THE EFFECT OF GREEN HUMAN RESOURCES MANAGEMENT ON SERVICE QUALITY IN THE PANDEMIC TIME OF COVID-19 ON HOSPITALS STATE-OWNED ENTERPRISE THE REPUBLIC OF INDONESIA

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Abstract

The coronavirus pandemic (COVID-19) has become a severe health problem for the world community. The massive transmission has made Covid-19 a disease that is both frightening and deadly. Person-to-person transmission of the COVID-19 infection has made hospitals more vulnerable to transmission of the virus and infection to workers and patients who come. During the Covid-19 pandemic, hospitals have become the most visited places for examination and treatment. In this condition, it is necessary to manage human resources that pay attention to environmental aspects and protection to maintain service quality. Green Human Resources Management is a suitable system for managing hospital HR during a pandemic so that the hospital can still provide and maintain good service quality. This research was conducted during the COVID-19 pandemic to answer the gap in hospital research previously in seeing the effect of Green HRM on service quality. The Service Quality concept is used in the healthcare service industry to test its application in Indonesia's state-owned hospitals. This study uses a data analysis method with the Variance Based Structural Equation Modeling technique by utilizing SmartPLS software to process data on 1004 respondents from workers from 19 State-Owned Enterprises (SOE) hospitals throughout Indonesia.

Keywords:
Green HRM, Service Quality, Healthcare Service Quality, SOE Hospitals, SEM PLS

1. Introduction

COVID-19 in Indonesia have continued to increase. On June 25, 2020, it increased to 50,187 and increased again by 100,303 on July 27, 2020. As of September 8, 2020, in Indonesia, 200,035 cases of positive COVID-19 patients were recorded, and the number is still growing (Task Force for Handling COVID-19 Indonesia). On August 2, 2020, Indonesia's COVID-19 positivity rate had reached 12.6%. This figure is much higher than the WHO recommended maximum limit of 5%. (WHO, 2020).

Due to the high number of COVID-19 patients, health workers who provide health services are also infected with COVID-19. The number of health workers infected with COVID-19 was 878 or 1.2% of health workers working in hospitals. There were 61 doctors and 41 nurses in Indonesia who died as of July 13, 2020 (Jayani, Dwi, 2020). This risk is very concerning in providing health services.

In Indonesia, two positive cases of COVID-19 in the Depok area, West Java, on March 2, 2020. Since now, confirmed cases of COVID-19 in Indonesia have continued to increase. On June 25, 2020, it increased to 50,187 and increased again by 100,303 on July 27, 2020. As of September 8, 2020, in Indonesia, 200,035 cases of positive COVID-19 patients were recorded, and the number is still growing (Task Force for Handling COVID-19 Indonesia). On August 2, 2020, Indonesia's COVID-19 positivity rate had reached 12.6%. This figure is much higher than the WHO recommended maximum limit of 5%. (WHO, 2020).

Due to the high number of COVID-19 patients, health workers are working harder and are more careful. They were working less time with more rest than usual to maintain health and stamina. However, thanks to health workers' health services, the cure rate for positive COVID-19 patients in Indonesia increases every month. In March 2020, the cure rate for Indonesian coronavirus patients was only 3.84%. However, by April 2020, the cure rate had almost doubled to 9.79%. The percentage of recovered COVID-19 patients increased to 21.97% in May 2020 and 37.19% in June 2020. Then, in July 2020, the percentage increased to 49.4%, and in August 2020, it jumped to 67.04% (Bayu, Dimas. Jarot., 2020).

For this reason, all hospitals in Indonesia, including hospitals owned by BUMN, are asked to prepare themselves, especially in preparing medical personnel and facilities to provide health services. In hospitals, the handling of COVID-19 patients must be different and separated from non-COVID-19 cases so that it is quite disruptive to services. Health workers must also first ensure that the patient is not a suspect COVID-19 before providing further medical services. Besides that, doctors, nurses, and other medical support must also wear protective clothing or hazmat to protect themselves from the transmission of COVID-19.

