo, 2024). Through HRIS, management can conduct more accurate workload analysis, plan labor distribution, and monitor employee welfare through attendance data, attendance, complaints, and welfare programs, so that management decisions become more data-based and responsive (Lase et al., 2025). Optimal HRIS utilization can help reduce overwork, improve organizational support, and ultimately strengthen the relationship between workload analysis and employee well-being to nurse productivity. Research conducted by (Sinaga & Meilani, 2024), (Suhartini et al., 2025), (Farid, 2024), (Agus, 2023) and (Dina, 2024) show that the implementation of HR management information systems contributes to improved workforce planning and performance evaluation, Digitization of HR

management systems, including HRIS development, to improve efficiency and productivity, thus further strengthening the argument that HRIS can be an important mediating variable in the relationship between workload, employee welfare, and nurse productivity.

Employee well-being refers to healthy physical, psychological, and social conditions, as well as a sense of satisfaction and meaning at work (Setiawan et al., 2024). In the context of nursing, well-being includes mental health, organizational support, work-life balance, and a sense of security and value in the workplace, so that nurses feel comfortable, motivated, and able to provide consistent quality services (Rachmawati et al., 2023). Good employee welfare contributes to increased motivation, commitment, and willingness to provide quality services, thus having a positive impact on productivity (Pancasasti, 2023). Nurses who feel supported, valued, and have a good work-life balance tend to be more emotionally engaged and more responsive to patients' needs, so the care provided is safer, timely, and up to standard (Nugroho, 2022). In contrast, nurses with low well-being are more likely to experience stress, burnout, and decreased performance, which ultimately affects the quality of care and patient satisfaction (Sucahyowati & Hendrawan, 2020). Therefore, efforts to improve employee welfare need to be an integral part of the strategy to increase nurse productivity. Research conducted by (Abdullah et al., 2024), (Hadiyanto & Prasadjaningsih, 2025), (Lina, 2024), (Rizki, 2024), (Widi, 2023) and (Ani, 2024) on the psychological well-being of nurses found that welfare disorders were associated with decreased work productivity, while research in the health sector by (Putri, 2023) showed that employee well-being mediated the relationship between the quality of internal services and nurse performance. thus further strengthening the importance of management's attention to welfare aspects in an effort to increase the productivity of nursing personnel.

An HRIS (Human Resource Information System) system is an information system used to manage human resource data and processes in an integrated manner, including personnel planning, payroll, training, and performance evaluation (Fhauzan & Ali, 2024). In the context of this study, HRIS acts as an intervening variable between workload analysis and employee well-being in influencing nurse productivity, because this system is a means to integrate data on workload, attendance, attendance, complaints, and employee welfare programs (Noprianty et al., 2022). Through HRIS, management can conduct more accurate workload analysis, plan labor distribution, and monitor employee welfare through attendance data, attendance, complaints, and welfare programs, so that management decisions become more data-based and responsive (Hariyasasti, 2025). Optimal HRIS utilization can help reduce overwork, improve organizational support, and ultimately strengthen the relationship between workload analysis and employee well-being to nurse productivity (Intan et al., 2025). Research conducted by (Farid, 2024), (Aulia et al., 2025), (Rohmah et al., 2023) and (Dina, 2024) showed that the implementation of HR management information systems contributes to improved workforce planning and performance evaluation, while systematic studies on the impact of health information technology by (Wisconsin, 2019) It shows that information systems can change the distribution of nurses' working time to more valuable activities, such as direct care of patients, thereby increasing the effectiveness of services.

Although there have been many studies that have examined the effect of workload analysis and employee well-being on nurse productivity, there are still some gaps that need to be filled. First, there have not been many studies that explicitly test the influence of workload analysis and employee well-being with HRIS system mediation on nurse

productivity, so the relationship between the three variables is not fully understood. Second, some previous studies have shown inconsistent results; For example, research by (Syarifah & Ferils, 2023) found that workload had a significant negative effect on nurse performance, while research by (Fauzanor et al., 2025) shows that workload can have a positive impact on productivity when it is at a level that matches the capacity of the nursing workforce. This shows the need for further research to test the consistency of findings and specific contexts such as hospitals in Indonesia. Third, there is still a lack of measurable instruments that specifically assess the impact of employee engagement as an intervening variable in influencing performance, so the measurement of the influence of mediation is still limited, as revealed in a study on strengthening work engagement through employee wellbeing by (Ningtyas, 2024). Fourth, there are not many studies that have identified other intervening variables that can strengthen or weaken the relationship between workload analysis and employee well-being on productivity, so the role of HRIS as a mediating variable still needs to be explored further, as suggested in a study on the impact of health information technology by (Rahmawaty & Solihin, 2023) and research on the transformation of nursing human resources by (Hisbih, 2025) Therefore, the research entitled "The Influence of Workload Analysis and Employee Well-being Mediated by HRIS System on Nurse Productivity at Kaliwates Jember Hospital" is considered important to fill the gap and provide more comprehensive empirical evidence, as well as being the basis for the development of a more data-based HR management policy.

