Does The New Normal Considered a Violation of Social Norms

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Does The New Normal Considered a Violation of Social Norms? The Role of the Health Belief Model and Service Quality During The Covid-19 Pandemic

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ABSTRACT

Unusual social norms or referred to as the 'new normal' spurs a debate of whether or not it is considered a violation of social norms in the context of services during the Covid-19 pandemic. Service providers face a dilemma of implementing health protocols with the consequence of reducing the service quality dimensions or continuing to ignore health protocols with the consequence of transmitting the virus on a massive scale. The health belief model (HBM) is used to provide the public with an insight to changing behavior during the pandemic, especially in the context of services in banking. The purpose of the present was to examine the effect of health belief on unusual social norms and the competence and humanness of frontline employees (FLEs) on customer satisfaction in banking service interactions. AMOS 22.0 was used to analyze a sample of 257 respondents. Results of the analysis showed that, first, health belief had a significant effect on unusual social norms. Second, unusual social norms had an effect on waiters' competence. Third, unusual social norms had an effect on humanness in service interactions. Lastly, intimacy and humanism had an effect on customer satisfaction.

Keywords: Health Belief, Unusual Social Norms, Competence, Humanness, Customer Satisfaction.

JEL Classifcation: I12, M31, M38, M39

1. Introduction

The Covid-19 pandemic has caused economic contraction and instability in financial institutions globally. The direct impact of this situation is the increased risk of both corporate and retail bad debts (Global banking M&A outlook H2, 2020). The instability of financial institutions resulted in a decline in global industries. For example, 13.5% of retail sales in China fell by 20.5% in the first two months of 2020, the US stock market lost trillions of dollars, GDP dropped, and all countries experienced recession, such as India of 14%, Singapore 5 % and Indonesia 3.75% (Pesek, 2020). The World Health Organization (WHO) and countries exposed to the coronavirus have issued such public policy as social distancing, physical distancing, wearing masks, carrying hand sanitizers, frequent washing hands, and staying at home. In addition, some employees shall perform work from

home and also regional lockdown was enforced. The WHO and government policies regarding health protocols have finally become new habits that lead to unusual social norms (Söderlund, 2020). These new habits are considered by the people as impolite, unusual behaviors, such as eliminating the habits of greetings, shaking hands, and distanced speaking, even though all of them do not yet have a legal force and the people must obey them as new norms which are considered as violating social norms (Buckholz &Marois, 2012). Meanwhile, recent studies on social norms showed that socializing constitutes a basic need for humans (Söderlund, 2020). Previous literature also reinforces that humans as social beings need each other, in the sense of working together to achieve goals (Buckholz & Marois, 2012). Thus, human interaction restriction is considered as violation of norms of social, especially in the context of services.

Currently, people who are encountered in a service, such as retail and banking, have to start adapting to the new habits (van Kleef et al., 2015). Considering the spread of this virus through human-to-human transmission, the service model is forced to adapt to the new habits even though it is considered a violation of social norms as an excuse to maintain health and break the chain of infection, such as customer queues being placed outdoors that are hot and with longer time, and the number of customer served being restricted (van Kleef et al., 2015; Tomasello, 2014). Therefore, this spurred a fundamental and unique public reaction as well as a dilemma. During the corona pandemic, many shared a disappointing experience of frequently obtaining unusual services as a new social norm that most people regard it as a violation of social norms (Söderlund, 2020). Shifting paradigms about the appropriate policies and behavior have been disturbing the servicescape, as customers and frontline employees (FLEs) tried to adopt the new habits that may cause awkwardness in the service process (Voorhees et al., 2020).

Given the Covid-19 pandemic is an unprecedented extraordinary occurrence and has an impact on service quality interactions, it is interesting to study unusual social norms more deeply in the context of services. Thus, the purpose of the present

study was to test customers' reaction to employees' behavior in the banking service that practice health protocols during the pandemic.

The banking service model during the Covid-19 pandemic changed drastically from no distance limit to a service full of various requirements (health protocols) with the reason of breaking the chain of infection. According to Bitner et al. (1990), the service changes can reduce intimacy and competence, thereby reducing service quality. Previous literature stated that intimacy and competence are two universal characteristics in humans (Söderlund & Berg, 2019). Furthermore, intimacy describes friendship and mutual assistance, while competence relates to abilities in terms of intelligence, skills, and thoroughness (Fiske et al., 2007; Fiske, 2018). Both of these characteristics has been investigated specifically in the social context, especially on the service interactions related to intimacy and competences which serve as the basis of customer evaluation (for example, Söderlund & Berg, 2019).

Behaviors related to unusual social norms render intimacy and competence a negative signal, that FLEs are unfriendly, incapable, unhelpful, and lacking empathy with the pretext of preventing the transmission of disease, leading to be perceived as lacking competence (Horberg et al., 2009). Service quality is highly important for continuity of relationship between service providers and customers and, therefore, they are subject to several norms (when there are no outbreaks), for example, giving a greeting, hand shaking, eye contact, speaking intimately and listening to customers' complaints closely. Given the dangerous risk of deadly Covid-19 infection, many service providers perform WHO-recommended interactions, which many consider as the behavior that violates social norms and may reduce customer satisfaction (Söderlund, 2020). Although it is conceptually correct that it is a violation, some people may already excuse it because of the current Covid-19 pandemic.

Behaviors related to unusual social norms often cause such negative emotions as fear, anger and disgust (van Kleef et al., 2015; Ohbuchi et al., 2004). Negative emotions, such as disgust and nausea, experienced by any individual constitute biological signals in avoidance of fear of exposure to the coronavirus

(Hodson & Costello, 2007; Curtis et al., 2011). Therefore, services are delivered by pretending emotions (Oaten et al., 2011; Curtis et al., 2011). This event is referred to as disgust over such social morals as distanced talking, less responsiveness, and seem awkwardness and avoidance (Horberg et al., 2009), which eventually leads to consumer negative evaluation.

