The Effect of Social Support on Stress Levels of Health Workers During The COVID-19 Pandemic: A Literature Review

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ABSTRACT

Background: *The COVID-19 pandemic has caused various changes in the social dynamics of life. Almost all age groups in various countries are forced to adopt new habits that have the potential to interfere with mental health. Providing social support can be useful for reducing the stress level of health workers. Proper social support can overcome stress problems. The purpose of this study was to analyze the effect of social support on the stress level of health workers during the COVID-19 pandemic.*

Method: *This is a literature review using population, intervention, comparison, results, research design, and keywords used according to the research topic. Keyword use Mesh term strategy with the term "social support" stress" "worker" "pandemic" and "COVID". Database sources are ScienceDirect, PubMed, Google Scholar, and SAGE. Searching strategy uses Prisma guidelines. The total article was 2,226 and the eligible article was 24 articles. The collected data were analyzed through a thematic review. The data analysis technique in this study was descriptive analysis.*

Results: *The results of the study show that most health workers experience moderate levels of stress during the pandemic. The most influential sources of social support come from colleagues and partners. The form of social support that is often received and influences stress levels is emotional support. There is an effective effect of social support on the stress level of health workers during the pandemic. Therefore, it can be concluded that adaptation during COVID-19 has caused various changes in conditions and pressure for health workers.*

INTRODUCTION

The COVID-19 pandemic is known to have caused a trend of increasing cases of mental health disorders. This is in line with WHO's statement, that in the first year of the pandemic the prevalence of anxiety and depression at the global level increased by 25%.[1] Health problems that often appeared during the COVID-19 pandemic were moderately diverse, ranging from stress, anxiety, symptoms of depression, insomnia, and rejection, to anger and fear.[2]

One of the groups that are vulnerable to mental health problems is health workers, particularly those in the frontline role. According to research on work stress, during the COVID-19 pandemic conducted on 420 nurses in 2 Egyptian hospitals, it was revealed that 75.2% of the 210 nurses at the Zagazig Fever Hospital and 60.5% of

210 nurses in Zagazig General Hospital experienced work stress. Continuous contact with infected patients for a long time could cause anxiety and psychological stress for health workers while carrying out their duties.[3]

A study under the emergency situation of COVID-19 suggested that medical workers in Wuhan experienced a high risk of exposure to COVID-19 infection, along with inadequate working conditions in reducing the risk of contamination, excessive workload, feelings of frustration, discrimination, feelings of isolation, lack of support from family and fatigue that could increase the risk of developing mental health disorder.[4] Moreover, based on the data of the Health Care Impact Index (IPKN) in September 2020, due to COVID-19 the index in Indonesia reached 223, which indicates that Indonesia has the worst impact on the death of health

workers in the world.[5] If the health workers do not receive treatment to restore their mental health, this may lead to dire consequences. They will begin to despair, feel worthless, have suicidal thoughts, commit self-harm, and even commit suicide.[6]

Therefore, the government subsequently established a mental health and psychosocial support protocol during the COVID-19 pandemic in healthcare facilities as an effort to deal with mental health cases among health workers. The protocol of mental health and psychosocial support for health workers has 4 stages, including promotive efforts, preventive efforts, curative efforts, and preparation to be active again. The promotive efforts focus on how health workers can identify the sources of pressure for themselves and coping strategies for managing stress. Various things can be done as promotive efforts, starting from fulfilling basic needs (providing information, preparing services, fulfilling logistical needs, and managing infection risks as well as health conditions of the workers), building the ability to adapt to the occurring pressure, and handling specific circumstances (if the health workers are confirmed positive for COVID-19.[7] Furthermore, preventive efforts tend to avert mental health problems[8], such the peer counselor program, making online questionnaires as a means to identify mental health problems, and providing human resources for individual counseling. In addition, the curative efforts are actions that deal with access to treatment (providing psycho-pharmaceutical drugs and health financing guarantees for health workers). Lastly is the preparation to be active again. The main target of this effort is health workers who will return to duty after taking a break from hospital service activities.

