

Analysis of the Influence of Work Stress and Teamwork on Affective Commitment with Organizational Support in the Emergency Room of Type C Hospital

Iqbal Kurniawan*, Rokiah Kusumapradja, Tjipto Rini

Universitas Esa Unggul, Indonesia

Email: dr.iqbalkurniawan@gmail.com*, rokiah.kusumapradja@esaunggul.ac.id, tjipto.rini@esaunggul.ac.id

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Abstract

The Emergency Department (Instalasi Gawat Darurat [IGD]) is characterized by high job demands that can affect employees' psychological well-being and attachment to the organization. Work stress, teamwork, and organizational support are important factors associated with employees' affective commitment. This study aimed to examine the effects of work stress and teamwork on affective commitment, with organizational support as a mediating variable, among employees of the Emergency Department at Bhakti Mulia Hospital. The study employed a quantitative cross-sectional design. The population consisted of 41 employees, including general practitioners, nurses, and security personnel, all of whom were included through total sampling. Data were collected using a questionnaire with a four-point Likert-type response scale and analyzed using partial least squares structural equation modeling (PLS-SEM) with SmartPLS 3.2.8. Work stress had negative and statistically significant effects on organizational support ($\beta = -0.337$; $p < 0.001$) and affective commitment ($\beta = -0.185$; $p = 0.008$). Teamwork had positive and statistically significant effects on organizational support ($\beta = 0.741$; $p < 0.001$) and affective commitment ($\beta = 0.585$; $p < 0.001$). Organizational support had a positive and statistically significant effect on affective commitment ($\beta = 0.332$; $p = 0.001$). Organizational support significantly mediated the effects of work stress ($\beta = -0.112$; $p = 0.006$) and teamwork ($\beta = 0.242$; $p = 0.001$) on affective commitment. The model explained 90.5% of the variance in affective commitment. These findings indicate that strengthening teamwork and organizational support while effectively managing work stress may contribute to greater affective commitment among Emergency Department employees.



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INTRODUCTION

A hospital's Emergency Department (Instalasi Gawat Darurat [IGD]) is a service unit characterized by highly complex work dynamics within the hospital environment. Emergency Department personnel are required to respond rapidly to unpredictable patient conditions, manage critical cases, and make decisions under severe time pressure around the clock (Ministry of Health of the Republic of Indonesia, 2022). These characteristics inherently create substantial psychological and physical demands. The literature indicates that healthcare

workers in emergency departments are occupational groups with a considerable prevalence of work-related stress and risk of burnout (Al Sabei et al., 2020; Kusumawati et al., 2024). When work stress is not managed through adequate support mechanisms, its consequences may extend beyond reduced employee performance to include poorer quality of patient care, increased physical fatigue, and, ultimately, reduced organizational commitment.

Recent research indicates that work stress does not always directly reduce organizational commitment but may operate through factors such as low job satisfaction and emotional exhaustion (Al Sabei et al., 2020; Fasbender et al., 2019). Fasbender et al. (2019) found that work stress positively predicted turnover intention, whereas job satisfaction served as a protective factor supporting employee retention. The Job Demands–Resources (JD-R) model suggests that when job demands, such as high patient loads, long shifts, and emotional demands, exceed the resources available to employees, resource depletion may occur and undermine their attachment to their work and organization (Schaufeli & Bakker, 2004; Bakker & Demerouti, 2017; Adamopoulos, 2022; Al-Omar et al., 2019).

Amid high operational demands, teamwork represents an important protective factor. Emergency Department services require effective interprofessional collaboration among physicians, nurses, and support personnel. A work environment that encourages employee participation in unit-level decision-making, open communication, and trusting collegial relationships has been shown to reduce burnout and improve perceptions of service quality (Al Sabei et al., 2020). Effective teamwork in healthcare also requires clear goals, roles, and coordination rather than the mere existence of formally designated teams (West & Lyubovnikova, 2013; Salas et al., 2017). The high-pressure, uncertain, and high-risk nature of Emergency Department work makes personnel particularly vulnerable to work stress while simultaneously requiring strong teamwork (Robbins & Judge, 2022). These conditions may affect organizational commitment, particularly affective commitment, which reflects employees' emotional attachment to and identification with the organization (Meyer & Allen, 1991; Allen & Meyer, 1997).

Perceived organizational support is an important contextual factor in understanding the relationships among work stress, teamwork, and affective commitment. Al-Omar et al. (2019) found that perceived organizational support significantly predicted employee engagement in competitive and stressful work environments. When employees perceive that the hospital values their contributions, implements fair policies, and provides a supportive leadership climate, they may reciprocate through greater loyalty, productivity, and long-term commitment (Eisenberger et al., 1986; Rhoades & Eisenberger, 2002; Dewi et al., 2022). Organizational support may also buffer the adverse effects of workplace stress (Shantz et al., 2016) while reinforcing the social resources developed through teamwork (Adamopoulos, 2022; Al-Omar et al., 2019).

Bhakti Mulia Hospital was established in 1967 as Slamet Hospital and was renamed Bhakti Mulia Hospital on March 9, 2005. In 2014, the hospital began collaborating with Badan Penyelenggara Jaminan Sosial Kesehatan (BPJS Kesehatan). Following its participation in the BPJS Kesehatan program, Emergency Department patient visits reportedly increased from 15–20 patients per day to 40–50 patients per day. This increase was not accompanied by a proportional increase in human resources, resulting in a substantial increase in employee workload. From the perspective of Social Exchange Theory, an imbalance between increasing

work demands and the organizational resources or rewards received by employees may negatively affect their commitment to the organization (Blau, 1964; Adams, 1965).

