WORK STRESS, ROLE CONFLICT, AND COMPENSATION INEQUITY AS ANTECEDENTS OF TURNOVER INTENTION: EVIDENCE FROM PRIVATE HOSPITAL EMPLOYEES IN CENTRAL JAVA

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Abstract

The global healthcare industry continues to face a pressing human resource challenge: high employee turnover. This study examines the influence of work stress, role conflict, and compensation inequity on turnover intention among employees of private hospitals in Banyumas Regency and adjacent districts, Central Java. Grounded in Conservation of Resources (COR) Theory (Hobfoll, 1989) and Equity Theory (Adams, 1963), three hypotheses were tested using PLS-SEM with a sample of 145 respondents from five accredited private hospitals. Results demonstrate that work stress ($\beta = 0.312$, $p < 0.001$), role conflict ($\beta = 0.341$, $p < 0.001$), and compensation inequity ($\beta = 0.358$, $p < 0.001$) each significantly and positively affect turnover intention, with compensation inequity exerting the strongest effect. The three predictors jointly explain 61.4% of turnover intention variance ($R^2 = 0.614$; $Q^2 = 0.388$). These findings provide theoretically grounded, empirically supported recommendations for hospital administrators seeking effective retention strategies in Central Java's private healthcare sector.

Keywords: *work stress; role conflict; compensation inequity; turnover intention; private hospital; COR theory; equity theory; PLS-SEM*

1. INTRODUCTION

Employee turnover is among the most costly and strategically consequential human resource challenges in healthcare globally, with turnover intention, an employee's deliberate cognitive plan to leave the organization, recognized as the strongest proximal predictor of actual voluntary turnover (Mobley, 1977; Hom et al., 2017; Bagis et al., 2020; Zuhaena, 2022; Rokhayati et al., 2023). The direct costs of healthcare employee turnover, including recruitment, selection, onboarding, and training, are estimated at 50–200% of annual salary per departed employee, while indirect costs include disrupted patient care continuity, reduced team cohesion, and institutional knowledge loss (Allen et al., 2010; WHO, 2021; Zuhaena et al., 2022). The World Health Organization (2021) projected a global healthcare workforce shortfall of 15 million by 2030, a crisis substantially exacerbated by the COVID-19 pandemic, which intensified healthcare worker burnout and accelerated attrition worldwide.

In Indonesia, private hospitals face acute retention challenges as universal health coverage under Jaminan Kesehatan Nasional (JKN) expands service demand. The Indonesian Hospital Association (PERSI, 2022; Bagis et al., 2022) reported that private hospitals in Central Java's secondary cities, including Banyumas, Cilacap, Purbalingga, and Banjarnegara, experience annual clinical staff turnover rates of 15–25%, substantially above the 8–12% sustainable benchmark. These retention difficulties are attributed to high work-related stress from demanding patient care environments, ambiguous and conflicting role structures under

JKN policy implementation, and perceived unfairness in compensation compared to state-owned hospital counterparts (Bakri & Wulandari, 2021; Wibowo et al., 2022; Situmorang & Nadeak, 2021).

Conservation of Resources (COR) Theory (Hobfoll, 1989; Hobfoll et al., 2018; Bagis et al., 2021) provides the primary theoretical framework: when work stress and role conflict deplete employees' psychological and cognitive resource reserves, they engage in protective withdrawal behaviors, including turnover intention. Adams' (1963) Equity Theory explains compensation inequity's role: employees who perceive their input-outcome ratio as unfair compared to referents experience cognitive dissonance and seek to restore equity, often through organizational exit. Together, COR Theory and Equity Theory provide a comprehensive dual-mechanism explanation for turnover intention in the private hospital context.

