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The Relationship between Social Support and Work Stress among Nurses in the Inpatient Wards of Hospital X in Padang City

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Abstract

Occupational stress remains a concern among inpatient nurses facing demanding workloads, continuous patient care, and organizational pressures. However, evidence on its relationship with social support in hospitals in Padang City remains limited. This study examined the relationship between social support and work stress among inpatient nurses at Hospital X in Padang City. A quantitative correlational design was employed, involving 70 female nurses recruited through total sampling. Data were collected using social support and work stress questionnaires and analyzed using Spearman's rank correlation in IBM SPSS Statistics version 26. Moderate social support was the most frequently reported category (40.00%), while low and moderate work stress were equally frequent (34.29% each). Social support showed a strong, statistically significant negative correlation with work stress ($\rho = -.646$, $p < .001$), indicating that higher social support was associated with lower occupational stress. These findings provide evidence of the relevance of supportive workplace relationships to stress among inpatient nurses. Hospital management should consider strengthening collegial cooperation, supervisory support, and open communication alongside efforts to address workplace demands. Further research should examine additional organizational factors across more diverse nursing populations.

Keywords: Social Support; Occupational Stress; Inpatient Nurses; Nursing Management; Occupational Health

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INTRODUCTION

Occupational stress has become an important concern in the global workforce, particularly in professions that involve continuous responsibility for the well-being of others (Ahmad et al., 2025, 2025; González-Siles et al., 2022; Sonnentag et al., 2023). Increasing workloads, limited organizational resources, and demanding work schedules can place considerable psychological pressure on employees. The World Health Organization WHO (2026) identifies excessive workloads, limited control over work, and inadequate working conditions as significant psychosocial risks, reporting that depression and anxiety contribute to approximately 12 billion lost working days worldwide each year. The World Health Organization and International Labour Organization (2022) further emphasize the responsibility of organizations to prevent psychosocial risks and promote supportive working environments. These concerns are particularly relevant to healthcare institutions, where professional responsibilities extend beyond completing assigned tasks to providing care for individuals experiencing illness, uncertainty, and emotional vulnerability.

Hospitals in Indonesia face similar challenges in maintaining healthcare quality while addressing the physical and psychological needs of their workforce (Fathi et al., 2025; Firmanda & Wahyuningsih, 2025; Sutrisni et al., 2023). Healthcare services depend not only on medical facilities and professional competence but also on the capacity of healthcare workers to perform their responsibilities under demanding conditions. Melisa (2014) emphasizes the importance of human resource management in s ustaining healthcare service quality, particularly in institutions that require continuous coordination among healthcare professionals. Hadjam (2001) highlights the psychological dimensions of hospital services and the importance of improving nursing care through professional development. Nurses occupy a particularly important position within this environment because their responsibilities involve sustained interaction with patients and families. Their work requires clinical competence, emotional sensitivity, effective communication, and the ability to respond appropriately to changing patient conditions. Maintaining nurses' psychological well-being is therefore an important consideration in developing a healthcare environment that supports both employees and patients.

Inpatient nursing presents distinctive occupational demands because patient care must continue throughout the day and night (Cho et al., 2022; Hossny, 2022). Nurses are responsible for assessing patients' conditions, developing care plans, administering nursing

interventions, monitoring clinical changes, providing health education, and documenting the care delivered. Their responsibilities also require coordination with other healthcare professionals, communication with patients' families, and the management of unexpected situations during scheduled shifts. Organizational arrangements, including workload distribution and staffing availability, can influence how nurses experience these responsibilities. Luthans (2011) explains that occupational experiences are shaped by the interaction between individual characteristics and organizational conditions, while Robbins & Judge (2011) identify excessive work demands and organizational pressures as potential sources of employee stress. A systematic review by Zink et al. (2024) , focusing on inpatient nurses during the COVID-19 pandemic, similarly identified heavy workloads, understaffing, and insufficient resources as important occupational stressors. These findings illustrate the importance of examining the working conditions that may place nurses under sustained psychological pressure.

