

CHAPTER II LITERATURE REVIEW

2.1 Theoretical Basis

T.R. Mitchell, B.C. Holtom, T.W. Lee, C.J. Sablinski, and M.Erez initially postulated the Job Embeddedness Theory (JET) in 2001. JET believes that employees have numerous connections and links within their organizations and communities. As a result, they feel so completely integrated into their professional and social environments that they do not want to drop or sacrifice those links and connections for an unidentified new job or an unknown new environment. This theory identifies peers, family members, and friends as key figures in shaping an employee's work and community connections.

According to JET, employees' organizational and community integration is influenced by factors such as their personal values, career goals, and knowledge and skills. It is also affected by organizational culture, qualifications required, and situational factors such as climate, weather conditions, religious beliefs, health conditions and recreational activities. Based on the Job Embeddedness Theory, employees stay in their existing jobs if they still feel embedded in their professional and social environments. Otherwise, they get to be receptive to appeals to turnover intention. Retention strategies should thus aim to maintain this sense of embeddedness in the professional and social environment, particularly for talented employees.

In addition to the above theory, there is an additional theory of turnover intention that is very relevant to this research, the social exchange theory (SET). Homan, G.C., 1958, Blau, P.M., 1964, and Emerson, R.M., 1976 developed the Social Exchange Theory. The core principle of the Social Exchange Theory is that the relationship between two social entities is determined by the extent to which each of these entities respects social rules and norms of exchange that have been implicitly and explicitly agreed upon between the two parties. Trust, loyalty, and commitment are some of the qualities that define the quality of such relationship.

These characteristics are determined by factors such as love, status, information, money, goods, and services that people generally invest in relationships. According to the Social Exchange Theory, the social rules and norms of exchange include the rule of reciprocity as well as other explicitly negotiated rules. According to the rule of reciprocity, one should be treated in accordance with how he or she treats others. Negotiated rules are thus clearly detailed and documented in terms of an agreed set of rules and obligations between the parties. Altruism, group gain, status consistency, and competition are other examples of exchange rules and norms. The Social Exchange Theory asserts that employees are linked by a network of ties, the strength of which influences their decision to stay or leave their jobs (Holtom *et al.*, 2008).

As a result, more research on the inferences of social exchange theory and job embeddedness for voluntary turnover is required. Thus, according to the Social Exchange Theory, turnover intention is a result of management or colleagues failing to follow implicitly or explicitly agreed upon rules. This means that an employee may voluntarily decide to leave the organization if prior agreements are violated. As a result, efforts by management to reinforce implicitly or explicitly agreed upon rules can be viewed as a retention strategy, particularly for talented employees.

2.1.1 Mental Health

2. 1. 1. 1 Definition of Mental Health

Mental health is an important factor in achieving overall health. The importance of mental health is equal to that of physical health. The World Health Organization (WHO) defines health as a proper state of physical, mental, and social well-being, not simply the complete lack of disease or infirmity. A state of mental health implies the capability to develop and maintain affiliative relationships with others, to undertake in the social roles typically played in their heritage, and to adapt to changes, recognize, acknowledge, and communicate positive actions and thoughts, as well as handle emotions such as sadness. A meaning of worth, control, and understanding of one's internal and external functioning is provided by mental health. Mental health, as defined by Society for Health Education and Promotion

Specialists (SHEPS, 1997), also includes feeling good about oneself and others, as well as being glad, joyful, and loving.

According to Mental Health Law Number 18 of 2014, mental health is defined as a stage that allows an individual can develop physically, cognitively, spiritually, and socially so that the individual is conscious of his own abilities, can deal with stress, work productively, and contribute to his community. The Mental Health Foundation (MHF) defines mental health as "how people think and feel about themselves and their lives," and it influences how people adapt and manage in times of adversity. Mental health is perceived as having an impact on one's capability to function and take advantage of possible opportunities, in addition to take part with family, workplace, community, and colleagues. Physical and mental health are strongly intertwined, as they both directly and indirectly affect each other.

Thus, it is possible to concluded that mental health is a condition of a person that allows all aspects of development, both physical, intellectual, and emotional, to develop optimally and in harmony with the development of others, allowing them to interact with the surrounding environment. Symptoms of the soul or functions of the soul, such as thoughts, feelings, will, attitudes, perceptions, views, and beliefs of life, must work in harmony to avoid all feelings of doubt, anxiety and inner conflict (contradictory to the individual himself).

2. 1. 1. 2 Dimensions of Mental Health

There are two dimensions to mental health:

Positive mental health is a valuable asset in and of itself. People who have good mental health have positive affect and positive personal characteristics, both of which are resources. They have a high sense of self-esteem, comprehension, coherence (life interpreted as constructive and manageable), and self-efficacy, to name a few characteristics. It may also be referred to as the capacity to deal with adversity while avoiding breakdown or other health problems.

Mental disorders, symptoms, and issues are referred to as "negative mental health." Clinical diagnosis classifications define mental disorders by the presence of specific clusters of symptoms. Even if the clinical disorder criteria are not met, mental symptoms and problems can exist. These subclinical conditions, and also

general psychological distress, are frequently the result of adversity, whether long-term or short-term. They can represent a massive strain and frequently result in consultations with primary health care providers, for example.

2. 1. 1. 3 Principles of Mental Health

Schneiders (1964) has revealed 10 principles for understanding mental health, all of which are based on human nature, namely:

- 1) Physical health and the integrity of the organism are inextricably linked to health and mental adjustment.
- 2) Maintaining mental health is inextricably linked to human nature as a moral, intellectual, religious, emotional, and social being.
- 3) Integration and self-control are required for mental health and adjustment, which includes controlling thoughts, imagination, desires, emotions, and behaviour.
- 4) Increasing self-awareness is essential for achieving and maintaining mental health.
- 5) Mental health necessitates a healthy self-concept, which includes accepting and making realistic efforts to improve one's status and self-esteem.
- 6) Self-awareness and acceptance must be increased in order to improve oneself and achieve self-realization in order to achieve mental health.
- 7) Mental stability necessitates ongoing personal development in areas such as wisdom, courage, law, fortitude, morals, and humility.
- 8) Success in maintaining one's mental health is linked to the development of good habits. Adaptability, the ability to change situations, and personality are required for mental stability.
- 9) Mental stability necessitates maturity in thought, decision-making, emotion, and behaviour.
- 10) Mental health necessitates learning to deal with mental conflicts, failures, and tensions in an effective and healthy manner.

2. 1. 1. 4 Characteristics of Mental Health

The characteristics of a healthy mental can be used to determine the characteristics of mental health. The characteristics of a healthy mentality are as follows (Yusuf, 2011):

1) Avoiding mental disorders.

According to Darajat (Daradjat, 1975), there are two types of psychiatric disorders: neuroses and psychoses. Second, the neurotic personality is not far from reality and can still live in reality and the real world in general, whereas the psychotic personality is disturbed in terms of responses, feelings/emotions, and impulses, so individuals with this psychosis lack integrity and live far away from reality. A psychological state that is free of both mental disorders and mental illness is defined as mental health. Individuals who seem to be mentally stable can work properly in the real world and overcome obstacles. There is a distinction between the two phrases. First, individuals with neuroses are aware of and feel their difficulties, whereas individuals with psychoses are unaware of their problems/difficulties.

2) Capable of Adapting

Self-adjustment is the process of acquiring/fulfilling needs (needs satisfaction) in order for individuals to overcome stress, conflict, frustration, and certain problems in alternative ways. A person is said to have good self-adjustment if he is able to overcome the difficulties and problems that he faces naturally, does not harm himself or his environment, and follows social and religious norms.

3) Capable of realizing full potential

Apart from being able to confront problems with various alternative solutions, another important indicator of mental health is that individuals are actively able to capitalize on their strengths. That is, by delving as deeply as possible into the potential. Individuals can maximize their potential by actively participating in a variety of positive and constructive activities aimed at improving their quality. Learning activities (at home, school, or in the community, for example), working, organizing, sports, developing hobbies, and other positive activities that can trigger the exploration of each individual's potential.

4) Capable of achieving personal happiness as well as the happiness of others

This point is for all individual activities that aim to achieve shared happiness. Individuals with a healthy mentality exhibit positive behaviour or responses to situations in order to meet their needs. This positive response benefits

both himself and others. It is part of achieving personal and other people's happiness to not sacrifice the rights of others for the sake of self-interest, and to not seek opportunities/profits at the expense of others. Individuals who fit the above description are always striving for mutual happiness while avoiding harm to themselves and others.

