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DOI: [10.31965/infokes.Vol24.Iss1.2280](https://doi.org/10.31965/infokes.Vol24.Iss1.2280)Journal homepage: <https://jurnal.poltekkeskupang.ac.id/index.php/infokes>**RESEARCH****Open Access****Educational Information Communication: Self-Disclosure Ability and Job Stress****Yustiana Olfah^{1a*}, Isnaniah^{2b}, Furaida Khasanah^{1c}, Katri Andini Surijati^{3d}, Titik Endarwati^{1e}, Eko Suryani^{1f}**¹ Department of Nursing, Yogyakarta Public Health Polytechnic, Sleman, Yogyakarta, Indonesia² Department of Nursing, Banjarmasin Public Health Polytechnic, Ministry of Health, Banjarbaru City, South Kalimantan, Indonesia³ Jenderal Soedirman University, Banyumas, Central Java, Indonesia^a Email address: yustiana.olfah@poltekkesjogja.ac.id^b Email address: isna6031@gmail.com^c Email address: furaida.khasanah@poltekkesjogja.ac.id^d Email address: katriandini@gmail.com^e Email address: titik.endarwati@poltekkesjogja.ac.id^f Email address: eko.suryani68@gmail.com

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Abstract

Work stress is an occupational health problem experienced by many health workers and service sector workers, with an impact on performance, job satisfaction, and mental health. Studies have shown that work stress is not only influenced by workload, but also by the quality of education, information and communication (EIC), as well as self-disclosure skills in the work environment. Communication, Information, and Education (KIE) in the context of health is an interactive message delivery process aimed at changing the understanding, attitudes, and health behaviours of the message recipients. Its main goal is to improve health literacy and healthy decision-making. This article aims to examine the relationship between EIC, self-disclosure ability, and work stress based on published research results. The method used is a literature review of relevant national and international articles. The literature was searched through health and human resource management journals, focusing on the variables of educational communication, self-openness, support from superiors and colleagues, and work stress levels. The results showed that 60–75% of articles reported that work stress was in the medium to high category, especially in workers with limited access to information and ineffective communication. About 55–70% of studies show that low self-disclosure skills are associated with increased work stress, interpersonal conflict, and emotional exhaustion. In contrast, more than 65% of studies reported that educational interventions, two-way communication, as well as employer support were associated with reduced work stress, with a decrease in stress scores ranging from 15–30% after communication or training interventions. A work environment that encourages openness and supportive communication is also associated with an increase in job satisfaction of up to 20–25%. In conclusion, effective education and communication, along with strengthening self-disclosure skills, play an important role in managing work stress. This approach has the potential to be a promotive and preventive strategy in occupational health programs, especially in the service and health sectors.

Keywords: Educational Information Communication, Self-Disclosure, Job Stress.**Corresponding Author:**

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1. INTRODUCTION

Communication, Information, and Education (KIE) in the context of health is an interactive message delivery process aimed at changing the understanding, attitudes, and health behaviours of the message recipients. Its main goal is to improve health literacy and healthy decision-making (Lyu, Li, & Li, 2024).

Work stress is one of the occupational health issues that is receiving increasing global attention, especially in the service and health sectors. The World Health Organization (WHO) identifies work stress as a major risk factor for mental health disorders, decreased productivity, and increased absenteeism and labor turnover. Various international reports show that the prevalence of work stress is at moderate to high levels, especially in professions that demand intensive interpersonal interaction, high responsibility, and complex organizational pressures (WHO, 2024).

The phenomenon of work stress, especially during the Covid-19 pandemic, has increased as described in the research of Maraqa et al (2020) on health workers in Palestine, that the highest source of stress experienced due to the fear of transmitting the virus to the family was 91.6%, followed by the mindset of health workers towards the fact that this disease has no treatment as much as 87.7%, and finally the fear of personal transmission of infection as much as 85.8%.

