Moderating Role of Job Autonomy in the Relationship among Antecedents of Organizational Commitment: Empirical Study in Indonesia Social Security Administrator for Health

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Abstract

This study examines the effect of perceived work overload and work-family conflict on organizational commitment with job autonomy as a moderating variable. This study combines Moore (2000a) and Ahuja et al. (2007) IS Turnover model to develop a more parsimony model in explaining the phenomenon of organizational commitment in Social Security Administrator for Health (BPJS Kesehatan). Population of this study is employees of BPJS Kesehatan including Central Office, Deputy for Jakarta-Bogor-Depok-Tangerang Bekasi (Jabodetabek) Region, Deputy for Central Java and DIY, Deputy for Papua and West Papua, Deputy for North Sulawesi, Central Sulawesi, Gorontalo and North Maluku, and Deputy for Region South Sulawesi, West Sulawesi, Southeast Sulawesi and Maluku. 1650 samples of employee from all level and job positions have gathered by online questionnaire survey. The Result shows that the perception of work overload and work-family conflict affects organizational commitment and is moderated by job autonomy. Implications for future research and stakeholders are further discussed.

Keywords: Perceived Work Overload; Work-Family Conflict; Organizational Commitment; Job Autonomy.

Memoderasi Peran Otonomi Kerja dalam Hubungan Anteseden Komitmen Organisasi: Studi Empiris di Indonesia Penyelenggara Jaminan Sosial Kesehatan

Abstrak

Studi ini bertujuan menguji pengaruh Beban Kerja Berlebihan Persepsi dan Konflik Pekerjaan-Keluarga pada Komitmen Organisasi dengan Otonomi Pekerjaan sebagai variabel mediasi. Studi ini mengkombinasikan Model Turnover SI Moore (2000a) dan Ahuja et al. (2007) untuk membangun sebuah model proposisional yang parsimoni dalam menjelaskan fenomena komitmen organisasional di BPJS Kesehatan. Populasi dalam penelitian ini adalah seluruh pegawai BPJS Kesehatan yang meliputi kantor pusat, kecamatan wilayah Jakarta-Bogor-Depok-Tangerang-Bekasi (Jabodetabek), Jawa Tengah dan DIY, Papua dan Papua Barat, Sulawesi Utara, Sulawesi Tengah, Gorontalo dan Maluku Utara, dan kecamatan wilayah Sulawesi Selatan, Barat, dan Maluku. 1650 sample pegawi di seluruh level dan posisi, diperoleh melalui survei kuesioner online. Hasil pengujian menunjukkan Beban Kerja Berlebihan Persepsi dan Konflik Pekerjaan-Keluarga berpengaruh pada Komitmen Organisasional dan dimoderasi oleh Otonomi Pekerjaan. Implikasi temuan penelitian untuk penelitian selanjutnya dan penanggung kepentingan, didiskusikan lebih lanjut.

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INTRODUCTION

Indonesia’s National Health Care Insurance Program (JKN-KIS), which began on January 1, 2014, brought changes to the health system in Indonesia. Data from the Business Intelligence of BPJS Kesehatan application shows that at 2017, 187,982,949 Indonesian had coverage through this program (BPJS, 2019). This figure makes Indonesia the country with the largest number of participants in social health insurance in the world. Referring to the JKN-KIS Program Road Map developed by the National Social Security Council (DJSN), targeted in 2019, Indonesia will achieve universal coverage of the JKN-KIS program by 95% of the population. This target is quite ambitious compared to other countries, such as South Korea, which has begun efforts towards universal health coverage since 1963 and only succeeded in realizing it in 1989 (Thabrany, 2014).

The presence of the JKN-KIS program stimulates insurance effects (BPJS, 2019), which an individual risk has been transferred into the group through an insurance mechanism, the individual’s anxiety over the consequences of the loss he will suffer if the insured risk arises, becomes lower (Tykocinski, 2013). Protection against financial risks when the emergence of disease provided by the JKN-KIS program, also presents an insurance effect. This can be seen in the increase in visits of patients participating in the JKN-KIS program to various providers. In 2014, BPJS Kesehatan recorded 92.3 million JKN-KIS patient visits to providers and in 2016 it reached 177.8 million visits. In the end, this situation has an impact on the BPJS employee’s workload.

