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Workload, Workplace Spirituality, Organizational Commitment and Turnover Intention in Nurses at M Hospital of Banten, Indonesia

Tobias Reinaldo Toti¹, Endang Ruswanti^{1,*}, Rokiah Kusumapradja¹

¹Department of Hospital Administration, Universitas Esa Unggul Jakarta, Indonesia

Turnover nurses it's one of the main problems in hospitals. Outgoing nurses with significant costs to recruiting a new employee, orientation fees, and training new employees it was very harmful for hospital. Thus, this study aimed to determine the effect of workload and workplace spirituality on turnover intention with organizational commitment as an intervening variable in nurses at M hospital. In this study, we collect the data observation from questionnaires at M hospital with 124 nurse respondents using the convenience sampling method. The explanatory causal research model with Path Analysis was used in this study. The results showed that a Workload, Workplace Spirituality, and Organizational Commitment simultaneously influence Turnover Intention, Workload influences Organizational Commitment, Workplace Spirituality influences Organizational Commitment, Organizational Commitment does not influence Turnover Intention, Workload influences Turnover Intention and Workplace Spirituality does not influence Turnover Intention. The research implication is that to reduce the nurse turnover intention, it is necessary to make a workload analysis, arrange the assignment system and make an amount of staff to reduce the workload of nurses in M hospital.

Keywords: Workload, Workplace Spirituality, Organizational Commitment, Turnover Intention.

1. INTRODUCTION

Hospitals in Indonesia experienced a significant increase from 2014-2018. The increase in the number of hospitals from 2,406 in 2014 increased to 2,813 in 2018 [1]. An increase in the number of hospitals raises business competition in health services between hospitals. Hospitals need to pay special attention to the human resources in their hospitals to be able to survive in the current era of globalization. The balance between the needs of human resources with the demands of hospital business development requires the management of human resources in a good and professional manner. Hospitals can develop and grow productively if they achieve this balance. Human resource management with professionals must begin from the recruitment, selection to maintenance of employment relations. Nurses as health workers in hospitals greatly affect the quality of services at the hospital. The quality of service by nurses is important to be improved and maintained in order to achieve cost efficiency in hospitals [2]. The lack of nurses is becoming

*Email Address: endang.ruswanti@esaunggul.ac.id

a worldwide trend. The 2018 survey report in America revealed data that the total nurse turnover averaged 17.2%. Nurse turnover will cause a shortage of trained nurses and experts in their field. Nurses who have a desire to leave (turnover intention) become a concern for hospitals because nurses who leave (turnover) spend significant costs from the hospital budget such as the cost of recruiting new employees, the cost of orientation and training of new employees so that it harms the hospital [3]. Turnover intention is positively correlated and is one predictor of actual turnover. Turnover in nurses is related to lack of quality of work life, excessive workload, organizational commitment, organizational culture, shift schedule and family conflict with work [4]. The turnover phenomenon is also felt by M hospital in 2019, out of 124 employees there was a turnover of nurses who came out of 15 nurses or 12%. The hospital employees are said to be normal ranging between 5-10% per year, said to be high if more than 10%. The results of the survey on 10 respondents' nurses in the M hospital also showed that turnover intention tended to increase in nurses with a

proportion of 63%. Increased turnover intention is shown by nurses' perceptions of thinking out of their current jobs in M Hospital and the desire to leave when there are better opportunities outside the hospital. These data indicate the existence of turnover issues that must be a concern of M hospital management. The organizational commitment is an important variable that plays a role in reducing the level of turnover intention. Organizational commitment is divided into three forms including affective commitment, where this commitment arises because there is an emotional attachment between employees and their organizations; continued commitments, where these commitments relate to profit and loss considerations when leaving the organization; normative commitment, where this commitment appears related to the employee's obligation to remain in his organization. Employees with strong affective commitments will be emotionally bound, involved in the organization, and remain in the organization [5]. The results of the survey showed the organizational commitment that tends to be less favorable for nurses in the M Hospital with a proportion of 57%. Poor organizational commitment is shown by the lack of activity in the workplace and the lack of being bound to the current organization in M Hospital.