Perceived intimacy, waiter competency, and disgust are responded as information which would affect customer perception of the waiters' humanness. That is, it relates to how much individuals evaluate service providers as lacking humanness (Haslam, 2006; Haslam et al., 2008). Although humans belong to *Homo sapiens*, they do not automatically humanize humans (e.g., Bruneau et al., 2018). Thus, inward feelings (e.g., intentions, goals and emotions) cannot be fully understood by consumer (Haslam et al., 2005). Considering intimacy and competence as characteristics of living beings (Haslam & Bain, 2007; Johnson et al., 2006; Martini et al., 2016) the perceived lack of intimacy, low competence, and disgust can reduce humanness (Harris & Fiske, 2011; Valtorta et al., 2019).

The service model during the pandemic constitutes a difficult choice for service providers between maintaining service quality and compulsion to adhere to the standard health protocols with the consequence of reducing service quality dimensions (Parasuraman et al., 1998), such as lacking empathy, sociability and being less concerned. Pioneers in marketing practitioners have tried to collaborate social interactions and the health belief model (Gamma et al., 2017, 2020). The health belief model (HBM) is a theory that describes health risks. HBM was originally used for the effectiveness of health programs that describe an individual's perceived severity and vulnerability associated with behavioral responses (Ling et al., 2019; Sheeran & Abraham, 1996). Therefore, an individual who believes in the magnitude of the risk of being exposed to the virus would be motivated to comply with the health protocols (Bish & Michie, 2010; Farooq et al., 2020). Given that service interactions during the COVID-19 pandemic are subject to the health protocols evaluated by service recipients as unusual and awkward, the level of quality and customer satisfaction is estimated to decrease. Therefore, the use of the HBM theory would explain to consumers regarding the debate over whether or not

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social norms are violated in service interactions that would be accepted by service providers and users. The present study deals with a latest that is expected to fill the empirical gap regarding the debate on violation of social norms in the service interaction (Söderlund, 2020). Although previous studies stated that individuals who are afraid of being exposed to the coronavirus are more sensitive to self-protection measures which lead them to consciously comply with health protocols that are considered a violation of social norms in the context of services (Söderlund, 2020). Therefore, in the case of Covid-19, individuals who take actions consciously to protect themselves due to the perceived severity and vulnerability of their condition (Ling et al., 2019) would attempt to adapt to such health protection measures as keeping distance, wearing a mask and frequent hand washing (Farooq et al., 2020).

The present study would be very appropriate to support the implementation of health protocols and understand new service models in retail. Understanding consumer behavior in service interactions during the pandemic should consider health risks, attitudes, norms, capabilities, and self-regulation (Mosler, 2012). Thus, the HBM perceive that knowledge of health is predicted to make people aware of the importance of self-protection from infectious diseases due to social interactions in the context of service (Laato et al., 2020).

Studies on service interactions during the COVID-19 pandemic by collaborating with HBM has never received attention. Previous studies on HBM only explained the effects of behavior on self-protection, such as voluntary quarantine and panic buying (Leung et al., 2020; Laato et al., 2020). Meanwhile, the extent to which the tolerance for service interactions that implement health protocols as an ideal service interaction has not been widely studied. Given this event is unexpected and requires that all interactions, including banking service centers, to implement health protocols, socializing how severe and vulnerable individuals are when exposed to the coronavirus is expected to accelerate adaptation to new habits. Thus, service providers are expected to have standard guidelines regarding service interactions during the COVID-19 pandemic.

Finally, the authors review the literature and develop research hypotheses. Furthermore, the authors describe the methodology of the study, present the empirical results, and discuss the managerial implications, limitations and direction of future studies.

2. Theoretical Framework and Hypothesis Development

2.1. Health Belief Model and Service Interactions

Understanding new social norms in the context of services during the COVID-19 pandemic takes health risk factors into account. Therefore, the authors adopted the relevant theory, the health belief model. The HBM stemmed from research on the effectiveness of health education programs in the 1950s that linked demographic variables and psychological characteristics to an individual's affective and cognitive states (Sheeran & Abraham, 1996). Furthermore, Sheeran and Abraham (1996) argued that affective and cognitive states, such as perceived vulnerability and severity, health motivation, and perceived benefits have an effect on behavioral responses. Thus, when an individual is physically and emotionally closer to a danger, they perceive a higher degree of severity and vulnerability, which in turn leads to such behavioral actions as social distancing, and appear to be less empathetic and less intimate.

HBM has been widely used in health behavior change studies and cybersecurity (Eldredge et al. 2016; Orji et al., 2012; Ng et al. 2009). In the context of services during the pandemic everyone is motivated to protect themselves, for example, washing hands, keeping distance, wearing a mask, and getting vaccinated. Therefore, the perceived threat of Covid-19 constitutes the main driver of unusual social behaviors in service interactions (Bish & Michie, 2010). Previous studies also suggested that HBM is the significant predictor for the motivation of self-protection against health risks during the pandemic situation (Farooq et al., 2020). Perceived severity is defined as an individual's assessment of the severity of a situation that relates to health consequences (Ling et al., 2019), whereas perceived vulnerability is an assessment of the likelihood of being vulnerable in a given situation (Ling et al., 2019). Thus, when an individual feels that he is vulnerable and understands how severe he is when exposed to the coronavirus he would be

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more aware that unusual social behaviors would be understood by all parties. Previous studies argued that in a pandemic situation everything will run abnormally, including in the service context, making FLEs seemingly incompetent, less intimate and less humane (Fiske 2018; Söderlund & Berg, 2019; Söderlund, 2020).