The protocol of mental health and psychosocial support has an impact on the quality of performance and the ability of health workers to maintain emotional stability.[9] One of the aspects that influences health conditions is social support. Social support is information or feedback from others that indicates a person is loved and cared for, valued, as well as respected, and involved in a network of mutual communication and obligations. Social support is crucial to understand for social support becomes highly valuable when individuals experience a problem. Consequently, the individuals concerned need the closest people who can be trusted to help overcome these problems. The existence of health workers as the frontline is very important. The death of health workers during the pandemic in Indonesia was the highest in Asia.[10] It was recorded that 1,891 health workers died during the COVID-19 pandemic. The details are 640 doctors; 637 nurses; 377 midwives; 98 dentists; 34 nutritionists; 33 laboratory technologists, and 13 public health experts. Many deaths are caused by trauma, stress, burnout, physical exhaustion, and mental exhaustion, including stress. Social support is needed. This study was conducted with the aim to analyze the effect of social support on stress levels in health workers to reduce mental disorders in health workers.

METHOD

The type of research used was Systematic Literature Review (SLR). The steps and strategies to conduct the systematic review were planned and structured, thus, the method used was highly different from the method that merely conveyed literature studies. The data sources of this study were secondary data from a number of scientific journals whose topics were in accordance with the research objectives. Data sources were obtained through a journal search in various scientific journal platforms. The journal platforms included ScienceDirect, PubMed, Google Scholar, and SAGE. In addition, there were some other supporting data sourced from the thesis, proceeding seminar, and others. Furthermore, the strategy for finding or determining the journals in this study used the PICOS framework.

Table 1. Inclusion and exclusion criteria based on the PICOS format

Criteria	Inclusion	Exclusion
Population	Health workers who were working during the COVID-19 pandemic	Health workers who were not working during the COVID-19 pandemic
Intervention	No intervention was given to health workers	There were interventions given to health workers
Comparison	There was no comparison factor	There was no comparison factor
Outcome	Level of stress and social support received by health workers during the COVID-19 pandemic	There was no level of stress and social support received by health workers during the COVID-19 pandemic
Study design	Quantitative and Qualitative	Literature and Systematic Review
Publication year	Journals or articles published during the COVID-19 pandemic	Journals or articles published before the COVID-19 pandemic
Language	English and Indonesian	Other than English and Indonesian

