



Dual role conflict, family support, and stress levels among nursing students in a recognition of prior learning program

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Volume 4(3), 114-122

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<http://dx.doi.org/10.55048/jpns178>

e-ISSN 2827-8100

p-ISSN 2827-8496

Received : May 5, 2025

Revised : August 20, 2025

Accepted : September 22, 2025

Published : September 30, 2025



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ABSTRACT

Background: Stress occurs when external demands exceed an individual's coping resources. Nursing students enrolled in the Recognition of Prior Learning (RPL) program, who balance employment and academic responsibilities, are particularly vulnerable to dual role conflict, which may result in fatigue, pressure, and time management difficulties. Conversely, family support is a critical protective factor that helps individuals cope during challenging periods.

Objective: This study examined the relationship between dual role conflict, family support, and stress levels among RPL nursing students.

Methods: A quantitative, correlational, cross-sectional design was employed. The study included all 94 RPL nursing students through total sampling. Data were collected using the Dual Role Conflict Scale, the Perceived Social Support-Family (PSS-FA), and the Perceived Stress Scale-10 (PSS-10). Data analysis included frequency distribution, Somers' d test, and ordinal logistic regression.

Results: Of the 94 participants, most were female (75.5%), aged 26–53 years (58.5%), employed in hospitals (92.6%), and had 10–12 years of work experience (26.6%). Nearly half experienced low dual role conflict (44%), most reported good family support (93.6%), and the majority experienced moderate stress (62.8%). Multivariate analysis showed a significant relationship between dual role conflict and family support with stress levels ($p < 0.001$). The strength of the association, as indicated by Nagelkerke's pseudo R^2 , was 26.6%.

Conclusions: Dual role conflict and family support were significantly associated with stress levels among RPL nursing students. Educational institutions should provide counseling services, stress management programs, and academic support tailored to the needs of working students. Further studies are recommended to explore additional factors influencing stress, such as peer support and individual coping strategies.

Keywords: college student; dual role conflict; family support; stress

Nursing and Healthcare Practices

- *Implement routine mental health screening for nursing students balancing work and study to facilitate early identification and management of stress related to dual role conflict.*
- *Incorporate family engagement strategies into student support programs, acknowledging the pivotal role of family support in reducing stress and promoting student well-being.*
- *Provide tailored interventions in time management and stress reduction, such as counseling services and skills-based workshops, to strengthen coping capacity and enhance academic performance among RPL program students.*

INTRODUCTION

Stress is a common phenomenon experienced throughout human life and arises when there is an imbalance between demands and available resources. High levels of stress can lead to maladaptive responses, impairing an individual's ability to cope with certain situations and conditions (Asih et al., 2018). Stressors, or factors that trigger stress, may originate from the environment, academic and professional demands, family dynamics, technological changes, personal circumstances, or individual thought processes (Musradinur, 2016). According to the World Health Organization (WHO), as cited in Ambarwati et al. (2019), approximately 350 million people worldwide experience stress, making it the fourth most prevalent health problem. In Indonesia, the 2018 Riset Kesehatan Dasar (Riskesdas) reported that 37,728 individuals over the age of 15 suffered from stress categorized as a mental-emotional disorder. In the Yogyakarta Special Region, the prevalence of mental-emotional disorders in individuals over 15 years old was 10.07% (RISKESDAS, 2019). Students in higher education-whether in universities, polytechnics, or nursing institutions-are particularly vulnerable to stress (Hulukati & Djibran, 2018). One program commonly offered by nursing education institutions is the

Recognition of Prior Learning (RPL) program, which allows practicing nurses to pursue higher education while continuing their professional roles. These students must balance dual responsibilities: as learners, they are expected to attend lectures, complete assignments, and sit for examinations; as nurses, they must maintain professional discipline, deliver high-quality care, and fulfill supervisory expectations (Fitriani, 2016; Khairiyah et al., 2017). Managing these overlapping demands often increases the risk of role conflict and stress.

