How Adversity Quotient and Work Stress Affect Work Procrastination?
(Study of Hospital Nurses in Bandarlampung)

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Abstract. The purpose of this study is to ascertain how procrastination at work is impacted by adversity quotient and work stress. The issue in this study is whether procrastination at work might be influenced by one's adversity quotient and level of stress. This kind of study is known as casual research, which is a technique for looking at a variable's informal relationships. With a total of 100 responders, the nurses in Bandarlampung are the subject of this study. Multiple linear regression analysis utilizing SPSS software version 18 is the research methodology used in this study. The findings indicated that: 1) procrastination at work is negatively impacted by adversity quotient, and 2) procrastination at work is positively impacted by job stress. Researcher recommend that hospitals improve supervision and manage work-related stress for all nurses. It also recommend that nurses improve their capacity to handle a variety of issues by managing stress levels.

Keywords Adversity Quotient, Work Stress, Procrastination at Work

1. INTRODUCTION

According to Nursalam & Efendi (2008), nursing services are an essential component of hospital services that play a significant role in determining the perception and enhancing the quality of hospital services by consistently supporting the entire patient service process and being focused on meeting patient needs around-the-clock. There are thirteen hospital units in Bandarlampung, which are dispersed throughout the city at key locations. The community of Bandarlampung benefits greatly from the presence of 13 hospital units dispersed around the city (Processed Data, 2019). In this case, hospital nurses have a big role in patient health care.

As hospital medical staff, nurses spend the majority of their time interacting with patients and their families. They bear a great degree of responsibility for the outcomes of their patients' lives, thus they need to be mentally resilient to handle a variety of difficult situations that may arise patients (Maryani, 2018). Therefore, nurses are prone to feeling tired which can lead to work procrastination thereby reducing their performance. This procratination can be caused by the adversity quotient. According to Venkatesh & Shivaranjani (2015), the adversity quotient is a metric used to assess an individual's capacity for managing challenges. In psychology, resilience is the concept of a person's propensity to handle stress-hardship (Venkatesh & Shivaranjani, 2015).

Higher adversity quotient workers will be more motivated and unlikely to give up, but lower adversity quotient nurses are more likely to give up under pressure (Rosita,

2015). Nurses who succumb to their helplessness will be more susceptible to stress at work. According to Wu et al. (2018), stress is a person's reaction to an imbalance between the demands of outside circumstances and their capacity to handle those demands. Workplace stress can lead to procrastination, according to Beheshtifar et al. (2011). Additionally, procrastination in the workplace is defined by Metin et al. (2018) as an attempt to put off work-related tasks by purposefully performing behavioral and cognitive activities unrelated to work during working hours without intending to cause harm to superiors, coworkers, the workplace, or customers.

Ojekou & Dorothy (2015) state that stress is a natural part of life and can sometimes be necessary to boost one's capacity. However, prolonged stress can harm health and reduce productivity. Research by Tantra & Larasati (2015) found that 77% of people in the United States routinely experience symptoms of pathological stress, with work-related stress being the primary cause, resulting in an estimated annual loss of over $300 billion. The health industry has one of the highest rates of work-related stress (ILO, 2016). Work-related stress affects nurses worldwide (Kasmarani, 2012), and a study in India by Pardeshi (2014) found that nurses are more prone to stress than other employees. According to the 2015 PPNI survey (Vazia, 2016), 51% of Indonesian nurses reported feeling stressed at work, exhausted, less social, frequently dizzy, and lacking sleep due to heavy workloads and low pay.

2. LITERATURE REVIEW

Adversity quotient

Adversity quotient is a measurement tool to determine a person's ability to handle difficulties (Venkatesh & Shivaranjani, 2015). An individual's adversity quotient might provide insight into their capacity to endure and overcome adversity. A person with a high adversity quotient would be able to overcome the challenge and overcome the problem, whereas a person with a low adversity quotient may either run away from the problems they encounter or retreat from their struggle. Adversity quotient consists of four dimensions that can measure and evaluate abilities individual, namely control, origin and ownership, reach, and endurance (CO^2RE).

Work stress

Work stress is a person's reaction to an imbalance between the demands of outside circumstances and their capacity to meet those expectations (Wu et al., 2018).