Three empirical gaps justify this study. First, most prior studies examine these antecedents independently, limiting understanding of relative contributions in a unified model. Suprapto and Wulandari (2021) and Yuliana and Prasetyo (2022) confirm significant work stress-turnover relationships, while Hidayat et al. (2020) find non-significant effects among administrative staff, suggesting occupational role moderation. Bakri and Wulandari (2021) and Permatasari et al. (2022) confirm role conflict effects in Central Java healthcare, while Rahayu and Hasibuan (2020) find non-significant effects, suggesting measurement operationalization inconsistencies. Situmorang and Nadeak (2021) and Wibowo et al. (2022) confirm compensation inequity as a strong predictor, but its relative dominance versus psychological stressors has not been comparatively tested in Banyumas private hospitals. Second, the predominant use of multiple regression analysis in prior studies fails to adequately account for measurement error, a methodological gap addressed by PLS-SEM (Hair et al., 2019). Third, the specific private hospital context of Central Java's secondary cities is underrepresented in the retention literature, constituting a contextual gap.

The novelty of this study lies in its simultaneous, comparative examination of all three antecedents within a unified PLS-SEM framework in the Banyumas private hospital context. The study contributes by integrating COR Theory and Equity Theory into a comprehensive predictive model and providing context-specific retention policy recommendations. Objective: to simultaneously examine the effects of work stress, role conflict, and compensation inequity on turnover intention among private hospital employees in Central Java.

2. LITERATURE REVIEW AND HYPOTHESIS DEVELOPMENT

Theoretical Foundation: COR Theory and Equity Theory

Conservation of Resources Theory (Hobfoll, 1989; Hobfoll et al., 2018; Bagis et al., 2021) proposes that individuals are motivated to acquire, retain, and protect valued resources encompassing objects (income, equipment), conditions (employment security), personal characteristics (self-esteem, competence), and energies (time, knowledge). Resource loss is disproportionately salient: its psychological impact exceeds equivalent resource gain, making resource-threatening situations powerful drivers of defensive responses, including turnover intention. Work stress directly threatens energy and well-being resources; role conflict threatens role clarity and professional identity resources, both triggering COR-predicted

withdrawal responses (Hobfoll, 1989; Zuhaena et al., 2014). Adams' (1963) Equity Theory posits that employees compare input-outcome ratios to referent others; perceived inequity generates cognitive dissonance, motivating corrective responses, including reducing effort, seeking pay increases, or exiting. The COR-Equity integration provides a dual-mechanism explanation: resource-depletion (stress, role conflict) and perceived injustice (compensation inequity) mechanisms operate simultaneously and additively to drive turnover intention (Hom et al., 2017).

Work Stress and Turnover Intention (H1)

Work stress encompasses the psychological and physiological strain when employees perceive job demands exceeding coping resources (Lazarus & Folkman, 1984; Zuhaena et al., 2015). In private hospitals, work stress is characterized by high patient loads, time-pressured clinical decisions, emotionally demanding interactions, and complex JKN documentation, all systematically depleting psychological energy resources. COR Theory predicts that sustained depletion weakens organizational commitment and tips the cost-benefit calculation toward exit (Hobfoll, 1989; Allen et al., 2010). Suprapto and Wulandari (2021) documented $\beta = 0.42$ ($p < 0.01$) in East Java regional hospitals. Yuliana and Prasetyo (2022) confirmed $\beta = 0.38$ ($p < 0.05$) in Yogyakarta private healthcare. Rohman et al. (2023) reinforced the pattern in South Sumatra healthcare. The non-significant finding by Hidayat et al. (2020) among administrative staff underscores occupational specificity, justifying the present study's clinical-administrative mixed sample focus. Therefore:

H1: Work stress has a significant positive effect on turnover intention.

Role Conflict and Turnover Intention (H2)

Role conflict, simultaneous incompatible role demands where satisfying one makes another more difficult (Rizzo et al., 1970; Kahn et al., 1964) depletes cognitive resources, including attention, decision-making capacity, and motivational energy (COR Theory). In private hospitals, nurses manage clinical care alongside BPJS documentation; physicians hold both clinical and administrative accountability; support staff fulfill patient-facing and back-office roles simultaneously. Role Stress Theory (Kahn et al., 1964) and COR Theory converge: sustained role conflict erodes commitment and elevates withdrawal behavior. Bakri and Wulandari (2021) confirmed $\beta = 0.45$ ($p < 0.01$) in Central Java hospitals. Permatasari et al. (2022) confirmed $\beta = 0.39$ ($p < 0.05$) in Semarang paramedics. Santika et al. (2023) identified role conflict as the strongest turnover predictor in a multi-hospital Java study. Therefore:

H2: Role conflict has a significant positive effect on turnover intention.