Observing the development of the COVID-19 case in Indonesia, which continues to overgrow, the Indonesian Ministry of BUMN has asked for the participation of state-owned hospitals throughout Indonesia to handle COVID-19 patients. In response to this, hospitals that are members of the Indonesian Healthcare Corporation (IHC), which is the holding company for State-Owned Enterprises in Indonesia, have participated in opening services not only for general patients but also for COVID-19 patients.

During the COVID-19 pandemic, in particular, hospitals have increasingly shown the importance of managing human resources to achieve desired outcomes and behaviors such as job satisfaction and employee retention (Stanton & Leggat, 2010). Therefore Green HRM practices, which are not limited to one particular aspect of human resource practices but are integration and amalgamation of several aspects and functions of human resource management, are fundamental. Green HRM is also significant for companies to socialize environmental issues and connected to human resource policies and practices (Bombiak, E., & Anna, M.K., 2018). In the context of protecting the environment, in this case, the danger of the COVID-19 pandemic, human resource management that focuses on the environment can successfully facilitate the formulation and implementation of environmental management (Daily & Huang 2001) by harmonizing practices such as selection, performance evaluation, and training. With environmental goals (Jabbouret et al., 2013). With the management of human resources based on Green HRM, in addition to improving performance, it is also hoped that all employees can provide good quality service that can be experienced directly by customers.

This study aims to see the effect of Green HRM on the quality of services provided by health workers in hospitals, especially during the COVID-19 pandemic. This research is also to follow up on research gaps related to Green HRM with the AMO Theory concept in the UK's health service industry (Pinzone et al., 2016), which has not examined the impact further on service quality. Besides, this study is also to investigate further the concept of a multi-item scale to assess the quality of health services in hospitals in Indonesia, especially in state-owned hospitals with different classes and locations compared to previous studies, at a hospital in Seoul. South Korea (Lee, D, 2017).

2. Literature Review

2.1. Green HRM

Human resources, which are known as the most significant assets in a company, are considered the ablest to integrate all activities to achieve positive performance (Rawashdeh & Al-Adwan, 2012). The relationship between Green and Human Resources emphasizes the importance of environmentally friendly practices carried out by workers as human resources in the company. Green HRM refers to policies, practices, and systems that make organizational employees environmentally friendly to benefit individuals, society, the natural environment, and the business environment (Opatha & Arulrajah, 2014). Green HRM is also an implementation throughout the process of planning, HR recruitment and selection, training and development, and compensation and appraisal, to maintain environmentally friendly goals (Mishra, 2017). In other words, Green HRM is a set of policies, practices, and strategies related to human resource disciplines that can ensure the achievement of an overall sustainable business model within an organization (Watson &

Kavid, 2014). It makes Green HRM a relevant phenomenon to recognize the link between organizational actions that affect the environment, change, design, implementation, and impact of human resource systems (Provasnek et al., 2017).

In presenting Green HRM, the concept of Ability-Motivation-Opportunity is a proven theory (Applebaum et al., 2000) and also recommended by previous Green HRM researchers such as Renwick et al. (2013) and Jiang et al., (2013). This AMO theory is a set of different but interrelated human resource practices grouped by three core aspects. Ability is based on a set of human resource practices, including recruitment and selection, training, and development programs that ensure that employees' knowledge and skills to perform specific tasks can be fulfilled. Likewise, motivation is based on human resource practices such as performance appraisal management and financial and non-financial incentives intended to encourage employee efforts to achieve predetermined performance targets. Finally, opportunities are a set of practices consisting of involvement, knowledge sharing, and autonomy-increasing practices that encourage employee participation in company activities (Marin-Garcia & Tomas, 2016). The dimensions and indicators of Green HRM in this study, which use the AMO theory, can be seen in the following table:

Table 1.1. Conceptual variables, dimensions and indicators of Green HRM

Variable	Reference	Dimensions	Indicators
Green HRM	Applebaum *et al*., 2000; Renwick, *et al*., 2013; Pinzone *et al* 2016	'Green' Competence Building (GCB)	1. Environmental problems are included in the induction process (GCB_1) 2. Environmental training is a priority compared to other types of training (GCB_2)
		Green' Performance Management (GPM)	1. Employee environmental activities are evaluated during the staff appraisal process (GPM_1) 2. Performance appraisal includes environmental goals (GPM_2) 3. Employee assessment emphasizes environmental skills and competencies (GPM_3)
		'Green' Employee Involvement (GEI)	1. Employees are allowed to make decisions regarding environmental issues (GEI_1) 2. Employees are entitled to suggest improvements to environmental problems (GEI_2) 3. Managers maintain open communication with employees on environmental matters (GEI_3) 4. Employees are involved in problem-solving groups related to environmental issues (GEI_4)

2.2. Service Quality

It provides quality services in the health sector and assists hospital leaders and workers in achieving their long-term goals (Bahadori et al., 2014). Companies' success in providing quality services can be determined by a service quality approach (Parasuraman et al., 1991). Quality is an abstract concept that makes it difficult to measure and is currently viewed from multiple perspectives (Lee et al., 2000). They are more involved in the service context because of the unique service quality characteristics, which are intangible, inseparable, multi-variable, and easily mistaken (Kotler and Keller, 2012).

Cheng (2013) defines service quality as essentially a customer's perception of whether the service is good or bad, resulting in a comparison between the service customers expect to get and what they understand. When the former is subtracted from the latter, and the difference is more significant than zero, the customer's quality of service is ideal or satisfactory. Donabedian (1980) defined Health Care Service Quality as "the application of medical science and technology in a manner that maximizes its benefit to health without correspondingly increasing the risk." Leebov et al. (2003) referred to Health Care Service Quality as "doing the right thing and making continuous improvements, obtaining the best possible clinical outcome, satisfying all customers, retaining talented staff, and maintain sound financial performance."

In this study, dimensions and indicators of service quality will use Health Service Quality (HEALTHQUAL) developed by Lee, D (2017). The variables, dimensions, and indicators of Health Service Quality (HEALTHQUAL) are as follows:

Table 1.2. Variable, Dimensions dan Indicators of Service Quality (SC)

Variable	References	Dimensions	Indicators
		Empathy quality aspects (EMA)	1. Polite employee attitudes (EMA_1) 2. Explaining the details (EMA_2) 3. Listening to the patient (EMA_3) 4. Understand the patient's situation (EMA_4) 5. Sense of closeness and friendliness (EMA_5) 6. The hospital knows what the patient wants (EMA_6) 7. The hospital understands the patient's problem as empathy (EMA_7)
Health Service Quality (HSQ)	Parasuraman *et al*.,1988; Lee, D.H. 2017	Tangible quality aspects (TGA)	1. Advanced level of safety of medical equipment (TGA_1) 2. The security level of medical staff with advanced skills and knowledge (TGA_2) 3. A comfortable level of facilities (TGA_3) 4. The story of the cleanliness of employee uniforms (TGA_4) 5. The overall cleanliness of the hospital (TGA_5)
		Safety quality aspects (SFA)	1. Level of effort to provide a comfortable and safe environment for patients (SFA_1) 2. The story of feeling that doctors will not make a misdiagnosis (SFA_2) 3. The level of feeling that nurses will not make mistakes (SFA_3) 4. Level of confidence about the medical proficiency of this hospital (SFA_4)
		Efficiency quality aspects (EFA)	1. The attitude of not using unnecessary drugs (EFA_1) 2. Level of effort to prove suitable treatment method (EFA_2) 3. Reasonable medical expenses (EFA_3) 4. Suitability of costs for medical services provided (EFA_4)
		Degree of improvements of care services (DICS)	1. Compatibility of care services provided (DICS_1) 2. Recognition and effort for best care by medical staff (DICS_2) 3. Improvement of medical conditions as a result of actions and care by medical staff (DICS_3) 4. The rate of progress of the patient's condition after using this hospital treatment (DICS_4) 5. Level of explanation to patients to prevent associated diseases (DICS_5) 6. Level of effort and willingness to avoid illness (DICS_6)

