



The Role of Resilience as a Moderator of the Effect of Work-Related Stress on Psychological Well-Being, Mediated by Work-Life Balance

(A Study of Medical Staff at Primaya Hospital in Pangkalpinang, Bangka Belitung)

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Abstract. This study examines the effect of work stress on the psychological well-being of medical personnel, with work-life balance as a mediating variable and resilience as a moderating variable. The study was motivated by the high work demands experienced by medical personnel, which may reduce psychological well-being. A quantitative explanatory design was employed. The sample consisted of 133 medical personnel at Primaya Hospital Pangkalpinang selected through proportional probability sampling. Data were collected using questionnaires and analyzed using PLS-SEM with SmartPLS 4. The results indicate that work stress has a significant negative effect on both psychological well-being and work-life balance. Work-life balance has a significant positive effect on psychological well-being and mediates the relationship between work stress and psychological well-being. Although resilience has a significant positive effect on psychological well-being, it does not moderate the relationship between work stress and psychological well-being. These findings suggest that resilience functions as a direct psychological resource rather than as a buffering factor against work stress. The study implies that improving the psychological well-being of medical personnel should focus on reducing work stress, strengthening work-life balance, and enhancing resilience as a psychological resource.

Keywords: Medical Personnel; Psychological Well-Being; Resilience; Work Stress; Work-Life Balance.

1. INTRODUCTION

Human resources (HR), particularly medical staff in hospitals, are the most valuable assets that play a crucial role in determining the quality of care, patient satisfaction, and the institution's reputation. Therefore, hospital management must prioritize the psychological well-being of medical staff to ensure optimal performance and the continuity of services. Psychological well-being has now become a key indicator of organizational success, encompassing self-acceptance, positive social relationships, autonomy, environmental mastery, life purpose, and personal development.

However, global and national trends indicate an alarming decline in the psychological well-being of medical staff, particularly in the wake of the COVID-19 pandemic. According to WHO data (2023), 47% of healthcare workers worldwide experience high levels of work-related stress, which directly impacts the effectiveness of care. A similar situation is observed in Indonesia, where the Indonesian Ministry of Health (2023) reported that 42.6% of healthcare workers experience moderate to high levels of work-related stress a significant increase from 33.8% in 2019.

Table 1. Trends in the Percentage of Work-Related Stress Levels Among Indonesian Healthcare Workers (2019–2023).

<i>Tahun</i>	<i>Persentase Tenaga Medis dengan Stres Kerja Tinggi (%)</i>	<i>Sumber Data</i>
2019	33,8	Kemenkes RI (2019)
2023	42,6	Kemenkes RI (2023)

Source: Ministry of Health, 2023.

The trend of rising work-related stress among healthcare workers in Indonesia reaching 42.6% in 2023 has become a structural issue that increases the risk of depression and reduces psychological well-being. A similar phenomenon is occurring at Primaya Hospital Pangkalpinang, a major referral hospital, where high service demands, an imbalance in work-life balance, and varying levels of resilience pose real challenges. Theoretically, according to the Job Demands-Resources Model and the Transactional Model of Stress, work-related stress has a negative impact on psychological well-being. However, empirical findings reveal inconsistencies and research gaps, such as the study by Akanni et al. (2022), which showed that stress had no significant effect suggesting the presence of other variables influencing this relationship.

Work-life balance and resilience are important variables that explain the dynamics of this relationship. High work-related stress depletes time and energy resources, thereby disrupting work-life balance and reducing the psychological well-being of healthcare workers. In this context, work-life balance functions as a mediating variable or a bridge between work-related stress and psychological well-being. On the other hand, resilience acts as a protective factor and a moderating variable capable of mitigating the negative effects of work-related stress. Healthcare workers with high resilience are better able to adapt, bounce back from pressure, and maintain optimal psychological well-being even in demanding work situations.

Operationally, this phenomenon of impaired psychological well-being is reflected in national data showing that approximately 83% of healthcare workers in Indonesia experience emotional exhaustion. This condition is directly felt at Primaya Hospital Pangkalpinang through an increasing number of patients and limited human resources, which trigger burnout, loss of motivation, and the potential for interpersonal conflict. Through two pathways within the JD-R Model the health impairment pathway resulting from work demands and the motivation pathway stemming from personal resources such as stress management, achieving work-life balance, and strengthening resilience these measures serve as strategic steps to maintain the quality of healthcare services.

