

The 2nd International Conference on Business and Banking Innovations (ICOBBI)
“Nurturing Business and Banking Sustainability”
Surabaya, 14th - 15th August 2020

**Proceeding Book of
The 2nd International Conference on Business and Banking Innovations
(ICOBBI) 2020
“Nurturing Business and Banking Sustainability”
Surabaya, 14 - 15th August 2020**

**Master of Management of Sekolah Tinggi Ilmu Ekonomi Perbanas Surabaya
Indonesia**

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FOREWORD

Alhamdulillah, praise be to Allah Subhanahu Wa Ta'ala for granting us the opportunity to organize and publish the proceedings of the 2nd International Conference on Business and Banking Innovations (ICOBBI) with the topic “*Nurturing Business and Banking Sustainability*”. This proceeding contains several researches articles from many fields in Marketing, Management Technology, Finance, Banking, Human Resources Management, Information System Management, and Islamic Economics.

The 2nd International Conference on Business and Banking Innovations was held on 14th – 15th August 2020 by virtual (online) meeting and organized by the Master Management Study Program of STIE PERBANAS Surabaya in Collaboration with six Higher Education Institutions in Indonesia and five Universities from Asia countries. Keynote speakers in this conference were: Prof. Angelica M..Baylon, Ph.D (Director of the Maritime Academy of Asia and the Pacific, Philippines), Chonlatis Darawong, Ph.D. (Head of the Master of Business Program Sripatum Chonburi University - SPU Graduate School Bangkok, Thailand), Prof. Madya Dr. Reevany Bustami (Director of Centre for Policy Research and International Studies Universiti Sains Malaysia), Associate Prof. Dr. Elisha Nasruddin (Graduate School of Business Universiti Sains Malaysia), Associate Prof. Pallavi Pathak Ph.D. (School of Management Sciences, Varanasi, India) and Prof. Dr. Tatik Suryani (Head of the Master of Management Study Program of STIE Perbanas Surabaya, Indonesia).

I would like to give high appreciation to the Rector of STIE Perbanas Surabaya for his support at this event. Acknowledgments and thank you to all the steering and organizing committees of the ICOBBI for the extra ordinary effort during the conference until this proceeding published. Thank you very much to all presenter and delegates from various Universities. Beside it, I would like to express our gratitude to the six universities, namely Universitas 17 Agustus Surabaya, Universitas Surabaya, Universitas Dr. Soetemo Universitas Dian Nuswantoro Semarang, STIE 66 Kendari, Institut Institut Bisnis dan Keuangan Nitro Makassar which has been the co-host of this event.

Hopefully, the proceeding will become a reference for academics and practitioners, especially the business and banking industry to get benefit from the various results of the research field of Business and Banking associated with Information Technology. Proceedings also can be accessed online on the website <https://pascasarjana.perbanas.ac.id>.

Chair of the Master Management Study Program
STIE Perbanas Surabaya

Prof. Dr. Tatik Suryani, M.M.

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Performance of Service in General Hospital City of Surabaya Era Covid-19

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ABSTRACT

Covid-19 Pandemic, making medical officers who served in the referral hospital for patients with Covid-19 more busy. There is even a referral hospital, to reject patients because the treatment room is full. The study was conducted at the Covid-19 pandemic non referral hospital, where most of the staff worked at the Referral Hospital. The study was conducted to prove the relationship between service ethics, service support facilities to work fatigue and its impact on service performance. The study population was non corona outpatients at the Regional General Hospital in Surabaya. Using structural equation model analysis, the purposive sampling method for 180 respondents. The results of the study prove that the work fatigue of officers increases, as service ethics increases and the additional supporting facilities used. Service performance has also increased with the increasing work fatigue felt by medical staff at the Regional General Hospital in Surabaya in the current Covid-19 Pandemic.

1. INTRODUCTION

Health is an important part of life, because with a healthy body a person will be able to carry out their activities properly. Good physical health will create a peaceful life. A healthy body is a desire of all people, in an effort to realize these health conditions, the government organizes health services, by establishing hospitals for the benefit of the community. According to the Ministry of Health of the Republic of Indonesia (2009), health services are any efforts carried out individually or jointly in an organization, to maintain and improve health, prevent and cure illnesses and restore the health of individuals, families, groups and even the community.

