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## Sharia Hospital as an Added Value: Sharia Hospital Competitive Excellence Strategy Based on Positioning

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### ABSTRACT

*This research aims to determine the excellent position of each sharia hospital in Klaten Regency so that it can determine the right marketing strategy to satisfy and increase public interest in trusting the quality of services provided by sharia hospitals. This research was carried out with a quantitative approach through Multivariate multidimensional scaling statistical tests. The novelty of the research combines the concept of competitive excellence, quality performance of sharia health service institutions through position mapping using a multidimensional scaling model. The population in the study were all people who had used sharia hospital services in Klaten. The sample of respondents was taken using a purposive sampling technique as many as 120 adult respondents. Attributes in the questionnaire include Sharia facilities, paramedical services, medical expertise, medical atmosphere and facilities, administrative services. In the final stage of the research, a map of the position of each sharia hospital was formed so as to create the competitiveness of each excellent sharia hospital in Klaten Regency to welcome the era of achieving SDGs goals and achieving optimal sharia economic growth in the health sector in 2045.*

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## 1. INTRODUCTION

The sharia economic system and services sector have proven capable of being a source of new economic growth. Currently, various countries in the world are actively developing it, because it has the opportunity to improve the economic welfare of society in a promising way. Throughout 2019, the State of the Global Islamic Economy Report 2020/ 2021 stated that Muslims in the world spent 2.02 trillion US dollars to meet their needs for halal food, clothing, health services and a lifestyle that complies with sharia principles. This expenditure grew by 3.2% from the previous year. In the future, it is certain that the sharia economic and services market will continue to grow with Muslim spending reaching 2.4 trillion US dollars in 2024. The increase in spending is driven by the growth of the world's Muslim population (Yuniarti et al., 2022). The number of global Muslim communities in 2020 reached 1.9 billion people (24% of the world's population). Pew Research Center's Forum on Religion and Public Life estimates that this population will reach 3 billion in 2060 and represent 31% of the world's population (Pew, 2020). The increasing Muslim population is certain to have a significant impact on increasing demand for halal products and services through sharia health services.

Indonesia has the potential to become a mecca for sharia economics and services in the world, in 2020 Indonesia's National Domestic Products will have the largest value compared to countries that are members

of the Organization of Islamic Cooperation. Indonesia is considered the most competitive country in attracting foreign direct investment. As the country with the largest Muslim population in the world, Indonesia is a large market share of the global sharia services economy. As much as 13% of the global halal food market share is in Indonesia and the share of Indonesian *halal* (allowed) food exports has grown by 15% -18% in the last 5 years (Zaenal et al., 2020). The competitiveness of sharia industry players in Indonesia must continue to be encouraged if Indonesia does not want to be just a spectator through market domination by halal products, services and brands from other countries. Sharia economic development is currently Bank Indonesia's focus, covering three areas, namely the halal economic chain, sharia finance and increasing public literacy regarding certification as a guarantee of halal products and services as stated by National Committee for Sharia Economics and Finance (BPPN, 2018). The services here are related to the main role of the sharia health sector.

A hospital is a very complex organization because it is solid with capital, labor, technology and also problem (Tiyas, 2022). The hospital is a place for health promotion, prevention and cure for various diseases, efforts to improve and restore health carried out in a multidisciplinary manner by various groups of educated and trained professionals who are educated and trained in the fields of medical, legal, economic, social and management disciplines (Wary et al., 2023). Conditions that illustrate that hospitals are complex and multi-functional organizations cause the social function of hospitals to be more dominant (Dhani & Susanto, 2016). The marketing map in Indonesia is currently starting to shift from the rational goods market to the emotional market and even to the spiritual market. This phenomenon ultimately leads to the creation of demand for new sharia products or services to be introduced to the market. Demographic changes and the high purchasing power of the Muslim consumer segment in Indonesia have created high demand for products and services that offer Islamic values as added value (Yuswohady, 2015).

Chakraborty & Majumdar (2011) explained that in an era of increasingly strict competition, improving service quality and its measurement is an important issue for developing efficiency and business growth. The identity of the hospital being built can be in the form of an excellent service dimension as a service characteristic of a sharia hospital which is different from the conventional hospital model. In relation to developing the identity of sharia hospitals, it is necessary to create a perceptual mapping to position patient perceptions of the service dimensions of sharia hospitals compared to competing hospitals.

