



Strategic Alliance Design Formulation of 'Aisyiyah Kudus Hospital with Muhammadiyah' s Clinics in Kudus District Indonesia

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ABSTRACT

A strategic alliance is a form of long-term cooperation, between two or more organizations that aims to improve services and profits by utilizing shared resources where the more cooperation or alliances that are built, the more partnership and communication actions will be in accordance with the benefits and goals you want to be achieved. This research aims to design a strategic alliance for Muhammadiyah-'Aisyiyah Health Charitable Unit or Amal Usaha Muhammadiyah-'Aisyiyah Kesehatan (AUMAKES) in Kudus Regency. This type of research is a qualitative approach with data collection methods using observation techniques and in-depth interviews (IDIs). The informants were 1 hospital leader, 4 clinics leaders, and 1 Majelis of Public Health or Majelis Pembina Kesehatan Umum (MPKU) of Muhammadiyah Regional Council or Pimpinan Daerah Muhammadiyah (PDM) Kudus Regency. The IDIs data were audio recorded, transcribed verbatim, and subjected to content analysis. The study results found that the alliance strategic positioning of AUMAKES Kudus is in the third phase, namely the phase of expanding the relationship and in quadrant I on the Cartesian diagram means proactive or offensive to plan and expand the relationship. Besides that, strategic alliance positioning and several forms of AUMAKES strategic alliances that can be implemented in Kudus Regency include referral systems, human resources, information technology, finance, services, marketing, pharmacy, accreditation and training. With many forms of strategic alliances that can benefit AUMAKES, there needs to be a fast movement and commitment from all parties to realize this strategic alliance immediately.

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Kata kunci:

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ABSTRAK

Aliansi strategis suatu bentuk kerjasama jangka panjang, antara dua atau lebih organisasi yang bertujuan untuk meningkatkan layanan dan keuntungan dengan memanfaatkan sumber daya bersama dimana semakin banyak kerjasama atau aliansi yang terbangun, maka akan semakin banyak pula tindakan kemitraan dan komunikasi sesuai dengan manfaat dan tujuan yang ingin dicapai. Banyak cara untuk merumuskan dan merencanakan aliansi strategis ini, salah satunya dengan analisis SWOT terlebih dahulu untuk mengetahui positioning aliansi yang sudah ada sekarang. Selanjutnya, dari hasil analisis tersebut dapat dibuat rancangan aliansi strategis yang disesuaikan dengan outcome yang diinginkan. Tujuan dari penelitian ini adalah untuk membuat rancangan aliansi strategis yang ideal untuk AUMAKES di Kabupaten Kudus. Jenis penelitian ini adalah pendekatan kualitatif dengan metode pengambilan data menggunakan teknik observasi dan wawancara mendalam. Sample merupakan 4 orang pimpinan AUMAKES di Kabupaten Kudus dan 1 orang anggota MPKU PDM Kudus. Data dianalisis dengan teknik analisis konten kualitatif. Pada hasil

penelitian didapatkan positioning aliansi strategis dan 10 bentuk aliansi yang dapat diterapkan AUMAKES di Kabupaten Kudus. Dengan banyaknya bentuk aliansi strategis yang bisa menguntungkan AUMAKES, perlu adanya gerakan cepat dan komitmen dari segala pihak untuk segera merealisasikan aliansi strategis ini.

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INTRODUCTION

Health services in Indonesia are now guided by the policy of implementing the National Health Insurance (NHI) program. The NHI program aims to provide health protection in order to meet the basic health needs provided to everyone as stated in Regulation of the Minister of Health of the Republic of Indonesia No. 18 of 2014. Health facilities that work together with Social Security Administration Body or as known as Badan Penyelenggara Jaminan Sosial (BPJS) as National Health Insurance providers have two levels, namely Primary Care (Fasilitas Kesehatan Tingkat Pertama/FKTP) and Hospital as Advanced Level Health Facilities (Fasilitas Kesehatan Tingkat Lanjutan/FKTL). In providing health services, health facilities, both primary care and hospital, adhere to a tiered referral system in which primary care's include Puskesmas and Clinics serve as gatekeepers (Kesehatan, 2014). In the gatekeeper concept, primary care is tasked with administering basic health to meet the health needs of NHI participants in a complete, integrated and quality manner. In addition, primary care also serves as a filter or regulates participant access to the hospitals through a tiered referral system (Kesehatan, 2015).

Implementation of tiered referral system in the NHI program creates a synergistic relationship between health facilities. Having primary and advanced level health facilities in the same holding will make it easier to optimize this tiered referral system (Ratnasari, 2017). Primary care must be able to provide complete and comprehensive services so that non-specialist patient services can be optimized, while cases that cannot be handled can be immediately referred to hospital so that they can immediately get the best treatment (Rukmini & Ristrini, 2015).