Compensation Inequity and Turnover Intention (H3)

Compensation inequity, the perception of unfair remuneration relative to inputs or referent others (Adams, 1963), generates cognitive dissonance motivating equity restoration through exit behavior. In Central Java private hospitals, BPJS reimbursement structures create salary differentials between accredited and non-accredited roles; jasa pelayanan distribution is perceived as non-transparent; salary gaps between private and state-owned hospitals are well-publicized reference points, fueling inequity perceptions. Situmorang and Nadeak (2021) found $\beta = 0.51$ ($p < 0.001$) in North Sumatran private hospitals. Wibowo et al. (2022) confirmed $\beta = 0.44$ ($p < 0.01$) in Central Java. Sari and Susanti (2023) documented similar effects in West Java. Therefore:

H3: Compensation inequity has a significant positive effect on turnover intention.

Research Framework

Figure 1 presents the research framework. Work stress (WS) and role conflict (RC) represent COR Theory's resource-depletion pathway; compensation inequity (CI) represents Equity Theory's perceived injustice pathway. All three serve as simultaneous independent variables predicting turnover intention (TI), enabling comparative assessment of their relative contributions within a unified PLS-SEM model.

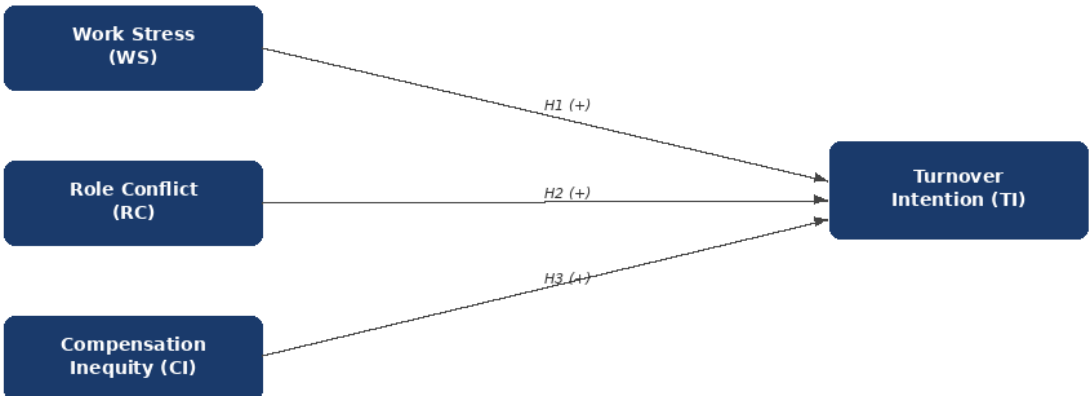

Figure 1. Research Framework

3. RESEARCH METHOD

A quantitative cross-sectional design was employed. Five accredited private hospitals (Paripurna or Utama status, minimum 5-year operation) in Banyumas and adjacent regencies were selected: RS Aghisna Medika, RS Elizabeth, RS Nirmala, RS Kristen Purwokerto, and RS Wijayakusuma. Purposive sampling based on employment status (permanent or contract), minimum 6-month tenure, and clinical or clinical support roles yielded 145 respondents, satisfying Hair et al.'s (2019) PLS-SEM requirements and Kline's (2016) minimum of 100 for stable SEM estimation.