The keywords that were used corresponded the mesh term "social support" AND "stress level" OR "psychological distress" OR "Perceived social support" AND "emotional support" OR "stress" OR Healthcare worker" AND "stress level" AND "COVID-19" OR "Stress" AND "social support" AND "pandemic" OR "Stress" AND "peer support" or "social support" OR "health worker" OR "Mental health" AND "coping stress" or "instrumental support" OR "Nurse" AND "stress" or "pandemic" OR "Stress disorder" AND "tangible support" or "social support" OR " Self-esteem support" AND "stress level" or "COVID-19" OR " "Effect" AND "medical workers" or "perceived social support" OR "Coping strategy" AND "health worker or "pandemic". The collected data were analyzed through a thematic review. The data analysis technique in this study was descriptive analysis. Data were presented in the form of tables, figures, and narratives to describe the results of an analysis of the Effect of Social Support on Stress Levels of Health Workers during the COVID-19 Pandemic.
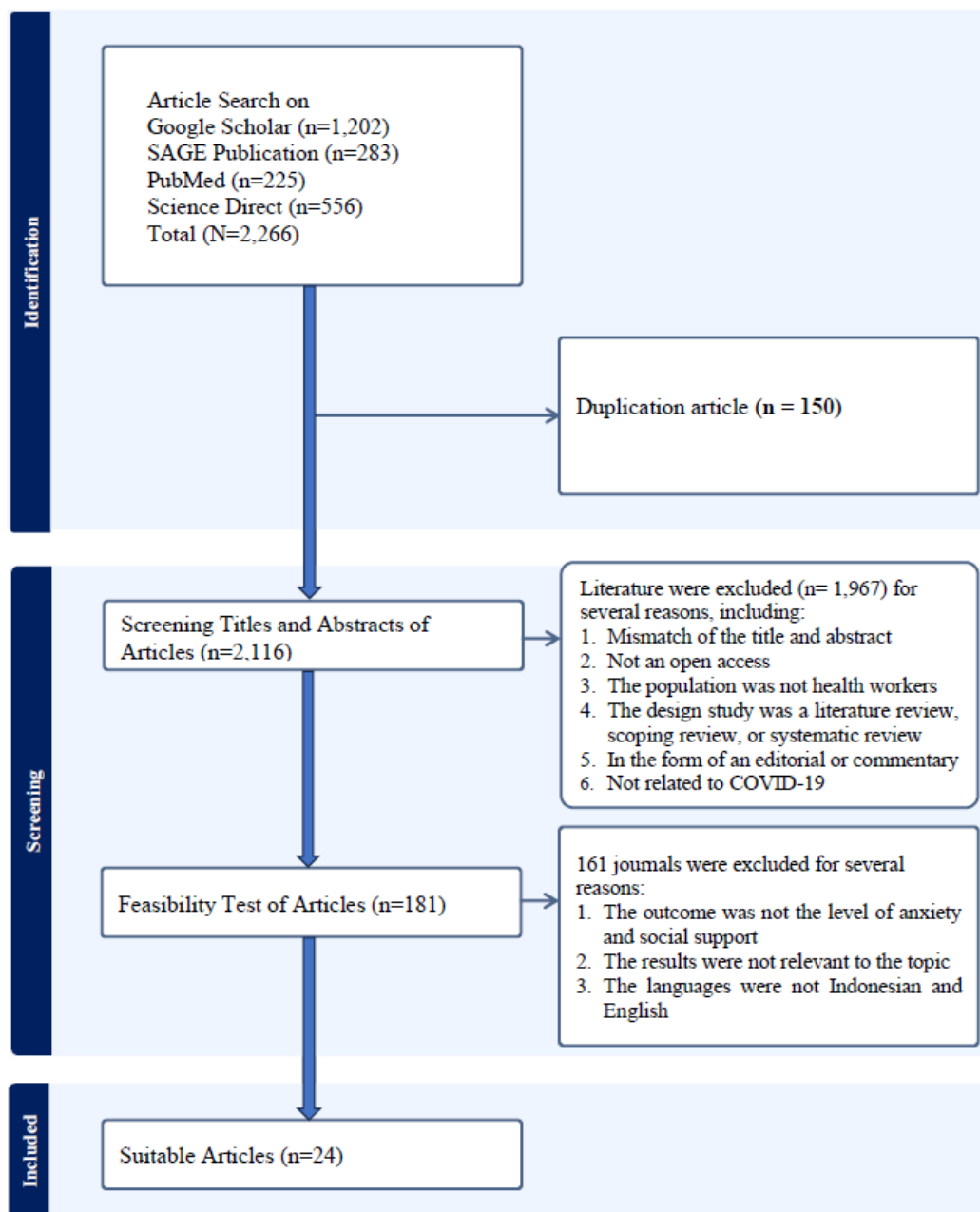

Identification

Article Search on
Google Scholar (n=1,202)
SAGE Publication (n=283)
PubMed (n=225)
Science Direct (n=556)
Total (N=2,266)

Duplication article (n = 150)

Screening

Screening Titles and Abstracts of Articles (n=2,116)

Literature were excluded (n= 1,967) for several reasons, including:
1. Mismatch of the title and abstract
2. Not an open access
3. The population was not health workers
4. The design study was a literature review, scoping review, or systematic review
5. In the form of an editorial or commentary
6. Not related to COVID-19

Feasibility Test of Articles (n=181)

161 journals were excluded for several reasons:
1. The outcome was not the level of anxiety and social support
2. The results were not relevant to the topic
3. The languages were not Indonesian and English

Included

Suitable Articles (n=24)