Work stress emerges when occupational demands are perceived as exceeding an individual's available resources or capacity to cope effectively. The Indonesian Ministry of Health Indonesia (2024) explains that stress is a natural response to challenging circumstances, although prolonged or overwhelming pressure may negatively affect physical and psychological health. Within organizational settings, stressful experiences may involve emotional exhaustion, difficulty concentrating, irritability, and reduced work motivation. Nusran (2019) describes work stress as a condition that may interfere with employee performance, while Wijono (2010) discusses the relationship between occupational demands and employees' psychological functioning. Steven & Prasetio (2020) also demonstrate the relevance of work stress to employee performance and job satisfaction. For nurses, these concerns deserve particular attention because emotional pressure may accompany responsibilities requiring accuracy, professional judgment, and compassionate care. Understanding work stress therefore involves recognizing both the demands of nursing practice and the personal experiences of those providing care.

Preliminary interviews with several nurses working in the inpatient wards of Hospital X in Padang City revealed working conditions that may contribute to occupational stress. Nurses reported that the number of available staff did not always correspond to patient care requirements, although requests for additional personnel had been submitted to hospital management. Despite these limitations, nursing responsibilities and patient services had to be maintained with the existing workforce. Participants also described difficulties associated

with completing assignments within specified deadlines, managing substantial workloads, and responding to additional responsibilities during night shifts. Some nurses reported that emotional pressure experienced during working hours occasionally continued after their shifts and affected their time at home. These preliminary accounts illustrate how occupational demands may extend beyond immediate clinical responsibilities and influence nurses' experiences outside the workplace. The observations do not establish the prevalence or severity of work stress among the nursing staff, but they provide an empirical basis for examining factors that may be associated with nurses' psychological experiences.

Social support is one of the interpersonal resources that may help individuals manage demanding occupational situations. Sarafino & W.Smith (2011) describe social support as assistance and care received through interpersonal relationships, including emotional, informational, and tangible forms of support. Taylor (2015) similarly emphasizes the importance of supportive relationships in psychological adjustment and coping with stressful experiences. The relationship between social support and stress can be understood through the stress-buffering hypothesis proposed by Cohen & Wills (1985), which suggests that perceived access to supportive resources may reduce the adverse psychological consequences of stressful experiences. In nursing environments, social support may involve emotional reassurance from colleagues, practical assistance during demanding shifts, professional guidance from supervisors, and opportunities to discuss work-related difficulties. Such interactions may strengthen nurses' sense of belonging and help them approach challenging situations with greater confidence. Social support, however, should be understood as a complementary interpersonal resource rather than a substitute for adequate staffing and appropriate organizational support.

Previous studies have examined the relationship between social support and occupational stress across different employment settings. Oktaviana & Wardani (2022), in a study involving young adult workers experiencing a quarter-life crisis, identified a significant relationship between social support and stress levels. Damanik (2024) reported a negative correlation between social support and work stress among employees of the Food Security, Food Crops, and Horticulture Office in Medan, suggesting that employees reporting greater support tended to experience lower work stress. Research by Supitra (2010), involving police personnel facing occupational reassignment, reported a different pattern from the anticipated negative relationship. These studies indicate that the association between social support and work stress may vary according to occupational characteristics, organizational circumstances,

and the nature of the challenges encountered. Their findings provide a useful basis for further investigation while also highlighting the limitations of applying evidence from one professional setting directly to another.

Research involving nurses has provided additional evidence concerning the relevance of social support to psychological well-being in healthcare settings. Effendy et al. (2023), in a study of 211 frontline nurses in Indonesia during the COVID-19 pandemic, found that lower social support was associated with greater psychological distress, alongside other occupational and individual factors. Their findings suggest that supportive relationships may be important for nurses working under demanding healthcare conditions. Poetra et al. (2024) also investigated the physical work environment, social support, and work stress among 160 inpatient nurses at Haji Makassar Regional General Hospital, reporting a statistically significant association between social support and work stress. Although these studies establish the relevance of social support within nursing practice, their findings emerge from particular healthcare settings and, in the case of Effendy et al. (2023), the exceptional circumstances of the pandemic. Further investigation remains valuable in understanding how social support relates to work stress within the specific organizational conditions experienced by inpatient nurses at Hospital X in Padang City.