2.1.2 Depression

2.1.2.1 Definition of Depression

Depression is a prevalent mental disorder that is characterized by a low mood, loss of enthusiasm or pleasure, tiredness, guilt or a sense of self-worth, sleep or appetite abnormalities, and poor concentration. Furthermore, anxiety symptoms are frequently associated with depression. These problems can become chronic or longstanding, impairing an individual's capacity to complete out his or her daily responsibilities significantly. At its worst, depression can lead to serious problems, that is suicide (WHO, 2017).

The term depression encompasses a diverse range of moods, ranging from a bad mood to a critical matter that interferes with daily life. You are more than sad or upset when you have intense or 'clinical' depression. Depression is a powerful emotion that can induce you to feel utterly helpless and despairing about the future. When you are depressed, your interest in food may change, and you may have terrible insomnia or getting out of bed. You may feel burdened by guilt and envisage death or suicide. Anxiety and depression frequently find common ground, with depressed people being even more anxious or agitated.

2.1.2.2 Types of Depression

Depressive disorders are classified into different categories. The most widely known are major depressive disorder and dysthymic disorder (NIH, 2007). Major depressive disorder, also renowned as major depression, is characterized by a collection of symptoms that inhibit a person's ability to work, sleep, study, eat, and partake in previously pleasurable activities. Major depression is destabilising and impairs an individual's capability to function normally. A major depressive episode may come to pass only once in a person's life, but it is more likely to happen repeatedly over time. Dysthymic disorder, also identified as dysthymia, is

characterized by long-term but less serious complications (two years or longer) that can prevent someone from functioning properly or feeling well.

Some varieties of depression vary markedly from those outlined above, or they may build in unusual circumstances. Scientists, however, insist on how to characterize and interpret these varieties of depression. These are their names: When a chronic depression illness is supplemented by some form of psychosis, such as detachment from reality, hallucinations, or delusions, psychotic depression occurs.

When a new mother has a major depressive attack within one month of giving birth, postpartum depression is assessed. It is estimated that 10 to 15% of women undergo postpartum depression after giving birth. SAD is marked by the commencement of a depressive illness during the winter months, when natural sunlight is scant. The depression usually lifts in the spring and summer. Although light therapy can successfully combat SAD, approximately half of those with SAD do not respond to it alone. Antidepressant medication and psychotherapy, either separately or in combination with light therapy, can alleviate SAD symptoms.

2. 1. 2. 3 Symptoms of Depression

Depression is characterized by the following symptoms (NIH, 2021):

- a. A persistently low, agitated, or "vacant" mood.
- b. A sense of despair or pessimism.
- c. Irritability, frustration, or agitation
- d. Feelings of guilt, worthlessness, or helplessness
- e. Loss of interest or enjoyment in hobbies or activities.
- f. Low energy, fatigue, or a sense of being "slowed down."
- g. Difficulties focusing, remembering information, or making decisions.
- h. Sleeping difficulties, waking up early in the morning, or oversleeping
- i. Appetite changes or unintentional weight loss
- j. Aches and pains, headaches, cramps, or digestive problems that do not improve despite treatment
- k. Suicide attempts or suicidal or homicidal thoughts

A prolonged period of low mood can have a significant impact on everyday living, relationships, and common understanding of purpose and meaning. Feelings of sorrow and worthlessness, futility and nerve damage, feelings of shame or dejection, physical and mental brain fog and depletion, disturbed sleep, increased or decreased appetite, loneliness, exclusion and inability to connect, attempting to be alone, alienating ourselves, alteration in daily life, inability making daily decisions, suspicion, anger, frustration, desperation, feeling submerged, suicidal ideation.

2. 1. 2. 4 Consequence of Depression

Depression is a complex disorder applicable to a broad range of behavioural and motor signs (agitation or motor slowdown, suicide attempts, general inhibition, crying, poor language, addictions, facial signs of hopelessness and sadness, self-aggression, negative verbalizations, complaints and disarrayed appearance). Cognitive ailments (a negative assessment of oneself, one's surroundings, and one's future), social symptoms (increased overdependence on others and avoidance of recreational-social interaction), and behavioural symptoms (aggression, irritability, and mood swings). Furthermore, biological ailments (weight gain/loss, insomnia or hypersomnia, fatigue, loss of energy and appetite, altered sexual functioning, diffuse body discomfort, asthenia, muscular and joint pains, and restlessness) potentially trigger the subject to lose encouragement of their environment, culminating in problems in daily functioning. It should also be indicated that "sadness" is an emotion that serves an evolutionary basis, whereas depression is primarily associated with the emotional domain because of its proclivity to endure over time and generate the subject inadequate in its environment.

While we all share a common humanity and can empathize with each other's experiences, no one person's problems or coping mechanisms are the same as anyone else's. Depression is a unique experience; our circumstances differ and we all react differently to them. Some people are overcome by sadness, grief, anger, or exhaustion. Some people are unable to find pleasure or joy in everyday activities, a condition known as 'anhedonia.' Intrusive thoughts can be distressing and distracting for some people. Some people feel better later in the day, while others

feel down the entire day. Some people have thoughts and feelings of hopelessness about the future, or they feel stuck or trapped. Some believe they are bad and should be punished. Some people have difficulty remembering or concentrating. Sometimes people find themselves 'ruminating': going over the same ground over and over, for example, constantly questioning themselves as to why they have been so stupid or bad, or why they have messed up their lives. Some people are depressed for a long time or on a regular basis. Others may go through ups and downs, but they only have one episode of being so depressed that they can't function. People also express their emotions in a variety of ways.

2. 1. 2. 5 Depression Treatment

Depression is frequently treated with medication, psychotherapy, or both. If these treatments are counterproductive, brain stimulation therapy may be an avenue. Psychotherapy alone could be utilized to begin treatment in milder disorders such as depression, with medication added if symptoms persist. For moderate to severe depression, many mental health professionals advise going treatment with a combination of medication and therapy (NIH, 2021).

Antidepressants are drugs that are frequently taken to treat depression. They take time to work (mainly 4 to 8 weeks), and clinical signs such as insomnia, appetite loss, or difficulty concentrating often achieve better before mood. It is extremely important to give a medication a chance before deciding on whether or not it works. Treatment-resistant depression arises when an individual does not help enhance after having tried at least two antidepressants.

Psychotherapy (also known as "talk therapy" or "counselling") teaches depressed people new approaches to thinking and acting and allows them make lifestyle changes that make a significant contribution to their depression. The majority of psychotherapy is done in a group setting with other people or privately with a licensed, experienced mental health professional. Interpersonal therapy and cognitive behavioural therapy (CBT) are common and efficient psychotherapies for treating depression (IPT). CBT teaches people how to confront and modify dismissive thought patterns and behaviours in order to alleviate depressive and anxious symptoms.

2.1.3 Stress

2. 1. 3. 1 Definition of Stress

Everyone, regardless of gender, age, position, or socioeconomic status, experiences stress. Stress can affect infants, children, adolescents, and adults. Stress is derived from the Latin word "singere," which means "hard" (stricus). This term has evolved in tandem with the advancement of studies that range from strain, stress, stress, and stress (Yosep, 2007). Stress is a person's adaptive response to various external pressures or demands, and it causes a variety of disturbances, including physical, emotional, and behavioural disorders (Goliszek, 2005). Stress can also be defined as a condition that is created when a person experiencing stress and what is considered stressful causes the person concerned to notice a disparity between the situation or condition and the system of biological, psychological, and social resources that exist in it.

According to Hans Selye in 1950, stress is a non-specific response of the body to any demands placed on it. For instance, how does a person's body react when he or she is subjected to an excessive workload? If he is able to handle it, it means that there is no disruption in the function of the body's organs, and the person is said to be stress-free. On the other hand, if it is discovered that he has a disorder in one or more organs of the body, such that he is no longer able to perform his job functions properly, he is said to be experiencing distress. Stress occurs when a person's balance is disrupted as a result of changes in the situation caused by the person himself and/or the environment. Stress is a condition in which a person's soul and body, both physical and psychological, fail to function normally.

