

Effect of Work-Family Conflict on Commitment Organization Through Work Stress with Religiosity as A Moderating Variable in Health Workers of Latersia Binjai Hospital

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ABSTRACT

The commitment of health personnel organizations is one of the key factors that determine the success or failure of a hospital to achieve its goals. Health workers who have a commitment to the organization usually show a work attitude that is attentive to their duties, has the responsibility to carry out their duties and is very loyal to the agency they work in. This study aims to determine and analyze the effect of work-family conflict on organizational commitment through work stress with religiosity as moderation. The population and sample in this study were 66 health workers from Latersia Binjai Hospital consisting of general practitioners, specialist doctors, dentists, pharmacists, nurses and midwives, and other health workers who were married. Data analysis method uses path analysis method and residual method. The results showed that partially work-family conflict has a positive and significant effect on work stress, work-family conflict has a significant and negative effect on organizational commitment and work stress has positive effect and not significant on organizational commitment. In path analysis, work-family conflict results have an effect on organizational commitment through work stress. From the results of the residual test it was found that religiosity did not moderate the effect of work-family conflict on work stress, religiosity also did not moderate the effect of work stress on organizational commitment.

Keywords: *Work-family conflict, work stress, organizational commitment, religiosity.*

INTRODUCTION

Humans are one of the resources needed to run an organization or company. As the main factor that runs the organization system, humans hold the role of crisis (crucial factor) which will determine the success or failure of a company. In a hospital industry, health workers are human resources who play an important role. A hospital, with abundant capital accompanied by sophisticated technology will not be able to advance without being run by qualified

health personnel and having a strong commitment in running every his duty.

The commitment of health personnel organizations is one of the key factors that determine the success or failure of a hospital to achieve its goals. Health personnel who have a commitment to the organization usually show a work attitude that is attentive to their duties, has the responsibility to carry out tasks and is very loyal the institution where he works. The existence of a high organizational commitment to health

workers will make them avoid negative organizational behaviors such as defaulters, moving to another hospital, leaving work hours and so on.

According to Kaswan (2012), organizational commitment is a measure of the willingness of employees to stay with a company in the future. Whereas according to Robbins and Judge (2015), organizational commitment is the level at which a worker identifies an organization, its goals and expectations to remain a member.

In carrying out work, often health workers face many demands for work. High job demands certainly have an impact on the personal life of the health worker in question. For health workers who have a family, the high demand for work can certainly have an impact on the neglect of tasks that must be done for the family that can trigger the emergence of conflict in the family. As one part of the family, a health worker must be able to manage the time he has.

Conflict between work and family can occur in both women and men. According to Apperson's study, et al in Buhali and Margaretha (2013), there are several levels of role conflict between men and women, that women experience role conflict at a higher level than men. This is because women view family as their main obligation and must get more attention than the role of their workers. Whereas according to Martins et al, in Amelia (2010), work-family conflict is a condition that occurs when one's work affects or disrupts his family's life.

Stress can be interpreted as something that makes us experience mental stress or the burden of life, an force that is urgent or gripping, disrupts balance due to problems or demands of adjustment. According to Mangkunegara (2007), work stress is a feeling of distress experienced by employees in the face of work. Excessive stress will adversely affect individuals to deal with their environment normally. As a result, their performance is bad and

indirectly affects the organization where they work.

In dealing with various problems in the world of work, every employee in this case the health worker should recall his role as a human being created by God to serve Him in a way that has been determined in accordance with his beliefs. Every human being has religious values that make him always feel close to his God and believe that everything that applies to him is a provision from God. This made him believe that every problem in the world of work must have a way out for God's help.

Religiosity is the internalization of religious values in a person. This internalization is then actualized in daily actions and behavior, including work. In Islam, for example, work is an inseparable whole, starting from the intention to work that is not only seeking material abundance in the world but also seeking rewards to end later. Nashori and Mucharam (2002) in Rohayati (2014) conclude religiosity as how far knowledge, how firm is the belief, how the worship is carried out and the rules and how deep the appreciation of the religion they embrace.

Lattersia Binjai Hospital is one of the private public hospitals in the city of Binjai, and the only General Hospital in East Binjai District, stands on an area of 29 x 146 m². Lattersia Binjai Hospital starts from the General Clinic which was founded by Dr. Robinson Sembiring on June 19, 2004 and since March 13, 2012 the Ministry of Health of the Republic of Indonesia has established Binjai Lattersia Hospital as a Type C Hospital.

As a general hospital that is still categorized as a new one, Lattersia Binjai Hospital always strives to provide the best service to patients starting from the physical facilities of hospitals and qualified health personnel. Health personnel are those who are devoted to the health sector and have knowledge and skills through education. In the health sector, which for certain types requires authority to carry out health efforts. Based on Law No. 36 of 2014 which is

meant by health personnel consisting of medical personnel including doctors, specialists, dental doctors; nursing staff includes various types of nurses; midwifery staff; pharmacy staff includes pharmacists and pharmaceutical technical personnel; and others.

In hospital operations, all health workers have an important role in handling patients. In addition to adequate hospital facilities, doctors who are reliable in handling patient complaints, the role of nurses in serving patients, especially hospitalized patients, is the reason for patients to choose hospitals (interviews with

hospital patients, 31 July 2018). So, the role of health workers in the progress of a hospital must be of particular concern by the management of the Hospital. Health workers are also expected to have a good commitment in carrying out each of their duties.

One form of organizational commitment by health workers can be seen from the loyalty of health workers to survive and become part of the hospital where they work. The following is a table that shows the development of the number of health workers at Latersia Binjai Hospital in the period 2013 to July 2018.

Table 1.1 Number of Health Workers Latersia Binjai Hospital in 2013 - July 2018

Power Health	Year					
	2013	2014	2015	2016	2017	2018 (July)
General Practitioners	7	8	8	8	9	9
Medical Specialist	8	23	23	9	9	15
Dentist	1	1	1	1	2	2
Pharmacist	1	1	1	1	2	1
Nurses and Midwives	34	63	63	34	34	57
Other Health Workers (Lab, Pharmacy, Radiology, Nutrition)	11	20	20	11	13	13
Total	62	116	116	64	69	97

Source: HRD Latersia Hospital, 2018

From table 1.1, it can be seen that the increase in the number of health workers occurred in 2014 because at that time the Hospital began collaboration with the BPJS (Social Security Organizing Agency) Health. The decrease in the number of health workers occurred in 2016 because the Hospital no longer cooperated with the Health Social Security Organizing Agency in early 2015 which had an impact on reducing the number of health workers by the Hospital. The addition of the number of health workers occurred again in 2018 because the Hospital again collaborated with BPJS Kesehatan, but the addition of the number of health workers was still felt less when compared to the previous two years when the Hospital also collaborated with BPJS Kesehatan, this also became the problems faced by health workers relate to workload.

The author conducted a pre-survey of 20 health workers, most of whom were nurses and midwives in Latersia Binjai General Hospital related to organizational

commitment with the question of whether respondents were willing to accept if there were job offers elsewhere. Of the 20 respondents, 11 respondents or as many as 55% answered willingly. Young health workers such as nurses, midwives, and young doctors are still trying to find a better workplace in terms of wages, or want to find work experience in other larger hospitals (interviews with midwives, July 26, 2018 and doctors general, August 6, 2018).

The following are the number of health workers who have stopped at Binjai Latersia Hospital in 2017 to August 2018.