Table 2. Employee Performance.

No	Indikator Permasalahan HRD	2023	2024	2025
1	Penurunan kinerja tenaga medis	21%	28%	30%
2	Peningkatan konflik/komplain internal	22%	16%	25%
3	Tingginya lembur & tekanan kerja	48%	55%	60%
4	Absensi & cuti sakit meningkat	16%	10%	18%
5	Partisipasi pelatihan rendah	32%	38%	35%

Source: Ministry of Health, 2023.

Operational data from Primaya Hospital Pangkalpinang reveals alarming trends, such as a projected 60% increase in work pressure by 2025, a surge in internal conflicts, a 18% rise in sick leave according to HR, and a decline in training participation. These issues stem from the multi-stressor burden faced by healthcare workers, including shift-related and medical risk stress, organizational stress related to performance targets and digital system proficiency, as well as regional stress stemming from facility limitations and patient-to-staff ratios in developing areas. These conditions pose a real threat to the psychological well-being of healthcare workers. However, most previous studies have focused on large hospitals in metropolitan areas and have only examined the direct effects of stress, creating a research gap regarding the underlying psychological mechanisms in regional private hospitals.

To address these gaps and inconsistent findings, this study proposes a conceptual model of moderated mediation that positions work stress as the independent variable, work-life balance as the mediator, resilience as the moderator, and psychological well-being as the dependent variable. High work stress depletes physical resources and time, thereby causing disruption, which ultimately reduces psychological well-being. Within the framework of the Job Demands-Resources Model, work-life balance (WLB) serves as a mediating bridge that explains the structural impact of stress, while resilience acts as a personal resource a protective moderator that mitigates the negative effects of work stress on both WLB and psychological well-being.

2. LITERATURE REVIEW

Work-Related Stress

Work-related stress is an adverse physical, emotional, and psychological response arising from a mismatch between job demands and an individual's adaptive capacity and resources (Robbins & Judge, 2017). In the context of healthcare workers, this stress is triggered by specific sources such as excessive workload, responsibility for patient safety, exposure to trauma, compassion fatigue, emotional labor demands, interpersonal conflicts, and limitations in facilities or moral distress (Albott et al., 2020). If prolonged, work-related stress has adverse effects on physiological and psychological aspects such as burnout and depression as well as

organizational aspects through decreased performance and an increase in medical errors (Maslach & Leiter, 2016). Based on Role Theory, these levels of work-related stress are measured through five main indicators: role conflict, role ambiguity, role overload, customer or patient demands, and ethical demands.

Work-Life Balance

Work-life balance is a state in which individuals are equally engaged and satisfied in both their work and personal lives, with minimal role conflict (Clark, 2000). This balance is influenced by individual factors such as demographics and personality work related factors such as working hours, shifts, and job demands and organizational factors such as supervisor support and workplace culture. In the context of healthcare workers, achieving work-life balance (WLB) is particularly challenging due to high workloads, on-call duties, and responsibilities for patient safety (Costa, 2003). In the research model, WLB acts as a mediating variable supported by the Conservation of Resources (COR) Theory Hobfoll (1989) and the Spillover Theory (Zedeck & Mosier, 1990), which explain how work stress depletes personal and emotional resources until they spill over, triggering role imbalance, which ultimately undermines psychological well-being.

Operationally, the measurement of WLB refers to three main components of balance formulated by Greenhaus et al. (2003). The first component is time balance, which refers to the perceived proportional allocation of time between work and non-work matters. The second component is involvement balance, which measures the level of emotional commitment and an individual's effective psychological presence when transitioning between roles. The third component is satisfaction balance, which reflects the level of fulfillment of expectations and a balanced sense of satisfaction in achieving roles in both the work and personal life domains.

Resilience

Resilience is a positive psychological capacity that enables individuals to bounce back, adapt positively, and thrive in the face of difficult situations, uncertainty, or work-related stress (Connor & Davidson, 2003). In the medical profession, which is fraught with emotional stressors, resilience acts as a moderator that mitigates the negative impact of work-related stress on psychological well-being, both directly and through work-life balance. The theoretical foundation for this moderation is supported by the Conservation of Resources (COR) Theory Hobfoll (1989), in which resilience functions as a personal resource that accelerates the recovery of depleted resources, as well as the Transactional Model of Stress and Coping, in which resilient healthcare workers tend to view work-related stress as a challenge rather than a threat, thereby facilitating effective boundary management and psychological detachment.