Muhammadiyah as a social organization understands the importance of building a community as the core and focus of the Muhammadiyah movement (Rohani, 2021). In carrying out its charitable efforts in the health sector, Muhammadiyah has a structure that has been determined in the Muhammadiyah Congress. With an organizational structure and clear guidelines, it makes the internal and external management of Muhammadiyah's charities more organized (Purba & Ponirin, 2013). The charitable management system in the health sector is carried out through integrated management, has good governance, supervision of standards and quality of service. Muhammadiyah is determined to build a network of Muhammadiyah health services in order to build a strong, strategic and fast service support capacity by building a health service plan that synergizes with hospitals and other AUMAKES. The optimization aims to increase the number of AUMAKES as a satellite clinic for Muhammadiyah and 'Aisyiyah hospitals in both developed and remote areas (Muhammadiyah, 2015).

The Regional Leadership of Muhammadiyah-'Aisyiyah Kudus Regency has 4 (four) charities in the health sector,

namely the 'Aisyiyah Kudus Hospital, the Primary Clinic of Muhammadiyah Asy-Syifa' Janggalan, the Primary Clinic of Muhammadiyah Wates, and the Primary Clinic of Muhammadiyah Pasuruan. The four AUMAKES have collaborated with BPJS-Kesehatan (BPJS-Health) and opened health services according to their level. The 'Aisyiyah Kudus Hospital is the only AUMAKES at the Hospital level in Kudus Regency with type D and will develop into a type C hospital. The specialist services provided at the 'Aisyiyah Kudus Hospital are complete for a type D hospital class. Due to still implementing a tiered referral system, making 'Aisyiyah Hospital must be able to collaborate with Primary Clinic, which is still included in the referral zone of 'Aisyiyah Kudus Hospital. Muhammadiyah's Primary Clinics in Kudus Regency are all included in the referral zone of the 'Aisyiyah Kudus Hospital; hence this can be used optimally to support the outpatient services of the 'Aisyiyah Hospital. However, it is not only the Primary Clinic that plays a role in supporting services at the 'Aisyiyah Hospital but also vice versa. This synergy is also expected to bring benefits to the existing primary clinic.

A strategic alliance is partnership between two or more companies/organizations that develop common strengths to achieve specified goals (Adams, 2001). Hospital service quality needs to be increased due to tight competition (Hidayah, 2018). Before moving towards the ideal strategic alliance, it is necessary to do an internal and external analysis of the health facility first. By understanding the internal environment, such as the organizational structure, organizational culture, and resources of the health facility, we can assess the strengths and weaknesses of the health facility. This analysis will be complete after we identifying opportunities and threats through the external environment, including the physical environment, social environment, and task environment. With the data we have obtained, a SWOT (strengths, weaknesses, opportunities and threats) analysis can be carried out, which can be used as the main driving force for formulating the ideal strategic alliance design (Cravens et al., 2000).

The implementation of health services between between 'Aisyiyah Kudus Hospital and Muhammadiyah clinics so far has also seemed to run independently. The lack of communication between AUMAKES makes there no synergy that can improve the services of each AUMAKES. Implementating strategic management in the form of strategic alliances is very suitable to be applied in this condition. Therefore it is necessary to conduct research to formulate a strategic alliance design that can be implemented at 'Aisyiyah Kudus Hospital with Muhammadiyah Clinics in Kudus Regency. The aims of this study is to evaluate the collaboration that has been established and explore the SWOT related to the strategic alliance between the 'Aisyiyah Kudus Hospital and the Muhammadiyah Clinic in Kudus Regency and formulate a potential strategic alliance design that can be applied to the

Hospital 'Aisyiyah Kudus with the Muhammadiyah Clinic in Kudus Regency.

the Muhammadiyah-'Aisyiyah Health Business Charity in Kudus Regency.

Study setting and Participant

This research was conducted in four AUMAKES in Kudus Regency, namely the 'Aisyiyah Kudus Hospital, KPM Asy-Syifa' Janggalan, KPM Asy-Syifa' Wates and KPM Pasuruan which had collaborated with BPJS-Kesehatan. Sampling was carried out using a purposive sampling method by taking AUMAKES leaders in Kudus Regency as key informants (Table 1).