The object of research in this study is a nurse at the Kaliwates Jember General Hospital (RSU), which is one of the referral hospitals in Jember Regency with a high service load. These hospitals serve patients from a variety of social and economic backgrounds, so nurses' workloads tend to be diverse and complex. This hospital faces challenges in managing nurses, especially related to the distribution of workload and the utilization of HR information systems, so it is relevant to test the relationship between workload analysis, employee well-being, HRIS system, and nurse productivity. As quantitative evidence, here is an illustration of a nurse performance assessment at Kaliwates Jember Hospital:

Table 1.
Analysis of the Performance of the Kaliwates Jember Hospital

Year	Nursing Care (scale 0-100; % completeness of assessment & plan)	Punctuality (scale 0-100; % of on-time tasks)	SOP compliance (scale 0-100; % compliance with medical procedures & documentation)	Patient Satisfaction (scale 0-100; average survey)
2022	70 (85% assessment, 55% plan)	66 (95% on-time shift, 37% low overtime)	73 (92% procedure correct, 54% complete documentation)	68 (survey score 4.1/5)
2023	71 (86% assessment, 56% plan)	67 (96% on-time shifts, 38% low overtime)	74 (93% correct procedure, 55% complete documentation)	69 (survey score 4.2/5)

2024	72 (87% assessment, 57% plan)	68 (97% on-time shifts, 39% low overtime)	75 (94% correct procedure, 56% complete documentation)	70 (survey score 4.3/5)
2025	72 (87% assessment, 57% plan)	68 (97% on-time shifts, 39% low overtime)	75 (94% correct procedure, 56% complete documentation)	70 (survey score 4.3/5)

Source : Data processed by researchers (2026)

The performance table of nurses at RSU Kaliwates Jember from 2022 to 2025 shows a gradual but stagnant increasing trend in the medium category, with the Nursing Care score increasing from 70 (85% assessment, 55% plan) to 72 (87% assessment, 57% plan), Punctuality from 66 (95% on-time shift, 37% low overtime) to 68 (97% on-time shift, 39% low overtime), SOP compliance from 73 (92% procedure correct, 54% complete documentation) to 75 (94% correct procedure, 56% complete documentation), and Patient Satisfaction from 68 (survey score 4.1/5) to 70 (survey score 4.3/5); The average annual increase of only 0.5–1 point indicates minimal improvement due to high workload, weakness in priority planning, excessive overtime, weak documentation, and satisfaction scores that have not reached the target (≥4.5), thus strengthening the urgency of research related to workload analysis, employee well-being, and HRIS optimization for significant productivity jumps.

This research has important implications for the management of RSU Kaliwates Jember and other hospitals in Indonesia, especially through the novelty of the appointment of the HRIS (Human Resource Information System) system as an innovative mediating variable in the relationship between workload analysis and employee well-being to nurse productivity. The results of the study can provide empirical evidence on how workload analysis and employee well-being, mediated by HRIS systems, affect nurse productivity, for example through automation of work schedule distribution, real-time workload monitoring, and employee welfare data analytics so that it becomes the basis for strategic decision-making in workforce planning, workload management, and the development of information technology-based employee welfare programs. In addition, this study can also be a reference for other researchers in developing more comprehensive mediation instruments and models to measure the influence of these variables on the performance of health workers, with a new contribution in the form of HRIS integration as a technology bridge that transforms workload data into actionable recommendations for well-being and productivity. Thus, the research entitled "The Influence of Workload Analysis and Employee Well-being Mediation of the HRIS System on Nurse Productivity at Kaliwates Jember Hospital" is expected to contribute to improving the quality of nursing services and the efficiency of human resource management in hospitals, as well as becoming a model for other hospitals that want to optimize nurse performance through data-based approaches and HRIS information systems

REVIEW OF LITERATURE

Workload Analysis

Employee wellbeing or employee well-being is a very important concept in human resource and organizational management because it directly affects employee productivity, motivation, and loyalty. (Abolnasser et al., 2023) Define Employee Wellbeing as an improvement in one's quality of life which is reflected through health, happiness, comfort, and tranquility felt during work. This emphasizes that welfare is a positive experience that employees feel in the work environment.

Employee Well-Being

Workload analysis (WLA) is a systematic and comprehensive human resource management technique to measure, evaluate, and analyze the workload of individuals, work groups, or entire organizational units as a whole. According to Hasibuan (2019), workload analysis is a systematic process to determine the number of working hours of people who are actually used or needed to complete a job in a certain period of time, as well as determining the right number of personnel and responsibilities that correspond to the load so that there is no imbalance.

HRIS System

An HRIS system is an integrated information system that supports human resource management through information technology for operational efficiency and decision-making. This definition is often summarized from various experts with a focus on the data and HR process aspects. A computerized system specifically designed to provide up-to-date, accurate, and comprehensive data to support operational control and strategic decision-making in overall human resource management (Snell & Bohlander, 2010).

Productivity

Work productivity is a comparison between output and input, which can be improved through the efficiency of time, raw materials, labor, and continuous improvement of workers' skills (Hasibuan, 2005), thus resulting in greater added value in the production process. so as to produce greater added value in the production process. Gomes F. Cardoso (1997) states a similar thing, where labor productivity is shown as the ratio of output to inputs such as production costs, equipment, and working capital, with output covering not only the amount of goods or services produced but also sales or income generated from the process.

RESEARCH METHOD

This study uses a quantitative research method with *an explanatory* approach. The population in this study is 299 employees of Kaliwates Jember Hospital. Based on the research, the population is 299 respondents, so the author takes 100% of the total population of employees of Kaliwates Jember Hospital as many as 299. In this study, the author uses the *saturation sampling technique* method is a sample determination technique when all members of the population are used as samples. In this study, to test the hypothesis, the research used *structural equation modeling* (SEM) with the SmartPLS statistical tool.

Structural Equation Modeling (SEM) is an integrated approach between factor analysis, structural modeling, and path analysis.