Resilience is not a static characteristic but rather a capacity that can be developed through cognitive-behavioral interventions such as the SMART program, mindfulness-based stress reduction, strengthening social support, seeking meaning in work, and self-care practices. Operationally, resilience is measured using the Connor-Davidson Resilience Scale (CD-RISC), which encompasses five main dimensions: (1) personal competence and tenacity (self-confidence and perseverance), (2) trust in one's instincts (tolerance of negative emotions and intuition), (3) positive acceptance of change and secure relationships (adaptability and social support), (4) control (internal locus of control when facing problems), and (5) spiritual influence (faith and the meaning of life's purpose).

Psychological Well-Being

Psychological well-being (PWB) is the full realization of an individual's psychological potential, rooted in the eudaimonic approach, in which a person can accept their strengths and weaknesses, function psychologically at an optimal level, and live a meaningful life (Ryff, 1989). In the context of healthcare workers, PWB is influenced by a complex interplay of individual factors such as the Big Five personality traits, self-efficacy, and coping strategies social factors including interpersonal support and appreciation and contextual or job-related factors such as task characteristics, workload, transformational leadership, and organizational justice. Maintaining healthcare workers' PWB is crucial because it directly impacts the prevention of burnout and depression, improves patient safety by reducing the risk of medical errors, and lowers turnover intentions while enhancing operational cost efficiency for the healthcare system (Dyrbye et al., 2014).

Operationally, Ryff (1995) measures PWB through six main dimensions, namely: (1) self-acceptance of personal strengths and limitations, (2) positive, warm, and empathetic relationships with others, (3) autonomy in making independent and ethical decisions, (4) environmental mastery to manage complex tasks and workloads, (5) purpose in life through viewing one's profession as a calling, and (6) personal growth through openness to new experiences and the continuous development of clinical competencies.

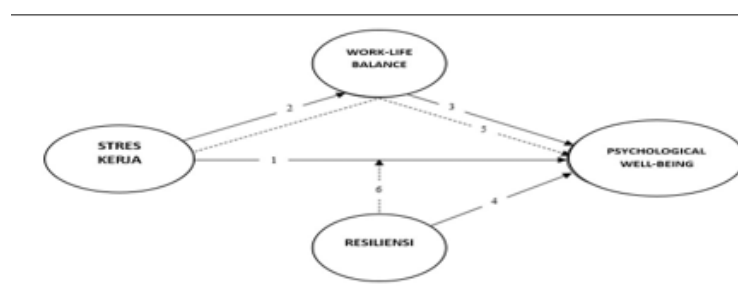


Figure 1. Conceptual Model.

H1: Work-related stress has a negative effect on the psychological well-being of medical staff at Primaya Hospital in Pangkalpinang.

H2: Work-related stress has a negative effect on the work-life balance of medical staff at Primaya Hospital in Pangkalpinang.

H3: Work-life balance has a positive effect on the psychological well-being of medical staff at Primaya Hospital in Pangkalpinang.

H4: Resilience has a positive effect on the psychological well-being of medical staff at Primaya Hospital in Pangkalpinang.

H5: Work-life balance mediates the effect of work-related stress on the psychological well-being of medical staff at Primaya Hospital in Pangkalpinang.

H6: Resilience moderates the effect of work-related stress on the psychological well-being of medical staff at Primaya Hospital in Pangkalpinang.

3. RESEARCH METHOD

Research Design and Focus

This study employs an associative (explanatory) quantitative approach aimed at testing hypotheses and analyzing contributions, causal relationships, mediation effects, and moderation effects among variables using primary data in the form of numerical values or scales (Sugiyono, 2020). Data analysis was conducted using two primary statistical software packages: IBM SPSS Statistics 25 to analyze respondent characteristics and descriptive statistics, and SmartPLS 4 with the variance-based Partial Least Squares – Structural Equation Modeling (PLS-SEM) method to comprehensively test the relationship models among variables along with their significance levels.

Population, Sample, and Census Method

The subjects of this study were permanent medical staff at Primaya Hospital Pangkalpinang, located at Jl. Solihin GP No. 180, Pangkalpinang City, Bangka Belitung Islands, consisting of doctors, nurses, midwives, and other health workers directly involved in patient care (Kumar, 2019). Meanwhile, the focus of this study is the analysis of the role of resilience as a moderating variable and work-life balance as a mediating variable in the relationship between work-related stress and the psychological well-being of medical staff (Sugiyono, 2019).