Before turning into BPJS Kesehatan, PT Askes (Persero) had 4,648 employees spread across Headquarters, 12 Regional Deputies, 104 Branch Offices, and 358 Regency/City Offices. The ratio of employees to participants at that time was one employee compared to 3,474 participants. After becoming BPJS Kesehatan, the number of employees increased to 7,296 people spread across Headquarters, 13 Regional Deputies, 126 Branch Offices, and 238 Regency/City Offices. The ratio of employees to participants as at December, 31 2017 reached 1 employee compared to 25,548 participants or increased to 735%. However, the increase is not proportional to the rapid increase in health service providers (from 1.109 into 2.268 providers) and extension of BPJS Kesehatan function of services (such as marketing, card distribution, contribution collection, and compliance). Therefore, it is not surprising that policy pressure on efficiency due to deficits raises the problem of employees to work overload and work-family conflict (EOS, 2018).

BPJS Kesehatan has an alternative solution to reduce employee’s work-family conflicts, such as job autonomy. Thompson and Prottas (2006) show that perceived work overload and work-family conflicts, can be reduced by employees’ autonomy. Job autonomy can be in the form of discretion in managing time in starting and completing work (Beehr, 1976). However, through Directors Regulation Number 32 Year 2016 concerning Work Time and Discipline Enforcement for BPJS Kesehatan Employees, and Circular of HR and General Director Number 40 Year 2016 concerning Explanation of Directors Regulation Number 32 Year 2016 regarding Work Time and Discipline Enforcement for BPJS Kesehatan Employees, management applies very strict working time rules.

Employees’ perceived work overload, the impact on the reduced time for the family, and unsupported management policies, are feared to affect employee commitment to the organization. During 2016-2017, EOS consistently shows the lowest organizational commitment index (OCI) of highest workload unit. Therefore, how the relationship between perceived work overload influences organizational commitment of BPJS Kesehatan employees and to the extent where work-family conflict mediates the relationship between the two, is the main essence of this research. In addition, this study will also look at how job autonomy can reduce the impact of perceived work overload on employee’s work-family conflict.
The majority of the research examining organizational commitment has been steered either through social identity theory and its related body of literature (Mael & Ashforth, 1992; Smith et al., 1996; Smidts et al., 2001; Dukerich et al., 2002; Demir, 2011; Kang et al., 2011; Alias et al., 2013; Tuna et al., 2016); or through attitudinal and behavioral commitment to the organization (Porter & Steers, 1973; Meyer & Allen, 1991; McNeese-Smith & Nazarey, 2001; Ghazzawi, 2008; Gunlu et al., 2010; Teh & Sun, 2012). However, little is known about the causes of employee's organizational commitment from the perspective of the antecedents of exhaustion and turn over intention.

This study combines between Moore (2000a) and Ahuja et al. (2007) model of IS Turnover to develop a more comprehensive model in explaining the phenomenon of organizational commitment in BPJS Kesehatan. Both studies focus on predictors of exhaustion and turn over intention. In their research, Ahuja et al. (2007) clarified that four antecedents that have a significant influence on employee organizational commitment and work exhaustion, namely perceived work overload, work-family conflict, job autonomy and distributive justice. Meanwhile, Moore (2000a) did not specifically focus on organizational commitment but he focused on predictors of employee exhaustion and turn over, namely perceived workload, role ambiguity, role conflict, autonomy and reward fairness. However, both studies did not specifically focus on organizational commitment as employee outcomes and contingency effect of other factors as moderating or mediating variables.

This research has novelty in the form of proposed a parsimony model from two previous established model of IS Turnover by focusing on organizational commitment as criterion and positioning job autonomy as moderator to investigate contingency effect of antecedents of organizational commitment in BPJS Kesehatan.

This study is important because of the novelty to develop of an organizational commitment model can be done through the development and re-examines of the IS Turnover model that investigated from the perspective of organizational commitment and exhaustion. In addition, developing a model by examining the contingency effect of organizational commitment predictors, broadens the perspective of organizational commitment model developed through the IS turnover model, specifically in the context of BPJS Kesehatan.

Hypothesis Development

The Effect of Perceived Work Overload (PWO) on Organizational Commitment (OC)

Employees who feel committed have a tendency to stay in the organization. Therefore, employee organizational commitment is a natural factor that is negatively related to the level of employee discharge from an organization (Ahuja, 2002). Organizational Commitment as the level of employee identification and involvement with the organization (Porter et al., 1974). The concept of employee identification and involvement is characterized by at least three things (Mowday et al., 1982): (1) accepting and believing the goals and values of the organization, (2) willingness to give more effort for the organization, (3) the desire to remain part of the organization.