From Table 1.2 it can be seen that the number of health workers who stopped or left the Latersia Binjai General Hospital was high. There was an increase in the number of health workers coming out in 2018. There were only 12 health workers who left in 2017, but as of August 2018 there were 16 health workers who had stopped from Latersia Binjai Hospital. Symptoms of cessation of employment in

companies could be measured directly by counting the rate index of the number of employees that stops quantitatively and is expressed in percentage based on a certain period of time. Based on KPI (Key Performance Indicator), the formula for calculating stop / discharge of employees:

- a) Number of employees who leave the period (for example, January to December 2017);
- b) Then compared to the number of employees in January 2018. If the turnover rate is above 10% then it is classified as very high.

Table 1.2 Number of Stop Health Workers At Letersia Binjai General Hospital 2017 - August 2018

Power Health	2017		2018 (August)	
	Sign in	Stop	Sign in	Stop
General Practitioners	1	-	2	1
Medical Specialist	-	-	-	-
Dentist	-	-	-	-
Pharmacist	-	-	1	-
Nurses and Midwives	28	5	13	12
Other Health Workers (Lab, Pharmacy, Radiology, Nutrition)	10	7	2	3
Total	39	12(17%)	18	16(16%)

Source: HRD Letersia Hospital, 2018

The high number of health workers who left the Letersia Binjai General Hospital indicated a lack of commitment by health workers working at the Latinjia Binjai Hospital.

Following are the results of the pre-survey of 20 health workers at Letersia Binjai Hospital related to organizational commitment.

Table 1.3 Identification of the phenomenon of organizational commitment For Health Workers at Letersia Binjai Hospital

Question Identification	Answer	
	Yes	No
Affective Commitment		
I am proud to be part of this hospital	6(30%)	14(70%)
I will feel very happy to spend the rest of my career at this hospital	6(30%)	14(70%)
I feel that the problem that happened at the hospital was my problem too	9(45%)	11(55%)
	35%	65%
Continuing Commitment	Ya	Tidak
I like to work in this hospital because I can make it back to meet my needs	14(70%)	6(30%)
I find it difficult to leave this hospital for fear of not getting work opportunities else where	15(75%)	5(25%)
I am willing to accept and do any task for the progress of the hospital	7(35%)	13(65%)
	60%	40%
Normative Commitment	Yes	No
I worked hard for this hospital which has contributed a lot to my life	15(75%)	5(25%)
I want to follow all the regulations that apply in this hospital	20(100%)	-
I am willing to accept sanctions if I break the rules	20(100%)	-
	92%	8%

Source: HRD Letersia Hospital, 2018

From Table 1.3 it can be seen that only 35% of respondents who answered Yes to questions related to affective commitment. Most of the respondents are not proud to be part of the hospital and do not want to spend the rest of their careers in this hospital. Most of the respondents also did not share the problem of the hospital as a problem of the respondents. As many as 60% of respondents answered Yes to

questions related to continuation commitments. Most of the respondents felt happy working in a hospital because they could be used as a backing to fulfill their daily needs and had difficulty leaving the hospital for fear of not getting a job elsewhere. But only 35% of respondents were willing to accept any assignments for the progress of the hospital. For questions related to normative commitment, 92% of

respondents answered Yes. All respondents want to follow all applicable regulations and are willing to accept sanctions if they make a mistake. As many as 75% of respondents work hard for hospitals that have contributed to their lives.

The health workers who are partly married women also often face work-family conflict. This conflict was experienced by health workers due to a conflict between her role as a health worker and a wife and mother of her children. The demand for a role as a health worker requires him to work professionally. For nurses, midwives, and doctors on duty, they must be willing to work on varying shifts and sometimes have to leave the family when they have to attend training. On the other hand, he is a wife who must serve her husband and a mother who is always wanted by the children at home. Health workers must be willing to sacrifice leaving their families on duty even though they sometimes receive family complaints while running the night shift. In addition, fatigue experienced in the workplace is often carried over to the home to affect emotions when at home (interview with the head of the room and nurse, July 26, 2018).

The health workers at the Binjai Latersia Hospital have high work mobility. Medical personnel such as ED doctors, nursing and midwifery staff have working hours divided into three shifts, namely morning shifts at 08.00-15.00 WIB, afternoon shifts from 15.00 - 21.00 WIB, and night shifts at 21.00 - 08.00 WIB. For

other health workers consisting of pharmacists, nutritionists, radiologists, and laboratories, working hours consist of two shifts, namely shifts at 08.00 - 17.00 WIB and overnight shifts at 17.00 - 08.00 WIB. In shift shifts, nurses often have to increase working hours due to unfinished work. This is because there are a lot of workloads that they have to complete and often not finished when working hours end. In addition, some nurses also often experience delays even if they only range from five to ten minutes. This mild delay is usually understood by nurses and does not get sanctions from the hospital (interview with nurses, July 26, 2018).

For general practitioners, dentists, and specialists, working hours range from two to three hours in one practice. However, doctors have permission to practice in three places, both in hospitals or clinics. This is in accordance with the regulations contained in the Regulation of the Minister of Health of the Republic of Indonesia Number 512 / MENKES / PER / IV / 2007 concerning Practice License (SIP). Specialist working hours can be increased if you have to perform surgery on the patient. The high working hours resulting in fatigue can lead to work-family conflict for doctors and other health workers if they cannot balance their time with family.

The following are the results of the pre-survey of 20 health workers at Latersia Binjai Hospital related to the work-family conflict phenomenon.

Table 1.4 Identification of the Work-Family Conflict Phenomenon For Health Workers at Latersia Binjai Hospital

Question Identification	Answer	
	Yes	No
Working hours make me rush to complete homework assignments	8(40%)	12(60%)
Fatigue after work affects my mood at home	9(45%)	11(55%)
I feel tired after returning from the hospital so I have less time to interact with my family	10(50%)	10(50%)
I have difficulty dividing the time between work and household needs	8(40%)	12(60%)
I tend to be easily emotional at home because of the many jobs in the hospital	11(55%)	9(45%)
	46%	54%

Source: HRD Latersia Hospital, 2018

From Table 1.4, it can be seen that 46% of respondents answered Yes to questions related to work-family conflict. This means that there is a work-family

conflict phenomenon in Latersia Binjai RSU health personnel but not too high. It is known that 40% of the sample rushed to complete homework due to hours of work.

As many as 45% of the sample felt that fatigue after work could affect their feelings at home. There are 50% of the sample who feel they have less time to interact with their families due to fatigue after work. As many as 40% of the sample had difficulty dividing the time between work and household needs and 55% of the sample tended to be easily emotional at home because of the large number of jobs in the hospital.

In doing work, health workers are required to be quick and responsive to various cases of patients in serving their every need. Often health workers must receive various patient complaints even though not all complaints are their fault. In addition, since the existence of the BPJS program (Social Security Organizing Agency) Health, the mobility of health workers, especially nurses and midwives, is higher and has an impact on the workload. Based on the Regulation of the Director of the BPJS Health Services Guarantee in 2018, referrals for treatment must go through type D hospitals before going to type C, B and A. Whereas beforehand the community could choose a referral hospital close to their place of residence. BPJS

Kesehatan, but also to hospitals. The number of patients has increased, but it has not been accompanied by an increase in the number of health workers (interview with the head of nurses on July 26, 2018).

The amount of workload and pressure often makes the health workers experience fatigue and stress. According to the 2011 World Health Organization (WHO), several countries in Southeast Asia, including Indonesia, found the fact that nurses working in hospitals underwent an increase in workload and still experienced a shortage of nurses. The World Health Organization (WHO) states stress is an epidemic that spread throughout the world. The UN report dubs work stress as a disease of the 20th century. As much as 90% of health services in hospitals are nursing services, from several studies suggested that work stress is a common thing for nurses (Kalendesang et al. 2017).