Besides organizational commitment, the workload is an important variable on employee turnover intention. The excessive workload can affect nurses' desire to change work (turnover intention) because it raises the need for a lot of work hours and adds stress to nurses [6]. The results of the survey show that workload tends to increase in nurses in the M Hospital with a proportion of 67%. Through interviews conducted with several nurses in M Hospital, they complained of excessive workload due to the increasing number of patients, additional workload due to having to double administrative work, the number of nurses still lacking and pressure from the leadership to reach the target. Thus, other factors arising from turnover intention can be caused by the nature of the work environment and the opportunity for employees to express their feelings and values. The value trend in human resource management is known as workplace spirituality. Workplace spirituality is the awareness that everyone has an inner life that grows and is grown by meaningful work in the context of the community [7]. The M Hospital is one of the private hospitals in Banten Province that uses Christian vision, mission and spiritual values. The vision of the M Hospital is to become a quality hospital and provide a complete and satisfying service for people based on love. The spiritual climate of the organization can be observed from spiritual activities and religious symbols in the hospital. The results of the survey show that spirituality workplaces tend to be good for nurses in M Hospital with a proportion of 77%. Workplace spirituality that tends to be good is shown by feeling happy at work, feeling the positive impact of the values that are applied and the similarity of life's mission to the mission in the hospital. However, workplace

spirituality has not been able to maintain the nurse's commitment to continue working in M Hospital. The purpose of this study to analyze the influence of workload, workplace spirituality and organizational commitment as an intervening variable on nurse turnover intention in M Hospital. The research contribution is first, used as reading material and a reference for further researches. Second, it is used as input for hospitals, especially the human resources department to make policies in reducing the nurse turnover.

2. METHODOLOGY

In order to achieve the work, we proposed four variables are used in this research as follows:

- a) Turnover Intention is the tendency or intention of employees to stop working from work voluntarily or move from one workplace to another according to their own choice. Turnover intention can be used as an initial symptom of turnover in a company. The turnover intention dimension consists of thinking of quitting, intention to search for alternatives and intention to quit [8].
- b) Organizational Commitment is a psychological state that characterizes employee relations with the organization and accepts the goals and values of the organization. Employees who have organizational commitment will work with full dedication to achieve organizational goals. The organizational commitment dimension consists of affective organizational commitment that refers to employee emotional tendencies, continuance organizational commitment that refers to costs accrued during life in the organization, and normative commitments that refer to employee obligations to the organization [9].
- c) Workload is a direct estimation of the subject or comparative assessment of mental and cognitive workload experienced at a particular time. The workload dimensions consist of the first, time load which shows the amount of time available in planning, implementing, and monitoring tasks. Second, mental effort load which predicts or estimates how much mental effort in planning is needed to carry out a task. Third, psychological stress load which measures the amount of risk, confusion, frustration associated with the performance or appearance of the task [10].
- d) Workplace Spirituality is about expressing one's desire to find meaning and purpose in life and is also a process of reviving personal values that are highly held by a person. The workplace spirituality dimensions consist of the first, meaningful work that represents an individual level. This is a fundamental aspect of workplace spirituality which consists of the ability to feel the deepest meaning and purpose of a job. Second, the sense of community that represents the group level. This dimension refers to the group level of human behavior and focuses on interactions between workers and their coworkers. Third, alignment with organizational values that represent the

level of the organization. This dimension is the alignment of employee's personal values with the mission and goals of the organization [11]. Based on four variables are used in this study, we proposed research constellation to obtain the result (see Figure 1).

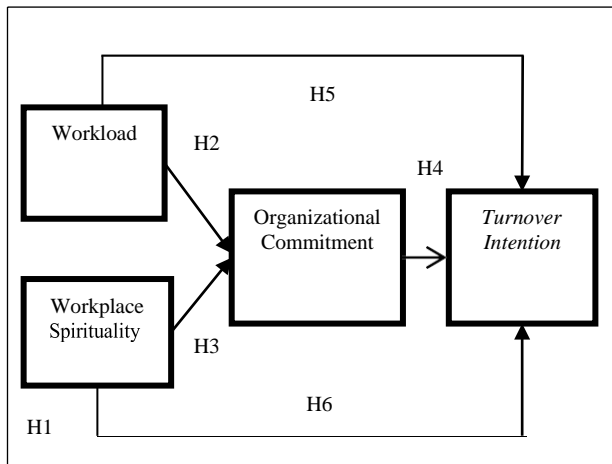


Figure 1. Research Constellation

Based on proposed hypothesis, we found six hypotheses from respondent over M Hospital, Banten, West Java, Indonesia as follows:

- H₁: There is an influence between workload, workplace spirituality, and organizational commitment on nurses' turnover intention at the hospital simultaneously.*
- H₂: There is an influence of workload on the organizational commitment of nurses in hospitals.*
- H₃: There is an influence of workplace spirituality on the organizational commitment of nurses in hospitals.*
- H₄: There is an influence of organizational commitment on nurse's turnover intention at the hospital.*
- H₅: There is an influence of workload on nurses' turnover intention at the hospital.*
- H₆: There is an influence of workplace spirituality on nurses' turnover intention at the hospital.*