Meyer and Allen (1991) perfect the definition of OC as an employee’s psychological condition that characterizes the relationship between employees and the organization and influences the employee’s decision to remain part of the organization or leave the organization. Meyer and Allen (1991) also suggested three components that make up OC. The first component is affective commitment, which is an employee’s emotional attachment to the organization, which makes the employee identify himself as part of the organization and want to be involved in the organization. This affective commitment is often formed due to the compatibility between the goals and values adopted by the organization with the goals and values shared by individual employees (Mowday et al., 1979).
The second component is an ongoing commitment or continuance commitment, which is a commitment based on an awareness of the costs that an employee must pay when he decides to leave the organization. These costs can include loss of friends, loss of life insurance, health and retirement benefits, fears of the difficulty of adjusting to the new work environment, and so forth. Consideration of these costs can make employees reluctant to leave the organization.

The third component is a normative commitment, which is the employee's feeling that he has an obligation to remain in the organization. Gould-Williams (2004) reports that when companies provide the support needed by employees, for example funding employees to continue their education, employees will feel they have an obligation to remain in the organization. In this case, employees show a higher level of normative commitment. Employees who feel committed tend to stay in the organization. Therefore, employee organizational commitment is a natural factor that is negatively related to the level of employee turnover from an organization (Ahuja, 2002). However, perceived work overload and exhaustion are factors that influence the level of employee organizational commitment (Ahuja et al., 2007).

The number of workers who experience and report that their work overload continues to increase (Cartwright & Cooper, 1997; Rauhala et al., 2007; Mulki et al., 2008). Work overload condition is a phenomenon that is commonly encountered in work environments lately (Moore, 2000b).

Perceived work overload (PWO) defined as the feeling experienced by employees when the work they do is too much or the time available to complete the work is too little (Greenhaus & Beutell, 1985; Schaufeli et al., 1995; Leiter & Schaufeli, 1996). Workers who feel that their workload is excessive, experience long and intensive work hours, receive and handle many work-related requests, and have very limited time to complete all the work (Schlotz et al., 2004).

Thompson and Prottas (2006) argued, PWO shaped the attitudes and behavior of employees towards their work. If employees feel the task and completion deadlines given are in accordance with their abilities, then the work will be good. Conversely, when employees experience PWO, the ability of employees to maintain their effectiveness and efficiency at work will be disrupted.

PWO has negative impacts, both on workers and organizations (Spector et al., 1988; Jex & Beehr, 1991; Avery et al., 2010). In many studies, PWO is the main source of psychological stress and causes of exhaustion at work (Roberts et al., 1997; Moore, 2000b; Claessens et al., 2004). PWO also has negative impact on physical health. Schlotz et al. (2004) showed that perceived work overload worker who wakes up in the morning with higher levels of the hormone cortisol, especially on workdays. The Body will produce cortisol hormone when humans feel depressed and will increase in cholesterol and triglyceride levels.

Ahuja et al. (2007) found that PWO had a positive effect on exhaustion or Job burnout, characterized by a loss of energy and enthusiasm at work and a reduced capacity to produce the expected performance (Valcour, 2018). Job burnout has also a negative relationship with OC (Ahuja et al., 2007).

Job burnout symptoms are not detected in the BJPS Kesehatan. However, EOS shows higher workload and lower score of the employee Organizational Commitment Index (OCI). This study argues that PWO has a negative influence on OC. Thus, the first hypothesis in this study can be formulated as follows:

H1: Perceived work overload negative effect on organizational commitment.

The Effect of Perceived Work Overload (PWO) on Work-Family Conflict (WFC)

A person's role in his work can affect his role in the family, and vice versa, one's role in the family can affect his role in work (Kanter, 1977; Rice et al., 1979, 1980; Gutek et al., 1991; Frone et al., 1992; Yildirim & Aycan, 2008). When a
person's role in his work prevents him from carrying out his role well in the family, then work-family conflict (WFC) appears. Conversely, if a person's role in the family prevents him from carrying out his role in work properly, then WFC appears (Greenhaus & Beutell, 1985).

According to Greenhaus and Beutell (1985), the WFC has three forms. The first is time-based conflict. This conflict occurs when the time allocated by employees to do more work so that the time allocation for their families is reduced. Many women who have husbands with very high levels of involvement in their work experience the WFC (Greenhaus & Beutell, 1985). Consistent with that, Keith and Schafer (1980) found that the Corruption Eradication Commission experienced by a woman is related to the number of hours worked by her husband every week. Those who are married also experience more WFC than those who are not married (Herman & Gyllstrom, 1977). Married couples who already have children, experience more WFC than couples who do not have children (Holahan & Gilbert, 1979; Pleck et al., 1980). Having the responsibility to care for children is also one of the reasons that triggered the WFC (Bohen & Viveros-Long, 1981). These findings consistently show that, work demands that make a person spend more time with his work compared to his family, lead to the emergence of the WFC.