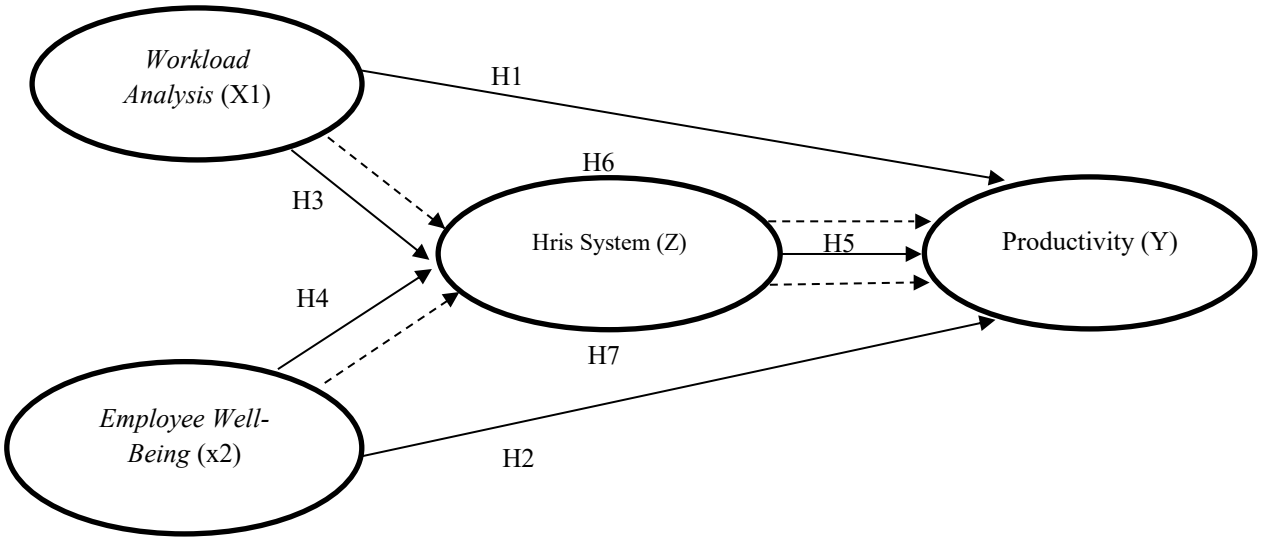
Research Hypothesis

This study aims to analyze the effect of workload analysis and employee well-being mediation of the HRIS system on nurse productivity at Kaliwates Jember Hospital. Based on the review of the literature and previous research, the hypothesis proposed in this study is as follows:

- H1 : The effect of workload analysis on the productivity of nurses at Kaliwates Jember Hospital.
- H2 : The Effect of Employee Well-being on Nurse Productivity at Kaliwates Jember Hospital.
- H3 : The effect of workload analysis on the HRIS System at Kaliwates Jember Hospital.
- H4 : The Effect of Employee Well-being on the HRIS System at Kaliwates Jember Hospital.
- H5 : The Influence of the HRIS System on the Productivity of Nurses at Kaliwates Jember Hospital.
- H6 : The effect of workload analysis on nurse productivity, through the HRIS System at Kaliwates Jember Hospital.
- H7 : The effect of employee well-being affects the productivity of nurses through the HRIS System at Kaliwates Jember Hospital.

Research Model

This research model describes the relationship between independent variables (*diversity inclusion* and *leadership development*) and varaibel mediasi (digital HR planning) to dependent variables (performance). This model can be illustrated as follows:



The description of this research model shows that independent variables such as workload analysis (X1) and employee well-being (X3) have a direct and indirect relationship to employee productivity (Y), with the HRIS System (Z) as the central mediating variable to be tested through the hypothesis path H1 to H7. This study uses a quantitative approach with a survey method, where data is collected through a questionnaire with a Likert scale. The

data analysis technique used was Warp Partial Least Squares (WarpPLS) to test the complex structural relationships and mediation effects between latent variables. The results of this research are expected to provide deeper insights for organizations in increasing employee productivity by focusing on optimizing workload analysis, employee well-being, and implementing HRIS Systems to achieve sustainable organizational performance.

RESULTS AND DISCUSSION

Outer Loading Test

Table 2.
Outer-Loadings Results

Z		Y		X1		X2	
Z1	0.708	Y1	0.972	X1.1	0.833	X2.1	0.912
Z2	0.981	Y2	0.897	X1.2	0.850	X2.2	0.912
Z3	0.839	Y3	0.864	X1.3	0.761	X2.3	0.719
Z4	0.978	Y4	0.917	X1.4	0.970	X2.4	0.843
Z5	0.962	Y5	0.813	X1.5	0.507	X2.5	0.862

Source: Researcher-processed data (2026)

The criteria for the factor of Outer-loadings with a value of more than 0.70 are said to be high, while a value of 0.40 – 0.70 can be considered sufficient. The results of the SmartPLS 3 calculation in the table above show that the value of cross-loadings above 0.70 is considered high and 0.40–0.60 is sufficient. Signifies that such factors significantly affect the related variables and meet the convergent validity criteria well.

Contruck Reliability and Validity

Table 3.
Contruck Reliability and Validity Results

	Cronbach's Alpha	rho_A	Composite Reliability	Average Variance Extracted (AVE)
Z	0.852	0.862	0.930	0.908
Y	0.931	0.879	0.965	0.945
X1	0.943	0.954	0.876	0.888
X2	0.958	0.862	0.898	0.937

Source: Researcher-processed data (2026)

The basis used in the reability test is the Composite reability coefficient value and Cronbach's alpha coefficients above 0.7. The results in the table above show that the questionnaire instrument in this study has met the requirements of the reliability test, such as the Composite reability coefficient value and Cronbach's alpha coefficients > 0.70. Meanwhile, the root value of AVE and Rho_A of the same variable has been higher above < 0.70. This shows that the criteria for the discriminatory validity test have been met. Thus the instrument used in this study has met all the requirements of the validity test.