METHOD

Study design

The type of research used in this study is a qualitative descriptive approach. This research aims to be able to formulate a strategic alliance design that can be applied to

Table 1. Demographics Data of Informants

NO	CODE	AGE (year)	GENDER	LAST EDUCATION	ACCUPATION
1	R1	36	Male	postgraduate, general practitioners	Clinic Director
2	R2	48	Male	postgraduate, general practitioners	Hospital Director
3	R3	32	Female	undergraduate, general practitioners	Clinic Vice Director
4	R4	37	Male	postgraduate, general practitioners	Clinic Director
5	T1	52	Male	undergraduate, spesialis doctor	MPKU
6	T2	31	Male	undergraduate, general practitioners	Head of Hospital' s Legal Unit

Data Collection & Instrument

Data collection techniques were carried out by in-depth interviews with research subjects (1 director of hospital and 3 clinics director/ leaders) and 1 staff of MPKU PDM Kudus. The researcher used an in-depth interview guide to be able to find out the implementation of the collaboration that has been carried out and to formulate a strategic alliance design that can be applied to the 'Aisyiyah Kudus Hospital with Muhammadiyah Clinics in Kudus Regency. Before being used, this interview guide was reviewed by strategic management experts and qualitative research experts. As for credibility, this efforts were conducted to ensure that all existing variables and theories were covered. Besides that, the researcher need to colect further information about the research findings and conduct member-checking. Each interview took approximately 60-90 minutes and during interview, no other person accompanied or aided the informants in answering question. Observation was also conducted to understand and determine the condition of each AUMAKES about strategic alliance. All data collection were conducted by principal investigator (PI).

Data Analysis

There are many ways to formulate and plan this strategic alliance, one of which is by using a SWOT analysis first to find out the positioning of the existing alliances. Researchers conducted a SWOT analysis related to the strategic alliance of AUMAKES Kudus Regency by looking for external and internal strategic factors to be processed using strategic area decision-making analysis techniques. The key success factors that are used as the basis for the SWOT analysis are obtained from the analysis of in-depth interview transcripts with content analysis. Four factor to be analyzed are internal factors (Strengths and Weaknesses) and external factors (Opportunity and Threats).

Once the strategic factor is determined, then the data is processed. Processing of data begins from the decomposition, ranking, production and calculation of the External Factor Analysis Summary (EFAS) and Internal Factor Analysis Summary (IFAS) matrix by the informants and put the value in microsoft excel for SWOT analysis. Next, the

second step is to multiply the results of the assessment of the internal strategic factors by the internal strategic factors. Step three is to summarize the internal factors, then step four is to calculate the weight relative to each indicator of the strength and weakness factors so that the total weight value becomes 1. In the same way, weights and weights relative to external factors (possibilities and threats) are also calculated. The rating is given by the informants based on the probability that it will happen in the short term. The assessment criteria are 5 (very strong) to 1 (very weak) for internal factors, and 1 (very strong) to 5 (very weak) for external factors. Scores are derived from multiplied weights by rating. The results of the calculations carried out are then poured into a Cartesian diagram to determine the position of the SWOT analysis.

Beside that, content analysis was used to elucidate study findings by identifying critical data patterns. The researcher uses this content analytic technique to examine data from the interview narratives/transcripts obtained to find out the current conditions regarding the alliance that has been carried out by the four AUMAKES in Kudus Regency using the N-Vivo application and then formulates a strategic alliance design that can be applied to the four AUMAKES. Data coding was conducted by PI, meanwhile the 2nd author reviewed the results of data analysis.

Trustworthiness

Trustworthiness was established trough three ways: credibility; transferability; and confirmability. Strategy used to increase credibility is to use source triangulation, namely using the perspective of different information sources in obtaining data and exploring the truth, as well as member checking to confirm the correctness of the data obtained in the study. Transferability was performed by purposive sampling with an emphasis on the characteristics of the subject so that it is in accordance with the conceptual understanding of the topic under study. In addition, researchers also document data and write down as much detail as possible so that readers can evaluate whether the results of this study can be applied in different contexts or places. This research confirmability was performed using audit trail components: ethical clearance and licensing

documents; raw data and in-depth interview recordings; transcript of in-depth interview results; results of the data reduction process, analysis (analytic comments in transcripts, working hypotheses, coding); the researcher's diary regarding the research process; material related to the reflection of the researcher; information on data collection guidelines and analysis results

RESULTS AND DISCUSSION

Three major result in this study are Strategic Alliance Phase, SWOT Analysis and Strategic Alliance Design for AUMAKES in Kudus District. All three are interrelated and are set forth in the following explanation.