The second form of WFC is pressure conflict between roles or strain-based conflict. This conflict occurs when the pressure experienced by someone in his work role, he transfers into his role in the family. Factors that cause work pressure, such as changes in work environment, communication patterns, and mental concentration needed, are related to work-family conflict (Burke et al., 1980). Pressure at work can make a person experience changes in behavior that interfere with his role in the family, such as tension, anxiety, depression, irritability, and irritability (Ivancevich & Matteson, 1980; Brief et al., 1981).

The third form of WFC is behavior conflict or behavior-based conflict. This conflict occurs when effective behavior in a role becomes ineffective when applied to another role. For example, a male employee who has a managerial position in his work, is expected to have stable emotions and is always objective (Schein, 1973). However, this behavior becomes ineffective when he performs the role of a husband and/or father in his family. When becoming a husband and/or father, warm behavior and caring and affection are certainly more expected (Greenhaus & Beutell, 1985).

The number of hours worked per week, the frequency of overtime, and changes in work shifts or erratic work-shifts (PWO), have a positive effect on the WFC (Burke & Weir, 1980; Keith & Schafer, 1980; Pleck et al., 1980). Consistent with these findings, assert that PWO has a positive relationship with the WFC (Parasuraman et al., 1996; Frone et al., 1997; Britt & Dawson, 2005; Skinner & Pocock; 2008).

Based on EOS, time-based conflict is the most experienced type of WFC at BJPS Kesehatan. Employees stated that the high workload at BJPS Kesehatan reduced the amount of time they had to carry out their roles in the family. This condition results in many problems with other family members, for example fighting among husband and wife. Based on this logic, researchers argue that the PWO has a positive influence on the WFC. Thus, the second hypothesis in this study can be formulated as follows:

H2: Perceived work overload positive effect on work-family conflict.

The Effect of Work-Family Conflict (WFC) on Organizational Commitment (OC)

Previous studies found a negative effect of WFC on OC (Mayer et al., 2000; Allen & Meyer, 2000; Beauregard, 2006; Ajiboye, 2008). Meanwhile, Rathi and Barath (2013) suggest that work roles and family roles are most influential roles of an employee. Therefore, the conflict between the two roles is a source of pressure among employees. Employees who prioritize their role in the family, see their role in work as a disturbing thing. In the
context of OC, when the role in the family is more important, the goals and values of employees with the goals and values of the organization, are no longer in line, the affective commitment of employees will decrease (Mukanzi & Senaji, 2017).

In the context of BJPS Kesehatan, employees also highly uphold the family’s existence. WFC’s continued intensity will eventually lead employees to priority choices. From interviews conducted in a preliminary study with employees at the Deputy for Human Resources Management, found that more than 70% of cases of employees refusing promotion to resign, related to family reasons. These reasons include not being placed away from family, wanting more time for family, and the condition of children who need special attention. This fact shows that the family remains a priority for BJPS Kesehatan employees. When the WFC appears, employees will prioritize their commitments to their families so that OCs are reduced. Based on this logic, researchers argue that WFC has a negative influence on OC. Thus, the third hypothesis in this study can be formulated as follows:

H3: Work-family conflict negative effect on organizational commitment.

Mediating Effect of Work-Family Conflict (WFC) on the Effect of Perceived Work Overload (PWO) on Organizational Commitment (OC)

Byron (2005) found that work overload and inflexible working hours made employees experience PWO, including the WFC antecedents. Allen et al. (2000) also found that WFC was one of the predictors of OC. Further in his research, Ahuja et al. (2007) studied that OCs will weaken as the WFC increases due to increasing PWO.

A preliminary study conducted at the beginning of this study indicated that BJPS Kesehatan employees experienced PWO and WFC. However, the OC score is still quite high in EOS, as if the PWO does not affect the OC. On the other hand, EOS has never measured PBKP and WFC. A reasonable explanation is that PWO does not directly influence OCs, but rather through the mediating role of the WFC. The indications include in the EOS, employees stated that the length of time they spent completing work had reduced the allocation of time they used for the family, causing conflicts in their households. Furthermore, there is information about employees who refuse promotions, even to resign when they must be apart with their family. Thus, the fourth hypothesis in this study can be formulated as follows:

H4: Work-family conflict mediates the effect of perceived work overload on organizational commitment.