The competitive excellence of a health institution can be formed in various ways. Kotler & Fox (2018) stated that in competition a health institution can use marketing assets to form a competitive excellence. These marketing assets include aspects of the quality of health service programs, differentiation of health service programs, costs or prices, reputation of health service institutions as well as human resources of paramedical doctors and well-qualified administrative staff of health service institutions. A position of competitive excellence can be achieved through presenting spatial maps of people's perceptions and preferences using visible displays (Supandi et al., 2009). Perception or relationship between stimuli is psychologically shown as a geographic relationship between points in a space via a multidimensional scale (spatial map). Spatial maps are relationships between brands or other stimuli that are perceived by society, expressed as geometric relationships between points in multidimensional space. This geometric relationship has coordinates that indicate the unique position of a health service brand compared to other health service brands.

The configuration in a spatial map can be interpreted through studying the coordinates and relative position of objects. Objects that are close to each other will compete because they have similarities regarding service quality activities (Bijmolt et al., 2022). An isolated brand indicates a unique image. Gaps in the spatial map can indicate potential opportunities for introducing new products.

The Covid-19 pandemic has been going on in Indonesia for more than two years and has had the effect of decreasing performance in all lines. Regarding the health aspect, the easy, fast and widespread spread of the Covid-19 virus through new strains has created a health crisis because comprehensive vaccination has not yet been implemented due to limited raw materials for vaccines, medicines and limited equipment and medical personnel. In the economic aspect, there was a decline in performance in various sectors, especially

the goods and services production sector, the consumption sector, hampered investment activities, decreased exports and imports and a sharp contraction in economic growth towards the brink of recession. In the social aspect, the cessation of economic activity through social restrictions in various domains resulted in a decline in informal sector economic activity through a decrease in labor absorption.

Based on the concept of basic and excellent sharia health services, efforts to fulfill minimum service standards that are oriented towards patient satisfaction are the main aspects. Apart from that, the level of allocation of the service financing system provided by the Government through the BPJS (Social Security Administrator) Health program will have a direct impact on the quality of services. If the allocation of funds to support health services is inadequate, the reduced quality of sharia-based services in several sharia hospitals will result in the community abandoning sharia hospitals, and people turning to competing conventional private hospitals in the Klaten Regency area.

Sharia principles apply to all managerial and service aspects in sharia hospitals including: Sharia Supervisory Board, internal regulations containing sharia aspects, clear vision and mission aimed at carrying out activities in an Islamic manner, cooperation contracts with employees, patients, logistics suppliers, sharia-based financial institutions, human resource management using sharia principles, financial management and accounting using sharia principles, providing worship facilities for worshipers and patients, visitors and employees, providing guidance on worship for all terminal patients, halal guarantees and security is exceeded. Guaranteeing the preservation of patients' private parts with medical services according to gender, *thoharoh* (pure) principles, requiring all employees to be involved in religious activities and conflict management based on sharia values (Ismail et al., 2018).

The experience-based learning model can be used as material for a research model on the performance of Islamic hospitals' competitive excellence position. Several terms have been used to refer to experience-based learning. John Dewey called learning by doing, Wolf and Byrne used the term experienced-based learning. Meanwhile, David Kolb uses the term experiential learning, which means learning through reasoning from experience. Kolb's experiential learning model will be the focus of theoretical studies in proposed research activities. David Kolb is an important figure in the practice of experience-based learning. For Kolb, learning is not just the reception or transmission of learning material, but rather the interaction between learning material and experience which mutually transform one another (Gordon, 2022).

Kolb based the experiential learning model on Lewin's version of the problem solution model which is widely used in organizational development models. Kolb offered four stages of the experiential learning cycle consisting of: concrete experience, full involvement, reflective observation, reflectively observing students' experiences from many perspectives, abstract conceptualization, formulating, conceptualizing and integrating the results of observations, students' reflections on experiences into theoretical concepts, logical, and finally active experimentation, testing (experimentation) theories to make decisions in solving problems (Gordon, 2022). Practitioners in sharia-based hospitals can conduct experiments in an environment that is similar to reality, repeatable, safe and controlled (Poore et al., 2014).