Strategic Alliance Phase

There are 4 (four) phases of the strategic alliance that AUMAKES must go through to achieve the desired goals. From the results of in-depth interviews, informants said that AUMAKES in Kudus had passed phase one, namely there was awareness of the importance of partnerships and partner selection, where businesses would choose suitable partners who could build complementary capabilities. The next phase is the exploration phase, where each AUMAKES has already carried out a search for a suitable partner, namely among other health business charities, between fellow clinics and between clinics and hospitals.

The third phase is the phase of expanding the relationship between AUMAKES with one another. A common perception is needed in order to realize the alignment of goals and expected outcomes. This can be seen from the results of interviews with informants who stated the following.

"...hmmm...a lot of docs, firstly, the concept of network health facilities can really be implemented. Between the first health facility and the advanced health facility. Second, the fulfillment of infrastructure facilities in health facility one, the clinic means the dock, can help each other, and especially assisted by agencies that are bigger above it, namely RSA" (R3)

The third phase of the alliance stage is still being explored by each AUMAKES, and it can be seen from the results of the following interviews that AUMAKES in Kudus District have not yet entered the fourth stage, or the commitment stage. A common perception is needed in order to realize the alignment of goals and expected outcomes. This can be seen from the results of interviews with informants who stated the following.

"As far as I know, doc, because recently I have also participated, it's just coordination between AUMKES, between leaders, for cooperation that doesn't seem to have a formal doc"(R3)

SWOT Analysis

Four strategic factor to be analyzed in SWOT analysis are internal factors (Strengths and Weaknesses) and external factors (Opportunity and Threats). The explanation of each of these factors are:

1) Strength Factors:

- Has a Muhammadiyah clinic as a network for hospitals
- Has 'Aisyiyah Hospital which is a stable hospital as the parent of AUMAKES
- Have Islamic excellent service
- Having Muhammadiyah citizens as loyal customers
- Cooperating with BPJS of health, BPJS of labour and other private insurance
- Human resources that matches the qualifications and competencies
- Clinic locations are scattered in various regions
- Affordable service prices for the Kudus community

2) Weakness Factors:

- There are not many marketing pawns in the community yet
- Less than optimal digital marketing facilities for market penetration
- There is no integrated information technology system for all AUMAKES
- Medical and paramedical human resources have not optimized competence
- There are no shared guidelines for cooperation/ alliance between AUMAKES
- Work culture is not optimal
- Excellent service is not yet comprehensive
- No strategic plan about strategic alliance between health facilities yet

3) Opportunity Factors:

- Increasing the number of collaborations with other companies and private parties
- Development of excellent services in each AUMAKES
- Telemedicine in Kudus is not very developed yet
- Integration of joint pharmaceutical purchase
- Comprehensive services from FKTP to Islamic-based FKTL do not yet exist
- Ease of joint financial management
- Clinics that are integrated with hospital services do not yet exist
- Increase the number of insurance partnerships

4) Threat Factors:

- Unhealthy health facility tariff competition
- The high price of drugs, medical equipment, and medical support
- Changes in government and BPJS-Kesehatan policies
- The rapid development of other health facilities
- Medical technology and information technology are increasingly sophisticated
- Public demand for improving health services is high
- Society is increasingly critical of health laws

The following Table 2 is about EFAS and IFAS calculations where the rating is given by the informants. From the results, the most prominent external strategic factor is the development of excellent services in each AUMAKES and the high price of drugs, medical equipment, and medical support. While the internal strategic factors that have the highest scores are cooperating with BPJS-kesehatan, BPJS-Labour and other private insurance and no strategic plan about strategic alliance between AUMAKES yet.

Table 2 Calculation of External Factor Analysis Strategy (EFAS)

Code	Strategic Factor	Weight	Rating	Score
O.1	Development of excellent services in each AUMAKES	0.10249	5.2	0.532953
O.2	Increase the number of insurance partnerships	0.0903	4.6	0.415361
O.3	Increasing the number of collaborations with other companies and private parties	0.10194	4	0.40775
O.4	Clinics that are integrated with hospital services do not yet exist	0.08161	3.6	0.293805
O.5	Comprehensive services from FKTP to Islamic-based FKTL do not yet exist	0.08192	3.6	0.294917
O.6	Ease of joint financial management	0.05592	3.4	0.19014
O.7	Telemedicine in Kudus is not very developed yet	0.05699	2.4	0.136774
O.8	Integration of pharmaceutical procurement	0.05254	1.8	0.094576
				2.36628
Code	Strategic Factor	Weight	Rating	Score
T.1	The high price of drugs, medical equipment, and medical support	0.07655	5.2	0.398075
T.2	Changes in government and BPJS policies	0.05527	4.2	0.232145
T.3	The rapid development of other health facilities	0.0415	4	0.166012
T.4	Medical technology and information technology are increasingly sophisticated	0.06473	3.8	0.245958
T.5	Public demand for improving health services is high	0.05789	3.6	0.208417
T.6	More and more new health facilities in Kudus	0.03172	3.6	0.114189
T.7	Society is increasingly critical of health laws	0.0264	2.8	0.073919
T.8	Unhealthy health facility tariff competition	0.02222	0.8	0.017776
				1.456492