Moderating Effect of Job Autonomy (JA) on the Effect of Perceived Work Overload (PWO) on Work-Family Conflict (WFC)

In a highly demanding work environment, the pressure generated by PWO can be reduced by giving employees more autonomy in their work (Jensen et al., 2013). Lecturers who have longer working hours than university staff, experience much lower WFC pressure (Herman & Gyllstrom, 1977). It happens because lecturers have greater autonomy towards their work (JA).

The positive impact of JA in reducing WFC has also prompted many organizations in Australia and Europe to use the JA approach as the main strategy for overcoming WFC (De Cieri et al., 2005; Kelly & Moen, 2007; Straub, 2007). The majority forms of JA are time flexibility (Bond, 2002). Despite experiencing PWO, employees with better JA levels have better satisfaction with work, family, and life generally (Tabassum et al., 2017).

PWO is inseparable from the amount of spent time in the office due to working hours and the existence of several policies that make employees less autonomy over their work, such as financial penalties regarding lateness or absenteeism. It makes sense EOS found that the time-based WFC was the most common form of WFC experienced of BJPS Kesehatan emp-
loyees. If employees are given more flexible working hours or are allowed to work from home, more time can be allocated by employees to their families so that the impact of the PWO on the WFC can be reduced. Based on this logic, researchers argue that JA can reduce the influence of the PWO on the WFC. Thus, the fifth hypothesis in this study can be formulated as follows:

H5: Job autonomy moderates the effect of perceived work overload on work-family conflict.

**METHOD**

This research is confirmatory with a quantitative approach. The research design used was a survey. The study population was all BJPS Kesehatan employees, at all levels, who were in Head Office, Deputy for Jabodetabek Region, Deputy for Central Java and DIY, Deputy for Papua and West Papua, Deputy for North Sulawesi, Central Sulawesi, Gorontalo and North Maluku, and Deputy for South Sulawesi, West Sulawesi, Southeast Sulawesi and Maluku Regions. The population in the six units is 3201 employees.

The constructs tested in this study are PWO, WFC, JA, and OC. PWO was measured using four statements adapted from Ahuja (2007) and Moore (2000), namely perceptions of very high workloads, perceptions of workloads that exceed capability, perceptions of very short deadlines, and perceptions of depressed feelings. WFC was measured using five statements adopted from the Ahuja (2007) and Adams et al. (1996), namely perception of work role disrupting his family’s life. OC was measured using four statements adapted from the Ahuja (2007) and Tsui et al. (1997), namely willingness to give more effort for the success of the organization. JA was measured using four statements adapted from the Ahuja (2007) and Behr et al. (1976), namely a perceived control over the design of the work to be done.

All constructs were measured using primary data and collected using an online questionnaire. Data analysis techniques in this study used the Partial Least Square (PLS) method with tools such as the SmartPLS® version 2 application because structural prediction model (mediating and moderating effect) proposed in this study is suitable tested by PLS (Henseler et al., 2009).

**RESULT AND DISCUSSION**

Of the total 3201 employees in the six units targeted for data collection, as many as 1650 people participated as respondents, or equivalent to a response rate of 50.57%. This response rate is quite high compared to the average response rate in various studies of less than 20% (Cooper et al., 2003). The level of employee participation as a respondent in each work unit can be seen in Table 1.

**Table 1. Respondent Response Rate**

| No | Unit                                      | Population | Sample | Response Rate (%) |
|----|-------------------------------------------|------------|--------|-------------------|
| 1  | Head Quarter                              | 550        | 152    | 27.64             |
| 2  | Jabodetabek                               | 869        | 347    | 39.98             |
| 3  | Central Java and DIY                      | 808        | 315    | 97.75             |
| 4  | South. West and Southeast Sulawesi and Maluku | 489      | 478    | 66.55             |
| 5  | North and Middle Sulawesi. Gorontalo and North Maluku | 293     | 195    | 97.75             |
| 6  | Papua and West Papua                      | 193        | 163    | 84.46             |
|    | **Total**                                 | **3,201**  | **1,650** | **51.55**         |
The demographic profile of the respondents includes units, rank, position, gender, marital status and years of service. Employee involvement as respondents based on the demographic profile, is presented in full in Table 2.