Based on the Decree of the Minister of Health of the Republic of Indonesia No. 856 of 2009 concerning Emergency Department Service Standards, staffing requirements are determined according to emergency service capacity and operational needs. Data from the Emergency Department of Bhakti Mulia Hospital in 2026 indicated that 10 physicians, 18 nurses, and 13 security personnel supported its operations, while the number of nurses was reportedly approximately 30–40% below the required staffing level. Such conditions may contribute to role overload, in which job demands exceed employees' available capacity (Kahn et al., 1964). To address staffing limitations, management implemented a 12-hour shift system, while Article 77 of Law No. 13 of 2003 concerning Manpower specifies statutory arrangements regarding normal working hours. Extended working hours may contribute to fatigue, reduced concentration, and an increased risk of medical errors, all of which may intensify work stress (Robbins & Judge, 2022). High work stress may also interfere with effective team functioning, even though teamwork is essential to patient safety in emergency care. The Big Five model of teamwork identifies team leadership, mutual performance monitoring, backup behavior, adaptability, and team orientation as core components of effective teamwork (Salas et al., 2005).

A preliminary study of Emergency Department personnel identified several workplace concerns. A total of 72% of respondents reported frequent physical and mental fatigue associated with high patient volumes, while 68% reported feeling pressured by high patient loads and service demands. Regarding teamwork, 55% perceived communication among team members as suboptimal during periods of high service demand, 58% reported that assistance among colleagues was uneven when workloads increased, and 52% indicated that interprofessional coordination required improvement. Regarding organizational support, 57% perceived support during peak working hours as inadequate, 54% considered access to training and human resource development to be uneven, and 50% perceived that organizational attention to healthcare workers' well-being required improvement. In addition, 60% perceived Emergency Department job demands as excessively high, potentially affecting work motivation, loyalty, and organizational commitment.

From the perspective of Social Exchange Theory, the employee–organization relationship involves reciprocal exchanges. When employees perceive that increasing job demands are not accompanied by adequate organizational resources and support, their willingness to reciprocate through positive organizational attitudes may decline (Homans, 1958; Gouldner, 1960). Affective commitment represents employees' emotional attachment to, identification with, and involvement in an organization (Meyer & Allen, 1991), while lower affective commitment has been associated with greater intention to leave and poorer organizational outcomes (Meyer et al., 2002; Luthans, 2021). Although previous studies have extensively examined work stress and teamwork in healthcare settings, limited research has simultaneously examined work stress, teamwork, perceived organizational support, and affective commitment within the specific context of a private hospital operating 12-hour shifts. In particular, evidence remains limited regarding the mediating role of organizational support in the relationships between work stress, teamwork, and affective commitment among Emergency Department personnel at Bhakti Mulia Hospital.

Based on these considerations, this study aimed to examine: (1) the simultaneous effects of work stress, teamwork, and organizational support on affective commitment; (2) the effect of work stress on organizational support; (3) the effect of teamwork on organizational support; (4) the effect of organizational support on affective commitment; (5) the effect of teamwork on affective commitment; (6) the effect of work stress on affective commitment; (7) the mediating role of organizational support in the relationship between work stress and affective commitment; and (8) the mediating role of organizational support in the relationship between teamwork and affective commitment among Emergency Department personnel at Bhakti Mulia Hospital. The findings are expected to provide an empirical basis for hospital management to design targeted and sustainable human resource interventions that support employee well-being and the continuity of high-quality emergency care.

METHOD

Place, Time, and Research Design

This quantitative cross-sectional study was conducted at Bhakti Mulia Hospital, West Jakarta, DKI Jakarta, from March to July 2026. The study examined the relationships among work stress (X1) and teamwork (X2) as independent variables, affective commitment (Y) as the dependent variable, and organizational support (Z) as the mediating variable. The hypothesized relationships among the variables are presented in Figure 1..