H_1: Customers who believe in how vulnerable and severe the health risks are from being exposed to the coronavirus would understand better when FLEs behave in unusual social norms in serving customers.

H_2: Customers who believe in how vulnerable and severe the health risks are from being exposed to the coronavirus have a positive effect on the perceived competence of FLEs.

2.2. Unusual Social Norms in Service Competence

The behavior of FLEs in providing services during the Covid-19 pandemic should comply with the health protocols, which may be considered a violation of social norms since they perform unusual service norms. Unusual service behavior is assumed to affect service quality and customer emotional states (Parasurman et al., 1998; Söderlund, 2020).

The customers' perception of employees has been widely debated by previous researchers. According to Söderlund (2020), intimacy and competence are two universal characters that are the objects of evaluation by other people (service users). Intimacy is a manifestation of friendship, tolerance, empathy and mutual help, while competence is related to people's evaluation of capabilities, intelligence, skills, and carefulness in work [1] (Fiske et al., 2007; Fiske, 2018). These two characteristics have been discussed specifically in the context of social norms, where the object is an employee (and the service recipient is a customer). Previous Literature suggested that the two characteristics contribute to improving the customer's evaluation of the employee (e.g., Söderlund & Berg, 2019). Waiters' competence is important information for customers in terms of social behavior during the Covid-19 pandemic, where waiters' unusual social behaviors describe a lack of competence (Söderlund, 2020). Service encounter where unusual social norms associated with the 'new normal' in the service context are seen as lacking

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competence. Intimacy and competencies that are requisite for service quality, in which capability, intelligence and creativity are required to perform the work in accordance with the set standards (Fiske, 2018).

In this context, we expect that unusual social norms that waiters perform as a pretext to prevent transmission of the coronavirus would have an effect of reducing intimacy and competence. Specifically, unusual social norms adopted due to relating to the health protocol to protect others from the dangerous virus lead waiters to be perceived as unfriendly, lacking empathy and unhelpful, thereby reducing intimacy and leading to perceived low competence. Therefore, we put forward the following hypothesis:

H₃: A FLEs who adopts unusual social norms can affect his consumer service competence.

2.3. Unusual social Norms with regard to Waiters' Humanness

New habits in social norms are usually perceived by consumers as something unusual and often lead to such negative emotions as being disappointed, angry and irritated (van Kleef et al., 2015; Ohbuchi et al., 2004). During the Covid-19 pandemic there were many appeals to the public regarding the importance of keeping the cleanliness, keeping the stamina to make immunity remain strong, seeing a doctor immediately for people with symptoms, fever, flu, cough and, if found positive, immediately isolating themselves either at a hospital or independently. However, mutations of the virus were increasingly uncontrollable and even people without symptoms could also be Covid-19 positive. This led to a mutual alert among the people. Furthermore, when anybody looked experiencing the symptoms of the coronavirus, others began to keep distance, feel disgusted and avoid, seemingly lacking humanness (Curtis et al., 2011; Hodson & Costello, 2007; Kavaliers et al, 2018; Oaten et al., 2009). Such attitudes represent a reflex system to protect themselves in order to avoid the dangerous virus. This is very sensitive and disturbs the process of interaction and there is an impression of providing false responses (pretending emotions) in service delivery (Oaten et al., 2011). Objects previously held by an individual can be transmission media and such impurities as urine, vomit, blood and saliva can lead to the response of disgust (Oaten et al.,

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2009). Therefore, these events affect social behavior within the society which in turn lead to the perceived unusual social norms (Curtis et al., 2011; Horberg et al., 2009). This means that disgust can trigger unusual behaviors, such as staying away, being unresponsive and keeping a distance, for fear of being exposed to the virus. Thus, the unusual social behaviors that are designed to prevent the spread of the virus may have the potential to increase disgust. Currently, there is not much known about the extent to which the various elements of commercial services arouse customers' disgust, although there has been empirical incidence of a restaurant not cleaning up the table after being used by visitors or a hotel not changing the guestroom sheets might cause disgust (Rozin et al., 1994).

Overall, perceptions of intimacy, competence and disgust would reduce waiters' humanness. Humanness is defined as an entity with distinctive characteristics as humans (Haslam, 2006; Haslam et al., 2008). Thus, waiters who reduce the intensity of their services would be evaluated by consumers as inhumane (Söderlund, 2020). Previous literature on the perception of social dimensions argued that even though humans belong to *Homo sapiens*, they do not automatically accept the full value of humanity among humans (see Bruneau et al., 2018). One of the arguments is that some aspects of humans, such as those in their minds (e.g., intentions, goals and emotions), are not fully understood by the recipient (Haslam et al., 2005). However, the reciprocal relationship has been a part of human behavior, especially waiters (Haslam & Bain, 2007; Johnson et al., 2006; Martini et al., 2016) which represent a characteristic unique to humans. Thus, when waiters are not responsive they are evaluated as inhumane (Harris & Fiske, 2011; Valtorta et al., 2019). A reaction of disgust among humans is influenced by the state of humans themselves, for example, being exposed to infectious diseases or shameful diseases, such as homelessness and drug addiction, HIV, leprosy, which usually causes disgust for others (Harris & Fiske, 2011). Due to being considered as a potential source of disease spread, this group is usually dehumanized, leading to a decline in moral (Horberg et al., 2009), given that a moral person is one capable of distinguishing the right from wrong (Gray et al., 2007). Thus, people who behave

unusually and is considered odd may reduce humanness. Therefore, we put forward the following hypothesis with regard to service encounter:

H 4: An FLEs who behaves in unusual social norms can reduce humanness in service interactions.