Table 2. Respondent Profile

| Demographic     | Description         | Respondent | %  |
|-----------------|---------------------|------------|----|
| Job level       | Clerical            | 1.231      | 75%|
|                 | Assistant Manager   | 302        | 18%|
|                 | Manager             | 73         | 4% |
|                 | Senior Manager      | 21         | 1% |
|                 | General Manager     | 23         | 1% |
| Total           |                     | 1.650      | 100%|
| Job class       | Structural          | 350        | 21%|
|                 | Non-Structural      | 1.300      | 79%|
| Total           |                     | 1.650      | 100%|
| Sex             | Male                | 652        | 40%|
|                 | Female              | 998        | 60%|
| Total           |                     | 1.650      | 100%|
| Marital status  | Married             | 1.143      | 69%|
|                 | Single              | 507        | 31%|
| Total           |                     | 1.650      | 100%|
| Working time    | Less than 5 year    | 791        | 48%|
|                 | 5-10 year           | 517        | 31%|
|                 | 11-15 year          | 202        | 12%|
|                 | 16-20 year          | 65         | 4% |
|                 | More than 20 year   | 75         | 5% |
| Total           |                     | 1.650      | 100%|

The percentage of respondents from three units with the highest workload profile and the lowest OCI value is quite balanced with the number of respondents from the three work units with the lowest workload profile and the highest OCI value, namely 49.33% and 50.67%. The majority of employees who became respondents, held the rank of executive, amounting to 74.61%. Only 21.21% of the respondents had structural positions, while 78.79% did not occupy structural positions. Structural officials at the Health BPJS lead a work unit, assisted by several staff, and have authority in making decisions in the work unit. Based on gender, female respondents were more dominant, which was 60.48%. While based on marital status, 69.27% of respondents were married. Viewed from the working period, respondents with tenure less than 5 (five) years, had the highest percentage of 47.94%.

Measurement Model

The measurement model is used to test the validity and reliability of the instrument. Convergent validity is measured using a minimum outer loading value of 0.5 (Fornell & Larcker, 1981). Meanwhile, discriminant validity is measured by using a cross loading indicator value that is higher in the construct compared to in other constructs. Based on the outer loading and cross-loading values
presented in Table 3, it can be concluded that the indicators of each construct tested in this study have met the criteria of convergent and discriminant validity.

In addition to testing validity, this study also tested reliability to measure the instrument’s internal consistency. This study uses two reliability test parameters in the PLS method, namely Cronbach’s alpha and Composite Reliability. Cronbach’s alpha measures the lower limit of reliability while Composite Reliability measures the true value of construct reliability (Chin, 1995).

This study uses both methods of reliability, although Composite Reliability is better in estimating the internal consistency of the construct (Werts et al., 1974). The rule of thumb value of alpha Composite Reliability should be above 0.7, although the value of 0.6 is still acceptable (Hair et al., 2006). Table 4 shows that all constructs in this study are reliable.

| Variables                  | Composite Reliability (CR) | Cronbach’s Alpha |
|----------------------------|---------------------------|------------------|
| Organizational Commitment  | .920                      | .890             |
| Work-Family Conflict       | .953                      | .938             |
| Job Autonomy               | .845                      | .755             |
| Perceived Work Overload    | .914                      | .876             |

Table 3. Loading Factor and Cross Loading

|                  | Organizational Commitment | Work-Family Conflict | Job Autonomy | Perceived Work Overload |
|------------------|---------------------------|----------------------|--------------|-------------------------|
| OC1              | .643                      | -.219                | .349         | -.152                   |
| OC2              | .880                      | -.319                | .339         | -.248                   |
| OC3              | .918                      | -.349                | .392         | -.270                   |
| OC4              | .890                      | -.363                | .407         | -.265                   |
| OC5              | .826                      | -.265                | .359         | -.185                   |
| WFC1             | -.388                     | .869                 | -.300        | .409                    |
| WFC2             | -.316                     | .924                 | -.306        | .440                    |
| WFC3             | -.314                     | .916                 | -.295        | .437                    |
| WFC4             | -.348                     | .933                 | -.314        | .478                    |
| WFC5             | -.282                     | .836                 | -.284        | .410                    |
| JA1              | .422                      | -.208                | .662         | .182                    |
| JA2              | .258                      | -.236                | .772         | -.246                   |
| JA3              | .239                      | -.267                | .786         | -.193                   |
| JA4              | .425                      | -.295                | .811         | -.228                   |
| PWO1             | -.147                     | .314                 | -.190        | .792                    |
| PWO2             | -.183                     | .383                 | -.213        | .877                    |
| PWO3             | -.220                     | .405                 | -.232        | .865                    |
| PWO4             | -.332                     | .505                 | -.291        | .870                    |
Structural Model

The structural model is evaluated using the R-square dependent variable and the t-value coefficient for each path. Hypothesis testing is performed using the bootstrapping method to obtain path coefficients (β). Based on the hypothesis, the relationship of influence between variables in the study are as follows: (1) PWO has a negative effect on OC; (2) PWO has a positive effect on WFC; (3) WFC has a negative effect on OC; (4) WFC mediates the influence of PBKP on OC, and (5) JA moderates the influence of PWO on WFC. After the primary data obtained is processed according to the conceptual model and the logic of the hypothesis using the SmartPLS® application, the results are obtained as in Table 5. Visualization of the results of the structural model testing can be seen in Figure 1.