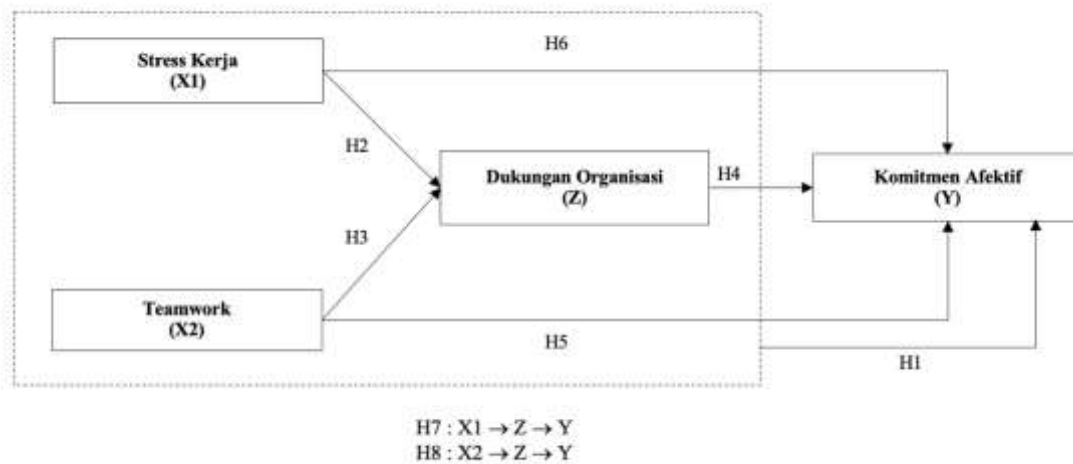


Figure 1. Research Constellation

Based on Figure 1, the research hypotheses were formulated as follows: H1: work stress, teamwork, and organizational support simultaneously affect affective commitment; H2: work stress negatively affects organizational support; H3: teamwork positively affects organizational support; H4: organizational support positively affects affective commitment; H5: teamwork positively affects affective commitment; H6: work stress negatively affects affective commitment; H7: organizational support mediates the effect of work stress on affective commitment; and H8: organizational support mediates the effect of teamwork on affective commitment.

Population and Sample

Population is the whole object or individual that has certain characteristics to be studied (Firdaus, 2021). The population in this study is all general practitioners, nurses, and *security* officers who are on duty at the emergency room of Bhakti Mulia Hospital which totals 41 people, consisting of 10 general practitioners, 18 nurses, and 13 *security*. These groups were chosen because they have strategic and technical roles that directly affect affective commitment. The sampling technique used is saturated sampling (*total sampling*) so that the entire population of 41 respondents is used as a sample; this number meets the minimum limit of 30 samples in quantitative research (Sugiyono, 2016). The inclusion criteria are general practitioners, nurses, and emergency room security who are not sick and are not on leave, while the exclusion criteria are officers outside the three professions, are sick, or are on leave.

Data Collection Instruments and Techniques

Data were collected using a four-point Likert scale questionnaire, namely 1 = Strongly Disagree (STS), 2 = Disagree (TS), 3 = Agree (S), and 4 = Strongly Agree (SS) (Sugiyono, 2019). The questionnaire was prepared through the stages of literature study, determination of indicators for each variable, development of statements according to indicators, *peer group review* with supervisors, validity and reliability tests, and finalization of questionnaires. The questionnaire was distributed in the form of a *Google Form* to all respondents at the beginning of the first week of July 2026.

Conceptually, work stress is defined as a negative psychological, emotional, and physiological response that occurs when the demands of work are disproportionate to or exceed the worker's abilities and resources (Bakker & Demerouti, 2017; Robbins & Judge, 2018). *Teamwork* is a dynamic and collaborative process that involves two or more healthcare professionals with different disciplinary backgrounds who interact and communicate with each other to achieve a common clinical goal (Xyrichis & Ream, 2008). Organizational support is a worker's global belief that the organization values contributions and cares about their well-being (Eisenberger et al., 1986), while affective commitment reflects an employee's emotional attachment, identification, and engagement to the organization (Meyer & Allen, 1991; Weis & Schank, 2009).

Instrument Quality Test

The validity test was carried out to measure the level of validity of the research instrument (Priyatno, 2014) using *Pearson Product Moment correlation*, namely by correlating the item score with the total score at a significance level of 0.05 (Novikasari, 2016). The instrument test was carried out on 30 hospital emergency room officers with a table *r* value of 0.361. The reliability test was carried out using *Cronbach's Alpha*, and a variable was declared reliable if the *Cronbach's Alpha* value > 0.6 (Ghozali, 2016).

Data Analysis Techniques

Descriptive analysis was carried out using *the three-box method* (Ferdinand, 2014) to describe the respondents' perception of each indicator and variable. The index value was calculated using the following formula.

$$\text{Index Value} = [(F1 \times 1) + (F2 \times 2) + (F3 \times 3) + (F4 \times 4)] / 4$$

F1 to F4 is the number of respondents who chose scores 1 to 4. With a total of 41 respondents, the upper limit of the score is $(41 \times 4)/4 = 41$ and the lower limit of the score is $(41 \times 1)/4 = 10.25$, so the data range is $(41 - 10.25)/3 = 10.25$.

Hypothesis testing was carried out using *Partial Least Square–Structural Equation Modeling* (PLS-SEM) with SmartPLS 3.2.8 software. Evaluation of the measurement model (*outer model*) included convergent validity, discriminant validity, and internal consistency. Convergent validity was assessed from *outer loading* > 0.70 (Henseler et al., 2015) and *Average Variance Extracted* (AVE) > 0.50 (Hair, 2014). Discriminant validity was assessed through *cross loading*, Fornell-Larcker criteria, and *Heterotrait-Monotrait Ratio* (HTMT) with a threshold of 0.85–0.90 (Gold et al., 2001; Ab Hamid et al., 2017; Kline, 2023). Internal consistency was assessed through *Cronbach's Alpha* and *Composite Reliability* > 0.70 (Hair, 2014).

The evaluation of the structural model (*inner model*) included the determination coefficient (R^2) with criteria of 0.67 (strong), 0.33 (moderate), and 0.19 (weak); *effect size* (F^2) with criteria of 0.02 (small), 0.15 (medium), and 0.35 (large); and *predictive relevance* (Q^2) through *the blindfolding* procedure, with $Q^2 > 0$ indicating that the model has predictive relevance (Chin, 1998). Model fit was also assessed from *the Standardized Root Mean Square Residual* (SRMR) value, with an SRMR of < 0.08 declared *a perfect fit*. Hypothesis testing was carried out through *a bootstrapping procedure*; the hypothesis was accepted when the t-statistic > 1.96 and the p-value < 0.05 (Abdillah & Hartono, 2015; Ghozali & Latan, 2015).

