



Benefits of Using SWOT Analysis and Balanced Scorecard for the Development of the Quality of Health Services: Narrative Review

Jerry Ferdinand Haposan Saragih^{*1)}; Sri Achandi Nugraheni¹; Mateus Sakundarno Adi¹

¹⁾ Faculty of Public Health Universitas Diponegoro

ARTICLE INFO

Article history:

Received 11 March 2021
Accepted 21 June 2022
Published 10 July 2022

Keyword:

SWOT Analysis
Balanced Scorecard
Quality Improvement Strategy
Internal and External Factor Analysis

ABSTRACT

Hospital is a health service institution that is often used by the community to obtain the desired public health degree, provide services that meet expectations, and maintain service institutions. Consumers want the services of a responsible, market-oriented, customer-centric business. The emergence of problems in health services such as poor service, incomplete facilities, lack of human resources, and a less integrated hospital system cause the quality of health services to be less good. Therefore, tools and strategies are needed to improve hospital quality, such as SWOT analysis and Balanced Scorecard. This research is based on a review with type of narrative review. In this study, the collecting and arranging articles of from various literature sources related to the advantages of using SWOT and BSc analysis will be carried out in helping to improve the quality of health services. The use of SWOT analysis and the Balanced Scorecard can improve the quality of health services because it carries out the process of identifying and assessing important elements that affect the quality of health services and discussing tactics that can be taken to support decision-making in developing the quality of health services both in terms of services, facilities, health workers, and integrated hospital information system.

This open access article is under the CC-BY-SA license.



Kata kunci:

Analisis SWOT
Balanced Scorecard
Strategi Peningkatan Kualitas
Analisis Faktor Internal dan Eksternal

^{*}) corresponding author

Jerry Ferdinand Haposan Saragih
Faculty of Public Health, Diponegoro
University, Semarang

Email: jerry.dmpm@gmail.com
DOI: 10.30604/jika.v7iS1.1076

Copyright @author(s)

ABSTRAK

Rumah sakit merupakan suatu institusi pelayanan kesehatan yang sering digunakan oleh masyarakat untuk memperoleh derajat kesehatan masyarakat yang diinginkan, memberikan pelayanan yang memenuhi harapan, dan memelihara institusi pelayanan. Konsumen menginginkan layanan dari bisnis yang bertanggung jawab, berorientasi pasar, dan berpusat pada pelanggan. Munculnya permasalahan di pelayanan kesehatan seperti pelayanan yang kurang baik, fasilitas yang kurang lengkap, kurangnya SDM, dan sistem rumah sakit yang kurang terintegrasi menyebabkan kualitas pelayanan kesehatan menjadi kurang baik. Oleh karena itu, diperlukan alat dan strategi untuk meningkatkan kualitas rumah sakit seperti analisis SWOT dan Balanced Scorecard. Penelitian ini berbasis review dengan jenis narrative review. Dalam kajian ini akan dilakukan pengumpulan, dan penyusunan artikel berbagai sumber pustaka yang berkaitan dengan keuntungan dalam penggunaan analisis SWOT dan BSc dalam membantu peningkatan kualitas pelayanan kesehatan. Penggunaan analisis SWOT dan Balanced Scorecard dapat meningkatkan kualitas pelayanan Kesehatan karena melakukan proses mengidentifikasi dan menilai elemen penting yang mempengaruhi kualitas pelayanan kesehatan dan mendiskusikan taktik yang dapat dilakukan untuk mendukung pengambilan keputusan dalam pengembangan kualitas pelayanan kesehatan baik dari segi pelayanan, fasilitas, tenaga kesehatan, maupun sistem informasi rumah sakit yang terintegrasi.

This open access article is under the CC-BY-SA license.



INTRODUCTION

Every effort made alone or collectively as an organization to maintain and promote the health of people, families, groups, and/or communities are referred to as a health service. (Susanto, Simbolon, & Monica, 2021) Humans are the most crucial success element in growth. Patient satisfaction indicates the quality of healthcare, which is required to build a competent human being. (Pratomo, Umaternate, & Febrianti, 2018)

The purpose of health services is to produce a level of public health that meets expectations (customer satisfaction) via excellent service provided by service providers who meet expectations (provider satisfaction) and service institutions held to high standards (institutional satisfaction). (Bajri & Sulistiadi, 2019)

The following criteria are used to assess the quality of healthcare services: responsiveness, competence, ethics, and completeness (facilities) by using a quality assurance method, comprehensive healthcare services are prioritized. (Wira, 2018) The characteristics of healthcare service quality include tangibles, dependability, responsiveness, certainty, and empathy. The quality of healthcare services is defined by the patient's view, as described before, and the public's perception provides an evaluation of hospital services. (Yusuf, 2014)

Patient impressions of healthcare services are connected to responsiveness, service assurances, empathy, and physical evidence in services at hospital installations. Public views of the quality of healthcare services are vital because they influence the choice to utilize these services. (Amary & Suprayitno, 2021) The patient may judge the quality of service based on this viewpoint. The public's impression of the hospital may influence the hospital's service quality. (Yusuf, 2014) Perception is developed due to knowledge and comprehension of services, resulting in perceptions of service quality. Good public impression results from clear information provided so that patients are willing to wait for treatments and know healthcare rules and services in hospitals. (Tawil, 2018)

The service element also pertains to the amenities offered. The public's impression of the facility will give trust, as will service users' perceptions that the services delivered are in line with their expectations, as a measure of service quality, patients' and families' perceptions of facilities, and an atmosphere that helps them feel at ease. (Kurniasari, 2019) Facilities are key service quality indicators, with service facilities that give consumer convenience shaping views of excellent service quality. (Susanto et al., 2021) The degree of service perfection in satisfying the requirements and desires of each customer, including the completeness of the facilities and the ease of the facilities offered, is referred to as service quality. (Rampengan, 2019)

