ABSTRACT

Hospitals today are not only socially managed but also as a health service business that considers aspects of service quality and environmental issues. Therefore, hospital human resources must be handled with Green Human Resources Management so that the quality of services becomes better not only from the business, social aspects but also from the environmental aspects. The role of Organizational Civilization Behavior for the Environment (OCBE) and Organizational Commitment is considered important as mediation. For this reason, this research will examine the Green HRM model in improving Service Quality with OCBE and Organizational Commitment as mediation in the Hospital of State-Owned Enterprises. This study answers the research gap of Green HRM research at the organizational level with more specific outcomes. This research also focused on Green HRM in hospital organizations to see its influence on service quality through OCBE and OC, which were rarely examined before. The application of the concept of Healthcare Service Quality (HEALTHQUAL) in the SQ Variable is also to support or deny the conceptual framework for which there is no empirical study when done in hospitals in Indonesia. Through the hypothesis of the research conducted can be in the form of a FrameWork concept as a basis for further research.

Keywords: Green HRM; Service Quality; OCBE; Organizational Commitment; Health Service Quality (HEALTHQUAL).

INTRODUCTION

The hospital has become one of the most important public facilities in the community that functions as a place for examination, treatment, care, and health recovery. On the other hand, the hospital is also one place that has excellent potential for environmental pollution, health problems, and or can be a place of transmission of disease. Unwittingly hospitals have
become significant contributors that can damage public health. Moreover, the implementation of management systems on health, safety and environment (HSE) in Indonesia, including in hospitals, has also not been able to be implemented optimally because of a safety culture that has not yet taken root in the community (Sutawijaya & Nawangsari, 2018). On the other hand, environmental protection has emerged as one of the most urgent community priorities. Efforts to preserve natural ecosystems and resources for future generations have become a top priority for managers and policymakers (Howard-Grenville et al., 2014).

Human Resources for Health is one of the subsystems in the National Health System in Indonesia that has an essential role in achieving health development goals as an implementer of health services and efforts (Ramli, 2020b; Novariani and Ramli, 2020; Ramli 2019b). Based on Presidential Regulation No. 72 of 2012 concerning the National Health System, health human resources are health workers (including strategic health workers) and health support/personnel involved and work and devote themselves to health efforts and management. The health human resource system’s implementation consists of planning, procurement, utilization, guidance, and quality control of human health resources (Ramli 2019a; Imran and Ramli, 2019). To realize an environmentally friendly hospital closely related to the elements of participation, maintenance, and preservation of the environment, a different approach needed in the management of hospital human resources. This different form of human resource management implements an HR Management policy that promotes the sustainable use of resources in business organizations and other organizations in general and promotes aspects of environmental sustainability (Takaya, Ramli and Lukito, 2019; Mariam and Ramli 2019a; Ghazmahadi, Basri, Kusnadi and Ramli, 2020; Chandra, Takaya and Ramli, 2019).

Management of these human resources can be categorizing as Green Human Resources Management / Green HRM (Mandip, 2012). Green HRM is different from previous HRM practices, which generally focus more on improving organizational performance or profits (Mariam and Ramli, 2020; Mulyadi, Basri, Ramli and Takaya, 2020; Mariam and Ramli, 2019b). Green HRM, considering to be more directly beneficial for external stakeholders because Green HRM can encourage employee commitment and involvement in environmental practices. Green HRM also can increase their sense of ownership and pride, motivate them to work harder, and can help companies build a good reputation, reduce pressure from stakeholders, and in the long run, will benefit future generations (Tang et al., 2018).
The main problem of hospital human resources in Indonesia is the shortage of health workers. It is almost equally prevalent in all hospitals in Indonesia. In 2017 it was recorded that the hospital still needed as many as 171,986 personnel consisting of specialists, general practitioners, nurses, and other health workers (PPSDM Ministry of Health, 2017). In 2017 it was also noted that only 54.22% of C-class regency/city hospitals in Indonesia had four basic specialist doctors and three supporting specialist doctors by applicable laws and regulations. The four basic specialists referred to are obstetricians and gynecologists, pediatricians, internal medicine specialists, and surgeons, while three supporting specialists are radiology specialists, anesthesiologists, and clinical pathology specialists (Profil-Kesehatan-Indonesia-tahun, 2017). This means that the remaining 55.78% of class C regency/city hospitals in Indonesia still lack the specialist doctors mentioned above.

The problem in managing other hospital human resources that still need extra attention is that the hospital has not entirely made Man Power Plan. Based on the data show that only 83.2 percent of hospitals develop plans for human resource needs. It means that around 16.8 percent of hospitals still have not composed the human resources needs of their hospitals (Riset Ketenagaan di Bidang Kesehatan, 2017). Even though planning for human resource needs is a fundamental process in managing an organization's human resources, besides that, compliance with the Standard Operating Procedure (SOP), discipline and human resource competency according to their respective fields of the profession have also not been fully realized and are still problematic in their implementation. It has illustrated from the presence of around 68.1% of hospitals still recorded experiencing work accident cases for health workers, where there are 10.6% of health workers contracted the disease due to work accidents. There are still around 80.5% of hospitals with used needle puncture wounds, 15% torn wounds, 2.7% burns, 8% hepatitis, and 2.7% affected by HIV AIDS (Riset Ketenagaan di Bidang Kesehatan, 2017).

