#### LEMBAR HASIL PENILAIAN SEJAWAT SEBIDANG ATAU PEER REVIEW KARYA ILMIAH: JURNAL ILMIAH

Judul Artikel Ilmiah : Sustainable competitive advantage strategy in hospital industry to response

policy change in Indonesia: A narrative review

Nama semua penulis : Marselli Widya Lestari, Antono Surjoputro, **Ayun Sriatmi** 

Status Pengusul (coret yg tidak perlu) : PenulisUtama/PenulisUtama&Korespondensi/PenulisKorespondensi/

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#### LEMBAR HASIL PENILAIAN SEJAWAT SEBIDANG ATAU *PEER REVIEW* KARYA ILMIAH: JURNAL ILMIAH

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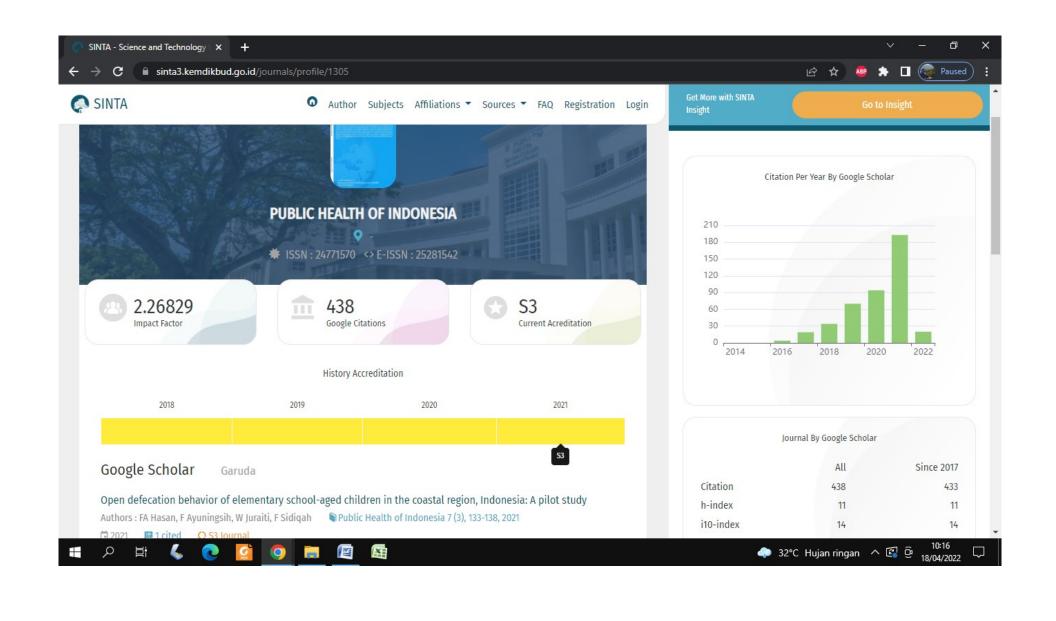
a	Kelengkapan unsur isi artikel	Artikel sudah meliputi judul, abstrak, pengembangan, dan pembahasan,
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#### **Table of Content**

Sustainable competitive advantage strategy in hospital industry to response policy change in Indonesia: A narrative review	95-100
Marselli Widya Lestari, Antono Surjoputro, Ayun Sriatmi DOI : http://dx.doi.org/10.36685/phi.v7i3.4z1	
Spatial patterns of maternal mortality causes in West Kalimantan, Indonesia Tria Saras Pertiwi, Nauri Anggita Temesvari, Mieke Nurmalasari DOI: http://dx.doi.org/10.36685/phi.v7i3.441	101-110
Implementation of new normal policies during the COVID-19 pandemic in Southeast Sulawesi, Indonesia  Abas Abas, Asma Asma, Wa Zul Wa Zul, Irmawati Irmawati, Hayatun Nufusi Alhajar  DOI: http://dx.doi.org/10.36685/phi.v7i3.435	111-116
The perilous riding behavior and accident of motorcycles in university students  Fera Atmawati, Nurhalisa Nurhalisa, Wa Ode Sri Mulyani, Muhammad Reza Adyatama  Pimpie, Walid Wahyudin Rahman  DOI: http://dx.doi.org/10.36685/phi.v7i3.438	117-125
Indonesian mothers' perception about the children nutritional status and its related factors Wa Neli, Fillya Light A Latif, Helviani Rompas, Atika Hervina Putri, La Ode Muhammad Firman  DOI: http://dx.doi.org/10.36685/phi.v7i3.440	126-132
Open defecation behavior of elementary school-aged children in the coastal region, Indonesia: A pilot study Fadhilah Azzahra Hasan, Fausiah Ayuningsih, Warti Juraiti, Faizah Sidiqah DOI: http://dx.doi.org/10.36685/phi.v7i3.437	133-138