The author also conducted a pre-survey of 20 health workers at Latersia Binjai Hospital related to work stress phenomena. The following are the results of a pre-survey related to work stress.

Table 1.5 Identification of Stress Work Phenomenon For Health Workers at Latersia Binjai Hospital

Question Identification	Answer	
	Yes	No
I feel dizzy when doing excessive work	13(65%)	7(35%)
I feel restless if I haven't finished the work at the appointed time	10(50%)	10(50%)
The work that I live often makes me uncomfortable and causes anxiety	7(35%)	13(65%)
I don't get job satisfaction	8(40%)	12(60%)
I feel my performance has decreased	6(30%)	14(70%)
	31%	69%

Source: HRD Latersia Hospital, 2018

From Table 1.5 it is known that as many as 31% of respondents answered Yes to questions related to work stress which means the respondents felt the symptoms of work stress on themselves but not too high. As many as 65% of the sample feel dizzy when doing excessive work. As many as 50% of the sample feel anxious if they have not completed the work at the appointed time. As many as 75% of the sample feel that the work they carry out often makes them uncomfortable and causes anxiety.

from the sample did not get job satisfaction and as many as 30% of the sample felt a decrease in performance.

In a study conducted by Nart and Batur (2014), Jamadin, et al, (2015) Sihalo (2016), and Agustina and I Gde (2018) it was found that employees, in this case health workers who experienced work-family conflict tended to experience work stress. Work-family conflict can have a negative influence on organizational commitment (Puspitasari, 2012; Nart and

Batur, 2014; Malik, et al, 2015; Sihaloho, 2016; Isnaini, 2018). Whereas according to research conducted by Lu, et al (2009) did not find a significant negative correlation of work-family conflict with job satisfaction, organizational commitment, and career satisfaction. Research conducted by Rantika and Sunjoyo (2011) also found no negative influence between work interfering with the family (WIF) and organizational commitment as well as no negative influence between family interfering with the work (FIW) and organizational commitment.

There are many ways that can be done to suppress conflicts that are stimulated by family-work demands. Achour et al (2011), states that religiosity can reduce the negative influence of work-family conflict. Religiosity is a form of one's attention to religious aspects that

psychologically will be able to suppress the negative impact of work-family conflict on employee welfare. Religiosity directly has an influence on organizational commitment (Wening and Choerudin, 2015; Isnaini, 2018).

Lattersia Binjai General Hospital generally frees its employees to carry out religious activities. The hospital also provides a means of worship for Muslim employees such as prayer rooms, but 5 of the 20 pre-survey respondents felt that the Hospital had not provided adequate facilities for worship. The management of the Hospital also does not have routine religious activities for employees, both Muslim and Christian.

The following are the results of a pre-survey of 20 health workers at Lattersia Binjai Hospital related to religiosity.

Table 1.6 Identification of the Religiosity Phenomenon For Health Workers at Lattersia Binjai Hospital

Pertanyaan Identifikasi	Jawaban	
	Ya	Tidak
I believe that God always watches over me whatever I do	20(100%)	-
I always do the worship ordered even in difficult circumstances	17(85%)	3(15%)
I always try to stay away from all religious restrictions	20(100%)	-
I understand every teaching of religion that I work on	18(90%)	2(10%)
I always attend religious studies regularly to increase my religious knowledge	14(70%)	6(30%)
	89%	11%

Source: HRD Lattersia Hospital, 2018

Based on Table 1.6, it is known that all samples believe that God always supervises whatever they do, but only 85% of the sample always performs the worship ordered even in difficult circumstances. The entire sample admitted that they always tried to stay away from all religious prohibitions, as many as 90% of the sample understood every religious teaching that was done but only 70% of the sample always followed religious studies regularly to increase their religious knowledge. In general it can be concluded that most respondents have good religiosity, as seen from 89% of respondents answering Yes to questions related to religiosity.

This is an important note because studies reveal that religious beliefs, practices and affiliations help reduce

physical manifestations of stress (Koenig, et al., 2001; Levin, et al., 1996) and improve mental health and psychological well-being (Ellison et al ., 2001; Koenig, 1995; Yi et al., 2006) in Kutcher, et al (2010).

On the basis of the problems and descriptions above, the authors are interested in conducting research with the title " Effect Of Work-Family Conflict On Commitment Organization Through Work Stress With Religiosity as A Moderating Variable In Health Workers Of Lattersia Binjai Hospital".

Hypothesis

Based on the background of the research and the identification of the relationships between variables, the research hypothesis:

1. Work-family conflict has a positive and significant effect on Stress Work on

- health workers at Latersia Binjai Hospital.
2. Work-family conflict has a negative and significant effect on organizational commitment to health workers at Latersia Binjai Hospital.
 3. The stress of work has a negative and significant effect on organizational commitment to health workers at the Binjai Latersia Hospital.
 4. Work-family conflict has a negative and significant effect on organizational commitment through work stress on health workers at Latersia Binjai Hospital.
 5. Religiosity can moderate the influence of work-family conflict on work stress on health workers at Latersia Binjai Hospital.
 6. Religiosity can moderate the influence of work stress on organizational commitment to health workers at Latersia Binjai Hospital.

MATERIALS AND METHODS

This research is descriptive causal, namely a study conducted to investigate the causal relationship by observing the consequences and the possible factors (causes) that cause these effects. The study was conducted at Latersia General Hospital located on Jl. Soekarno Hatta Km.18 No.451 Binjai.

Population is a generalization area consisting of objects and subjects that have certain qualities and characteristics determined by the researcher to be studied, then drawn conclusions. The population in this study is all health personnel of Latersia

Binjai Hospital consisting of general practitioners, specialist doctors, dentists, pharmacists, there are 66 nurses, midwives, laboratories, nutritionists, radiologists and pharmacists.

Determination of sampling is as follows: if less than 100 is better taken all until the research is population research. If the number of large subjects can be taken between 10-15% or 20-25% or more, (Arikunto, 2013). Based on the explanation above, because the population is less than 100, this study uses the census method, which is the entire population into the study sample.

This study used a questionnaire (questionnaire) which was distributed as many as 66 copies of the questionnaire with the number of samples being respondents in this study as many as 66 people. Questionnaire statements were all answered by respondents consisting of five statements for work-family conflict (X) variables, nine statements for organizational commitment (Y2), eight statements for work stress variables (Y1) and eight statements for religiosity (Z) variables.

Data collection techniques are ways that can be used by researchers to collect data. The data collection techniques used in this study were interviews, questionnaires / questionnaires and documentation studies. In this study data collection used a Likert scale. The Likert scale is a scale to measure an attitude where the respondent is faced with a statement and can choose one of the five alternative answers "strongly agree, agree, doubt, disagree, and strongly disagree".

RESULTS AND DISCUSSION

Simple Regression Analysis

Results of Substructure Regression Analysis I

The results of the simple regression model in this study are as follows:

Table 4.5 Results of Substructure Regression Analysis I

Coefficients ^a						
Model	Unstandardized Coefficients			Standardized Coefficients	T	Sig.
	B	Std. Error	Beta			
1	(Constant)	5.482	1.265		4.335	.000
	Work_family_Conflict	1.138	.098	.825	11.668	.000

a. Dependent Variable: Stress_Work

Source: Research Results, 2019 (Data processed)

Based on Table 4.5, the Substructure I regression model is obtained as follows:

$$Y_1 = 5,482 + 1,138 X$$

Explanation of the value of the model above is as follows:

1. $\alpha = 5.482$

The constant value of α of 5.482 explains that if the work-family conflict variable is

zero, then the work stress variable formed is 5,482

2. $\beta_1 = 1,138$

The β_1 constant is 1,138, explaining that if the work-family conflict variable increases, the work stress variable will increase.