The public's perception of quality of service, namely the dependability dimension as one of the officers' competencies that substantially influence health service satisfaction, is a service dimension that must be examined. (Rulyandari, 2020) Competence of health personnel comprises responsiveness in giving certainty of service schedules, paying attention to patients, and offering certainty on treatment issues being addressed. Officers' proficiency in offering professional and dependable services with empathy, respect, and complete responsibility will instill a feeling of security and comfort. The presence of guarantees (assurance)

throughout the service process also indicates this. (Widyastika, 2016)

healthcare Providers (HCPs), who operate in hospitals, clinics, pharmacies, drug stores, and communities is an essential aspect of practically every approach for expanding the adequate coverage of health treatments. Improving HCP performance is critical since it entails reducing errors of omission (e.g., patients not obtaining necessary medications) as well as avoiding hazardous behaviors (e.g., giving sedatives to children with pneumonia) (Rowe et al., 2018)

In this article, we will utilize a SWOT analysis (Strength, Weakness, Opportunity, Threat) and BSc (Balanced Scoreboard) analysis to examine anything that might be an opportunity or a problem in enhancing the quality of the hospital. (Amer et al., 2022; Kumar & Seetharaman, 2008)

These elements, including views of hospitals, buildings, competencies, and policies, serve as the foundation for bettering quality services. Patient satisfaction, which comprises the aspects of direct evidence, empathy, responsiveness, and assurance, is affected by service quality and plays a role in improving patient loyalty. (Ozawa & Sripad, 2013) Based on this description, researchers are interested in studying healthcare quality and implementing it at the hospital to enhance quality.

METHOD

This research uses a review approach in the form of a narrative review. The purpose of a narrative review is to determine how SWOT Analysis and the Balanced Scorecard may be used to enhance healthcare quality. Scientific article sources are gathered from many databases, and there are no standards or norms in collecting article narrative reviews. (Huedo-Medina, Ballester, & Johnson, 2013) Articles used as reviews have inclusion criteria, such as quality improvement strategy in healthcare services, the deployment of SWOT, and the Balanced Scoreboard in healthcare services. The literature search used the platforms Scopus, Science Direct, Pro Quest, Springer Link, Google Scholar, Emerald, PLOS ONE, BMC Health Services Research, and Pub Med with the keywords "quality improvement strategy in healthcare services" "SWOT implementation to improve quality of healthcare" "Balanced Scoreboard implementation to improve quality of healthcare",

RESULTS AND DISCUSSION

Based on synthesized articles. There are 7 main ideas that will be discussed in this article. The main ideas that will be discussed include: Strength and Weakness Analysis, Opportunity and Challenge Analysis, Strategy Development Based on SWOT, the Four Perspectives of the Balanced Scorecard, Strategy in Applying the Balanced Scorecard, Critical Success Factors, and Implementing the Balanced Scorecard in hospital.

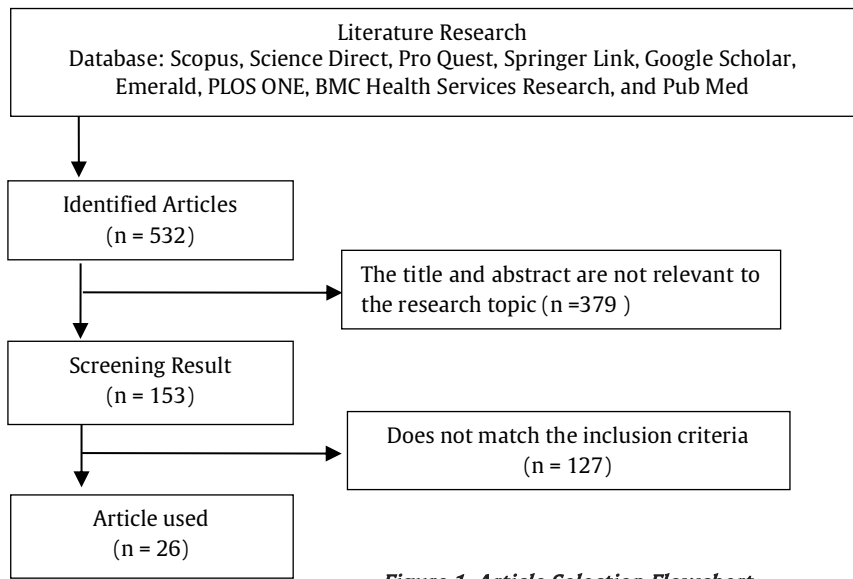


Figure 1. Article Selection Flowchart

Table 1.
 SWOT Analysis at the Hospital (Ruliyandari, 2019)