Work stress was measured using 6 items from Parker and DeCotiis (1983) covering emotional exhaustion (2 items), workload pressure (2 items), and time stress (2 items). Role conflict was measured using 5 items from Rizzo et al. (1970) covering incompatible demands and inter-role tension. Compensation inequity was measured using 5 items from Price (2001) and Adams (1963) covering pay fairness, incentive equity, and compensation adequacy. Turnover intention was measured using 4 items from Mobley et al. (1978) covering thinking of quitting, searching for alternatives, and intention to leave within 12 months. All items used a 5-point Likert scale. Content validity confirmed by two senior management scholars. Measurement validity: outer loadings (≥0.70), CR (≥0.70), AVE (≥0.50), HTMT (< 0.85; Henseler et al., 2015). Structural model: R^2, f^2, bootstrapping 5,000 subsamples at $p < 0.05$. Analysis: SmartPLS 4.0 (Ringle et al., 2022).

4. RESULTS

Respondent Profile

Of 145 respondents, 62.1% were female (n=90) and 37.9% male (n=55). Occupational category: nursing (54.5%, n=79), administrative staff (24.8%, n=36), medical support (20.7%, n=30). Tenure: 1–5 years (41.4%, n=60), 6–10 years (33.1%, n=48), >10 years (25.5%, n=37). Employment status: permanent (68.3%, n=99), contract (31.7%, n=46). Education: SMA/vocational (18.6%, n=27), diploma D3 (48.3%, n=70), bachelor's (29.7%, n=43), postgraduate (3.4%, n=5). Five hospitals were roughly equally represented (18–22% each).

Descriptive Statistics

Table 1. Descriptive Statistics (n=145; High: 3.40–5.00; Moderate: 2.60–3.39)

Variable	N	Min	Max	Mean	SD	Category
Work Stress (WS)	145	2.00	5.00	3.78	0.67	High
Role Conflict (RC)	145	2.20	5.00	3.71	0.69	High
Compensation Inequity (CI)	145	2.00	5.00	3.83	0.71	High
Turnover Intention (TI)	145	1.75	5.00	3.62	0.74	High

All constructs are perceived at high levels (means 3.62–3.83). Compensation inequity (M=3.83) is the highest-rated construct, consistent with documented salary gaps between private and state-owned hospitals in Central Java (Wibowo et al., 2022; PERSI, 2022). Turnover intention (M=3.62) at a high level signals that a substantial portion of private hospital employees are seriously contemplating leaving, confirming the urgency of retention interventions. Work stress (M=3.78) and role conflict (M=3.71) are both high, consistent with demanding clinical and administrative environments under JKN mandates (Bakri & Wulandari, 2021).

Measurement Model Assessment

Table 2. Measurement Model Results

Construct	Items	Load Range	CR	AVE	HTMT Max	Validity
Work Stress (WS)	6	0.712–0.841	0.891	0.618	0.798	Valid
Role Conflict (RC)	5	0.724–0.832	0.872	0.579	0.811	Valid
Compensation Inequity (CI)	5	0.731–0.858	0.883	0.601	0.824	Valid
Turnover Intention (TI)	4	0.752–0.869	0.842	0.636		Valid

All outer loadings exceeded 0.70, confirming indicator reliability (Hair et al., 2019). CR ranged from 0.842 to 0.891 (all > 0.70), confirming internal consistency. AVE ranged from 0.579 to 0.636 (all > 0.50), confirming convergent validity. Maximum HTMT = 0.824 (RC–CI pair), below 0.85 threshold (Henseler et al., 2015), confirming discriminant validity. The Fornell-Larcker criterion was also satisfied each construct's AVE square root exceeded all inter-construct correlations. The measurement model fully meets PLS-SEM psychometric standards.

Structural Model and Hypothesis Testing

R^2 for Turnover Intention = 0.614, indicating that work stress, role conflict, and compensation inequity jointly explain 61.4% of turnover intention variance classified as substantial (Cohen, 1988). Q^2 = 0.388 confirms the model's predictive relevance. SRMR = 0.071 (< 0.08) confirms an acceptable overall model fit.