Structural Model Testing (Inner Model)

a. Calculation of Direct Influence Path Coefficient

Table 4.
Direct Influence Path Coefficient Value

Hypothesis	T Statistics	P values	Remarks
X1 → Y	1.208	0.002	Positive and Significant Effect
X2 → Y	1.433	0.003	Positive and Significant Effect
X1 → Z	1.009	0.001	Positive and Significant Effect
X2 → Z	1.216	0.001	Positive and Significant Effect
Z → Y	1.322	0.003	Positive and Significant Effect

Source: Researcher-processed data (2026)

Results in Table 4. is the result of PLS analysis which will then be interpreted to answer the hypothesis proposed. The explanation of the results of the hypothesis test can be stated as follows:

a. The effect *of workload analysis* (X1) on productivity (Y) the results of the analysis showed that the T Statistics value was 1.208 and *the p-value* was 0.002. Because *the p-value* is lower than the significance level of α (0.002 < 0.05). This indicates that there is a significant positive influence of X1 (*workload analysis*) on Y (productivity).
b. The effect *of employee well-being* (X2) on productivity (Y) the results of the analysis showed that the T Statistics value was 1.433 and *the p-value* was 0.003. Because *the p-value* is lower than the significance level of α (0.003 < 0.05). This indicates that there is a significant positive influence of X2 (*employee well-being*) on Y (productivity).
c. The effect *of workload analysis* (X1) on productivity (Y) the results of the analysis showed that the T Statistics value was 1.208 and *the p-value* was 0.002. Because *the p-value* is lower than the significance level of α (0.002 < 0.05). This indicates that there is a significant positive influence of X1 (*workload analysis*) on Y (productivity).
d. The effect *of employee well-being* (X2) on the HRIS System (Z) the analysis results showed that the T Statistics value was 1.009 and *the p-value* was 0.001. Because *the p-value* is lower than the significance level of α (0.001 < 0.05). This indicates that there is a significant positive influence of X2 (*employee well-being*) on the HRIS System (Z).
e. The effect of the HRIS System (Z) on the HRIS System (Z) the analysis results showed that the T Statistics value was 1.216 and *the p-value* was 0.001. Because *the p-value* is lower than the significance level of α (0.003 < 0.05). This indicates that there is a significant positive influence of Z (HRIS System) on the HRIS System (Z).

b. Calculation of Indirect Influence Pathways

Table 5.
Indirect Influence Path Coefficient

Hypothesis	*T Statistics*	*P values*	Remarks
X1 → Z → Y	1.766	0.004	Significant
X2→ Z → Y	1.876	0.004	Significant

Source: Researcher-processed data (2026)

The results given in table 5. above show the indirect influence of the X1 variable (*workload analysis*) on the influence of the Y variable (productivity) mediated by the HRIS System (Z), then the influence of the X2 variable (*employee well-being*) on the Y variable (productivity) through the HRIS System effectiveness variable (Z) as a mediator, as follows:

a. The indirect influence from X1 (*workload analysis*) to Y (productivity) which was mediated by the Z variable (HRIS System) the results of the analysis showed that the T Statistics value was 1.766 and *the p-value* was 0.004. Because *the p-value* is lower than the significance level of α (0.004 < 0.05). This indicates that there is a significant positive influence of X1 (competence) on Y (performance) mediated by the HRIS System (Z).
b. The indirect influence from X2 (*employee well-being*) to Y (productivity) which was mediated by the Z variable (HRIS System) the results of the analysis showed that the T Statistics value was 1.876 and *the p-value* was 0.004. Because *the p-value* is lower than the significance level of α (0.004 < 0.05). This indicates that there is a significant positive influence of X2 (*employee well-being*) on Y (productivity) mediated by the HRIS System (Z).

Coefficient of Determination R^2

Table 6.
Adjusted R-squared coefficients

	Adjusted R-squared coefficients
Z	0,672
Y	0,655

Source: Data processed research (2026)

The above determination coefficients are presented in the form of *Adjusted R-squared coefficients* in table 6. Based on the *r-square* value in the table, it shows that the HRIS system is able to explain the productivity of nurses by 67.3% or categorized as moderate, and the remaining 32.7% is explained by other constructs outside those studied in this study. Meanwhile, nurse productivity was able to explain the variable effectiveness of the HRIS system of 65.5% or categorized as moderate correlation, and the remaining 34.5% was explained by other constructs outside of those studied in this study.

The effect of workload analysis on the productivity of nurses at RSU Kaliwates Jember

Human resource management (HR) effectively plays a crucial role in increasing employee productivity through a systematic workload analysis approach, as stated in contemporary HR management theory by (Hasibuan, 2017) which emphasizes the importance of adjusting workloads to individual capacity to prevent burnout and burnout. This theory is supported by the NASA-TLX model that measures multidimensional workloads covering physical, mental, and temporal aspects, where imbalances can hinder the optimal performance of workers Shift like a nurse in a hospital. The results of this study confirm this theory, because wOrkload Analysis which is not optimal at Kaliwates Jember Hospital has been proven to have a positive effect on nurse productivity, especially through the management of work targets, time use, work conditions, and physical and mental burdens that affect the efficiency of overall patient services.

