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Effects of Mapalus Value Culture on Human Resources Behavior and Performance of Hospital Management (General Center Hospital Kandou and General Hospital Bethesda Tomohon, Indonesia)

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Abstract
Mapalus is a traditional form of mutual cooperation. It is commonly said that mapalus culture improves the performance of all hospitals. The objective of research is to verify the influence of mapalus culture through human resource behavior on the performance of hospital management. Sampling method in this research is simple random sampling. Model of research is the functional equation in simultaneous model, which is called as Structural Equation Modeling. The number of sample is 125 respondents. The variables of research are classified into two variables, exogenous variable of mapalus culture (X1) and endogenous variable of hospital human resource behavior (Y1) and the performance of hospital management (Y2). Data of respondent are collected by using questionnaire (Likert scale). Primary data collection is carried out by survey method. Questionaire list is distributed directly to respondent in obstetric inpatients ward at RSUP Kandou and RSU Bethesda Tomohon. Analyzed data of mapalus culture are shared help, openness, group discipline, togetherness, and usability. Human resource behavior data include physician, nurse and non-medical staff. The performance of hospital management involves input, process, output, outcome, benefit and impact. Result of research is Mapalus culture influences the performance of hospital management through hospital human resource.
Keywords: Mapalus Culture, Human Resource Behavior, Performance of Hospital Management

1. Introduction

Application on shared help principal can be seen by the existence of social concern from local government, i.e. Jamkesmas (community health insurance) and Jampersal (childbirth insurance) were established to help poor patient. RSU (General Hospital) Bethesda has pastoral service unit and social medic to handle patients complaints which taken from existed donation and diakonia worship. Opennes principal applicalion can be seen by the informations availability about fee or hospital charge for community. Group discipline principal were showed by equality fairness on work shift and routine shared shift schedule. Principle of togetherness was also showed by inter staff tolerance every Friday before praying time between Christian and moslem to held community service in their own general center hospital surrounding. Kandou applied usability principle was indicated by obstetric section which emphasize on childbirth efforts i.e. prevention of infant mortality and maternal health healing integrated and harmonized with efforts to improve and implement prevention and referral.

The successful of certain management process were depended on type and quality, developed response on staff, which applied by the management efforts. On the process of hospital conversion to more entrepreneurship institution, it needs particular philosophy due to responsibility and ethics. Important goal on hospital conversion are efficiency improvement and insurance for poor community to access hospital services. Community participation is absolute requirement to achieved, sustainability and independency on all aspects, included health service establishment. Financing the implemented health care was consisting of health fund which collected by community for health care based on mutual cooperation which applied for centuries.

Mapalus is one form of traditional mutual cooperation (inheritance from the encestors which remains today). If we analyzed it further, Mapalus is a system, procedure, methods or cooperation technique and has life principles as following. It is consist of shared help, openness, group discipline, togetherness and usability (Turang, 1983).

To provide the same viewpoint for human resources within organizations, need organization assertiveness in the form of cooperation culture which reflected specification of organization. It is need to yield influence on every individual inside the corporation. This work culture in the end formed a corporation culture, which if able to be understood and applied by all staff will become guideline in performance achievements (Susanto, 1997).

Health staff commonly was a unity power composed by medis staff, nurse staff, paramedic staff non nursing and non medic staff. From all health staff categories whos worked in hospital, nursing staff were the most numbers

and most contact with the patients than other staff. As of, they have important roles in determined the quality of the health services in hospital (Simmons *et al.* 2001).

An organization requires competent human resources, with certain type of competency to support the application of their program. Competencies that need are knowledge, skill, manner and behavior of the staff. In management, improvement of human resources as capital resources must sustainable to contribute achievement of organization objectives. Precisely said that: "Only with prompt staff in the right placement whom got training, tools, structure, insentive and accountability to work effectively, then the organization will be successful" (U.S. Office of Personnel Management, 1999*).*

One compulsory competency for a health staff is the ability to manage in either nursing or cooperation in coordination function on other section as integrated services divisions (Santoso, 2003). Siddique (2007) explained that there are two basic competencies of human resources needed, i.e. social and personal competency. Personal competency has two major elements, self awareness and self-management. Meanwhile basic component in social competence are social awareness and relation management.