The study population comprises all 200 permanent medical staff at Primaya Hospital Pangkalpinang as of December 2025, with 50% midwives/nurses, 25% doctors, and 25% other healthcare workers (Sekaran & Bougie, 2020; Hair et al., 2021). Sampling was conducted using

probability sampling with a proportional sampling method, in which the minimum sample size was calculated using the Slovin formula with a 5% margin of error, resulting in 133 respondents. Respondents were selected randomly and proportionally: 67 midwives or nurses, 33 physicians, and 33 other healthcare workers who met the inclusion criteria namely, being involved in patient care, having worked for at least 1 year, and being willing to complete the questionnaire (Bryman & Bell, 2023).

Data Sources and Collection Methods

The research data consist of primary data collected via a closed-ended questionnaire based on Google Forms using a 1–5 Likert scale, as well as secondary data in the form of hospital and medical staff profile documents (Cooper & Schindler, 2021). Data analysis began with an evaluation of the outer model in SmartPLS 4 convergent/discriminant validity, composite reliability, and Cronbach's alpha to test the instrument's validity, followed by an analysis of respondent characteristics and descriptive statistics using IBM SPSS Statistics 25 to map response categories and standard deviations (Sugiyono, 2019). Finally, hypothesis testing was conducted through inferential statistical analysis using the Partial Least Squares - Structural Equation Modeling (PLS-SEM) in SmartPLS 4 to simultaneously evaluate the simultaneous and complex relationships among exogenous variables (work stress), endogenous variables (work-life balance and psychological well-being), mediation, and moderation (resilience) (Abdillah & Jogiyanto, 2015; Hair et al., 2017).

4. RESULT AND DISCUSSION

Descriptive Statistical Analysis

Descriptive data analysis was used to provide an overview of respondents' responses for each research object; in this study, it was used to determine the nature of respondents' responses to each research variable. The results of the questionnaire distribution are shown as follows:

Table 3. Descriptive Statistics for the Work Stress Variable (X).

Indikator	Item	Frekuensi					N	Min	Max	Mean
		STS	TS	CS	S	SS				
<i>Konflik Peran</i>	X1.1	6	25	40	33	29	133	1	5	3.39
	X1.2	4	20	45	37	19	133	1	5	3.47
				Rata – Rata						3.43
<i>Ambiguitas Peran</i>	X2.1	2	24	45	38	24	133	1	5	3.43
	X2.2	5	19	46	37	26	133	1	5	3.45
				Rata – Rata						3.44
<i>Kelebihan beban kerja</i>	X3.1	5	17	47	40	24	133	1	5	3.45
	3.2	1	20	49	42	21	133	1	5	3.46
				Rata - Rata						3.46

Tuntutan Pelanggan	X4.1	3	19	46	39	26	133	1	5	3.49
	X4.2	3	21	47	32	30	133	1	5	3.48
Tuntutan Etika				Rata - Rata						3.49
	X5.1	4	17	43	40	29	133	1	5	3.55
	X5.2	5	21	50	33	24	133	1	5	3.38
				Rata - Rata						3.45
	Rata - Rata Variabel Stres Kerja									3.45

Source: Processed data, 2026.

The results of the descriptive analysis show that the Work Stress variable among medical staff at Primaya Hospital in Pangkalpinang falls into the high category, with an overall average score of 3.45. In detail, all indicators contributing to work stress fall into the high category, namely patient demands (3.49), excessive workload (3.46), ethical demands (3.45), role ambiguity (3.44), and role conflict (3.43). These findings indicate that medical staff at Primaya Hospital Pangkalpinang clearly experience work-related stress in carrying out their daily operational duties.

Table 4. Descriptive Statistics for the Work-Life Balance Variable (Z).