Activities to measure the quality of basic and excellent health services to determine the position of competitive excellence need to be carried out in several sharia hospitals in Klaten. The research team needs to carry out research measurements of the quality of sharia hospital services based on Multidimensional scaling and the quality of human resource performance independently. The results of the assessment need to be disseminated to all parties so that the public can find excellent sharia-based health services in the Klaten district area. Formulation of the main research problem is: "Is service quality excellence capable of forming a competitive excellence position map for each sharia hospital based on a multidimensional scaling model?".

## 2. RESEARCH METHOD

### Research Design

This research is quantitative research using the multivariate multidimensional scaling analysis method (Hair et al., 2019).

### Research Location and Time

The research was conducted in Klaten Regency at seven hospitals, namely Klaten Islamic Hospital, Diponegoro General Surgical Hospital, Aisyiyah Islamic General Hospital, Boyolali Islamic General Hospital, Cawas Islamic General hospital, Hospital of Muhammadiyah Community Welfare Builder of Delanggu and Cakra Husada Hospital of Klaten. These seven hospitals are characterized by providing excellent sharia-based health services. The selection of hospitals as samples was based on data from the Klaten Regency Health Service and websites and social media related to excellent Sharia hospitals in Klaten Regency. Research activities were carried out for 4 months in the field from July to October 2023 and one month of activities included tabulation, analysis of the final report and output.

### The Scope of Research

The scope of the research includes a survey of adults who have sufficient understanding to be able to distinguish each of the service quality excellences of the seven sharia hospitals by providing an online questionnaire (google-form). In the final stage of this research activity, the competitive position of each sharia general hospital was determined through the four dimensions of the competitive excellence model. These four dimensions include sharia facilities, paramedical services, medical expertise, atmosphere and medical facilities and administrative services (Rahman et al., 2021).

Questionnaires were distributed to 120 respondents to find out their perceptions of the attractiveness of the quality performance of 7 sharia hospitals. Hair *et al.* (2019) explained that the sufficient number of samples according to the multivariate test so that normal data requires a minimum of 10 times the number of indicators. The data obtained was then analyzed using the double variable multidimensional scaling technique to determine the relative position of one object relative to another object based on the respondent's assessment of each dimension of service quality.

### Determination of Data Source

The research data source was primary data obtained through distributing questionnaires. Secondary data was obtained from research activities through literature studies by searching various research journals from the internet, magazines, text books and other articles related to the research topic.

### Data Analysis

Data checking, data tabulation, validity and reliability testing of model instruments were carried out at an early stage. The results of the initial data validity and reliability test found that the data was declared valid and reliable. Further analysis was carried out through multivariate multiple variable multidimensional scaling (MDS) test using the SPSS 21 program (Hair et al., 2019).