Original Research

#### Spatial patterns of maternal mortality causes in West Kalimantan, Indonesia

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#### Abstract

Background: Maternal Mortality Rate (MMR) is one of the health indicators to see maternal survival in general and is a component in the health development index. Maternal Mortality Rate is also an important indicator of the quality of health services and the performance of the Health system.

Objective: This study aimed to analyze the spatial patterns of maternal mortality based on the mortality causes in Sambas District, West Kalimantan, Indonesia.

Methods: This study used a descriptive and exploratory approach to be able to see the distribution of maternal mortality and the coverage of the distribution of health care facilities. A spatial pattern was carried out to analyze the distribution pattern of maternal mortality cases using the Average Nearest Neighbor.

**Results:** The results showed that most maternal mortality causes include bleeding, pregnancy hypertension, circulation system disorders (heart, stroke), metabolic disorders (diabetes mellitus), and other causes, such as pulmonary embolism. The analysis using a buffer of 3 kilometers and 5 kilometers show that not all the areas are covered by health service facilities in the Sambas district. Analysis of the mean of the nearest neighbors showed that the Nearest Neighbor ratio was 1.039398 with a z-score of 1.022396, which means that the pattern of distribution of maternal death according to the cause of death has a random pattern.

Conclusion: The spatial pattern of cases of maternal death according to the cause of death in the Sambas district, West Kalimantan, Indonesia, has a random pattern. This finding can be used as a basis for decreasing the maternal mortality rate.

Keywords: spatial patterns; maternal mortality causes; Indonesia

#### **Background**

Maternal Mortality Rate (MMR) is one of the health indicators to see maternal survival in general and is a component in the health development index (Susiana, 2019). Maternal Mortality Rate is also an essential indicator of the quality of health services and the performance of the health system (Webel, 2004). Based on World Bank data in 2017, the MMR in Indonesia is 177 deaths per 100,000 births (World Bank, 2019). Every year, the MMR is also predicted Original Research

#### Open defecation behavior of elementary school-aged children in the coastal region, Indonesia: A pilot study

#### Fadhilah Azzahra Hasan, Fausiah Ayuningsih, Warti Juraiti, and Faizah Sidigah

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#### Abstract

Background: Open defecation is one of the public health problems. Such behavior will lead to contamination of water and food sources, which can cause several diseases, one of which is caused by polluted water (water-borne diseases).

Objective: This research aimed to describe open defecation behavior in elementary school-aged children in Kendari City, Indonesia.

Methods: This was a descriptive survey carried out on 11-12 June 2021 among 87 students. Open defecation behavior was seen from knowledge and attitude of open defecation and availability of latrines. Validated questionnaires were used to measure the variables. Descriptive statistics were used for data analysis.

Results: The results showed that the students lacked knowledge (42%) and negative attitudes (44%). In addition, 11% of the respondents did not have latrines; therefore, open defecation still exists.

Conclusion: The findings of this study indicated that most of the respondents had poor knowledge and attitude regarding the impact of open defecation on health. Therefore, the results can be used as the basic data to develop further research, and indeed, to inform public health workers to pay attention to this issue and health education related to open defecation behavior is highly needed.