Family support is an important factor that helps individuals cope with stress and overcome challenges. A strong family support system can reduce the risk of mental-emotional disorders and promote psychological resilience (Arias-De la Torre et al., 2019). Previous studies support this association. Khairiyah et al. (2017) reported that 63.6% of nursing students balancing dual roles experienced moderate to severe stress, with 35.3% significantly affected. Working students frequently reported fatigue and difficulty managing time between academic and professional commitments, which negatively impacted academic performance (Hamadi et al., 2018). Similarly, Fortuna et al. (2023) found that higher levels of family support were associated with lower levels of stress among healthcare workers. Drawing on these findings, the present study aims to examine the relationship between dual role conflict, family support, and stress levels among nursing students enrolled in a Recognition of Prior Learning program, using multivariate ordinal logistic regression analysis.

METHODS

Design

This study employed a correlational quantitative design with a cross-sectional approach. It involved the collection, processing, analysis, and presentation of numerical data conducted objectively to determine the relationship and strength of association between two or more variables without manipulating them.

Sample and Setting

The study population consisted of 94 students enrolled in the Recognition of Prior Learning (RPL) program. Given that the population was fewer than 100 individuals, a total sampling technique was applied, whereby the entire population was included as the study sample

(Sugiyono, 2019). Therefore, all 94 students were eligible to participate, and no inclusion or exclusion criteria were applied. Data collection was carried out at the respondents' respective locations through an online survey distributed via Google Forms, ensuring accessibility and convenience for participants while maintaining consistency in data collection procedures.

Instrument

The independent variables in this study were dual role conflict and family support, while the dependent variable was stress level. Data were collected using three standardized questionnaires: the Dual Role Conflict Questionnaire, the Perceived Social Support–Family (PSS-FA), and the Perceived Stress Scale-10 (PSS-10).

The Dual Role Conflict Questionnaire, adapted from Wyananda (2020), consists of 22 items covering two dimensions: time-based conflict and strain-based conflict. Validity testing showed all items met the criteria (r count > r table, 0.361), and the instrument demonstrated high reliability (Cronbach's α = 0.929). Response options were provided on a four-point Likert scale, ranging from "very suitable" (score 4) to "very unsuitable" (score 1), with reverse scoring for unfavorable items. The PSS-FA Questionnaire (Wahyuningtias, 2023) includes 20 items assessing four types of family support: informational, instrumental, emotional, and appraisal/assessment support. It demonstrated acceptable reliability (Cronbach's α = 0.752) and validity (r count > r table, 0.361). Responses were scored as "yes" (3), "no" (2), and "don't know" (1), with reverse scoring for unfavorable items. The PSS-10 Questionnaire (Charles & Halim, 2023) contains 10 items measuring perceived stress. The instrument showed excellent reliability (Cronbach's α = 0.950) and validity (r = 0.429–1.000). Responses were rated on a five-point scale from "never" (0) to "very often" (4), with reverse scoring for unfavorable items. In all instruments, higher scores reflected greater levels of the measured construct. Reliability scores approaching 1.0 indicated strong internal consistency, supporting the appropriateness of these instruments for this study.

Data Collection

Data collection was conducted between March 16 and April 1, 2024. Questionnaires were administered online using a Google Form link, which was distributed to respondents through

their class WhatsApp group by the researcher. This method was selected to ensure accessibility, minimize logistical barriers, and allow participants to complete the survey at their convenience. Respondents were informed about the study objectives, procedures, and ethical considerations before accessing the questionnaire. They were then asked to provide informed consent electronically before proceeding. Each participant was allotted approximately 60–70 minutes to complete the questionnaire, which included the Dual Role Conflict, PSS-FA, and PSS-10 scales. To accommodate participants' work and academic schedules, a two-week window was provided for submission. Automated reminders were periodically sent through the WhatsApp group to encourage timely completion and maximize the response rate.

Data Analysis

Three types of statistical tests were employed in this study. First, a univariate analysis using frequency distribution was conducted to describe the characteristics of each variable, including frequencies, percentages, and measures of central tendency such as the mean and standard deviation (SD) for demographic data (e.g., gender, age, length of work). Second, a bivariate analysis was performed using Somers' d test to examine the relationship between the independent variables (dual role conflict and family support) and the dependent variable (stress level). This test was chosen because it is appropriate for assessing associations between ordinal variables. Finally, a multivariate analysis was conducted using ordinal logistic regression to determine the simultaneous influence of dual role conflict and family support on stress levels. This analysis also allowed for the estimation of the strength of the relationship between variables, as indicated by pseudo R^2 values. Significance was set at $p < 0.05$ for all