Internal External	Strengths	Weakness
	1. Availability of state of art monitoring equipment 2. Aggressive the rapeutic intervention 3. Competent clinical professionals 4. Good working environment 5. Outstanding research outputs	1. Critical shortage of nurses and support staff 2. Weak patient administration 3. Weak human resource management practices 4. Poor information and communication technology frame work 5. Slow adoption of new technology 6. Weak maintenance of facilities
Opportunities	SO-Strategies	WO-Strategies
1. Technological advancement in healthcare technology 2. Advancement in information and communication technology 3. Government support in healthcare management 4. Rapid development in healthcare management research 5. Globalization (it improves suply chain management in terms of technology adoption, equipment, drugs, and disposables purchasing)	1. Developing supply chain management frame work in order to develop long term relationship with technology, equipment, drug, and disposables 2. Retaining of competent consultants and doctors 3. Encouraging the clinical professionals to get involve in healthcare management research and applications 4. Expanding facilities	1. Recruiting quality manpower (clinical professional) 2. Developing human resources management policy for ICU management 3. Designing admission-discharge protocol 4. Introducing total productive maintenance
Threats	ST-Strategies	WT-Strategies
1. Increasing customer awareness 2. Competition from other hospitals 3. Increasing legal complication 4. Poor functioning of other units of hospital 5. Globalization (patient can get services the world and compare local vs. Global healthcare services)	1. Continous performance improvement 2. Integrating medical practices with legal framework 3. Developing communication framework with other units of hospital	1. Organizing both technical and management trainings for clinical professionals 2. Emphasizing on changing hospital policy for customer focused patient care using standarized process

An organization may choose a particular system for performance enhancement based on the criticality of its operations in terms of customer happiness and commercial success or on poor existing performance. The deficiencies were a severe lack of nurses and support personnel, poor

patient administration, poor human resource management practices, a poor information and communication technology framework, and sluggish adoption of newer suggestions and technologies. (Zia, Semiarty, & Lita, 2018).

Furthermore, advancements in healthcare technology and information technology, government support in healthcare, rapid development in healthcare management research, and globalization were identified as opportunities

while increasing awareness, competition from other hospitals, increasing legal complications, and poor functioning of other hospital units were identified as threats. (Pujihastuti, Hastuti, & Yuliani, 2021)

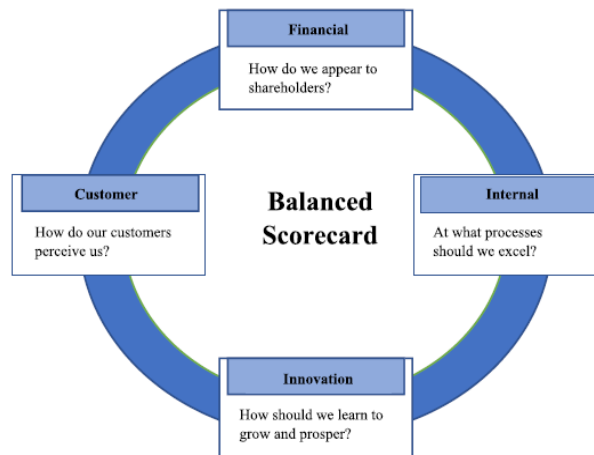


Figure 2. Balanced Scorecard Perspective (R Kaplan & Norton, 1992)

The first iteration of the BSC was used to examine four organizational perspectives: financial, customer, internal processes, and lastly, learning and development, all of which were guided by the corporate vision and strategy. (R Kaplan & Norton, 1992)

Strategic maps were introduced to the second iteration of BSC to depict the cause-effect links between the strategic goals of each viewpoint. (Speckbacher, Bischof, & Pfeiffer, 2003) Destination statements, measurements, and action plans were added to the third generation of BSC to attain the specified goal. (RS Kaplan, 2009) According to the BSC strategic maps, the process flow of the cause-and-effect

interactions finishes with the customer and financial views. (McDonald, 2012)

Destination statements, measurements, and action plans were added to the third generation of BSC to help accomplish the stated aims. According to the BSC strategic maps, the process flow of cause-and-effect interactions concludes with the customer and financial views. (RS Kaplan, 2009) As a result, it is thought critical to analyze the efficacy of prior BSC implementations in HCO and establish if genuine advantages exist to justify their ongoing usage. (Speckbacher et al., 2003)

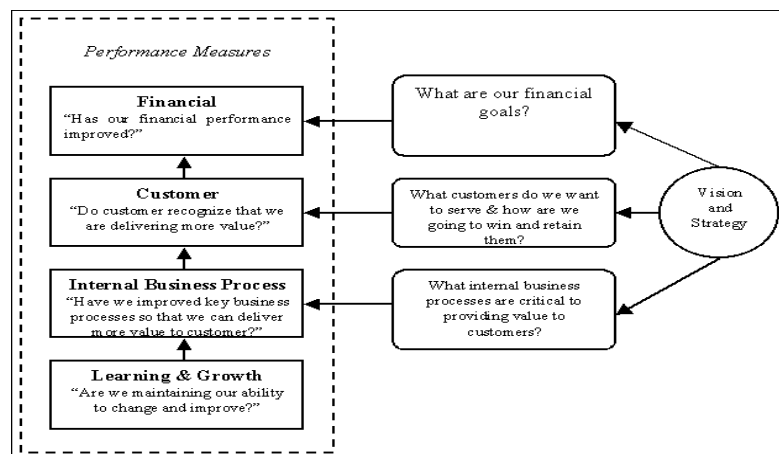


Figure 3. From Strategy to Performance Measurement, Balanced Scorecard (R Kaplan & Norton, 1992)

Creating a balanced scorecard entails carefully building a strategic management measuring system. The process starts with a preliminary review of the entire company plan, emphasizing the integration of the whole economic process. After identifying the overarching procedures, aims, and objectives, the benchmarks that are thought to best capture, the essence of the organization's progress toward the goals and objectives should be chosen. (Bohm, Lacaille, Spencer, & Barber, 2020).