Stress is a condition in which there is a gap between desired expectations and the reality that is faced, resulting in tension. This tension condition will affect a person's emotions, thought processes, and conditions (Sudarya, 2014). When there is a gap or imbalance between demands and abilities, stress conditions can develop. Individuals are subjected to unwelcome or unpleasant pressures as a result of demands. Demands can be defined as physical or psychosocial aspects of a situation that must be addressed through physical and mental actions (Anggraeni, 2012).

2. 1. 3. 2 Symptoms of Stress

Stress symptoms are classified into three types: physical, emotional, and behavioural symptoms, which include the following (Golieszek 2005):

1) Physical symptoms

Physical symptoms include headaches, muscle pain, backaches, fatigue, indigestion, nausea/vomiting, stomach pain, loss of appetite or constant desire to eat, heart palpitations, frequent urination, blood pressure elevation, sleeplessness or excessive sleep, excessive sweating, and a variety of other symptoms.

2) Emotional symptoms

Irritability, restlessness over trivial matters, mood swings, nightmares, worry, panic, frequent crying, feeling helpless, loss of control, disorganized thoughts, inability to make decisions, and so on are examples of emotional symptoms.

3) Behavioural symptoms

Behavioural symptoms include excessive smoking/drug use/alcohol consumption, pacing back and forth, loss of interest in physical appearance, hair pulling and twirling, abrupt changes in social behaviour, and others.

2. 1. 3. 3 Source of Stress

Holmes and Rahe identify several sources of stress, including the following:

1) Within the person This is related to the fact that there is conflict

Conflict pushers and pullers produce two opposing tendencies, approach and avoidance. This tendency results in the following basic types of conflict:

- a) Approach Conflict, which occurs when we are drawn to two good goals at the same time.
- b) Ignorance When we are faced with a choice between two unpleasant situations, we experience conflict.
- c) Approach-Avoidance, which occurs when we notice both attractive and unappealing conditions in a situation or goal.

2) Within the family

The presence of new members, illness, and death in the family all contribute to the emergence of stress in the family.

3) Within the context of the community and society

Contact with people outside the family can result in a variety of stressors. For example, the child's school experience and competitiveness.

2. 1. 3. 4 Types of Stress

There are two types of stress. This classification is based on the individual's perception of his stress:

1) Distress (negative stress)

Stress that is destructive or unpleasant is referred to as distress. Stress is defined as a condition in which an individual experiences anxiety, fear, worry, or anxiety as a result of a negative, painful psychological state and a desire to avoid it.

2) Eustress (positive stress)

Eustress is a pleasurable and satisfying experience. People can use fresh joy of stress to express positive outcomes from stress. Eustress has been shown to improve mental alertness, alertness, cognition, and individual performance. Eustress can also boost an individual's motivation to create something, such as a work of art.

2. 1. 3. 5 Stages of Stress

According to Dr. Robert J. Van Amberg's (1979) research, the stages of stress are as follows:

1) Stage I of Stress

This is a mild stress stage that is usually accompanied by the following feelings: Excessive (overacting) enthusiasm for work, vision that is "sharp" but not as usual, feeling able to complete more work than usual, but not realizing that energy reserves were depleted (all out), accompanied by excessive nervousness, and feeling happy with the work and becoming more enthusiastic, but not realizing that energy reserves were depleted.

2) Stage II of Stress

In this stage, the effects of stress that were initially "fun" as described in stage I above begin to fade, and complaints arise because energy reserves are no longer sufficient throughout the day due to insufficient rest time. Rest, including adequate sleep, is beneficial in replenishing or restoring depleted energy reserves. An analogy is that a weak cell phone (HP) must be re-charged (charged) before it

can be used properly again. The following are common complaints raised by people in stage II stress: When you wake up in the morning, the person should feel refreshed, not tired. Frequently complaining of stomach pain or discomfort (bowel discomfort), the heartbeat is more audible than usual (palpitations), the muscles in my back and neck are tense and unable to relax.

3) Stage III of Stress

If a person continues to force himself in his work without ignoring himself in his work, despite the complaints described in stress stage II, the person will exhibit increasingly real and disturbing complaints, namely: Stomach and intestinal disorders, such as stomach ulcers (gastritis), irregular bowel movements (diarrhoea), increased muscle tension, feelings of restlessness, and emotional tension, are becoming more common, disturbed sleep patterns (insomnia), such as difficulty falling asleep (early insomnia), waking up in the middle of the night and having difficulty falling back asleep (middle insomnia), waking up too early/early morning and being unable to fall back asleep (late insomnia), and impaired body coordination (body feels unsteady and feels like passing out).

4) Stage IV of Stress

When someone goes to the doctor with the above-mentioned complaints of stage III stress, the doctor is frequently declared not sick because no physical abnormalities in his organs are found. If this occurs and the person continues to force himself or herself to work without rest, the following symptoms of stage IV stress will appear: Just getting through the day is difficult enough, work activities that were once enjoyable and simple to complete have become tedious and difficult, those that were once responsive to situations have lost their ability to respond adequately (adequate), inability to perform routine daily tasks, disruptions in sleep patterns accompanied by stressful dreams, and because of a lack of enthusiasm and excitement, he frequently declines invitations (negativism).

5) Stage V of Stress

If the situation persists, a person will enter stage V stress, which is characterized by the following symptoms: Extreme physical and mental exhaustion (physical and psychological exhaustion), Inability to complete simple and light

daily tasks, Disruptions in the system Digestion is becoming more difficult (gastro-intestinal disorder), and feelings of fear and anxiety are increasing, making it easy to become confused and panicked.

6) Stage VI of Stress

This is the climax stage, in which a person has a panic attack (panic attack) and a fear of death. It is not uncommon for people experiencing stage VI stress to be taken to the Emergency Unit and even the Intensive Care Unit (ICCU), only to be sent home because no physical abnormalities were discovered. Stage VI stress is defined as having very hard heart palpitations, difficulty breathing (shortness of breath and gasping for air), the entire body feeling shaky, cold, and sweaty profusely, a lack of energy for light things, and fainting or collapsing.

2. 1. 3. 6 Stress Reaction

Individuals are involved in responding to and adapting to stress as a group. However, the majority of stress research has focused on physiological and psychological responses, despite the fact that these dimensions overlap and interact with others. When under stress, a person expends both physiological and psychological energy in order to respond and adapt. The amount of energy required, as well as the effectiveness of adaptation efforts, are determined by the intensity, scope, and duration of the stressor, as well as the magnitude of other stressors. According to Potter & Perry (2005), the following types of stress responses exist:

1) Physiological Responses

There are two types of stress-related physiological responses: local adaptation syndrome (LAS) and general adaptation syndrome (GAS) (GAS).

a. Local adaptation syndrome (LAS) is the body's response to stress caused by trauma, disease, or other physiological changes. The pain reflex response and the inflammatory response are two examples of LAS. LAS characteristics are adaptive responses that do not involve all body systems and must be stimulated by stressors.

b. General adaptation syndrome (GAS) is a stress-related defence response of the entire body. This response is a reflection of several body systems, particularly the autonomic nervous and endocrine systems.

2) Psychological Responses

When people are exposed to stressors, they develop psychological and physiological adaptations. When a person is stressed, their ability to meet their blood needs is hampered. These distractions or threats can cause annoyance, anxiety, and tension. Individual psychological adaptive behaviour contributes to a person's ability to cope with stressors. These behaviours are aimed at stress management and are learned and practiced as individuals identify acceptable behaviours.

2.1.4 Bottom-Line Mentality

2.1.4.1 Definition of Bottom-Line Mentality

Bottom-line performance metrics are those that are linked to an organization's profitability (Wolfe, 1988). However, a bottom-line mentality (BLM) is a one-dimensional frame of mind that revolves around securing bottom-line outcomes at the expense of competing priorities [e.g., employee well-being]. Milton Friedman, a Nobel laureate, argued for decades that the sole purpose of business is to maximize shareholder profit. Any distraction from securing "the bottom line," in his opinion, would harm organizations and make them less competitive.

Leaders (hereafter, supervisors) are constantly "on their toes" in today's competitive world of business, exclusively focusing on bottom-line outcomes (such as financial profit) "to the neglect of competing priorities." This is referred to as bottom-line mentality (Greenbaum *et al.*, 2012). The consequences of BLM have primarily been explored within the work domain in the emerging BLM literature, with a dominant view that supervisor BLM adversely affects employee functioning.