For nurses working in clinics, the associated workload is about nursing care. Considerations in the workload of nurses include the number of nurses that is not proportional to the number of patients being treated, direct and indirect nursing activities and the frequency of direct and indirect nursing activities and the frequency of actions required by patients. Responsibilities and tasks that are borne if not proportional to physical abilities and expertise, then this can be a source of stress. Stress that arises in nurses can be caused by several triggering factors. Based on trigger factors, stress is divided into four, namely, personality stress, psychosocial stress, bio-ecological stress, and job stress. The most common type of stress is job stress, especially in developed countries (Runtu, Pondaag, & Hamel, 2018)

Theoretically, work stress is influenced not only by workload and task demands, but also by psychosocial factors in the workplace, including the quality of education, information and communication (EIC), work relationships, and organizational support. Ineffective communication, limited access to information, and lack of feedback from superiors can exacerbate stress perceptions and increase emotional exhaustion. On the contrary, a clear, open, and participatory communication system plays a protective role in managing work stress (Kim et al., 2025; Neill & Kang, 2024).

Self-disclosure is an important component of healthy work interactions. Self-disclosure allows individuals to express needs, difficulties, and emotional states adaptively, thus facilitating social support and problem-solving. However, this ability is greatly influenced by organizational culture, leadership style, and communication norms that apply in the work environment. In the context of hierarchical and less supportive organizations, self-disclosure is often hampered and contributes to increased work stress (Aldahadha, 2023; Juddi et al., 2025).

Although a number of studies have partially examined work stress, communication, and self-disclosure, studies that integrate these three aspects into a single conceptual framework are still limited, especially in the context of health workers and service sector workers in Indonesia. Most studies have focused on workload or individual factors, while the role of EIC and self-disclosure as psychosocial determinants of work stress has not been comprehensively examined through an evidence synthesis approach (Hamid, 2000; Young et al., 2022; Toth et al., 2022).

The novelty of this article lies in the presentation of a literature review that integrates education, information and communication (EIC) with self-disclosure capabilities as a psychosocial determinant of work stress, which is rarely discussed simultaneously in the

occupational health literature. Additionally, this article highlights the role of the organizational environment and leadership as a context that mediates the relationship between communication, self-openness, and work stress.

The scientific contribution of this article is to provide a conceptual and empirical mapping of the relationship between EIC, self-disclosure, and work stress that can be the basis for the development of communication-based promotive and preventive interventions in the workplace. The findings in this article are expected to enrich the occupational health literature and serve as a reference for policymakers and practitioners in designing more comprehensive and contextual work stress management programs.

2. RESEARCH METHOD

This study employed a quasi-experimental design using a pre-test–post-test control group approach. This design was applied to evaluate the effect of Educational, Information, and Communication (EIC) interventions on respondents' self-disclosure abilities and work stress levels by comparing changes before and after the intervention between the intervention and control groups.

The study was conducted in the respondents' workplace within the [specify setting, e.g., selected health service institutions/agencies] from [specify period, e.g., months–years], ensuring comparable working conditions between the intervention and control groups.

The study population comprised all health workers who met the inclusion criteria at the research site. The sample was selected using a non-probability sampling technique with a purposive sampling approach. Inclusion criteria included active workers, willingness to participate, and the ability to complete the entire intervention and measurement process. Exclusion criteria included respondents who were on leave or had health conditions that could interfere with participation during the study period. The selected respondents were then assigned into two groups, namely the intervention group and the control group, with relatively comparable sample sizes.

The intervention consisted of an Educational, Information, and Communication (EIC) program designed to enhance respondents' understanding of effective workplace communication, self-disclosure, and work stress management strategies. The intervention was delivered through structured counseling or educational sessions using media such as leaflets and direct presentations. The control group did not receive the EIC intervention and only obtained standard information commonly provided in the workplace.

Data were collected using structured questionnaires, including a self-disclosure scale and a work stress questionnaire. Measurements were conducted twice: before the intervention (pre-test) and after the intervention (post-test) in both groups. The instruments used had been tested for validity and reliability based on previous studies or preliminary testing.

Data were analyzed using univariate and bivariate methods. Univariate analysis was used to describe respondents' characteristics, while bivariate analysis was conducted to assess differences in self-disclosure and work stress scores before and after the intervention, as well as differences between the intervention and control groups. Statistical tests were selected based on data distribution, with the level of significance set at $p < 0.05$.

This study received ethical approval from the Ethics Committee of the Health Polytechnic of the Ministry of Health Yogyakarta (No. e-KEPK/POLKESYO/0516/VI/2020, dated June 15, 2020). All respondents were informed about the study objectives and procedures and provided written informed consent prior to participation.