RESULTS AND DISCUSSION

Overview of Research Objects and Respondent Characteristics

Bhakti Mulia Hospital is a class C private hospital with an area of 5,380 m² equipped with an emergency room that operates 24 hours, an inpatient room with a capacity of 191 beds, as well as *high care unit* (HCU) facilities, isolation HCU, perinatology, *neonatal intensive care unit* (NICU), *intensive care unit* (ICU), and isolation ICU. Medical services are provided comprehensively through three main installations, namely outpatient, inpatient, and emergency.

Respondents are dominated by men (70.73%) and the age group of 25–35 years (48.78%) who are at productive age. Based on profession, the largest group is nurses (43.90%), while based on length of work, the majority of respondents have worked in the emergency room for 1–5 years (75.61%) so they are considered to have enough experience in carrying out their work.

Instrument Validity and Reliability Test Results

All statement items in the four variables have a calculated r-value greater than the r-table (0.361) so they are declared valid. All variables also have *Cronbach's Alpha value* above the critical value of 0.60 so they are declared reliable, which means that the measuring tool is reliable and provides measurement results that tend to be consistent.

Descriptive Analysis *Three-box Method*

The work stress variable obtained an index of 28.22 and was included in the medium category. The *job demand* dimension (30.75) had a higher value than *job resources* (28.35), which showed that work demands were relatively more dominant than the resources available to deal with them. The highest indicator was found in statements about high task volumes and tight deadlines with an unbalanced ratio of staff compared to workload (index 31.25), while in the *job resource dimension*, relatively low indicators were in the clarity of direction and feedback from superiors as well as collaboration between professions (28.00 each). This

condition shows that service load and limited manpower are the main sources of work pressure, while support from leadership and cooperation aspects still needs to be strengthened.

The *teamwork* variable is in the high category with an index of 32.54, and all dimensions are also in the high category. The dimension with the lowest score is team communication (31.22), while the highest is situational awareness (32.54). At the indicator level, the lowest score is found in the clarity of the division of roles, responsibility limits, and authority of team members (31.25), while the highest score (33.00) is found in the delivery of information clearly and on time, mutual respect, the ability of leaders to convey work goals and priorities, and the ability to anticipate the needs of colleagues. This shows that *teamwork* has become the main strength in emergency room services, although clarity of roles and authorities still needs to be strengthened.

The organizational support variable was in the medium category with an index of 30.60. The dimensions of emotional support and reward had the highest score (31.51), strengthened by the highest indicator in the form of explicit recognition and appreciation for work achievements or contributions (31.25). On the other hand, the lowest indicator (29.75) was found in the efficiency of administrative procedures as well as the clarity of instructions and feedback from superiors. The affective commitment was in the high category with an index of 31.64. The highest indicator (32.50) indicated that employees felt happy if they could spend the rest of their professional career in the hospital and view the hospital as part of the family, while the lowest indicator (31.00) was related to the willingness to give extra effort outside of routine responsibilities. The category recapitulation of each variable is presented in Table 1.

Table 1. Matrix Recapitulation of Variable Data Description Results

Variable	Low (10,25–20,50)	Medium (20,55–30,75)	Height (30,76–41,00)	Behavior
Work Stress		√		Adaptive
Teamwork			√	Collaboration
Affective Commitment			√	Bound
Organizational Support		√		Caution

Source: Primary Data, 2026

Table 6 illustrates that even though employees face moderate levels of work stress, high *teamwork* and affective commitment indicate that employees are able to maintain the quality of their work relationships and attachment to the organization. However, organizational support that is still in the medium category indicates the need to improve aspects of leadership, communication, and organizational support systems in order to reduce the impact of work stress while strengthening employee affective commitment.

Evaluation of Measurement Models (*Outer Model*)

The results of the estimation of the SEM-PLS model using the *PLS algorithm* technique are presented in Figure 2. The *evaluation of the outer model* is carried out to ensure that the instrument has an adequate level of validity and reliability before proceeding to the *internal model* test.