Workplace stress is a subset of general stress, however it is specifically caused by the work environment. A person may experience stress due to a variety of circumstances in the workplace, including duties, the workplace, job features, role conflict, and abilities. Wu, et al. (2018) divides six main dimensions of work stress indicators, namely: 1) the work itself; 2) role management; 3) interpersonal relationships; 4) organizational style; 5) career development; 6) work-family conflict.

Work Procrastination

Procrastination in the workplace is defined by Metin et al. (2018) as an attempt to put off work-related tasks by purposefully performing behavioral and cognitive activities unrelated to work during working hours without intending to cause harm to superiors, coworkers, the workplace, or customers. It as a form of self-regulation failure to complete the assigned responsibilities. Metin et al. (2018) states that there are two dimensions of procrastination as indicators for measuring employee work procrastination, namely: 1) Soldering: avoiding work-related activities for more than an hour each day without intending to hurt others or assigning work to coworkers; 2) Cyberslacking: conduct that involves using the internet for non-job-related personal interests while at work.

Hypothesis

H1: Adversity quotient has a negative and significant effect on work procrastination of hospital nurses in Bandarlampung.

H2: Work stress has a positive and significant effect on the work procrastination of hospital nurses in Bandarlampung.

3. METHODS

Design, Sample, and Research Analysis

This study, a form of causal research, aims to identify cause-and-effect relationships between variables. The population comprised 2,420 hospital nurses in Bandarlampung, with a sample of 100 selected through proportionate stratified random sampling using the Slovin formula. Data was gathered by questionnaires, interviews, and observations. The dependent variable is work procrastination (Y), while the independent variables are adversity quotient (X1) and work stress (X2). Data analysis involved descriptive conclusions and quantitative analysis of questionnaire data.

Table 1. List of Hospitals (Samples)

No	Hospitals Name	Amount of Nurse
1	RS Umum Daerah Dr H Abdul Moeloek	54
2	RS Tk IV 02.07.04	4
3	RS Ibu dan Anak Anugerah Medika	2
4	RS Umum Daerah Dr. A. Dadi Tjokrodipo	5
5	RS Jiwa Bandar Lampung	11
6	RS Umum Immanuel Way Halim	8
7	RS Umum Bumi Waras	8
8	RS Umum Advent Bandar Lampung	3
9	RS Umum Graha Husada	3
10	RS Ibu dan Anak Puri Betik Hati	2
	Total	**100**

Instruments and Hypothesis Test

The research instruments underwent several tests: 1) Validity test using the KMO MSA measure, where a factor loading above 0.5 indicates validity (Ghozali, 2013); 2) Reliability test using Cronbach's Alpha, with values above 0.6 considered reliable (Ghozali, 2013); and 3) Normality test, where data is normally distributed if sigma > 0.05, ensuring suitability for hypothesis testing (Sugiyono, 2007). Then, statistical t-test is used to evaluate the hypothesis. The t-test, as Ghozali (2013), shows each independent variable's contribution to explaining the dependent variable, with significance indicated by t count > t table or a probability value < 0.05.

4. RESULTS

Validity and Reliability Test Results

Validity test using the KMO MSA measure, where a factor loading above 0.5 indicates validity (Ghozali, 2013). Reliability test using Cronbach's Alpha, with values above 0.6 considered reliable (Ghozali, 2013).

Table 2. Validity and Reliability Test Results

Variables	Items	Validity		Reability	
		Pearson Correlation	Results	Cronbach's Alpha	Results
Adversity Quotient (X1)	1	0,674			
	2	0,757			
	3	0,754	Valid	0,896	Reliable
	4	0,697			
	5	0,679			

Variables	Items	Validity		Reability	
		Pearson Correlation	Results	Cronbach's Alpha	Results
	6	0,611			
	7	0,479			
	8	0,510			
	9	0,532			
	10	0,633			
	11	0,738			
	12	0,663			
	13	0,773			
	14	0,494			
	15	0,599			
Work Stress (X2)	1	0,600	Valid	0,834	Reliable
	2	0,537			
	3	0,499			
	4	0,557			
	5	0,500			
	6	0,497			
	7	0,462			
	8	0,497			
	9	0,502			
	10	0,526			
	11	0,557			
	12	0,378			
	13	0,412			
	14	0,518			
	15	0,465			
	16	0,479			
	17	0,480			
	18	0,449			
	19	0,477			
	20	0,480			
Work Procrastination (Y)	1	0,527	Valid	0,842	Reliable
	2	0,514			
	3	0,538			
	4	0,550			
	5	0,623			
	6	0,636			
	7	0,663			
	8	0,687			

Variables	Items	Validity		Reability	
		Pearson Correlation	**Results**	**Cronbach's Alpha**	**Results**
	9	0,620			
	10	0,648			
	11	0,639			
	12	0,614			

Normality Test Results

Data is normally distributed if sigma > 0.05, ensuring suitability for hypothesis testing.