3. Research Method

The method used is a quantitative method with hypothesis testing. The purpose of quantitative research is to explain the position of the variables under study and the relationship between one variable and another and to test the previously formulated hypotheses. The results of this study will later conclude in the form of a causal relationship between these variables through hypothesis testing (Sugiyono, 2017).

Given that the research was conducted in mid-August 2020, which was still in a COVID-19 pandemic situation, researchers had to distribute questionnaires through a digital format to obtain data on the subject of research. As the protocols for preventing the transmission of COVID 19 by minimizing the occurrence of face-to-face, intermediary media objects/goods and avoiding health service areas. The questionnaire was given after obtaining permission from the hospital director and then distributed through the Deputy Director of Human Resources and General Affairs or the Head of HR of each hospital. The questionnaire uses a Likert scale of 1 to 5 with ratings of Strongly Disagree, Disagree, Neutral, Agree, and Strongly Agree. This research was conducted at 19 state-owned hospitals with different classes spread in various cities and provinces in Indonesia. According to Ferdinand (2013), the population is a combination

of all elements in the form of events, things, or people with similar characteristics that become the center of a researcher's attention. This type of sampling selection is based on the researcher's judgment that the selected sample follows the research object's profile. Therefore the technique is also known as the judgmental/selective/subjective sampling technique (Crossman, 2019). According to Sugiyono, the research sample is a representative part of the population to be studied, so that the sample chosen must represent the number and characteristics of the population. The number of samples of permanent workers (non-specified time workers) and contract workers (fixed-time workers/partners) who became respondents was 1004 respondents.

This research uses the data analysis method with the Variance Based Structural Equation Modeling (VB-SEM) technique using SmartPLS (Partial Least Square) software run on computer media. Currently, PLS is widely used in research in the fields of Information Systems, Strategic Management, Human Resources, Marketing, and other disciplines (Hair, 2012), and path modeling is a statistical tool that plays a significant role in the success of research studies (Albers, 2010).

PLS is a variant or component-based structural equation analysis (SEM) that can simultaneously test the measurement model and test the structural model. Variance based on PLS focuses more on predictive models, aiming to find predictive linear relationships between variables. Ghozali (2015) explains that PLS is a soft modeling method of analysis because it does not assume that data must be measured at a particular scale. Thus the framework for this research model can be described as follows:

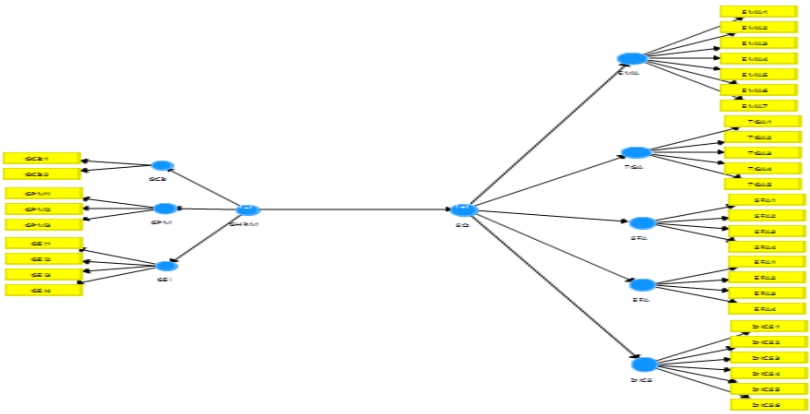

Figure 1. Preliminary Research Model

4. Results And Discussion

4.1. Results of descriptive analysis of respondents

A total of 1004 respondents have responded to this survey. Based on BUMN hospitals' origin, most respondents came from Pertamina Balikpapan Hospital, as many as 159 people (15.84%), and the least participation rate was from Pertamina Balongan Hospital, as many as 12 people (1.20%). Based on gender, the number of female respondents who participated in this study was 635 (63.2%) and 369 (36.8%) were male. Based on the results of the descriptive analysis of the age of the respondents, it was found that the majority of respondents were between 31 to 40 years old as many as 401 respondents or 39.9%, followed by those aged between 20 to 30 years as many as 274 respondents or 27.3% and then aged 40 to 50 years as many as 270 respondents or 26.9%. The lowest remaining respondents aged more than 50 years were 59 people or 5.9%.

4.2. Outer Model Analysis Results

In the Outer Model Test, it can be seen how each indicator is related to its laten variable. The Outer Model is interpreted by looking at several things, included convergent validity, discriminant validity, composite reliability, Averagage Variance Extracted (EVA), and Alpha Cronbach. The PLS Algorithm Model is presented in the figure below:

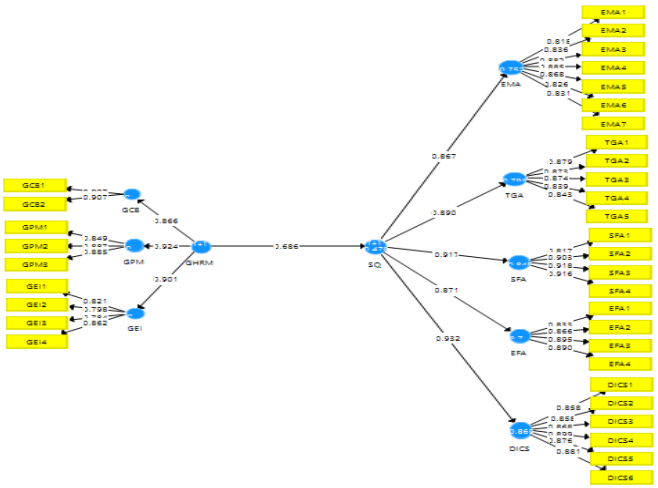

Figure 2. Model PLS Algorithm

4.3. Convergen Validity (Loading Factor)

	DICS	EFA	EMA	GCB	GEI	GHRM	GPM	SFA	SQ	TGA
DICS1	0,858									
DICS2	0,858									
DICS3	0,868									
DICS4	0,899									
DICS5	0,876									
DICS6	0,881									
EFA1		0,833								
EFA2		0,866								
EFA3		0,895								
EFA4		0,890								
EMA1			0,818							
EMA2			0,836							
EMA3			0,882							
EMA4			0,885							
EMA5			0,868							
EMA6			0,826							
EMA7			0,831							
GCB1				0,897						
GCB2				0,907						
GEI1					0,821					
GEI2					0,798					
GEI3					0,784					
GEI4					0,862					
GPM1							0,849			
GPM2							0,887			
GPM3							0,885			
SFA1								0,817		
SFA2								0,903		

SFA3								0,918		
SFA4								0,916		
TGA1										0,879
TGA2										0,873
TGA3										0,874
TGA4										0,839
TGA5										0,843

From the results of the convergent validity analysis, it was found that all indicators used to measure latent variables had a Loading Factor value above 0.70. This shows that all indicators are valid to be used to measure latent variables and describe how each indicator is able to explain each of its latent variables.