According to the above definition, the bottom-line mentality is the mental attitude that underpins the way of thinking, behave, and acting in carrying out work in accordance with organizational values. While the bottom-line mentality of superiors refers to the mental attitude of the leader, who in this case is the supervisor, in developing a superior performance culture and organizational culture in order to achieve the best results that can provide satisfaction.

2.1.4.2 The Concept of Bottom-Line

Business leaders around the world frequently profess their singular commitment to the bottom line, effectively signalling to managers what this priority should be in their roles as leaders. According to Wolfe (1988), individuals frequently focus on their own bottom-line achievement. High-BLM leaders are obsessed with their personal success in a competitive environment, and they typically look at bottom-line results as a way to boost their own gains. Based on this, we propose that high-BLM leaders will strive for their own bottom line, which will include personal metrics such as reputation, bonus, promotion, or job security. Because they prioritize bottom-line goals over ethical norms, they may bend the rules to increase productivity or create the appearance of increased productivity.

Given such leaders' win-lose mentality, a follower who does not cooperate with a high-BLM leader in the pursuit of the leaders' objectives is perceived as a deviant or an impediment. As a result, he or she may face supervisory abuse (Mawritz *et al.*, 2017) or other forms of retaliation (e.g., reprimand, withholding of reward or promotion, termination). Followers, in turn, pick up on their high-BLM leaders' priorities and implicit messages, and realize that their treatment by the leaders is contingent on their contribution to the leader's personal success within the organization.

Employees tend to view every outcome through the narrow confines of a single quantifiable metric when pursuing such an objective. As a result, they fail to take a "big picture" approach to organizational outcomes, which sees them as a matter of long-term growth and organizational well-being. Furthermore, focusing solely on bottom-line results forces employees to use unfair or unethical methods while ignoring the negative consequences such an approach may have on individual and organizational outcomes. Supervisors with high BLMs emphasize bottom-line goals at all times and exhort their employees to pursue them vigorously, incentivizing those who do and withholding rewards from those who do not (Callahan, 2004). As a result, high BLM implicitly pushes followers to do whatever it takes to help achieve superior bottom-line results or create the impression of doing so (Callahan, 2004; Greenbaum *et al.*, 2012; Wolfe, 1988).

The bottom-line concept discussed above is a highly debated issue due to its positive and negative consequences. In fact, there is a bottom-line concept that is expected to be applied in today's business. In practice, sustainability can be defined as the art of conducting business in an interdependent world. In the broadest sense, sustainability is all about interdependence, which can take many forms. Sustainability recognizes living beings' interdependence on one another and on their natural environment. Sustainability refers to conducting business in a way that causes the least amount of harm to living creatures and does not deplete but rather restores and enriches the environment. The whalers of the nineteenth century failed to recognize this form of interdependence, and as a result, their industry was destroyed.

Sustainability recognizes the interdependence of various aspects of human existence. Economic growth and financial success are important because they benefit both individuals and society as a whole. Other human values, however, such as family life, intellectual growth, artistic expression, and moral and spiritual development, are also important. Sustainability entails running a business in such a way that it grows and profits while also recognizing and supporting the economic and noneconomic aspirations of people both inside and outside the organization on whom the corporation depends.

Many people are concerned about how society will benefit if businesses adopt a more responsible approach. If it flips that lens, it will look at how companies can become more profitable by doing the right thing. The Triple Bottom Line (TBL) concept, originally proposed by sustainability guru John Elkington, is one powerful way to grasp this connection. Elkington proposed that businesses should measure their success not only in terms of profits, return on investment [ROI], or shareholder value, but also in terms of their impact on the broader economy, the environment, and the society in which they operate.

2. 1. 4. 3 Supervisor and Employee Bottom-Line Mentality

The adoption of a BLM by an employee may be influenced by his or her supervisor's BLM. Bandura's (1977, 1986) social-cognitive theory supports this idea. The social-cognitive theory of human behaviour explains human behaviour in

terms of observational learning, emphasizing that people learn by observing and modelling the behaviours and attitudes of others (Bandura, 1977). According to the theory, individuals are more likely to adopt a modelled behaviour if it results in outcomes they value and/or if the role model is regarded as credible.

Subordinates learn what is expected of them through subjective learning in the context of organizations, according to social-cognitive theory (Bandura, 1977, 1986). They observe other organizational members' attitudes and behaviours (e.g., supervisors, co-workers) and use this information to construct their own realities. Subordinates' beliefs and values are formed and modified as a result of social influences. Because of their designated duties, supervisors typically have a significant amount of influence over their subordinates' attitudes and behaviours through this observational learning process.

These power dynamics compel subordinates to pay attention to their superiors' attitudes and behaviours, and to look to their superiors for indicators on organizational attitudinal and behavioural norms (Berscheid *et al.*, 1976). Furthermore, supervisors are frequently regarded as credible role models within organizations (Brown *et al.*, 2005), which increases the likelihood that supervisors will gain the attention of their subordinates. As a result, employees pay attention to their supervisors' attitudes and behaviours and gain knowledge about acceptable work-related values, beliefs, and behaviours.

Employees imitate their supervisors, according to a growing body of research on trickle-down models that link higher-level managers' attitudes and behaviours to employees' attitudes and behaviours via immediate supervisors. Some study has primarily examined how positive aspects of management, such as charismatic leadership and ethical leadership, trickle down from higher levels of management to lower-level employees, but it has recently begun to investigate how negative aspects of leadership, such as organizational injustice and violations of psychological contracts, have similar effects. Much of this research is based on social-cognitive theory, which suggests that employees engage in observational learning and mimic their supervisors' attitudes and behaviours.

2. 1. 4. 4 The Impact of Supervisor Bottom-Line Mentality

Many studies have been conducted to demonstrate the impact of the existence of a bottom-line mentality.

1) The Bottom-line and Employee Well-Being

There are direct and indirect consequences. According to studies, mental illnesses such as depression cost organizations (such as businesses and health care systems) billions of dollars in lost productivity and insurance claims each year (Mrazek & Haggerty, 1994). Promotion of well-being, on the other hand, should increase organizational productivity and profitability.

We contend that as employee well-being improves, so does the organization's productivity and profitability (Spector, 1997). While studies have yet to determine whether employee well-being is a cause or an effect of positive business outcomes such as productivity, the causal arrows most likely operate in both directions. As a result, we believe that productivity promotes employees' feelings of well-being (for example, by making them feel competent and useful), and that subjective well-being, in turn, increases productivity. The findings of studies demonstrating that people in positive affective states think more efficiently and creatively, and are more likely to engage in pro-social behaviours, lend support to the latter contention (Fredrickson, 1998).

Employees who are more satisfied with their lives and aspects of their work are more cooperative and helpful to their co-workers, more punctual, report fewer sick days, and stay at their jobs for longer periods of time than dissatisfied employees (Spector, 1997). Furthermore, employees with a higher positive affect-to-negative affect ratio (i.e., high levels of emotional well-being) receive higher performance ratings from supervisors than employees with lower levels of emotional well-being (Wright & Cropanzano, 2000).

Reviews of Gallup studies of organizational functioning (Harter *et al.*, 1998) reveal a pervasive relationship between employee well-being indicators and a variety of business-unit outcomes. Companies with higher levels of customer satisfaction and loyalty, profitability, and productivity, as well as higher employee retention, report higher levels of workplace satisfaction, personal development through work, and friendships at work, for example. According to utility analyses,

companies with the most employees who are happy report significantly higher monetary returns than companies in the lowest quartile of employee happiness.

2) The Bottom-line Mentality and Safety Behaviour

Griffin & Neal (2000) defined safety behaviours as safety compliance and safety participation based on the form of task performance. Safety compliance behaviours are basic activities that individuals engage in to maintain their safety, such as wearing required safety equipment. Active participation in safety training activities is an example of a proactive behaviour that employees engage in on their own to help maintain a safe organizational environment. Employees who actively practice safety behaviours can reduce the occurrence of accidents and injuries in the workplace and are critical to improving organizational safety performance. As a result, it is critical to investigate the contributors, inhibitors, and formation mechanisms of employee safety behaviours.

The LBLM is a dysfunctional leadership style in which leaders focus solely on bottom-line results (usually financial performance) while ignoring competing priorities (Greenbaum *et al.*, 2012). The bottom-line mentality is distinguished by one organizational factor that is regarded as critical, while all other factors are largely ignored. Leaders with a high bottom-line mentality prioritize the bottom-line results of the company over the well-being of their employees. LBLM has received a lot of attention in recent years because of its dysfunctional nature and negative impact on long-term organizational development (Quade *et al.*, 2019). Findings for example, suggested that LBLM shapes employees' bottom-line mentality via social learning effects, which leads to employees' social undermining behaviours (Greenbaum *et al.*, 2012).