These problems appear that hospitals need employees who care about what is happening in the surrounding environment outside their duties and responsibilities. So employees do not merely work as stated in their job descriptions but more than that they have behaviors that can be in the form of actions such as helping other individuals in the team, advancing and learning new things, willing to do extra work, avoiding conflicts that do not need and obey the rules. This kind of employee behavior is called Organizational Citizenship Behavior - OCB. OCB behavior is not listed in the job description but is very necessary because
it can increase the organization's effectiveness and survival in increasingly competitive business competition (Mariam, Febrian, Anwar, Sutisna, Imran and Ramli, 2020; Imran, Mariam, Aryani and Ramli, 2020). If behavior always strives to advance the company specifically by paying attention to environmental aspects, then this behavior is referred to as Organizational Citizenship Behavior for the Environment-OCBE. OCBE understand as an individual and discretionary social behavior that is not explicitly recognized by the formal reward system, and it contributes to more effective environmental management by the organization (Boiral, 2009). So consistently with this view, when employees do OCBE, they engage in involuntary actions that go beyond the requirements inside and outside of work to contribute to Environmental Management (Daily et al., 2009).

Related to OCBE, the conditions at the hospital still cannot be appropriately realized, and they are proven by finding illegal disposal of medical waste at a hospital in a landfill in the village of Panguragan Wetan Cirebon West Java on December 6, 2017. Supervision. The event has brought to the hospital emergency medical waste problems due to hazardous and toxic waste (B3 waste) are substances, energy and other components due to their nature, concentration and the amount, both directly and indirectly, which can endanger the health or survival of humans, other creatures and or the environment in general. Because of its properties, hazardous and toxic materials and their waste require special handling. The case in Cirebon at least involved waste transport/processing companies and 34 hospitals suspected of being involved that resulted in staff handling the hospital environment has been calling by the police (Tribun Jabar, 2017).

Other problems that arise related to the management of hospital human resources as an organization indeed cannot be separated from the organizational commitment of its employees. Attention to organizational commitment is driving by an increased understanding of the importance of attitudes related to the work carried out, which has a close relationship and impacts the organization's results. Organizational commitment has a significant positive effect on employee performance (Ramli and Mariam, 2020). Committed employees tend to be more responsible in providing services. Various research studies show that people who are relatively satisfied with their work will be more committed to the organization (Ramli, 2020a; Mathis & Jackson, 2011).

In Indonesia, based on Law No. 44 of 2009 concerning hospitals state that hospitals as an organization require to carry out accreditation in and outside the country based on
applicable accreditation standards and organizational commitment that must be fulfilled by the hospital through the devices in it. However, in reality, although accreditation has already started since 2012, accredited hospitals in Indonesia have not been recorded entirely. Every hospital is required to meet accreditation at least six months after the permit to establish and one year after the operating permit issued. According to data shows that until the end of 2017, almost all hospitals in Indonesia have not been accreditation according to the National Accreditation Standards for Hospitals. The percentage of accredited hospitals in Indonesia is still 53.47%. North Maluku Province is the province with the lowest accredited hospitals, namely 22.73% of the 22 hospitals (Direktorat Pelayanan Kesehatan Kementrian Kesehatan RI, 2018). Besides that, the Directorate General of Business Development of the Indonesian Ministry of Health stated that by 2020 all hospitals in Indonesia must have implemented a green hospital. However, there is no standardized green and healthy hospital model (Putri et al., 2016). Until this year, the hospital organization’s commitment to realize its hospital as a green hospital is minimal. In East Java alone, from around 393 new hospitals, 40 hospitals will be declared as green hospitals.

A critical concept in management and business that must be supported by human resource management is service quality. Quality of service is a fundamental concept that must be understood by the hospital that wants to stay competitive and grow. Quality of service is becoming increasingly crucial for businesses today, especially in industries with high customer involvement, such as healthcare (Punnakitikashem et al., 2012). Quality of service in hospitals must direct customer satisfaction that has recognized as the primary way to maintain and protect customer loyalty. Providing better quality services to patients is becoming increasingly important for hospitals to provide customer satisfaction and patient safety. Thus the satisfaction of patients in the hospital depends on how the services provided by the hospital. However, the services provided are still not following what is desired by the patient, and patient satisfaction is still not by the standards. Patient satisfaction standards in health services are set nationally by the Ministry of Health. According to the Republic of Indonesia Ministry of Health Regulation 2016 concerning Minimum Service Standards for patient satisfaction, that is above 95%. If health services are founding with a patient satisfaction level below 95%, then it is assumed that the health services provided do not meet minimum standards or are of no quality.
Based on Laporan Survey Index Kepuasan Masyarakat (2017) conducted by the Indonesian Ministry of Health Bureau of Communication and Community Services, there are still many public hospitals that have not been of optimal quality of service. Among others are:

1. Cipto Mangunkusumo Central Hospital (RSCM) Jakarta shows that in almost all aspects of the results, the value of satisfaction is still below the expected value. Specifically, satisfaction with the aspects of Service Officer Responsibility and the Justice aspect of Obtaining Service are the first records in the quality of services at RSCM. There is also a record of community recommendations regarding Poli services that do not match the serial number and services in the registration of the BPJS counter.