Table 3 Calculation of Internal Factor Analysis Strategy (IFAS)

Code	Strategic Factor	Weight	Rating	Score
S.1	Cooperating with BPJS-Kesehatan, BPJS-TK and other private insurance	0.09055	5.8	0.525166
S.2	HR that matches the qualifications and competencies	0.1264	3.8	0.480304
S.3	Has Aisyiyah Hospital which is a stable hospital as the parent of AUMAKES	0.05904	3.8	0.224357
S.4	Affordable service prices for the Kudus community	0.06802	3.6	0.244856
S.5	Having a Muhammadiyah clinic as a network of hospitals	0.06732	3.4	0.228898
S.6	Have Islamic excellent service	0.0814	3.2	0.260475
S.7	Having Muhammadiyah citizens as loyal customers	0.05069	2.2	0.11151
S.8	Clinic locations spread across various regions	0.04723	2.2	0.103913
				2.17948
Code	Strategic Factor	Weight	Rating	Score
W.1	No strategic plan about strategic alliance between AUMAKES yet	0.06458	5.2	0.335833
W.2	There is no integrated IT system for all AUMAKES	0.07611	4.2	0.319654
W.3	There are no shared guidelines for cooperation between AUMAKES	0.05435	3.6	0.195677
W.4	Less than optimal digital marketing facilities for market penetration	0.04321	3.6	0.155557
W.5	There aren't many marketing pawns in the community yet	0.03336	3.2	0.106743
W.6	Medical and paramedical human resources have not been able to carry out their competence to the fullest	0.05882	3	0.176463
W.7	Work culture is not optimal	0.05665	2.6	0.147285
W.8	Excellent service is not yet comprehensive	0.02228	2.6	0.057923
				1.49514

From the results of the EFAS and IFAS calculations above, it can be plotted through a Cartesian diagram by calculating the X axis and Y axis. For the X axis calculation is to subtract the total score of strengths and weaknesses (2.17948 – 1.49514) and get a positive X-axis value of 0.68. While the calculation of the Y axis by subtracting the total score of opportunities with threats (2.36628-1.456492) and a positive value is also obtained at 0.91. The position of the

mapping on the Cartesian diagram of strategic alliance is in the Opportunity-Strength strategy (Quadrant I). In Quadrant I, it also means that the position of the AUMAKES strategic alliance must be proactive or offensive to plan and expand the relationship.

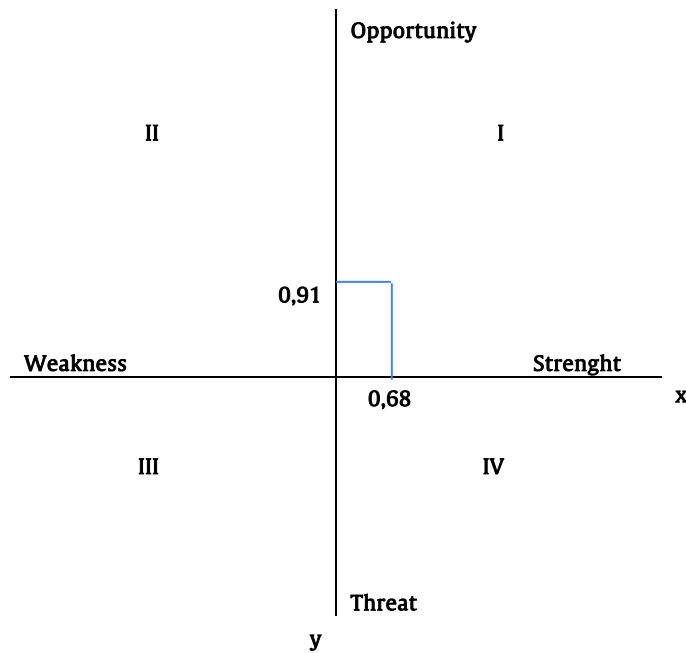


Figure 1. Position of Alliance Strategy on Cartesian Diagram

Strategic Alliance Design for AUMAKES in Kudus District

In analyzing the results of in-depth interviews with informants, the theme of the AUMAKES strategic alliance was also obtained which was divided into 2 sub-themes, namely legality and the form of the AUMAKES strategic alliance.

a. sub-theme 1: Strategic Alliance Legality

Informants pointed out that legality in the formation of strategic alliances is very important to be carried out so that they can be used as a basis and guide in carrying out these alliances. The legality here can be in the form of an MoU or an agreement between AUMAKES as the legal umbrella, as stated by the following informant.