LBLM leads to low-quality social relationships, which reduces employees' task performance. Furthermore, other studies have found that LBLM reduces team creativity and causes work-family conflict (Quade *et al.*, 2019). It has also been proposed that LBLM is a practical management style that promotes employees' perceived accountability to the bottom line and mental focus on their work, resulting in positive performance. The current study contends, however, that such positive outcomes are predicated on the assumption that the leader's bottom-line

results are consistent with expected performance. For example, pursuing bottom-line financial performance results in positive financial outcomes but may impair performance in other competing areas (e.g., creativity, safety performance, and so on) (Greenbaum *et al.*, 2020).

According to the self-determination theory, the LBLM will influence employees' safe behaviour by influencing their controlled motivation and autonomous motivation (Gagné & Deci, 2005). To begin with, LBLMs will use their power to force employees to work in unsafe working conditions or uncomfortable physical conditions, as well as force them to engage in unsafe operational behaviours, in pursuit of greater economic benefits. Second, through rewards and punishments, LBLM will increase employees' extrinsic motivation. Employees will be rewarded when their performance contributes to bottom-line results; otherwise, they will be punished. Employees will make extra efforts to achieve desired outcomes and avoid unfavourable outcomes in this context, even if the behaviour violates safety regulations (Greenbaum *et al.*, 2012).

Furthermore, LBLM will have an impact on miners' autonomous motivation. To ensure the safety of employees and the organization in a high-reliability organization, leaders will strictly supervise employees to ensure that the organization's safety standards are met. Wearing personal protective equipment and following onerous safety procedures at all times may not be a pleasant experience for some employees, and they may not want to do so instinctively. Employees may breed more paralysis, fluke, and convenient psychologies, especially under the management of the LBLM, when they are in such an organization that pays attention to economic effects and relatively ignores safety, employees are not bound by leaders and strict safety norms, and employees are not bound by leaders and strict safety norms (Fu G *et al.*, 2020).

3) Supervisor Bottom-line Mentality and Performance

Supervisors with a high BLM value emphasize the importance of bottom-line achievement over any other competing value (Callahan, 2007). They expect their subordinates to go above and beyond to contribute to bottom-line success. Their behaviour clearly demonstrates that bottom-line success is of paramount

importance, as they tend to reward employees who achieve the bottom line and penalize those who do not (Greenbaum *et al.*, 2012). These employees become mentally preoccupied with work in order to focus their attention on achieving stellar performance. Employees are likely to feel enormous amounts of performance pressure in such "do or die" situations, especially in today's competitive and resource-constrained business environment.

Performance pressure is a distressing perception of the need for high performance (Eisenberger & Aselage, 2009), which arises as a result of any factor that emphasizes the importance of displaying high performance on any given occasion. It is widely held that achieving high levels of performance and meeting targets is critical (Zhang *et al.*, 2017). This is due to the rewards, punishments, and competition that come with these performance expectations. Similarly, Mitchell *et al.*, (2018) defines performance pressure as "the signal that failure to meet performance-related goals may result in serious consequences." Performance pressure is defined as an external force applied to employees in order for them to improve their work performance and produce superior results for the organization.

Furthermore, workers' relationships with their employers are viewed as a social exchange in which they are obligated to work hard toward organizational goals in exchange for support, rewards, and compensation (Cropanzano & Mitchell, 2005). This increases employee motivation to work hard and be creative in order to benefit the organization. Employees feel increasingly pressed to improve their performance in order to maintain their exchange relationship as a result of the organization's excessive performance demands (Mitchell *et al.*, 2018).

Thus, the strength of the employees' relationship with their organization would be dependent on employees improving their performance (Bernerth *et al.*, 2016). Similarly, SBLM places unreasonable behavioural expectations on employees in order to achieve superior financial results for the organization. These compelling demands to act in a certain way increase performance pressure among subordinates (Baucus, 1994), in order to maintain the employee-organization relationship. We propose that by associating performance with critical consequences, BLM managers encourage employees to achieve stretch targets to

ensure bottom-line success and thus foster performance pressure among them. Such leaders constantly communicate to their subordinates the critical importance of meeting bottom-line goals (Quade *et al.*, 2020). Employees tend to mimic their supervisor's BLM and are prompted to function with the same one-dimensional approach as a result of the trickle-down effect (Greenbaum *et al.*, 2012).

Those who do not contribute sufficiently to the desired results are considered non-conformists and a hindrance—and should be prepared for derogatory treatment or other negative disciplinary actions such as termination or denial of career advancement or accolades (Mesdaghinia *et al.*, 2019). Because failure to meet bottom-line objectives can harm an employee's social standing in the organization (Mitchell *et al.*, 2018), we believe they will have an uneasy feeling about the obligation to meet their manager's bottom-line expectations. As a result, it is clear that SBLM's conditions create an ideal breeding ground for performance pressure to develop among their subordinates.

4) Supervisor Bottom-line Mentality and unethical pro-organizational behaviour

UPB refers to actions that are intended to promote the organization's or its members' effective functioning but violate core societal values, mores, laws, or standards of proper conduct (Umphress & Bingham, 2011). There are two noteworthy components in this definition of UPB. First, UPB is defined as unethical acts that are either illegal or morally unacceptable to the larger community (Jones, 1991), and it violates society's hyper-moral standards. Second, UPB is performed with the goal of benefiting the employing organization or its agents (Brief & Motowidlo, 1986). This desire to help the organization distinguishes UPB from other hostile and self-centred unethical behaviours, which are carried out either to harm the organization or co-workers or to benefit the self.

The social cognitive theory explains why supervisor BLM leads to UPB by subordinates. According to social cognitive theory, subordinates learn what is expected of them through vicarious learning (Bandura, 1986). They create their own realities by observing organizational members' attitudes and behaviours (such as supervisors, co-workers). Supervisors, in particular, have considerable power to influence subordinates' attitudes and behaviours through this process of

observational learning due to their legitimate position and status within the organization (Cheng *et al.*, 2019). Furthermore, supervisors' ability to control employees' resources (e.g., promotion, rewards) as well as the power to punish (e.g., termination) increase the likelihood that subordinates will look to their immediate supervisors for information on acceptable work practices (Berscheid *et al.*, 1976).

When supervisors have BLMs, they have higher expectations for their subordinates' performance and closely monitor employee behaviours to ensure that everyone promotes rather than hinders bottom-line success (Wolfe, 1988). High-BLM supervisors emphasize bottom-line outcomes at every opportunity and vigorously motivate their subordinates to achieve them, rewarding those who comply and punishing those who fail to meet their supervisor's expectations (Callahan, 2004). Given such supervisors' win-lose mentality, a subordinate who does not align with a high-BLM supervisor's desired-end state is regarded as an impediment or deviant employee and is likely to face abusive treatment or other negative consequences such as termination and/or withholding of promotion or rewards. In such a situation, subordinates recognize that achieving supervisor bottom-line outcomes will only satisfy their supervisor; even so, they must engage in UPB. Indeed, prior research on BLM shows that employees working for high-BLM supervisors may act unethically to achieve the bottom-line objectives of the supervisor (Mesdaghinia *et al.*, 2019).

2. 1. 4. 5 Indicators of Bottom-Line Mentality

Some supervisor Bottom-Line Mentality indicators are (Greenbaum *et al.*, 2012):

A deductive approach for scale development was used to generate BLM items, which created items that matched Wolfe's (1988) conceptualization and definition of BLM (Hinkin, 1995, 1998). As previously stated, BLM is defined as one-dimensional thinking that focuses on bottom-line outcomes to the exclusion of competing priorities. Concentrated on developing scale items that would assess the respondent's underlying mentality of almost exclusively focusing on the bottom line (i.e., the factor or consideration that is deemed most important) while ignoring other considerations.

There is no identification of a specific bottom line; rather, scale-development efforts are focused on capturing respondents' underlying mentality. The bottom line can be interpreted in terms of financial consequences, profits, or other business-related outcomes. However, regardless of how the bottom line is interpreted, it expects the respondents' underlying mentality to be the same. Those who score higher on a BLM measure will have a mindset that focuses almost entirely on the bottom-line factor or consideration that has been identified as the most important, while ignoring competing priorities.