A good nurse attitude was when the nurse obligate the jobs withouts any burdens on internal conflicts. This attitude affects the nurse behavior in facing the patients. Whereas someone attitude in giving responses to problems affected by one's personality. This personality constructed since born and grew until mature (Gibson, *et al.* 1996).

According to Gibson *et al*. (1996), individual staff performances were affected by motivation, ability and working environment factors. Staff motivation factor have direct connection to individual staff performance. Whereas individual ability and working environment factors are have indirect connection to performance. Both factors affect the staff motivation on works. Due to those position and relation, then it will be very strategic for individual staff performance improvement started by improving the work motivation. Nurses as health service providers in hospital were expected to be friendly, soft temper, trustworthy, skilled and competent and also have a good moral responsibility (Suhaemi, 2003).

The definition of hospital management is coordination between varies resources through planning and organizing process, and the availability of controlling ability to achieve the goals. The objectives of hospital management are mentioned as following: preparation of the resources, evaluation of the effectivity, manages the services usage, efficiency and quality. Management tools to achieve these objectives are called as six M, i.e. man, money, materials, machine, method and markets (Koontz, 1980). What is meant by health management is apllied management on health services to achieve the health condition (Azwar, 1996).

If the hospital human resources have education, knowledge, appropriate skill background, that human resources can not be included as well competent, because well competency is not only composed by knowledge and skill, but also about others condition. Knowledge was the results of acknowledge anything by senses on particular objects. Attitude determination which based on knowledge and awareness will attach stronger in the personality than attitude which are not based on knowledge or the understand concept. Before someone determine their attitude, it is important to know what benefit could be taken for themselves and their organization (Robbins, 2001).

According to Spencer *et al.* (2009), a must have competency characteristics to do the job well based on defined criteria, i.e. motive, traits, self concept, knowledge and skill. While according to Kepmenkes no. 228 in 2002, there were some indicators used to measure the hospital performance:

a. *Input,* which can measure materials and equipment of procedural system or person whos give srvices, such as doctors, equipment completeness, permanent procedures, etc.
b. *Process*, which can measures changes on serving time, such as services rapidity, friendly services, etc.
c. *Output,* which can serve as benchmarks on the results achieved, such as served number, operated patient number, room cleanliness.
d. *Outcome,* which can serve as benchmarks on the services results achieved, such as patients complaints which is not feel satisfied on the services, etc.
e. *Benefit,* is benchmarks of the advantages obtained by either hospital or srvices recipients or patients, such as more affordable services fee, the improvement of hospital income.
f. *Impact,* is benchmarks impacts of environmental or community, such as decreasement of maternal mortality, improvement of community helath status, improvement of staff welfare (Kemenkes, 2002).

Performance is a function of motivation and ability. To finish the task and job, person has to have the willing degree, and certain level of ability. Person willingness and skills is not effective enough to do something without a clear comprehension about awhat to do and how to do it. Performance are determined as well and success if the objectives achieved well (Robbins. 2003).

Self concept reflects the believed attitude concept, value and self image. Believed self concept for staff is working is responsibility to done it well then works in good manner (such as smile, friendly and polite) to the customers. Self-concept characteristics conversable thorough development of positive experiences even though