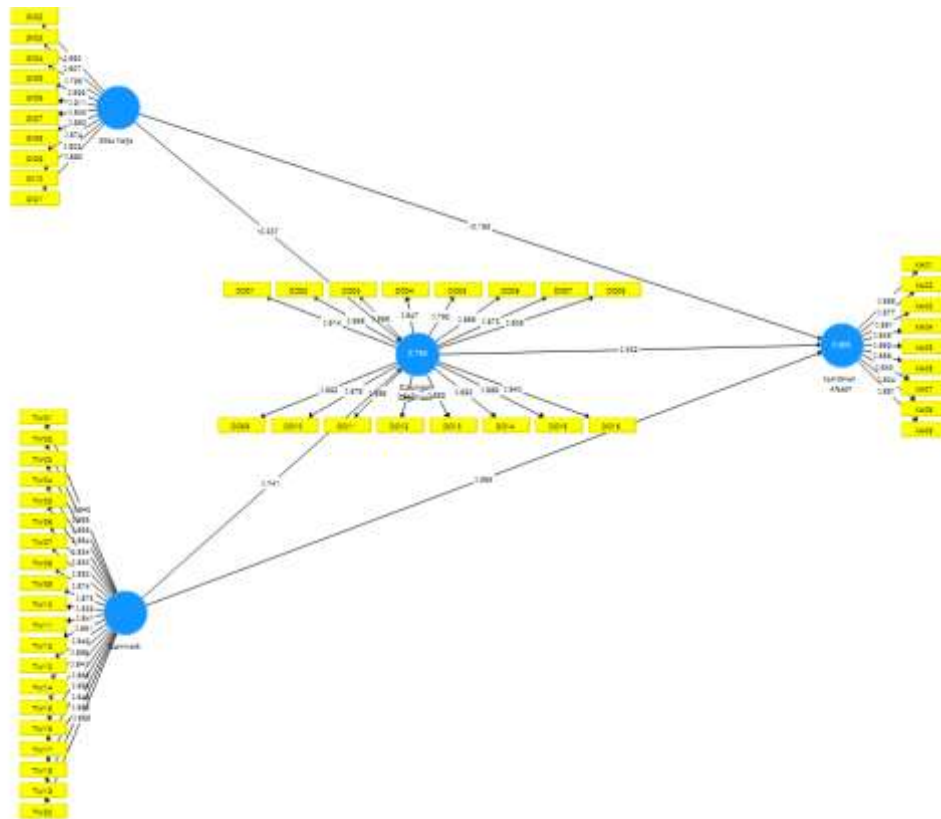


Figure 2. Estimation Results of the SEM-PLS *Algorithm Model*
Source: SmartPLS Processed Products, 2026

Table 2. Results of Convergent Validity and Composite Reliability Test

Variable	Outer Loading Range	AVE	Cronbach's Alpha	Composite Reliability	Remarks
Affective Commitment	0,804 – 0,891	0,741	0,956	0,963	Valid & reliable
Organizational Support	0,790 – 0,914	0,751	0,978	0,980	Valid & reliable
Work Stress	0,796 – 0,911	0,751	0,963	0,968	Valid & reliable
Teamwork	0,830 – 0,892	0,736	0,981	0,982	Valid & reliable

Source: SmartPLS 3.2.8 Processed Data, 2026

Table 7 shows that all indicators have an *outer loading* value above 0.70, with the lowest value being 0.790 (DO05) and the highest 0.914 (DO01), so no indicator needs to be eliminated from the model. All variables also have AVE values above 0.50, which means that more than 50% of the indicator's variance can be explained by its latent variable. *Cronbach's Alpha* values range from 0.956–0.981 and *Composite Reliability* between 0.963–0.982, so the entire construct meets the criteria of convergent validity and reliability with an excellent level of internal consistency.

Table 3. Heterotrait–Monotrait Ratio (*HTMT*) Test Results

Variable	Organizational Support	Affective Commitment	Work Stress	Teamwork
Organizational Support				
Affective Commitment	0,925			
Work Stress	0,494	0,477		
Teamwork	0,823	0,918	0,202	

Source: SmartPLS 3.2.8 Processed Data, 2026

Table 4. Fornell-Larcker Criteria Test Results

Variable	Organizational Support	Affective Commitment	Work Stress	Teamwork
Organizational Support	(0,867)			
Affective Commitment	0,896	(0,861)		
Work Stress	-0,489	-0,467	(0,867)	
Teamwork	0,810	0,891	-0,204	(0,858)

Remarks: bold numbers in parentheses indicate $\sqrt{\text{AVE}}$. Source: SmartPLS Processed Data 3.2.8, 2026

Based on Table 3 and Table 4, the work stress variable showed excellent discriminative validity against all other variables. However, there was an HTMT value that slightly exceeded the threshold of 0.90 between organizational support and affective commitment (0.925) and *teamwork* with affective commitment (0.918). This high correlation can be understood as *conceptually overlapping constructs*, considering that in a dynamic emergency room work environment, the climate of teamwork and the perception of management's attention are often felt simultaneously by employees as a form of emotional attachment. To confirm that the indicators remain valid and specifically separate, the evaluation is followed by a *cross loading* analysis as presented in Table 10.

Table 5. Cross Loading *Evaluation* (Key Indicator Sample)

Indicator	Organizational Support	Affective Commitment	Work Stress	Teamwork	Remarks
DO01	0,914	0,831	-0,424	0,078	Valid
KA01	0,831	0,865	-0,402	0,793	Valid
SK01	-0,424	-0,391	0,883	-0,166	Valid
TW01	0,780	0,793	-0,166	0,843	Valid

Source: SmartPLS 3.2.8 Processed Data, 2026

The results of the *cross loading* test showed that all indicators (DO01–DO16, KA01–KA09, SK01–SK10, TW01–TW20) had consistently higher loading values in their own constructs compared to other constructs. Thus, even though there was a high correlation between constructs, each indicator was still valid and adequate in distinguishing its respective research constructs.

Evaluation of Structural Models (*Inner Model*)

The results of the estimation of the SEM-PLS model by *bootstrapping method* are presented in Figure 3, while the results of the feasibility test of the structural model are presented in Table 11 and Table 12.