"Oh yes, it is clear that there is an MoU, before we collaborate, we must first examine the legality and benefits for the hospital, so it is clearer and there is a legal umbrella. ... yes, it is clear that we really need clarity. If the clinic is indeed a satellite of the 'Aisyiyah Hospital, there should be an MoU agreed in black and white" (R2)

There are three things that are discussed in the sub-theme related to the legality of strategic alliances between AUMAKES in Kudus Regency, the first things is strategic alliance guidelines. In carrying out strategic alliances, it is very necessary to have some predetermined guidelines, for example guidelines on the form of alliances, guidelines on honorarium and guidelines on monitoring and evaluation. The second things is strategic alliance stages, namely the appointment of a person in charge (in this case the MPKU) by PDM Kudus, setting goals, forming & designing alliance guidelines, signing agreements between parties, monitoring and evaluating the alliances that have been implemented. And the last things is authority in the strategic alliance, which is in forming this strategic alliance, it is also necessary

to have parties who have the authority and competence as initiators, supervisors and executors. Without establishing the elements that have the authority to carry out monitoring and evaluation, this alliance between AUMAKES can encounter problems later.

b. Sub-theme 2: Forms of Strategic Alliances

There are eleven forms of strategic alliances obtained from the results of in-depth interviews with informants. These eleven forms can be applied in strategic alliances between AUMAKES in Kudus Regency. The strategic alliances form, such as :

1) Referral System

From the results of in-depth interviews, one of the most discussed forms of strategic alliances was found, namely cooperation between AUMAKES related to referral services from the primary care to hospital. This is as conveyed by the following informants.

"Well, for collaboration with hospitals, another thing that becomes an advantage is related to service. If the patient cannot be treated or resolved at the primary care level, we will immediately refer him to the hospital for further treatment" (R1)

2) Facilities and Infrastructure

The second thing that forms a strategic alliance between AUMAKES in Kudus Regency is related to facilities or infrastructure. Both the fulfillment of facilities and infrastructure with the grant or full support method as well as the joint procurement method, as was conveyed by the following informant.

"So we started around 2016. The clinic was built from branches, after that we were fully supported by 'Aisyiyah

Hospital until the operational permit was issued. After that, a year later, we are still fully assisted, finance, human resources, medical equipment, and the doctor too” (R4)

3) Human Resources

Informants said that the form of a strategic alliance related to the utilization or management of human resources in AUMAKES has the potential to be carried out to get maximum benefits from this strategic alliance. This is evidenced from the results of in-depth interviews with the following informant.

“... how can we optimize, so not only maximize it, but optimize the existing human resources and natural resources, so that if there is a vacancy in one clinic, another clinic can cover it or assist it. This also applies to hospitals, if there is still a vacancy in human resources at the clinic, for example a doctor, and at the hospital there are still available doctors, it can be recommended to fill the vacancy at the clinic” (R1)

4) Information Technology (IT)

The development of information technology has not escaped being a form of strategic alliance between AUMAKES in Kudus Regency. According to informant, an integrated information system between AUMAKES will support service progress, as follow.

“As for IT, it can link and match between clinical networks, BPJS networks, and hospitals. This adaptation, in terms of IT, there are already regulations that require every clinic to use the e-medical record system, so we have to prepare from now on” (R2)

5) Finances

According to the informants, the next form of strategic alliance that can be implemented is financial cooperation. One form of financial cooperation is in the form of funding support from a larger agency to an agency below it, as is the case with the following informant.

“... which is related to finance. So if a good network is formed, we can work together regarding finance. Even though it doesn't mean disbursing funds for free, yes, but it can be done in other ways, the important thing is that we can support each other financially for AUMAKES who are in need” (R3)

6) Health Service

One informant also said that alliances in the form of services, such as support services, could also be a form of strategic alliance between AUMAKES that could be worked on, as stated below.

“Then support facilities if they are deemed necessary. These supporting examinations include radiology services, then ultrasound, so we will refer them to the hospital to get these services” (R1)

7) Marketing

Knowing what the market and customers want is one of the techniques for AUMAKES to develop, this was also

conveyed by several informants about the importance of forms of cooperation related to marketing both digitally and conventionally. Following are the result of interview with informant.