Quality in healthcare is often measured using structure, method, and result. Quality improvement measurements should always contain all three factors conspicuously absent

from present models. The human and material resources available in each hospital are used to evaluate the hospital structure. (Nugraheni & Kirana, 2021)

A. Strength and Weakness Analysis

Human Resources

The hospital provides doctors that specialize in midwifery treatments. (Pratomo et al., 2018) Despite having medical resources, the volume of patients exceeds the number of available health staff. (Bajri & Sulistiadi, 2019) As

a result, human resource management must balance the quality and quantity of health personnel required in hospitals. Another measure to assist this balance is to supply the maximum amount of consumers every day. (Husna, Hakim, & Kristina, 2011)

Recruitment and training would result in an increase in the number of qualified clinical professionals. (Susanto et al., 2021) The project would include hiring clinical professionals and administrative workers after conducting a complete human resource need analysis, defining their training requirements, the needs of present employees, and monitoring the whole process. (Zia et al., 2018)

Facilities

General medical services, emergency services, primary medical specialists, medical support medical, dental and oral specialists, nursing and midwifery, clinical support, health administration, and operating room services are components that become strong in the facility variability. (Rulyandari, 2020) Some of these facilities have fulfilled the level set by the Minister of Defense and Security No. 11/2014. The drawback of the facilities held is that some are not fully operational since they must adapt to the state or kind of the hospital itself. (Kumar & Seetharaman, 2008)

Implementation of Health Services

The study findings' compatibility with existing ideas is bolstered by the hospital's aim to deliver outstanding and dependable healthcare. Serving patients with BPJS ensures that each one receives a favorable score (about +1), but also that the hospital's treatment is limited owing to a lack of facilities, requiring referral to other hospitals. (Pujihastuti et al., 2021)

The hospital's shortcoming is that if it cannot deliver adequate care, patients will be sent to another facility. (Amaliah, Herawati, & Witcahyo, 2017)

As a result, they are critical for prioritizing initiatives. Healthcare services include a variety of parties. Their happiness is critical for increasing patient satisfaction. Numerous improvement programs would result in varying degrees of client satisfaction. Customer satisfaction analysis concerning patients and clinical personnel (doctors, nurses, and support staff) is critical for project prioritization. (Amary & Suprayitno, 2021)

Organizing

The consistency between the findings of the existing theory and the informants' view is backed by their belief that all activities in health services would run well if task/job allocation is balanced among each member. The hospital has assigned healthcare professionals based on their skills in their different sectors to ensure that their work adheres to Standard Operating Procedures. (Zia et al., 2018)

Employee Welfare

In terms of shortcomings, depending on the salary provided by the hospital, the hospital has a policy that is not in compliance with local rules, but is under the MOU system agreement with potential workers. (Husna et al., 2011)

Monitoring and Evaluation

Conformity to research findings, monitoring, and evaluation must be performed regularly to establish and

regulate service quality.¹⁴ Because an organization and its surroundings are constantly evolving, it is vital to maintain control and make modifications always to look prime. So that the hospital assesses consumer happiness using a questionnaire to determine the degree of customer satisfaction and monitors health worker reports to become a strength for the hospital. (Zia et al., 2018)

B. Opportunity and Challenge Analysis

Promotion

It is intended that the marketing would help to improve the hospital's image in the community. By promoting health and providing facilities, health staff, and technology. (Amary & Suprayitno, 2021) As a result, visits from community patients may boost hospital revenue. As a result, the hospital may conduct promotional efforts such as free health exams and regular older fitness activities. Aside from that, the hospital is also doing 5S "Seiri (Concise), Seiton (Neat), Seiso (Clean), Seiketsu (Treat), Shitsuke (Diligent)" behavior and often carries out promotions to agencies. (Pujihastuti et al., 2021)

Location and Service Bureaucracy

The hospital has the possibility to be in a strategic position with good access to transportation and assured security. (Rowe et al., 2018) In the bureaucratic procedure, promises are given in compliance with the requirements imposed. (Zia et al., 2018)

Management in Health Program

If the government allows, the hospital with a strategic plan system proposes more services in the plan with an increase in the hospital level. The strategic plan's goal is to develop the health program so that hospitals have advantages in terms of infrastructure and health workers. (Zia et al., 2018)

Government Policy

The policy or legislation is critical in shielding the execution of services from legal challenges. As a result, to provide excellent healthcare, they must adhere to the necessary rules or legislation. It is also difficult for hospitals to expand their hospital types. (Nugraheni & Kirana, 2021)

Funds

Restrictions on State financing may impact the smooth operation of the hospital's health services. It also has an impact on the supply of medications and medical equipment. The BPJS health budget or health insurance facing a deficit is also a difficulty for hospitals, which might impair work plans in health services for the hospital. (Husna et al., 2011)

C. Strategy Development Based on SWOT

A development plan in place will give a more defined and focused direction for the hospital's efforts to enhance the quality of its health services. Several other solutions are available to the hospital, including the following:

1. Improving service quality via team work

2. The hospital must be capable of improving or at the very least maintaining its current accreditation. The evaluation standards have a significant impact on the hospital's accreditation. (Arsenault et al., 2022; Keeler et al., 1992)

D. The Four Perspectives of the Balanced Scorecard

The four perspectives presented above are discussed as follows.