In the Pandemic Covid-19 era, at this time, medical officers in each hospital became busier. This happened because many medical personnel were temporarily transferred to a hospital that specifically handled the impact of Covid-19, or a referral hospital. Some public hospitals are specially made to only accept Covid-19 sufferers, because so many patients are affected by Covid-19. There is even a referral hospital rejecting patients because the place of care is full.

This research was conducted at the Surabaya City General Hospital, which is not a Covid-19 reference, with the intention of finding out the extent of the impact of the performance of the Surabaya City Regional General Hospital during the Covid-19 pandemic, due to medical staff being transferred to the hospital, referral that only treats Covid-19 patients.

2. THEORETICAL FRAMEWORK AND HYPOTHESES

Ethics is the application of concepts such as right, wrong, good, bad, and responsibility, while the quality of health services is the degree of perfection of health services in accordance with professional standards and service standards by using the potential resources available in hospitals or health centers in a reasonable, efficient, and effective and provided safely and satisfactorily according to norms, ethics, law, and social-culture by taking into account the limitations and capabilities of the government, and the consumer society. Therefore, medical services that are tailored to the ethical standards of service, if carried out seriously in accordance with ethical standards of service will require extra personnel, which will result in fatigue of medical personnel. Elisa et al. (2014), prove that reliability is the most influential indicator of the quality of patient services. For this reason, it is necessary to pay greater attention to reliability and to try to increase it more intensively and continuously. The stronger the effort, the greater the fatigue factor. The more active the staff is in serving patients, the better the quality of service. The more active the staff is in

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serving the patient, the higher the worker fatigue factor. Bischoff et al. (1999), shows that ethical stress predicts employee fatigue. Detienne et al. (2012), that moral pressure is a predictor of increased employee fatigue. Widyastuti et al. (2013), the better the quality of service, the higher the level of patient satisfaction. Based on the description above, the hypothesis is as follows:

H1: Service ethics affect staff fatigue

Facilities supporting facilities become one of the considerations of consumers in making choices. At almost the same price level, the more complete the facilities provided by the hospital, the more satisfied the customer will be and he will continue to choose the hospital as a priority choice, based on his perception of the available facilities. Perceptions obtained from customer interactions with facilities, affect the quality of these services in the eyes of customers (Tjiptono 2016). The more complete the supporting facilities, the more the hospital can provide its patients. The more complete the supporting facilities, the easier the paramedical service tasks will be. Therefore, supporting facilities affect the fatigue of hospital staff. Caldwell et al. (2019), states that fatigue and sleepiness in the workplace are a consequence of modern industrial society. Liarucha et al. (2016), states that there is no difference in medical personnel fatigue with 2 or 3 shifts / day. Based on the description above, the hypothesis is as follows:

H2: Service support facilities affect staff fatigue

Fatigue as a state of fatigue, fatigue, exhaustion. The meaning of fatigue can be divided into physical fatigue, emotional exhaustion, and mental fatigue. Physical fatigue is a state of fatigue characterized by fatigue, tiredness, muscle tension, changes in eating and sleeping habits, and generally has a low energy level. Emotional fatigue is fatigue expressed in the form of feelings of frustration, hopelessness, feeling trapped, helpless, depressed, and feeling sad or apathetic about work. Mental fatigue is a condition in which a person is dissatisfied with oneself, dissatisfied with work and life as a whole, and feels incompetent or feels inferior. According to Jialin & Smith (2017), workload is a factor that increases fatigue, which then results in changes in performance. Alam (2010); Wahyuni & Sofiana (2015), stated that physical fatigue and mental fatigue of the officers will result in a decrease in the performance of the officers, thus the performance of services received by patients will also decrease. While Andri (2004) states that service performance contributes to patient loyalty. Based on the description above, the hypothesis is as follows:

H3: officer fatigue affects service performance

3. RESEARCH METHOD

This research is a causal research. The study population was outpatients in the Surabaya City General Hospital. SEM analysis technique with the help of Amos software. The estimation uses Maximum Likelihood, and the number of samples studied is 180 respondents, obtained from: 10 X (number of variables + indicators). While the sampling method uses purposive sampling.