2.4. Competence in Consumer Satisfaction

Competence is the work ability to integrate the knowledge, skills, capabilities and personal values based on experience and learning in order to perform duties in a professional, effective and efficient manner (Spencer and Spencer, 1993). Fiske et al. (2007) and Fiske (2018) argue that competence is related to an individual's ability in terms of intelligence, skills, and prowess to complete a job. Therefore, competence constitutes an universal requirement of waiters that contributes to customer evaluation results (e.g., Söderlund & Berg, 2019). With an adequate competence, employees are expected to provide consumers with maximum services. Waiters' competence in service interactions is positively related to service evaluation results, such as satisfaction or dissatisfaction (Söderlund, 2020). Customers' perception of employee interpersonal behavior includes appearance, respectfulness and attempt to overcome customer problems (Schoefer and Diamantopoulos, 2008), and customer orientation focused on understanding the needs and maintaining customer satisfaction (Dean, 2007) and increasing customer loyalty.

Previous studies found that customer perceptions of other forms of employee interpersonal behavior (e.g. familiarity, attention, commercial friendship, listening behavior, and customer orientation) affect customer satisfaction (Dagger et al., 2007; de Ruyter & Wetzels, 2000; Dean, 2007). As a key component of employee interpersonal behavior, waiter competence is expected to affect customer satisfaction directly. Emotionally, employees induced affectively by their competence would lead customers to be less critical in evaluating the service interactions and feel more satisfied (Forgas, 1995). The process of high-contact services in the interaction between customers and employees is characterized by competence, intimacy, exchange of content-rich information, long interaction time and sometimes accompanied by intense emotions (Kellogg & Chase, 1995;

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Parasuraman et al., 1985). In this type of service, customer emotions affect evaluation of their encounters, on one hand, and provide useful information regarding their needs and desires, on the other hand (Mattila & Enz, 2002). Thus, competence has an effect on customer emotions regarding service quality. However, waiters' performance of unusual social norms would affect customer satisfaction, considering that by applying the standard health protocol a waiter seem sluggish, keeping distance, less responsive and incapable of delivering services naturally and comfortably. Such attitudes become customers' focus of evaluation that waiters are less competent. Previous literature also specifically argued that competence is positively related to service evaluation (see Aggarwal & McGill, 2007; Bruneau et al., 2018). Thus, we propose the following hypothesis:

H_5: FLEs competence has a significant effect on customer satisfaction.

2.5. Humanness in Service Interactions

In general, humanness is defined as an entity with distinctive characteristics of humans (Haslam, 2006; Haslam et al., 2008). Previous literature on the perception of social dimensions argued that, although humans are *Homo sapiens*, they do not automatically accept the full value of humanity among humans (see [1] Bruneau et al., 2018). One argument is that some aspects of humans, such as those in their inner life (e.g., intentions, goals and emotions), are not fully understood by others (Haslam et al., 2005). However, interactions among humans have been a part of human behavior, including in the context of services (Haslam & Bain, 2007) which respect each other [1] (Johnson et al., 2006; Martini et al., 2016) as a characteristic of humans. Thus, when the relationship is considered to be less friendly, waiters are perceived as inhumane (Harris & Fiske, 2011; Valtorta et al., 2019). Reactions of disgust among people are affected by the human condition itself, such as being exposed to infectious or shameful diseases, for example, homelessness and drug addiction, HIV, and leprosy usually elicit disgust for others (Harris & Fiske, 2011). Thus, people affected by these diseases are considered a source of infectious diseases, so this group is usually dehumanized and leads to a decline in social morals (Horberg et al., 2009). Given that a moral person is one capable of distinguishing the right from wrong (Gray et al., 2007), people who

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behave unusually and is considered odd may reduce humanness. Specifically, previous literature argued that the humane interactions have an effect on service evaluation (see, Aggarwal & McGill, 2007; Bruneau et al., 2018). Previous literature also argued that dehumanizing is also negatively related to service evaluation (Hodson & Costello, 2007). Thus, we propose the following hypothesis: H_6: FLEs' humanness has a significant effect on customer satisfaction.
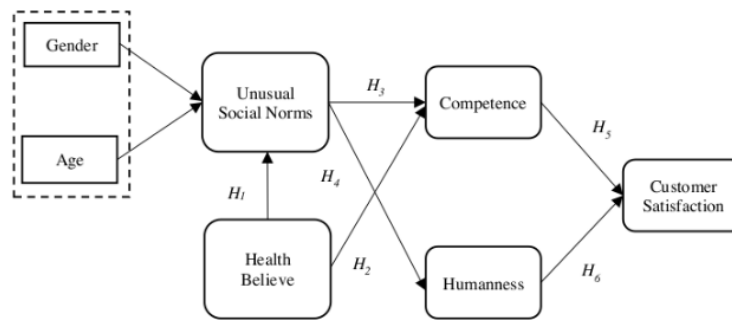

Figure 1. Conceptual Model

3. Research Methodology

3.1. Procedure and samples

Banking customers in one of the large cities in Java East, Indonesia, were surveyed by involving last semester students who were taking the consumer behavior subject. Data were collected by using the cross-sectional study. A total of 300 questionnaires were distributed to the respondents by adopting the previous studies on the marketing of services (e.g., Bitner et al., 1990; Gwinner et al., 1998). Given that the present study was undertaken during the Covid-19 pandemic, data were collected online with an Internet-connected computer-assisted web interviewing system. The questionnaire was equipped with instructions during the interview process in order to make respondents faster to answer.