The working environment at Hospital X presents a relevant setting for examining this relationship because preliminary observations identified occupational pressures alongside the presence of interpersonal support. Nurses reported receiving assistance, guidance, and emotional encouragement from colleagues and supervisors when facing difficulties at work. At the same time, staffing limitations, time-sensitive assignments, additional night-shift responsibilities, and persistent emotional pressure remained part of their reported experiences. The coexistence of these conditions raises an important question about whether the social support available to nurses is associated with the level of work stress they experience. Drawing on the stress-buffering perspective and previous occupational and nursing research, the present study focuses on this relationship within the everyday realities of inpatient care. This study aims to examine the relationship between social support and work stress among nurses working in the inpatient wards of Hospital X in Padang City.

METHODS

This study employed a quantitative approach with a non-experimental correlational design to examine the relationship between social support and work stress among nurses working in the inpatient wards of Hospital X in Padang City. A quantitative approach was considered appropriate because the study sought to measure both variables systematically and determine the strength and direction of their relationship through statistical analysis (Sugiyono, 2019). The correlational design allowed the researchers to investigate naturally occurring relationships without manipulating the participants' working conditions or introducing experimental interventions (Anshori & Iswati, 2019). The study population comprised all 70 nurses employed in the hospital's inpatient wards. Total sampling was applied, resulting in a sample of 70 nurses who represented the entire identified population. This technique was selected because the population was relatively small and could be included in its entirety, allowing the researchers to obtain a comprehensive understanding of the relationship between the variables within the study setting.

Data were collected using two self-report questionnaires developed around established theoretical dimensions of work stress and social support. Work stress was measured using a 23-item Likert-type scale based on Rinjani & Rinaldi (2024), incorporating the physiological, psychological, and behavioral dimensions proposed by (Robbins & Judge, 2011). Social support was assessed using a 34-item Likert-type scale based on Damanik (2024), reflecting four dimensions identified by Taylor (2015) tangible assistance, informational support, emotional support, and invisible support. The social support questionnaire employed five response options, ranging from strongly disagree to strongly agree. Both instruments contained positively and negatively worded statements to capture participants' experiences across the measured dimensions. Instrument validity was examined using Pearson's product–moment item correlations with a significance level of 0.05 and a critical correlation value of 0.235 (df = 68). All 23 work-stress items and 34 social-support items met the specified validity criteria. Item discrimination was further examined using corrected item–total correlations, which ranged from 0.577 to 0.816 for work stress and from 0.615 to 0.819 for social support. Internal consistency was evaluated using Cronbach's alpha, yielding coefficients of 0.965 and 0.975, respectively. Both coefficients exceeded the 0.70 criterion, indicating high internal consistency within the study sample.

Data analysis was performed using IBM SPSS Statistics version 26. The analysis began with an assessment of statistical assumptions to determine the appropriate correlation procedure. The Kolmogorov–Smirnov test was used to assess normality, with a significance value greater than 0.05 indicating that the normality assumption was not rejected. Linearity was examined through the deviation-from-linearity test, using a significance value greater than 0.05 as the criterion for an acceptable linear relationship. Pearson's product–moment correlation was designated to examine the strength and direction of the relationship between social support and work stress when the relevant assumptions were satisfied. Spearman's rank correlation was used as the alternative when these assumptions were not met. Statistical significance was established at $p < .05$, and the correlation coefficient was interpreted to determine the direction and strength of the association between the two variables.

RESULTS

1. Characteristics of the Respondents

The study involved 70 nurses working in the inpatient wards of Hospital X in Padang City. Data were collected from September 25 to October 1, 2026, using questionnaires distributed through Google Forms. All 70 nurses in the identified population participated in the study through total sampling. The respondents shared several demographic and professional characteristics: all were female, worked in inpatient nursing units, and had between six and ten years of professional experience. These characteristics indicate that the participants represented a relatively homogeneous group in terms of gender, work setting, and length of service.