Customer Perspective

The customer viewpoint is concerned with the organization's ability to prosper through caring for its customers. Understanding consumers and their expectations are insufficient. (Rowe et al., 2018) Additionally, a firm must reward managers and workers that exceed consumer expectations. "Take care of your employees, and they will take care of your customers,". (Aidemark, Baraldi, Funck, & Jansson, 2010)

When evaluating the customer's viewpoint, the firm, among others, utilizes the following performance benchmarks:(Rao, Clarke, Sanderson, & Hammersley, 2006)

- a. Customer Satisfaction
- b. Customer Retention
- c. Market Share
- d. Customer profitability

Consumer satisfaction metrics indicate if a business meets or exceeds customer expectations. Customer retention or loyalty is a metric that indicates how successfully a business attempts to keep its clients.(Kruk et al., 2018)

Learning and Growth Perspective

The learning and development approach emphasizes the human potential for motivational reasons. Employee happiness, retention, and productivity are the primary metrics used to evaluate management success. Staff satisfaction acknowledges the critical role of employee morale in enhancing productivity, quality, customer satisfaction, and situational reactivity. (Gurd & Gao, 2007)

Employee retention understands that people produce organizational-specific intellectual capital and are a company's most valued non-financial asset. (Ozawa & Sripad, 2013) Employee productivity acknowledges the value of production per employee, which may be quantified in physical metrics such as pages generated or financial metrics such as revenue per employee and profit per employee. (Santiago, 1999)

Financial Perspective

The balanced scorecard uses financial performance metrics such as net income and ROI (Return On Investment), which profit-oriented enterprises often utilize. (Ozawa & Sripad, 2013) Financial benchmarks provide a standardized vocabulary for examining and comparing businesses. (Gurd & Gao, 2007)

Financial benchmarking is critical. However, directing performance toward value creation is insufficient. Additionally, non-financial benchmarks are insufficient to convey the bottom line. A balanced scorecard seeks a balance of financial and non-financial performance indicators to steer organizational performance toward success. (Santiago, 1999)

Internal Business Perspective and Production Process

Employees actively engaged in their job are the most acceptable source of fresh ideas for improving corporate procedures. (Pujihastuti et al., 2021) Relationships with suppliers are essential to success, especially in retail and assembly manufacturing. If there is an issue with the supplier, the corporation might halt manufacturing. (Rao et al., 2006)

Customers express satisfaction with the reliability and timeliness of the products and services obtained. Suppliers can please clients if they maintain a sufficient inventory to guarantee that items are always available. (Ruliyandari, 2019) One viable solution is for suppliers to increase their throughput time to prevent excessive inventory. The term "throughput time" refers to when the firm receives an order and when the client gets the goods. Reduced throughput time might be advantageous when clients want products and services immediately. (Aidemark et al., 2010)

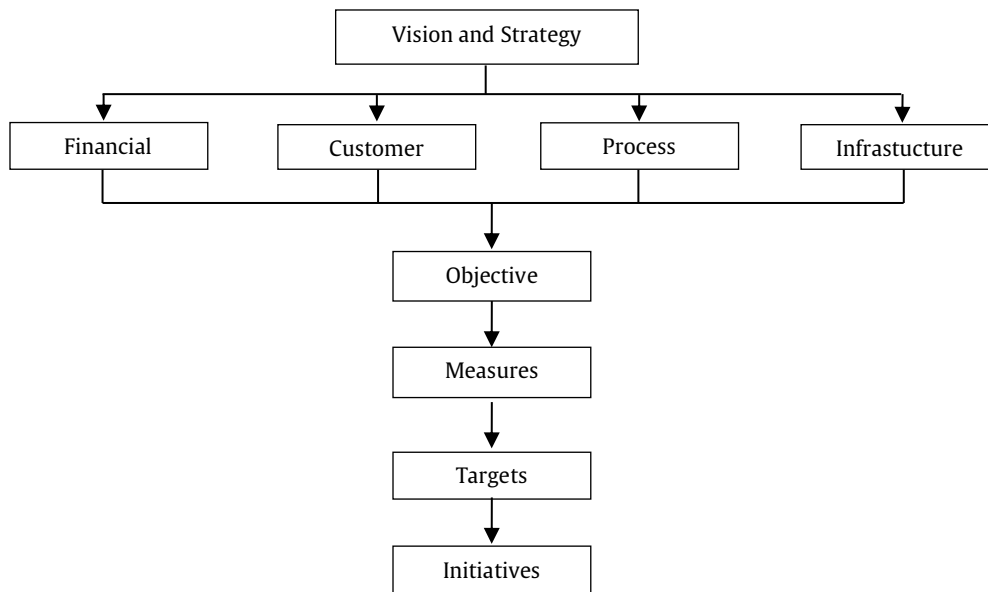


Figure 4. Quality Improvement Strategy Journey Process (Santiago, 1999)

E. Strategy in Applying the Balanced Scorecard

Hospitals may have an objective in enhancing the quality of human resources, hospital facilities, and health information systems. Benchmarks may be interpreted as the reaction of visitors/patients who get treatment there, indicating whether they are pleased or if there is a need for improvement. Initiatives detail the steps necessary to accomplish a goal the phrase "how" undoubtedly encompasses the remaining three aspects. The company must define the client segmentation, internal procedures,

and human and organizational competencies necessary to achieve its growth, revenue, and satisfaction objectives. It demonstrates how financial objectives serve as the focal point for goals, benchmarks, activities, and the other three views. (Gurd & Gao, 2007)

The strategy defines the management objectives for the four viewpoints. Translation of strategy includes the specification of goals, benchmarks, targets, and efforts for each viewpoint. The causal link between the Balanced Scorecard's four viewpoints is as follows.(Bohm et al., 2020)