Results of Substructure Regression Analysis II

The results of the multiple regression model in this study are as follows:

Table 4.6 Results of Substructure Regression Analysis II

Coefficients ^a								
Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.	Collinearity Statistics	
		B	Std. Error	Beta			Tolerance	VIF
1	(Constant)	38.586	1.870		20.630	.000		
	Work_family_Conflict	-.673	.224	-.584	-2.999	.004	.320	3.127
	Stress_Work	.103	.163	.123	.632	.529	.320	3.127

a. Dependent Variable: Organizational _Commitment

Source: Research Results, 2019 (Data processed)

Based on Table 4.6, the Substructure II regression model is obtained as follows:

$$Y_2 = 38,586 - 0,673X + 0,103 Y_1$$

Explanation of the value of the model above is as follows:

1. $\alpha = 38,586$

The constant value of α of 38.586 explains that if the work-family variable of work conflict and stress is zero, then the commitment variable of the organization formed is 38.586.

2. $\beta_1 = -0,673$

The β_1 constant value of -0,673 explains that if the work-family conflict variable increases, the organizational commitment variable will decrease.

3. $\beta_1 = 0.103$

The β_1 constant is 0.103, explaining that if the work stress variable increases, the variable organizational commitment will increase.

In the analysis of multiple regression models it is necessary to do a classic assumption test to see the interferences between variables. The classic assumption test aims to find out whether the results of the regression estimation performed are really worthy of use or not. Data obtained from the questionnaire results, will then be

tested with the classical assumptions as follows:

Classic Assumption Test

Data Normality Test

The normality test of the data used in this study was carried out by testing kolmogorov smirnov. Based on the results of the Kolmogrov-Smirnov test, the following results are obtained:

Table 4.7 Kolmogorov Smirnov Substructure II Test Results

One-Sample Kolmogorov-Smirnov Test		
		Unstandardized Residual
N		66
Normal Parameters ^{a,b}	Mean	.0000000
	Std. Deviation	4.31499165
Most Extreme Differences	Absolute	.103
	Positive	.103
	Negative	-.095
Test Statistic		.103
Asymp. Sig. (2-tailed)		.079 ^c
a. Test distribution is Normal.		
b. Calculated from data.		
c. Lilliefors Significance Correction.		

Based on Table 4.7, the asymp value is known. Sig (2-tailed) above 0.05, then the data distribution is stated to meet the assumption of normality.

Multicollinearity Test

Multicollinearity test is done using SPSS for Windows, can be seen in Table 4.8 below:

Table 4.8 Multicollinearity Test Results

Coefficients ^a								
Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.	Collinearity Statistics	
		B	Std. Error	Beta			Tolerance	VIF
1	(Constant)	38.586	1.870		20.630	.000		
	Work_family_to_Conflict	-.673	.224	-.584	-2.999	.004	.320	3.127
	Stress_Work	.103	.163	.123	.632	.529	.320	3.127

a. Dependent Variable: Organizational_Commitment

Source: Research Results, 2019 (Data processed)

Based on Table 4.8 the results of data analysis show that the value of Variance Inflation Factor (VIF) in substructure II for each variable does not have a value of more than 10, so it can be concluded that there are no symptoms of multicollinearity between exogenous variables of 0.1 and VIF values smaller than 10. Then it can be concluded that further analysis can use multiple regression models.

Heteroscedasticity Test

Heteroscedasticity test is a test that is used to determine whether or not there are inequalities of residual variance from one observation to another observation. The results of heteroscedasticity testing with the Glejser test in the Substructure Regression II model are as follows:

Table 4.9 Test for Heteroscedasticity Substructure II

Coefficients ^a						
Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	.264	1.152		.230	.819
	Work_family_Conflict	.015	.138	.022	.109	.913
	Stress_Work	.193	.100	.391	1.926	.059

a. Dependent Variable: ABS_RES2

Source: Research Results, 2019 (Data processed)

Based on Table 4.9 it is known that the heteroscedasticity test results with the Glejser test have a significance value for each variable greater than 0.05. This is in accordance with the provisions of the Glejser Test if a significant value of more

than 0.05 does not occur the symptoms of heteroscedasticity.

Intervening Test Results

To answer the hypothesis related to the influence of independent variables on the dependent variable through intervening variables, the following results are obtained:

Table 4.10 Intervening Test Results

No	Variable	Direct		Indirect	Ket
		Stress_Work	Organizational Commitment		
1	Work-Family Conflict	0,825***	- 0,584***	0,101***	Intervening
2	Stress Work	-	0,123***		

Source: Research Results, 2019 (Data processed)

The results of the study from Table 4.10 show that work-family conflict affects organizational commitment through work stress.

Goodness of Fit Test

Determination Test (R2)

From the results of SPSS processing, the test results of the coefficient of determination are obtained as follows.

Table 4.11 Determination Test Results

Model Summary ^b				
Model	R	R Square	Adjusted Square	Std. Error of the Estimate
1	.487 ^a	.237	.213	5.6551

a. Predictors: (Constant), Stress_Work, Work_family_Conflict

b. Dependent Variable: Organizational_Commitment

Source: Research Results, 2019 (Data processed)

Based on Table 4.11 shows the magnitude of the multiple correlation coefficient (R), the coefficient of determination (R Square), and the adjusted coefficient of determination (Adjusted R Square). The value of the multiple correlation coefficient (Adjusted R Square) is 0.213. This shows that 21.3% organizational commitment can be explained by work stress and work-family conflict, while the remaining 78.7% is explained by other factors not examined in this study such as leadership, organizational culture, or compensation.

Partial Test (t Test)

Based on Table 4.5, the value of work-family conflict is 11.668 > t table is 1.997 and the significant value for work-family conflict is 0.000 < alpha 0.05, so work-family conflict variables have a positive and significant effect on work stress, thus then H0 is rejected.

Based on Table 4.6, the t-count value of work-family conflict is -2.999 < -t table is -1.998 and the significant value for

work-family conflict is 0.004 < alpha 0.05, so work-family conflict variables have a negative and significant effect on organizational commitment, thus H0 is rejected.

Based on Table 4.6 the value of tcount obtained from the work stress variable is 0.632 > -t table of -1.998 and the significant value for work stress is 0.529 > alpha 0.05, so the work stress variable has a positive and insignificant effect on organizational commitment thus H0 is accepted.

Moderation Test Results

To test the effect of independent variables moderated by variables of religiosity on work stress and organizational commitment a residual test approach was carried out as follows: Residual Test Variable Work-Family Conflict - Stress Work.

The following are the results of the residual test of work-family conflict variables which are moderated by variables of religiosity toward work stress.

Table 4.12 Residual Work-Family Conflict Test Results - Stress Work

Coefficients ^a						
Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	1.223	.877		1.395	.168
	Stress_Work	.110	.043	.302	2.538	.014

a. Dependent Variable: ABS_RESStress Work
Source: Research Results, 2019 (Data processed)

Based on Table 4.12 shows that the parameter coefficient value is positive with a significant value of 0.014 < 0.05, it is concluded that religiosity does not moderate the effect of work-family conflict on work stress.

Residual Test Variable Stress Work - Organizational Commitment

The following are the results of the residual test of work stress variables which are moderated by the variable religiosity condition towards organizational commitment.

Table 4.13 Work Stress Residual Test Results - Organizational Commitment

Coefficients ^a						
Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	6.625	2.496		2.654	.010
	Organizational_Commitment	-.065	.075	-.108	-.867	.389

a. Dependent Variable: ABS_RES_ Commitment

Based on Table 4.13 shows that the parameter coefficient value is negative with a significant value of 0.389 > 0.05, it is concluded that religiosity does not moderate

the effect of work stress on organizational commitment.