Originally, these items were designed to reflect a respondent's opinion of his or her supervisor's BLM. Respondents indicated their level of agreement with their supervisor, (a) "is solely concerned with meeting the bottom-line," (b) "only cares about the business," (c) "treats the bottom-line as more important than anything else," and (d) "cares more about profits than employee well-being.". The items reflect the primary interest in capturing a one-dimensional focus on a bottom-line outcome, potentially at the expense of competing priorities.

2.1.5 Social Support

2. 1. 5. 1 Definition of Social Support

There are numerous definitions of social support proposed by experts. Social support is a collection of information that persuades people that others care, respect, and value them, and that they are part of a mutually supportive community (Cobb, in Winnubst & Schabraq, 1996). According to Cohen (2004), social support refers to the availability of social relationships derived from psychological and material resources that are intended to improve a person's ability to cope with stress. According to Neufeld and Margaret (2009), social support is related to health and can increase the ability of family caregivers to continue caring for children's relatives or adults because the level of support is often reduced during care.

Sarafino (2011) defines social support as "the provision of assistance in the form of information, behaviour, or material through social relationships owned by individuals that make individuals feel helped." Social support can be obtained from a variety of sources, including a spouse, family, friends, a doctor, or a community/organization. Individuals who receive social support believe that they

are loved and valued, and that they are a part of a social network such as family or a community/organization that can assist them in times of need. According to him, social support can alter a person's reaction to sources of stress, but it does not always reduce stress. Individuals must also receive appropriate social support. Appropriate social support is support that is tailored to the recipient's specific needs. Individuals can be relieved of stress with the right support.

According to some of the definitions above, social support is a social relationship in the form of support given by other people to the individual in order to make the individual feel cared for, loved, and appreciated in order to create a positive feeling in the individual.

According to Wills (1985) (in Taylor, 2003), perceived social support is an individual's perception or experience of someone else who loves and cares about their self-esteem, appreciates and considers it valuable, and is a member of certain social groups that share support and responsibility. Sarafino (2011) defines perceived social support as an individual's perception of a sense of comfort, attention, and the availability of help when needed. According to Zimet *et al.*, (1988), perceived social support is the support that people receive from those closest to them. Support can come from family, friends, and other important people in the individual's life. This assistance can improve the individual's ability to deal with the difficulties he is facing.

Based on the description above, it is possible to conclude that perceived social support is an individual's assessment, perception, and internal feeling about the presence of people who love him, appreciate him, give time to share with him, and help from those closest to him when the individual requires it.

2. 1. 5. 2 Source of Social Support

According to Sarafino (2011), social support can be obtained from a variety of sources, including parents (family), friends, spouses, loved ones, teachers (significant others), doctors, and community organizations:

1) Family

Individuals receive social support from family members such as parents, grandparents, and siblings in order to help them make decisions, to become a place

to complain about what they are going through, to receive love, and to receive full emotional support from the family.

2) Friends

Individuals receive social support from playmates, loved ones, friends, partners, and peers. The presence of a source of social support from friends aims to aid students' emotional development at school. Together with closest friends, students can form a group that makes it easier for students to carry out learning activities, share, and play together. Individuals develop a sense of community as a result of this, and they learn to trust and help one another.

3) Others of Importance

Comfort, appreciation, and respect are examples of support given by a special person or someone with a special life in their life. Teachers in schools, organizational coaches, and community organizations can also provide valuable assistance.

2. 1. 5. 3 Types of Social Support

According to Sarafino (2011), social support comes in four varieties. Emotional or esteem support, tangible or instrumental support, informational support, and companionship support are the four types. The distinction between these four social supports is in the nature of the assistance provided.

1) Emotional or esteem support

This type of social support is concerned with the presence of empathy, concern, care, and support from others. This assistance provides comfort and reassurance that the assistance of others makes the individual feel loved and cared for during difficult times.

2) Tangible or instrumental assistance

This social support entails direct assistance, such as providing material assistance in the form of money and goods to someone in need. This type of assistance is effective in preventing the emergence of a problem and in mitigating the impact of an existing problem.

3) Informational assistance

This type of social support assists individuals by providing information about the problems they are facing. This assistance includes giving advice, suggestions, directions, and feedback on what someone has, is currently doing, or will do in response to a problem/situation.

4) Companionship support

The presence of a person to give time to individuals who are in need of friends when facing problems is referred to as social support. Individuals who offer assistance spend time with those who require assistance when dealing with difficult situations.

2. 1. 5. 4 Dimensions of Social Support

Weiss (in Cutrona & Russel, 1987) divides the components of social support into six categories that stem from other individual relationships: guidance, dependable alliance, reassurance of worth, opportunity to provide nurturance, attachment, and social integration. The following is a more detailed explanation of Weiss's six components of social support (in Cutrona & Russel, 1987):

- a. Guidance, which includes advice or information, namely the presence of someone who provides advice or information; typically, this aspect is fulfilled by a teacher, mentor, or parent figure.
- b. Reliable alliance is the belief that there are other people who can be relied on to assist in resolving visible problems. This aspect is typically fulfilled by family members.
- c. Reassurance of worth (belief in one's own worth) is the recognition of a person's competence, skills, and values by others.
- d. Nurturance opportunity (the opportunity to pay attention to others) is the perception that others rely on him for self-care. This aspect is typically fulfilled by children and partners. Although in this situation, a person provides social support rather than receiving it, providing social support to others is also associated with improved health.
- e. Attachment is a feeling of emotional closeness to others that provides a sense of security, which is typically obtained through relationships with partners, close friends, and family members.

f. Social integration is the sense of sharing common interests, concerns, and recreational activities. This function is typically obtained from friends and can provide comfort, security, fulfilment, and identity.

2. 1. 5. 5 The Factors Influence Social Support

According to Sarafino (2011), the following three factors influence social support:

1) Potential recipients of assistance

Individuals who are unfriendly, do not want to help others, and do not want others to know what they need will have difficulty accepting help from others. Some people do not expressly request assistance because they do not want to burden others and do not know who is requesting assistance.

2) Potential sources of support

It is difficult to provide social support to individuals in need if the support provider lacks the necessary resources, is under pressure and needs time to work on their own problems, or is insensitive to the needs of others.

3) The structure and composition of social networks

Associated with the social network that individuals have with members of their family and the people in their immediate surroundings. Relationships in network structures vary in terms of size, frequency, composition, and closeness.

2. 1. 5. 6 Benefits of Social Support

According to Sarafino (2011), there are several benefits of social support, including:

- a. Social support can help individuals cope with stress, either directly or indirectly.
- b. Reducing individuals' levels of anxiety.
- c. Increase the sense of belonging (sense of acceptance).

When the environment around an individual is very supportive of the individual at a certain point in time, a low level of anxiety and a sense of self-worth will become a stable part of the individual's personality, allowing individuals to explore new goals and interact freely and openly with other people. Others around him are able to deal with all of the challenges that they face on a daily basis (Sarason *et al.*,1990).

2.1.6 Turnover Intention

2. 1. 6. 1 Definition of Turnover Intention

Intention is the desire or willingness that arises in an individual to do something. While turnover is the cessation or withdrawal of an employee from the workplace. Thus, turnover intention is the tendency or intention of employees to leave their jobs (Zeffane, 1994). Turnover intention is defined as a moderating factor between attitudes that influence the intention to leave and actually leaving the company (Yucel, 2012). Turnover intention is the intention to leave the company voluntarily, which can have an impact on the company's status and will undoubtedly have an impact on employee productivity (Issa et. al, 2013).

Turnover refers to the organization's final reality in the form of the number of employees who leave in a given period, whereas turnover intention refers to the results of individual evaluations regarding the continuation of relationships with the organization that have not resulted in definite actions to leave the organization. Resignation, transfer out of the organizational unit, dismissal, or death of a member of the organization are all examples of turnover. As a result, turnover intention can be defined as the behaviour of someone who wants to quit his job to work for another company, whether voluntarily or involuntarily; the intended behaviour has not yet been realized; it is only an intention.