Keywords: open defecation; school-age children; knowledge; attitude; practice; Indonesia

#### **Background**

One of the public health issues which remain a global problem is open defecation. Open defecation is one example of unhealthy behavior, which is defined as the act of processing dirt or feces in fields, forests, bushes, rivers, beaches, or other open places and spreading them to pollute the environment, soil, air, and water (Anggoro, 2017).

WHO 2010 data estimates that 1.1 billion people, or 17% of the world's population still practicing defecate outside, and 81% of the population in 10 countries in the world. Indonesia is the second-largest country in the world whose people practice open defecation after India. In 2016, 16.209.333 heads of families in Indonesia were still practicing open defecation of 67,453,504 heads of families or 24.03% who were still defecated in the outside (Yulda et al., 2017). Nationally, the use of latrines in 2018 increased to



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# Sustainable competitive advantage strategy in hospital industry to response policy change in Indonesia A narrative review

by Ayun Sriatmi

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Review Article

## Sustainable competitive advantage strategy in hospital industry to response policy change in Indonesia: A narrative review

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#### **Abstract**

In response to policy changes, the hospital as an organization is expected to establish a strategy to stay afloat in business competition. However, the health industry, especially hospitals, has certain determinants that are different from other industries. This article is a literature review that focuses on business strategy management, namely sustainable competitive advantage in the hospital industry. This review is aimed at managers nowadays in building and maintaining their hospital positions. In conclusion, changes in strategy can be made specifically according to the type of hospital and positioning results.

Keywords: sustainable competitive advantage; hospitals; business competition; policy; Indonesia

#### Introduction

Since 2010, the regulations regarding hospital classification have continued to change. Minister of Health Regulation number 56 of 2014 is a ministerial gulation that refines and at the same time revokes Minister of Health Regulation number 147 of 2010 concerning hospital licensing and Minister of Health Regulation number 340 of 2010 concerning hospital classification, KMK 2264/MENKES/SK/XI/2011 concerning the imperimentation of hospital licensing. Then, in mid-2019, the Minister of Health Regulation number 30 of 2019 appeared, which regulates and

reaffirms the qualifications of medical personnel, medical devices, and other medical support according to the assigned hospital class, as well as potating the previous ministerial regulation, namely the Minister of Health Regulation number 56 of 2014. However, the implementation of this regulation was postponed at the end of 2019 because it was deemed not suitable for our current situation. Early 2020, the new 2019-2024 Minister of Health, dr. Prawan Agus Putranto, Sp. Rad (K) ratified the Minister of Health Regulation number 3 of 2020 concerning hospital classification and licensing as a form of adjustment to the previous ministerial regulation that sparked many pros and cons.

This policy change caused implications for the hospitals. In response to policy changes, hospitals as an organization are expected to review its strategies. This is done to find out whether the previous strategy still relevant or needs adjustments. Moreover, the Minister of Health Regulation number 3 of 2020 established single rates and hospital classification based on only the number of beds (Kementerian Kesehatan Republik Indonesia, 2020). This situation requires the hospital to remain in business competition how the hospital can sustain and continue to compete in improving its services.

In business strategy management, the term competitive advantage is already well known, in which the ability a company gets through its characteristics and resources to have higher performance compared to other companies in the same injustry and market (Chen & Liao, 2011; Taie, 2014). This theory was coined by Michael Porter in his book entitled Competitive Advantage (1985). Currently, the theory of competitive advantage is being developed by many researchers, especially sustainable competitive advantage. Sustainable competitive advantage (SCA) is a strategy to maintain a company's superiority compared to other competitors (Chen & Liao, 2011; Taie, 2014; Pirayesh & Forouzandeh, 2016)

This article will discuss strategic management, namely sustainable competitive advantage (SCA) in

the hospital industry. This is expected to give answers to the problems of managers nowadays in building and maintaining its company to remain successful in its class.