Table 1. Characteristics of the Respondents (N = 70)

Characteristics	Category	Frequency (n)	Percentage (%)
Gender	Female	70	100.00
Work unit	Inpatient ward	70	100.00
Length of service	6–10 years	70	100.00

As presented in Table 1, the respondents had comparable professional backgrounds, particularly regarding their work responsibilities and years of experience. Their daily activities involved direct patient care, monitoring patients' conditions, communicating with patients and families, and coordinating with other healthcare professionals. Although the respondents shared these characteristics, their experiences of social support and occupational stress varied, as reflected in the descriptive and categorical analyses presented below.

2. Descriptive Analysis of Social Support and Work Stress

Descriptive statistical analysis was conducted to examine the distribution of social support and work stress scores among the 70 respondents. The analysis included the observed minimum and maximum values, mean scores, and standard deviations. These indicators provide an overview of the respondents' reported experiences and the variability of both psychological measures.

Table 2. Descriptive Statistics of Social Support and Work Stress (N = 70)

Variable	N	Minimum	Maximum	Mean	SD
Social support	70	64	134	101.56	18.35
Work stress	70	23	77	43.24	12.64

Table 2 shows that social support scores ranged from 64 to 134, with a mean of 101.56 and a standard deviation of 18.35. The observed variation indicates that nurses differed in their perceptions of the support available to them. Some participants reported relatively greater social support, while others perceived more limited assistance, understanding, or encouragement within their social environment.

Work stress scores ranged from 23 to 77, with a mean of 43.24 and a standard deviation of 12.64. These findings indicate differences in the intensity of work-related stress reported by the participants. The variation may reflect differences in how individual nurses experienced and responded to occupational demands. The descriptive statistics alone, however, do not establish whether the respondents generally experienced high or low levels of either variable. Such interpretation requires consideration of the established score categories, which are presented in the following section.

The measurement instruments also demonstrated high internal consistency. The 23-item work stress scale obtained a Cronbach's alpha coefficient of 0.965, whereas the 34-item social support scale yielded a coefficient of 0.975. All items met the specified validity criterion, with corrected item total correlation coefficients ranging from 0.577 to 0.816 for work stress and from 0.615 to 0.819 for social support. These results supported the retention of all questionnaire items for subsequent analysis.

3. Categorization of Social Support and Work Stress

The respondents' scores were further classified into five categories, ranging from very low to very high, according to the categorization applied in the original study. This

classification provides a more detailed description of the distribution of social support and work stress among inpatient nurses.

Table 3. Distribution of Social Support and Work Stress Categories (N = 70)

Category	Social Support n (%)	Work Stress n (%)
Very low	7 (10.00)	1 (1.43)
Low	13 (18.57)	24 (34.29)
Moderate	28 (40.00)	24 (34.29)
High	18 (25.71)	17 (24.29)
Very high	4 (5.71)	4 (5.71)
Total	70 (100.00)	70 (100.00)

As shown in Table 3, the largest proportion of respondents reported moderate social support, accounting for 28 nurses (40.00%). A further 18 nurses (25.71%) were classified as having high social support, and four nurses (5.71%) reported very high levels. Conversely, 13 nurses (18.57%) experienced low social support, while seven nurses (10.00%) were in the very low category. Overall, the findings indicate that moderate social support was the most common experience among respondents, although a considerable proportion perceived either greater or more limited support.

The distribution of work stress showed a different pattern. The largest proportions of respondents were found in the low and moderate categories, each comprising 24 nurses (34.29%). Seventeen nurses (24.29%) experienced high work stress, while four nurses (5.71%) were classified in the very high category. Only one nurse (1.43%) reported very low work stress. These findings suggest that work stress was not experienced uniformly across the participants. Although the low and moderate categories accounted for the majority of respondents, 21 nurses (30.00%) reported high or very high levels of work stress. This finding is particularly relevant because a substantial proportion of participants continued to experience considerable work-related pressure despite the availability of social support within their environment.