3.2. Sample characteristics

Of the 300 questionnaires distributed via e-mail, a total of 257 responses were deemed eligible, with a response rate of 85.6%. Based on the gender, a total of 175 (68.1%) participating respondents were women and 82 (31.9%) were men. All of the respondents had one or more accounts on social media platforms (see Table 1).

Table 1: Sample characteristics (N=257)

	Frequency	Percent
Age		
Age Less than 24	59	22.90
25-35	47	18.28
36-44	98	38.13
45 and above	53	20.62
Gender		
Male	82	31.91
Female	175	68.19
Geographic backgrounds		
Megapolitan	87	33.85
Metropolitan	107	41.63
Small City	63	24.51
Education		
High school or less	52	20.23
Vocational/technology	49	19.06
Some college	31	12.06
Bachelor's degree	80	31.12
Master's degree	33	12.84
Doctoral Degree	11	4.28

3.3. Measures

Based on previous studies, we developed an instrument of 23 statements (Table 2) to measure the unusual social norms we adopted (e.g., Söderlund, 2020; Söderlund and Berg, 2019; Curtis et al., 2011; Horberg et al., 2009). To measure health belief we adopted measures from Bish & Michie (2010), Farooq et al. (2020), and Ling et al. (2019). To measure service competence we adopt measures from, e.g. Fiske et al. (2007), and Fiske (2018). To measure humanness we adopt measures from, e.g. Harris and Fiske (2011), and Valtorta et al. (2019) and for customer satisfaction we adopt measures from, e.g. Epley (2018), Söderlund (2020), Aggarwal and McGill (2007), and Bruneau et al. (2018). For all

instruments, we used the seven-point Likert scale (1 – highly disagree, 7 – highly agree).

Table 2. Instrument Items and Their Sources

Items
a. Unusual Social Norms (Söderlund, 2020; Söderlund & Berg, 2019; Curtis et al., 2011; Horberg et al., 2009)
1. During the Covid-19 pandemic, service interactions are limited by transparent glass.
2. During the Covid-19 pandemic, service interactions are distant from each other
3. During the Covid-19 pandemic, service interactions are conducted with the face covered by a mask.
4. During the Covid-19 pandemic, service interactions are carried out with people seemingly suspicious of each other.
b. Health belief (Bish & Michie, 2010; Farooq *et al* ., 2020; Ling *et al* ., 2019)
1. I believe that the coronavirus is a high-risk infectious disease.
2. Given that my condition is highly susceptible to disease, I need to protect myself from infectious viruses.
3. I feel how badly coronavirus-exposed people are.
4. Given that the virus is contagious, I dutifully implement the health protocol.
c. Competence (Fiske et al., 2007; Fiske, 2018)
1. During the Covid-19 pandemic, waiters look slow.
2. During the Covid-19 pandemic, waiters are hesitant.
3. During the Covid-19 pandemic, waiters are less skillful.
4. During the Covid-19 pandemic, waiters are less careful in work.
5. During the Covid-19 pandemic, waiters are less responsive.
d. Humanness (Harris & Fiske, 2011; Valtorta et al., 2019)
1. During the Covid-19 pandemic, waiters are not humane.
2. During the Covid-19 pandemic, waiters humanize humans.
3. During the Covid-19 pandemic, waiters seem to give a pretend response (pretending emotions).
e. Customer satisfaction (Epley, 2018; Söderlund, 2020; Aggarwal & McGill, 2007; Bruneau et al. , 2018)
1. During Covid-19 pandemic, customers are satisfied with intimacy.
2. During Covid-19 pandemic, customers are satisfied with competence.
3. During Covid-19 pandemic, customers are not satisfied with waiters' attitude.
4. During Covid-19 pandemic, customers feel satisfied with highly humane attitude.

4. Results

4.1. Confirmatory factor analysis (CFA)

Anderson and Gerbing (1988) suggests two stages of analysis: First, the hypothesized construct is tested for overall model fit. The results of the overall model fit test showed that the model could be accepted, with a goodness-of-fit-index (GFI) of 0.918, comparative fit index (CFI) for 0.914, no residual standard of higher than 2.0, and Chi-square of 614.312 ($100 \, df$, $p = 0.000$). The test of adequacy of each scale consisting of the number of statement items to cover each construct is shown in Table 3.

Table 3. CFA Correlation matrix (Fornell-Larcker criterion)

	Unusual Norm	Health Belief	Compet ence	Human ness	Satisfac tion	Age	Gender
Unusual norm	**0.77**						
Health belief	0.24	**0.87**					
Competence	-0.02	0.11	**0.77**				
Humanity	0.24	0.21	0.32	**0.76**			
Satisfaction	0.25	0.08	-0.14	0.31	**0.81**		
Age	0.05	0.12	0.11	0.13	0.13	**1.00**	
Gender	-0.07	-0.04	-0.02	-0.02	-0.12	0.19	**1.00**
Composite Reliability (CR)	0.92	0.94	0.92	0.72	0.79	0.02	0.09
Average Variance Extracted (AVE)	0.76	0.81	0.76	0.64	0.57	1.00	1.00
Mean	0.91	0.94	0.92	0.72	0.79	0.04	0.11
Standard Deviation (SD)	0.01	0.01	0.07	0.04	0.03	0.19	0.17

Model fit: $\chi 2 = 2.155$, $p < .01$, $df = 1,407$; CFI = 0.914; TLI = 0.902; RMSEA = 0.078; SRMR = 0.07

a. The square roots of AVE for each construct are presented in bold on the diagonal of the correlation matrix.
b. AVEs of formative indicators are not applicable
c. Notes. $N = 257$.