Indikator	Item	Frekuensi					N	Min	Max	Mean
		STS	TS	CS	S	SS				
Keseimbangan Waktu	Z1.1	4	13	37	44	35	133	1	5	3.69
	Z1.2	3	11	42	56	21	133	1	5	3.06
	Z1.3	5	15	36	53	24	133	1	5	3.57
Keseimbangan keterlibatan		Rata – Rata								3.63
	Z2.1	3	14	36	48	32	133	1	5	3.69
	Z2.2	5	13	32	59	24	133	1	5	3.63
	Z2.3	2	15	37	52	27	133	1	5	3.65
		Rata – Rata								3.66
Keseimbangan kepuasan	Z3.1	3	9	43	51	27	133	1	5	3.68
	Z3.2	2	11	43	47	30	133	1	5	3.70
	Z3.3	2	12	40	52	27	133	1	5	3.68
		Rata – Rata								3.69
Rata - Rata Variabel <i>Work-life balance</i>										3.66

Source: Processed data, 2026.

The results of the descriptive analysis show that the work-life balance variable among medical staff at Primaya Hospital in Pangkalpinang falls into the high category, with an overall mean score of 3.66. All of its constituent indicators consistently fall into the high category, ranked from the highest value satisfaction balance (3.69) to engagement balance (3.66) and time balance (3.63). These findings indicate that medical staff at Primaya Hospital in Pangkalpinang are generally able to manage and experience a good work-life balance in carrying out their professional and personal roles.

Table 5. Descriptive Statistics for the Knowledge Sharing Variable (Z).

[illegible]

Source: Processed data, 2026.

The results of the descriptive analysis show that the resilience variable among healthcare workers at Primaya Hospital in Pangkalpinang falls into the high category, with an overall mean score of 3.82. All indicators of resilience consistently fall into the high category, with the highest scores achieved by the indicators of positive acceptance of change (3.84) and control (3.84), followed by personal competence and perseverance (3.83), trust in one's instincts (3.82), and spiritual influence (3.77). These findings indicate that healthcare workers possess strong psychological resilience and fortitude in coping with stress and changes in the hospital work environment.

Table 6. Descriptive Statistics of Resilience Variables (M).

Indikator	Item	Frekuensi	N	Min	Max	Mean
		STS	TS	CS	S	SS
<i>Penerimaan Diri</i>	Y1.1	0	8	31	71	23
	Y1.2	4	5	35	66	23
<i>Rata – Rata</i>						
<i>Hubungan Positif dengan Orang Lain</i>	Y2.1	0	9	29	63	32
	Y2.2	2	7	32	69	23
<i>Rata – Rata</i>						
<i>Otonomi</i>	Y3.1	2	9	30	74	18
	Y3.2	5	10	32	69	17
<i>Rata - Rata</i>						
<i>Penguasaan Lingkungan</i>	Y4.1	2	9	32	63	27
	Y4.2	3	8	29	66	27
<i>Rata - Rata</i>						

<i>Tujuan Hidup</i>	Y5.1	5	5	35	66	22
	Y5.2	0	10	36	67	20
<i>Rata - Rata</i>						
<i>Pertumbuhan Pribadi</i>	Y6.1	1	12	26	70	24
	Y6.2	3	6	33	71	20
<i>Rata - Rata</i>						
<i>Rata - Rata Variabel Psychological Well-being</i>						

Source: Processed data, 2026.

The results of the descriptive analysis show that the Psychological Well-being (PWB) variable among healthcare workers at Primaya Hospital in Pangkalpinang falls into the high category, with an overall mean score of 3.76. All six indicators comprising PWB consistently fell into the high category, with the highest score achieved by the indicator of positive relationships with others (3.83), followed by self-acceptance (3.78) and environmental mastery (3.78), personal growth (3.76), life purpose (3.72), and autonomy (3.67). These findings indicate that healthcare workers possess optimal psychological functioning and are capable of fostering harmonious and meaningful working relationships within the hospital setting.

Results of the Research Instrument Validation

The research instruments were validated using a measurement model (outer model) to determine the specifications of the relationships between latent variables and their manifest variables; this validation included convergent validity, discriminant validity, and composite reliability. Validity testing for reflective indicators used the correlation between item scores and construct scores. Measurements using reflective indicators show that a change in one indicator within a construct occurs when another indicator in the same construct changes (or is removed from the model). Reflective indicators are suitable for measuring perceptions; therefore, this study uses reflective indicators.