2. 1. 6. 2 The Reasons of Turnover

According to Robbins (2006), a person's withdrawal from an organization (turnover) can be decided for two reasons:

- a. Voluntary turnover or quit is an employee's decision to leave the organization voluntarily due to the attractiveness of the current job and the availability of other job alternatives; and
- b. Involuntary turnover or dismissal (unwilling turnover), on the other hand, describes the employer's decision to end the employment relationship and is uncontrollable for employees who experience it.

2. 1. 6. 3 Types of Turnovers

There are two types of organizational withdrawal models that reflect an individual's intention to leave the organization, either temporarily or permanently (Mueller, 2003), and they are as follows:

- a. Work withdrawal, also known as reducing the length of time spent at work or making a temporary withdrawal. Those who are dissatisfied with their jobs will engage in a variety of behaviours, including not attending meetings, not coming to work, displaying poor performance, and withdrawing psychologically from the work at hand.
- b. Alternatives to looking for a new job (look for alternatives); most employees want to leave their jobs permanently. Can be done with the process of looking for a new job as a variable between the thought of quitting work and the actual decision to quit.

2. 1. 6. 4 Characteristic of Turnover Intention

According to Harnoto (Dharma, 2013), turnover intention is characterized by a variety of employee behaviours, including:

- a. Increased absenteeism. Employees who want to change jobs are usually marked by increased absenteeism. Employees have much less responsibility in this phase than they did previously.
- b. Employees who want to change jobs will become lazier to work because their orientation is to work in another place that is seen as more capable of fulfilling all of the employee's wishes.
- c. An increase in workplace rule violations. Various violations of the rules in the workplace are frequently committed by employees who are about to leave. Employees are more likely to leave the workplace during working hours, among other violations.
- d. Increased opposition to superiors. Employees who want to change jobs are more likely to complain to their bosses about company policies. The protest material that is usually highlighted is related to remuneration or other rules that do not agree with the employee's wishes.
- e. Positive behaviours that are out of the ordinary. This is usually true for employees who have positive characteristics. This employee bears a great deal of responsibility

for the tasks assigned to him or her, and if the positive behaviours of this employee increases significantly and deviates from the norm, it indicates that this employee will leave.

2. 1. 6. 5 The stages of intention to turnover

According to Mobley's (2002) research, the cognitive stages experienced by individuals prior to leaving their jobs are as follows:

- 1) Are you considering quitting your job? (thinking of quitting).
- 2) Intention to look for alternative jobs (intention to search for another job).
- 3) Intention to resign from one's job (intention to quit)

In terms of employee psychology, Mobley's (2002) model briefly describes the turnover decision process. Starting with employee dissatisfaction with his work, thoughts will stop working. The employee will then look for a job that is better than his or her previous position. The employee's intention to quit his job manifests itself when he finds another alternative job. Furthermore, if the employee decides to leave his or her job, this is referred to as true voluntary turnover. According to Widjaja *et al.* (2008), the following indicators can be used to measure turnover intention:

- a. Desire to find the same job in a different company.
- b. A desire to work in a different field.
- c. A desire to pursue a new career.
- d. He intends or considers quitting his job.
- e. Calculating losses when leaving a job.
- f. Has the potential to change jobs in the future.

2. 1. 6. 6 The Impact of Turnover Intention

Employee turnover intention can have an impact on the organization when it leads to the employee's decision to actually leave the organization (turnover), because the desire to leave comes from the individual employee and not from the organization or company. According to Mobley (1986), several negative effects of employee turnover on organizations include: increased workload, employee withdrawal costs, training costs for new employees, lower production than usual, waste due to new employees, and work stress at work. a long-term employee. According to Dharma (2013), the impact of turnover on the company is as follows:

- a. Employee withdrawal costs, in terms of time and facilities for interviews in the process of employee selection, withdrawal, and learning.
- b. Training costs in terms of supervisors', personnel departments, and trained employees' time.
- c. What is given to employees is less than what is produced by the new employee.
- d. The accident rate of new employees is typically high.
- e. Production is lost as a result of employee turnover.
- f. Manufacturing equipment that cannot be fully utilized.
- g. There has been a lot of waste as a result of new employees.
- h. Overtime work is required; otherwise, delivery will be delayed.

2.2 Empirical Study

Previous relevant research on supervisor bottom-line mentality and mental health has been conducted by several researchers, as follows:

Corey Lee M. Keyes, Stuart J. Hysom, & Kimberly L. Lupo conducted the first relevant research in 2000 with the title "The Positive Organization: Leadership Legitimacy, Employee Well-Being, and the Bottom Line". According to research, exercising legitimate authority over subordinates leads to a variety of positive outcomes and feelings in employees. This paper proposes a positive organization theory in which the promotion of legitimate leadership creates a positive cycle in which employee well-being influences positive business outcomes, which feed back into the maintenance of employee well-being and leaders' legitimacy. It is argued that this process helps positive organizations become efficient and constructive profit producers.

Rebecca L. Greenbaum, Mary Bardes Mawritz and Gabi Eissa conducted the second relevant study in 2012, titled "Bottom-Line Mentality as an Antecedent of Social Undermining and the Moderating Roles of Core Self-Evaluations and Conscientiousness". According to the findings of this study, an employee's bottom-line mentality may have a significant impact on social undermining behaviour in organizations. Bottom-line thinking is defined as one-dimensional thinking focused on achieving bottom-line results at the expense of competing priorities. This study establishes an initial nomological network for bottom-line mentality through a

series of studies. In addition, create and test a four-item measure of bottom-line mentality.

The following previous relevant research on social support and mental health was conducted by several researchers:

Tayebeh Fasihi Harandi, Maryam Mohammad Taghinasab, and Tayebeh Dehghan Nayeri published the first relevant study in 2017 under the title "The correlation of social support with mental health: A meta-analysis." The goal of this study is to look into the magnitude of the relationship between social support and mental health in Iranian studies. The mean effect size of the 64 studies in the fixed-effect model and random-effect model indicated that social support has a moderate effect size on mental health. In case of significant correlation between social support and mental health, it is recommended that relevant authorities hold seminars for the families of school students, university students, workers, older adults, and vulnerable groups, as well as provide training brochures to them, in order to make them aware of their invaluable support, emphasize the persistence of family relations, and provide them with practical strategies for improving relations.

Knut Ivar Bjrlykhaug, Bengt Karlsson, Suzie Kim Hesook, and Lise C. Kleppe published the next relevant study in 2021 under the title "Social support and recovery from mental health problems: a scoping review." This study mapped and investigated key literature on various associations between mental health and social support, and characteristics of social support-based community mental health services. According to the literature, the relationship between mental health and social support is complex, and social support is critical for the prevention of mental health problems and the maintenance of good mental health, as well as the facilitation of recovery from mental health problems in the context of both moderate and severe mental health problems.

Finally, here is a summary of previous research on mental health and turnover intention:

Yi-Man Teng, Kun-Shan Wu², and Dan Xu conducted the first relevant study in 2021, titled "The Association Between Fear of Coronavirus Disease 2019, Mental Health, and Turnover Intention Among Quarantine Hotel Employees in

China." This is the first study to look empirically at the psychological effects of running a quarantine hotel on its employees. The empirical findings show that increased fear of COVID-19 causes negative mental health issues in quarantine hotel employees and confirms that depression, anxiety, and stress have a significant influence on turnover intention. These findings add to the existing body of knowledge by revealing the role of mental health in employee turnover intention.

The second relevant previous study, titled "Depressive symptoms, professional quality of life, and turnover intention in Korean nurses," was conducted in 2020 by Pangy., Dan H., Jung H., Bae N., and Kim O. The goal of this study was to see how depressive symptoms and professional quality of life affected turnover intention. According to the findings of this study, Korean nurses had high levels of depressive symptoms, secondary traumatic stress, and burnout, while having lower levels of compassion satisfaction. This study found that depressive symptoms, secondary traumatic stress, burnout, and compassion satisfaction all have an impact on turnover intention. The conclusion is that we must reduce nurses' intentions to leave, as well as reduce depressive symptoms and improve the quality of professional life.

2.3 Conceptual Framework and Research Hypotheses

2.3.1 Conceptual Framework

2.3.1.1 Supervisor Bottom-Line Mentality and Mental Health

Supervisors with high BLM tend to prioritize one factor, such as profitability, while ignoring others (Greenbaum *et al.*, 2012; Wolfe, 1988). Employees who fail to meet their supervisors' bottom-line goals may face the risk of losing resources controlled by their supervisors or even punishment, such as lost job opportunities (Nedkovski *et al.*, 2017).

