

Strategic Role of Self-Management Ability in Mitigating Work Stress and Enhancing Psychological Well-Being among Healthcare Professionals

Della Febiani Dwi Sumadi¹, Saida Zainurossalamia ZA²

^{1,2}Department of Management, Faculty of Economics and Business, Universitas Mulawarman, Samarinda, Indonesia.
Email: dellafebianidwi@gmail.com¹, saida.zainurossalamia.za@feb.unmul.ac.id²

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ABSTRACT

Psychological well-being is a vital indicator of quality of life for healthcare professionals navigating intense environments, yet the interplay of stress, motivation, and self-regulation remains underexplored in specialized medical settings. This study empirically investigates the partial effects of occupational stress, work motivation, and self-management ability on the psychological well-being of employees at the Eye Hospital of East Kalimantan Province. Employing an explanatory quantitative design, primary data were collected from 57 medical and nursing staff using purposive sampling and a Likert-scale questionnaire. The empirical data were then analyzed utilizing Partial Least Squares Structural Equation Modeling (PLS-SEM). Contrary to conventional expectations, the findings reveal that neither occupational stress nor work motivation exhibits a significant partial effect on psychological well-being, indicating that employees rely on developed clinical resilience and require holistic organizational support rather than isolated motivational triggers. Conversely, self-management ability demonstrates a significant positive effect, acting as a crucial psychological buffer against clinical pressures. Theoretically, this research highlights self-regulation competence as a more dominant predictor of mental stability compared to motivation or the mere absence of stressors. Managerially, the findings suggest a paradigm shift for healthcare administrators, emphasizing the need to prioritize comprehensive work ecosystems and self-management capacity building to sustainably enhance human resource resilience.

Keywords: Psychological Well-Being, Occupational Stress, Work Motivation, Self-Management, Healthcare.

I. Introduction

Psychological well-being is a critical indicator of an individual's quality of life, particularly within high-intensity work environments such as the healthcare sector. Amidst heavy workloads, significant clinical responsibilities, and the complexity of emotional interactions, medical professionals and support staff often face significant challenges to their mental stability. This phenomenon is highly relevant at the Eye Hospital of East Kalimantan Province, a healthcare institution that has committed to providing comprehensive services—including serving as the first LASIK service center in Kalimantan—since 2019. While the hospital strives to



optimize service quality and public eye health, operational realities indicate that its healthcare workers are not exempt from occupational stress, which can threaten productivity, increase the risk of burnout, and diminish overall employee quality of life (Chandra & Desai, 2017).

Theoretically, occupational stress arises from an imbalance between high job demands and limited individual control, as explained in the Demand-Control model developed by Karasek (1979). Within the hospital ecosystem, variables such as managing critical patients and the unpredictability of clinical conditions serve as stressors that, if not effectively mitigated, will adversely affect the psychological well-being of medical personnel (Leka et al., 2013). Beyond these stressors, motivation plays a crucial role as a psychological determinant. According to Herzberg's (1959) motivation theory, motivational factors such as achievement and recognition are closely linked to individual well-being, while intrinsic motivation, as suggested by Deci and Ryan (2000), serves as a positive energy that enables medical personnel to maintain service quality under pressure. Furthermore, an individual's effectiveness in navigating demanding work environments depends heavily on their self-management ability. Goleman (1995) emphasizes that self-management is a vital component of emotional intelligence, enabling employees to remain focused, manage emotions, and maintain professional balance. Employees with high self-management ability are proven to be more adaptive in responding to job demands compared to those who lack such capacity (Goleman, 1995). This phenomenon is closely related to the dimensions of psychological well-being proposed by Ryff (1989), which include self-acceptance, autonomy, and environmental mastery. When a medical professional fails to attain these dimensions due to uncontrolled stress or low motivation, it potentially compromises the quality of care provided to patients.