4.4. Discriminant Validity (Loading Factor)

	DICS	EFA	EMA	GCB	GEI	GHRM	GPM	SFA	SQ	TGA
DICS1	0,858	0,801	0,614	0,483	0,525	0,573	0,528	0,754	0,831	0,714
DICS2	0,858	0,664	0,671	0,482	0,463	0,530	0,489	0,746	0,804	0,634
DICS3	0,868	0,679	0,646	0,472	0,480	0,540	0,502	0,711	0,798	0,644
DICS4	0,899	0,694	0,647	0,532	0,530	0,604	0,566	0,756	0,830	0,697
DICS5	0,876	0,693	0,630	0,531	0,544	0,612	0,573	0,718	0,807	0,679
DICS6	0,881	0,686	0,652	0,519	0,531	0,593	0,547	0,725	0,815	0,680
EFA1	0,622	0,833	0,560	0,379	0,397	0,438	0,400	0,682	0,718	0,592
EFA2	0,667	0,866	0,554	0,414	0,412	0,461	0,418	0,688	0,738	0,608
EFA3	0,737	0,895	0,575	0,478	0,491	0,545	0,498	0,698	0,783	0,666
EFA4	0,773	0,890	0,593	0,477	0,504	0,554	0,508	0,686	0,796	0,671
EMA1	0,624	0,530	0,818	0,406	0,387	0,448	0,419	0,588	0,707	0,539
EMA2	0,599	0,518	0,836	0,374	0,402	0,437	0,398	0,583	0,708	0,562
EMA3	0,620	0,545	0,882	0,412	0,431	0,480	0,446	0,602	0,740	0,591
EMA4	0,641	0,605	0,885	0,414	0,471	0,504	0,463	0,622	0,767	0,620
EMA5	0,664	0,568	0,868	0,418	0,433	0,487	0,459	0,658	0,769	0,619
EMA6	0,600	0,551	0,826	0,404	0,445	0,482	0,444	0,591	0,722	0,605
EMA7	0,630	0,574	0,831	0,407	0,432	0,485	0,461	0,585	0,742	0,642
GCB1	0,496	0,431	0,412	0,897	0,576	0,762	0,663	0,480	0,518	0,505
GCB2	0,543	0,476	0,447	0,907	0,591	0,800	0,734	0,523	0,566	0,552
GEI1	0,424	0,396	0,377	0,501	0,821	0,718	0,555	0,411	0,455	0,431
GEI2	0,442	0,373	0,415	0,509	0,798	0,713	0,563	0,403	0,463	0,424
GEI3	0,555	0,476	0,450	0,553	0,784	0,742	0,616	0,518	0,562	0,517
GEI4	0,492	0,449	0,407	0,551	0,862	0,767	0,599	0,457	0,511	0,487
GPM1	0,509	0,445	0,403	0,652	0,581	0,771	0,849	0,487	0,523	0,503
GPM2	0,548	0,465	0,468	0,679	0,602	0,803	0,887	0,534	0,570	0,533
GPM3	0,546	0,466	0,488	0,700	0,687	0,845	0,885	0,511	0,572	0,542
SFA1	0,730	0,630	0,619	0,516	0,511	0,574	0,524	0,817	0,788	0,750
SFA2	0,736	0,712	0,618	0,456	0,466	0,533	0,510	0,903	0,803	0,674
SFA3	0,764	0,734	0,642	0,505	0,492	0,562	0,523	0,918	0,832	0,714
SFA4	0,763	0,728	0,650	0,503	0,483	0,558	0,523	0,916	0,836	0,732
TGA1	0,668	0,629	0,678	0,529	0,518	0,590	0,547	0,666	0,786	0,879
TGA2	0,697	0,655	0,680	0,509	0,483	0,556	0,514	0,720	0,807	0,873

TGA3	0,643	0,631	0,570	0,501	0,480	0,546	0,497	0,673	0,751	0,874
TGA4	0,661	0,610	0,560	0,475	0,474	0,536	0,497	0,707	0,748	0,839
TGA5	0,660	0,616	0,533	0,513	0,503	0,576	0,540	0,711	0,743	0,843

The results of the discriminant validity analysis showed that each factor loading value against the target variable was greater than the cross loading value. This confirms that each indicator is able to explain the latent variable

4.5. Average Variance Extracted (AVE)

	AVE
GCB	0,813
GPM	0,764
GEI	0,667
GHRM	0,593
EMA	0,722
TGA	0,743
SFA	0,791
EFA	0,760
DICS	0,763
SQ	0,603

The results of AVE analysis show that the value for each variable has an Average Ariance Extracted (AVE) value> 0.50, which illustrates that each indicator used to measure the variable is valid. These results also illustrate that the variance value of each indicator in the latent variable captured by these variables is greater than the variance caused by measurement error.