Figure 1. Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) chart

RESULTS AND DISCUSSION

Table 3. Systematic review result

No	Authors, year	Design study	Sample	Variables	Results
1	Ortiz-Calvo *et al* (2022)	Quantitative	2372 health workers in Spain	Sociodemographic characteristics, work roles, social resilience and support, and mental health outcomes	The results showed that there was a relationship between social support from loved ones (B=-0.64, 95% CI =-0.88, -0.4) and co-workers (B=-0.75 95% CI =-0.96, -0.55) with mental health. Social support has a positive impact on the mental health outcomes of health workers (doctors, nurses, and pharmacists)
2	Otih Jembarwati (2020)	Qualitative	30 health workers in Central Java and West Java	Coping Strategies and Social Support	The results explained that health workers had increased social support from friends. The social support needed by the health workers included prayer, good teamwork, and moral support. Social support played an important role in reducing stress levels and making individuals stronger to deal with stressful situations.
3	Grace *et al* (2021)	Quantitative	113 health workers in East Nusa Tenggara	Sociodemographic characteristics and social support sources	The results explained that social support had an effect on coping with stress even though the percentage was small by 3.1%. Sources of social support with a significant effect came from family and co-workers.
4	Ayse *et al* (2021)	Quantitative	402 health workers in Turkey	Sociodemographic characteristics, work stress, social support, and resilience	The results explained that there was a statistically significant negative correlation between work stress and social support (r=−0.223, p= 0.00) and resilience (r=−0.432, p= 0.00), and a statistically significant positive correlation between social support and resilience (r=0.226, p= 0.00).
5	Demilew *et al* (2022)	Quantitative	420 health workers in Ethiopia	Sociodemographic characteristics, clinical conditions, psycho-social conditions, mental health, and experience of using substances	The results stated that the prevalence of psychological pressure on health workers was 49.5%. Furthermore, as many as 242 health workers (61.9%) experienced stress during the pandemic.
6	Dina (2021)	Quantitative	112 health workers in Jakarta metropolitan area (Jakarta-Bogor-Depok-Tangerang-Bekasi)	Resilience and social support sources	The results showed that receiving social support from family (B= 0.771, p<0.05), social support from friends (B= 0.801, p<0.01), and social support from significant other (B= 0.687, p<0.01) had a positive effect on coping with stress on health workers.
7	Surabhi *et al* (2022)	Qualitative	24 nurses in United States	Social support sources	The results stated that nurses turned to receiving support from co-workers rather than family because they did not want to burden the family members.
8	Tharwat *et al* (2021)	Quantitative	1649 health workers in 59	Sociodemographic characteristics and	The results explained that 3.45% of respondents experienced mild stress, 81.8% of respondents experienced moderate stress, and 14.73% experienced severe stress.

No	Authors, year	Design study	Sample	Variables	Results
			countries	stress levels	
9	Nindia *et al* (2021)	Quantitative	101 health workers	Sociodemographic, characteristics and mental health	The results showed that 68 out of 101 respondents (67.3%), had moderate stress levels, 18 out of 101 respondents (17.9 %) had severe stress levels, and 15 out of 101 respondents (17.8%) had mild stress levels.
10	Anna *et al* (2021)	Qualitative	89 health workers in United States	Sociodemographic factors and emotional closeness	The results explained that in order to build emotional closeness, health workers could take various ways (setting up playgroups, sending memes, etc.) to engage with their loved ones and find joy in changing social circumstances.
11	Achille *et al* (2022)	Quantitative	252 frontliners health workers in General Referral Hospital Bukavu	Sociodemographic factors, emotion regulation strategies, social support, and mental health conditions	The results showed that hostility towards health workers [OR = 2.21 (1.54–3.78)], emotional support [OR = 0.94 (0.65-0.98)], self-blame [OR = 1.57 (1.02–2.11)], and rumination [OR = 1.49 (1.11–3.13)] remained significantly associated with psychiatric outcomes.
12	Hebatalla *et al* (2021)	Quantitative	262 health workers in Egypt	Sociodemographic characteristics and mental health	The results explained that 1.3% of health workers experienced mild stress, 88% experienced moderate stress, and 10.8% experienced severe stress.
13	Poh *et al* (2022)	Qualitative	612 health workers in Singapore	Sociodemographic characteristics, physiological needs, safety needs, belonging and affection needs, esteem needs, and self-actualization needs	The results analyzed the needs of health workers using Maslow's hierarchy of needs. There were many unmet needs among health workers during the pandemic, one of which was the need for emotional support, appreciation, and recognition.
14	Xiao *et al* (2020)	Quantitative	609 health workers in 8 European countries	Sociodemographic characteristics, social support, acute stress, self-efficacy, and sleep quality	The results explained that there was a significant positive correlation between SSRS score and GSES score (r=0.405, P<0.01), and a negative correlation between SSRS score and SAS score (r=– 0.565, P<0.01), SASR score (r =–0.391, P <0.01), and PSQI score (r=–0.413, P<0.01). There was a negative relationship between the GSES score and SAS score (r=–0.351, P<0.01), SASR score (r=–0.277, P<0.01), and PSQI score (r=–0.483, P<0.01). There was a significant positive correlation between the SAS score and SASR score (r=0.397, P<0.01), and PSQI score (r=0.489, P<0.01). There was a significant positive relationship between the SASR score and PSQI score (r=0.457, P<0.01).
15	Ozi *et al* (2022)	Quantitative	78 nurses in Indonesian Red Cross Hospital Bogor	Sociodemographic characteristics, stress levels, and social support	According to statistical tests using the Somers' D test, the p-value = 0.000 was obtained which means that the p-value was < 0.05 (H0 is rejected), thus, it can be concluded that there was a relationship between social support and the stress levels of nurses during the COVID-19 pandemic at Indonesian Red Cross Hospital Bogor. A contingency coefficient value of 0.720 was obtained which can be interpreted that the strength of the relationship was strong between social support and stress levels.