In this study, we use correspondent data based on questionnaires' and interview mechanism at RSML, Banten province. We collect the data start from preparation of research plans over December 2019 to March 2020. The conducted research is a descriptive research. It uses a survey i.e. cross-sectional survey. This research is an explanatory research aiming to explain the causal relationship (affect) and test the hypotheses as can be seen in Figure 1. It aims to discover the influence of the first independent variable (X_1) Workload, the second independent variable (X_2) Workplace Spirituality and intervening variable (Z) Organizational Commitment to

the dependent variable (Y) Turnover Intention in nurses at M Hospital. This research is a survey research that uses questionnaires as a tool to collect primary data. The data was obtained through questionnaires distributed to respondents and containing statements and answers of respondents in form of a Likert scale with 5 measurement scales. Preceded by validation and reliable testing of 30 samples. The index values of variables are interpreted with the Three Box Method criteria. The data analysis techniques used in this study were path analysis techniques. The population in this study was all of the nurses at M Hospital in Banten, which was as many as 124 nurses. Samples were taken using Hair formula. In this research, the number of items is 20 questions used to measure 4 variables, thus the required minimum number of samples is $24 \times 5 = 120$ respondents. The number of samples taken was 124 nurse respondents at the M Hospital in Banten.

3. RESULTS AND DISCUSSION

A. Profile of Respondents

In this study, the most respondents are female with the percentage of 60.5%. Most respondents age was 20-30 years (71%). Most respondents with D3 education (87.9%). Based on the length of work, most < 2 years (42.7%). Marital status was mostly married which is 72.6% while in validity test was conducted on 30 respondents. The value of r table (0.361) in the statistics table with $df = n-2 = 30-2 = 28$. Based on the results of the validity test of each indicator used produces a correlation coefficient with the highest validity of 0.893 and the correlation coefficient with the lowest validity of 0.355. The validity test results show only one indicator of the workload variable is invalid while the other indicators are valid. Based on the results of the reliability test shows that all variables have a Cronbach's Alpha value > 0.6. This means that all indicator variables in this study are reliable.

B. Descriptive Analysis Test (Three Box Method)

Descriptive analysis is used to get the tendency of respondents' answers to each variable, it will be based on the average score (index) which is categorized into a range of scores based on the calculation of the three-box method.

Lower limit of score range: $(124 \times 1/5) = 24.8$ (1)
Upper limit of the range of scores: $(124 \times 5/5) = 124$ (2)

By using the three-box method, the range of 99.2 is divided into three parts, so that the range for each part is 33.06, which will be used as a list of interpretation of the index such as 24.8 to 57.86 is Low, 57.87 to 90.93 is Medium, and 90.94 to 124 is High (see Table I).

Table I. Matrix of Respondents M Hospital

No	Variable	Position of Respondents' Responses			Result
		Low	Medium	High	
1	Workload		*		Normal
2	Workplace Spirituality		*		Normal
3	Organizational Commitment		*		Normal
4	Turnover Intention		*		Normal

Based on Table I, the respondents' responses to workload, workplace spirituality, organizational commitment and turnover intention are included in the moderate or normal category. Thus, we use path analysis and interview test to obtain the result (see Table II and III).

Table II. Path Analysis Test

Variable	Estimate	S.E.	C.R.	P	Explain
Workload to Organizational Commitment	0,364	0,072	5.086	,000	(H2) Accepted
Workplace Spirituality to Organizational Commitment	0,617	0,055	11.157	,000	(H3) Accepted
Organizational Commitment to Turnover Intention	-0,129	0,179	-0,721	,471	(H4) Rejected
Workload to Turnover Intention	0,341	0,156	2.183	,029	(H5) Accepted
Workplace Spirituality to Turnover Intention	-0,239	0,156	-1.533	,125	(H6) Rejected
Workload, Workplace Spirituality and Organizational Commitment to Turnover Intention			Chi-square 0.009 P 0,922		(H1) Accepted

Table III. Intervening Test Results

Variables	Turnover Intention	
	Direct	Indirect
Workplace Spirituality	-0,188	-0,063
Workload	0,208	-0,029
Organizational Commitment	-0,095	0,000