#### **Development**

Every organization strives 3 achieve an advantage over the competition. The competition becomes the trigger for change. If the organization cannot outperform its competitors in efficiency, quality, or ability to innovate products and services, it will not survive. Competition in the health industry, especially in hospitals, has certain determinants that are different from other industries. In health services, competitiveness is not only based on profit but also the uniqueness of the health sector, namely in terms of service quality and social function. In other words, a health organization can be considered a competitive advantage when it provides high-quality medical services, high-performance medical equipment, modern medical products therapeutic procedures, comfortable conditions, and lower rates, reduced service costs, etc. Human resources also play an important role in reputation, professionalism, differentiation, and specialization. All of these aspects emphasize customer value. Customer value is useful for ensuring the success of health services in the industry (Taie, 2014)

Table 1 Literature Distribution

Author (year)	Location	Data
Chen and Liao (2011)	Korea	153 samples
Anyim (2012)	Nairobi	30 out of 64 private hospitals
Gowen et al. (2012)	US	210 hospitals
Taie (2014)	Egypt	106 samples
Stefan et al. (2016)	Roma	291 samples
Gautar9 and Ghimire (2017)	Nepal	233 samples
Sweis et al. (2018)	Jordan	56 samples
Ying et al. (2019)	Pakistan	384 samples
Rahmantya and Djazuli (2019)	Indonesia	115 samples
Singh et al. (2020)	India	Two informants
Susanto (2019)	Indonesia	Secondary data
Mahasneh et al. (2020)	Saudi Arabia	40 private hospitals

According to Stefan et al. (2016), SCA in the hospital industry has four dimensions: economy/financial, quality, social, and strategy. Each of these dimensions has a determinant. The economic dimension consists of cost and efficiency. Hospitals are directed to provide resources (information, material, infrastructure, and financial resources) and

efficient management according to patient needs. Susanto's research supports this. In his study 15 santo (2019), it was stated that efficiency through co-branding and green health care was useful in increasing competitive advantage at Mitra Keluarga Hospital. Co-branding is a form of collaboration between two or more brands that already have

significant consumer recognition. This can create a positive contribution to the efficiency and reduce the company's operating expense. Meanwhile, green health care is a concept combining development that does not damage the environment as well as the

health service that does not pollute the environment. One of the principles of green health care is to reduce hazardous waste. With less waste generated by health facilities, resources are used more efficiently and reduce costs (Susanto, 2019).

Table 2 Dimensions and Factors Sustainable Competitive Advantage

No	Dimensions	Factors	
1	Economy	Cost, Efficiency (Stefan et al., 2016; Susanto, 2019)	
2	Quality	Service quality (Stefan et al., 2016; Sweis et al., 2018)	
3	Social	Customer satisfaction and loyalty (Anyim, 2012; Stefan et al., 2016)	
3	Social	Human resources satisfaction (Stefan et al., 2016; Gautam & Ghimire, 2017)	
		Service differentiation (Anyim, 2012; Susanto, 2019)	
4	Stratogy	Innovation (Stefan et al., 2016)	
4	4 Strategy	Intellectual capital (Taie, 2014; Stefan et al., 2016; Ying et al., 2019)	
		Marketing (Chen & Liao, 2011)	

The quality dimension is the service quality in the hospital. In most service industries, service quality is the key factor in increasing competitive advantage (Stefan et al., 2016). Research finds that service quality increases customer trust, thus earning SCA (Sweis gal., 2018; Rahmantya & Djazuli, 2019). Service quality is determined by customers because it conforms to customer specifications rather than company specifications. Good service quality is when a patient's expectation can be met; therefore, if the hospital can guarantee the patient, then the information transfer process is automatically carried out so that the hospital is able to create value for customers, which in turn forms a sustainable competitive advantage. Service quality has five aspects, namely responsiveness, empathy, suitability, reliability, and guarantee/assurance (Sweis et al., 2018)

The social dimension consists of customer satisfaction and loyalty as well as human resources satisfaction. As stated before, customer value is the end of SCA. Hospitals achieve SCA if they have long customer loyalty and high customer satisfaction (Anyim, 2012). The ongoing relationship between healthcare providers and customers is the key factor. Hospitals are advised to provide what patients need and maintain contact, as well as building a good long-term relationship. Human resources satisfaction, as one of the hospital stakeholders, is also as important as customer satisfaction and loyalty to achieve SCA. With the fulfillment of human resource needs, both physically and psychologically, service performance will automatically increase (Stefan et al., 2016). In Gautam and Ghimire (2017) research, psychological satisfaction of human resources brings a positive effect on SCA. Human resource psychological empowerment is deemed to be very effective in developing human resources quality, in which human resources is the main asset in health services.