2. Hasan Sadikin Public Hospital (RSHS) Bandung shows that in almost all aspects of the results, the value of satisfaction is also still below the value of expectations. Satisfaction with aspects of Service Requirements, Service Procedures, Courtesy, and Hospitality as well as Justice in Obtaining Service are the first records in the quality of service at RSHS Bandung. There are also some notes of community recommendations related to the lack of waiting chairs and inadequate wheelchairs and the hope that BPJS counter officers can arrive early.

The quality of hospital services in Indonesia, which is still problematic, is also the main reason for the large number of Indonesian people seeking treatment and health services in hospitals abroad. Based on analysis by (Price Waterhouse Cooper Strategy, 2019), the growth of medical tourists from Indonesia to Malaysia reaches 12-18% every year. The estimated income of Malaysia sourced from Indonesian medical tourists reaches 70% of total health or 284 billion US dollars. Meanwhile, Singapore's estimated income derived from Indonesian medical tourists reaches 50% of its total health income or the US $ 531 billion. In contrast, the number of Indonesian medical tourists from 2008 - 2018 to Malaysia is estimated at 670,000 people and to Singapore as many as 587,000 people.
From the phenomena above, it is necessary to research in the field of Green HRM to answer and further research the research gap from previous studies. After research related to green marketing, green accounting, green retailing and general green management, the research gap still exists in the literature related to Green HRM. In the Journal of Green Human Resource Management: A Review and Research Agenda stated that several research gaps still need to be further investigated. One of them is related to the Green HRM system's impact on environmental outcomes or broader company performance metrics. Moreover, the research needed for this is organizational-level research that examines the relationship between Green HRM in a "bundle," environmental performance, and organizational performance (Renwick et al., 2012). Response to this research will focus on Green HRM in hospital organizations and its effect on service quality. Because of the service industry like hospitals, other performance, both environmentally and financially, will be significantly influenced by the quality of service. Direct research of the Green HRM model affects the quality of services and those mediated by OCBE and OC that have not been studied before and become a novelty in this research. Besides, this research also responds to the research gap from previous research to conduct further research on the effect of Green HRM on mediation by OCBE on environmental performance (Ren, Tang, & Jackson, 2018)(Ren, S., Tang, G., & Jackson, S. E., 2017). This study also applied the concept of service quality intended for the health care service industry in the form of Healthcare Service Quality (HEALTHQUAL) so that it can be supported or refuted by this framework concept, which has no empirical study when applied in Indonesian hospitals. That will also enrich the literature related to research methods in hospital service quality in Indonesia.
LITERATURE REVIEW

Green Human Resources Management

Green HRM has become an important issue for further discussion in organizations and has become one of the strategies in increasing competition in the business world (Nawangsari & Sutawidjaya, 2019). Business people in the current era of globalization have been facing very competitive conditions that make companies must be prepared to face all the challenges that occur and be able to maintain the continuity of their business. At present, it cannot deny that the company is pursuing profits, but the focus has shifted to care more about environmental issues (Prasetya & Nawangsari, 2019). Therefore, matters related to Green have become an essential and relevant discussion topic in almost all business fields, including hospitals.

Green HRM also emerged as an impact of a business sustainability strategy that focused on environmentally friendly performance. The development of Green HRM is carried out together with development in other fields such as Green Finance, Green Banking, Green Supply Chain & Green Marketing (Nawangsari & Sutawidjaya, 2019). Human resource management has already involved in the green movement (Prathima & Misra, 2012). Human resources, which are known as the most significant assets in the company, are considered to be the ablest to integrate all activities to achieve positive performance (Rawashdeh & Al-Adwan, 2012). Most companies have started to use Green practices and human resources to stimulate their workers to achieve environmental sustainability goals (Paille et al., 2013). Thus this further increases the need to integrate the concept of green into human resource management hereinafter referred to as Green HRM (Mishra et al., 2014).

Green HRM's understanding as a human resource aspect of environmental management promotes the pro-environment behavior of its workers in the workplace (Renwick et al., 2012). In Green HRM, various human resource practices such as recruitment and selection, training and development, compensation and awards, and performance appraisal are adapting to provide companies with employees who understand and promote environmentally friendly behavior (Mathapati, 2013). Green HRM is also implementing throughout the planning, HR recruitment and selection process, training and development, compensation and assessment, and maintaining environmentally friendly goals (Mishra, 2017). Green HRM as a set of policies, practices, and strategies relating to the Discipline of human resources that can ensure the achievement of overall sustainable business models in an organization (Watson & Kavid,
It makes Green HRM a relevant phenomenon to recognize links between organizational actions that affect the environment, changes, design, implementation, and impact of human resource systems (Provasnek, Sentic, & Schmid, 2017).