C. Hypothesis Test

Hypothesis 1 is accepted because the result of the calculated Chi-square value of 0,009 which is smaller than the Chi-square table value shows that there was no difference between the theory and the research model as well as the empirical data environment. Workload, workplace spirituality, and organizational commitment

simultaneously influence turnover intention to strengthen theory testing. This means that if the turnover intention is to be lowered then it is necessary to adjust workload, increase workplace spirituality, and nurse organizational commitment simultaneously at M hospital. Based on the coefficient of determination (R_2) test, the estimated value obtained from the workload, workplace spirituality and organizational commitment variables to turnover intention is 0.09, which means that workload, workplace spirituality and organizational commitment variables affect turnover intention by 9%, while the rest is 91 % influenced by other variables outside of this study. This is in accordance with the theory which states that many factors cause employees to move from their workplace, but the determinants of the desire to move are organizational commitment and workload. Meanwhile, to increase organizational commitment and reduce turnover, organizations can apply spirituality in the workplace which will stimulate employees to form a more positive perception of the organization where they work [12]. So, it can be concluded that there is a significant influence between workload, workplace spirituality and organizational commitment simultaneously on nurse turnover intention at M Hospital. Furthermore, Hypothesis 2 is accepted because the significance level of 0,000 is less than 0.05. This means that the effect of the independent variables on the dependent variable shown in the table is significant. The results of statistical test show that workload has a significant positive effect on organizational commitment. It means that the greater the challenging workload is given, the greater the organizational commitment. The more nurses are given challenging jobs that require a high level of concentration and often use the ability to think in performing care actions, the higher the nurse's organizational commitment to the M Hospital. So, to increase nurses' commitment to the hospital, nurses can be given challenging job so that they can increase the activeness and involvement of nurses in the M Hospital. The results of this study support the theory which states that a low level of workload can make an employee feel unappreciated, have no challenges and feel that their value is not recognized, this is because employees do little work. Additional tasks and challenging work can provide more commitment to employees [13]. The results of this study are in line with the results of research which state that workload has a significant positive effect on organizational commitment [14]. Here, hypothesis 3 is accepted because the significance level of 0,000 was less than 0.05. This means that the influence of the independent variables on the dependent variable shown in the table is significant. The results of statistical test show that workplace spirituality has a significant positive effect on organizational commitment. It means that the higher the workplace spirituality, the higher the organizational commitment. The more nurses feel happy at work because they can use their talents and feel excited by working, the more the nurse's organizational commitment to the hospital will increase. So, to increase the organizational commitment of nurses it is necessary to improve the workplace spirituality for each nurse at M Hospital. The results of this study are

support the theory that employees who have a high workplace spirituality and are supported by positive work will be more creative, have high job satisfaction, are able to work well in teams, and have a commitment strong to the company. The results of this study are in line with the results of research which states that spirituality in the workplace has a positive and significant effect on organizational commitment [15]. Hypothesis 4 was rejected because the significance level of 0.471 was greater than 0.05. This means that the influence of the independent variables on the dependent variable shown in the table is not significant. The results of statistical test show that organizational commitment has no significant effect on turnover intention. It means that high or low organizational commitment does not affect nurse turnover intention in the hospital. So organizational commitment has not been able influence turnover intention because nurses have not been emotionally tied to the hospital. The results of this study are not in line with previous studies which states that organizational commitment has a negative and significant effect on turnover intention. Employees with a high level of organizational commitment will have a low turnover intention [16]. The results of this study are supported by the results of research which states that there is no effect of organizational commitment on turnover intention [17].

Hypothesis 5 is accepted because the significance level of 0.029 is less than 0.05. This means that the influence of the independent variables on the dependent variable shown in the table is significant. Based on table 3, the effect of workload on direct turnover intention is 0.208, whereas if mediated by organizational commitment, the value is -0.029 (Direct Effects > Indirect Effects; $0.208 > -0.029$). Based on these results it could be concluded that workload could increase turnover intention directly without mediating organizational commitment. The results of statistical test show that workload has a significant positive effect on turnover intention. It means that the higher the workload, the higher the turnover intention. The increasing workload because they have less free time, requires more time to monitor patient care and often do two or more work at the same time, the higher turnover intention of nurses at M Hospital. So, to reduce nurse turnover intention and create nurse retention, workload needs to be adjusted. This is in accordance with the theory which states that high workloads allow excessive energy usage resulting in overstress, whereas too low an intensity of loading results in boredom or under stress [18]. The results of this study are in line with the results of research which states that workload had a positive and significant effect on turnover intention [19]. Hypothesis 6 was rejected because the significance level of 0.125 was greater than 0.05. This means that the influence of the independent variables on the dependent variable shown in the table is not significant. The results of statistical test show that workplace spirituality has no significant effect on turnover intention. It means that high or low workplace spirituality has no effect on nurse turnover intention in M Hospital. So, workplace