This study uses a questionnaire with a 5 level Likert scale. In-depth interviews were also conducted with medical personnel. The Service ethics variable uses 4 indicators adopted from Yosep (2012), namely: the principle of responsibility, the principle of justice, the principle of autonomy, and the principle of justice. Service support facilities use 4 indicators adopted from Peraturan Menkes RI (2010), namely: completeness, cleanliness and tidiness of the facilities offered, conditions and functions of the facilities offered, ease of use of the facilities offered, and completeness of the equipment used. Work Fatigue using 3 indicators adopted from Marchelia (2014), namely: physical fatigue, psychological fatigue, and emotional exhaustion. Service performance using 3 indicators adopted from Gibson (1996), namely: quality of results, quantity of results, and timeliness.

4. DATA ANALYSIS AND DISCUSSION

Descriptive data analysis of 180 respondents showed that: Characteristics of respondents according to male dominant sex were 68.8%, while women were 31.2%. Characteristics of respondents based on age at the age of 17-30 years = 40.5% of respondents, and dominant in the age range 31-40 years = 43.3%. The education level of the majority of respondents is high school, which reaches 66.0%, while the rest have a bachelor's education by 34.0%.

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Table 1. Characteristics of respondents (N = 180)

Characteristics		Frequency	Percent
Gender	Men	124	68.8
	Women	56	31.2
Age (years)	17-30	73	40.5
	31-40	78	43.3
	41-60	29	16,2
Education	high school	119	66.0
	bachelor	61	34.0

Source: Bio data is processed

Instrument Validity and Reliability Test

From the results of the Pearson product moment correlation analysis (Table 2), it is known that all the question items in the questionnaire have a significant correlation at an error rate of 5%, so it can be said that all question items are valid (Hair et al. 2013).

Table 2. The validity and reliability test

Research variables	Indicator	Question Number	Pearson correlation
Service Ethics	Se1	01-02	0,789**
	Se2	03-04	0,797**
	Se3	05-06	0,801**
	Se4	07-08	0,767**
Support Facilities	Sf1	09-10	0,801**
	Sf2	11-12	0,728**
	Sf3	13-14	0,708**
	Sf 4	15-16	0,811**
Work Fatigue	Wf1	17-18	0,752**
	Wf2	19-20	0,724**
	Wf3	21-22	0,676**
Service Performance	Sp1	23-24	0,716**
	Sp2	25-26	0,784**
	Sp3	27-28	0,770**

Note: **. Correlation is significant at the 0.01 level (2-tailed).

Source: Own study, Amos

Confirmatory factor analysis.

The results of the confirmatory factor analysis of the measurement model are shown in Table 3. The construct validity and reliability are two tests to evaluate the ability of measured variables in forming latent variables. From the analysis data (Table 3), all manifests have a loading factor with a probability of less than 0.05, which indicates that the manifest is significant in forming latent variables. Also seen each latent variable has a construct critical ratio of more than 0.2, which means it comes from one dimension (unidimensional).

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Table 3. Confirmatory Factor Analysis

Research variables	Relationship	C. R.	Loading Factor (λ)	Probability
Service	Se \rightarrow se1	2.000	0.542	0,000
Ethics	Se \rightarrow se2	7.649	0.832	0.000
	Se \rightarrow se3	6.309	0.692	0.000
	Se \rightarrow se4	7.023	0.878	0.000
	Support	Sf \rightarrow sf1	2.000	0.752
Facilities	Sf \rightarrow sf2	8.019	0.862	0.000
	Sf \rightarrow sf3	7.450	0.853	0.000
	Sf \rightarrow sf4	2.832	0.358	0.000
	Work	Wf \rightarrow wf1	0.000	0.659
Wf \rightarrow wf2		6.682	0.798	0.000
Wf \rightarrow wf3		5.454	0.759	0.000
Service	Sp \rightarrow sp1	2.000	0.573	0.000
	Sp \rightarrow sp2	7.217	0.835	0.000
	Performance	Sp \rightarrow sp3	6.067	0.764

Source: Own study, Amos

Goodness of Fit Test

The results of data processing using a sample of 180 showed Chi-square is 172.602 with a probability of 0.052. Meanwhile, from GFI, AGFI, TLI, CFI, RMSEA and CMIN / DF respectively 0.908, 0.901, 0.951, 0.953, 0.079, and 1.636 all within the range of acceptable values (Hair et al. 2013). The results of the analysis are shown in Figure 1