Ethical Consideration

This study received ethical approval from the Health Research Ethics Commission (KEPK) of Bethesda Yakkum School of Health Sciences, Yogyakarta, under approval number 029/KEPK.02.01/III/2024. Prior to data collection, all respondents were provided with detailed information regarding the purpose, objectives, procedures, potential benefits, and possible risks or discomforts associated with the

Table 1. Univariate Frequency Distribution

Variable	Category	n	%
Gender	Male	23	24.5
	Female	71	75.5
Age	17-25 years old	8	8.5
	26-35 years old	55	58.5
	36-45 years old	28	29.8
	46-55 years old	3	3.2
Working in health care	Yes	94	100
	No	0	0
Workplace	Hospital	87	92.6
	Community health center	3	3.2
	Midifery clinic	1	1.1
Length of work	0-3 years	14	14.
	4-6 years	12	12.8
	7-9 years	14	14.9
	10-12 years	25	26.6
	13-15 years	15	16
	>15 years	14	14.9
Marital status	Married	69	73.4
	Single	25	23.6
Child	Yes	65	69.1
	No	4	4.3
	Single	25	26.6
Academic leave	No	94	100
	Yes	0	0
Leave of absence (work)	No	94	100
	Yes	0	0
Dual role conflict	Very low	14	14.9
	Low	44	46.8
	Medium	34	36.2
	High	2	2.1
	Very high	0	0
Family support	Lack	1	1.1
	Fair	5	5.3
	Good	88	93.6
Stress level	Mild	32	34
	Medium	59	62.8
	Severe	3	3.2

Table 2. Bivariate Table of Dual Role Conflict and Stress Levels

Stress level	Mild	Moderate	Severe	Total	P-value	Symmetric
Dual role conflict						
Very low	12	2	0	14	<0.001	+0.421
Low	15	28	1	44		
Medium	5	27	2	34		
High	0	2	0	2		
Total	32	59	3	94		

Table 3. Bivariate Table of Family Support and Stress Levels

Stress level	Mild	Moderate	Severe	Total	P-value	Symmetric
Family support						
Lack	1	0	0	1	0.240	-0.104
Fair	0	4	1	5		
Good	31	55	2	88		
Total	32	59	3	94		

Table 4. Paramater Estimates Table

		Esti- mate	Std. Error	Wald	df	P-value	95% Confidence Interval	
							Lower Bound	Upper Bound
Threshold	[Stress_ Level = 1]	2.055	2.520	0.665	1	0.415	-2.885	6.995
	[Stress_ Level = 2]	6.817	2.665	6.544	1	0.011	1.594	12.039
Location	Dual_ Role_ Conflict	1.527	0.373	16.783	1	<0.001	.797	2.258
	Family_ Support	-0.194	0.790	0.060	1	0.806	-1.743	1.355

study. Written informed consent was obtained electronically, ensuring that participation was entirely voluntary. Respondents were assured that they could decline or withdraw from the study at any time without any negative consequences, in line with the principle of respect for autonomy. To uphold confidentiality, the principle of anonymity was strictly applied. Personal identifiers were excluded from the research dataset, and all responses were coded to protect participant identity. Data were securely stored and accessible only to the research team. Information obtained from respondents was treated with strict confidentiality and was not disclosed for purposes outside of this study.

RESULTS

The majority of students were female (75.5%), aged 26–35 years (58.5%), and all were employed in health services (100%), with most working in hospitals (92.6%). More than a quarter had 10–12 years of work experience (26.6%), while most were married (73.4%) and had children (69.1%). None were on academic or work leave (100%). In terms of study variables, most students reported low dual role conflict (46.8%), good family support (93.6%), and moderate stress levels (62.8%) (Table 1).

The bivariate Somers' d test revealed a significant relationship between dual role conflict and stress level ($p < 0.001 < 0.05$) with a positive correlation coefficient of 0.421. The

majority of respondents who reported low dual role conflict also experienced moderate stress levels (Table 2). The bivariate analysis showed no significant relationship between family support and stress level ($p = 0.240 > 0.05$), with a weak negative correlation coefficient of -0.104 (Table 3.)