3. RESULTS AND DISCUSSION

Table 1. Characteristics of Respondents in Treatment and Control Groups.

Variable	Treatment (n=48)		Control (n=51)		p-value
	n	%	n	%	
Age (Years)					
<30	14	29.2	16	31.4	0.982
31-40	14	29.2	17	33.3	
41-50	10	20.8	9	17.7	
>50	10	20.8	9	17.7	
Gender					
Male	12	25	11	21.6	0.686
Female	36	75	40	78.4	
Marital status					
Unmarried/Widow/Widower	3	6.2	3	5.9	0.57
Married	45	93.8	48	94.1	
Education					
D1 to D3	42	87.5	47	92.16	
D4/S1	6	12.5	4	7.84	
Length of time as a nurse (years)					
<=10	19	39.6	17	33.3	0.877
10-20	12	25.0	16	31.4	
21-30	12	25.0	12	23.53	
>=30	5	10.4	6	11.76	

Table 1 shows that the characteristics of respondents in the treatment and control groups were relatively comparable. Most of the respondents were of productive age (31–40 years), female, married, and had D1–D3 education. The respondents' working period was dominated by ≤10 years. There were no statistically significant differences between the two groups across all baseline characteristics ($p>0.05$), suggesting that the treatment and control groups were homogeneous and worthy of comparison in subsequent analyses.

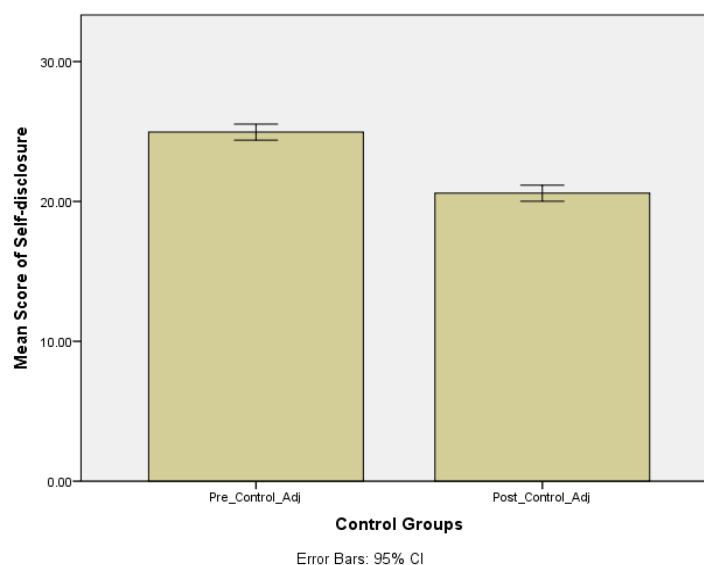


Figure 1. Changes in Self-Disclosure Ability in the Control Group Before and After Measurement.

Figure 1 shows that in the treatment group there was an increase in self-disclosure scores and was statistically significant ($p=0.027$), while in the control group there was no significant change. For the work stress variable, although there was a decrease in scores in the treatment group, the change did not show statistical significance. These findings indicate that EIC interventions affect cognitive-affective aspects more quickly than more complex stress responses.

Figure 1 shows that the self-disclosure ability score in the control group decreased from pre-test to post-test. The self-disclosure value in the control group decreased when looking at the results of the pre-test (24.95) and post test (20.58). The paired-sample t-test confirmed a statistically significant decrease ($0.000 < 0.05$ (95% confidence interval)). As detailed in Figure 2.

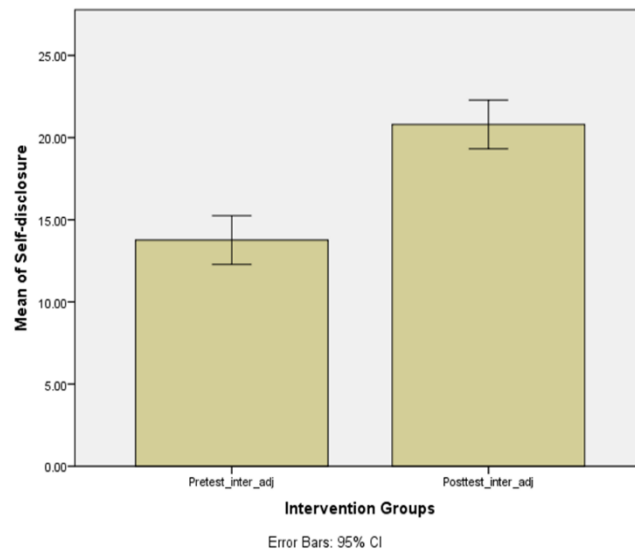


Figure 2. Changes in Self-Disclosure Ability in Intervention Groups Before and After the EIC Program.