The following is an overview of the outer loading values in the outer model generated after running the SmartPLS program for all indicators, as shown in Figure 2 below:

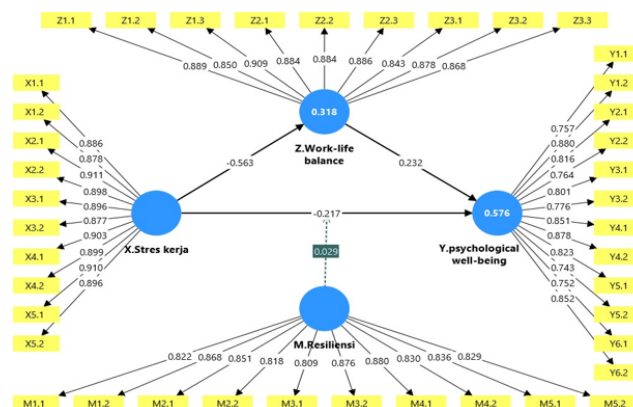


Figure 2. Outer Model.

Source: Processed data, 2026.

Table 7. Hasil Uji Cross Loading.

	<i>Stres kerja (X)</i>	<i>Resiliensi (M)</i>	<i>Worklife_balance (Z)</i>	<i>Psychological_well-being (Y.)</i>
X1.1	0.886	-0.418	-0.508	-0.551
X1.2	0.878	-0.313	-0.508	-0.466
X2.1	0.911	-0.421	-0.509	-0.545
X2.2	0.898	-0.364	-0.523	-0.487
X3.1	0.896	-0.286	-0.520	-0.395
X3.2	0.877	-0.334	-0.489	-0.484
X4.1	0.903	-0.382	-0.500	-0.530
X4.2	0.899	-0.314	-0.529	-0.448
X5.1	0.910	-0.334	-0.466	-0.461
X5.2	0.896	-0.312	-0.491	-0.471
M1.1	-0.335	0.822	0.332	0.602
M1.2	-0.362	0.868	0.288	0.560
M2.1	-0.291	0.851	0.211	0.559
M2.2	-0.324	0.818	0.296	0.509
M3.1	-0.322	0.809	0.288	0.538
M3.2	-0.373	0.876	0.261	0.583
M4.1	-0.424	0.880	0.388	0.595
M4.2	-0.276	0.830	0.251	0.540
M5.1	-0.252	0.836	0.219	0.573
M5.2	-0.320	0.829	0.271	0.538
Z1.1	-0.501	0.331	0.889	0.498
Z1.2	-0.455	0.257	0.850	0.451
Z1.3	-0.564	0.278	0.909	0.520
Z2.1	-0.475	0.349	0.884	0.430
Z2.2	-0.512	0.263	0.884	0.398
Z2.3	-0.557	0.262	0.886	0.511
Z3.1	-0.416	0.324	0.843	0.451
Z3.2	-0.438	0.270	0.878	0.465
Z3.3	-0.505	0.308	0.868	0.392
Y1.1	-0.384	0.457	0.395	0.757
Y1.2	-0.528	0.597	0.470	0.880
Y2.1	-0.472	0.554	0.352	0.816
Y2.2	-0.417	0.539	0.434	0.764
Y3.1	-0.388	0.516	0.406	0.801
Y3.2	-0.400	0.482	0.399	0.776
Y4.1	-0.448	0.588	0.445	0.851
Y4.2	-0.466	0.578	0.484	0.878
Y5.1	-0.459	0.579	0.441	0.823
Y5.2	-0.429	0.496	0.350	0.743
Y6.1	-0.379	0.428	0.426	0.752
Y6.2	-0.474	0.610	0.473	0.852

Source: Processed data, 2026.

In the table above, it can be seen that the cross-loading values for each indicator (in bold) are higher than the correlations between the indicators and the other latent variables, indicating that the latent variables possess adequate discriminant validity. Another way to measure discriminant validity is to examine the average variance extracted (AVE) values. The

recommended value is above 0.5. The following are the cross-loading results from this study, presented in Table 7.

Table 8. Average Variance Extracted (AVE).

Variabel	AVE
<i>Stres Kerja</i> (X)	0.802
Resiliensi (M)	0.709
Work-life balance(Z)	0.769
Psychologycal well-being (Y)	0.655

Source: Processed data, 2026.

The table above shows AVE values above 0.5 for all constructs: Work Stress (X) = 0.802, Resilience (M) = 0.709, Work-Life Balance (Z) = 0.769, and Psychological Well-Being (Y) = 0.655. This indicates that all constructs possess good discriminant validity.

Table 9. Composite Reliability & Cronbach Alpha.