Previous studies have consistently demonstrated the association between these variables and psychological well-being. Chandra and Desai (2017) identified a clear link between occupational stress and psychological disorders in hospital settings, while Deci and Ryan (2000) highlighted how intrinsic motivation positively predicts well-being. Nevertheless, a research gap remains in integrating these three variables simultaneously within a specialized eye hospital setting, particularly in a region with specific operational characteristics such as East Kalimantan. Understanding the interplay between occupational stress, motivation, and self-management ability is a scientific urgency, as the psychological well-being of medical personnel correlates directly with job satisfaction, organizational commitment, and improved patient care outcomes. This study aims to empirically analyze how occupational stress, motivation, and self-management ability individually influence the psychological well-being of employees at the Eye Hospital of East Kalimantan Province. Through a profound understanding of the influence of these variables, the findings are expected to provide theoretical contributions to the development of human resource management in the healthcare sector, as well as offer practical recommendations for institutions to design intervention strategies capable of comprehensively enhancing the psychological well-being of healthcare workers.

II. Literature Review and Hypothesis Development

2.1. Occupational Stress

Occupational stress is conceptualized as an adaptive response or psychological tension resulting from a misalignment between external environmental demands and an individual's coping capacity (Marcella & Ie, 2022; Qoyyimah et al., 2020; Robbins & Judge, 2019). Theoretically, the manifestation of stress can trigger pathological consequences such as anxiety and depression, which directly degrade performance and psychological well-being (Leka, Griffiths, & Cox, 2004). The dynamics of stress escalation are influenced by cognitive appraisal mechanisms, levels of exposure to past experiences, situational demand pressures, and interpersonal influences that trigger an imbalance between perceived demands and capabilities (Sutherland et al., in Smet, 1994). Furthermore, empirical parameters to detect the presence of stress in the workplace generally refer to workload intensity, leadership attitude dynamics, operational time allocation, and

organizational conflict frequency (Hasibuan, 2014). Although the literature has extensively described the determinants of stress, studies on how this pathological variable specifically degrades mental resilience in high-risk healthcare institutions still leave room for further empirical validation.

2.2. Work Motivation

As a counterbalance to occupational pressure, motivation operates as a psychological catalyst that facilitates an individual's internal and external drive to act optimally toward goal achievement (Daulay et al., 2017; Jufrizen, 2017; Mujiatun, 2015). Fundamentally, the conceptual foundation of motivation is rooted in the hierarchy of basic need fulfillment toward self-actualization (Maslow, 1943), which, specifically in the work environment, is divided into motivator factors such as achievement, and hygiene factors such as financial compensation, work climate, and supervision quality (Hasibuan & Silvy, 2019; Herzberg, 1966). The intensity of worker commitment is formed by the intersection of individual dispositions—including attitudes and capacities—and organizational interventions in the form of appreciation and job design (Susilo et al., 2023). Fulfilling the spectrum of needs ranging from physiological, safety, social integration, and esteem, to self-actualization levels (Sofyandi & Garniwa, in Asriyanto, 2013) is assumed to be capable of creating strong psychological resilience. Despite the undeniable urgency of motivation, literature reviews indicate that the integration of motivation as a direct predictor to reduce stress and its relevance to mental well-being in clinical medical service areas remains under-investigated.

2.3. Self-Management Ability

Amidst fluctuating stress and motivational demands, self-management ability emerges as a crucial behavioral competence. This ability represents an individual's proficiency in planning, focusing attention, and systematically evaluating behaviors and emotions to remain adaptive to pressure (Merriam & Caffarella, in Nurzaakyah & Budiman, 2005). As a concrete manifestation of emotional intelligence, self-management facilitates individuals to act as agents of change for themselves, control impulses, mitigate undesirable issues, and formulate rational defense strategies in real life (Goleman, 1995; Suwanto, 2016). This process operates through a systematic behavior modification cycle, encompassing stages of self-observation, comparative evaluation against targeted behaviors, to the implementation of self-reinforcement or punishment through personal psychological contracts (Gie The Liang, in Miska, 2020; Komalasari et al., in Imran, 2021). The maturity of self-management is determined by the equilibrium of physical health, mastery of specific skills, moral activities, and the consistency of self-identity design (Junaidi, 2010). Empirically, self-observation, adaptive goal setting, time management, and continuous evaluation (De Ridder, Lens, & Soenens, 2012) serve as parameters that robust self-regulation has a strong potential to neutralize distress. However, theoretical modeling that positions this ability simultaneously to mediate stress and motivation remains a literature gap that needs to be filled.