4.6. Composite Reliability (CR)

	AVE
GCB	0,897
GPM	0,906
GEI	0,889
GHRM	0,929
EMA	0,948
TGA	0,935
SFA	0,938
EFA	0,927
DICS	0,951
SQ	0,975

Reliability composite is used to describe the consistency of the indicators used to measure the variables. The indicator is considered to have high consistency to measure its construct if it has a CR value above 0.70. From the results of the above analysis, it was found that the GHRM and SQ variables each had a CR value of 0.929 and 0.975. This illustrates that each indicator used to measure the dimension and the latent variable has reliable consistency.

4.7. Cronbach's Alpha

	AVE
GCB	0,897
GPM	0,906
GEI	0,889
GHRM	0,929
EMA	0,948
TGA	0,935
SFA	0,938
EFA	0,927
DICS	0,951
SQ	0,975

4.8. Inner Model Analysis

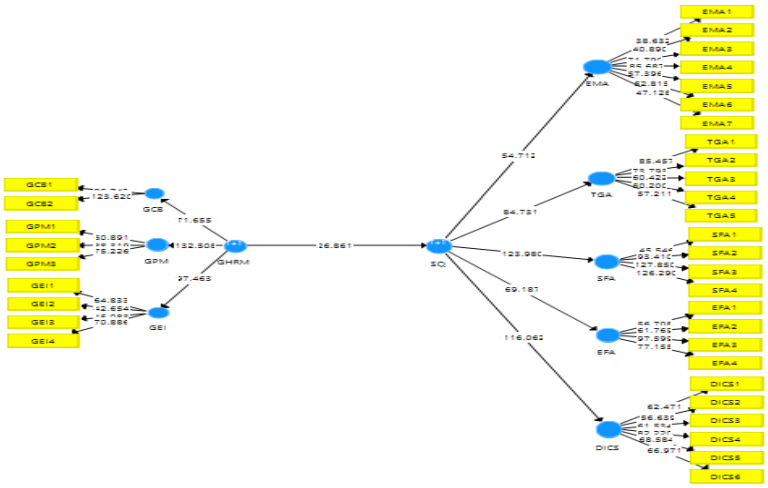

Figure 3. Inner Model Analysis Result

4.9. Path Coefficient

	Original Sample (O)	Sample Mean (M)	Standard Deviation (STDEV)	T Statistics (|O/STDEV|)	P Values
GHRM → SQ	0,256	0,257	0,037	6,862	0,000

The path coefficient results show a positive sign and a good significance value where these results are in line with the research hypothesis that was built and in line with the literature references that were formulated earlier. So that it can be concluded based on the criteria of Goodness of Fit using the model path coefficient is said to be Fit. The path coefficient is positive 0.256 illustrates that the higher the value of the independent variable, the higher the value of the dependent variable it aims to.

4.10. R Square (R^2)

	R Square	R Square Adjusted
SQ	0,470	0,470

The results of the analysis of the R Square value for the SQ variable is 0.470. It can be described that the coefficient of determination (KD) for the OCBE variable is 47.0%, which means that the SQ variable is influenced by 47.0% by the GHRM variable while the rest amounting to 53.0% is influenced by other variables outside the variables used in this model.