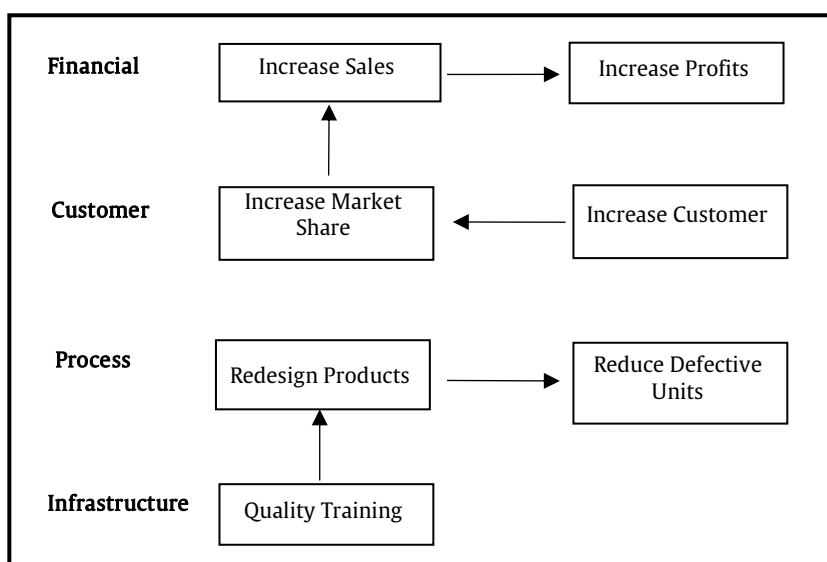


Figure 5. Cause and Effect Relationship Four Perspectives (Bohm et al., 2020)

If the hospital's quality is high, it will lessen the need for product redesign since consumers will already be aware of its high quality. If the quality is satisfactory, the patient will be happy and inform their colleagues about the hospital they visited, extending its market reach in the community. Increased market share results in increased sales and profitability. (Aidemark et al., 2010)

F. Critical Success Factors

Critical success factors are performance indicators for components of a business that are critical to its competitive advantage and, hence, success.(Street, Makoul, Arora, & Epstein, 2009) The strategic cost management system generates both financial and non-financial strategic information. Historically, businesses have placed a premium on financial performance indicators such as sales and profit growth, cash flow, and inventory value. (Speckbacher et al., 2003) In today's business climate, organizations use strategic management to prioritize non-financial operational metrics such as market share, product quality, customer happiness, and growth potential. Financial metrics illustrate the effect of firm policies and practices on the short-term financial status of the business.(Landon et al., 2006)

As a result, it also generates short-term profits for stockholders. Non-financial elements, on the other hand, indicate the company's competitive position today and in the future, a metric that is seen from three perspectives. Customers, internal company processes, innovation, and learning are all financial and non-financial strategic indicators often referred to as crucial success factors. The balanced scorecard is a strategic plan that serves as the

foundation for achieving the Critical Success Factors-identified strategy (CSFs). As seen below, each set of CSFs in the Balanced scorecard evaluates the company's overall performance against its strategic goals.(Amer et al., 2022)

Plan for Achieving Competitive Success by Focusing Attention on CSFs in Four Key Areas (RS Kaplan, 2009)

It is a competitive metric if the balanced scorecard incorporates all of the CSFs that contribute to competitive success. Consequently, the balanced scorecard assists managers in focusing on the company's CSFs and alleviates the profit-only perspective sometimes seen in accounting reports that are purely focused on financial outcomes. Additionally, the balanced scorecard gives foresight if non-financial CSFs, such as service quality and size, are met to deliver future advantages. (Aidemark et al., 2010)

G. Implementing the Balanced Scorecard

The stages in implementing the Balanced Scorecard to improve the quality of hospital services can be carried out as follows;(Aidemark et al., 2010; Amer et al., 2022; Santiago, 1999; Wiysonge C et al., 2017).

1. Management must outline the primary goals of the company.
2. The company must comprehend how stakeholders and procedures contribute to achieving its core goals.

3. The company must establish secondary goals that serve as the catalysts for the primary objective execution.
4. The company must establish a set of performance indicators for both significant and secondary goals.
5. the business must build a set of procedures and the implicit and explicit contracts that accompany

them with stakeholders to accomplish those core goals.

The organization's assumptions about how procedures produce outcomes must be explicit and, hence, public.

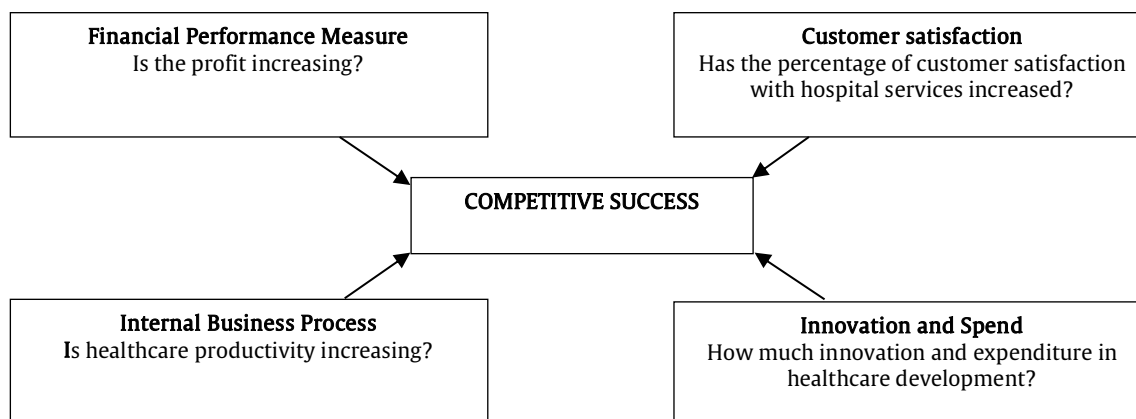


Figure 6. The Balanced Scorecard Provides an Action

CONCLUSION

It is critical to do SWOT and BSc analyses. Based on the SWOT analysis and implementation, as well as the Balanced Scorecard, it can be concluded that threats from outside the hospital are more severe because all activities and budget funds are held by the government, which means that any delay in funding from the government can affect the smooth operation of the DKT Hospital's program. Accreditation issues might potentially jeopardize the hospital's existence.