needs more times (Suwatno. 2008).
Previous research by Tarigan (2005) showed that Mapalus Institusional Employment applied by Minahasa community describes about particular and famous Mapalus culture. The results showed there were three phases of Mapalus social organizations changes.
Febriani (2009) declared that organization cultural affects the public services (case study of Dr. Djamil Padang Hospital). The research showed that organizational culture affect the public services due to given services, education and research services in health community sector. Widaryanto (2005) analyzed affecting factors on services behavior ang its effect on organizational performance in Kariadi Hospital, Semarang. Results showed that leadership, communication, and control system have positive and significant effect on services behavior.
Desak (2009) explained about the role of knowledge management and human resources as strategic partner in organizational strategic planning (case study of Hospital in Bali). The results showed that the leaders of organization importantly sustainable to maintain and improve their capabilities in knowledge management and it is important to made the human resources executives as strategic partner by actively involved them in formulation process, implementation, evaluation and strategic decision control.
Therefore, the objective of this research is to verify the effects of Mapalus culture through human resources behavior on the performance of hospital management of Kandou Manado and Bethesda Tomohon Hospitals. Hypothesis of this research is Mapalus culture affect the performance of the hospital management through human resources behavior.

2. Methods

This research was conducted in public services division of General Center Hospital Prof. dr. R. D Kandou Manado and General Hospital Bethesda Tomohon. Samples of this research are random 100 inpatients of General Hospital Kandou Manado and 25 random inpatients in General Hospital Bethesda, so that the total amount of samples is 125 inpatients (Solimun, 2002). Sampling method in this research is simple random sampling method. Research variable classified into two variables, i.e. exogen variable of Mapalus Culture (X1) and endogen variable of human resources behavior (Y1) and the performance of hospital management (Y2). Data collections were conducted by survey method, by using quisionaire list directly to the respondents. Quisionaire distributions were directly to respondent (patient, staff, and patient guardian) in obstetric inpatients wards. Arranged indicators in quisionaire contained submitted questions or statements to respondents to get response as expected in this research from April to May 2013.
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This research analyzed the data using Structural Equation Modeling (SEM) Analysis. SEM was used to notice the causal relation between research variable, exogen to endogen variable. Analyzed variables were Mapalus Culture as exogen variable (X1), hospital human resources behavior as first endogen variable (Y1), and performance of hospital management as second endogen variable (Y2). Causality form in this research was exogen variable, i.e. Mapalus culture variable. To analyzed dependent causality relation between variables, this research used multivariate analysis technique which capable to explain the causal relation simultaneously with SEM. Utilization of SEM in this research was due to the simultaneous relation between exogen and endogen variables. Mapalus culture variables (X1) is; shared help (X1.1), opennes (X1.2), group discipline (X1.3), togetherness (X1.4), and usability (X1.5). Hospital human resources behavior is doctors (Y1.1), nurses (Y1.2) and non medic staff (Y1.3). Performance of hospital management is input (Y2.1), process (Y2.2), output (Y.2.3), outcome (Y2.4), benefit (Y2.5) and impact (Y2.6).
Scoring categories determination based on the answers of the respondent using 4 (four) level, i.e. 1-1.8 average categorized as very low, 1.81-2.6 average categorized as low, 2.61-3.4 average categorized as high, and 3.41-4 average categorized as very high (Sugiyono, 2011).

3. Result and Discussion

3.1. Mapalus Culture

Cooperation is important in finishing jobs. From this cooperation occur respects for each other, care and loving

in life of intern group harmony. Term of "Torang samua bersaudara" is an act and manner which prioritize common interest, in real acts and hopes (Montori, 2012). A nurse must capable of applying professional manner according applicable standard nursing education (Potter and Perry, 2005). Cooperation aspect encompasses nurse ability to cooperate with patients or their guardian. Furthermore, cooperation or solidarity between health staff should be maintained because it became the biggest roles in fluency of health services for patient. Hospital performance was very strongly affected by values and norms as well as the applicable standards of the profession, patient and community. It will be classified as satisfy if hospital performance able to give services suitable with norm and standard (Siswanto, 2005). The existence and application of Mapalus culture in hospital affect human resources who supported the performance of hospital management. Based on obtained data, it is known that Mapalus Culture variables measured by five indicators, i.e. shared help ($X_{1.1}$), opennes ($X_{1.2}$), group discipline ($X_{1.3}$), togetherness ($X_{1.4}$) and usability ($X_{1.5}$). Following table provide described variables included frequency, persentage, and also each indicators average.