Residuals and scales show satisfactory unidimensionality. All statement items show a significant standard loading, implying convergent validity. Each construct has a reliability of above 0.76 which thereby shows internal consistency. In addition, the average variance extracted (AVE) ranges from 0.75 to 0.87 (see Table 4) which indicates that the variance covered by the construct is larger than that caused by errors of measurement (Fornell & Larcker, 1981).

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Table 4. Means, standard deviations, Cronbach's Alpha and AVEs, Item loadings of constructs

Construct	mean	Std.	Cronbach's Alpha	AVE	Loading
Unusual Social Norms					
USN 1	2.92	1.54	0.78	3.14	0.75
USN 2	2.51	1.66		3.25	0.74
USN 3	2.48	1.58		3.13	0.77
USN 4	2.08	1.57		3.06	REMOVED
Health belief					
HB 1	5.86	1.44	0.81	3.25	0.81
HB 2	5.85	1.76		3.25	REMOVED
HB 3	5.72	1.59		3.46	0.76
HB 4	5.65	1.75		3.67	0.82
Competence					
CPC 1	5.15	1.62	0.76	4.59	0.97
CPC 2	5.21	1.17		4.26	0.96
CPC 3	5.20	1.19		3.73	0.94
CPC 4	5.11	1.27		3.12	0.95
CPC 5	5.71	1.23		3.19	REMOVED
Humanity					
HMS 1	5.86	1.31	0.81	3.55	0.75
HMS 2	5.85	1.28		3.54	0.77
HMS 3	5.72	1.32		3.56	0.91
Customers Satisfaction					
CS 1	2.91	1.78	0.76	3.61	0.91
CS 2	2.50	1.75		2.50	0.93
CS 3	2.56	1.71		3.26	0.94
CS 4	2.09	1.52		3.65	0.89

The last test is the common method variance (CMV) on the data. There are two approaches to testing CMV. The first is to perform a popular a single-factor test. Observations show that there is no single factor that explains a substantial portion of the total variance in the data. The second is to perform the general method factor test. The result is that the method variance is very small relative to the substantive variance (ratio of 57:1). A small method variance indicates that CMV is not a major problem in the data. Furthermore, the control variable, namely gender (1 = male, 2 = female), does not have a significant effect on unusual social norms, while age has a significant effect on unusual social norms.

4.2. Post-hoc analysis

Post-hoc test was used to test whether age and gender moderate the relationship between health belief and unusual social norms and whether age and gender have a different effect on health belief and unusual social norms. Thus, age and gender were allowed to interact with all predictors of unusual social norms. The results are shown in Table 5, where the predictor of unusual social norms interaction term is not insignificant, except for one term. The unusual social norms and age

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interaction term (p <0.05) has a significant effect on the relationship between health belief and unusual social norms. Meanwhile, the unusual social norms and gender interaction term (p <0.05) has no significant effect. This means that age moderates the relationship between health belief and unusual social norms, while gender does not; thus, the effect of unusual social norms decreases for younger people. This shows that younger people do feel vulnerable and severe when exposed to the coronavirus. Hence, younger people tend to be oblivious to the health protocol or do not want to adopt unusual social norms. One explanation for this finding is that older people may have a better self-regulatory ability and feel vulnerable and severe when exposed to the virus (see Gwyther and Holland) and, therefore, believe in the health risks. Thus, the test results indicate that age really intensify the effect on unusual social norms (p <0.05).

Therefore, the relationship between health belief and unusual social norms is in accordance with the hypothesis. As a matter of health belief, age describes the extent to which an individual believe in in the risk of exposure to the virus. The older an individual the more disciplined he is with health protocols and more aware he is of new normal.

Table 5. Interaction effects of age and gender on unusual social norms

Predictors	Predicting unusual social norms
Health Belief	0.040*
Gender	0.07*ns
Age	0.01*
R^2	34%

4.3. Structural model and hypothesis testing

The proposed model was measured in accordance with the data. Hypotheses were tested using Amos by the use of covariance matrix. Hypothesis 1 states Customers who believe in how vulnerable and severe the health risks are from being exposed to the coronavirus would understand better when FLEs behave in unusual social norms in serving customers. During the Covid-19 pandemic, there is an increase in anxiety in activities due to the possibility of being exposed to the virus (Li et al., 2020). Thus, everyone realizes how dangerous the risk of infection is. In addition, activities outside the home during the Covid-19 pandemic are associated

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with health problems (Gao et al., 2020). Overall, the issue of health anxiety causes anxiety to interact. This hinders their freedom to interact with many people and they are forced to adhere to health protocols. Thus, hypothesis 1 is accepted.

The HBM postulates that perceived vulnerability and severity are the main drivers of human behavior in the face of health risks (Sheeran & Abraham, 1996). Thus, an individual who are increasingly aware of self-protection behavior would be more receptive when other people (FLEs) adopt new normal, despite the perception of lacking competence. For example, Farooq et al. (2020) stated that perceived severity and vulnerability during the Covid-19 pandemic had a significant effect on self-protection (Farooq et al., 2020). Thus, hypothesis 2 is accepted. Hypothesis 3 states that unusual social norms have a negative effect on competence, in which a waiter who implements the health protocol is perceived as having reduced competence (Söderlund & Berg, 2019; Fiske, 2018; Söderlund, 2020) . FLEs that are disciplined in implementing health protocols seem inflexible in interacting with customers. Thus, the attitude of being less flexible due to having to comply with health protocols seems to reduce such service quality dimensions as empathy and reliability, which in turn can reduce waiters' competence. Thus hypothesis 3 is accepted.
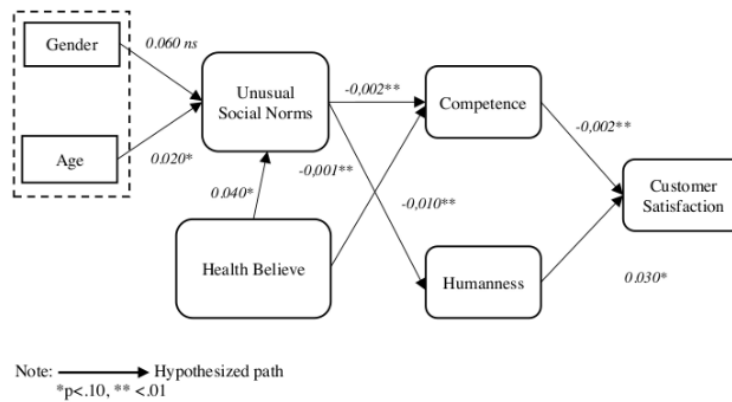