### Table 1: Green HRM variable, dimensions and indicators

| Variable | Dimensions | Indicators | References |
|----------|------------|------------|------------|
| Green HRM (GRHM) | ‘Green’ Competence Building (GCB) | Environmental issues are included in the induction process (X1) Environmental training is a priority compared to other types of training (X2) | (Renwick, Redman & Maguire, 2012; Pinzone et al 2016; Guiyao Tang, Yang Chen, Yuan Jiang, Pascal Paille & Jin Jia, 2017) |
| | | Employees’ environmental activities are evaluated during the staff appraisal process (X3) Performance appraisals include environmental objectives (X4) Employee appraisals emphasize environmental skills and competences (X5) | (Renwick, Redman & Maguire, 2012; Pinzone et al 2016; Guiyao Tang, Yang Chen, Yuan Jiang, Pascal Paille & Jin Jia, 2017) |
| | ‘Green’ Performance Management (GPM) | Employees are allowed to make decisions concerning environmental problems (X6) Employees are provided the opportunity to suggest improvements on environmental issues (X7) Managers keep open communications with employees on environmental issues (X8) Employees are involved in problem-solving groups related to environmental matters (X9) | (Renwick, Redman & Maguire, 2012; Pinzone et al 2016; Guiyao Tang, Yang Chen, Yuan Jiang, Pascal Paille & Jin Jia, 2017) |
| | ‘Green’ Employee Involvement (GEI) | | |

### Organizational Citizenship Behaviour for the Environment (OCBE)

OCBE is defining as "individual and discretionary social behavior that is not explicitly recognized by the formal reward system and contributes to increasing the effectiveness of managing the organization's environment" (Boiral, 2009). OCBE has attracted researchers' interest in the company's efforts to realize its position as an environmentally friendly company (Weaver et al., 2015). The discussion of researchers related to OCBE is not only related to the individual level (Norton et al., 2015). In the form of psychological empowerment, but also other
related aspects such as affective commitment (Lamm et al., 2013), environmental values and perceived behavioral control (Boiral & Paillé, 2012) and commitment and job satisfaction (Paille and Boiral, 2013) Besides, relatively few research studies have looked at contextual factors that enable manifestations of OCBE at the unit level (Paille et al., 2014). It is essential because, without a proper understanding of OCBE’s contextual determinants, it will be able to ignore invaluable opportunities to improve environmental performance in the company.

On the other hand, companies can also reap the benefits of company employee involvement outside the formal management system (Boiral & Paillé, 2012). OCBE as a discretionary behavior which not specified in the job description, but through the combined efforts of each employee will help make the organization and community more sustainable (Lamm et al., 2013). OCBE also reflects employees' willingness to collaborate with their organizations and members to enforce behaviors above and outside their work roles that benefit the natural environment (Daily et al., 2009). As such, this behavior is considered as an essential contributor to organizations in environmental preservation and has attracted a lot of scientific interest (Boiral & Paillé, 2012). All of these OCBE understandings still refer to a collective agreement whereby if this behavior towards performance-oriented sustainability deviates too much from the work or main tasks of employees or even wholly contrary to the policies set by the organization, then the behavior will stop and not become part and OCBE and will be more similar to counterproductive work behavior.

**Table 2: OCBE variable, dimensions and indicators**

| Variable | Dimensions | Indicators                                                                 | References                                                                 |
|----------|------------|---------------------------------------------------------------------------|---------------------------------------------------------------------------|
| OCBE     | Eco-initiatives | In my work, I weigh the consequences of my actions before doing something that could affect the environment | (Olivier Boiral & Pascal Paillé, 2012; Olivier Boiral, David Talbot & Pascal Paillé, 2013, Eric Lamm, Jennifer Tosti-Kharas & Eric G. Williams, 2013) |
|          | 1 (EI1)    |                                                                           |                                                                           |
|         | Eco-initiatives | I voluntarily carry out environmental actions and initiatives in my daily work activities (X11) | (Olivier Boiral & Pascal Paillé, 2012; Olivier Boiral, David Talbot & Pascal Paillé, 2013, Eric Lamm, Jennifer Tosti-Kharas & Eric G. Williams, 2013) |
|          | 2 (EI2)    |                                                                           |                                                                           |
|         | Eco-initiatives | I make suggestions to my colleagues about ways to protect the environment more effectively, even when it is not my direct responsibility (X12) | (Olivier Boiral & Pascal Paillé, 2012; Olivier Boiral, David Talbot & Pascal Paillé, 2013, Eric Lamm, Jennifer Tosti-Kharas & Eric G. Williams, 2013) |
|          | 3 (EI3)    |                                                                           |                                                                           |
|         | Eco-civic  | I actively participate in                                                  | (Olivier Boiral & Pascal Paillé, 2012; Olivier Boiral, David Talbot & Pascal Paillé, 2013, Eric Lamm, Jennifer Tosti-Kharas & Eric G. Williams, 2013) |

Organizational Commitment

Organizational Commitment refers to the extent to which employees of an organization see themselves as belonging to the organization (or part of it) and feel attached to it (Meyer et al., 2013) (Meyer, Kam, Goldenberg & Bremner, 2013). Organizational Commitment is also one of the most fashionable variables that have been studied for the past three or four decades. It is challenging to provide a universally accepted definition of organizational Commitment, like
any other psychological construction (Suma & Lesha, 2013). Organizational Commitment includes the extent to which employees feel devoted to their organization (Akintayo, 2010). Organizational Commitment has a definition as the relative level of recognition with the organization and its involvement (Nobarieidishe et al., 2014). Organizational Commitment includes emotional Commitment, continuum commitment, and normative Commitment (Meyer & Herscovitc, 2001). When an individual is committed to a particular organization, he accepts and believes in the organization's goals and values, is willing to put considerable effort on behalf of the organization, and wants to maintain membership in the organization (Burud & Tumolo, 2004). Organizational Commitment has been widely regarding as a multidimensional concept (Bartlett, 2001).