2.4. Psychological Well-Being

The culmination of the complex interactions among stress, motivation, and self-regulation is psychological well-being, a multidimensional construct reflecting the maturity of mental functions, emotional stability, and an individual's overall quality of life (Diener, 2000). The comprehensive model of psychological well-being rests on six essential pillars: self-acceptance of past history, positive and empathetic interpersonal relations, autonomy independent of social pressure, creative environmental mastery, meaningful life purpose orientation, and continuous personal growth escalation (Ryff, 1989; Ryff & Keyes, in Sterns, 2007). Fluctuations in these psychological conditions are highly sensitive to demographic and conditional variations, including gender differentiation, developmental age transitions, cultural value systems of collectivism or individualism, emotional intelligence regulation, and socioeconomic status polarization (Davis, in Robinson & Andrew, 1991;

Ryff, in Ryan & Deci, 2001; Shulman & Hemenover, in Extreme et al., 2011). Furthermore, the accumulation of stress that threatens physical well-being (Atkinson, 2000) and the level of subjective satisfaction during activities (Yanez & Figueroa, 2011) significantly restructure how individuals process information and evaluate their reality. Therefore, investigating psychological well-being demands a comprehensive analysis to bridge the empirical gap regarding how workload interacts with internal control capacities within the hospital environment.

2.5. Hypotheses

Based on the conceptual synthesis and identification of the research gap above, the argumentative framework is directed to empirically test the causality among the variables.

H1: Occupational stress has a partial significant effect on the psychological well-being of employees at the Eye Hospital of East Kalimantan Province.

H2: Work motivation has a partial significant effect on the psychological well-being of employees at the Eye Hospital of East Kalimantan Province.

H3: Self-management ability has a partial significant effect on the psychological well-being of employees at the Eye Hospital of East Kalimantan Province.

III. Research Method

3.1. Research Design and Approach

This study employed an explanatory quantitative research design aimed at examining and analyzing the causal relationships among variables (Sahir, 2022). The quantitative approach was selected because this study focuses on testing hypotheses regarding the effect of independent variables—namely occupational stress, motivation, and self-management ability—on the dependent variable, psychological well-being. Primary data were collected through a survey method utilizing a 5-point Likert scale questionnaire to quantify respondents' perceptions objectively and systematically.

3.2. Population and Sample

The population in this study comprised all employees working at the Eye Hospital of East Kalimantan Province. Sampling was conducted using a purposive sampling technique, which involves selecting subjects based on specific criteria established to ensure data relevance (Siyoto & Sodik, 2015). The sample inclusion criteria included: individuals aged a minimum of 17 years, active employees at the hospital, willingness to participate by completing the questionnaire, and specifically belonging to the medical and nursing service sections. Based on these criteria, a total sample of 57 respondents was included in this study.

3.3. Instruments and Measures

Primary data collection was carried out using a questionnaire instrument developed based on the theoretical indicators of each variable. The occupational stress variable was measured through indicators of workload, leadership attitudes, working hours, and conflict intensity (Hasibuan, 2014). The motivation variable was operationalized based on the hierarchy of needs, encompassing physiological, safety, social, esteem, and self-actualization needs. Meanwhile, self-management ability was measured across ten operational dimensions, including self-control, trustworthiness, responsibility, internal motivation, time management, self-observation, goal setting, self-monitoring, adaptability, and self-evaluation. Lastly, the psychological well-being variable was measured using an instrument adapted from Carol D. Ryff's well-being dimensions, which

include self-acceptance, positive relations with others, autonomy, environmental mastery, purpose in life, and personal growth. All instruments were measured using a Likert scale to ensure the consistency of the assessment metrics.