DISCUSSION

Work-Family Conflict Has Positive and Significant Effects on Stress Work

Based on the research, the results show that work-family conflict has a positive and significant effect on work stress. This means that work-family conflicts will have an impact on work stress. The more problems in the household that trigger conflict will increase work stress on health care in the hospital.

As many as 79% of the respondents in this study were women. It is known that women are creatures that prioritize emotions. Based on the results of several studies it is also known that women tend to experience stress more easily than men because the differences in hormones and genetics that women and men have differ. Job demands that make women undergo several roles will also trigger stress. In the family, women have a very important role, namely as a wife who serves the needs of a husband and a mother who regulates the needs of all family members, especially in the care of children. Women workers must be able to share time and attention between family and work. When both roles require him at the same time, he must be able to choose and make a priority scale. Therefore, the role and support of the extended family is very important. The inability of women to share roles well can lead to work-family conflicts. The inability to manage conflict properly results in a woman who experiences conflict will tend to experience work stress.

Age and age of marriage is also a factor of health workers who experience work-family conflict experiencing work stress. Most of the respondents in this study were young. As many as 51% of respondents aged 26-30 years with the most dominant marriage age between 1-5 years were 62% of respondents. Ages 26-30 years are included in the category of early adults where they are not yet in the mature enough age category. At that age, generally a person still prioritizes emotions and ambitions, hard on principles and ideology. At the age of 1

to 5 years of marriage, generally a person is still going through times to get to know their spouse and extended family. So at a young age and marriage age that still tends to be young, every couple generally will encounter several conflicts in the early life of marriage. In-family conflicts can occur due to several reasons, one of which is role conflict caused by the imbalance of the roles undertaken by husband or wife in work and family life. The inability to manage work-family conflict for young couples will cause work stress.

As health workers who have sworn to professionals in work, namely by prioritizing the interests of patients, they are required to understand the importance of the presence of health workers in handling patients in any difficult conditions. The professional demands of the health workforce should also be known by the extended family of health workers. In this study, for example, the most respondents were nurses and midwives who had work shifts that always changed from time to time. Likewise in the profession of specialists who must be prepared to carry out emergency operations that can come at any time until they must be willing to leave the family to prioritize patient safety. Families who are not prepared for this condition can cause conflict within the family and cause work stress for health workers if it cannot be managed properly.

The length of work of health workers is also a factor in work-family conflict influences work stress. As many as 77% of the respondents from this study were health workers who had just worked for a period of 1-5 years at Binjai Letersia Hospital. The longer a person works as a health worker, generally the more accustomed to undergoing a profession with high work mobility and many job demands. Conversely, a short period of work may be the reason why health workers are not yet familiar with various conflicts that arise in work and family to cause work stress. Therefore, the initial period of working as a health worker in a hospital is a period of

adaptation in working and managing conflict in work.

From respondents' answers regarding work-family conflict, 37.9% of respondents felt they did not have time with family and as many as 10.6% felt they had very little time with family. Reduced time with family can cause a lack of interaction with family. As many as 34.9% of respondents also answered tiredly after work causing them to have less time to interact with their families. Lack of interaction with the family can cause a lack of relationship between family members, this is due to the lack of interaction that can lead to prejudice and distrust among family members to cause conflict.

Conflict experienced by a health worker can increase work stress, so the higher the conflict experienced by a health worker, the higher the stress of work. This research is in accordance with the results of research conducted by Sihaloho (2016); Nart and Batur (2014), Jamadin et al (2015), Siahaan (2018), and Rasmewahni, et al (2018) which states that work family to conflict has a positive and significant effect on work stress. While the results of this study contradict the research conducted by Agustina and Gde (2018) which states that work family to conflict does not significantly influence work stress.

Work-Family Conflict Has Negative and Significant Effects on Organizational Commitment

Based on the research, the results show that work-family conflict has a negative and significant effect on organizational commitment. This means that conflicts in the family will have an impact on decreasing organizational commitment. The more problems in the household that trigger conflict will reduce the commitment of health personnel organizations. Health workers who experience work-family conflict will find it difficult to harmonize their role in the family and at work and will lead to a lack of commitment to the hospital where they work.

When compared between women and men in prioritizing family interests, women will be more concerned with family. This is because women have a major role in taking care of domestic household needs, while men have more to fulfill family needs in terms of responsibility as the main breadwinner by working. Women, even though they have obligations as workers, still have to take care of the needs of family members consisting of husbands, children and personal selves. Her presence as a mother who is the primary caregiver for her children also cannot be replaced by anyone. Therefore, when experiencing work-family conflict, women generally will prioritize their family's interests which impact on the organization's commitment to work. Higher work-family conflicting experiences will reduce organizational commitment.

In health workers who are generally young at the age of marriage who are also still young, undergoing roles as family members and health workers need good adaptation to avoid conflict. This is because health workers have high work mobility, so they often leave their families. In the statement "I don't have enough time to be with family", the average respondent answered in doubt with the details 10.6% felt very agree, 37.9% agreed and 6.1% doubted. Lack of time with family can be one of the causes of work-family conflicts that can result in decreased organizational commitment.

From the respondents' answers to work-family conflict, as many as 18.2% of the respondents felt that working hours made them rush to finish their homework, as many as 12.1% of respondents also felt strongly in agreement with the statement. This shows that there are still health workers who have not been able to condition their home tasks so they are not in a hurry to enter work during predetermined working hours. The inability to complete domestic tasks properly can lead to conflicts within the family and will impact on their commitment in the organization they work for.

This research is in accordance with the results of research conducted by Sihaloho (2016); Puspitasari (2012); Isnaini (2018); Nart & Batur (2014); Malik, et al (2015); Li, et al. (2013) and Hatam (2016) which state that WFC has a significant effect on organizational commitment. However, the results of this study contradict the research conducted by Rantika & Sunjoyo (2015) and Nwuggballa (2016) which stated that WFC had no significant effect on organizational commitment.

Stress Work Has Positive Impact Not Significant towards Organizational Commitment

Based on the research results obtained stating that work stress has a positive and not significant effect on organizational commitment. This means that work stress does not trigger a decrease in organizational commitment to health workers at Letersia Binjai Hospital.

In this study the results showed that the average of the respondents consisting of health workers Letersia Binjai Hospital did not experience work stress. If there are respondents who experience work stress then it is still categorized as light work stress. In general respondents did not experience symptoms of work stress, physical symptoms consisting of headaches, rising blood pressure, and stomach pain. Respondents generally did not experience psychological symptoms such as anxiety, depression, and decreased job satisfaction. Respondents in general also did not experience behavioral symptoms of work stress such as decreased performance, low motivation, absenteeism, and movement.

The insignificant effect of work stress on organizational commitment can also be caused by health workers being a profession that gets high work pressure every day. Health workers are accustomed to or accustomed to facing various work pressures in hospitals, facing various patient complaints, to face various failures to save patients' lives. All work stresses that involve emotions are usually faced professionally in

accordance with the profession oath. Because of that, no matter how heavy the work pressure in the hospital that results in work stress can be overcome because it must commit to save the lives of patients, also to be able to continue the next work that has been awaited. Choosing a profession as a health worker must be packaged with mental readiness facing the pressure of work coming and going quickly in order to maintain commitment.

Chong in Khan (2014) states that employees with high organizational commitment will be happy to be in the organization. One reason for the high commitment of the organization is the low work stress. High levels of work stress will trigger employees to get bored in work and over time will find other jobs that are more comfortable. However, the stress level will have no effect if the employee can control himself in his attitude at work. The need for work is also a consideration to remain in a workload that is prone to stress. There are only 9 hospitals in the city of Binjai, and RSU Letersia is the only hospital in East Binjai District. The reason for domicile is a consideration for health workers who have married, especially women, to remain committed and stay in Letersia Binjai Hospital.