“...maybe we can start with digital marketing, where we can create content that can be used for the marketing of the three clinics, or even later new clinics will appear that will appear, yes they belong to Muhammadiyah too, it would be even better if it turns out that they can also market the 'Aisyiyah Hospital also as our referral center” (R4)

8) Pharmacy

Drug and pharmacy procurement is a big asset in health facilities, including AUMAKES in Kudus Regency. With this strategic alliance, it is hoped that it will also be in the form of pharmaceutical cooperation, both in the procurement of drugs and medical devices. This joint procurement can have a big impact on each AUMAKES. This is in accordance with what was conveyed by the following informant.

“In terms of medicine and so on as well as the lack of facilities in clinics such as beds and others, this can be supported by larger institutions with providers from MPKU. We can do it, procure a joint pharmacy for all AUMAKES in Kudus, get it cheaper and get quality medicine” (R2)

9) Accreditation

The implementation of accreditation that has been required by stakeholders for both hospitals and clinics has also provided an opportunity for AUMAKES to carry out this alliance. Preparation of documents, assistance and implementation of accreditation can be carried out simultaneously so that AUMAKES can run more easily. This is as stated by the following informant.

“Accreditation, yes... regarding accreditation, for example, it can produce formulations such as guidance/assistance, surveys, joint document collection. ... Yesterday from the results of the agreement with profession organisation, four clinics will be combined for accreditation guidance” (R1)

10) Training

The development of human resources in health facilities cannot be separated from continuous lifelong learning. Implementation of this training or in-house training can also be carried out simultaneously so that in one activity, a lot of potential is developed from all AUMAKES. This should be used to ease the burden on smaller institutions, as stated by the following informant.

“Oh, one more thing, here you are, in 'Aisyiyah Hospital there are often trainings, but rarely or even never from the clinic participate in the in-house training” (R2)

11) Work Culture

Market developments also highlight the excellent service provided by health facilities to their customers. Complete service is not only about carrying out existing operational standards and guidelines, but also must become a work culture in these health facilities. This is as conveyed by the following informant.

"Fourth, about service. Now patients are asking not only to be served quickly and easily, but to be friendly and fun. Sick people want to be hospitable, so if we can't provide excellent service, it's difficult... the patient is moving. So we have to be able to apply a good and Islamic work culture as our trademark so that we...once again...are accepted by the market" (R2)

DISCUSSION

The study discovered that there are many forms and benefits that can be achieved by carrying out strategic alliances, especially strategic alliances between AUMAKES. Although there are no official guidelines regarding this strategic alliance, adjustments and exploration of each AUMAKES are necessary to achieve an optimal strategic alliance. Support from AUMAKES Management, MPKU and PDM must be increased and realized in the form of a real joint commitment.

The finding indicate that the positioning of the strategic alliance between AUMAKES in Kudus is in the phase of expanding the relationship between AUMAKES with one another where a common perception is needed in order to realize the alignment of goals and expected outcomes to be achieved. In this phase, it shows that strategic management in this case is a form of strategic alliance backed by a mature plan before being followed by the implementation of commitments and proper control. This is in line with the results of the SWOT analysis which shows that the position of this strategic alliance is in quadrant 1, which is proactive or offensive towards the development and progress of this strategic alliance between AUMAKES.

Our study used SWOT analysis to produce several strategic factors each from the aspects of strengths, weaknesses, opportunities and threats. The calculation of this strategic factor ultimately shows that the position of this strategic alliance is in quadrant 1, which is proactive or offensive. This is in line with the positioning of the AUMAKES Kudus strategic alliance, which is also in the phase of expanding relations. Determining the strategy that is finally set will be successful if the strategy can adapt to changes that occur around, such as changes in the environment, competitors, and the internal situation of the organization itself (Lahdji & Pribadi, 2014). The strategic alliance planning and commitment process of the organization must adhere to the principles of developing its strengths, minimizing existing weaknesses, taking all opportunities that exist and being vigilant while eliminating impeding threats. Thus, the use of SWOT analysis is expected to be a company guideline to take the next step (Sulistiani, 2014).

After analyzing the positioning and SWOT of this strategic alliance, based on the results of this research, the next stage is the need for careful planning starting with the appointment to who is in charge of the implementation of this strategic alliance, namely MPKU PDM Kudus. Alliance managers must be able to facilitate effective communication and coordination which then form alliances on the basis of trust. Alliance managers must also be able to direct, monitor and evaluate the course of cooperation and must always be able to see specific resources to be used as competitive advantages so that the balance of the alliance is maintained (Ireland et al., 2002).