No	Authors, year	Design study	Sample	Variables	Results
16	Eman *et al* (2021)	Quantitative	365 health workers in Amman, Jordan	Sociodemographic characteristics, fear of COVID-19, mental health conditions (Depression, Anxiety, and Stress), and perceived social support	The results found that health workers displayed extremely severe depression (40%), extremely severe anxiety (60%), and 35% severely distressed. Scores for depression (21.30 ± 10.86), anxiety (20.37 ± 10.80), and stress (23.33 ± 10.87) were also high. Assessment of social support indicated moderate-to-high levels of perceived support (significant other: 5.17 ± 1.28, family: 5.03 ± 1.30, friends: 5.05 ± 1.30). Week significant correlations were found between social support and the other study variables (r<0.22), indicating a weak association with fear, depression, anxiety, and stress, respectively.
17	Luh Putu (2021)	Qualitative	4 health workers	Implementation, supporting factors, and inhibiting factors for COVID-19 incentives	The receipt of COVID-19 incentives was calculated per month based on the number of cases. However, incentives were often not given according to schedule. Health workers who received the incentives on time could be more motivated in providing services to COVID-19 patients.
18	Mathilde *et al* (2021)	Quantitative	325 nurses in Poland	Sociodemographic characteristics, social support received, safety experience, meaning of life during COVID-19	The results showed that among the nurses, the highest level of support was provided by the significant other (22.58 ± 5.22). A higher mean score was recorded among participants on the subscale measuring positive psychological change (18.56 ± 4.04). The average MLQ score was (5.33±0.87). The results of the study conducted during a period of severe psychological stress related to the COVID-19 pandemic provided information on symptoms of traumatic stress in the group of nurses examined. Surveyed nurses received individual support mostly from significant others (other than family and friends).
19	Emmy *et al* (2020)	Qualitative	71 health staff in West Nusa Tenggara's general hospital	Psychological coping knowledge and skills	The physical and mental conditions affected by the pandemic could be overcome by means of psychological self-care. This method could be done for oneself and many people. Psychological self-care had a positive impact on the recovery of mental conditions.
20	Rositoh *et al* (2021)	Quantitative	76 health workers in Hospital X	Health workers performance and incentives	Providing incentives had a positive and significant effect on the performance of health workers. This can be seen from the calculated t-value that was greater than the t-table or the significance value was less than 0.05. According to the validation test, reliability test, simple linear regression test, correlation coefficient test, coefficient of determination test, and t-test, it can be concluded that there was a significant influence between COVID-19 incentives on the performance of health workers at Hospital X of 34.7% which has been tested.
21	Bharat *et al* (2021)	Quantitative	1004 health workers	Emotional support	The results of the study showed that emotional support was one of the factors that could affect stress levels in health workers. Lack of social support was associated with stressful events [OR, 3.79 (2.81–5.11), p = 0.000].
22	Hoda *et al* (2021)	Quantitative	84 nurses in Prof. Dr. W. Z. Johannes Hospital, Kupang.	Instrumental support, appreciation support, and family support	According to the results of the study, 76.2% or as many as 64 nurses had good family support. Family and co-worker support were considered effective aids in coping with stressful situations.