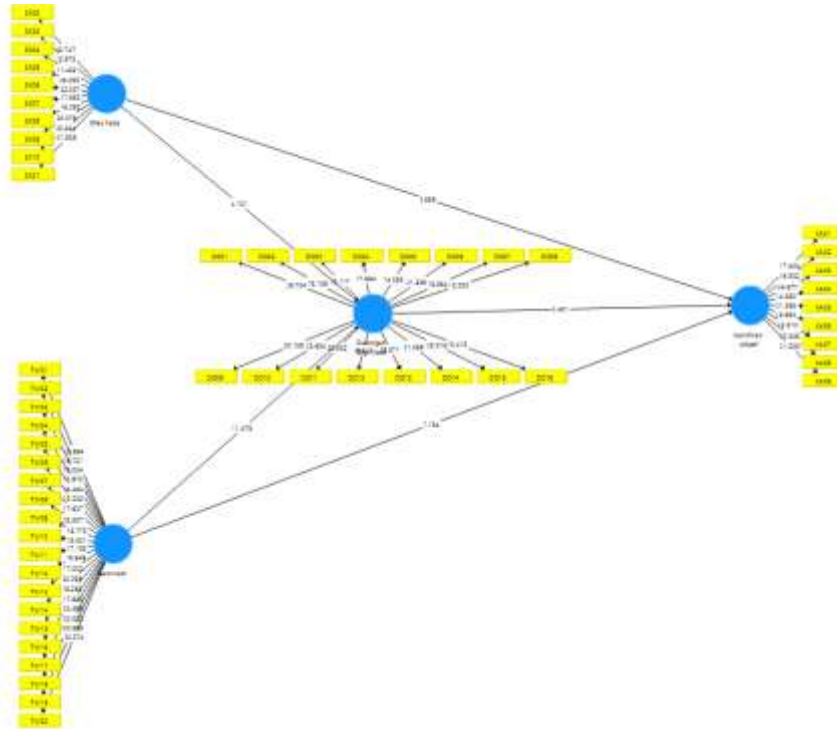


Figure 3. Estimated Results of the Bootstrapping Model
Source: SmartPLS Processed Products, 2026

Table 6. R Square, R Square Adjusted, and Q Square Values

Endogenous Variable	R Square	R Square Adjusted	Q Square
Organizational Support (Z)	0,765	0,752	0,512
Affective Commitment (Y)	0,905	0,898	0,598

Source: SmartPLS 3.2.8 Processed Data, 2026

The R^2 value of 0.765 in organizational support indicates that 76.5% of the variation in employees' perception of organizational support can be explained by work stress and *teamwork*, while the remaining 23.5% is influenced by factors outside the model. The R^2 value of 0.905 in affective commitment indicates that 90.5% of the variation in affective commitment is explained together by work stress, *teamwork*, and organizational support, while the remaining 9.5% is influenced by other factors such as work motivation, job satisfaction, organizational culture, individual characteristics, and leadership style. Both values are above 0.67 so that the model is relatively strong (Chin, 1998). The Q^2 value of organizational support (0.512) and affective commitment (0.598) is greater than 0.35, so the model has a *large predictive relevance*. In addition, the model's estimated SRMR value of 0.070 (< 0.08) indicates that the model is in the *perfect fit category*.

Table 7. Value of Effect Size (*f Square*)

Variable Exoges	Organizational Support	Categories	Affective Commitment	Categories
Work Stress	0,464	Large	0,238	Medium
<i>Teamwork</i>	2,237	Large	1,069	Large
Organizational Support	–	–	0,274	Medium

Source: SmartPLS 3.2.8 Processed Data, 2026

Table 7 shows that *teamwork* had the strongest structural impact, both on organizational support ($f^2 = 2.237$) and affective commitment ($f^2 = 1.069$), both of which included major effects. Work stress had a large effect on organizational support ($f^2 = 0.464$) and a moderate effect on affective commitment ($f^2 = 0.238$), while organizational support made a moderate contribution to affective commitment ($f^2 = 0.274$). This confirms that strengthening *teamwork* is the most essential instrument in building the perception of organizational support and increasing employee affective commitment.

Hypothesis Testing

A summary of the results of hypothesis testing based on *the coefficient of the bootstrapping* result path, both simultaneous influence, direct influence, and indirect influence, is presented in Table 8.

Table 8. Summary of Hypothesis Testing Results

Hypothes is	Pathway	Coefficients	T-Statistics	P-Value	Verdict
H1	X1, X2, Z, → Y (Simultaneous)	$R^2 = 0.905$	–	–	Accepted
H2	Work Stress → Organizational Support	-0,337	4,089	0,000	Accepted
H3	<i>Teamwork</i> → Organizational Support	0,741	11,305	0,000	Accepted
H4	Organizational Support → Affective Commitment	0,332	3,442	0,001	Accepted
H5	<i>Teamwork</i> → Affective Commitment	0,585	7,213	0,000	Accepted
H6	Work Stress → Affective Commitment	-0,185	2,664	0,008	Accepted
H7	Work Stress → Organizational Support → Affective Commitment	-0,112	2,742	0,006	Accepted
H8	<i>Teamwork</i> → Organizational Support → Affective Commitment	0,242	3,179	0,001	Accepted

Source: SmartPLS 3.2.8 Processed Data, 2026

Based on Table 8, work stress, *teamwork*, and organizational support simultaneously explain 90.5% of the variation in affective commitment ($R^2 \text{ adjusted} = 0.898$), so H1 is accepted. All direct influences have a t-statistic > 1.96 and a p-value < 0.05 . Work stress has a negative and significant effect on organizational support (H2) and affective commitment (H6), while *teamwork* has a positive and significant effect on organizational support (H3) and affective commitment (H5), and organizational support has a positive and significant effect on affective commitment (H4). In indirect influences, organizational support has been shown to mediate the influence of work stress (H7) and *teamwork* (H8) on affective commitment.