The model fitting information was assessed using the Likelihood Ratio Test to determine whether the independent variables collectively had a significant influence on the dependent variable. Decision-making was based on whether the -2 Log Likelihood ($-2LL$) value decreased from the intercept-only model (dependent variable without independent variables) to the final model (dependent variable with independent variables), along with the significance level. The $-2LL$ value decreased from 46.579 in the intercept-only model to 24.579 in the final model, with a significance value of 0.000. Therefore, the dual role conflict and family support simultaneously exerted a significant influence on stress levels, and the model fit improved with the inclusion of the independent variables.

The goodness-of-fit test further confirmed the adequacy of the model. A model is considered a good fit if the significance value exceeds the alpha level. As shown in the table, the significance value was $0.524 > 0.05$, indicating that the ordinal logistic regression model fit the data well. The strength of the relationship between the two independent variables (dual role conflict and family support) and the dependent variable (stress level) was 26.6%, as indicated by Nagelkerke's pseudo R^2 .

Table 4 also presents the partial test results from the ordinal logistic regression, which assessed the individual contribution of each independent variable to the dependent variable and identified the most dominant predictor. The analysis revealed that dual role conflict had a stronger influence on stress level than family support, as evidenced by its significance value of $p < 0.001$.

DISCUSSION

The results showed that most respondents were female (75.5%), supporting the theory that the nursing profession is predominantly female (Rahmawati et al., 2022). The majority were aged 26–35 years (58.5%). Increasing age is associated with greater maturity, which enhances rational decision-making,

responsibility, emotional control, and openness to others' perspectives. Most RPL students worked in hospitals (92.6%), which is consistent with the tendency of nursing graduates to pursue hospital-based employment. More than a quarter had 10–12 years of work experience (26.6%), a factor that may influence their coping mechanisms in managing stress. In addition, most respondents were married and had children, both of which may contribute to their stress levels.

With regard to study variables, nearly half of the respondents experienced low dual role conflict (46.8%). According to Markel and Frone, dual role conflict can be categorized into two dimensions: time-based conflict and strain-based conflict. Among RPL students, role conflict was primarily associated with time constraints, leading to physical fatigue, lack of time, and reduced energy, as reflected in the questionnaire responses. Family support was generally reported as good (93.6%), with instrumental support being the most frequently perceived type. Instrumental support refers to practical and tangible assistance, such as financial help, nutritional support, encouragement, and provision of rest (Friedman, 2014). In terms of stress levels, most respondents experienced moderate stress (62.8%). Notably, one questionnaire item (item number 1) yielded the highest scores, with 6 participants selecting a score of 4 and 8 participants selecting a score of 3. This finding highlights the presence of emotional symptoms, particularly irritability, experienced by respondents during the month of assessment.

Dual Role Conflict and Stress Level

Dual role conflict among RPL students who simultaneously work and study consists of two dimensions: time-based conflict and strain-based conflict. Time-based conflict occurs when the demands of one role reduce the time available for another. For example, item 9 of the questionnaire revealed that many respondents (6 chose score 4; 30 chose score 3) reported spending more time fulfilling work responsibilities than attending to academic activities. Similarly, item 17 (6 chose score 4; 35 chose score 3) indicated that students often struggled to complete college assignments due to busy work schedules. These findings suggest that effective time management is essential

to reducing stress levels in working students, enabling them to perform more optimally across both roles (Haryadi et al., 2018).

The second dimension, strain-based conflict, arises when the strain or fatigue from one role interferes with performance in another. For instance, item 18 showed that many respondents (9 chose score 4; 41 chose score 3) found it difficult to complete coursework after work due to fatigue. This was further supported by item 22 (12 chose score 4) and item 23 (5 chose score 4), where respondents indicated that during exam periods, they studied very little because of exhaustion from work. As a result, students often felt stressed while still having to complete academic assignments. This pattern aligns with Hans Selye's General Adaptation Syndrome (GAS) model, particularly the exhaustion stage, where prolonged exposure to stressors triggers the release of cortisol and leads to fatigue and decreased coping capacity (Khoirunisa & Dwiyantri, 2021).