This research is consistent with the research conducted by Viktorius (2013) which shows that work stress does not have a direct and significant effect on organizational commitment. The research was conducted at the RSUD Dr. Soedarso Pontianak. Lazarus and Folkman in Viktorius (2013) stated that stress arises due to the relationship between individuals and their environment, which individuals perceive as exceeding resources and endangering health. Individual ability to overcome problems, whether stress occurs or formed coping, depending on how to interpret or perceive and measure with environmental events. Perception is an individual reaction to a potential source of stress that can cause stress. This study contrasts with the results of research

conducted by Sihaloho (2016) and Nart & Batur (2014) which show that work stress has a negative effect on organizational commitment.

Work-Family Conflict Influences Organizational Commitment through Stress Work

Based on the research, the results show that work-family conflict directly influences organizational commitment. In this study work stress variables do not function as intervening variables, which cannot mediate the influence of work-family conflict on organizational commitment. This is because in the partial test the results show that work stress has a positive and insignificant effect on the commitment of the organization of health workers at Letersia Binjai Hospital.

In this study it was stated that work-family conflict had a negative and significant effect on organizational commitment. Health workers who experience work-family conflicts will directly reduce their organizational commitment without having to experience work stress first. This is contrary to the research of Sihaloho (2016) and Divara and Agoes (2016), but according to Isnaini's research (2018).

The Effect of Work-Family Conflict Moderated by Religiosity Against Stress Work

Based on the results of the study it was found that religiosity does not moderate the influence of work-family conflict on work stress. This means that employees who have good religiosity when facing conflict in the household will also experience work stress. This can be because religiosity has many dimensions, namely dimensions of faith, worship, appreciation, practice, and knowledge. Even though a person has good faith in religion, it is not necessarily true that he is undergoing worship and practicing religious orders with full appreciation and continues to increase his religious knowledge.

When experiencing conflict, generally people put forward the side of emotion rather than logic, while one's faith often experiences increases and decreases. If the conflict is obtained when someone is in a future or in a weak state of faith, then the values of religiosity that is owned can not help someone to avoid stress. In other words, someone can say he is a person who has good religiosity, but in reality religious values have not fully become the basis of one's behavior and actions.

Religiosity can not moderate the effect of work-family conflict on work stress can also be caused because basically religiosity plays a role as an independent variable that affects work stress. This is in accordance with the research from Ismirani (2012) which states that there is a significant effect of religiosity on work stress which means that the higher the religiosity, the lower the work stress. But contrary to the research conducted by Yudra, et al (2018) which states that there is no significant influence between religiosity and work stress.

The Effect of Stress Work Moderated by Religiosity on Organizational Commitment

Based on the results of the study it was found that religiosity did not moderate the influence of work stress on organizational commitment. This means that religiosity on health workers who experience work stress will not change their commitment within the organization. Based on the results of respondents' answers, generally respondents have good religiosity values. But having a good value of religiosity turns out to be unable to influence one's organizational commitment if he experiences work stress. This can happen because actually the values of religiosity actually have not become a character of a person that is still separate between belief and action. The value of religiosity can only be a word and an appearance until it has not become the basis for someone to act.

The level of one's faith that is not always good may not affect someone when experiencing work stress. Further research is needed on the role of religiosity in life especially in one's working life. This is because religiosity consists of many dimensions and is much influenced by various factors.

Religiosity cannot moderate the influence of work stress on organizational commitment, it can also be caused by religiosity basically acting more as an independent variable that affects organizational commitment. This is consistent with the research from Isnaini (2018), and Wening and Choerudin (2015) which states that religiosity has a significant influence on organizational commitment.

CONCLUSIONS AND RECOMMENDATIONS

Conclusion

The conclusions in this study are:

1. Work-family conflict has a positive and significant effect on Stress Work on health workers at Latersia Binjai Hospital.
2. Work-family conflict has a negative and significant effect on organizational commitment to health workers at Latersia Binjai Hospital.
3. Stress Work has a positive and not significant effect on organizational commitment on health workers at Latersia Binjai Hospital.
4. Work-family conflict has a direct effect on organizational commitment with work stress as an intervening variable for Latersia Binjai Hospital health workers.
5. Religiosity cannot moderate the influence of work-family conflict on work stress on health workers at Latersia Binjai Hospital.
6. Religiosity cannot moderate the influence of work stress on organizational commitment to health workers at Latersia Binjai Hospital.

Recommendations

The recommendations in this study are:

1. For the management of Binjai Latersia Hospital

- a) It should still be professional in regulating the working hours of health workers, if it is necessary to conduct reward and punishment to motivate health workers to be more disciplined.
- b) Hold recruitment of health workers especially for nurses and midwives so that the division of labor is more evenly distributed given the increasing number of patients due to the Health BPJS program.
- c) Providing counseling services to health workers who are experiencing conflict.
- d) Hold training and development of health workers as a means of motivation and instill the cultural values of hospital organizations so that every health worker feels more proud and happy to spend the rest of their careers at this hospital.
- e) Meet all the needs of health workers with a fair compensation system, and provide bonuses and rewards for outstanding health workers.
- f) Paying attention to physical and psychological health of health workers to be more professional and committed to doing all work.
- g) Hold visualizations or briefings to health workers before doing work to increase motivation in work.
- h) Accommodate criticism and suggestions from health workers so that if there are problems, they can be addressed together.
- i) Establishing good relationships with health workers, can be started by improving communication patterns or by holding joint activities such as "family gatherings" so that the number of health workers who change jobs decreases.
- j) Should still facilitate the interests of worship of health workers properly.
- k) Conduct regular religious studies for health workers to improve faith and devotion.

2. For Further Researchers

- a) Based on the results of the test of determination, the results show that organizational commitment can only be explained by work stress and work-family conflicts of 21.3%. So it is suggested that further researchers can examine other variables that can better explain organizational commitment such as leadership, organizational culture or compensation.
- b) It is recommended to be able to examine other variables that can moderate the influence of work-family conflict on work stress and the effect of work stress on organizational commitment such as self-control, personality, and others.
- c) Regarding research using work-family conflict variables, it is better to focus on one sex in order to focus more on discussion.
- d) Related to research that uses religiosity variables, it should be focused on one religion because there are several things that must be considered in several religious aspects and indicators.