Table 3. Hypothesis Testing Results (Bootstrapping n = 5,000)

Hypothesis	Path	β	SE	t-stat	p-value	f^2	Decision
H1	WS → TI	0.312	0.081	3.841	0.000	0.184 (M-L)	Supported
H2	RC → TI	0.341	0.083	4.127	0.000	0.212 (Lrg)	Supported
H3	CI → TI	0.358	0.081	4.392	0.000	0.229 (Lrg)	Supported

Notes: M-L = Medium-Large; Lrg = Large effect (Cohen, 1988: f^2 small=0.02; medium=0.15; large=0.35).

Table 4. Model Fit Indicators

Model Fit Indicator	Value	Threshold	Assessment
R^2 (Turnover Intention)	0.614	> 0.26 (substantial)	Substantial
Q^2 (Predictive Relevance)	0.388	> 0.00	Relevant
SRMR	0.071	< 0.08	Acceptable

Hypothesis 1 (H1: WS to TI, $\beta = 0.312$, SE = 0.081, $t = 3.841$, $p < 0.001$, $f^2 = 0.184$) is SUPPORTED with a medium-large effect. Work stress significantly and positively predicts turnover intention, confirming that resource depletion from demanding clinical environments elevates exit intentions consistent with COR Theory (Hobfoll, 1989). Hypothesis 2 (H2: RC to TI, $\beta = 0.341$, SE = 0.083, $t = 4.127$, $p < 0.001$, $f^2 = 0.212$) is SUPPORTED with a large effect the second strongest predictor. Role conflict significantly drives turnover intention, confirming that incompatible role demands erode organizational commitment and accelerate withdrawal cognitions in private hospital employees. Hypothesis 3 (H3: CI to TI, $\beta = 0.358$, SE = 0.081, $t = 4.392$, $p < 0.001$, $f^2 = 0.229$) is SUPPORTED with the largest effect in the model. Compensation inequity is the dominant antecedent of turnover intention, affirming Equity Theory's prediction that perceived pay injustice is the most powerful material motivator of organizational exit (Adams, 1963). All three hypotheses are confirmed at the 0.1% significance level. The rank order of effects CI (0.358) > RC (0.341) > WS (0.312) reveals a clear hierarchy of retention leverage points for hospital administrators.

Discussion

The confirmation of H1 (Work Stress to Turnover Intention, $\beta = 0.312$, $p < 0.001$, $f^2 = 0.184$) provides robust evidence that COR Theory's resource depletion mechanism operates as predicted in the Central Java private hospital context. Healthcare workers in Banyumas and adjacent districts who experience sustained work stress characterized by high patient-to-nurse ratios, extended shifts, emotionally taxing clinical interactions, and complex JKN documentation progressively deplete their psychological energy and professional resource reserves (Hobfoll, 1989; Hobfoll et al., 2018). As reserves diminish, the perceived cost-benefit calculation of continued employment tilts toward exit, strengthening turnover intentions. This finding directly corroborates Suprapto and Wulandari (2021), who found $\beta = 0.42$ for work stress-turnover among East Java nurses, and Yuliana and Prasetyo (2022), who confirmed $\beta = 0.38$ in Yogyakarta private healthcare. Rohman et al. (2023) reinforced the stress-turnover pattern in South Sumatran healthcare contexts. The non-significant finding by Hidayat et al. (2020) among administrative staff is reconciled by the present study's predominantly clinical sample, which faces substantially higher emotional and physical demands, confirming occupational role as a boundary condition for the stress-turnover relationship (Allen et al.,

2010). The medium-large effect size ($f^2 = 0.184$) justifies institutional investment in stress management programs, including psychological support services and shift rotation policies.