Table 5. Structural Model

| Structural Path       | Path Coefficient (β) | T-Statistics (t) | P-Value | Note  |
|-----------------------|----------------------|------------------|---------|-------|
| PWO -> OC             | -.124                | 2.022            | .01*    | Supported |
| PWO -> WFC            | .218                 | 2.015            | .01*    | Supported |
| WFC -> OC             | -.308                | 16.121           | .01*    | Supported |
| PWO * JA -> WFO       | .215                 | 2.721            | .01*    | Supported |

*p < 0.05

Figure 1. Structural Model Results

As expected, the perceived work overload (PWO) has a negative effect on employee organizational commitment, thus H1 is supported. Refer from Thompson and Prottas’s research (2006), PWO shapes the attitudes and behavior of employees towards their work. In the context of continuance commitment, employees will see PWO so high as a cost to remain committed to the organization. Ahuja et al. (2007) has found PWO as one of the antecedents that causes a decrease in OC.

Despite being at a moderate level, employee complaints regarding PWO consistently continue to appear in EOS in 2015, 2016 and 2017, and do not experience a significant decline from year to year. Employees feel that the increase in workload is not proportional to the increase in the number of employees. Employees also complained about being burdened with work outside the distinct job profile (DGT), a familiar term in BJPS Kesehatan to mention the main tasks and functions in the job description. If it lasts for a long period with increasing intensity, PWO will cause physical and mental exhaustion for employees and ultimately trigger employee decisions to leave the organization. This explains why in BJPS Kesehatan, units with a higher workload profile, tend to have lower organizational commitment, and vice versa.
As in many other studies, in this study H2 which states that the perceived work overload, has a positive effect on work-family conflict, is also supported. Work overload will result in less time for employees to carry out their roles in the family, putting pressure that results in negative attitudes and behaviours that can be carried into family life, and makes it difficult to adjust attitudes and behaviour when shifting roles (Greenhaus & Beutell, 1985).

Although the WFC perceived by employees is still at a moderate level, as is the case with the PWO, the voice of the WFC has consistently appeared in EOS since 2015 until 2017. Employees suggest that the unequal allocation of time between work and family triggers misunderstandings and even quarrels in the household.

PWO is a powerful predictor of the WFC (Skinner & Pocock, 2008). A longitudinal studied by Britt and Dawson (2005) on a group of soldiers in Europe found that the long hours of work, the limited time available for rest, the amount of time spent in training, and the perception of workloads formed by it, had a positive influence on work conflicts and family. Previously, (Burke et al., 1980b; Keith & Schaefer, 1980; Pleck et al., 1980) also found that the number of hours worked per week, the frequency of overtime, and changes in work shifts or erratic work-shifts, also had a positive influence on the WFC. Finally, the findings in this study also support the findings of previous studies, that the perceived work overload has a positive effect on work-family conflict.

This research also succeeded in proving the existence of a significant negative effect of family-work conflict on organizational commitment. The support of H3 in this study, extends the list of evidence that increasing WFC experienced by employees will reduce the organizational commitment of these employees (Meyer et al., 2000; Allen & Meyer, 2000; Ajiboye, 2008).

Role in work and family is one of the most important choices and decisions in human life (Mukanzi & Senaji, 2017). In eastern countries like Indonesia, the family is the most important community in one’s life (Hofstede, 2002). It has become a common mindset that a person who has two roles, work and family, cannot be successful at both at the same time so he must choose one of them. This concept makes work-family conflict very influential on employee organizational commitment (Ahuja et al., 2007).

This study shows that work-family conflict has strong negative influence on employee organizational commitment. EOS indicate that frequent organizational activities are carried out on holidays, making employees feel BJPS KesKesKes management does not care about the importance of balancing their professional and personal lives. Another phenomenon that was successfully recorded in EOS was that employees refused promotions because they did not want to be moved away from their families. Data from the Deputy for Human Resources Management also shows that more than 70% of the reasons for employees who resign are family.