Based on the findings of the literature study, researchers analyzed several characteristics of health workers during the COVID-19 pandemic. The characteristics of stress were influenced by various things, starting from age, perceptions about COVID-19, job demands, social support, and others. There were three characteristics of health workers that the researchers observed, including gender, age, and marital status. According to the previous study, most of the distribution of the respondents to stressful events were women (78%).[6] This is in line with another study that stated the majority of health workers who experienced stress were women.[11] On top of that, another research also explained that women were significantly more stressed than men (OR:1.88 P=0.001).[12]

It was known that women experienced more stress as many as 135,000 cases and men as many as 86,000 cases.[13] Men and women have different physiological responses in response to the stressful conditions they are experiencing. Women are more easily stressed than men because women's prolactin is higher than men's.[14] This hormone provides negative feedback on the brain that can increase emotional trauma and physical stress.[15] This is in line with the previous study, which suggested that in general, women experience 30% higher stress than men. Therefore, women tend to get stressed more easily because they have a more affiliative style (often using social or emotional cohesion) and have a stronger role in the household as well as family matters.[12,16]

The stress characteristics of health workers can also be observed in terms of age. According to the previous study, young health workers (18–34 years) had the highest stress levels compared to all other age groups where respondents aged 55 years had significantly lower stress than other age groups.[12] Those statements corresponded to another study's findings of the 18-34 years-old age category, 184 out of 299 health workers experienced stress, the age range was 35-44 years, 50 out of 74 health workers experienced stress, and on aged > 44 years, 8 out of 18 health workers experienced stress. This is also supported by the findings of a study that stated most health workers who experienced stress were in the age range of 21-30 years. According to these several journal analysis results, it can be concluded that the average age of health workers who experienced stress was in early adulthood.[17]

Early adulthood is a phase in which humans transition from adolescence to adulthood gets accompanied by a process of adjusting to new patterns of life and responsibilities.[18] Early adulthood is also often referred to as young adulthood, namely between the ages of 20-40 years, which is the most dynamic stage in the

human life span because an individual experiences many progressive changes physically, cognitively, and psychological-emotionally to become a more mature and wiser individual.[19] Not seldom, many individuals find it difficult in the process as they have to adapt.

Table 2. General characteristics

Category	n	%
Population		
Doctor	11	45.8
Nurse	13	54.2
Year		
2018	0	0
2019	0	0
2020	3	12.5
2021	14	58.3
2022	7	29.2
Design Study		
Quantitative	16	66.7
Qualitative	8	33.3
Language		
English	16	66.7
Indonesian	8	33.3
Database		
Science Direct	4	16.7
PubMed	10	41.7
Google Scholar	8	33.3
SAGE	2	8.3
Total	**24**	**100**

Stress Levels of Health Workers during the COVID-19 Pandemic

Health workers as the front line in dealing with COVID-19 are experiencing more pressure than the general public.[23] The pressure is in the form of direct contact with patients exposed to the Corona Virus, high risk of contamination, lack of Personal Protective Equipment (PPE), loss of control over the disease, lack of work knowledge about the disease, high workload, pessimistic criticism from patients, high stigma from the public, changes in ways of living, quarantine, and lack of social support.

Eventually, these pressures indirectly affect the stress level of health workers. According to the study, 1.3% health workers in Egypt experienced mild stress, 88% experienced moderate stress, and 10.88% experienced severe stress.[24] Similar statements suggested that the nurses in Red Cross Hospital Bogor as many as 7.7% experienced mild stress, 69/2% experienced moderate stress, and 23.1% experienced severe stress.[23]

Sources of Social Support Received by Health Workers During the COVID-19 Pandemic

Family and friends were an important source of support, however, several health workers felt that family and friends were oftentimes unable to understand what they were going through. This was because they were not in the same boat. During the interview session, one of the nurses stated that no one really understood how it felt to deal with COVID-19 patients because their family or friends did not work in a hospital, thus, they did not know what it was like to work in intensive care.[25] Based on the study, social support from colleagues was greater than from family because they were in the same situation and shared emotional closeness.[26] This was what made health workers feel understood because colleagues could understand each other's situation.