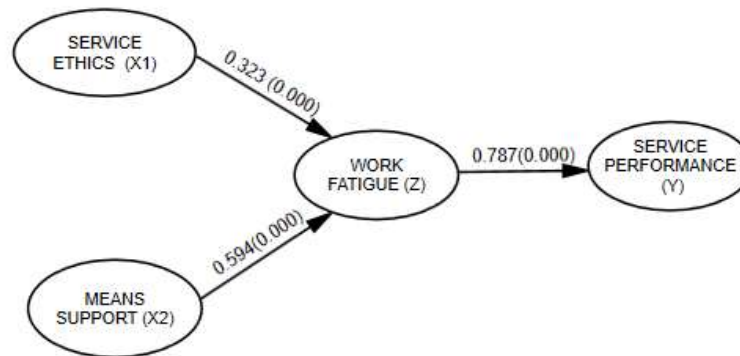


Figure 1. Coefficient of Research Model Path

Hypothesis testing

Hypothesis testing is based on the estimated value of the significance of the parameters of the research model shown in Table 4.

Table 4. Hypothesis Testing

H	Relationship	Standardized Coefficient	SE	C.R	P	Decision
H1	SE \rightarrow WF	0.323	0.173	2.766	0.000	accepted
H2	SF \rightarrow WF	0.594	0.259	7.507	0.000	accepted
H3	WF \rightarrow SP	0.787	0.223	7.001	0.000	accepted

SE: service ethics, SF: support facilities, WF: work fatigue, SP: service performance.

Source: Own study, Amos

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Empirical results show that service ethics have an effect and contribute to increasing the work fatigue of medical officers. These results give the meaning that if the attitude of life in the form of justice to provide professional services to the community, with full order and expertise as a service, in the context of carrying out duties in the form of obligations to the community can be directed and developed, it will be able to trigger and increase the work fatigue of medical officers. The dominance of moral integrity indicators on the results of this study, informs that, the issue of moral integrity is a major problem that should be done by medical staff to patients. It is better for medical staff in principled hospitals not to lose easily from any persuasion, and not easily give up on other people's threats. And also the principle of justice, where the services provided by medical personnel do not harm the rights of others in the service, and do not discriminate against anyone. Next medical personnel should have the principle of autonomy, which is to provide services with professional responsibilities, and the implementation of the profession does not harm the public interest. Medical officers also should have the principle of being responsible for the conduct of their work, and claiming to be honest and morally sincere, if possible have made mistakes.

Empirical results also show that service support facilities are influential and contribute to increasing the work fatigue of medical staff. The results of this evidence give the meaning that, when medical staff have good and adequate service support facilities, it will have an impact on the work fatigue of medical staff, because medical staff will make maximum efforts in providing services to patients. The dominant indicator of the condition and function of the facilities owned by the results of this study, informs that, the problem of the condition and function of the facilities owned by the hospital, becomes the main problem that should be there and can function well, when used by officers serving patients, the condition of supporting facilities owned by the house the hospital is functioning well, and is also available according to the patient's needs. Furthermore, the ease of use of existing medical facilities, which is the second dominant indicator, informs that the supporting facilities provided by the hospital are easy to use, and the hospital provides clear guidelines for the use of supporting facilities, and also helps patients to use supporting facilities. Next is the completeness, cleanliness and neatness of the facilities. Also the hospital support facilities in complete patient care, cleanliness, and neatly arranged.

The empirical results indicate that medical personnel fatigue affects the performance of services. The results of this evidence give the sense that, the performance of medical services rises, when the fatigue of officers increases. This also shows that when the Covid-19 pandemic, where many medical workers worked to help service at a referral hospital with a Covid-19 patient, the staff at the non-referral hospital worked extra hard due to the large number of patients who had to be served, while medical personnel reduced due to temporary transfer of duties at the Covid-19 referral hospital.