Thus, identifying and assessing the significant elements affecting the guideline implementation process and discussing the tactics discussed in this review are critical in assisting guideline implementers with their direction and decision-making. Enhancing the quality of treatment is a critical objective of managed care.

Several observers have questioned whether enrollee ratings and comments about their treatment experiences are accurate indicators of health plan quality. Our results indicate that participants' comments regarding individual health plan experiences give meaningful information about plan operations and are a substantially better predictor of quality than overall ratings. These reports seem to be indicators of health plan characteristics that significantly impact enrolled populations. Implementing a strategic plan based on SWOT analysis and BSc would raise the hospital's chances of growth by enhancing the quality and ensuring customer happiness.

Funding Statement.

The authors did not receive support from any organization for the submitted work.

Conflict of Interest Statement

The authors declared that no potential conflicts of interest with respect to the authorship and publication of this article

REFERENCES

- Aidemark, L. G., Baraldi, S., Funck, E. K., & Jansson, A. (2010). The importance of balanced scorecards in hospitals. *Studies in Managerial and Financial Accounting*, 20(2010), 363–385. [https://doi.org/10.1108/S1479-3512\(2010\)0000020016](https://doi.org/10.1108/S1479-3512(2010)0000020016)
- Amaliah, N., Herawati, Y. T., & Witcahyo, E. (2017). Analisis Swot Di Instalasi Gawat Darurat (Igd) Rumah Sakit Fathma Medika Gresik Untuk Meningkatkan Kunjungan Tahun 2016. *Jurnal Pustaka Kesehatan*, 5.
- Amary, A., & Suprayitno, S. (2021). Analisis Hubungan Fasilitas Terhadap Kepuasan Pasien Pengguna BPJS Di UPT Puskesmas Segiri Kota Samarinda. *Borneo Student Research*, 2(2), 1067–1073.
- Amer, F., Hammoud, S., Khatatbeh, H., Lohner, S., Boncz, I., & Endrei, D. (2022). The deployment of balanced scorecard in healthcare organizations: is it beneficial? A systematic review. *BMC Health Services Research*, 22(1), 1–14. <https://doi.org/10.1186/s12913-021-07452-7>
- Arsenault, C., Rowe, S. Y., Ross-Degnan, D., Peters, D. H., Roder-Dewan, S., Kruk, M. E., & Rowe, A. K. (2022). How does the effectiveness of strategies to improve healthcare provider practices in low-income and middle-income countries change after implementation? Secondary analysis of a systematic review. *BMJ Quality and Safety*, 31(2), 123–133. <https://doi.org/10.1136/bmjqs-2020-011717>
- Bajri, A., & Sulistiadi, W. (2019). Strategi Pemasaran RSUD Prof. Dr. H.M. Chatib Quzwain Sarolangun Jambi Tahun 2018. *Jurnal Administrasi Rumah Sakit*, 5(2).
- Bohm, V., Lacaille, D., Spencer, N., & Barber, C. (2020). Scoping Review of Balanced Scorecards for use in healthcare settings: development and implementation. *BMJ Open*, 10.
- Gurd, B., & Gao, T. (2007). Lives in the balance: An analysis of the balanced scorecard (BSC) in healthcare organizations. *International Journal of Productivity and Performance Management*, 57(1), 6–21. <https://doi.org/10.1108/17410400810841209>