3.4. Data Analysis Techniques

The collected empirical data were analyzed using the Partial Least Squares Structural Equation Modeling (PLS-SEM) method. The PLS-SEM technique was chosen because this variance-based method is highly suitable for studies with relatively small sample sizes and possesses the capability to simultaneously evaluate the measurement model (outer model) and the structural model (inner model) without requiring the assumption of a normal data distribution (Abdillah & Jagiyanto, 2015).

3.5. Validity and Reliability (Outer Model)

The evaluation of the measurement model (outer model) was conducted to verify the validity and reliability of the instruments. Convergent validity was analyzed using the Standardized Loading Factor (SLF) value, where an indicator is considered valid if the loading factor exceeds the 0.5 threshold (Jogiyanto, 2009). Discriminant validity was evaluated by analyzing cross-loading values and comparing the square root of the Average Variance Extracted (AVE) of each construct against the correlations between constructs in the model to ensure no redundancy among the latent variables. Furthermore, the internal reliability of the instruments was tested using Cronbach's Alpha and Composite Reliability (CR) metrics. The instruments were declared consistently reliable if the values of both tests exceeded the 0.7 tolerance limit, although a value of 0.6 is still acceptable in exploratory research (Jogiyanto, 2009).

3.6. Hypothesis Testing (Inner Model)

The evaluation of the structural model (inner model) focused on testing the model's feasibility and the research hypotheses. The model's predictive power was evaluated through the R-square (R^2) value of the endogenous variables, where values of 0.75, 0.50, and 0.25 respectively represent strong, moderate, and weak effects (Hair et al., 2011). Hypothesis significance testing was conducted using a bootstrapping procedure to generate t-statistic and p-value metrics. Based on the testing criteria (Ghozali & Latan, 2014), a hypothesis is accepted if the t-statistic value is greater than the critical t-table value (1.96) and the p-value significance is below the 0.05 alpha level.

IV. Results and Discussion

4.1. Research Result

Data analysis using SmartPLS is a Partial Least Squares Structural Equation Modeling (PLS-SEM) method to test the relationship between latent variables in quantitative research, such as the effect of executives on tax avoidance with institutional ownership as a moderator. This software is suitable for small samples of non-normal data, and complex models with moderator variables. Validity Test

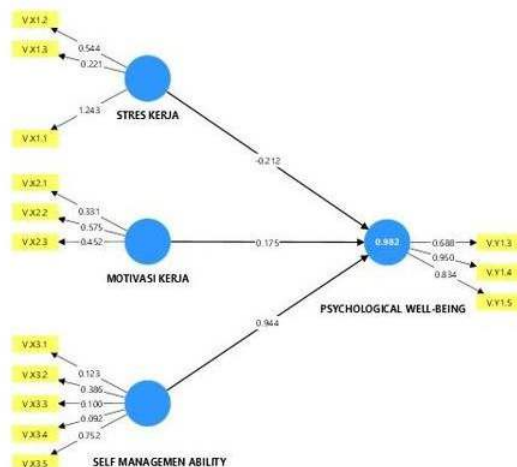


Figure 1. PLS Algorithm Display Results

a. Convergent Validity Test

The convergent validity test is conducted by considering two main indicators, namely the Loading Factor value and Average Variance Extracted (AVE). Individual indicators are considered to meet the validity criteria if they have a loading factor value greater than 0.7, while loading factor values below 0.7 are considered not meeting the requirements and need to be considered for removal from the model. Meanwhile, a construct is considered to have good convergent validity if the AVE value obtained is greater than 0.5, which indicates that the construct is able to explain more than 50% of the variance of the related indicators. The following are the results of the convergent validity test calculation:

	MOTIVASI KERJA	PSYCHOLOGICAL WELL-B...	SELF MANAGEMEN ABILITY	STRES KERJA
V.X1.2				0.544
V.X1.3				0.221
V.X2.1	0.331			
V.X2.2	0.575			
V.X2.3	0.452			
V.X3.1			0.123	
V.X3.2			0.386	
V.X3.3			0.100	
V.X3.4			0.092	
V.X3.5			0.752	
V.Y1.3		0.688		
V.Y1.4		0.950		
V.Y1.5		0.834		
V.X1.1				1.243

Figure 2. Outer Loadings

Based on the image above, the following conclusions can be drawn:

- 1) The work stress variable (X1) shows a path coefficient value ranging from 0.034 to 0.636, with a total direct effect of 0.636. This indicates that the credibility of indicators such as how often work is burdened, job demands, time pressure, work environment, and work difficulties have a strong positive relationship with psychological well-being. According to Wijaya et al. (2023), work stress has a significant effect on employee mental well-being, although often negative, which supports the relevance of indicators in the PLS model.
- 2) In the work motivation variable (X2), the results of the available indicators show a range of path coefficient values between 0.034 and 0.152. This indicates that the credibility of a strong desire, self-motivation, feeling appreciated, having a purpose, and being enthusiastic about carrying out work have a positive but not dominant relationship with psychological well-being.

- 3) For the self-management ability variable (X3), the results of the five indicators ranged from 0.152 to 0.673, with a total direct effect of 0.673. This indicates that managing work time, controlling distractions, balancing work, coping with stress, and evaluating work results have a strong and dominant relationship with psychological well-being.
- 4) For the psychological well-being (Y) variable, the indicator results ranged from 0.034 to 0.182. This indicates that this dependent variable is quite responsive to the influence of the independent variables, with indicators including self-acceptance, positive relationships, purpose in life, autonomy, environmental mastery, and self-development.

b. Discriminant Validity Test

Discriminant validity indicates that each measurement item of a construct or latent variable in a study has a clear difference from other constructs. Discriminant validity testing is conducted by examining the cross-loading of the measurement with the construct. Furthermore, discriminant validity can also be assessed by comparing the root of the AVE for each construct with the correlation between the construct and other constructs in the model. The following are the results of the discriminant validity test in this study:

	MOTIVASI KERJA	PSYCHOLOGICAL WELL-B...	SELF MANAGEMEN ABILITY	STRES KERJA
V.X1.2	0.568	0.157	0.439	0.544
V.X1.3	0.354	0.064	0.139	0.221
V.X2.1	0.331	0.223	-0.079	0.315
V.X2.2	0.575	0.386	0.265	0.457
V.X2.3	0.452	0.304	0.700	0.208
V.X3.1	0.267	0.121	0.123	0.046
V.X3.2	0.427	0.378	0.386	0.107
V.X3.3	-0.154	0.098	0.100	-0.314
V.X3.4	0.649	0.090	0.092	0.138
V.X3.5	0.362	0.737	0.752	0.358
V.Y1.3	0.668	0.688	0.623	0.377
V.Y1.4	0.562	0.950	0.948	0.168
V.Y1.5	0.478	0.834	0.841	0.215
V.X1.1	0.776	0.359	0.388	1.243

Picture 3. Cross Loadings

Based on the figure above, all indicators for each variable have a correlation value that tends to be moderate compared to the correlations and other constructs. This indicates that each indicator does not have a strong correlation with the other variables.

c. Reliability Test

Reliability testing in PLS (Partial Least Squares) is typically conducted using Composite Reliability (CR) and Cronbach's Alpha. CR and Cronbach's Alpha values greater than 0.7 indicate good reliability for the construct. The following table shows the reliability test results:

Table 1. Reliability Test

Variables	Cronbach's Alpha	Composite Reliability	Information
Work Stress	0.749	0.784	Reliable
Motivation	0.424	0.463	Not yet reliable
Self-Management Ability	0.443	0.580	Not yet reliable
Psychological Well-Being	0.862	0.887	Reliable

Based on the reliability test data above, the Job Stress variable has a Cronbach's Alpha value of 0.749 and a Composite Reliability of 0.784. These values meet the reliability criteria (>0.70). This indicates that the