Because the direct influence of work stress and *teamwork* on affective commitment remains significant, organizational support plays a role as a partial mediator in both pathways.

Simultaneous Effects of Work Stress, *Teamwork*, and Organizational Support on Affective Commitment

The results of the study show that the affective commitment of the employees of the emergency room of Bhakti Mulia Hospital is a multidimensional construct that cannot be explained by just one factor. The experience of employees in the emergency room is the result of the interaction between work demands, social relationships in the team, and organizational treatment. In the perspective of JD-R, work stress is a consequence of work demands that require continuous physical and psychological effort; if not balanced with adequate resources, there can be a *process of health impairment* characterized by fatigue and psychological stress (Schaufeli & Bakker, 2004; Bakker & Demerouti, 2017). In this condition, *teamwork* functions as a social resource, while organizational support functions as an organizational resource that provides attention, reward, justice, facilities, leadership, and protection for employee welfare.

Through *Social Exchange Theory*, employees not only assess the weight or lightness of the work, but also assess whether the organization provides support commensurate with their contribution (Blau, 1964). The results of *the three-box method* reinforce this interpretation: *teamwork* in the high category is the main strength in the emergency room, while organizational support that is still in the medium category shows that the organization is not fully an optimal resource. This condition explains why affective commitment remains high, because the strength of *teamwork* helps maintain employee attachment. Thus, efforts to increase affective commitment are not enough to be done through an individual approach, but require comprehensive improvement of the work system through the control of work demands, *maintenance of teamwork*, and increased organizational support.

The Effect of Work Stress on Organizational Support

Work stress has a negative and significant effect on organizational support, which means that the higher the work pressure felt, the lower the tendency of employees to perceive the organization as a supportive party. In the emergency room, demands arise through patient volume, time pressure, unpredictable patient conditions, the need to make quick decisions, and coordination between professions. When these demands are perceived to be greater than the available resources, employees reevaluate the adequacy of the support received and view the social exchange relationship as unbalanced. These findings are in line with Pitaloka and Sofia's research that showed the relationship between work stress and the perception of organizational support, as well as Sturm et al. who emphasized that the high work demands in hospitals need to be balanced with an adequate work environment and organizational support. The descriptive results show that the source of stress is mainly related to the volume of tasks and the imbalance in the amount of effort, while the weakness of organizational support lies in administrative procedures as well as the clarity of instructions and feedback from superiors. Therefore, the problem of work stress in the emergency room is not only a problem of individual ability, but also an organizational management problem that needs to be overcome through adjustment of workload, sufficiency of manpower during busy periods, clarity of task division, support for shift heads, and simplification of administration.

The Influence of *Teamwork* on Organizational Support

Teamwork has a positive and significant effect on organizational support with the largest path coefficient in the model (0.741). Effective teamwork is characterized by effective communication, trust and mutual respect, coordination and clarity of roles, and commitment to common goals. In JD-R, *teamwork* is a *job resource*: when employees have colleagues who are trustworthy, able to provide assistance, and understand the division of roles, the demands of the job become more manageable. In the perspective of *Social Exchange Theory*, the help and support of team members creates a positive social exchange experience so that employees develop the perception that they are working in a supportive organization. These findings are in line with Sturm et al. who emphasized the importance of communication, coordination, leadership, and mutual support in health care, as well as West and Lyubovnikova (2013) on the importance of real teamwork in healthcare organizations. However, the lowest indicators on the clarity of the division of roles and authority showed that *teamwork* in the emergency room is already strong interpersonally, but still needs to be strengthened structurally.

The Effect of Organizational Support on Affective Commitment

Organizational support has a positive and significant effect on affective commitment. The concept of *Perceived Organizational Support* explains that employees form beliefs about the extent to which the organization values their contributions and cares about their well-being (Eisenberger et al., 1986). In *Social Exchange Theory*, organizational support is a resource provided by the organization, and employees reciprocate it through loyalty, belonging, involvement, and commitment. This is in accordance with the views of Meyer and Allen (1991) who place affective commitment as an emotional attachment, identification, and involvement of employees to the organization. These findings are in line with Rhoades and Eisenberger (2002) and Kurtessis et al. who showed the importance of *perceived organizational support* in forming positive employee attitudes, and Al-Omar et al. (2019) who found the relationship between organizational support and employee engagement in a stressful work environment. High affective commitment does not mean that all aspects of organizational support are optimal; employees still expect improvements in administrative, leadership, communication, and welfare systems.

The Influence of *Teamwork* on Affective Commitment

Teamwork has a positive and significant effect on affective commitment. Cooperation built through effective communication, trust, mutual respect, coordination, and commitment to common goals creates a work environment that makes employees feel accepted and part of the group, which then develops into a sense of belonging to the organization. In JD-R, when colleagues are ready to help when the burden increases, employees do not feel like they are facing the demands of work alone so that energy, motivation, and engagement are maintained. The compatibility between high categories of *teamwork* and affective commitment shows that positive social experiences in teams are in line with high emotional attachment of employees. These findings are consistent with Sturm et al. regarding the importance of communication, coordination, and support in the healthcare environment. Therefore, *teamwork* is a key force that needs to be maintained and strengthened structurally through clear division of roles, *briefing* and *debriefing*, emergency simulations, and periodic evaluation of team performance.