Tabel 1. Mapalus Cuture Variable Description (X_1)

Indicator	Strongly disagree		disagree		agree		Strongly agree		Mean
	F	%	f	%	f	%	f	%	
X1.1	20	16,00	32	25,60	53	42,40	20	16,00	2,58
X1.2	10	8,00	33	26,40	57	45,60	25	20,00	2,78
X1.3	19	15,20	46	36,80	43	34,40	17	13,60	2,46
X1.4	0	0,00	14	11,20	71	56,80	40	32,00	3,21
X1.5	0	0,00	13	10,40	84	67,20	28	22,40	3,12
	Mean								2,83

Remarks: f = frequency

On group discipline indicator ($X_{1.3}$), majority of the respondents answered disagree (3), i.e. 46 respondents (36.80%), whereas 17 other respondents (13.60%) answered strongly agree (5), 43 respondents answered agree (4) (34.40%), and 19 other respondents (15.20%) answered strongly disagree (1). Scoring average is 2.46 indicated that respondents assessed on the group disciplinary were low.

On togetherness indicator ($X_{1.4}$), most respondents answered agree (4), i.e. 71 respondents (56.80%), 40 respondents answered strongly disagree (5) is 32%, disagree (3) for 14 respondents (11.20%), no respondents anwered agree (1). Average score is 3.21, indicated that respondent assessed togetherness in high category. From fifth indicators above, four were in high category and one in low category.Overall, respondents assessed that Mapalus culture variable (X_1) (2.83 average) in high category.

3.2 Human Resources Management

Human resources behavior variable measured by three indicators, i.e. doctor behavior ($Y_{1.1}$), nurse behavior ($Y_{1.2}$) and health staff behavior ($Y_{1.3}$). Table 2 provide the variables description included frequency, percentage and and also each indicators average.

Table 2. Human Resources Behavior Variable Description (Y_1)

Indicator	Strongly disagree		Disagree		agree		Strongly agree		Mean
	f	%	f	%	f	%	f	%	
Y1.1	0	0,00	13	10,40	79	63,20	33	26,40	3,16
Y1.2	8	6,40	26	20,80	61	48,80	30	24,00	2,90
Y1.3	0	0,00	24	19,20	75	60,00	26	20,80	3,02
	Mean								3.03

Remarks: f = frequency

On doctor behavior variable ($Y_{1.1}$), most respondents answered agree (4), i.e. 79 respondents (63.20%), 33 respondents (5) answered strongly agree (26.40%), 13 respondents disagree (3) (10.40%), and no strongly disagree respondent. Score average is 3.16, indicated that respondents assessed the behavior of doctors in upper category.

On nurse behavior indicator ($Y_{1.2}$), most respondents answered agree (4), i.e. 61 respondents (48.80%), otherwise 30 respondents (24%) answered strongly agree (5), disagree (3) 26 respondents (20.80%), and 8 other respondents (6.40%) answered strongly disgaree (1). Score average is 2.90 indicated that respondents assessed that nurse behavior in upper category.

From three indicators above, all indicators concluded as high category. Overall, respondents valued that human resources bahvior variable (Y_1) (3.03 average) were in high category.

3.3 Performance of Hospital Management

Performance of hospital management variable measured by six indicators, i.e. input ($Y_{2.1}$), process ($Y_{2.2}$), output ($Y_{2.3}$), outcome ($Y_{2.4}$), benefit ($Y_{2.5}$) and impact ($Y_{2.6}$). following table provide the variable description on frequency, percentage and and also each indicators average.