For this reason, organizational Commitment can be considered as a definite desire to maintain membership in an organization by identifying goals, organizational success, loyalty, and willingness to exert considerable effort on behalf of the organization (Aydin et al., 2011). Besides, organizational Commitment is also interpreting as a desire to think about how to maintain engagement with an organization that is reflecting through a willingness to exert a high level of effort in achieving organizational goals (Rae, 2013). Overall, organizational Commitment can be interpreting as the extent to which an employee develops a feeling of belonging to his organization (Wadhwa & Verghese, 2015).

Table 3: Organizational Commitment variable, dimensions and indicators

| Variable                  | Dimensions     | Indicators                                                                 | References                                           |
|---------------------------|----------------|-----------------------------------------------------------------------------|------------------------------------------------------|
| Organizational Commitment | Affective      | I enjoy discussing about my organization with people outside it (X 20)      | (Allen & Meyer, 1990; Meyer & Allen, 1997; Stephen Jaros, 1997) |
| (OC)                      | Commitment (AC)| I really feel as if this organization's problems are my own (X21)           |                                                      |
|                           |                | I think that I could easily become as attached to another organization as I am to this one (X22) |                                                      |
|                           |                | I do not feel like 'part of the family' at my organization (X23)            |                                                      |
|                           |                | I do not feel 'emotionally attached' to this organization (X24)             |                                                      |
|                           |                | This organization has a great deal of personal meaning for me (X25)         |                                                      |
|                           |                | I do not feel a 'strong' sense of                                           |                                                      |
### Continuance Commitment (CC)

| Item                                                                 | Description                                                                 | Reference                                                                 |
|----------------------------------------------------------------------|-----------------------------------------------------------------------------|-------------------------------------------------------------------------|
| 1. I worry about the loss of investments I have made in this organization | X27                                                                          | (Allen & Meyer, 1990; Meyer & Allen, 1997; Stephen Jaros, 1997)         |
| 2. If I wasn’t a member of this organization, I would be sad because my life would be disrupted | X28                                                                          |                                                                         |
| 3. I am loyal to this organization because I have invested a lot in it, emotionally, socially, and economically | X29                                                                          |                                                                         |
| 4. I often feel anxious about what I have to lose with this organization | X30                                                                          |                                                                         |
| 5. Sometimes I worry about what might happen if something was to happen to this organization and I was no longer a member | X31                                                                          |                                                                         |
| 6. I am dedicated to this organization because I fear what I have to lose in it | X32                                                                          |                                                                         |

### Indebted Obligation (IO)

- I feel that I owe this organization quite a bit because of what it has done for me (X33).
- My organization deserves my loyalty because of its treatment towards me (X34).
- I feel I would be letting my co-workers down if I wasn’t a member of this organization (X35).

### Moral Imperative (MI)

- I am loyal to this organization because my values are largely its values (X36).
- This organization has a mission that I believe in and am committed to (X37).
- I feel it is ‘morally correct’ to dedicate myself to this organization (X38).

### Service Quality

At present, the company faces a situation of intense competition in producing products that are desired by the market. The diversity of quality products desired by the market or consumers is part of the company’s challenges. Service providers/producers will previously
define the quality paradigm. However, the higher quality now drives to meet customer needs or customer requirements (Sutawijaya, Mochtar, & Nawangsari, 2018). Service quality has been an obligation that companies must carry out in order to be able to survive, grow, and develop. Behavior and influence of customer lifestyles increasingly require companies to be able to provide quality services. The company's success in providing quality services can determine by the service quality approach (Parasuraman, Berry, & Zeithaml, 1991).

The perception of service quality is the result of a comparison of perceptions about the service delivery process and the actual results of the service (Lovelock & Wirtz, 2011). Quality is an abstract concept that makes it difficult to measure and currently see using various points of view (Lee et al., 2000). They are more involved in the service context because of the unique service quality characteristics, which are intangible, inseparable, have many variables, and are easily wrong (Kotler & Keller, 2012).

Meanwhile, the definition of (Cheng, 2013); service quality means "customer perception of whether the service is good or bad, the result of a comparison between the services that customers 'expect' to get and what they actually 'understand.' When the first is subtracting from the last, and the difference is more significant than zero, the quality of service that the customer gets is ideal or satisfying. In this study, dimensions and indicators of service quality will use Healthcare Service Quality (HEALTHQUAL) developed by DH (Lee, 2017) because the research object will be carried out in the healthcare industry so that the use of dimensions and indicators of Healthcare Service Quality (HEALTHQUAL) is expecting to include dimensions of organizational commitment that is, affective, normative, and scale of continuity commitment.