Variabel	Cronbach Alpa	Composite Reliability
<i>Stres Kerja</i> (X)	0.973	0.973
Resiliensi (M)	0.954	0.955
Work-life balance(Z)	0.962	0.965
Psychologycal well-being (Y)	0.952	0.955

Source: Processed data, 2026.

Table 9. shows satisfactory composite reliability results: Work Stress (X) = 0.973, Resilience (M) = 0.955, Work-Life Balance (Z) = 0.965, and Psychological Well-Being (Y) = 0.955. Thus, it can be concluded that each construct has high reliability. This is evident from the fact that the composite reliability values for all constructs are greater than 0.90. The recommended value is above 0.6, and the table above shows that the Cronbach's alpha values for all constructs are above 0.9.

Inferential Statistical Analysis

Inferential statistical analysis in this study used Partial Least Squares (PLS). PLS is an alternative variance-based analysis method to Structural Equation Modeling (SEM). The advantage of this method is that it does not require assumptions and can be estimated with a relatively small sample size. The following is an illustration of the path analysis in the inner model generated after running the SmartPLS program for all relationships between constructs, as shown in Figure 3 below:

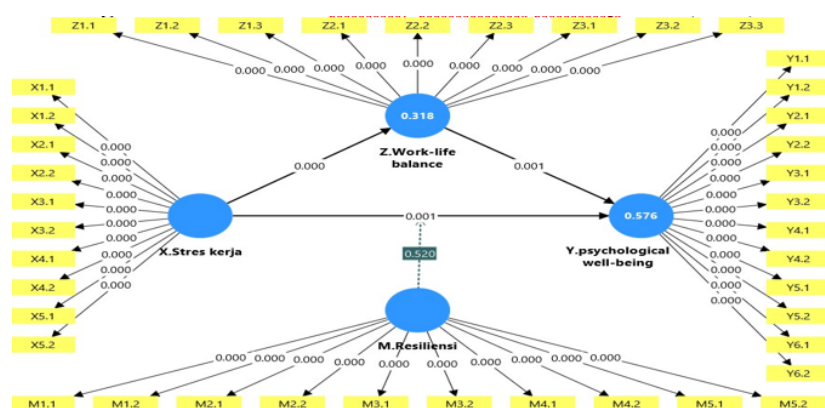


Figure 3. Inner Model Source: Processed Primary Data (2026).

Hypothesis testing in this study was conducted by examining the P-values. The research hypothesis is accepted if the P-value is < 0.05 (Yamin & Kurniawan, 2011). The following are the results of the hypothesis testing obtained in this study through the path coefficients in the SmartPLS output below:

Table 10. Path Analysis Values.

	Original sample	T statistics	P values
<i>Stres kerja</i> $\square$ <i>psychological_well-being</i>	-0.217	3.308	0.001
<i>Stres kerja</i> $\square$ <i>Work-life_balance</i>	-0.563	9.578	0.000
<i>Work-life_balance</i> $\square$ <i>psychological_well-being</i>	0.232	3.265	0.001
<i>Resiliensi</i> $\square$ <i>psychological_well-being</i>	0.491	6.570	0.000
<i>Stres kerja</i> $\square$ <i>Work-life_balance</i> $\square$ <i>psychological_well-being</i>	-0.131	2.957	0.003
<i>Resiliensi</i> x <i>Stres kerja</i> $\square$ <i>psychological_well-being</i>	0.029	0.643	0.520

Source: Processed data, 2026.

Results of the Research Hypothesis Testing

Hypothesis testing was conducted by examining the original sample estimates to determine the direction of the relationship between variables, as well as the t-statistics and p-values to determine the significance level of that relationship. Original sample values close to +1 indicate a positive relationship, while values close to -1 indicate a negative relationship (Sarstedt et al., 2017). A t-statistic greater than 1.96 or a p-value less than the significance level (< 0.05) indicates that a relationship between variables is significant.

Table 11. Hypothesis Testing.

Hipotesis	Path	P-Values	T statistik	Kesimpulan
H1	<i>Stres kerja</i> $\square$ <i>psychological_well-being</i>	0.001	3.308	Diterima
H2	<i>Stres kerja</i> $\square$ <i>Work-life_balance</i>	0.000	9.578	Diterima
H3	<i>Work-life_balance</i> $\square$	0.001	3.265	Diterima

	<i>psychological_well-being</i>			
H4	Resiliensi $\square$ <i>psychological_well-being</i>	0.000	6.570	<i>Diterima</i>
H5	Stres kerja $\square$ <i>Work-life balance</i> $\square$ <i>psychological_well-being</i>	0.003	2.957	<i>Diterima</i>
H6	Resiliensi x Stres kerja $\square$ <i>psychological_well-being</i>		0.643	<i>Ditolak</i>
		0.520		

Source: Processed data, 2024.