The strategic dimension consists of service differentiation, innovation, intellectual capital, and marketing. Hospitals must adapt to the customers and implement strategies that can be supportive in a competitive environment, such as differentiation, diversification, and new product development. However, when the physical product cannot be distinguished easily, the key to success competitive in the service industry lies in the service differentiation so that it can irrease other service qualities. Research shows that service differentiation strategies contribute to customer satisfaction and loyalty (Anyim, 2012; Susanto, 2019). The strategy differentiation is carried out by creating differences between competing hospital products. This strategy can expand the hospital business by adding new products/services that are different from others. This will form the hospital's uniqueness so they can reach SCA (Susanto, 2019).

Innovation is a multi-stage process in which organizations turn ideas into new/better products, services, or processes to enhance, compete, and differentiate themselves from others. The intense

competition encourages hospitals to investigate new opportunities by finding ways and processes in introducing new health services, improving and developing existing health services. Sultan's research found that there is a positive correlation between innovation and SCA achievement. In addition, product and process innovation appear as variables that influence SCA achievement (Mahasneh et al., 2020)

There is an important fact that the real business value is not reflected in material capital but in intellectual capital (Taie, 2014; Stefan et al., 2016). Intellectual capital consists of human resources, structural and relationship capital. Human resources refer to idea capital (labor, employee skills, and knowledge-based attitudes) and leadership capital (experts and managers characteristics). Structural capital refers to innovation capital (patents, trademarks, copyrights, knowledge databases). Relationship capital refers to the relationship with customers, suppliers, and relationships relationships/members. The results show that intellectual capital assists managers in obtaining valuable resources, which in turn improves performance and receives SCA (Taie, 2014; Ying et al., 2019)

Marketing and technology resources encourage new product development processes so as to increase competitive advantage. Different types of marketing can be a catalyst for different types of sustainability strategies. Furthermore, sustainability strategy is positively related to sustainable consumption behavior/customer loyalty and competitive advantage (Chen & Liao, 2011; Sharma, 2017). Green marketing is one of the strategies used by the hospital marketing teams nowadays as a key strategy for SCA. One study in India also states that green marketing practices allow hospitals to have a sustainable competitive advantage (Sharma, 2017)

#### **Discussion**

The four dimensions do not necessarily affect the SCA. There are exploratory factors that also have empigal evidence on SCA. The exploratory factor is the contribution of leadership and managerial process to increase the influence of all other factors/dimensions in increasing the competitiveness of a sustainable hospital (Stefan et al., 2016). In Indonesia, the director/manager's role is very crucial.

Studies show that management leadership has a positive and significant effect on company performance. Leaders create goals, values, and systems that lead to continuous performance improvement. Furthermore, the leaders must also be adaptive and be able to develop themselves continuously.

Dynamic changes in government policial require hospitals to be dynamic and evolve. If the Minister of Health Regulation number 3 of 2020 is genuinely ratified, the hospitals need to adjust their strategic plans. The discussions in the Minister of Health Regulation number 3 of 2020 are as follows (Kementerian Kesehatan Republik Indonesia, 2020):

- INA CBGs are not applicable and replaced by "one tariff." In which in this point, the economic dimension cannot undergo too many changes. This is because 70-80% of patient visits have been dominated by BPJS users.
- 2) The types of hospitals are based on the easier service, and in general, the priority is the number of inpatient beds. The classification of General or Special Hospitals should no longer be based on having specialist and sub-specialist medical service capabilities but only based on the number of inpatient beds. This could be an advantage to any type C and D hospitals with many inpatient beds but lack specialist and sub-specialist human resources. In fact, specialists and sub-specialist are rare and concentrated in big cities.
- 3) There are no more tiered references. Hospitals that provide certain health services are no longer exclusive (only in type A or B General Hospitals or hospitals determined by the government). This policy can be a disadvantage because nowadays, hospitals' competition is very open, and people have the right to choose any hospital.