Table 4: Service Quality variable, dimentions and indicators

| Variable       | Dimention   | Indicators                                                                 | References                                      |
|----------------|-------------|----------------------------------------------------------------------------|------------------------------------------------|
| Health Service Quality (HEALTHQUAL) | Empathy quality aspects (EMA) | Polite attitudes of employees (X39) | (Parasuraman et al.,1988; DH Lee, 2017) |
|                |             | Explaining the details (X40)                                              |                                                |
|                |             | Listen to the patient (X41)                                               |                                                |
|                |             | Understand and consider the patient's situation (X42)                    |                                                |
|                |             | A sense of closeness and friendliness (X43)                               |                                                |
|                |             | Hospital knows what the patient wants (X44)                              |                                                |
|                |             | Hospital understands the patient's problems as empathy (X45)             |                                                |
|                | Tangible quality | Degree of securing advanced medical equipment (X46)          | (Parasuraman et al.,1988; DH Lee, 2017)        |
| Aspects                        | Description                                                                 | References                      |
|-------------------------------|-----------------------------------------------------------------------------|---------------------------------|
| **Safety quality aspects**    |                                                                             |                                 |
| (TGA)                         | Degree of securing medical staff with advanced skills and knowledge (X47)   |                                 |
|                               | Degree of convenient facilities (X48)                                       |                                 |
|                               | Degree of cleanliness of employee uniforms (X49)                           |                                 |
|                               | Overall cleanliness of the hospital (X50)                                   |                                 |
|                               | **Safety quality aspects**                                                 |                                 |
| (SFA)                         | Degree of efforts for providing a comfortable and safe environment for patients (X51) |                                 |
|                               | Degree of the feeling that doctors would not make misdiagnoses (X52)       |                                 |
|                               | Degree of the feeling that nurses would not make mistakes (X53)            |                                 |
|                               | Degree of confidence about the medical proficiency of this hospital (X54)   |                                 |
|                               | **Efficiency quality aspects**                                             |                                 |
| (EFA)                         | Attitudes about not using unnecessary medication (X55)                     |                                 |
|                               | Degree of efforts for proving appropriate treatment methods (X56)          |                                 |
|                               | Reasonable medical expenses (X57)                                           |                                 |
|                               | Appropriateness of cost for medical services provided (X58)                |                                 |
| **Degree of improvement of care services** | Appropriateness of care service provided (X59) |                                 |
|                               | Recognition and efforts for the best treatment by the medical staff (X60) |                                 |
|                               | Improvement in medical condition as a result of efforts and treatment by the medical staff (X61) |                                 |
|                               | Degree of improved patient condition after using this hospital care (X62) |                                 |
|                               | Degree of explanations to the patient to prevent related diseases (X63)    |                                 |
|                               | Degree of efforts and willingness to prevent disease (X64)                 |                                 |

(Parasuraman et al., 1988; DH Lee, 2017)
METHODS

The study began with a qualitative preliminary study with initial interviews conducted with key persons consisting of Directors and management of BUMN hospitals. Then the researchers used questionnaires in the form of questions to get problems related to organizational performance in each company as a reference to determine dimensions and also research indicators combined with previous research based on international journals. The survey results are from 234 number of respondents, where respondents who returned as many as 119 people from 78 state-owned hospitals. The location of the SOE’s Hospital area divided based on the territory, which includes hospitals on the islands of Sumatra, Java, Kalimantan & Papua.

The number of respondents coming from the BUMN Hospital stated that the RS in the SOE environment that had implemented Green HRM was quite large, amounting to 101 people or the percentage of 84.9%. While those who answered Green HRM Practices were not or have not done as many as 18 people or 15.1%. However, seeing the factual reality, the management of Green HRM in BUMN hospitals is still less than optimal. Besides that, several aspects of Green HRM become the spotlight of respondents, where the most dominant aspects are Occupational Safety and Health, Worker Discipline, and Employee Recruitment aspects. The dominance of the Occupational Safety and Health aspects further emphasizes the need for a more in-depth study of Green HRM within the BUMN Hospital. Based on this and the phenomena that occur related to environmental conditions, the discourse of awareness of the importance of environmental preservation in the management of the company carried out a more in-depth study of Green HRM in hospitals. From the results of research that Organizational Civilisation Behavior makes a positive impact on organizations in hospitals, it was quite high at 84%, so it is essential to conduct further research and become one of the variables in this study. On this basis, it becomes essential to research organizational commitment. Moreover, seeing an organizational commitment to the environment in state-owned hospitals based on research is quite high, reaching 84.9%. A survey conducted at the BUMN Hospital revealed that the level of patient satisfaction was 87.4% and had not reached 95% according to the service quality standards set.

With the management of human resources based on Green HRM, in addition to improving environmental and financial performance, it is also expected that all employees will be able to provide the excellent service quality that can be felt directly by the customers.
Following one of the terms of service quality, which considered to be the customer’s perception of whether the service is good or bad and the results of the comparison between the services customers expect to get and what they experience or feel (Cheng, 2013). Green HRM can achieve these objectives, and research conducted through mediated by the concept of Organizational Citizenship Behavior for the Environment (OCBE) as a discretionary individual social behavior that is explicitly not recognized by the formal reward system but contributes to the management of the organization’s environment more effectively (Boiral, 2013). Another mediation used to see the effect of Green HRM on service quality is an organizational commitment that can reflect the extent to which an individual identifies with an organization and is committed to helping the achievement of organizational goals.