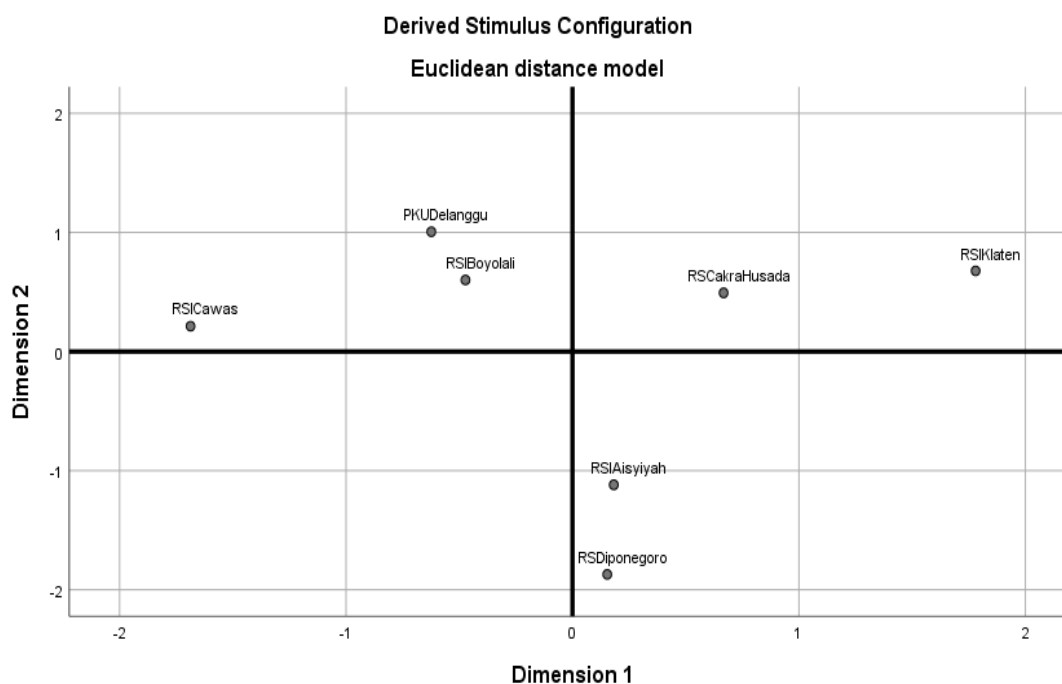
## 3. RESULTS AND DISCUSSIONS

### Data analysis

The framework of the research model based on multidimensional scaling variables through interaction tests is outlined in Figure 1 below.

Based on the spatial map figure, it can be seen that the position of Klaten Islamic Hospital and Cakra Husada Hospital is in quadrant I. Quadrant I shows the position of excellent quality of health services in both qualitative and quantitative aspects. These two large hospitals have similarities regarding excellent quality health services so that the response of the community in Klaten City places these two large hospitals in quadrant I or the excellent quadrant. Quadrant II is occupied by Aisyiyah Islamic Hospital and Diponegoro

Hospital. In this quadrant, Aisyiyah Islamic Hospital has dimensions of excellence in the specialization aspect of sharia service activities specifically for medical care in the category of treating maternal and child diseases. Diponegoro Surgical Hospital has specific surgical expertise. These medical expertise specifications cause the public to assess that the positions of these two sharia hospitals are similar. The location of these two Sharia Hospitals is also in the Klaten City area so that the public has the same perception regarding the geographical aspects of these two hospitals. Quadrant IV is occupied by Boyolali Islamic Hospital, Cawas Islamic Hospital, and Hospital of Muhammadiyah Community Welfare Builder of Delanggu. Boyolali Islamic Hospital has the peculiarity of being in a specific geographical cluster in the manufacturing industry growth area in Boyolali Regency. Hospital of Muhammadiyah Community Welfare Builder of Delanggu and Cawas Islamic Hospital are located in the decoy area for domiciled patients in Sukoharjo and Kartosuro Regencies as well as the Gunung Kidul Regency area. For respondents, Quadrant IV is categorized as community economic cluster hospitals that are experiencing rapid growth. Hospitals in quadrant IV are also categorized as challengers in providing excellent quality sharia health services for two large hospitals, namely Klaten Islamic Hospital and Cakra Husada Hospital.



**Figure 1.** Positioning Sharia Hospital

### Positioning The Sharia Hospital in Klaten

Experience-based learning is suitable for practice by individuals providing sharia hospital services. Professional education in the field of hospital service practice aims to apply theoretical concepts in real cases so that students are required to be more active in taking action to be skilled and able to think critically in making clinical decisions. Research by Setiawan et al.(2017) explained that experiential clinical learning is feasible and meaningful for emergency nursing students so that sharia health services in the future need to increase the number of experience-based learning models.

There are six global aspects of sharia competency services researched by Sa'adah (2022) that need to be used as an assessment of the main service indicators for sharia hospitals, namely Islamic values in general, *halal* (allowed) and *haram* (forbidden) rules, attention to Islamic activities, honesty, simplicity and humanity and trustworthiness. A sharia hospital is a hospital whose activities are based on sharia service activities that uphold the five principles of safeguarding, namely religion safeguarding (*hifz ad-diin*), soul safeguarding (*hifz an-nafs*), reason safeguarding (*hifz al-aql*) offspring safeguarding (*hifz an-nasl*) and assets safeguarding

(*hifz al-maal*). Hospitals in Klaten Regency that are able to maintain these five principles have the ability to become excellent sharia hospitals.