The Effect of Work Stress on Affective Commitment

Work stress has a negative and significant effect on affective commitment, so an increase in work pressure tends to be followed by a decrease in employees' emotional attachment to the hospital. Pressure in the emergency room can come from work volume, time pressure, complex patient conditions, interaction with the patient's family, documentation demands, and the need for quick coordination. If persistent, these conditions drain energy and decrease psychological well-being, which in turn affects the sense of belonging, pride, and desire to remain part of the organization. These findings are in line with the research of Deng et al. and Al Sabei et al. (2020) which show that high workload and low management support can increase *burnout* and have an impact on the work attitude of health workers. Although affective commitment is still high, this negative influence suggests that increased pressure without increasing organizational resources can erode employee commitment, so management needs to take precautions before stress develops into fatigue, *burnout*, decreased performance, or *turnover intention*.

The Role of Organizational Support Mediation

Organizational support has been shown to partially mediate the influence of work stress on affective commitment (-0.112). This means that work stress does not only have a direct effect, but first affects how employees assess organizational support, and then the perception is related to employee emotional attachment. This mechanism can be explained through the integration of JD-R and *Social Exchange Theory*: high work demands without adequate resources trigger stress, which then influences employees' evaluation of the balance of exchange relations with the organization. These findings are in line with Rhoades and Eisenberger (2002), a meta-analysis of Kurtessis et al., and Caesens et al. and Al Sabei et al. (2020) regarding the importance of organizational support in stressful work conditions, and in line with the role of organizational support as a buffer for work stress (Shantz et al., 2016). Since emergency services naturally have stress and uncertainty, a realistic strategy is to ensure any increase in work demands is followed by increased organizational support.

Organizational support also partially mediates the influence of *teamwork* on affective commitment (0.242). Thus, *teamwork* has two mechanisms in forming affective commitment, namely a direct influence on employees' emotional attachment and an indirect influence through increasing the perception of organizational support. Employees who feel harmonious working relationships, assistance from colleagues, open communication, and supportive leadership are more likely to perceive their work environment as an environment that cares about them, so that *teamwork* can be a social bridge between employees and the organization. These findings are in line with Sturm et al. and Abdullah et al. who show that the quality of internal services, including management support, internal communication, and resources, is related to the well-being and commitment of health workers. Because *teamwork* is already in good condition, management needs to maintain and institutionalize it through *interprofessional* briefings, structured *handovers*, joint evaluations, emergency simulations, and team-based awards.

Implications and Limitations of Research

Theoretically, this study strengthens the relevance of *Social Exchange Theory* (Blau, 1964) by showing that social exchange does not only take place directly between employees and the organization, but also through interpersonal relationships within the team, as well as strengthening the concept of *Perceived Organizational Support* as a connecting mechanism

between work experience and affective commitment. Managerially, Bhakti Mulia Hospital needs to maintain *teamwork* as social capital through *briefings* and *debriefing* between professions for every *shift* change, interprofessional simulations, *periodic teamwork* evaluations, and *team building activities*; Strengthen organizational support through simplification of administrative procedures with clear turnaround time standards (e.g. a maximum of 2–3 working days for leave applications), regular briefings and feedback by shift heads, as well as individual and team reward systems; and control work stress through workload management based on peak hours patterns, adjustment of doctors and nurses at *peak hours*, overtime monitoring, and workload escalation systems. This study has limitations, namely it was carried out on one specific work unit so that it cannot be generalized directly, using a *cross-sectional design* so that it does not describe changes in the relationship between variables longitudinally, focusing only on four main constructs, and respondents' perceptions can be influenced by the dynamics of emergency department services at the time of filling out the questionnaire.

CONCLUSION

Based on the PLS-SEM results, work stress had negative and statistically significant effects on organizational support and affective commitment, whereas teamwork had positive and statistically significant effects on organizational support and affective commitment. Organizational support also had a positive and statistically significant effect on affective commitment among Emergency Department employees at Bhakti Mulia Hospital. Furthermore, organizational support significantly partially mediated the effects of work stress and teamwork on affective commitment, while the model explained 90.5% of the variance in affective commitment. These findings indicate that affective commitment is associated with the quality of social exchange relationships among employees, teams, and the organization, with teamwork serving as an important positive factor, work stress as an adverse factor, and organizational support as a mediating mechanism. Therefore, hospital management should maintain and strengthen systems for recognizing and rewarding employee contributions as part of the organizational culture, improve the efficiency of administrative procedures and the clarity of instructions and feedback from leaders, and periodically evaluate staffing adequacy relative to workload through adaptive scheduling and workload distribution, particularly during periods of high patient volume. The Head of the Emergency Department should also strengthen teamwork by clarifying team members' roles, responsibilities, authority, and communication processes. Future research could include multiple hospitals, such as Type A and Type B government hospitals, and incorporate additional variables, including leadership, job satisfaction, organizational culture, work–life balance, and psychological safety, to provide a more comprehensive understanding of the factors associated with affective commitment.

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AUTHOR'S CONTRIBUTION

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The author states that no generative artificial intelligence was used in the preparation of this article. (Converse, 2017)

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