spirituality has not been able to affect turnover intention because nurses have not been able to interpret work as meaningful and in accordance with life goals. The results of this study are not in line with the results of previous studies which state that spirituality at work has a negative and significant effect on turnover intention [20]. The results of this study are supported by the results of research which states that workplace spirituality has no effect on turnover intention [21]. Thus, this research has been attempted and carried out in accordance with scientific procedures, however, it still has limitations, namely: First, the factors that affect turnover intention are only discussed 3 variables: workload, workplace spirituality, and organizational commitment, while there are still many factors that influence turnover intention; Secondly, the average nurse has time work < 2 years so that there has not been a strong organizational commitment and workplace spirituality to the hospital.

4. CONCLUSIONS

Workload, workplace spirituality, and organizational commitment simultaneously affect the turnover intention of nurses in the M Hospital. It means that if the turnover intention is to be lowered, it is necessary to adjust the workload, and increase workplace spirituality and organizational commitment of nurses simultaneously at the M Hospital. Workload has a significant positive effect on organizational commitment of nurses at the M Hospital. It means that the greater the challenging workload is given, the greater the organizational commitment. So, to increase nurses' commitment to the hospital, nurses can be given challenging job so that they can increase the activeness and involvement of nurses in the hospital. Workplace spirituality has a significant positive effect on organizational commitment of nurses in M Hospital. It means that the higher the workplace spirituality, the higher the organizational commitment. So, to increase the organizational commitment of nurses, it is necessary to increase the workplace spirituality for nurses at the M Hospital.

Organizational commitment has no significant effect on turnover intention. It means that high or low organizational commitment does not affect the turnover intention of nurses in the hospital. So organizational commitment has not been able to influence turnover intention because nurses have not been emotionally tied to the hospital. Workload has a significant positive effect on turnover intention. It means that the higher the workload the higher the turnover intention. So, to reduce turnover intention of nurses and create nurse retention, workload needs to be adjusted. Workplace spirituality has no significant effect on turnover intention. It means that high or low workplace spirituality has no effect on turnover intention. So, workplace spirituality has not been able to affect turnover intention because nurses have not interpreted work as meaningful and in accordance with life goals. From the results of research that has been done, it is necessary to take corrective steps in M Hospital

management namely: To reduce nurse turnover, M Hospital management needs to analyze the workload, arrange the assignment or scheduling system, make a standard number of workforce that is adjusted to the type of work unit and the level of dependency of patients being treated and add administrative personnel to reduce the workload of nurses. This can avoid work fatigue which will have a positive impact on hospitals and nurses and reduce the intention of nurses to leave (turnover intention). To increase organizational commitment to nurses, M Hospital management can provide challenging jobs that uses high concentration and thinking skills by including nurses in the quality team or accreditation team and increasing the workplace spirituality for each nurse by creating a feeling of joy and enthusiasm in working for nurses so that nurses can actively involve workplace. From the results of research and in-depth study, there is an opportunity to develop organizational commitment theory by expanding the independent variable by adding a new variable, namely: workplace spirituality. The results of this study indicate that the lowest average respondent's answer in answering the workload variable is a statement about less free time and excess pressure when the target is raised, then the M Hospital management is expected to pay attention to group dynamics, distribute workloads by placing nurses according to their competence, divide the duties of nurses according to the job description, add nurses according to patient needs and add administrative personnel to reduce nurses' workload. The results of this study indicate that the lowest average respondent's answer in answering the workplace spirituality variable is a statement about the similarity of values and personal life mission with the hospital, then the M Hospital management needs to improve workplace spirituality by exploring and disseminating the value of the hospital virtues, the vision and mission of the hospital to every nurse in the form of personal counseling, seminars, and emotional spiritual quotient leadership training as well as improving policies that improve the welfare of nurses. The results of this study indicate that the lowest average respondent's answer in answering the organizational commitment variable is a statement about emotional ties with the hospital and the obligation to work in the hospital, then the M Hospital management needs to provide rewards, opportunities to nurses for career development, attend education, seminars, or nursing training as well as sincere attention from the hospital to nurses. The results of this study indicate the lowest average respondent's answer in answering the turnover intention variable is a statement about dissatisfaction and boredom with work in the hospital, then the M Hospital management needs to pay attention to the job satisfaction of nurses so they do not get bored with their work by doing recreational events, gathering, or outbound for nurses at the hospital.

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