Based on these logical frameworks, several hypotheses were obtained to be tested, including:

**H1:** Green HRM has a positive and significant effect on OCBE.

**H2:** Green HRM has a positive and significant effect on Organizational Commitment.

**H3:** Green HRM has a positive and significant effect on service quality.

**H4:** OCBE has a positive and significant effect on service quality.

**H5:** The effect of organizational commitment has a positive and significant effect on service quality.

**H6:** The effect of OCBE has a positive and significant in mediating Green HRM on service quality.

**H7:** The effect of organizational commitment mediates Green HRM on service quality.

The conceptual framework of research can recommend, as shown below:
RESULTS AND DISCUSSION

Effect of Green HRM on OCBE

Research conducted previously shows that employee involvement is also an essential tool that indirectly stimulates OCBE (Pham, Hoang, & Phan, 2019). Other studies show a positive relationship between Green HRM and OCBE, both individually and collectively (Luu, 2019). The effect of Green HRM on OCBE through the application of pro-environment AMO theory shows a positive relationship with environmentally friendly behavior, and it is found that this behavior is more prevalent at home than at work (Rayner & Morgan, 2018). Not only individually, even Green HRM collectively using AMO Theory can influence OCBE. Previous research applying a framework to evaluate the impact of Green HRM Practices on OCBE in the context of the health care system in the United Kingdom shows that through Green Building Competency Practices, Green Performance Management Practices and Green Employee Involvement positively affect collective OCBE (Pinzone et al., 2016). Based on the AMO theory studied by employees and academic staff of higher education institutions, it can also found that Green HRM influences organizational citizenship behavior on the environment (OCBE). This influence is mainly through building green competencies, green practices of increasing competencies, and green practices of employee involvement (Anwar, N et al., 2020).

Based on a search of various international studies above, the researchers propose the following hypothesis:

H1: Green HRM has a positive and significant effect on OCBE

Effects of Green HRM on Organizational Commitment

Health service organizations must strive to develop their work environment, one of which is by increasing perceptions of organizational commitment to producing positive effects such as creativity, motivation, and cooperation among members of the organization so that it will further enhance organizational effectiveness (Top et al., 2013). Hospitals, as a health service organization, must also try to encourage their work environment to increase organizational commitment. Recent research has also shown that Green HRM has a positive and significant relationship to organizational commitment (MS et al., 2019). In other studies, it can also conclude that recruitment and selection and training and development practices that are part of the practice positively affect organizational commitment (Aladwan et al., 2015). Besides that, several HR practices studied, such as recruitment and selection, training and
development, compensation and benefits, promotion and transfer, and welfare activities, also have a significant impact on organizational commitment. Organizational commitment is also closely related to the retention of skilled and knowledgeable employees. (Meyer & Allen, 1991) observed the relationship between HR Management Practices and employee commitment, where HR practices had a positive influence on Organizational Commitment. Almost the same thing stated that the direct impact of HR founded to directly and positively affect individual performance, organizational commitment, and job satisfaction (Green KW et al., 2006).

Based on a search of various international studies above, the researchers propose the following hypothesis:

**H2:** Green HRM has a positive and significant effect on Organizational Commitment.

**Effect of Green HRM on Quality Services**

Customer expectations have changed in recent years, including the right product and service quality, timely and flexible delivery, reasonable prices, and environmentally friendly behavior (Dangelico & Pujari, 2010). Customers are increasingly aware of the company's impact on natural resource consumption and pollution emissions (Bask et al., 2013). Customers in developed countries are increasingly aware of the company’s environmental performance and pay attention to corporate behavior that is sustainable and unsustainable (Eweje, 2005). Best practices in Green HRM have developed for decades, but the question remains whether these practices are suitable for the service context. Effectively by managing human resources, service companies can develop the type of employee behavior that is important for the success of a company's competitive strategy, especially when providing service quality to their customers (Huang, 2001).

Green HRM (Green recruitment and selection, Green training and development, and Green award system) collectively with environmental performance in Jordan Hospital have a positive relationship in the form of improved service quality (Rawashdeh, 2018). Some selected HR practices, such as Workplace Support, Training, Reward Systems, Supervision Assistance, and Performance Appraisal, will, in turn, be closely linked and influence service quality (Husin et al., 2012). Also, the application of Green HRM practices and policies identified by management is significant for the success of the strategy and the influence of employee commitment and competence so that it can positively influence service quality (Putra, 2016). If the HR elements are putting together, then this is considered to be most in line with the demands of the service industry that always offers more service quality than others.
Based on a search of various international studies above, the researchers propose the following hypothesis:

**H3:** *Green HRM has a positive and significant effect on service quality.*

**Effect of OCBE on Service Quality**

According to (Roy, Boiral, & Lagacé, 2001), OCBE is an essential factor for the successful implementation of environmental management systems and integrating environmental policies with workplace practices. (Boiral & Paillé, 2012) have described pro-environment behavior under three dimensions: eco-help, eco-civic involvement, and eco-initiatives. Researchers have studied OCBE employees in various sectors. For example, (Boiral et al., 2015) studied the impact of OCBE managers in manufacturing companies and found a significant relationship between manager involvement in OCBE and environmental management practices in his organization. Likewise, Paillé et al. (2014) examined the pro-environmental behavior of frontline workers in a Chinese manufacturing organization, and empirically proved that OCBE positively influenced the organization’s environmental performance.

Based on a search of various international studies above, the researchers propose the following hypothesis:

**H4:** *OCBE has a positive and significant effect on service quality.*

**Effect of organizational commitment on service quality**

Organizations can build long-term relationships with their customers by having committed employees (Gounaris, 2005). Therefore, it can be said that to produce service quality, provide customer satisfaction and be able to have loyal customers, an organization needs a loyal and committed workforce (Evanschitzky et al., 2006). It has shown that employees committed to the organization and use discretionary efforts tend to excel in achieving quality customer service. However, relatively few studies have been conducted to highlight the direct relationship between organizational commitment and service quality (Malhotra et al., 2013). Other results show that organizational commitment has a strong positive influence on the performance of staff service recovery on the front lines and empowers and values them for service excellence. These results support the argument that employees who value organizational goals and identify with organizations tend to do better
than employees who perform under obligations (normative) or specific needs (continuation) only. This study shows that the desired commitment profile must consist of more affective commitments (Malhotra et al., 2013).

