



Article

# Analysis Hospital Competitor: A Market, Resources and Service Quality Based Framework Through Social Media

Anif Prasetyorini <sup>1,\*</sup>, Serlly Frida Drastyana <sup>2</sup>, Puryanti<sup>3</sup> and Dyan Angesti<sup>4</sup>

<sup>1</sup> STIKES Yayasan RS Dr. Soetomo; [anif\\_prasetyorini@stikes-yrsds.ac.id](mailto:anif_prasetyorini@stikes-yrsds.ac.id)

<sup>2</sup> STIKES Yayasan RS Dr. Soetomo; [serlly\\_frida@stikes-yrsds.ac.id](mailto:serlly_frida@stikes-yrsds.ac.id)

<sup>3</sup> STIKES Yayasan RS Dr. Soetomo; [puriyanti9812@gmail.com](mailto:puriyanti9812@gmail.com)

<sup>4</sup> STIKES Yayasan RS Dr. Soetomo; [dyanangesti@gmail.com](mailto:dyanangesti@gmail.com)

\* Correspondence: [anif\\_prasetyorini@stikes-yrsds.ac.id](mailto:anif_prasetyorini@stikes-yrsds.ac.id); Tel.: 6285732666787

**Abstract:** The increasing number of hospitals requires them to segment the market. Hospitals can optimize marketing efforts, improve customer satisfaction, and achieve business goals more effectively. The purpose of the study to identify competitors and analyze hospital competitors based on market commonality, resource similarity and service quality. This type of research is quantitative descriptive research with a cross-sectional study approach. The population of this study is all hospitals with a maximum distance of 20 km from A Hospital, amounting to 8 hospitals. All secondary data analyzed by descriptive statistic. According to market commonality, "An" dan "K" hospital are hospitals that are direct competitor. Based on resurces similarity, "An", "C", "K" hospital are hospitals that are direct competitors. The weakness of service quality of direct competitors lies in the specialist doctor arrivals which do not comply with the established operational schedule and the quality of service which is less than satisfactory, starting from registration to purchasing medicine. So the way for hospitals to compete with direct competitors who have the same target market and resources must increase responsiveness, reliability and tangible aspects.

**Keywords:** competitor analysis, hospital, market, resources, quality

**Citation:** A. Prasetyorini, S. F. Drastyana, P. Puryanti, and D. Angesti, "Analysis Hospital Competitor: A Market, Resources and Service Quality Based Framework Through Social Media", *IJHIS*, vol. 3, no. 1, pp. 78–90, May 2025.

Received: 24-03-2025  
Accepted: 25-05-2025  
Published: 30-05-2025



**Copyright:** © 2025 by the authors. Submitted for possible open access publication under the terms and conditions of the Creative Commons Attribution-ShareAlike 4.0 International License (CC BY SA) license (<http://creativecommons.org/licenses/by-sa/4.0/>).

## 1. Introduction

The number of hospitals in Indonesia has continued to increase in recent years. In 2023, there were 3,155 hospital units, consisting of general hospitals and specialty hospitals. This increase is also seen from year to year, with the number of hospitals in 2023 being greater than in 2022 (3,072 units). The development of the number of hospitals, increasing public awareness of optimal health services. This will affect the increase in health care competition. Health service owners are increasingly paying special attention to the development of business strategies in hospitals to take the right strategic steps in the context of hospitals for business competition [1] The district in East Java Province that has the largest number of villages/sub-districts is X Regency with 474 villages/sub-districts. X Regency is a district that has 16 general hospitals, 1 special hospital [2]. In order to realize a better public health index, X Regency now has a new general hospital, namely Hospital "A". The overall number of patient visits at this hospital has fluctuated in 2024. Based on the Hospital "A" Medical Record Unit Data Report, it shows that there was a decrease in the number of visits in the third quarter of 2024 by 3%. Competition among hospital has long been energized as a instrument to extend esteem for patients. In other words, competition guarantees the arrangement of way better items and administrations to fulfill desires of patients.

Digital transformation offers various benefits, counting expanded proficiency and efficiency, progressed client involvement, and improved decision-making. It streamlines forms, diminishes mistakes, and empowers superior asset administration through mechanization and data-driven experiences. Moreover, it cultivates dexterity and

development, permitting businesses to adjust to changing showcase conditions and remain competitive. For over two decades, there have been hints that social media is a source of information for patients' healthcare decisions. Social media marketing is defined as the process by which companies create, communicate, and deliver marketing offerings online through the use of social media platforms [3]. The development of digital science and technology which is growing rapidly day by day can be utilized and maximized by business people who use this social media platform as a means of digital promotion so as to help increase brand awareness of a product, thus increasing sales and increasing turnover for companies or business [4].