Figure 2 . Results of the proposed model

Hypothesis 4 states that unusual social norms has a significant effect on humanness, in which a waiter who implement the health protocol is perceived as having a reduced humane attitude (Harris & Fiske, 2011; Valtorta et al., 2019). Unusual social norms lead to perception of less intimacy and awkwardness, suspicion of each other due to being perceived as the potential source of contagious disease. The group adopted these norms is usually dehumanized, which results in a decline in morale because of the Covid-19 pandemic (Horberg et al., 2009). Thus, hypothesis 4 is accepted. The fifth hypothesis states that competence has a significant effect on satisfaction. FLEs' competence has an effect on customer emotions regarding service quality (Mattila & Enz, 2002). However, waiters' performance of unusual social norms would affect customer satisfaction, considering that waiters' implementation of standard health protocols lead them to be perceived as less responsive. Furthermore, they serve customers by pretend faces since everyone is always mutually alert to avoid exposure to the virus. This situation leads FLEs to be perceived as incompetent and reducing customer satisfaction. Thus, hypothesis 5 is accepted. Hypothesis 6 states than waiters' humanness has a significant effect on customer satisfaction. Previous literature stated that the warmth has been part of human behavior, especially in service interactions (Haslam & Bain, 2007; Johnson et al., 2006; Martini et al., 2016), which respect each other as a characteristic of humans that, when the relationship is considered less warm, FLEs are perceived as inhumane (Harris & Fiske, 2011; Valtorta et al., 2019) which can affect customer satisfaction. Thus, hypothesis 6 is accepted (see Table 6 and Figure 2).

Table 6. Hypothesis testing

	Structural path	Standardized estimate	t statistic	p values
H_1	Health belief – Unusual social norms	0.372	7.625	0 .040 *
H_2	Health belief – Competence	0.571	6.115	0.010**
H_3	Unusual social norm employee – Competence	0.162	9.721	-0.002**
H_4	Unusual social norm employee – Humanness	0.274	11.476	- 0.001**
H_5	Competence – Customer satisfaction.	0.331	13.231	- 0.002**
H_4	Humanness – Customer satisfaction	0.531	19.511	-0 .030 *

* Significant at * $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$.

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5. Discussion

Results of the structural model indicate a clear relationship between health belief and perceived unusual social norms observed during the Covid-19 pandemic in August 2020 nationally with regard to the government's recommendation to adapt to the new normal. Thus, an individual who believes in how vulnerable and severe people are when exposed to the coronavirus would be more aware and accept that unusual social norms are prevalent in such abnormal situations as the current Covid-19 pandemic. Despite the changes in all service attributes in the context of services (keeping distance, acrylic barriers between FLEs and customers, outdoor waiting area), all of them are acceptable to all customers. This is in line with Harper et al. (2020) that excessive fear of coronavirus infection constitutes the major cause of why all the countries worldwide change their daily behavior to adapt to new normal during the Covid-19 pandemic. Changes in behavior are considered as unusual social norms to prevent the spread of infectious diseases. Additionally, unusual social norms also have an effect on service quality in retail (Souderland, 2020). A waiter's compliance with health protocols, such as wearing a mask, maintaining a distance, being separated by a glass or acrylic barrier from the buyer, is perceived as interfering with the service quality which has been good so far. Many customers said that during the pandemic FLEs were often regarded as violating social norms which traditionally Asian people consider unusual and impolite. Health belief during the Covid-19 pandemic can increase awareness of personal health. Given that this virus is transmitted through close interactions, complying with health protocols, such as social distancing, wearing a mask, frequent hand washing and away from crowds (Wilder-Smith & Freedman, 2020), is considered the most effective preventive behavior (Farooq et al ., 2020).

Meanwhile, previous literature argued that behavior related to unusual social norms can reduce intimacy and competence. This is in line with previous studies that every human being naturally needs intimacy in every relationship, especially in service interactions (Souderland, 2020; Forgas, 2011) and waiters should show competence in the eyes of customers. Given that competence is the object of customers' evaluation (Fiske et al., 2002) changes in behavior and

different service attributes due to certain situations (Covid-19 pandemic) would reduce the of satisfaction.

Currently, many banks, by reason of adhering to the health protocol to prevent transmission of the virus, have to change their service model, such as by turning off the air conditioners, opening their outlets at noon and limiting hours of service. Moreover, some service sectors of large retails prohibit customers from using dressing rooms. Furthermore, there is long queuing to enter retail outlets since customers have to pass through various health checkpoints. In banking services, waiting rooms and queue lines are placed outside with no AC and there are restrictions on the number of branches and the number of customers served every day.