The conceptual model in this study tries to develop two forms of relationship of influence from the perceived work overload on organizational commitment. The first relationship is in the form of a direct influence on the perceived work overload on organizational commitment (PWO→OC). The second relationship, addressed whether the influence of the perceived work overload on organizational commitment, mediated by family work conflicts (PWO→WFC→OC). From the statistical evidence it is concluded that the two forms of relationship do exist and are significant. However, the mediating role of the WFC only partially occurred. Although the relationship of PWO→WFC→OC is significant, the relationship between the PWO→WFC mediation segment is no stronger than the direct relationship of PWO→WFC. Only the relationship between the influence of the WFC→OC mediation segment is far stronger than PWO→OC’s direct relationship.

Many other variables that influence the relationship between the perceived work overload on work-family conflict. Job designs that provide adequate autonomy for employees to arrange their work schedules, workplaces, and
how to work, will reduce the influence of PWO on the WFC (Thompson & Prottas, 2006). Employees who are receiving compensation and benefits commensurate with their workload are reported to feel lower work-family conflict (Moore, 2000b; Ahuja et al., 2007). Support from spouses and families can reduce the potential for the emergence of work-family conflict (Aryee, 1992). Superiors who are supportive of family life, and a high sense of kinship among colleagues, help prevent the emergence of work-family conflict (Thompson & Prottas, 2006).

In the next path, there is the influence of work-family conflict on organizational commitment which is very strong, even stronger than the direct effect of the perceived work overload on organizational commitment (WFC → OC → PWO → OC). Thus, the role of WFC mediation in the relationship of PWO influence on OC, is partially mediated so that H4 is also supported. This means that not only does the PWO directly influence OC, but also the WFC can also increase the influence of the PWO on OC when PWO influences the WFC. The practical implication of this finding is that the workload situation perceived by BPJS Kesehatan employees can have a direct effect on decreasing their organizational commitment and can also through increasing work-family conflict. Therefore, BPJS Kesehatan needs to take this issue more seriously because the situation indicated by the EOS survey results were empirically verified through this study. Efforts to reduce PWO are important so that an increase in PWC does not occur and results in a decrease in OC in BPJS Kesehatan.

The support of H5 reinforces the results of previous studies which stated that the existence of the autonomy aspect in the design of a job can reduce work-family conflicts that employees feel due to the high workload (Ahuja, 2002; Thompson & Prottas, 2006; Jensen et al., 2013). If work-family conflict is an important antecedent that causes exhaustion in work or work exhaustion, job autonomy reduces it (Ahuja et al., 2007). Employees who have more autonomy in their work are also reported to have better satisfaction with work, family and life in general (Tabassum, 2017).

In a modern work environment, especially in Australia and Europe, JA approach used as the main strategy for overcoming the WFC (De Cieri et al., 2005; Kelly & Moen, 2007; Straub, 2007). Job autonomy can be form of discretion in making policies, designing jobs, making decisions, utilizing work resources, scheduling work, and assigning assignments to subordinates (Das et al., 2000), or the freedom to determine their own working time, place of work, and how the work is done and completed. In practice, work time flexibility is most frequently form of JA applied by organizations to their employees. When time control over work is in the hands of the employee, it is easier for the employee to balance his role at work and in the family (Bond, 2002).

**CONCLUSION AND RECOMMENDATION**

This research was conducted at BPJS Kesehatan by involving 1650 employees throughout Indonesia. The results showed the perceived work overload has a negative effect on organizational commitment. The effect of perceived work overload on employee organizational commitment is also seen in the inverse relationship between the workload profile held by a work unit, and the commitment of employees in that work unit.

Theoretically, this study confirmed model from IS Turnover model (Moore, 2000a) and the Turn-away Intention model (Ahuja et al., 2007) by focusing on organizational commitment as criterion and positions job autonomy as moderator to investigate contingency effect of antecedents of organizational commitment in BPJS Kesehatan. The re-development of the two models presents a theoretical contribution in the form of concept replication and limited generalization of the two models in different industrial contexts in Indonesia.

However, our study is not undeniably free from caveats. Methodologically, our study uses a survey design with a quantitative approach. The
consequence of our choice by using a survey design might result in the inability of the proposed research design to ensure full validity. Therefore, the finding of our study can only generalize the small scope of sample as taken from the population, but not to the overall population. This problem can be address by the future research by increasing the number of respondent, particularly to increase the generalizability of the obtained output. Moreover, pertaining to its objective, we are aware that a quantitative approach is incapable of explaining more deeply the phenomenon in the research context. Although researchers are part of the system in the context of research, researchers with scientific rules cannot fully explore the research context inductive. Therefore, there are much opportunities for further explorative investigation.

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