Establishing guidelines and determining the outcome of this strategic alliance is the next step in the planning process. The guidelines that are made must be mutually

agreed so that there are no obstacles in the journey of this alliance in the future. Determination of the outcome of the strategic alliance that is desired by all parties can be seen from the forms of alliance that will be executed. From the results of this study, there are several forms of ideal alliances to run in AUMAKES Kudus Regency, namely forms of cooperation related to referrals, facilities and infrastructure, human resources, information technology, finance, services, marketing, pharmacy, preparation and implementation of accreditation and joint training. between AUMAKES. This is in line with the concept of a synergistic strategic alliance, where several companies create economic scope and shared services and then create multi-functional or multi-business synergies among partner companies. This synergy then creates facilities, research and products that can be used to achieve mutual benefits and generate savings (economic of scope) without having a merger (Volberda et al., 2011).

This is also in line with research which states that the form of referrals between health facilities is very important to maintain quality and quantity to increase health worker satisfaction and patient satisfaction. With the existence of a referral system that is of good quality and according to regulations, it can reduce service costs, reduce the number of unnecessary referrals so that it can improve the quality of services at the primary level. The referral system can also be upgraded according to current global conditions where it is already paperless, namely with an e-referral system. This system will be integrated with IT owned by each health facility to make tracking and feedback easier (Azamar-Alonso et al., 2019).

One form of strategic alliance obtained from this research is related to the infrastructure and facilities of health facilities. In studies that focus on how to optimize infrastructure beyond expectations with minimal costs, this is a form of collaboration with other companies that are still related, in this case, with other health facilities that are still in the same scope of ownership. This form of cooperation complements each other and helps the completeness of facilities and infrastructure to really help companies complete their goals earlier than the target (Zajac et al., 2011).

In addition, the role of office holders is also very important for the creation of strategic alliances between health services. With the right policies and regulations implemented by all lines of health facilities, harmonious cooperation can be created regarding financing, strategic purchasing, resource mobilization, procurement, pricing and drug distribution, promotion of health education, infrastructure, human resources, ethics professional and work culture. If everything has been achieved and controlled, there will be an equal distribution of health in all regions, financial risk protection and public satisfaction (Yip et al., 2019).

The final step of planning this strategic alliance is the formation of a commitment, where this commitment must be stated in a legal form and can be accounted for before the law. Understand that behavior and interactions in these alliances serve as signals of trust and commitment to partners. The role of the alliance manager is very important to maintain this commitment to build strong and effective alliance relationships (Ireland et al., 2002).

LIMITATION OF THE STUDY

This study has several strength and limitation. The strength of this research lies in the diversity of informants

ranging from primary health care management, hospitals, and MPKU as supervisors who describe the actual condition of AUMAKES in Kudus Regency. SWOT calculations were also carried out jointly by informants with diverse backgrounds. On the other hand, as a qualitative research, the information obtained in this research is contextualized. Therefore, interpretation needs to be done with use caution, especially if the study results are to be used elsewhere.

CONCLUSIONS AND SUGGESTIONS

Based on the results of research on the AUMAKES Strategic Alliance in Kudus Regency, it can be concluded that strategic alliances have been implemented in all Health Business Charities owned by Muhammadiyah-'Aisyiyah in Kudus Regency with external parties to improve performance and services in each of these health facilities. For the existing alliance strategic phase, AUMAKES in Kudus Regency is in the third phase is the phase of expanding the relationship. A common perception is needed in order to realize the alignment of goals and expected outcomes. The results of the SWOT analysis related to the AUMAKES Strategic Alliance in Kudus Regency, which is in quadrant one, which supports aggressive strategies in the continuation of this AUMAKES Strategic Alliance. Besides that, legalization is needed as the legal basis for implementing the AUMAKES strategic alliance in Kudus Regency, some of which are the appointment of the competent authorities, making alliance guidelines and signing a collective agreement. Several forms of AUMAKES strategic alliances that can be implemented in Kudus Regency include referral systems, human resources, information technology, finance, services, marketing, pharmacy, accreditation and training.

From the conclusion above, it is suggested that AUMAKES actively participate in initiating this alliance activity for the AUMAKES person in charge or the management so that they can immediately apply the ideal form of strategic alliance in Kudus Regency.

In addition, in this study there were no results or data comparing the strategic alliance design made with AUMAKES in other districts that had successfully implemented this strategic alliance well. This can be used as a further research design with the comparative method.

ETHICAL CONSIDERATIONS

This research has obtained an ethical approval certificate from the Health Research Ethics Commission of the University of Muhammadiyah Kudus (UMKU) number 13/Z-5/KEPK/UMKU/VII/2022 on July 7, 2022

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Conflict of Interest Statement

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