Family Support and Stress Level

In this study, most respondents reported receiving good family support. Crosstabulation results showed that among those with good family support, 31 respondents experienced mild stress, 55 experienced moderate stress, and 2 experienced severe stress. These findings suggest that although family support was generally strong, the majority of respondents (55) still reported moderate stress. The bivariate analysis indicated that family support was not significantly associated with stress levels. This may be due to the influence of other factors that contribute more strongly to stress, such as internal stressors related to dual role conflict, as well as demographic and contextual factors including gender, age, workplace, length of employment, marital status, and the presence of children.

Among the different types of family support, instrumental support and appraisal/appreciation were most commonly perceived by respondents. For example, item 14 of the PSS-FA questionnaire (endorsed by 86 respondents with a score of 3) reflected strong sharing relationships with family members, while item 13 (endorsed by 92 respondents with a score of 3) highlighted that family members were supportive in helping solve personal problems. These findings emphasize the importance of tangible assistance and recognition in family support.

Dual Role Conflict and Family Support with Stress Level

The results of the multivariate analysis, as shown in the Likelihood Ratio Test, demonstrated that the independent variables—dual role conflict and family support—together had a significant influence on stress levels. The purpose of the Likelihood Ratio Test is to determine whether the independent variables, when considered simultaneously, affect the dependent variable (Ghozali, 2018). According to Rizqiyah (2021), stress generally arises from two main sources: internal and external factors. In this study, dual role conflict represents an internal factor, while family support serves as an external factor influencing stress levels.

Dual role conflict can reduce an individual's concentration or focus, which is a common symptom of stress (Priyoto, 2014). The combined demands of academic assignments and professional responsibilities create multiple role conflicts that increase stress. For instance, during examination periods, many respondents reported studying less because of fatigue from work. Conversely, family support has the potential to buffer the negative effects of dual role conflict. As noted by Owen et al. (2017), in Rifda & Pratiwi, 2020; Sinaga & Kurniawan, 2021), family support can mitigate stress by providing encouragement and assistance. This was evident in the study findings, where even among respondents with high dual role conflict, stress levels were only moderate when adequate family support was present. Overall, these findings indicate that dual role conflict increases stress, but its impact can be alleviated by strong family support. When tested together, the two variables significantly influenced stress levels, highlighting the interplay of internal and external factors in shaping students' psychological well-being.

Strengths and limitations

This study has several strengths. It explores an underexamined issue in nursing education, namely the dual role conflict and family support experienced by RPL nursing students who balance academic and professional responsibilities. The use of total sampling ensured that all eligible students were included, minimizing selection bias and enhancing the representativeness of the findings. In addition, the use of standardized and validated instruments, such as the Dual Role Conflict Questionnaire, PSS-FA, and PSS-

10, strengthened the reliability and credibility of the data. The application of univariate, bivariate, and multivariate analyses further allowed for a comprehensive understanding of the variables and their associations, providing practical implications for nursing education institutions to enhance family involvement and implement stress management strategies for students. Despite these strengths, the study also has limitations. The cross-sectional design restricts the ability to establish causal relationships between variables, and the single institutional setting in Yogyakarta may limit the generalizability of the findings to other contexts. The reliance on self-reported online questionnaires may introduce response bias and social desirability bias, while the exclusive focus on dual role conflict and family support overlooks other potential factors influencing stress, such as peer support, coping mechanisms, workload intensity, and institutional policies. Furthermore, the finding that many students experienced moderate stress despite strong family support suggests the presence of unmeasured confounding variables that warrant further investigation.

CONCLUSION

This study revealed that RPL nursing students generally experienced low dual role conflict, benefited from good family support, and reported moderate stress levels. While role conflict contributed to students' stress, strong family support played an important role in helping them cope with academic and professional demands. These findings suggest that balancing dual roles remains a significant challenge, but external support systems can buffer its impact. Nursing education institutions should strengthen support mechanisms for RPL students by fostering communication forums, engaging families in the educational process, and providing structured guidance to promote healthy coping and stress management. Such efforts will enhance student well-being, academic performance, and long-term professional sustainability.

Declaration of Interest

The authors declare no conflicts of interest.

Acknowledgment

I would like to thank to the respondents who participated in the study and those who helped in the research process.

Funding

None

Data Availability

The datasets generated during the current study are available from the corresponding author on reasonable request

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