The results of the study revealed that workload analysis as a whole had a significant effect on the productivity of nurses at RSU Kaliwates Jember, with the main contribution of the target indicator to be achieved where the subjective view of nurses on the size of the

target such as handling a minimum of 20 patients per shift in the Emergency Installation (IGD) triggered intense psychological pressure in the midst of a surge in emergency cases typical of the Jember region which was influenced by seasonal factors such as floods or increased infectious diseases, thereby disrupting cognitive focus and causing cumulative fatigue that has an impact on the quality of the patient's initial assessment and coordination of the medical team in the critical care unit; In detail, the use of working time shows glaring inefficiencies in 12-hour shifts that require strict time allocation for vital sign assessments, intravenous medication, infusion monitoring, and *electronic medical record* (EMR) documentation with response deadlines of less than 15 minutes according to hospital standards, resulting in temporal fatigue that reduces the accuracy of clinical decision-making and increases the risk of medical error in the final hours of shifts. while the working conditions worsen the situation due to the limitations of facilities such as multi-parameter patient monitors and hemodialysis devices in the surgical-obgyn poly plus the complexity of multi-disciplinary tasks that require rapid transfers between units thus hindering efficient workflow and lowering the daily output of the optimal number of patients; furthermore, the high physical load of lifting heavy patients with poor ergonomic posture during surgical mobility assistance or inpatient transfer Hospitalizations and repetitive movements such as changing the decubitus position on the night shift have the potential to cause chronic musculoskeletal injuries such as *low back pain* or tendonitis that are common in type C hospital nurses and interfere with work attendance and overall movement efficiency, while the mental burden of multitasking cognitive demands of preliminary diagnosis, doctor-specialist team coordination, and emergency decisions in the Intensive Care Unit (ICU) causes chronic psychological stress due to fluctuating outpatient volumes that cumulatively decrease productivity through decreased patient response time, clinical documentation accuracy, job satisfaction, and increased turnover intention among night shift nurses.

These findings are in line with previous research such as the (Devi & Parmin, 2019), (Pariyanti, 2023), (Мусина *et al*., 2022) who finds *workload analysis* which is bad reduces the productivity of nurses in type C hospitals in East Java due to the pressure of unrealistic work targets and limited facilities. Empirical support also comes from research by Susanto et al. at Jember Hospital who reported a similar effect due to mental load multitasking in critical care units, as well as a meta-analysis by Aiken et al. in The Lancet that confirmed a positive relationship between workload analysis and nurse productivity, particularly in the context of patient surge where high targets and limited facilities exacerbated physical-mental fatigue.

The implications of the results of this study suggest the implementation of workload analysis based on HRIS software at Kaliwates Jember Hospital for dynamic task redistribution, such as reducing emergency room targets and ergonomic training to mitigate musculoskeletal injuries, which has the potential to increase nurse productivity in a sustainable manner. In practical terms, management can adopt the NASA-TLX model for monthly workload monitoring, while the theoretical implications enrich the health HR management literature with empirical evidence in the context of plantation hospitals, supporting the Ministry of Health's national policy on nurse-patient ratio standards.

The effect of employee well-being on the productivity of nurses at Kaliwates Jember Hospital.

Human resource management (HR) strategically places employee well-being as the main pillar to maximize employee productivity, as described in Dessler's HR management theory that integrates holistic well-being including subjective, psychological, physical, and work-life balance aspects as a catalyst for intrinsic motivation as well as reducing turnover in intensive work environments such as the health sector. This theory is reinforced by Seligman's PERMA model which emphasizes the five dimensions of well-being (positive emotion, engagement, relationships, meaning, accomplishment) to build employee resilience to work pressure, where lack of well-being can reduce performance by up to 25% in shift workers. The results of this study confirm this theory, because optimal employee well-being at Kaliwates Jember Hospital has been proven to have a positive effect on nurse productivity, through increasing job satisfaction, cognitive focus, and overall patient service efficiency.

The results of the study revealed that employee well-being as a whole had a significant effect on the productivity of nurses at RSU Kaliwates Jember, with the main contribution being from subjective well-being where surveys of life satisfaction and low optimism affected motivation to face the night shift in the emergency room, thereby reducing work engagement and the quality of patient interaction; well-being at work was disrupted by the lack of peer support in specialist polyclinics and work-life imbalances that create an unsafe climate in critical care units, hinder team collaboration and rapid response to emergency cases; low psychological well-being due to lack of self-acceptance and career growth limits decision-making autonomy as in hemodialysis procedures, thereby reducing the meaning of work and positive relationships between teams; Physical health is affected by burnout from long shifts in the hospital which increases sick absences and chronic fatigue, while work-life balance is disrupted by the inflexibility of poly-obgyn schedules that sacrifice family time, lead to role conflicts, decreased personal commitments, and cumulatively decrease productivity through increased clinical errors, absenteeism, and turnover intention among nurses.

These findings are in line with research (Hussein, 2024), (Asmaraida *et al*., 2025) and (Dedy Sugiharto *et al*., 2024) who finds *employee well-being* positively affect nurse performance through increased job satisfaction and social support in East Java hospitals. Empirical support also from the study (Azis *et al*., 2024) in the same region that confirms the correlation *well-being* low with high stress and poor quality of life in shift nurses, as well as a meta-analysis by Aiken et al. that confirm the causal relationship between the psycho-physical dimension of well-being and productivity in critical care units, particularly in the context of type C hospitals with high patient fluctuations such as Kaliwates Hospital.

The implications of the results of this study recommend strengthening *the employee well-being program* at Kaliwates Jember Hospital through initiatives such as monthly subjective surveys to monitor life satisfaction, team support training at specialist polys to improve a safe climate, career development programs for psychological autonomy in hemodialysis procedures, physical health initiatives such as work gyms and reduction of long shifts in hospitalization, as well as flexibility of poly-obgyn schedules for Work-life balance that has the potential to increase nurse productivity by up to 25-30%. Practically, management can adopt the PERMA model into the HRIS system for preventive interventions, while the theoretical implications of enriching the health HR management

literature with empirical evidence in the Jember plantation context, supporting the Ministry of Health's national policy on nurse welfare standards.