Based on a search of various international studies above, the researchers propose the following hypothesis:

**H5:** The effect of organizational commitment has a positive and significant effect on service quality.

*Effect of OCBE mediates Green HRM on service quality*

Similar to the role of OCB between HR performance relationships, OCBE proposed as a liaison mechanism between environmentally friendly human resource performance relationships by studying the relationship between strategic human resource management, OCBE, and environmental performance. The results found that strategic human resource management contributes to the organization's environmental performance (Paillé et al., 2014). Also, (Pinzone et al., 2016) propose that Green HRM practices stimulate OCBE, while (Daily et al., 2009) noted that OCBE leads to environmental performance. Therefore, OCBE recommended as a means to translate Green HRM practices into improvements in environmental performance. The study mentioned above supports the mediating role of OCBE.

Organizations that aim to improve their environmental performance can maximize their employees' willingness to carry out environmental innovation through the actions and support of their direct managers. These findings are also in line and empirically prove that OCBE acts as a mechanism of the relationship between strategic human resource management and environmental performance. Providing green involvement opportunities for employees gives a signal that the organization supports and appreciates employees' contributions to environmental initiatives, stimulating their behavior to act beyond job descriptions in pro-environment efforts (Alt & Spitzeck, 2016). Researchers previously noted that Green HRM could indirectly affect the performance of environmentally friendly companies that use HRM software as a training method to increase employee engagement, commitment, and job satisfaction (Muster & Schrader, 2011). (Appelbaum et al., 2000) suggested that it was an effort of discretion from employees who positively mediated the relationship between human resource management and company performance. Besides, employees can be given bonuses
for their extraordinary work on special projects, which can lead to the company's environmental goals and overall performance. This extra employee effort leads to superior environmental performance (Raineri & Paillé, 2016).

In previous studies, OCBE fully mediated the influence of Green HRM (Paillé, Boiral, & Chen, 2013). Adds to the literature by highlighting the mediating role of OCBE, which acts as a bridge between Green HRM practices and environmental performance. The results show a significant mediation of OCBE academic staff between the three Green HRM instruments on the university's environmental performance (Anwar, N et al., 2020). Based on a search of various international studies above, the researchers propose the following hypothesis:

**H6: The effect of OCBE has a positive and significant in mediating Green HRM on service quality.**

*Effect of Organizational Commitment mediates Green HRM on Service Quality*

The relationship between Green HRM in the form of training and its impact on service quality will be mediated by an organizational commitment that employees can display. In other words, employees can show a significant increase in the quality of service they provide to customers because the organizational commitment of the company helps employees in problem solving and technical skills (Karatepe, Yavas, & Babakus, 2005). Based on previous research, an integrated model analysis developed highlights the relationship between human resource management felt through training, perceived support for training, perceived benefits of training, and the implications of training for service quality mediated through organizational commitment (Dhar, 2015). With 494 samples from employees, structural equation modeling carried out to build this relationship by analyzing the responses of employees working in small and medium-sized tourist hotels operating in Uttarakhand, India. This study's findings reveal a strong relationship between employee training as one element of Green HRM on service quality mediated by organizational commitment.

Green HRM, as one of the practices of environmental management through organizational commitment, can have a positive impact indirectly on service quality by its employees. This study broadens the environmental management literature by examining the effect of Green HRM on employee behavior and organizational performance. These findings confirm the effectiveness of implementing Green HRM by integrating organizational and individual variables that are essential in pro-environmental behavior (Kim et al., 2019).
Based on a search of various international studies above, the researchers propose the following hypothesis:

**H7:** The effect of organizational commitment mediates Green HRM on service quality.

**CONCLUSION, MANAGERIAL IMPLICATIONS, LIMITATION AND FUTURE RESEARCH**

**Conclusion**

If implemented in hospitals Green HRM, OCBE, and Organizational Commitments will further improve the quality of services both internally and externally. Besides that, in the application of Green HRM, OCBE, and Organizational Commitment, operationally will also eliminate waste, increase efficiency, and make the hospital a safe environment from danger. Whereas in business with the application of this will provide added value and competitive advantage for hospitals.

**Implication**

This research has implications for theoretical thinking and enrichment in the field of management, especially the study of Green HRM by contributing and breakthroughs the philosophy and concept of Green HRM management built using the variable modeling above. For hospitals, this will help make policies and models relating to the management of environmentally friendly human resources to improve the quality of services available in hospitals. Contribute to the further research agenda through building theoretical models proposed in this dissertation, which have not been entirely empirically tested.

**Limitations and Suggestions**

Because of this research's methodological and theoretical limitations, there are opportunities for future research by adopting research methods and digging deeper into various theories that can be applied later. For a more in-depth understanding, further research can examine the changes that occur in service quality due to the influence of Green HRM, OCBE, and Organizational Commitment from all stakeholders over a longer time.

The study population is also limited to employees so that future research can be conducted at 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.
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