With all 3 points mentioned above, the directors and managers of any type C and D hospitals can improve the quality dimension by maintaining and improving service performance as well as increasing inpatient beds and strategic dimensions such as providing more services, optimizing human resources, making technological innovation (online queuing service, telemedicine, etc.), marketing, as well as building social dimensions like increasing engagement and service after medication. Meanwhile, any type A or B hospital can improve the quality keeping/increasing service quality; social dimension by maintaining patient and HR engagement; strategic dimension by differentiating services and innovating the process to be more effective and efficient. Of course, tips on achieving SCA must be in line with each hospital. Therefore, positioning (internal and external assessment) is mandatory in changing the strategy step.

This concludes that SCA in the hospital industry is influenced by four dimensions: economic/finance, quality, social, and strategy. Each dimension has both directly and indirectly impact on the SCA. However, without the contribution of good leadership and managerial processes, these four dimensions cannot fully influence the SCA. Therefore, the managers' role is vital in bringing the hospital to SCA through these factors (cost, efficiency, service quality, customers satisfaction and loyalty, human resources satisfaction, service differentiation, innovation, intellectual capital, and marketing).

#### 10

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The authors declare no conflict of interest.

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Concept generation, data collection (Marselli), writing and editing of the manuscript (Antono), critically reviewed, writing, and revision (Ayun). All authors agreed with the final version to be published.

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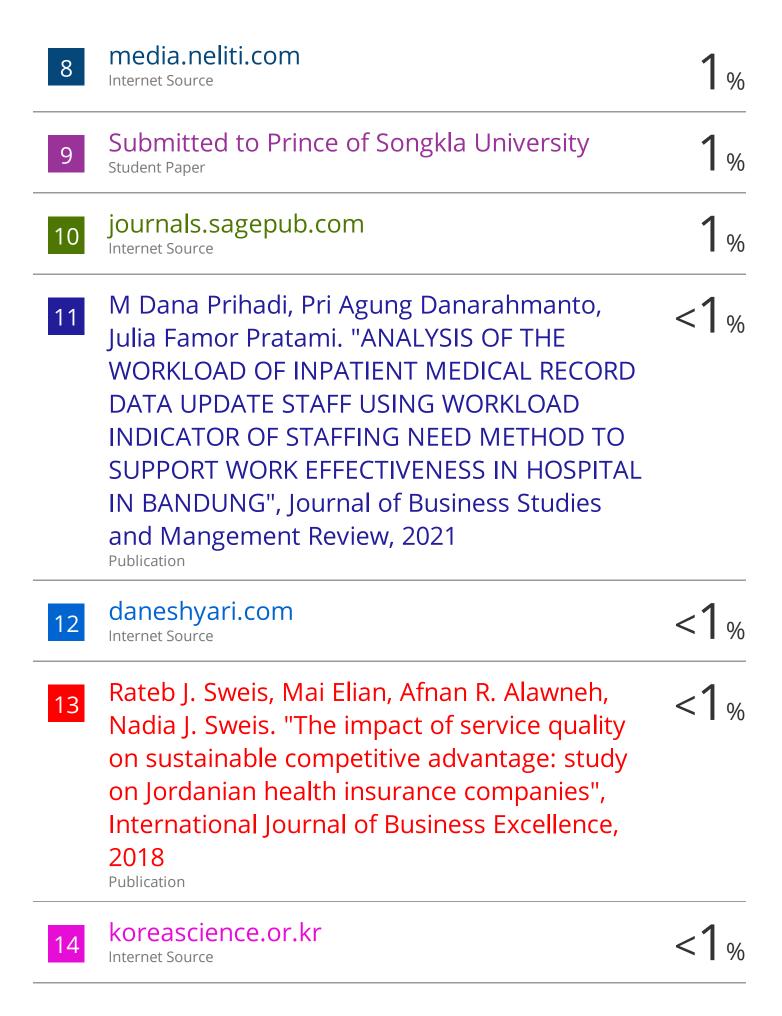
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