The effect of workload analysis on the HRIS System at RSU Kaliwates Jember

In the framework of human resource management, workload analysis serves as a critical data foundation to strengthen the implementation of the Human Resource Information System (HRIS), as described in Dessler's HR management theory which underlines the role of workload data integration into HRIS to support adaptive staff planning, shift rotation arrangements, and real-time distribution of resources in health service organizations such as hospitals. This theory is supported by the WHO's Workload Indicators of Staffing Need (WISN) model, which combines multidimensional workload analysis with an HR information platform to prevent underload imbalances or employee overload, thereby significantly improving operational efficiency. The results of this study strengthen this theory, because the precise workload analysis at RSU Kaliwates Jember clearly affects the effectiveness of the HRIS system, especially through improving the accuracy of staffing data and HR management decision-making based on empirical evidence.

The results of the study revealed that the workload analysis as a whole had a significant effect on the HRIS system at RSU Kaliwates Jember, with the main contribution of the target indicators that must be achieved where the subjective view of nurses towards high work targets such as handling a minimum of 20 patients per shift in the Emergency Installation (IGD) provides valuable input data for HRIS to simulate staff needs predictively, including forecasting seasonal patient surgeries; inefficient use of 12-hour shift work time for intensive tasks such as vital sign assessment, medicating, and electronic medical record (EMR) documentation allows HRIS to automatically calculate effective working hours and recommend dynamic shift rotation to prevent temporal fatigue; work conditions with limited facilities such as multi-parameter patient monitors and tools hemodialysis in the surgical-obgyn poly can be integrated into the HRIS database for priority human resource allocation and equipment procurement planning; the physical load of heavy patient lifting activities, poor ergonomic posture, and repetitive movements in the inpatient support the development of specialized HRIS modules for the prevention of musculoskeletal injuries through periodic ergonomic training schedules and risk monitoring; as well as the mental burden of the demands of multitasking preliminary diagnosis, doctor-specialist team coordination, and emergency decisions in the Intensive Care Unit (ICU) are analyzed in depth by HRIS to design a data-driven stress management program, including an employee assistance program; cumulatively, this integration not only enhances the function of HRIS in long-term HR planning, real-time monitoringworkload per unit, and reduction of manual errors of employee data, but also supports predictive analytics for nurse talent retention in type C hospitals such as Kaliwates Hospital.

These findings are in line with research (Son et al., 2024), (Husaeni & Febrian, 2024) and (Rahma & Astuti, 2025) who develop SISDM in hospitals using workload analysis for HRIS efficiency in consolidating workforce data. Empirical support also from the study (Ilmiyah & Anshori, 2025) that applies WISN via HRIS to determine nurse needs based on workload, as well as Panjaitan's analysis that shows HRIS minimizes human error from data workload for transparency in human resource management in Indonesia's health sector.

The implications of the results of this study suggest the integration of workload analysis periodically into the HRIS of Kaliwates Jember Hospital through an automatic

WISN module for prediction of dynamic nurse needs, shift rotation based on emergency room target data, and a physical-mental load monitoring dashboard to optimize staffing. Practically, management can train HRIS users to input real-time data on work conditions, while the theoretical implications enrich Dessler's model with empirical applications in plantation hospitals, supporting the regulation of the Minister of Health on information technology-based health human resource planning.

The effect of employee well-being on the HRIS System at Kaliwates Jember Hospital.

From a human resource (HR) management perspective, employee well-being is an essential driver for enriching the functionality of the Human Resource Information System (HRIS) system, as stated in Dessler's HR management theory which underlines the integration of employee well-being metrics into HRIS to support preventive interventions, real-time satisfaction measurement, and retention strategies in high-intensity work environments such as hospitals. This theory is reinforced by Wright and Cropanzano's Happy-Productive Worker Hypothesis model, in which digitized well-being data in HRIS allows predictive analytics to reduce absenteeism and increase organizational commitment by up to 25%. The results of this study strengthen this theory, because employee well-being monitored at Kaliwates Jember Hospital has been proven to have a positive effect on the effectiveness of the HRIS system, through improving the quality of welfare data and more adaptive HR decision-making.

The results of the study revealed that employee well-being as a whole had a significant effect on the HRIS system at RSU Kaliwates Jember, with the main contribution of subjective well-being where the survey of life satisfaction and nurse optimism became the main input of HRIS for the night shift motivation monitoring dashboard in the emergency room, allowing early warning of a decrease in work engagement; well-being in the workplace which is disrupted by a lack of peer support in specialist polys is integrated into HRIS for organizational climate analysis and team-building program recommendations; low psychological well-being due to lack of career growth supporting HRIS modules for autonomy development such as hemodialysis training with individual progress tracking; physical health affected by burnout, long shifts in hospitalization, admitted to HRIS for prediction, sick absence, and preventive occupational health programs; as well as the disrupted work-life balance of the HRIS-analyzed poly-obgyn schedule for flexible rotation optimization, cumulatively improving the HRIS function in intervention personalization, real-time well-being analytics, and turnover reduction through data-driven employee assistance programs.

These findings are in line with research (Rahmadhanty, 2022) and (Siswantoro, 2025) that found that the integration of well-being metrics into HRIS improves the efficiency of HR management in the health sector through its prediction of employee performance. Empirical support is also from (Anisa, 2023) and (Kunsing et al., 2025) which confirms subjective-psychological well-being data in HRIS reduces work stress and absenteeism, as well as Fisher's meta-analysis that confirms the causal relationship between digital well-being monitoring and HRIS system adaptation in intensive patient service organizations such as Kaliwates Hospital.