4. Statistical Assumption Testing

Statistical assumption tests were conducted before examining the relationship between social support and work stress. The Kolmogorov–Smirnov test was applied to assess the normality of each variable, while the deviation-from-linearity test was used to evaluate whether the relationship between the variables followed a linear pattern. These tests informed the selection of the appropriate correlation technique.

Table 4. Results of Normality and Linearity Tests

Statistical Test	Variable or Relationship	Significance (p)	Interpretation
Kolmogorov–Smirnov	Social support	.200	Normality not rejected
Kolmogorov–Smirnov	Work stress	.052	Normality not rejected
Deviation from linearity	Social support and work stress	.039	Significant deviation from linearity

Table 4 indicates that both variables met the specified normality criterion. The Kolmogorov–Smirnov test yielded significance values of .200 for social support and .052 for work stress, both exceeding .05. These results provided insufficient evidence to reject the assumption of normally distributed scores for either variable.

The linearity assessment, however, produced a different result. The deviation-from-linearity test yielded a significance value of .039, which was below the .05 threshold. This finding indicated a statistically significant departure from a linear relationship between social support and work stress. Consequently, Pearson's product–moment correlation was not selected for the primary hypothesis test. Spearman's rank correlation was applied because it can assess the direction and strength of a monotonic association without requiring a linear relationship between the two variables.

5. Relationship Between Social Support and Work Stress

The relationship between social support and work stress was examined using Spearman's rank-order correlation in IBM SPSS Statistics version 26. This analysis aimed to determine whether nurses reporting greater social support also tended to report lower levels of occupational stress. The correlation coefficient and statistical significance of the relationship are presented in Table 5.

Table 5. Spearman's Rank Correlation Between Social Support and Work Stress

Variables	N	Spearman's ϱ	p-value	Interpretation
Social support and work stress	70	−0.646	< .001	Strong negative correlation

As presented in Table 5, Spearman's rank correlation analysis revealed a statistically significant negative relationship between social support and work stress, $r_s = -.646$, $p < .001$. The magnitude of the coefficient indicates a strong inverse association between the two variables. Nurses who reported higher levels of social support generally tended to report

lower levels of work stress. Conversely, lower social support scores were associated with higher work stress scores.

The significance value was below the predetermined threshold of .05, providing sufficient statistical evidence to reject the null hypothesis of no association. The alternative hypothesis, which proposed a significant negative relationship between social support and work stress among inpatient nurses at Hospital X in Padang City, was therefore supported.

The findings demonstrate that social support and work stress were closely associated within the population studied. The negative correlation suggests that nurses who perceived greater assistance, encouragement, and understanding from their social environment tended to experience less occupational stress. Nevertheless, the correlational design does not establish that social support directly reduces work stress or determine the direction of any causal influence.

Overall, the results indicate a strong and statistically significant negative relationship between social support and work stress among the 70 inpatient nurses. This finding provides empirical evidence of the relevance of interpersonal support to nurses' occupational experiences and establishes a basis for further discussion of its implications for nursing staff well-being and the hospital working environment.

DISCUSSION

The findings of this study revealed a strong and statistically significant negative relationship between social support and work stress among nurses working in the inpatient wards of Hospital X in Padang City (Spearman's $\varrho = -.646$, $p < .001$). This result indicates that nurses who perceived higher levels of social support generally reported lower levels of occupational stress. Conversely, nurses with lower social support scores tended to experience greater work-related stress. The findings support the proposed hypothesis and highlight the relevance of interpersonal relationships to nurses' psychological experiences in the workplace. Nursing responsibilities require sustained attention, professional judgment, emotional involvement, and the ability to respond to changing patient conditions. These demands may become particularly challenging when nurses encounter staffing limitations, time-sensitive assignments, or unexpected responsibilities during their shifts. The observed relationship suggests that social support deserves attention as a resource associated with

nurses' ability to manage occupational demands. Nevertheless, the correlational nature of the study does not establish a causal relationship between the two variables.