Job Stress indicators are not fully consistent in measuring the Job Stress construct. The Motivation variable has a Cronbach's Alpha value of 0.424 and a Composite Reliability of 0.463, well below the minimum reliability threshold. These results indicate that the Motivation indicators lack adequate internal consistency, thus rendering the Motivation construct unreliable. Therefore, the Motivation variable is not yet suitable for use in testing its partial influence on Psychological Well-Being without indicator improvements. Furthermore, the Self-Management Ability variable obtained a Cronbach's Alpha value of 0.443 and a Composite Reliability value of 0.580. Although the Composite Reliability value approached 0.60, overall, it was still below the reliability criteria. Thus, the Self-Management Ability variable was declared unreliable. The Psychological Well-Being variable showed a Cronbach's Alpha value of 0.862 and a Composite Reliability of 0.887. Both values are above the minimum threshold of 0.70, indicating that this construct has good internal consistency and is considered reliable.

d. Hypothesis Testing

In this study, hypothesis testing was conducted using an inner model with statistical tests. A relationship is considered significant if the t-statistic is > 1.96 or the p-value is < 0.05 at the 5% significance level. With a 95% confidence level, if these criteria are met, H_a is accepted and H_o is rejected.

	Original sample (O)	Sample mean (M)	Standard deviation (STDEV)	T statistics (O /STDEV)	P values
MOTIVASI KERJA -> PSYCHOLOGICAL WELL-BEING	0.221	0.207	0.172	1.285	0.199
SELF MANAGEMEN ABILITY -> PSYCHOLOGICAL WELL-BEING	0.634	0.669	0.136	4.674	0.000
STRES KERJA -> PSYCHOLOGICAL WELL-BEING	-0.031	0.000	0.138	0.221	0.825

Figure 4. PLS Processed Data

Based on the results of the structural model analysis, the Job Stress variable shows an influence on Psychological Well Being, and statistically strong significance. Then the analysis results show that the Motivation variable has not shown a statistically significant influence on Psychological Well Being. Furthermore, based on the results of the structural model test, Self Management Ability shows an influence on Psychological Well Being, but this influence has not reached the optimal level of significance.

4.2. Discussion

a. The Influence of Work Stress on Psychological Well-Being

Based on the results of the hypothesis testing, it was found that work stress did not have a significant partial effect on the psychological well-being of employees at the East Kalimantan Provincial Eye Hospital. This result indicates that the level of work stress experienced by employees does not directly affect their psychological well-being significantly. Conceptually, work stress is often associated with a decline in an individual's psychological well-being. However, the results of this study indicate that in the context of the East Kalimantan Provincial Eye Hospital, work stress tends to be perceived as part of professional demands, especially in a healthcare work environment that demands precision, speed, and high responsibility. Hospital employees generally have adaptation mechanisms and work experience that enable them to maintain psychological well-being despite work pressure. This means that work experienced does not always have a direct negative impact on psychological well-being. According to Kinanti (2025), work stress does not have a strong direct influence on the psychological well-being of hospital employees. Instead, it is mediated by stress management factors and organizational support, allowing employees to adapt through long work experience and mature coping mechanisms. This explains why work stress here a significant negative impact does not have, as employees have developed sufficient resilience to maintain psychological well-being even under high pressure.

b. The Influence of Motivation on Psychological Well-Being

The results of the second hypothesis test indicate that motivation does not have a significant partial effect on psychological well-being. This finding indicates that the level of employee work motivation has not been able to directly improve their psychological well-being. Work motivation is theoretically an internal factor that drives individuals to achieve work goals. However, in this study, the work motivation of employees at the East Kalimantan Provincial Eye Hospital was heterogeneous, both in terms of intrinsic and extrinsic motivation. Differences in background, length of service, and working conditions mean that motivation may not form uniformly among employees. Furthermore, high motivation does not always correlate with psychological well-being if it is not accompanied by supportive working conditions, such as a balanced workload, fair rewards, and a conducive work environment. This explains why motivation has not shown a significant impact on employee psychological well-being in this study.