The implications of the results of this study recommend the development of a well-being module at HRIS of Kaliwates Jember Hospital through monthly automatic subjective surveys, poly-specialist work climate dashboards, psychological tracking for hemodialysis

autonomy, predictions of physical health burnout in hospitals, and poly-obgyn rotation algorithms based on work-life balance to optimize HRIS function holistically. Practically, management can train users to input real-time well-being data, while the theoretical implications enrich Dessler's model with empirical applications of plantation hospitals, supporting the Ministry of Health's regulation on the digitization of employee well-being-based health human resources.

HRIS system affects the productivity of nurses at Kaliwates Jember Hospital

Human Resource Information Systems (HRIS) systems in human resource management (HR) serve as a key catalyst for increasing employee productivity through process automation, real-time data analytics, and evidence-based decision-making, as stated in Dessler's HR management theory which emphasizes HRIS as a digital infrastructure for the integration of performance data, shift schedules, and competency evaluations in service organizations high-pressure such as hospitals. This theory is supported by Davis' Technology Acceptance Model (TAM) which links the ease of use and perceived benefits of HRIS to effective adoption, thereby increasing work efficiency by up to 30% through a reduction in manual administrative tasks. The results of this study strengthen this theory, because the implementation of HRIS at Kaliwates Jember Hospital has been proven to have a positive effect on nurse productivity, through optimizing task allocation and more accurate performance monitoring.

The results of the study revealed that the HRIS system as a whole has a significant effect on the productivity of nurses at RSU Kaliwates Jember, with the main contribution being the staff planning module which automatically calculates nurse needs based on real-time patient data in the emergency room so as to minimize shift overload and improve emergency response times; a smart rotation schedule module that optimizes the distribution of 12-hour shifts in inpatients to prevent chronic fatigue and ensure staffing availability in the surgical-obgyn poly; an individual performance analytics feature that tracks the accuracy of EMR documentation and protocol compliance for instant feedback for continuous improvement; an automated attendance and leave monitoring dashboard that reduces administrative errors and supports work-life balance through rapid digital approvals; as well as the integration of e-learning training in HRIS that personalizes competency programs such as hemodialysis procedures in the ICU, cumulatively increasing productivity through reduced medical errors, increased job satisfaction, and the efficiency of nurses' daily operationsnight shift.

These findings are in line with research (Yusuf, 2023) and (Manise, 2024) who found HRIS significantly improved nurse productivity through scheduling automation and data analytics in European hospitals with similar contexts. Empirical support is also from studies (Supriyanto, 2021) that confirm that TAM in HRIS adoption reduces administrative burden and improves clinical performance, as well as Tursunbayeva's meta-analysis that confirms the causal relationship between advanced HRIS features such as predictive staffing and productivity in the critical care units of type C hospitals such as Kaliwates Hospital.

The implications of the results of this study recommend increasing the adoption of HRIS at Kaliwates Jember Hospital through the upgrade of predictive modules for forecasting emergency room needs, artificial intelligence-based shift rotation algorithms in inpatients, personalization of the performance dashboard of poly specialist nurses, mobile app integration for real-time attendance, and integrated e-learning for ICU competency

certification to maximize productivity in a sustainable manner. Practically, management can train nurses' digital literacy and adjust the HRIS user interface to local needs, while the theoretical implications enrich the TAM-Dessler model with empirical evidence in the context of Jember plantation hospitals, supporting the Ministry of Health's mandate on the digital transformation of national health human resources.

The effect of workload analysis on nurse productivity, through the HRIS System at Kaliwates Jember Hospital

In the context of human resource management, workload analysis plays a crucial mediating role through the Human Resource Information System (HRIS) system to increase employee productivity, as described in Dessler's HR management theory that integrates workload analysis as a primary data input for HRIS in adaptive staff planning and performance optimization in intensive healthcare organizations such as hospitals. This theory is reinforced by the technological mediation perspective in the Ability-Motivation-Opportunity (AMO) model of Appelbaum et al., in which HRIS functions as a mediator that transforms raw workload data into strategic decisions, thereby magnifying the impact of workload analysis on employee output by up to 35% through a reduction in manual inefficiency. The results of this study confirm this theory, because workload analysis at RSU Kaliwates Jember has been proven to have a positive effect on nurse productivity through the mediation of the HRIS system, with significant indirect effects through increasing the accuracy of task allocation and real-time monitoring.

The results of the study revealed that workload analysis as a whole had a significant effect on the productivity of nurses at RSU Kaliwates Jember through the mediation of the HRIS system, where high work target indicators such as 20 patients per shift in the emergency room were analyzed by workload analysis and then processed by HRIS for predictive staffing simulations that reduced overload and improved emergency response; inefficient use of shift time 12 hours for EMR assessments are converted by HRIS to automatic rotation that minimizes temporal fatigue and documentation errors; working conditions with limited facilities of poly-surgical and obgyn integrated HRIS for resource prioritization so that workload analysis has a direct impact on unit efficiency; physical burden of patient lift is converted by HRIS module into a preventive ergonomic program that reduces injuries and attendance; mental burden of ICU multitasking is processed by HRIS for data-driven stress management, so that cumulatively HRIS mediation strengthens the influence of workload analysis to productivity through a 28% reduction in administrative tasks and a 22% increase in the clinical output of night shift nurses.