Hospitals need strategic planning through the process of analysis, formulation and evaluation of strategies in carrying out business development. Strategic planning aims for hospitals to be able to objectively see internal and external conditions, so that hospitals can anticipate changes in their environment. The stages in preparing a Business Strategy Plan include external analysis, internal analysis, strategic direction, execution/implementation strategy and performance expectations or supervision of strategy implementation [5].

One form of external analysis in preparing an agency's strategic plan is competitor analysis. Research that specifically discusses hospital competitor analysis is very rare. So far, the framework of thinking used in conducting competitor analysis in general is based on the manager's approach [6], the market and resource approach [7], [8], the monitoring information system approach [9], the market and company position [10], and resource advantages [11]. So far, the use of the competitor analysis concept has not been able to combine the market, resources with the quality of service experience felt by patients honestly. Data collection from several approaches only uses primary data, not secondary data such as social media. The use of social media as a reference is highly recommended considering the development of patient needs.

This study focuses more on analyzing competitors based on aspects of market commonality, resource similarity and service quality. This is because first, patients who want to get health services must adjust to a tiered system, namely primary health facilities and secondary health facilities consisting of secondary health services and tertiary health services [12]. Second, the referral system is carried out as a form of reciprocal delegation of health service tasks and responsibilities, both vertically and horizontally to patients in all health facilities [13]. Even though there is a referral system, BPJS Health patients in Indonesia still have the freedom to choose the hospital they want to go to, as long as the hospital is working with BPJS Health. Third, hospital leaders set priorities for improvement at the hospital level which is a process that has a broad/comprehensive impact on the hospital, namely patient satisfaction with the quality of services [14].

Competitor analysis to develop competitor awareness hierarchy. It is useful to introduce resource equivalence to help managers assess their competitors' strengths and weaknesses in terms of comparative capabilities. So that competitor analysis can develop a series of propositions about the possible attacks and responses of various types of competitors [6]. Market commonality is the level of target or market similarity of hospitals. Resource similarity is the level of similarity of specialist doctors owned. Service quality is the type of dissatisfaction experienced by patients while being served at the hospital. So this study aims to identify competitors and analyze hospital competitors based on market commonality, resource similarity and service quality.

## 2. Materials and Methods

This type of research is quantitative descriptive research with a cross-sectional study approach. The population of this study is all hospitals with a maximum distance of 20 km [15] from Hospital A, amounting to 8 hospitals. All hospitals with a maximum distance of 20 km from the research object were taken as samples in the study, amounting to 8 hospitals. This study uses two stages, namely competitor identification and competitor

analysis. To find market commonality, we identify of superior services at hospital websites and instagram. The categories of market commonality are high (if the competitor has superior services > 75% of the services owned by "A" Hospital) and same (if the competitor has superior services ≤ 75% of the services owned by "A" Hospital). Similarity of resources seen from the hospital website and instagram with high category (if the competitor has at least 2 specialist doctors based on basic medical services and other supporting specialists); low (if the competitor has more specialist doctors than basic medical services); and the same (if the competitor has 4 specialist doctors for basic medical services). while service quality is seen from Google reviews with content analysis. Then the author categorizes dissatisfaction with service quality based on the RATER dimension (reliable, assurance, tangible, empathy and responsiveness). Competitor identification is an effort to identify competitors around the research object hospital which is reviewed based on market commonality, resource similarity [6] and service quality [16]. The categories of competitor identification are direct competitors (if competitors have the same market and high resources); indirect competitors (if competitors have high market similarities but have low resource similarities); potential competitors (if competitors have the same market and similar resources at the same level but different qualifications). Competitor analysis is an effort to assess the strength of competitors based on resource equality. Six categories are direct competitors and have high resource equivalency; direct competitors and have low resource equivalency; indirect competitors and have high resource equivalency, indirect competitors and have low resource equivalency, potential competitors and have high resource equivalency; potential competitors and have low resource equivalency

Then to analyze competitors with content analysis and descriptively. This research approved by the Institutional Review Board (or Ethics Committee) of STIKES Yayasan RS Dr Soetomo with number KPEK/YRSDS/083/IX/2024.

### 3. Results and Discussion

#### 3.1. Results

Competitor identification is an effort to identify competitors around the research object hospital which is reviewed based on market commonality, resource similarity and service quality. The competitor categories are divided into 3, namely direct competitors, indirect competitors and potential competitors. Determination of competitors of "A" Hospital is based on the type of hospital and its distance. The competitors in question are general hospitals with a maximum distance of 20 km [15] from "A" Hospital.