The descriptive findings provide further insight into the working experiences of the participants. Social support was most frequently reported at a moderate level (40.00%), while 28.57% of respondents fell within the low and very low categories. Work stress was predominantly distributed across the low and moderate categories, each representing 34.29% of participants. Despite this distribution, 30.00% of nurses reported high or very high work stress. These findings suggest that the presence of social support does not necessarily eliminate the psychological pressures associated with nursing responsibilities. Preliminary interviews conducted at the hospital also identified concerns regarding staffing shortages, demanding workloads, additional night-shift duties, and work-related pressure that occasionally continued beyond working hours. Such experiences reflect the complexity of inpatient nursing, where providing attentive patient care must often be balanced with organizational and administrative responsibilities. Robbins & Judge (2011) explain that occupational stress may arise from organizational demands and individual responses to challenging working conditions. The variation in stress levels observed in this study indicates that nurses may experience workplace demands differently, even when they share similar professional backgrounds and work environments.

The negative association between social support and work stress can be understood through the stress-buffering hypothesis developed by (Cohen & Wills, 1985). This perspective suggests that perceived access to supportive relationships may help individuals manage stressful experiences by providing resources that respond to their psychological and practical needs. Social support may also contribute to a sense of security, belonging, and confidence when individuals encounter difficult circumstances. Sarafino & W.Smith (2011) emphasize that emotional reassurance, useful information, and practical assistance are important forms of support that individuals may draw upon when dealing with stress. Taylor (2015) further identifies tangible, informational, emotional, and invisible support as dimensions of supportive interpersonal relationships. In inpatient nursing, these forms of support may be reflected in colleagues assisting one another during demanding shifts, supervisors providing clear guidance, or team members offering understanding when work becomes emotionally difficult. Such examples offer a conceptual explanation for the relationship identified in this study rather than evidence that any particular form of support independently reduced stress. The findings are consistent with the broader proposition that

supportive relationships may help individuals navigate occupational challenges, although the buffering mechanism itself was not directly tested.

The present findings are consistent with previous research involving healthcare professionals. Poetra et al. (2024), in a study of 160 inpatient nurses at Haji Makassar Regional General Hospital, identified a statistically significant association between social support and work stress ($p = .001$). Their findings reinforce the relevance of social support within hospital environments where nurses encounter demanding schedules, patient care responsibilities, and organizational pressures. Effendy et al. (2023) examined 211 frontline nurses in Indonesia during the COVID-19 pandemic and found that lower social support was associated with greater psychological distress. Although psychological distress differs conceptually from occupational stress, their findings demonstrate the importance of supportive relationships for nurses working under challenging conditions. More recent international evidence was reported by Dziedzic et al. (2025), who investigated 321 nurses in Poland and identified a significant negative correlation between perceived social support and occupational stress ($r = -.21$, $p = .002$). The correlation reported in the present study was stronger in magnitude, although differences in participant characteristics, measurement instruments, clinical settings, and statistical procedures prevent direct conclusions about differences in the underlying relationships. Collectively, these studies support the relevance of examining social support as part of nurses' occupational well-being.

Comparable findings have also been reported among workers outside healthcare settings. Damanik (2024) examined 43 employees of the Food Security, Food Crops, and Horticulture Office in Medan and identified a significant negative correlation between social support and work stress ($r = -.450$, $p = .002$). Oktaviana & Wardani (2022) investigated 389 young adult workers in Jakarta and reported a significant relationship between social support and stress levels ($p = .001$), with employees reporting lower support more frequently experiencing moderate to high stress. These studies suggest that supportive interpersonal relationships may be relevant across occupational settings, despite differences in organizational responsibilities and professional demands. A contrasting finding was reported by Supitra (2010), whose study of police personnel facing occupational reassignment identified a positive correlation between social support and work stress ($r = .424$), rather than the anticipated negative relationship. This difference suggests that the association between social support and stress may not follow an identical pattern across all employment contexts. Differences in occupational circumstances, perceived sources of support, and the nature of

stressful experiences may help explain variation between studies, although these possible explanations require further investigation.