This change in habits create a variety of customer perceptions, with some of them understand and some are disappointed (Fiske et al., 2002). Given that emotional state of mind makes it impossible to produce a clear mind, service providers are subjected to violations of social norms. For this incident no supervisor can intervene in real time and apologize to all customers. Thus, in a service encounter, the customer may correct the unusual social norm, which is most likely to be destructive when the customer is angry and hateful. A behavior related to unusual social norms is perceived as capable of affecting disgust. This is not surprising since disgust can be seen as part of the human protection system to avoid transmission of the virus (Souderland, 2020). Previous literature showed that disgust is associated with avoidance and denial of the objects that give rise to uncomfortable and suspicious feelings (Curtis et al., 2001; Hodson & Costello, 2007; Oaten et al., 2011). An example is that when a customer reacts with disgust to a behavior of unusual norms, as indicated by the natural reaction of withdrawing from the situation, but FLEs do not provide feedback through changing their behavior into a nice one.

FLEs who behave in unusual social norms are also perceived as being dehumanized than before. Previous studies identified dehumanization as a harmful form of bias, in the sense that it is perceived as anti-social behavior (e.g., Bastian et al., 2013; Boudjemadi et al., 2017; Cameron et al., 2016). One reason is that

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banking FLEs often become a means for customers to interact, when behaving in unusual social norm is considered relatively callous that look less humane (Epley, 2018). The vicious circle of less intimate attitude leads to perceived incompetence and inhumane prejudice and a decline in social attitudes that can affect customer satisfaction. Previous literature argued that in service interactions customers evaluate service providers through informing other customers about their satisfaction or dissatisfaction (Bitner et al., 1990). Thus, customer satisfaction or dissatisfaction has a potential cause and effect on loyalty and is told through the word of mouth (Anderson & Sullivan, 1993). Therefore, a low level of customer satisfaction, as a result of the unusual social norm, tends to reduce the profitability of the company. The reduced level of satisfaction of consumers in unusual social norm conditions is not good for the business in the future, when waiters ignore appropriate behavior norms during the pandemic. This is due to the fact that in service interactions customer database has an important position as a source of evaluators to the quality of service during the Covid-19 pandemic.

5.1. Conclusions and Managerial Implications

Results of the present study indicate that behavioral changes towards the new normal have an impact on the debate of whether or not there is a violation of social norms when FLEs implement health protocol-based service standards which in turn can affect perceived service quality. The HBM indicates that service users react in various ways in understanding behavioral changes in the service context. Results of this study also offer several managerial implications for the banking sector with regard to service interactions during the Covid-19 pandemic. First, it is important to improve service quality, despite the pandemic. Health protocols have to be strictly implemented in order to break the chain of transmission. Implementation of health protocols is often perceived as reducing service quality by customers. Therefore, guidelines for the implementation of standard health protocols by not changing the substance of social norms should be made appropriately. Banks should provide various facilities that make customers feel safe and comfortable during the purchase process, such as provision of hand washing facilities, hand sanitizers, and masks. Additionally, waiters should remain friendly,

interactive, empathetic and responsive and not discriminate any group and ethnicity so as to eliminate the perceived unusual social norms. The latter can reduce waiters' intimacy and competence when customers receive various information that leads to panic buying. Furthermore, waiters have to remain consistently maintain the quality of their services (Farooq et al., 2020; Laato et al., 2020; Naeem, 2021).

Second, banks should improve the technical support for online sales in order to reduce service interactions without reducing service quality. This can be achieved by improving the human–computer collaborative capability and the role of business network for effective digital platform innovation with the purpose of reducing the pressure of fear during the Covid-19 pandemic (Damian and Manea, 2019; Höflinger et al., 2018; Lee & Trimi, 2018; berg, 2019; Tran, 2021).

Third, the banking industry should continue to build social values (intimacy, competence, humanness) in service interactions during the pandemic in order to prevent service quality dimensions from reduction (Parasuraman et al, 1988). During the pandemic, major changes occurred in terms of social norms; thus, service providers should build a new work ethic and become the frontline in shaping new norms in service interaction without reducing the existing service quality dimension (Xie et al., 2020).

5.2. Limitations and recommendations for further research

One limitation of the present study was the various types of human behavior, such as not paying attention to social distancing, wearing masks, diligently washing hands, avoiding crowds that were the subject of social norm behavior during the pandemic. Therefore, the effects of unsual social norm behavior would more precisely be determined by a design in which every unsual social norm behavior is manipulated as a discrete factor. In addition, the sample was limited to Indonesian citizens, where during the data collection the number of deaths was very large, many lost their jobs, and several large urban areas in Indonesia were imposed large-scale social restrictions. This made respondents more sensitive and panicked towards waiters who performed unsual social norms. Thus, further research is required to determine whether a similar effect would also occur in participants in

other countries, especially western countries whose cultures are different from those of Asian countries that emphasize communalism.

In addition, the present study did not allow respondents to respond directly when an unsual social norm occurred given the panic and compulsion in the transaction process due to the fear of being exposed to the corona virus (Naeem, 2021). On the other hand, there was speculation that, facing a pandemic situation, there was perceived low intimacy, low competence, disgust, and dehumanization against waiters, which would lead to avoidance behavior and reluctance to complain to waiters who were perceived as performing unsual social norms. This is a speculation of customer behavior since it is in compulsion. Thus, further research is of importance to examine customer attitudes when unsual social norms become new norms towards the new normal and adopting appropriate behavior as standard guidelines in the context of service.

Another and very important aspect to delve into is the situation when a waiter performs usual social norms that makes him considered negligent in implementing health protocols during the pandemic; does it affect customer behavior in the buying process? The public also hopes that during a lockdown situation everyone can change their behavior towards the new normal, including all service officers, who shall get used to the new social norms, which are expected to affect customers' perceived service quality, which part of its dimensions changes. It is of importance for further studies to examine the effects of changes in the dimensions of service quality on customer satisfaction during the Covid-19 pandemic.

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