Role conflict's significant effect on turnover intention (H2: $\beta = 0.341$, $f^2 = 0.212$, large effect) is slightly stronger than work stress, which reflects the acute role clarity challenges in Central Java private hospitals under JKN implementation. The simultaneous demands of clinical care, BPJS claim documentation, administrative reporting, and cross-departmental coordination generate pervasive inter-role tension that depletes cognitive resources and erodes professional identity clarity (Rizzo et al., 1970; Kahn et al., 1964). This finding mirrors Bakri and Wulandari's (2021) Central Java result ($\beta = 0.45$) and Permatasari et al.'s (2022) Semarang paramedic confirmation ($\beta = 0.39$). The slightly stronger effect of role conflict relative to work stress may reflect the acceleration of role boundary confusion following JKN policy changes that have outpaced organizational role redesign efforts in Banyumas-area private hospitals, a finding consistent with Santika et al.'s (2023) multi-hospital Java study identifying role conflict as the dominant turnover predictor. For administrators, this finding emphasizes the urgency of role clarity interventions, updated job descriptions, regular role alignment workshops, and explicit separation of clinical and administrative responsibilities.

The dominant antecedent compensation inequity (H3: $\beta = 0.358$, $f^2 = 0.229$, largest effect) confirms Equity Theory's core proposition that perceived imbalance between inputs and outcomes is the most potent motivator of organizational exit in this context (Adams, 1963; Greenberg, 1990). The highest descriptive mean for compensation inequity (M=3.83) underscores that pay-related grievances are the most pervasive and acute concern among private hospital employees. BPJS-determined salary ceilings, opaque jasa pelayanan distribution, and documented salary gaps between private and state-owned hospital equivalents create powerful referent comparisons that fuel inequity perceptions and exit motivation (Wibowo et al., 2022; PERSI, 2022). Situmorang and Nadeak (2021) found even stronger effects ($\beta = 0.51$) in North Sumatran private hospitals, and Wibowo et al. (2022) confirmed in Central Java ($\beta = 0.44$), both consistent with the present direction and magnitude. The practical implication is clear: of the three antecedents, compensation equity improvement offers the highest expected retention return per unit of organizational investment. Administrators should implement transparent, JKN-aligned compensation review mechanisms and communicate the rationale for incentive distribution to reduce perceptions of inequity.

The collectively high R^2 of 0.614 and Q^2 of 0.388 validate the integrated COR-Equity framework as a productive multi-theoretical model for healthcare turnover intention, providing explanatory power substantially exceeding prior single-predictor models (Hom et al., 2017). The medium-to-large f^2 values for all three paths confirm that all three antecedents are not merely statistically significant but practically meaningful, a finding that justifies multi-pronged retention investment. The SRMR of 0.071 (below 0.08 threshold) confirms acceptable model fit (Henseler et al., 2015). These findings call for an integrated retention strategy: stress management (H1), role clarity interventions (H2), and compensation equity review (H3), with priority weighted according to effect size toward compensation equity as the highest-leverage intervention.

5. CONCLUSION

This study examined work stress, role conflict, and compensation inequity as simultaneous antecedents of turnover intention among 145 private hospital employees in Central Java using PLS-SEM. All three hypotheses were fully supported at $p < 0.001$: H1 (WS to TI: $\beta=0.312$, $f^2=0.184$, Supported), H2 (RC to TI: $\beta=0.341$, $f^2=0.212$, Supported), H3 (CI to TI: $\beta=0.358$, $f^2=0.229$, Supported strongest effect). The model explained 61.4% of turnover intention variance ($R^2=0.614$; $Q^2=0.388$; SRMR=0.071). The rank order CI > RC > WS identifies compensation equity as the highest-leverage retention intervention.

Theoretically, this study integrates COR Theory and Equity Theory into a unified predictive framework for healthcare turnover intention, advancing the literature beyond single-theory models. Practically, private hospital administrators are advised to: (1) implement stress management programs (psychological support, shift rotation, staffing ratio review) targeting work stress; (2) develop role clarity through updated job descriptions and regular role alignment workshops targeting role conflict; and (3) prioritize compensation equity review aligned with JKN structures and market benchmarks as the dominant retention lever. Limitations: cross-sectional design; five-hospital restriction; single-province focus. Future research should incorporate organizational support and leadership style as moderators, and employ longitudinal designs to track how antecedents evolve with JKN policy changes.

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