Table 3. One-Sample Kolmogorov-Smirnov Test

		Unstandardized Residual
N		100
Normal Parameters[a,b]	Mean	,0000000
	Std. Deviation	1,27006607
Most Extreme Differences	Absolute	,104
	Positive	,094
	Negative	-,104
Kolmogorov-Smirnov Z		1,042
Asymp. Sig. (2-tailed)		,228

Hyphothesis Test Results (T-test)

The t-test shows each independent variable's contribution to explaining the dependent variable, with significance indicated a probability value < 0.05.

Table 4. T-test Result

Model	Unstandardized Coefficients		Standardized Coefficients		
	B	Std. Error	Beta	t	Sig.
1 (Constant)	4,142	13,884		,298	,766
Adversity Quotient (X1)	-,259	,090	-,261	-2,870	,005
Stres Kerja (X2)	,700	,088	,721	7,936	,000

5. DISCUSSION

Effect of Adversity Quotient on Work Procrastination

The t test results show that the adversity quotient variable has a coefficient of -2.870 with a significance of 0.005. This means that the adversity quotient has a negative effect on the work procrastination of hospital nurses in Bandarlampung. The degree of job procrastination among nurses will decrease as their adversity quotient increases.

According to research by Rosita (2015), procrastination behavior and adversity quotient have a negative relationship, with a regression coefficient value of -0.599. This means that the lower the adversity quotient level, the more procrastination behavior occurs. These findings suggest that the study validates the hypothesis, which states that hospital nurses' procrastination is significantly and negatively impacted by their adversity quotient in Bandarlampung.

The findings of this study are further supported by Stoltz's (2000) theory that a person with a high adversity quotient will be able to overcome any challenge they encounter, making them more resilient to setbacks and preventing them from delaying necessary tasks. An evaluation known as the adversity quotient can gauge a person's ability to handle difficulties and turn them into chances to overcome obstacles in life.

Effect of Work Stress on Work Procrastination

The t test results show that the work stress variable has a coefficient of 7.936 with a significance level of 0.000. Work stress has a positive effect on the work procrastination of hospital nurses in Bandarlampung. This shows that increasing nurses work stress will increase the level of nurses work procrastination.

This result consistent with studies by Rosita (2015), which found a positive correlation between work-related stress and behavior, and Nurdiyansyah (2012), which found that employee stress significantly affects employee procrastination with a significance of 0.000. procrastination with a regression coefficient value of 0.568, indicating that procrastination behavior increases with work stress. These findings suggest that work stress has a favorable and significant impact on hospital nurses' procrastination in Bandarlampung, which is the theory that this study supports.

According to Wu et al. (2018), stress is a person's reaction to an imbalance between the demands of outside circumstances and their capacity to manage those expectations. Workplace stress can lead to procrastination, according to Beheshtifar et al. (2011). Procrastination in the workplace is defined by Metin et al. (2018) as an attempt to put off work-related tasks by purposefully performing behavioral and cognitive

activities unrelated to work during working hours without intending to cause harm to superiors, coworkers, the workplace, or customers.

6. CONCLUSION

The conclusion that can be drawn from the results of this research is that this research supports the proposed hypothesis: 1) Adversity quotient has a negative and significant effect on the work procrastination of hospital nurses in Bandarlampung; while 2) Work stress has a positive and significant effect on the work procrastination of hospital nurses in Bandarlampung.

7. LIMITATION

This study has several limitations. First, it focuses solely on the impact of adversity quotient and work stress on work procrastination, excluding other potential influencing factors, such as organizational culture, leadership style, or individual motivation, which may also play significant roles. Second, the study is limited to hospital nurses in Bandar Lampung, which restricts the generalizability of the findings to other regions or professions. Additionally, data was collected primarily through self-reported questionnaires, which may introduce response bias as participants could underreport or overreport their behaviors. Future research could address these limitations by including a broader range of variables, expanding the sample to other locations or professions, and utilizing a combination of self-reported and observational data.

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