REFERENCES

- Achour, M., A.B. Boerhannoeddin, dan A. Khan. 2011. Religiosity as a Moderator of Work-Family Demands and Employee Well-being. *African Journal of Business Management*, Vol 5, No 12.
- Agustina, Reni dan I Gde Adnyana Sudibya. 2018. Pengaruh *Work Family Conflict* Terhadap Stres Kerja dan Kinerja Wanita Perawat di Rumah Sakit Umum Daerah Praya Lombok. *E-Jurnal Ekonomi dan Bisnis Universitas Udayana* 7.3 (2018):775-808.
- Akintayo, D.I. 2010. Work-Family Role Conflict and Organizational Commitment among Industrial Workers in Nigeria. *Journal of Psychology and Counseling*. Vol. 2 No. 1.
- Amelia, Anisah. 2010. Pengaruh Work-to-Family Conflict dan Family-to-Work Conflict Terhadap Kepuasan dalam Bekerja, Keinginan Pindah Tempat Kerjadan Kinerja Karyawan. *Jurnal Ekonomi dan Bisnis*. Vol. 4 No. 3.
- Anafarta, Nilgun. 2011. The Relationship between Work-Family Conflict and Job Satisfaction: A Structural Equation Modeling (SEM) Approach. *International Journal of Business and Management* Vol. 6, No. 4.
- Anatan dan Ellitan. 2007. *Manajemen Sumber Daya Manusia dalam Bisnis Modern*. Cetakan Kesatu. Bandung: Alfabeta.
- Ancok, D. dan Suroso, F. N. 2011. *Psikologi Islami: Solusi Islam atas Problem-problem Psikologi*. Yogyakarta: Pustaka Pelajar.
- Arikunto, Suharsimi. 2010. *Manajemen Penelitian*. Cetakan Kesebelas. Jakarta: Rineka Cipta.
- Bangun, Ollani Vabiola, Supartha, Gede Wayan, dan Subadi. 2017. Pengaruh *Person-Job Fit* dan *Person-Organization Fit* terhadap Komitmen Organisasional dan *Organizational Citizenship Behavior (OCB)*. *Jurnal : E-Jurnal Ekonomi dan Bisnis Universitas Udayana* 6.5(2017): 2071-2102, ISSN : 2337-3067.
- Buhali, Giovanni Anggasta dan Margaretha Meily. 2013. Pengaruh Work-Family Conflict Terhadap Komitmen Organisasi: Kepuasan Kerja Sebagai Variabel Mediasi Pada Staff Tata Usaha Universitas Kristen Maranatha. *Jurnal Manajemen*. Vol. 13 No. 1.
- Caesarani, Angelica Christy dan Gede Riana. 2016. Pengaruh Stres Kerja Terhadap Komitmen Karyawan Dan *Turnover Intention* Pada Sari Segara Resort Villa & Spa. *E-Jurnal Manajemen Unud*, Vol. 5, No. 9.
- Carlson dan Kacmar. 2000. Work-Family Conflict in the Organization : Do life role Values make a Difference. *Journal of management*. 26 (5): 1031-1054
- Casper, Wendy Jean; Harris, Christopher; Taylor-Bianco, Amy; & Wayne, Julie Holliday. 2011. Work-family conflict, perceived supervisor support and organizational commitment among Brazilian professionals. *Journal of Vocational Behavior*, 79: 640-652.
- Ehsan, Neelam; Nigar Johar; Faryal Zafar. 2017. The Moderating Role Of Religiosity Among People Suffering From Depression. *Pak Armed Forces Med J* 2017; 67 (5): 853-59.
- Farradinna, Syarifah. & Halim, Fatimah Wati. 2016. The Consequences of work-family conflict, burnout and organizational

- commitment among women in Indonesia. *Procedia - Social and Behavioral Sciences*, 219: 241 – 247.
- Ghozali, Imam. 2011. *Aplikasi Analisis Multivariate dengan Program SPSS*. Semarang: Badan Penerbit Universitas Diponegoro.
 - Ghozali, Imam. 2013. *Aplikasi Analisis Multivariate dengan Program SPSS*. Semarang: Badan Penerbit Universitas Diponegoro.
 - Greenhaus, J. H., G. A. Callanan, and V. M. Godshalk. 2000. *Career Management, Third edition*. United States of America: The Dryden Press
 - Handayani, Nani. 2013. Korelasi Antara Tingkat Religiusitas terhadap Perilaku Sosial Pekerja Malam di Executive Club Yogyakarta. *Skripsi*. UIN Sunan Kalijaga.
 - Hasibuan, SP. Melayu. 2014. *Manajemen Sumber Daya Manusia*. Edisi Revisi. Jakarta: Bumi Aksara.
 - Hatam, Nahid; Marzie Tajik Jalali; Mehrdad Askarian; Erfan Kharazmi. 2016. Relationship between Family-Work and Work-Family Conflict with Organizational Commitment and Desertion Intention among Nurses and Paramedical Staff at Hospitals. *IJCBNM April 2016; Vol 4, No 2*.
 - Indrawati, S.W., S. Maslihadan A. Wulandari. 2010. Studi Tentang Religiusitas, Derajat Stres, dan Strategi Penanggulangan Stres (Coping Stres). *Jurnal Psikologi Universitas Pendidikan Indonesia*. Vol 5, No 2.
 - Ismirani, Mira. 2018. Pengaruh religiusitas dan adversity quotient terhadap stres kerja pada agen asuransi jiwa bersama Bumiputra 1912. *Jurnal UIN Syarif Hidayatullah Jakarta: Fakultas Psikologi Series/Report no 0111-12-10800;1119 PSI p*.
 - Isnaini, Heti Nur. 2018. Analisis Pengaruh Work Family Conflict, Religiusitas terhadap Komitmen Organisasi dan Kinerja Karyawan Dengan Variabel Intervening Kepuasan Kerja pada Bank Syariah Di Yogyakarta. *Jurnal Jurusan Manajemen, Fakultas Ekonomi, Universitas Islam Indonesia*.
 - Jalaluddin. 2015. *Psikologi Agama*. Jakarta: Raja Grafindo Persada.
 - Jamadin, Nurnazirah, Samsiah Mohamad, Zurwina Syarkawi, Fauziah Noordin. 2015. Work-Family Conflict and Stress: Evidence from Malaysia. *Journal of Economics, Business and Management*, Vol. 3, No. 2.
 - Kalendesang, Monique P, Hendro Bidjuni, Reginus T. Malara. 2017. Hubungan Konflik Peran Ganda Perawat Wanita Sebagai Care Giver Dengan Stres Kerja Di Ruang Rawat Inap Rumah Sakit Jiwa Prof. Dr. V. L. Ratumbuang Provinsi Sulawesi Utara. *e-Journal Keperawatan (e-Kp) Volume 5 Nomor 1*.
 - Kaswan. 2012. *Manajemen Sumber Daya Manusia untuk Keunggulan Bersaing Organisasi*. Edisi Pertama. Cetakan Pertama. Yogyakarta: Graha Ilmu.
 - Kutcher, Eugene J, Jennifer D. Bragger, Ofelia Rodriguez-Srednicki, Jamie L. Masco. 2010. The Role of Religiosity in Stress, Job Attitudes, and Organizational Citizenship Behavior. *Article in Journal of Business Ethics*. DOI: 10.1007/s10551-009-0362-z.
 - Lajim, Siti Farah. Shamsuddin, Noor Emma. & Bohari, Mohamad Musa. 2015. Impact of Religiosity towards Organizational Commitment: A Case of Banking Institutions in Mukah, Sarawak. *Proceedings of 22nd ISERD International Conference, ISBN: 978-93-85832-74-1: 47-50*.
 - Li, Chaoping. Lu, Jiafang. & Zhang, Yingying. 2013. Cross-Domain Effects of Work-Family Conflict on Organizational Commitment and Performance. *Social Behavior And Personality*, 41 (10): 1641-1653.
 - Lu, J.-F., Siu, O.-L., Spector, P. E., & Shi, K. 2009. Antecedents and outcomes of a fourfold taxonomy of work-family balance in Chinese employed parents. *Journal of Occupational Health Psychology*, 14, 182-192.
 - Luthans, F. 2008. *Perilaku Organisasi*. Edisi 10. Yogyakarta: Penerbit Andi.
 - Manaf, Arman Hadi Abdul; Osman, Abdullah; Muhammad Safizal; & Latif, Latifah Abdul. 2014. Analysis of Religious Affiliation and Workplace Attitude as Predictors on Employees' Job Commitment: A Perspective from a Public University in Malaysia. *Asian Journal of Business and Management*, 2 (5): 414-421.
 - Malik, Shoukat, Abdul Ghafoor Awan, Qurat-ul-Ain. 2015. Role of Work-Family Conflict on Organizational Effectiveness in