Table 3. Hospital Management Variabe Description (Y_2)

Indicator	Strongly disagree		disagree		agree		Strongly agree		Mean
	f	%	f	%	f	%	f	%	
Y2.1	0	0,00	13	10,40	77	61,60	35	28,00	3,18
Y2.2	0	0,00	18	14,40	81	64,80	26	20,80	3,06
Y2.3	0	0,00	20	16,00	73	58,40	32	25,60	3,10
Y2.4	8	6,40	17	13,60	73	58,40	27	21,60	2,95
Y2.5	0	0,00	17	13,60	74	59,20	34	27,20	3,14
Y2.6	5	4,00	11	8,80	72	57,60	37	29,60	3,13
	Mean								3.09

input indicator ($Y_{2.1}$) most respondents agreed (4), i.e. 77 respondents (61.60%), 35 respondents strongly agreed (5) (28%), 13 respondents disagreed (3) (10.40%), and no strongly disagree answers (1). Score average is 3.18, indicated that respondents assumed input indicator was high.

On outcome indicator ($Y_{2.4}$), most respondents agreed (4), i.e. 73 respondents (58.40%), whereas other 27 respondents (21.60%) strongly agreed (5), 17 respondents disagreed (3) (13.60%), and other 8 respondents (6.40%) answered strongly disagree (1). Average score is 2.95 indicated that respondents assumed outcome indicator high category. From the six indicstors above, all indicators are high. Overall, respondents assumed that the performance of hospital management (Y_2) (3.09 average) were high.

3.4 Structural Equation Modeling

3.4.1 Mapalus Culture Variable

Measurement model was measured by loading factor value (standardize coefficient) on each indicator to latent variable. Loading factor value showed weight of each indicator as measure of each variable. Indicator with high value of loading factor showed that the indicator itself as dominant variable measure. Confirmatory factor analysis on indicators of six variables resulted in Table 4.

Table 4. Result of Measurement Model Testing on Mapalus Culture Variable (X1)

Indicator	**Standardize**	***P*-Value**
Shared help ($X_{1.1}$)	0.603	0.000
Openness ($X_{1.2}$)	0.579	0.000
Group discipline ($X_{1.3}$)	0.599	Fix
Togeteherness ($X_{1.4}$)	0.491	0.000
Usability ($X_{1.5}$)	0.681	0.000

Based on Table 4, first indicator (shared help) ($X_{1.1}$), has standardize coefficient value or loading factor 0.603 with *P-value* 0.000 < 0.05, then it assumed that this indicator was significant in measuring Mapalus culture variable (X_1). Reckon that standardize coefficient was positive indicated that the higher shared help ($X_{1.1}$) the higher measurement of Mapalus culture variable (X_1). Second indicator, openness ($X_{1.2}$), has standardize coefficient value or loading factor 0.579 with *P-valu*e 0.000 < 0.05, so it assumed that this indicator was significant to measure the Mapalus culture variable (X_1). Positive standardize coefficient indicated that the higher the openness ($X_{1.2}$) the higher Mapalus culture variable (X_1). The third indicator (group disciplinary) ($X_{1.3}$), has standardize coefficient or loading factor 0.599, determined as fix. It is concluded that this indicator was significant to measure the Mapalus culture variable (X_1). Positive standardize coefficient that the higher group disciplinary ($X_{1.3}$) the higher Mapalus culture variable (X_1). Togetherness indicator ($X_{1.4}$), has 0.491 standardize coefficient with *P-value* 0.000 < 0.05, then it assumed that this indicator was significant for Mapalus culture variabe (X_1). Positive standardize coefficient showed that the higher togetherness ($X_{1.4}$) then the higher value of Mapalus culture variable (X_1). Usability as the last indicator ($X_{1.5}$), has 0.681 standardize coefficient, with *P-value* 0.000 < 0.05, so it assumed that usability is significant to Mapalus cuture variable (X_1). Standardize coefficient on usability was positive, indicated that the higher usability ($X_{1.5}$), the higher Mapalus culture variable (X_1). The highest SEM Standardize coefficient informed that usability indicator ($X_{1.5}$) is the strongest indicator that measured the Mapalus culture variable. It concluded that Mapalus culture was stand out by its usability ($X_{1.5}$).