Based on the summary of the hypothesis results, it can be seen that of the 6 research hypotheses formulated, hypotheses H1, H2, H3, H4, and H5 are accepted because each effect shows p-values less than 0.05 (p-values < 0.05). Meanwhile, hypothesis H6 cannot be accepted because the effect showed p-values greater than 0.05 (p-values > 0.05).

Discussion

The Direct Effects of Work Stress, Work-Life Balance, and Resilience

The results of the hypothesis testing show that Work Stress has a significant negative effect on Psychological Well-Being (PWB) ($\beta = -0.217$, $p = 0.001$) and on Work-Life Balance (WLB) ($\beta = -0.563$, $p = 0.000$). Conversely, WLB ($\beta = 0.232$, $p = 0.001$) and Resilience ($\beta = 0.491$, $p = 0.000$) were found to have a positive and significant effect on PWB. These findings indicate that high work-related stress resulting from task load, ethical demands, role conflict, and customer demands depletes the psychological energy and time of healthcare workers at Primaya Hospital Pangkalpinang, thereby reducing their WLB and psychological well-being. The characteristics of the respondents the majority of whom were women (64%), aged 31–40 (41%), married (68%), and had been working for more than 5 years (65%) further underscore the high potential for dual pressures between professional and domestic roles. Nevertheless, the high levels of work-life balance and resilience among healthcare workers serve as the primary pillars in maintaining their optimal psychological well-being.

The Mediating Role of Work-Life Balance in the Relationship Between Work Stress and Well-Being

The results of the indirect effect test confirm that work-life balance (WLB) significantly mediates the effect of work stress on positive well-being (PWB) ($\beta = -0.131$, $p = 0.003$). These findings explain the mechanism by which work stress not only directly reduces PWB but also indirectly does so by diminishing healthcare workers' ability to balance time, engagement, and satisfaction between the work and personal life domains. When work pressure depletes an individual's resources, work-life balance is disrupted, which in turn weakens their self-acceptance, sense of environmental mastery, and positive relationships. Therefore, WLB serves as a crucial bridging factor; consequently, hospital management must prioritize policies that

support flexibility and work schedule arrangements to mitigate the adverse effects of stress on psychological well-being.

The Role of Resilience as a Primary Predictor and Evaluation of the Moderating Effect

The moderation effect test showed that the interaction between Resilience and Work Stress did not have a significant effect on PWB ($\beta=0.029$, $p=0.520$), thus rejecting the moderation hypothesis. This proves that Resilience does not serve to strengthen or weaken the effect of work stress on PWB, but rather acts as a very strong direct predictor of PWB. The lack of a significant moderation effect is likely due to the respondents' resilience levels, which tended to be homogeneous in the high category (mean 3.82), as well as the fact that the impact of work-related stress is more predominantly explained through the mediation pathways of work-life balance (WLB) and organizational system support. Nevertheless, strengthening individual resilience through mental training and spiritual support remains vital to maintain alongside effective WLB management at Primaya Hospital Pangkalpinang.

5. CONCLUSION

This study concludes that work-related stress has a significant negative effect on the psychological well-being (PWB) and work-life balance (WLB) of medical staff at Primaya Hospital in Pangkalpinang. Conversely, WLB and resilience were found to have a positive and significant effect on improving PWB. Furthermore, WLB effectively functions as a mediating variable linking work-related stress to a decline in PWB. However, resilience was not found to moderate (strengthen or weaken) the effect of work-related stress on PWB; rather, it acts as a direct predictor that enhances the psychological well-being of medical staff.

Based on these findings, the management of Primaya Hospital Pangkalpinang is advised to reduce work-related stress through clear task allocation, flexible schedules to support work-life balance, and resilience-building programs such as counseling and stress management training. For future researchers, it is recommended to expand the sample scope to other healthcare facilities and explore other moderator variables such as social support or organizational culture. Meanwhile, healthcare education institutions are encouraged to integrate stress management and mental health materials into their curricula to build the psychological resilience of future healthcare workers from an early stage.

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