Prior research has indicated that supervisor BLM may harm employee self-worth (Babalola *et al.*, 2019), increase job insecurity (Zhang *et al.*, 2021), be associated with insomnia at home (Babalola *et al.*, 2020), and, more specifically, WFC (Quade *et al.*, 2021). As a result, supervisor BLM can be a source of stress in the workplace (Babalola *et al.*, 2020a; Quade *et al.*, 2021).

Stressors in the workplace, such as supervisor BLM, can trigger negative activations, making psychological detachment difficult even after employees leave the workplace, according to the stressor-detachment model (Sonnentag, 2010; Sonnentag & Fritz, 2015).

H1: Supervisor Bottom-Line Mentality has a negative relationship on mental health

2.3.1.2 Social Support and Mental Health

People who have sufficient social support are less likely to use mental health services but are more likely to get help when they need it, compared to those who have insufficient social support (Andrea *et al.*, 2016). Low social support has been found to be associated with the risk of developing mental health and/or addiction problems, as well as the worsening of an already existing mental health problem (Baiden *et al.*, 2017). Social support influences the experiences of people suffering from mental illnesses in a variety of ways. For people with mental health issues, the strength and quality of social support, social network, and social relationships are lower. People suffering from severe mental illnesses have fewer social relationships than others and are more likely to experience social exclusion (Baiden *et al.*, 2017). Furthermore, the social network appears to be the most important support system for people with mental health problems (Kogstad *et al.*, 2013). A Chinese study discovered that caregivers of people suffering from severe depression were more likely to develop depression themselves. Caregivers with higher levels of social capital had a lower risk of developing depression, and this study suggests that caregivers and patients should put more emphasis on building social networks (Sun *et al.*, 2019).

Several studies have found that perceived support quality is more strongly related to mental health than the actual structure of personal networks. Previous research has repeatedly emphasized the importance of social support in mental health promotion (Koelmel *et al.*, 2017). Not only cross-sectional studies, but also a large body of longitudinal studies that have recently emerged, have robustly confirmed the positive relationship between social support and mental health outcome. Given that health is influenced by a variety of complex factors, including biological, psychological, social, cultural, economic, and spiritual factors, it is

important to recognize that health and mental illness do not only have biological or psychological aspects, but also concurrent social dimensions and nature. Social factors, which can play an important role in creating, maintaining, and promoting health, have played a significant role in the disease's incidence, prevalence, and persistence (Cokrin R, 1997). In this regard, it is critical to focus on social factors that influence mental health, and perceived social support is one of those factors. The amount of social support that a person perceives and reports receiving is represented by social support.

H2: Social Support has a positive relationship on mental health

2. 3. 1. 3 Mental Health and Turnover Intention

Since the 1970s, when specific diagnostic criteria for mental disorders were introduced, the number of large-scale mental health surveys that provide population-level estimates of common mental disorders has increased dramatically. Literature describing mental health issues such as depression, burnout, and anxiety is widely available all over the world (Baxter *et al.*, 2013). According to some studies (Lecrubier, 2001), depression is expected to be the world's second most common health problem by 2020. Depression is a serious, under-diagnosed, and under-treated psychiatric health problem that can have disastrous consequences and a decreased level of mood (Young *et al.*, 2010). Turnover intention is one of the negative consequences of depression (Koç & Boz, 2014). Turnover intention can be defined as a deliberate desire to leave an organization (Kim *et al.*, 2015). Turnover occurs as a result of organizational issues, working conditions, and psychological issues.

H3: Mental health has a negative relationship on turnover intention

2. 3. 1. 4 Supervisor Bottom-Line Mentality and Turnover Intention

Existing research consistently shows that three factors are significant predictors of Turnover Intention: emotional exhaustion (Babakus *et al.*, 1999), trust in supervisor (Mulki *et al.*, 2006), and job satisfaction (Mulki *et al.*, 2006). (Jaramillo *et al.*, 2006a). According to research, when employees trust their supervisor, they feel safer and become more loyal to the organization, making them less likely to quit (Mulki *et al.*, 2006). Several studies in both sales and non-sales

contexts (Brashear *et al.*, 2003; Dirks & Ferrin, 2002) support the negative relationship between TS and TI.

Employees develop specific views about how much their immediate manager values their contributions and cares about their well-being in addition to the more general perception of organizational support (Kottke & Sharafinski, 1988). Managers' attention and appreciation should result in a variety of positive outcomes, including a lower intention to leave. Previous research has found negative associations between perceived supervisor support and both turnover intention and actual turnover (Kuvaas & Dysvik, 2010; Eisenberger *et al.*, 2002; Kammeyer-Mueller & Wanberg, 2003).

Managers' experience, background, and training appear to have a significant impact on the turnover problem. According to studies, managers' backgrounds have a significant impact on the mobility of those who work for them. The work environment of a company reflects the personality and philosophy of its leadership. Chief executive officers with a specific staff function background, such as accounting, are frequently lacking in their knowledge of other functional areas, such as production and marketing, that are required to successfully manage and socially integrate the entire organization. They are more likely to have a disjointed strategy for energizing, activating, and unifying the organization's various functional areas (Abbasi & Hollman, 2000).

H4: Supervisor Bottom-Line Mentality has a positive relationship on turnover intention

2. 3. 1. 5 Social support and Turnover Intention

The social exchange theory (Blau, 1964) and the reciprocity norm (Gouldner, 1960) explain the relationship between organizational support and employee behaviour and attitudes, including TI. Help from family and friends has a variety of psychological consequences (Asghar *et al.*, 2018). Azim a& Islam (2018) discovered that support from family and friends is positively and significantly related to Saudi nurses' career commitment. Thus, increased organizational and family support is expected to reduce employee TI.

H5: Social support has a negative relationship on turnover intention

H6: Mental health mediates relationship between supervisor bottom-line mentality and turnover intention

H7: Mental health mediates relationship between social support and turnover intention

Based on the description above, the conceptual framework can be described as follows:

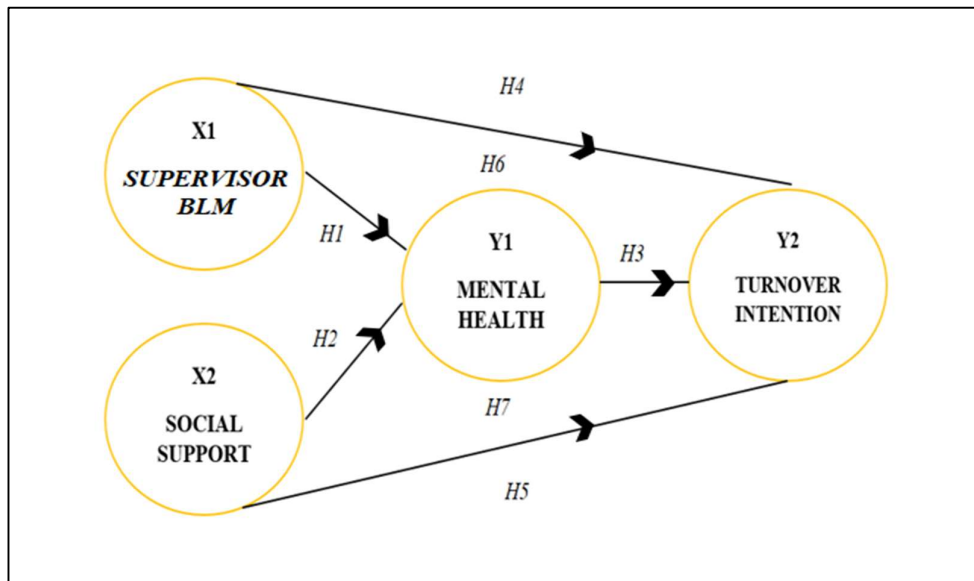


Figure 2.1 Conceptual Framework

2.3.2 Research Hypotheses

Based on the description of the conceptual framework above, it can be concluded that the hypothesis of this research is as follows:

H1: Supervisor Bottom-Line Mentality has a negative relationship on mental health

H2: Social Support has a positive relationship on mental health

H3: Mental health has a negative relationship on turnover intention

H4: Supervisor Bottom-Line Mentality has a positive relationship on turnover intention

H5: Social support has a negative relationship on turnover intention

H6: Mental health mediates relationship between supervisor bottom-line mentality and turnover intention

H7: Mental health mediates relationship between social support and turnover intention