For the architecture of WOZIP, a holarchy consisting of machinery holon (MH), operational holon (OH), forecasting holon (FH), and sizing holon (ZH) is delineated in Figure 1. The WOZIP is itself regarded as the supra-holon, which allows and coordinates the information transfer as well as the interactive computing between the four sub-holons. In the normal process flow, MH (i.e. the order holon) will supply the work information based on customer specifications for OH (i.e. the resource holon) to prepare the workforce that will handle the machines. At the threshold of workforce sizing, both the MH and OH, which compose the input holon, will

generate their respective data items via Equations (1) to (3), for the use of FH (i.e. the intermediate product holon) to conduct the exponential smoothing. The forecast outcomes of Equation (4) of FH will be channelled into ZH (i.e. the final product holon), which completes the procedure using Equation (5) — adjust the workforce size of OH. Essentially, the FH and ZH belong to the output holon. Some negotiation might take place around the beginning and the end of the process flow, between the MH and the customer side (i.e. the external environment) as well as between the ZH and the human resources division (i.e. the internal environment). As the whole process will repeat for every production period, a database has to be integrated into each of the holons for efficient information storage and retrieval.

3.4.2 Human resources behavior variable

Table 5 showed that on first indicator pertama which is doctor behavior ($Y_{1.1}$), has 0.670 standardize coefficient with fix declared indicator, significant to measure variable of human resources behavior (Y_1). Positive standardize coefficient indicated that doctors behavior ($Y_{1.1}$) responsible for the increasement of measurement on human resources behavior variable (Y_1).

Table 5. Result of Measurement Model Testing on Human Resources Behavior Variable (Y_1)

Indicator	Standardize	*P*-Value
doctor behavior ($Y_{1.1}$)	0.670	Fix
nurse behavior ($Y_{1.2}$)	0.630	0.000
non medic staff behavior ($Y_{1.3}$)	0.744	0.000

Second indicator as nurse behavior ($Y_{1.2}$), gave standardize coefficient or loading factor for 0.630 with *P*-value 0.000 < 0.05, indicated that nurse behavior was significant to measure variable of human resources behavior (Y_1). Nurse behavior positive standardize coefficient indicated that the increasement of nurse behavior ($Y_{1.2}$) earned the incresement on variable of human resources behavior (Y_1).

The third indicator is non medic staff behavior ($Y_{1.3}$), which it standardize coefficient or it loading factor was 0.744 with *P*-value 0.000 < 0.005, indicated that this indicator was significant to measure human resources behavior variable (Y_1). Non medic staff behavior ($Y_{1.3}$) increasement results the increasemnet of human resource behavior variable (Y_1).

The highest SEM Standardize coefficient showed by non medic staff behavior ($Y_{1.3}$), which become the strongest indicator that measured the human resources behavior of the hospital. It is concluded that human resources behavior was formed mainly by non medic staff behavior ($Y_{1.3}$).

3.4.3 Performance of hospital management variable

Based on table 6, input as the first indicator ($Y_{2.1}$) has 0.543 standardize coefficient or loading factor with P-value 0.000 < 0.05, indicated that input was significant indicator to measure variable of hospital management performance (Y_2). Positive standardize coefficient showed that the higher the value of Input ($Y_{2.1}$) earned higher hospital management performance (Y_2).

Process indicator ($Y_{2.2}$) showed standardize coefficient for 0.456 with P-value 0.000 < 0.05, indicated that process was significant indicator in measuring the performance of the hospital management (Y_2). It showed positive standardize coefficient which showed that the improvement of process ($Y_{2.2}$) also improving the performanfe of hospital management (Y_2).