- Huedo-Medina, T. B., Ballester, E., & Johnson, B. T. (2013). Research Syntheses Related to Childhood and Adolescent Sexuality: A Critical Review. *Handbook of Child and Adolescent Sexuality*, 41–95. <https://doi.org/10.1016/B978-0-12-387759-8.00003-9>
- Husna, N. D. U., Hakim, L., & Kristina, S. A. (2011). Analisis SWOT Dalam Perumusan Strategi Peningkatan Kepuasan Pasien Rawat Jalan Instalasi Farmasi Rumah Sakit X Samarinda. Samarinda. *Jurnal Manajemen Dan Pelayanan Farmasi*.
- Kaplan, R., & Norton, D. (1992). The Balanced Scorecard measures that drive performance. *Harvard Business Review*, 9, 70–71.
- Kaplan, RS. (2009). Conceptual foundations of the balanced scorecard. *Management Account Research*, 3, 1253–1269.
- Keeler, E. B., Rubenstein, L. V., Kahn, K. L., Draper, D., Harrison, E. R., McGinty, M. J., ... Brook, R. H. (1992). Hospital Characteristics and Quality of Care. *JAMA: The Journal of the American Medical Association*, 268(13), 1709–1714. <https://doi.org/10.1001/jama.1992.03490130097037>
- Kruk, M. E., Gage, A. D., Arsenault, C., Jordan, K., Leslie, H. H., Roder-DeWan, S., ... Pate, M. (2018). High-quality health systems in the Sustainable Development Goals era: time for a revolution. *The Lancet Global Health*, 8(11), e1196–e1252. [https://doi.org/10.1016/S2214-109X\(18\)30386-3](https://doi.org/10.1016/S2214-109X(18)30386-3)
- Kumar, P. D., & Seetharaman, H. (2008). Managing healthcare quality using combined SWOT and the analytic hierarchy process approach. *International Journal of Healthcare Technology and Management*, 9(4), 392–409. <https://doi.org/10.1504/IJHTM.2008.019675>
- Kurniasari, C. (2019). Perencanaan Strategi Berdasarkan Analisis Misi, Visi Dan Swot Rs Di Bantul Yogyakarta. *Surya Medika: Jurnal Ilmiah Ilmu Keperawatan Dan Ilmu Kesehatan Masyarakat*, 14(1), 39–50.
- Landon, B. E., Normand, S. L. T., Lessler, A., O' Malley, A. J., Schmaltz, S., Loeb, J. M., & McNeil, B. J. (2006). Quality of care for the treatment of acute medical conditions in US hospitals. *Archives of Internal Medicine*, 166(22), 2511–2517. <https://doi.org/10.1001/archinte.166.22.2511>
- McDonald, B. (2012). A review of the use of the balanced scorecard in healthcare. *BMCD Consult*, 12, 1–32.
- Nugraheni, R., & Kirana, G. R. (2021). SWOT Analysis of Hospital Health Services in DKT TK IV Hospital Kediri 2019. *Jurnal Ilmiah Kesehatan*, 10(1), 756–764. <https://doi.org/10.30994/sjik.v10i1.550>
- Ozawa, S., & Sripad, P. (2013). How do you measure trust in the health system? A systematic review of the literature. *Social Science and Medicine*, 91, 10–14. <https://doi.org/10.1016/j.socscimed.2013.05.005>
- Pratomo, G., Umaternate, A., & Febrianti, T. (2018). Evaluasi Ketersediaan Obat Instalasi Farmasi Rumah Sakit Islam PKU Muhammadiyah Palangka Raya. *Borneo Jurnal Pharmacy*, 1(1), 51–55.
- Pujihastuti, A., Hastuti, N. M., & Yuliani, N. (2021). Penerapan Sistem Informasi Manajemen Rumah Sakit dalam Mendukung Pengambilan Keputusan Manajemen. *Jurnal Manajemen Informasi Kesehatan Indonesia*, 9(2), 191–200.
- Rampengan. (2019). Persepsi Pasien Atau Keluarganya Terhadap Mutu Pelayanan Unit Gawat Darurat. *Jurnal Biomedik*, 7(3), 148–157.
- Rao, M., Clarke, A., Sanderson, C., & Hammersley, R. (2006). Patients' own assessments of quality of primary care compared with objective records based measures of technical quality of care: Cross sectional study. *British Medical Journal*, 333(7557), 19–22. <https://doi.org/10.1136/bmj.38874.499167.7C>
- Rowe, A. K., Rowe, S. Y., Peters, D. H., Holloway, K. A., Halloway, J., & Ross-Degnan, D. (2018). Effectiveness of strategies to improve health-care provider practices in low-income and middle-income countries: a systematic review. *Lancet Global Health*, 6.
- Ruliyandari, R. (2019). Strategy management with SWOT analysis on patient satisfaction rate in Dr. Sardjito Central General Hospital. *Jurnal Medicoeticolegal Dan Manajemen Rumah Sakit*, 8(2), 6–10. <https://doi.org/10.18196/jmmr.8295>
- Rulyandari, R. (2020). Persepsi Masyarakat Terhadap Kebutuhan Pelayanan Rumah Sakit Syariah di Kota Yogyakarta. *Jurnal Kesehatan Masyarakat*, 5(3), 153–161.
- Santiago, J. M. (1999). Use of the Balanced Scorecard to Improve the Quality of healthcare. *Psychiatric Services*, 50(12).
- Speckbacher, G., Bischof, J., & Pfeiffer, T. (2003). A descriptive analysis on the implementation of balanced scorecards in German-speaking countries. *Management Account Research*, 14, 361–388.
- Street, R. L., Makoul, G., Arora, N. K., & Epstein, R. M. (2009). How does communication heal? Pathways linking clinician-patient communication to health outcomes. *Patient Education and Counseling*, 74(3), 295–301. <https://doi.org/10.1016/j.pec.2008.11.015>
- Susanto, F., Simbolon, N., & Monica, E. (2021). Analisis Hubungan antara Kualitas Pelayanan dan Kepuasan Pasien Rawat Jalan Instalasi Farmasi Rumah Sakit Universitas Muhammadiyah Malang. *Pharmacy: Jurnal Farmasi Indonesia*, 18(1), 10–20.
- Tawil, M. (2018). Persepsi Masyarakat Tentang Kualitas Pelayanan Kesehatan Di Rumah Sakit Umum Daerah Kota Kotamobagu Provinsi Sulawesi Utara. *Jurnal Administrasi Publik*, 2(42).
- Widyastika. (2016). Hubungan Antara Persepsi Pasien Tentang Kualitas Pelayanan Dengan Minat Pemanfaatan Ulang Pelayanan Rawat Inap Di Puskesmas Mijen Kota Semarang. *Jurnal Kesehatan Masyarakat*, 2(1), 12–24.
- Wira, I. (2018). Hubungan Antara Persepsi Mutu Pelayanan Asuhan Keperawatan Dengan Kepuasan Pasien Rawat Inap Kelas III Di RSUD Wangaya Kota Denpasar. *Jurnal Keperawatan*.
- Wiysonge C, Paulsen, Ciapponi, Herrera, Opiyo, Pantoja, ... Oxman. (2017). Financial Arrangements for Health Systems in Low-Income Countries: an Overview of Systematic Review. *Cochrane Library*, (9).
- Yusuf, N. (2014). Pengaruh Persepsi Masyarakat Mengenai Pelayanan Kesehatan Terhadap Minat Memanfaatkan Kembali Rawatjalan RSUD Tenriawaru Bone. *Jurnal Kesehatan Masyarakat*, 2(1), 89–102.
- Zia, H. K., Semiaty, R., & Lita, R. P. (2018). Analisis Swot Sebagai Penentu Strategi Pemasaran Pada Rumah Sakit Gigi Dan Mulut Baiturrahmah Padang. *Jurnal Kesehatan Andalas*.