According to Saputri et al., 2024, although work motivation has a mediating role on job satisfaction, its influence on psychological well-being is not directly significant (low path coefficient, $p > 0.05$), because the heterogeneity of motivation is influenced by external factors such as unbalanced workload, so that hospital employees need additional organizational support to convert motivation into optimal psychological well-being. Thus, the results of this study indicate that work motivation is not the only determining factor for psychological well-being, but needs to be supported by other organizational and work environment factors.

c. The Influence of Self-Management Ability on Psychological Well-Being

Based on the results of the third hypothesis test, self-management ability met the criteria for statistical significance ($p < 0.05$), so self-management ability has a positive and significant effect on the psychological well-being of employees at the East Kalimantan Provincial Eye Hospital. This influence indicates an individual's ability to manage themselves such as managing work time, controlling external disturbances, maintaining a balance between work and personal life, overcoming emotional stress, and evaluating work results regularly directly contributes to improving employee psychological well-being. In the context of a dynamic and stressful hospital environment, such as eye care that requires high accuracy and fast response to patients, self-management ability functions as a psychological "buffer" that allows employees to maintain self-acceptance, positive relationships with colleagues, autonomy in decision-making, mastery of the work environment, and continuous self-development.

Theoretically, self-management ability aligns with Ryff's Model of Psychological Well-Being (1989), where dimensions such as autonomy and environmental mastery are highly dependent on an individual's ability to manage internal and external resources. The results of this study indicate that employees with high self-management ability tend to be more resilient to the demands of hospital work, thereby achieving a better level of psychological well-being. For example, the ability to cope with stress and evaluate work results helps employees reduce emotional exhaustion and increase confidence in handling complex eye patient cases, ultimately strengthening their positive relationships and sense of purpose in life. According to Fauziah and Batubara (2022), the heavy workload and working conditions faced do not disrupt psychological well-being, do not reduce work performance, do not cause stress, loss of concentration, anxiety, depression, or sleep disorders.

V. Conclusion

This study concludes that the psychological well-being of employees in healthcare settings is a multidimensional construct influenced by complex psychological dynamics, extending beyond basic determinants of stress and motivation. Contrary to conventional assumptions, neither occupational stress nor work motivation demonstrated a significant partial effect on psychological well-being. This indicates that healthcare professionals have developed psychological resilience through extensive work experience, whereby occupational pressure is perceived as a normative professional demand. Furthermore, heterogeneous motivation does not automatically translate into mental well-being without workload

equilibrium. Conversely, self-management ability was confirmed as a crucial predictor with a positive and significant effect on determining employee mental well-being. Internal regulation capacity—encompassing effective time management, distraction control, work-life balance attainment, and emotional pressure regulation—proved to serve as the primary psychological buffer in responding to clinical work pressures.

Theoretically, these findings contribute to the literature on organizational behavior and occupational health psychology by demonstrating that self-regulation competence holds a more dominant predictive power in maintaining emotional stability compared to mere motivational interventions or the absence of stressors. At the managerial level, the implications of these findings necessitate a strategic paradigm shift for hospital management in designing human resource interventions. Healthcare practitioners and policymakers cannot solely rely on external motivational drives; rather, they must proactively enhance attention to employee psychological well-being through the improvement of a holistic work ecosystem, the creation of a conducive work environment, and the provision of organizational support that systematically accommodates the development of self-management capacities.

Although this study offers valuable empirical insights, several limitations exist, including the research scope being centralized within a single specific institution and the utilization of predictor variables that do not fully capture the complexity of psychological well-being. The limited sample size and demographic heterogeneity also demand caution when generalizing these findings. Therefore, future research agendas should be designed to accommodate a more massive number of respondents and more comprehensive methodologies, such as cross-institutional research designs or mixed-methods approaches. Additionally, future researchers are highly encouraged to integrate other relevant external and internal variables to more thoroughly and profoundly dissect the intricate architecture of psychological well-being in high-pressure work environments.

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