The concept of modern marketing science is now starting to show the value of spirituality in its strategy. It is believed that the values spread are not only able to increase profits but also ensure the longevity and strengthening of brand character. This activity also forms unmatched differentiation. Sharia hospitals in the future should not only market the service products with functional or emotional benefits but also must continue to emphasize spiritual benefits. It is believed that value-based marketing will obtain different results because in the future sharia service business owners will not only provide satisfaction to patients or aim for profitability but will have compassion and business sustainability as well (Kotler & Keller, 2011).

Pain for patients causes anxiety in itself. Doctors and nurses must provide education to speed up healing of physical illnesses (Sutisna et al., 2022). Medical procedures carried out on patients should not increase anxiety and always follow the procedure, namely by providing informed consent (an explanation of the stages of the procedure, benefits and side effects) accompanied by an explanation of who will carry out. There is a crucial experience-based activity for a Muslim who is seriously ill, namely *talqin* (reminding someone who is in the process of separating the soul from the body, which is described as feeling very painful and in extreme pain or someone who has just been buried with a certain sentence) guidance for patients when experiencing death. The condition of dying in *husnul khotimah* (died in good condition) is a good ending that is aspired to by Muslim individuals. For sharia hospitals, this indicator is a quality indicator that must be implemented fully, apart from patient comfort regarding medical procedures. Spiritual mental health is a major concern in sharia hospital service standards. In sharia hospital services, patients are invited to recite *Basmallah* when taking medication and are guided in prayer when it is prayer time. Islamic education to patients is provided by special spiritual guidance officers assisted by doctors and nurses to motivate patients to worship, pray and teach patients and families to remain patient, make efforts and pray in facing illness. The indicator of successful healing in sharia hospital services is not only physical healing but also real practical experience based on spiritual mental strength (Hayati & Sulistiadi, 2018).

Activities for external parties to introduce the existence of sharia hospitals must continue to be carried out, such as research by Hayati and Sulistiadi (2018): installing name boards and instructions on the existence of sharia hospitals so that they are clearly visible, collaborating with various work partners such as medical representatives, employees of other parties, becoming sponsors of various health seminars, participating in activities on social media, radio television broadcasts and print media. These various activities are an opportunity to introduce and explain the differences between sharia hospitals and non-sharia hospitals to the wider community. The Muslim community must continue to convey product superiority as an effort to convince the public of the superiority of sharia hospital products compared to conventional hospitals through the display of mottos and slogans that can further convince consumers.

#### 4. CONCLUSION

Based on the excellent performance of the quality of sharia health services, the qualitative and quantitative aspects of seven hospitals obtained scores to determine each hospital's excellent quality of health services. Each hospital has a distribution of the highest and lowest position scores related to the dimensions of service quality aspects. Klaten Islam Hospital and Cakra Husada Hospital have the highest health service quality performance position. Meanwhile, Boyolali Islamic Hospital, Cawas Islamic Hospital, and Hospital of Muhammadiyah Community Welfare Builder of Delanggu have positions in the growing and challenging categories in terms of sharia health quality performance services both from physical and non-physical aspects. There are weak points in each Sharia Hospital in the minds of respondents' perceptions which can be used as input to be followed-up by improving the quality position of the competitiveness of each hospital's excellent sharia health services. Each hospital must close weak points to increase the competitiveness of the quality of health services. Strengthening the quality capacity of sharia health services from medical and non-medical aspects qualitatively and quantitatively must continue to be carried out to improve the health status of the people of Klaten Regency. It is necessary to pay close attention and implement constructive suggestions, there are still complaints that arise from the public's response to the quality of service at each hospital. Sharia principles have similarities with the modern marketing concept. This principle must be included in the realm of marketing practice by attaching values to the institution's vision and mission. Future

policy implications are that hospitals must carry out all activities through universal values such as love and sincerity. If the hospital has reached the spiritual stage, the relationship between the company and anyone with an interest, including medical, non-medical, and supplier consumers, will never end. This is at the same time a spreading and promotion of Islamic teachings as "rahmatan lil alamin" (mercy and compassion for all nature). It is necessary to carry out in-depth and ongoing surveys as a result of changes in people's tastes and preferences regarding expectations, desires and needs for the attractiveness of the quality of sharia health services. All of this leads to facing increasingly serious challenges with the development of advanced technology in the health sector in the era of industrial revolution 5.0 in the future.

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