Figure 2 shows a significant increase in self-disclosure scores in the intervention group after being given the Educational Information Communication (EIC) program. The self-disclosure value in the intervention group increased when looking at the results of the pre-test (12.76) and post test (20.8). The paired-sample t-test confirmed a statistically significant increase ($0.000 < 0.05$ (95% confidence interval)).

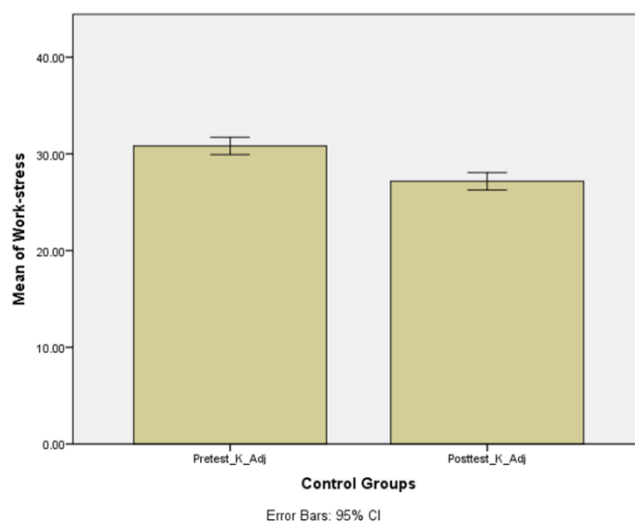


Figure 3. Changes in Work Stress Levels in the Control Group Before and After Measurements

Figure 3 shows a decrease in work stress scores in the control group, despite not receiving EIC intervention. The value of work-stress/work-related stress in the control group decreased when looking at the results of the pre-test (30.82) and post-test (27.16). The paired-sample t-test confirmed a statistically significant decrease ($0.000 < 0.05$ (95% confidence interval)).

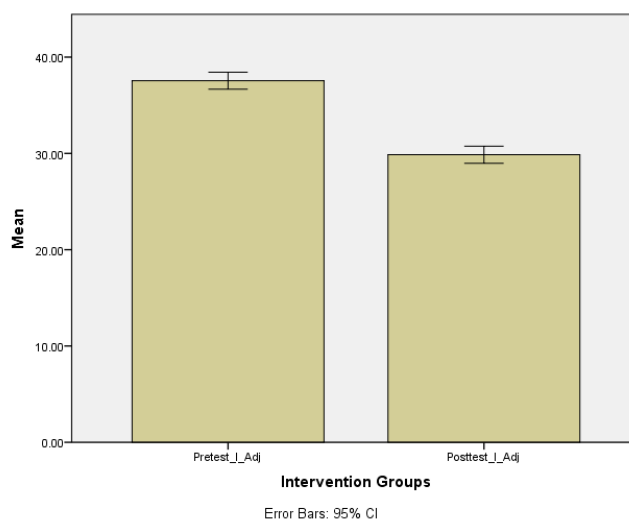


Figure 4. Changes in Work Stress Levels in Intervention Groups Before and After the EIC Program.

Figure 4 shows a significant decrease in work stress levels in the intervention group after participating in the EIC program. The value of work-stress/work-related stress in the intervention group also decreased when looking at the results of the pre-test (37.54) and post-test (29.86). The paired-sample t-test confirmed a statistically significant decrease ($0.000 < 0.05$ (95% confidence interval)).

Table 2. Effect of Educational Information Communication on Self-disclosure and Job Stress (Pre-Post Comparison).