- The Institute of Southern Punjab- Pakistan. *European Journal of Business and Management*. Vol. 7 No. 1.
- Mangkunegara, A.A. Prabu. 2007. *Manajemen Sumber Daya Manusia Perusahaan*. Cetakan Ketujuh. Bandung: RemajaRosdakarya.
 - Mehdad, Ali. &Iranpour, Maryam. 2014. Relationship between religious beliefs, workplace happiness and organizational commitment. *International Journal of Scientific Management and Development*. 2 (10): 562-568.
 - Mondy, R. Wayne. 2008. *Manajemen Sumber Daya Manusia*, Edisi Kesepuluh Jilid 1. Jakarta: Penerbit Erlangga.
 - Nwugballa, Emmanuel Agwu ARISI. 2016. Evaluating the Relationship between Work-Family Conflict and Organisational Commitment among Rural Women Health Workers in Ebonyi State, Nigeria. *International Journal of Academic Research in Accounting, Finance and Management Sciences* .Vol. 6, No. 3, July 2016, pp. 212–220 E-ISSN: 2225-8329, P-ISSN: 2308-0337
 - Puspitasari, Ayu. 2011. Pengaruh Konflik Pekerjaan-Keluarga terhadap Komitmen Organisasi dengan Kepuasan Kerja. *Jurnal Ekonomi dan Kebijakan*. Vol. 5 No.1
 - Rantika, Renny dan Sunjoyo.2011. Pengaruh Konflik Kerja-Keluarga terhadap Komitmen Organisasional yang Dimediasi oleh Kepuasan Kerja pada Profesi Perawat di RumahSakitUmum Daerah (RSUD) Dr. Moewardi Surakarta.*JurnalManajemenTeoridanTerapan / Tahun 4, No. 2, Agustus 2011*.
 - Richardus, Chandra Wirakristama. 2011. Analisis Konflik Peran (Work-Family Conflict) terhadap Kinerja Karyawan Wanita pada PT. Nyonya Meneer Semarang dengan Stres Kerja Sebagai Variabel Intervening. *Skripsi*.Fakultas Ekonomi dan Bisnis Universitas Diponegoro. Semarang.
 - Robbins, Stephen P. 2003. *Prinsip-prinsip Perilaku Organisasi*. Jakarta: Penerbit Erlangga.
 - Robbins, Stephen. P; dan Judge Timothy. A. 2015. *Perilaku Organisasi*. Edisi Enam Belas. Jakarta: Salemba Empat.
 - Rohayati, Dwi. 2014. Pengaruh Kompensasi, Motivasi Dan Religiusitas Terhadap Kinerja Karyawan Pada BMT Di Kota Salatiga Dan Kabupaten Semarang.*Skripsi*.Jurusan Syariah Dan Ekonomi Islam Sekolah Tinggi Agama Islam Negeri (STAIN)Salatiga.
 - Rusemewahni, YeniAbsah, dan Elisabet Siahaan. 2018. Analysis of Dual Role Conflict and Emotional Intelligence on Work Stress with Social Support as a Moderating Variable on BUMN Banks Married Employees in TebingTinggi. *International Journal For Innovative Research In Multidisciplinary Field ISSN: 2455-0620 Volume - 4, Issue - 8, Aug – 2018*
 - Saputra, D. A. 2015. Job Characteristics, Communication, Satisfaction, dan Consientiousness Pada Organizational Citizenship Behavior (Study Pada Karyawan PT. Kereta Api Indonesia DAOP IV Semarang). *Jurnal Manajemen* , 12-19 Volume 12 Nomer 2.
 - Schaeffer, B. Charles., Mattis, S. Jacqueline. 2012. Diversity, Religiosity, and Spiritually in work place. *Journal of management, Spiritually andReligion*. 9:4 317-333.
 - Siahaan, Elisabet. 2015. Can We Rely on Job Satisfaction to Reduce Stress Work. *International Journal of Management Science and Business Administration Volume 3, Issue 3, March 2017, Pages 17-26 DOI: 10.18775/ijmsba.1849-5664-5419.2014.33.1002*
 - Siahaan, Elisabet. 2017. Developing Employees' Organizational Commitment through Stress Management.*Terengganu International Business and Economics Conference 2016 (TiBÉC V)*.
 - Siahaan, Elisabet. 2018. Faktor Pemicu Stres Kerja dan Konflik Peran Ganda (Studi kasus pada Pekerja Wanita di Industri Pengolahan Karet).*LWSA Conference Series 01 (2018), Page 015–021*
 - Sihaloho, Ronal Donra. 2016. Pengaruh Work-to-Family Conflict dan Stres Kerja terhadap Komitmen Organisasi dengan Kepuasan Kerja sebagai Variabel Intervening pada PT Pelabuhan Indonesia I (Persero) Medan. *Tesis*.Magister Ilmu Manajemen Universitas Sumatera Utara.
 - Sinulingga, Sukaria. 2016. *Metode Penelitian Bisnis*. Sumatera Utara: USU Press.
 - Situmorang, Syafrizal Helmi, Iskandar Muda, Doli M. Ja'far Dalimunthe, Fadhli

- Fauzie Syarief. 2010. *Analisis Data untuk Riset Riset Manajemen dan Bisnis*. Medan: USU Press.
- Sopiah. 2008. *Perilaku Organisasional*. Yogyakarta: CV Andi Offset
 - Sugiyono. 2013. *Metode Penelitian Pendidikan*. Bandung: Alfabeta.
 - Supriyanto, Teguh. 2016. Pengaruh Religiusitas Dan Motivasi Kerja Terhadap Kinerja Guru Madrasah Ibtidaiyah Se Kecamatan Giriwoyo Kabupaten Wonogiri Tahun Pelajaran 2015/2016. *Tesis*. Jurusan Manajemen Pendidikan Islam Pascasarjana Institut Agama Islam Negeri Surakarta.
 - Tarmizi, Achmaddan Suryani Supra Dewi. 2017. Pengaruh Stres Kerja terhadap Kepuasan Dan Komitmen Karyawan: Studi Kasus Pt. Fei. *Jurnal Riset Manajemen dan Bisnis (JRMB) Fakultas Ekonomi UNIAT Vol.2, No.3*.
 - Umar, Husen. 2008. *Metode Riset Bisnis*. Jakarta: PT. Gramedia Pustaka Utama.
 - Vijaya.T.G & Hemamalini. R. 2013. Relationship of Work family conflict and Enrichment with Organizational Commitment among Sales Person. *Journal of Strategic Human Resource Management, 1 (3): 33-38*.
 - Viktorius. 2013. Pengaruh Stres Kerja Dan Komitmen Organisasional Terhadap Kinerja Petugas Kamar Bedah RSUD Dr. Soedarso Pontianak. *Jurnal Forum Manajemen Indonesia 5 Pontianak 2013*.
 - Wahyudi. 2017. *Manajemen Konflik dan Stres dalam Organisasi*. Bandung: Alfabeta.
 - Wening N and Choerudin A. 2015. The Influence Of Religiosity Towards Organizational Commitment, Job Satisfaction And Personal Performance. *Polish Journal of Management Studies. vol.11 no2*.
 - Yudra, Farhan Okta, Fikridan Ahmad Hidayat. 2018. Hubungan Antara Religiusitas Dengan Stres Kerja Pada Anggota Brimob Polda Riau. *An – Nafs: Jurnal Fakultas Psikologi 2018, Vol. 12, No 1, 12-21*.
 - https://id.wikipedia.org/wiki/Tenaga_Kesehatan (diakses 7 Agustus 2018)

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