4.11. Stone Geisser Value (Q^2)

	SSO	SSE	Q^2 (=1-SSE/SSO)
SQ	26.104,000	17.180,000	0,342
GHRM	9.036,000	9.036,000	

The value of Q2 for the Green HRM variable is 0.342 where this value is> 0.0 so it can be concluded that the Green HRM variable is a predictor variable that has a good relevance value for predicting the SQ variable.

4.12. Goodness of Fitness Index (GoF)

AVE AVERAGE = (0,593+0,603)/2
= 0,598
R^2 AVERAGE = 0,470
GoF = $\sqrt{0{,}598x0{,}470}$
= $\sqrt{0{,}281}$
= 0,530

According to Tenenhau (2004), the GoF Index value range is divided into three categories, namely 0.00-0.24 small category, 0.25-0.37 medium category, and 0.38-1.00 high category. So it can be concluded that with the GoF index value of 0.530, the model is included in the high category, which means that the research model built has high compatibility, or there is no difference (discrepancy) between the observed values the expected values in the research model.

4.13. Hypothesis Test / Significance Test

	Original Sample (O)	Sample Mean (M)	Standard Deviation (STDEV)	T Statistics (|O/STDEV|)	P Values
GHRM → SQ	0,256	0,257	0,037	6,862	0,000

If the T Statistical Value> Z Score 1.96, then the relationship is significant. Conversely, if the T Statistical value <Z Score 1.96, then the relationship is not meaningful.
Hypothesis
GHRM to SQ has a T statistic value of 6.862, where this value is more significant than 1.96. It can be concluded that the GHRM to SQ relationship is substantial so that the hypothesis is accepted.

5. Conclusion

The link between implementing Green HRM policies and practices lies in the importance of service quality that can provide customer satisfaction. On this basis, this study proves the hypothesis of the effect of the Green HRM relationship on positive and significant service quality. During the COVID-19 Pandemic, the level of difficulty in providing health services was higher than average. It makes this happen; it is necessary to involve employees and provide employees with the competencies needed (Haynes & Fryer, 2000).

Most service sectors have linked HR strategy with HR practices to reinvent customer service activities to achieve customer satisfaction. In this context, HR strategies and procedures, including practices in the service sector, can support service quality. The application of Green HRM practices that have been developed over several decades answers the question that the management of Green HRM is suitable for the context of improving service quality (Sheehan, 2005). Effectively by managing human resources, service companies can develop the types of employee behavior that are important for the success of the company's competitive strategy, especially when providing service quality to their customers (Huang, 2001).

Some selected HR practices, such as workplace support, training, reward systems, and performance appraisals, in turn, will also be closely related and affect service quality. Previous research will reinforce conducted by Solha Husin et al. (2012). Besides, the implementation of Green HRM practices and policies identified by management is essential for the success of the strategy and the influence of employee commitment and competence so that it can positively influence service quality.

6. Implications

This research has implications for theoretical thinking and enrichment in management, notably the Green HRM study of service quality in hospitals. For hospital management, this research will help create policies and models related to environmentally friendly human resource management to improve hospitals' quality of services through Green HRM. This research also contributes to a further research agenda by building theoretical models.

7. Limitations And Suggestions

Future research can adopt research methods and dig deeper into various theories that can be applied later. For a more in-depth understanding, further research can examine service quality changes due to all stakeholders' Green HRM influence over a more extended period. The research population is also limited to employees so that service quality is viewed from a self-assessment and supply-side perspective. Future research can be carried out across all hospital stakeholders by involving a larger population. Further research can also be carried out in other service industries by adapting this research to different locations and cultures.

Suggestions to prevent more health workers from becoming infected, with the implementation of Green HRM in human resource management, it is necessary to continuously carry out COVID-19 tests for health workers and periodically to ensure and build confidence, which has an impact on improving the quality of service to patients. Also, providing complete personal protective equipment according to unique hospital standards for preventing infectious and infected diseases and providing unique changing rooms that can sterilize germs and bacteria from health workers who will and after work.

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