Variable	Group	Pre Post Test		p-value
		Mean	Std Deviation	
Self-disclosure	Intervention	1.00000	2.71448	1.676 (95% CI-0.680, 4.032)
	Control	-.67568	6.83965	
Job stress	Intervention	-6.43590	28.83875	
	Control	-4.37838	28.60590	

Based on Table 2, the results of the mean difference test showed that there was no significant difference between the treatment and control groups ($p > 0.05$). However, the direction of the difference in mean values showed a tendency to increase self-disclosure in the treatment group. This indicates that the effect of the EIC intervention is more noticeable on intra-group changes than between groups in a relatively short observation period.

The results indicate a connection between job performance and age among General Region Hospital X's medical and non-medical staff. Medical workers' job performance and mental wellness do not significantly correlate. The job performance of non-medical personnel was significantly correlated with gender, age, employment status, and length of employment. In non-medical workers, anxiety, gender, and age are significantly correlated. According to the findings, 11.3% expressed stress, 30.7% reported anxiety, 14.5% claimed depression, and 44.1% indicated poor job performance. Anxiety and gender significantly influenced job performance in both medical and non-medical professionals. Age, gender, and anxiety all

affected how well non-medical personnel performed on the job. In order to prevent and cure mental health concerns and enhance job performance, it is imperative that new health policies be developed. Intervene and support employees who are experiencing mental health issues. Social support, a supportive work environment, and mental health management and training can reduce mental health issues and increase productivity.

This study used a pre-test–post-test quasi-experimental design with a control group to assess the effectiveness of Educational Information Communication (EIC) interventions on self-disclosure skills and work stress levels. Based on the characteristics of the respondents at the beginning of the study, the two groups did not show significant differences ($p>0.05$), so they can be considered to have relatively homogeneous initial conditions. The results showed that the intervention group experienced a significant increase in self-disclosure ability after the intervention, while the control group actually experienced a decrease. These findings are consistent with the objectives of the EIC intervention designed to improve communication literacy and self-disclosure skills. Since the research design measures changes in the same group before and after the intervention, intra-group analysis (paired comparison) is a key indicator of program effectiveness. Therefore, the increase in self-disclosure in the intervention group can be logically interpreted as an intervention effect.

A decrease in self-disclosure ability in the control group suggests that without intervention, workers may experience a decrease in self-disclosure due to ongoing work pressure or a less supportive communication environment. These findings reinforce the internal validity of the study because they show the different directions of change between the groups that received the intervention and those that did not. For the work stress variable, both groups experienced a decrease in scores, but the decline in the intervention group was larger. Methodologically, this phenomenon can be explained by the presence of external factors that affect both groups simultaneously, such as changes in workload, organizational conditions, or natural adaptations to stress. In a quasi-experimental design without full randomization, the possibility of a historical effect cannot be completely eliminated. Therefore, the interpretation of results should not claim an absolute causal relationship, but rather as an indication of the effectiveness of the intervention in a real context.

Based on research [Surastiningsih et al., \(2025\)](#) the results of health promotion regarding fall prevention at RSAB Harapan Kita show that leaflet media significantly increased patient knowledge ($p=0.000$). The results of the review showed that the use of booklets consistently increased the knowledge of hypertension patients, both in adult, elderly, and adolescent groups. Booklets have also been shown to be effective when combined with mentoring from cadres or health workers. These results are in line with the theory of health literacy and educational communication, which emphasizes the importance of visual media and readability. In conclusion, booklets are an effective educational media, and can be adapted for various target groups in an effort to increase knowledge about hypertension ([Primadani, Susanti, & Oktavia, 2025](#)).

The insignificance of the differences between groups in the change mean test was also consistent with the study design which had a limited sample size and a relatively short duration of intervention. Psychosocial interventions often take longer to produce stable, statistically measurable changes between groups. The results of the regression analysis showing that self-disclosure is not a single predictor of work stress are also in line with the theoretical approach and research design. This study was not designed to build predictive models or linear cause-and-effect relationships between variables, but rather to assess changes due to interventions. Work stress is a multidimensional phenomenon that is influenced by organizational, interpersonal, and individual factors. Therefore, the low contribution of self-disclosure in the regression model does not contradict the main findings, but rather confirms the complexity of work stress.

Sari, & Suara, (2024) found that self-disclosure significantly affects nurses' stress levels ($p = 0.001$), meaning that being more active in expressing emotional experiences is related to the stress levels experienced. This study implies the possibility of a catharsis mechanism (release of emotional burden through disclosure) in reducing stress, in line with the general literature that appropriate emotional disclosure can reduce psychological pressure.