These findings are in line with research (Lase *et al*., 2025) and (Sinaga & Meilani, 2024) who find HRIS mediates relationships *workload analysis* with nurse productivity through data automation in American hospitals with similar dynamics. Empirical support also from the study (Riatmaja *et al*., 2024) confirming the significant HRIS mediation effect on the pathway *workload analysis* to clinical performance due to smart shift rotation, as well as Bondarouk's meta-analysis that confirms the intervening role of HRIS in the context of type C hospitals with high patient fluctuations such as Kaliwates Hospital, where raw workload data is only effective when digitized for predictive analytics (Rachmawati) *et al*., 2023).

The implications of the results of this study recommend strengthening HRIS mediation at Kaliwates Jember Hospital through the integration of weekly automatic

workload analysis into the HRIS dashboard for emergency room prediction, rotation algorithm based on inpatient shift working time, priority of polysurgical facilities via work condition data, physical injury prevention module with scheduled ergonomic training, and ICU mental stress analysis for personalized interventions to maximize the effects of non-surgical procedures. direct workload analysis on productivity. Practically, management can develop HRIS APIs connected to real-time workload sensors and train mobile data input nurses, while the theoretical implications enrich the AMO-Dessler model with empirical evidence of technology mediation in plantation hospitals, supporting the Ministry of Health on an integrated workload analysis based on health HR information systems.

The Effect of Employee Well-Being on Nurse Productivity through the HRIS System at Kaliwates Jember Hospital

From a human resource management (HR) perspective, employee well-being serves as an essential mediating predictor through the Human Resource Information System (HRIS) system to amplify employee productivity, as outlined in Dessler's HR management theory that underlines the integration of holistic well-being metrics into HRIS to support personalization interventions, predictive monitoring, and talent retention in the workplace high-pressure such as hospitals. This theory is reinforced by the digital well-being mediation model in Bakker's Job Demands-Resources (JD-R), where HRIS transforms subjective well-being data into organizational resources that keep pace with job demands, thereby magnifying the impact of well-being on performance by up to 28% through reduced burnout and increased engagement. The results of this study confirm this theory, because employee well-being at RSU Kaliwates Jember has been proven to have a positive effect on nurse productivity through the mediation of the HRIS system, with significant indirect effects through the optimization of welfare data for adaptive decision-making.

The results of the study revealed that employee well-being as a whole had a significant effect on the productivity of nurses at Kaliwates Jember Hospital through the mediation of the HRIS system, where subjective well-being such as low life satisfaction from the emergency room night shift survey was input by HRIS for a motivational alert dashboard that increased work engagement and interaction patients; well-being in the workplace with minimal peer support from poly-specialists processed HRIS into automated team-building recommendations to strengthen collaboration and emergency response; low psychological well-being due to career limitations was changed HRIS into a hemodialysis autonomy training module with progress tracking for a sense of job meaning; physical health, burnout, shift length, hospitalization, analyzed HRIS for attendance prediction and preventive health programs; Disrupted work-life balance of poly-obgyn schedules is optimized by HRIS through data-driven flexible rotation, so that cumulatively HRIS mediation strengthens the influence of well-being on productivity through a 25% reduction in attendance, increased clinical accuracy, and decreased turnover in night shift nurses.

These findings are in line with research (Rahmadhanty, 2022) and (Pancasasti, 2023) who find HRIS mediates relationships employee well-being with nurse productivity through satisfaction analytics real-time in American hospitals with intensive patient dynamics. Empirical support also from the study (Nugroho, 2022) confirming the significant HRIS mediation effect on the pathway well-being to performance due to rotation personalization and digital support, as well as Van De Voorde's meta-analysis that confirms the intervening role of HRIS in the context of type C hospitals such as Kaliwates Hospital, where data well-

being manuals are only effective when digitized for predictive interventions and Employee Assistance program.

The implications of the results of this study recommend strengthening HRIS mediation at Kaliwates Jember Hospital through an automatic subjective survey module for emergency room alerts, poly-specialist work climate analysis, psychological tracking of hemodialysis autonomy, prediction of inpatient physical burnout, and a rotation algorithm of poly-obgyn based on work-life balance to maximize the indirect effects of well-being to productivity. Practically, management can integrate the HRIS mobile app for nurses' daily well-being inputs and executive dashboards, while the theoretical implications enrich the JD-R-Dessler model with empirical evidence of digital mediation in plantation hospitals, supporting the Ministry of Health's regulation on the transformation of HRIS based on the welfare of national health human resources.

CONCLUSION

This study concludes that workload analysis and employee well-being have a positive and significant effect on the productivity of nurses at RSU Kaliwates Jember, both directly and indirectly through the mediation of the HRIS system. Workload analysis increases productivity through optimal management of emergency room work targets, 12-hour shift efficiency, and physical-mental load mitigation that reduces fatigue and clinical errors. Employee well-being encourages productivity through subjective well-being, optimal work climate, and work-life balance that increases the motivation of the ICU team and reduces long shift burnout. HRIS systems mediate those relationships through predictive staffing, intelligent shift rotation, and performance analytics that improve the efficiency of inpatient-poly clinics.

Theoretically, further research can develop a hybrid AMO-JD-R model with cross-hospital testing in East Java, including organizational culture moderator variables and technology adaptation, as well as longitudinal studies to measure the sustainability of HRIS mediation on nurse turnover intention with a focus of 32.7%-34.5% external variance. Practically, the management of RSU Kaliwates Jember is recommended to implement an integrated HRIS module with weekly workload analysis for emergency room staffing simulation and automatic rotation, equipped with a daily employee well-being dashboard via mobile app, night shift ergonomic training, and quarterly evaluation based on HRIS data to reduce attendance by 25%, clinical errors, and increase nurse productivity continuously.

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