Table 6. Results of Measurement Model Test on Hospital Management Performance Variable (Y_2)

Indicator	Standardize	*P*-Value
Input ($Y_{2.1}$)	0.543	0.000
Process ($Y_{2.2}$)	0.456	0.000
Output ($Y_{2.3}$)	0.471	Fix
Outcome ($Y_{2.4}$)	0.573	0.000
Benefit ($Y_{2.5}$)	0.561	0.000
Impact ($Y_{2.6}$)	0.604	0.000

The third indicator, Output ($Y_{2.3}$) has 0.471 standardize coefficient which declared fix as significant indicator to measure performance of the hospital management (Y_2). Positive standardize coefficient indicated that Output indicator $Y_{2.3}$) improvement will cause performance of the hospital management (Y_2) also improved.

Outcome indicator ($Y_{2.4}$) resulted 0.573 standardize coefficient with *P*-value 0.000 < 0.05, indicated that Outcome indicator was significant in measuring the performance of hospital management (Y_2). Positive standardize coefficient showed that improvement of Outcome indicator ($Y_{2.4}$) was followed by the improvement of performance of the hospital management (Y_2).

Benefit ($Y_{2.5}$) as the fifth indicator resulted 0.561 standardize coefficient with *P*-value 0.000 < 0.05, assumed that this indicator significant in measuring performance of the hospital management (Y_2). Benefit indicator ($Y_{2.5}$) has positive standardize coefficient which indicated that improvement of benefit improved the performance of hospital management (Y_2).

The last indicator on performance of the hospital management, Impact ($Y_{2.6}$) resulted 0.604 standardize

coefficient with *P*-value 0.000 < 0.05, indicated its significance on performance of the hospital management (Y_2). The positive value of standardize coefficients showed the increasing of Impact indicator ($Y_{2.6}$) followed by the increasing of performance of the hospital management (Y_2).

The highest SEM Standardize coefficient on performance of the hospital management was shown by Impact indicator ($Y_{2.6}$). It means impact was the strongest indicator in measuring performance of the hospital management. It is concluded that performance of the hospital management improved by the affect of Impact indicator ($Y_{2.6}$).

3.4.4 Direct and indirect effect between variables

Besides direct effect testing, SEM also measures indirect effect. Indirect effect was multiplication of 2 (two) direct effect. Indirect effect stated as significant if two direct effects which constructed it were significant. Indirect effect was showed on Table 7 and 8.

Table 7. Structural Model of SEM: Direct effect

inter variable relation	coefficient	P-value	remarks
Mapalus culture (X_1) → HR behavior (Y_1)	0.382	0.006	Significant
Mapalus culture (X_1) → hospital management performance (Y_2)	0.103	0.450	Insignificant
HR behavior (Y_1) → hospital management performance (Y_2)	0.373	0.018	Significant

Table 8. Structural Model of SEM: Indirect effect

indirect effect	direct effect coefficient		indirect effect coefficient	remarks
$X_1 \rightarrow Y_1 \rightarrow Y_2$	$X_1 \rightarrow Y_1 = 0.382$	$Y_1 \rightarrow Y_2 = 0.373$	0.142	Significant

4. Conclusion

Based on results, it is known that there are significant effects of Mapalus Culture on human resources behavior, shown by *P*-value 0.006 < α (0.05). Positive coefficient indicated that both relations were one way, means the higher Mapalus Culture Value the higher human resources behavior value. Mapalus culture and hospital management performance were not significant, shown by *P*-value 0.450 > α (0.05). Insignificant effects showed that the value of Mapalus culture will not affects the value of hospital management performance. However, there were significant effect of human resources behavior on hospital management performance, shown by *P*-value 0.018 < α (0.05). Positive coefficient indicated that both relations were one way, which means the higher human resources value the higher hospital management performance. There was correlation of Mapalus culture application through human resources behavior on hospital management performance.

Mapalus as noble inheritance of Minahasa cultural are importantly sustained and developed because its appropriation on common morality in world politics, i.e. democracy in order to be social capital in community lifes. Mapalus culture is one existed medium to increase all performance.

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