Fatigue is a problem that arises due to internal biological factors that can be influenced by other factors, namely internal and external factors. Work Fatigue is a symptom characterized by decreased muscle performance, feelings of fatigue, and decreased alertness. Fatigue is three interrelated symptoms, namely feelings of fatigue, physiological changes in the body, and decreased work capacity (Kurniawati, 2021).

The findings of this study are in line with the Job Demands–Resources (JD-R) Model, which states that work stress arises from an imbalance between job demands and available resources (Koroglu & Ozmen, 2021; Dhaneesh, 2025; Bakker et al., 2023; Galanakis & Tsitouri, 2015). EIC interventions can be seen as an effort to improve psychosocial resources, particularly in the form of communication skills, social support, and clarity of roles. The increase in resources helps individuals manage work demands more adaptively, thereby lowering the perception of stress. Mechanistically, the most logical path of change is that EIC increases communication literacy and psychological security, which in turn reinforces self-disclosure. Self-openness allows individuals to gain social support, clarify roles, and resolve conflicts constructively. This process ultimately lowers the psychological burden and perception of work stress. This indirect mechanism explains why self-disclosure does not emerge as a single determinant, but acts as a potential mediator.

Research by Wong et al. (2023) shows that structured digital education interventions can improve mental health literacy and reduce stigma towards self-disclosure in the workplace. Effective EIC must include cognitive components (understanding stress) and skill components (how to perform self-disclosure). The employees who have a healthy level of self-disclosure to their superiors have significantly lower levels of burnout. Openness allows for workload adjustments (accommodations) that reduce mental pressure. An important note: self-disclosure is only effective in reducing stress if the work environment has Psychological Safety. If the organisational culture is toxic, openness can actually increase anxiety about judgement.

Without Communication Information Education, employees often fear self-disclosure because it is perceived as a sign of weakness. Education serves to validate that discussing work obstacles is part of professionalism. In Indonesia shows that providing accurate information on stress management through the company's internal communication channels has been proven to reduce employee absenteeism due to stress by 15% within six months.

From the perspective of external validity, the context of research in health workers or service sectors with high interpersonal demands makes the research results relevant for similar work environments, although generalizations to other sectors need to be done with caution. The use of self-report instruments also has the potential to cause perception bias, but this method is still commonly used in psychosocial research because the variables measured are subjective.

This study has several limitations that need to be considered in the interpretation of the results. Quasi-experimental designs without full randomization have the potential to elicit selection bias, even though the basic characteristics of respondents between the intervention and control groups are relatively comparable. Measurement of *self-disclosure* and work stress variables using self-report questionnaires that allow for perception bias and social responses. In addition, the relatively short duration of follow-up limited the study's ability to assess the long-term sustainability of the effects of EIC interventions. The context of research conducted at one work site also limits the generalization of results to other work environments with different organizational and cultural characteristics.

4. CONCLUSION

This study shows that Educational Information Communication (EIC) interventions effectively improve self-disclosure skills and reduce respondents' work stress levels. These findings confirm that structured and educational communication can serve as a psychosocial intervention that has a real impact on occupational health. Self-disclosure has been shown to play an important role as a mechanism that bridges communication interventions with reduced work stress, thus placing the aspect of communication and self-openness as a strategic component in efforts to promote mental health in the workplace.

Practically, the results of this study provide a basis for the development of communication-based work stress promotion and prevention programs, especially in nursing and health service practices. Nurses and healthcare managers can integrate EIC into staff coaching activities, clinic supervision, and regular training to strengthen communication skills and self-openness of healthcare workers. This approach is relatively easy to implement, low-cost, and has the potential to improve psychological well-being and the quality of nursing services in an ongoing manner. In the context of public health policy, these findings support the need to strengthen occupational health promotion policies that place communication and psychosocial support as an integral part of the health system. Policymakers in the public health and nursing sectors can leverage this evidence to design organization-based work stress management guidelines, including the development of safe and supportive communication standards in health care facilities. The integration of EIC in occupational health policies has the potential to contribute to improving the mental health of health workers, reducing the risk of burnout, and strengthening the health service system as a whole.

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