The findings contribute to existing knowledge by providing evidence from a specific inpatient nursing environment in Padang City. Previous investigations have examined social support and stress among public-sector employees, young adult workers, police personnel, and nurses in other healthcare settings. The present study extends this evidence to a group of 70 female inpatient nurses with six to ten years of professional experience. The strong negative association observed in this relatively homogeneous group suggests that differences in perceived social support remain relevant even among nurses who share similar occupational characteristics. The findings also complement the theoretical perspective of Cohen and Wills (1985) by demonstrating an association consistent with the protective role of supportive relationships. This contribution should be interpreted within the scope of the research design, as the study did not measure whether social support moderated the effects of specific occupational stressors. Nevertheless, the findings provide a useful basis for understanding the relationship between nurses' interpersonal resources and their reported experiences of work stress.

The practical implications of these findings concern the importance of creating a working environment where nurses feel supported, respected, and able to seek assistance when difficulties arise. Hospital management may consider strengthening communication between supervisors and nursing staff, encouraging cooperation among colleagues, providing opportunities for constructive discussions about workplace concerns, and ensuring that professional guidance is accessible during demanding shifts. Supportive relationships may help nurses feel that their concerns are acknowledged and that they do not have to face professional difficulties in isolation. Organizational support should also be accompanied by attention to workload distribution, staffing adequacy, and realistic work expectations. Social support cannot replace the structural resources necessary for safe and effective nursing practice. A supportive work environment should therefore combine interpersonal care with responsible organizational management. These recommendations represent practical considerations informed by the observed association rather than interventions whose effectiveness was evaluated in the present study.

Several limitations should be considered when interpreting the findings. The study involved only 70 nurses from a single hospital, all of whom were female and had six to ten

years of professional experience. Although total sampling allowed the researchers to include the entire identified population, the relatively homogeneous sample limits the generalizability of the findings to nurses with different demographic characteristics or employment circumstances. Data were collected through self-report questionnaires during a one-week period, making the results potentially susceptible to response bias and shared-method effects. The correlational design also prevents conclusions about causality or the temporal direction of the relationship. Additional occupational and personal factors, including workload, staffing conditions, shift patterns, and individual coping resources, were not included in the correlation analysis. The study further examined overall social support and work stress scores without separately assessing the relationships between individual support dimensions and occupational stress. Future research could involve nurses from multiple hospitals, include participants with more diverse professional backgrounds, and examine organizational factors alongside different sources and dimensions of support. Longitudinal studies would also be valuable in clarifying how social support and work stress are related over time. Despite these limitations, the present findings underscore the importance of recognizing interpersonal support as a meaningful aspect of nurses' occupational experiences and psychological well-being.

CONCLUSION

Based on the research findings and discussion, this study concludes that there is a strong and statistically significant negative relationship between social support and work stress among nurses working in the inpatient wards of Hospital X in Padang City, as indicated by Spearman's correlation coefficient of −0.646 ($p < .001$). Social support was predominantly classified at a moderate level (40.00%), while work stress was most frequently reported in the low and moderate categories, each accounting for 34.29% of respondents. These findings indicate that nurses who perceived higher levels of social support tended to experience lower levels of work stress, whereas those reporting lower social support generally experienced greater occupational stress. The results support the research hypothesis and highlight the importance of interpersonal support in understanding nurses' psychological experiences within the demanding environment of inpatient care.

The findings offer practical considerations for hospital management in promoting a more supportive working environment through effective communication, cooperation

among nursing staff, and accessible guidance from supervisors. Greater attention to nurses' emotional and professional needs may contribute to a workplace culture where staff feel valued and supported while fulfilling their responsibilities toward patients. The correlational design, however, does not establish a causal relationship between social support and work stress. Future research is recommended to involve nurses from different hospitals, include more diverse participant characteristics, and examine additional factors such as workload, staffing conditions, and coping strategies. Further investigation may provide a broader understanding of how interpersonal and organizational resources relate to nurses' occupational well-being and inform initiatives aimed at creating healthier and more supportive healthcare environments.

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