The dominant indicator of psychic fatigue is the medical staff, so the management needs to immediately find a solution. Psychological fatigue of this medical officer, can occur because the officer lacks interaction (related) with the surrounding environment, because of the overload (many) tasks handled by officers. Officers also often experience a decrease in motivation in serving, also easily frustrated. Therefore the motivation of medical staff needs to be increased, and the frustration of officers needs to be normalized again. Next is emotional exhaustion, this happens because medical service workers often cannot think clearly and quickly, due to fatigue, often also results in reduced ability to solve problems. Work fatigue experienced by medical staff, often also results in reduced ability to give an opinion or consideration.

Not many researchers have conducted research on service performance during the Covid-19 pandemic. Moreover, research that connects service ethics, service support facilities, worker fatigue, and service performed, is experienced by medical personnel when work is overloaded. Therefore the use of service support facilities variables, and work fatigue in this research model, is a novelty. Empirical results also show that staff fatigue becomes an intervening variable between service ethics, and support facilities that contribute to improving service performance. This has become one of the new findings, which was not hypothesized in this study.

5. CONCLUSION

The test results of the research model, are able to explain the relationship between service ethics, service support facilities, worker fatigue, and service performance. The results of this study are significant contributions, especially in the science of hospital management, related to work fatigue, and service performance.

The results of the research prove that the work fatigue of the officers increases, as the service ethics in-

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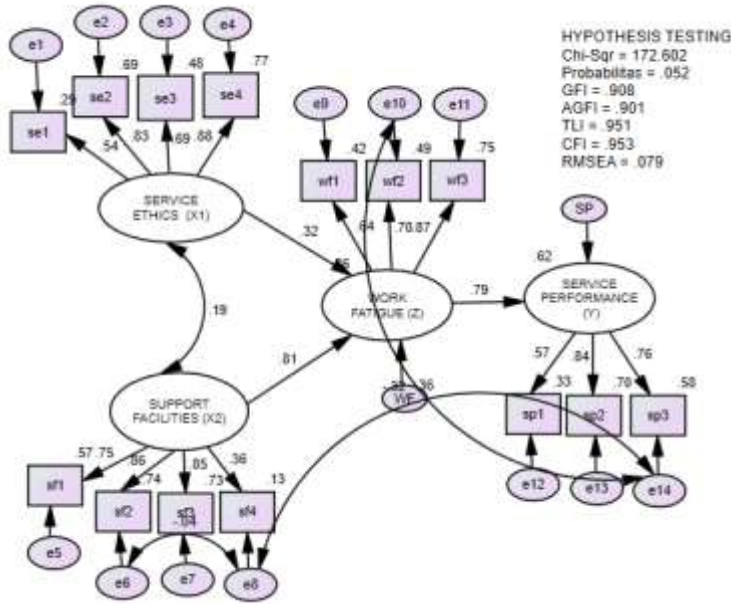
creases and the additional supporting facilities used, due to the increased workload of the officers. The service performance also increased with the increasing work fatigue that was felt by medical officers in the Surabaya City General Hospital in the current Pandemic Covid-19 era. For abnormal conditions at the moment, an immediate supply of volunteers is needed, which can help medical workers

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ATTACHMENT



Estimates (Group number 1 - Default model)

		Standardized Estimate	S.E.	C.R.	P	Label
WF	<--- SF	.812	.259	7.507	***	par_6
WF	<--- SE	.323	.173	2.766	***	par_7
SP	<--- WF	.787	.223	7.001	***	par_8
sf2	<--- SF	.862	.297	2.019	***	par_1
wf3	<--- WF	.868	.258	7.209	***	par_2
wf2	<--- WF	.702	.956	6.654	***	par_3
wf1	<--- WF	.645				
sp1	<--- SP	.573				
se3	<--- SP	.764	.242	6.067	***	par_4
se4	<--- SE	.878	.575	4.023	***	par_9
se2	<--- SE	.832	.515	3.649	***	par_10
se3	<--- SE	.692	.270	6.309	***	par_11
se1	<--- SE	.542				
sf1	<--- SF	.752				
sf3	<--- SF	.853	.539	2.450	***	par_12
sf4	<--- SF	.358	.399	1.832	.007	par_13
sp2	<--- SP	.835	.274	7.217	***	par_14

Standardized Total Effects

	SE	SF	WF	SP
WF	.323	.812	.000	.000
SP	.254	.639	.787	.000

Standardized Indirect Effects

	SE	SF	WF	SP
WF	.000	.000	.000	.000
SP	.254	.639	.000	.000