The social support received by health workers varied, depending on how close they were to their surroundings. Some felt that the social support they got from co-workers was higher than that of their family, and others felt the opposite. According to another research, as many as 76,2 % of nurses received good social support from their families. The support that was also considered effective was family support.[27,28]

A study showed that social support ratings indicated moderate to high levels of perceived support (significant other: 5.17 ± 1.28, family: 5.03 ± 1.30, friends: 5.05 ± 1.30).[29] Among nurses, the highest level of support was provided by significant other (22.58 ± 5.22).[30]

Forms of Social Support Received by Health Workers During the COVID-19 Pandemic

In this section, the researchers describe several forms of support that are used as a reference to provide either motivation in everyday life or specific support to reduce stress within an individual. This form of support entails the following aspects:

1. Emotional Support

Emotional support can simply be understood as a form of support and empathy that includes expressions, for instance, listening, being open, showing an attitude of trust in what is complained about, being able to understand, and expressing love as well as care.[31] Emotional support is important to make health workers feel valuable, comfortable, safe, secure, and loved. There are 4 thematic forms of emotional support in the form of empathy and value, help and support, presence, and vulnerability.[32]

2. Informational Support

Informational or informative support in its function is able to provide input or suggestions and a kind of feedback for someone when one is under pressure.[33] Informational support can also be interpreted as an explanation of the situation and everything related to the problems faced by an individual. Organizational support is essential for sharing information centrally with nurses, which reduces uncertainty as everyone is in the same situation.[34] In addition, management that offers support to nurses to help balance work-family challenges is important. Findings showed that the need for social support change as the crisis develops, and when nurses evaluate these needs realistically, they will often refocus on using the available support. This forms the dynamic nature of social support.

3. Instrumental Support

Instrumental support is a form of support in which assistance is provided directly in the form of facilities or materials and so on. One of the instrumental supports that health workers received during the pandemic was incentives. However, the incentives obtained did not meet the principles of justice. This occurred because there was no difference in the amount obtained between the health professionals at the Community Health Center. Health workers were hoping to receive incentives according to their working experience and on time so their enthusiasm would be maintained while treating COVID-19 patients.[35] Based on the validation test, reliability test, simple linear regression test, correlation coefficient test, coefficient of determination test, and t-test, it can be concluded that there was a significant influence between COVID-19 incentives on the performance of health workers at Hospital X of 34.7% that were tested.[23]

Aside from incentives, providing food or assistance including counseling services also helps health workers to reduce stress levels. According to another study,[25] hospital facilities such as free food, free parking access, and areas for resting were very useful in aiding to meet the needs of the health workers. Several hospitals also paid attention to the welfare of the families of health workers by sending free food to their homes.[34]

4. Appreciation Support

Social support in the form of appreciation can be through the provision of support by looking at the positive sides within individuals and comparing them to others to increase self-esteem and feelings of being valued when the individuals are experiencing pressure.[36] Health workers perceive that they have not received enough appreciation. They still often find the stigma that health workers are the source of transmission of COVID-19.

The Effect of Social Support on Stress Levels of Health Workers during the Pandemic

According to a previous study,[37] the acceptance of social support from the family (B= 0.771, p<0.05), social support from friends (B= 0.801, p<0.01), and social support from significant other (B= 0.687, p<0.01) had a

positive effect on dealing with stress to health workers. Furthermore, there was a significant negative correlation between stress and social support (r=−0.223, p= 0.00). Social support from the public is an important factor in the mental resilience of nurses.[38] Various kinds of public perceptions were related to this pandemic.

On the contrary, social support had less impact on health workers who tended to choose negative coping styles, such as self-attack and retreating, thus affecting their mental health. Social support affects anxiety through positive and negative coping channels indirectly. It is not surprising to find that social support has a positive effect on anxiety directly. For medical staff, sharing stories and emotional expressions with their friends and family members may lead to positive emotional experiences and thereby reduce anxiety.[39] Communication with co-workers is another form of receiving social support, giving medical staff a feeling of professional accomplishment, and confidence in their work. When individuals experience pressure over a problem that must be overcome to obtain maximum results, it is a state of stress.[40]

CONCLUSION

Through this study, it can be concluded that the sources of social support for health workers vary, namely from family, friends, co-workers, significant other, and organization. However, the most influential sources of support come from significant other and co-workers. Moreover, it is also concluded that there is a significant effect of social support on the stress levels of health workers. Recommendation the hospital provides a counseling service unit with psychologists for health workers who need help. The existence of these health services can reduce the burden and provide solutions related to the problems experienced.

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