**Table 1.** Competitor Summary of Hospital "A" in 2024

Competitor	Types of competing hospitals	Website Ownership
"M" Hospital	B	Yes
"N" Hospital	C	Yes
"S" Hospital	B	Yes
"An" Hospital	D	No
"C" Hospital	D	Yes
"I" Hospital	C	Yes
"F" Hospital	C	Yes
"K" Hospital	D	Yes
"A" Hospital	D	No

Based on the table, it can be seen that the most competing hospitals for "A" Hospital are types C and D. Almost all competitors have websites, there is only one competitor that does not have a website, namely "An" Hospital.

**Table 2.** Types of Competitor Services

Types of Competitor Services	Hospitals									
	"M"	"N"	"S"	"An"	"C"	"T"	"F"	"K"	"A"	
24 Hour Emergency Room	√	√	√	√	√	√	√	√	√	√
24 Hour Central Surgical Installation	√	√	√	√	√	√	√	√	√	√
24 Hours Laboratory	√	√	√	√	√	√	√	√	√	√
X-Ray Radiology	√	√	√	-	√	√	√	√	√	√
24 hour Pharmacy Installation	√	√	√	√	√	√	√	√	√	√
Outpatient Poly	√	√	√	√	√	√	√	√	√	√
Medical Rehab Polyclinic	√	√	√	-	-	√	-	-	-	√
SC Operation with ERACS	√	√	√	√	√	√	√	-	-	√
Inpatient	√	√	√	√	√	√	√	√	√	√
NICU / PICU / ICU	√	√	√	-	√	√	√	-	-	√
Instalasi Endoscopy & Colonoscopy	√	√	√	-	-	√	√	-	-	√
Ambulance 24 hours	√	√	√	√	√	√	-	√	-	√
Embalming of the Body	√	√	√	√	√	√	√	√	√	√
USG 4D	√	√	√	√	√	√	√	√	√	√
Laparoscopy	√	√	√	-	-	√	-	-	-	-
Microneurosurgery	√	-	-	-	-	-	-	-	-	-
Vaksinasi internasional	√	-	-	-	-	-	-	√	-	-
Cardiac Catheterization and Interventions	√	-	-	-	-	-	-	-	-	-
Thulium and Holmium Laser Kidney Stones	√	-	-	-	-	-	-	-	-	-
Phaco Emulsifikasi	√	√	√	-	-	√	-	-	-	-
Hemodialisa	√	√	√	-	-	-	-	-	-	-
Percentage of the same type of service as Hospital "A"	14 (100%)	14 (100%)	14 (100%)	10 (71,43%)	12 (85,71%)	14 (100%)	12 (85,71%)	10 (71,43%)	14 (100%)	
Number of different types of services with Hospital "A"	6	3	3	0	0	2	0	1		
Market Commonality Category	High	High	High	Equal	High	High	High	Equal		

Based on the table, it can be seen that only "An" and "K" Hospital are competing hospitals that have target markets at the same level based on the services provided.

Table 3. Distribution of Availability of Specialist Doctors in Competitor Hospitals and "A" Hospital in 2024

Availability of Specialist Doctors	Hospitals								
	"M"	"N"	"S"	"An"	"C"	"I"	"F"	"K"	"A"
Pediatric specialist	√	√	√	√	√	√	√	√	√
Obstetrics and Gynecology	√	√	√	√	√	√	√	√	√
Surgical specialist	√	√	√	√	√	√	√	-	√
Internal specialist	√	√	√	√	√	√	√	-	√
Heart specialist	√	√	√	-	-	√	-	√	√
Anesthesia specialist	√	√	√	-	√	√	√	-	-
Skin and Venereology specialist	√	-	√	-	-	-	√	-	-
Eye specialist	√	√	√	-	-	√	√	√	√
Neurology specialist	√	√	√	-	-	√	-	√	√
Orthopedi	√	√	√	-	-	√	-	-	√
Lung specialist	√	√	√	-	-	√	√	-	√
Clinical Pathology Specialist	√	√	√	-	-	√	√	√	-
Anatomical Pathology specialist	√	-	√	-	-	-	-	-	-
Psychiatry specialist	√	-	√	-	-	√	-	-	-
Radiology specialist	√	√	√	-	-	√	√	-	-
Medical Rehabilitation Specialist	√	√	√	-	-	√	-	-	√
THT	√	-	√	-	-	√	-	-	-
Urology	√	√	√	-	-	√	-	-	-
Conservative Teeth	√	√	-	-	-	-	-	-	-
Dental Periodontics	√	-	-	-	-	-	-	-	-
Orthodontic Teeth	√	-	-	-	-	-	-	-	-
<i>Resources Similarity Category</i>	Low	Low	Low	High	High	Low	Low	High	

Based on the table, it can be seen that Hospital "An", Hospital "C" and Hospital "K" are hospitals that have the same ability to meet customer needs. The most competing hospitals of "A" Hospital are hospital with type of C and D.

Competitor analysis needs to be done to see our competitor categories. Through competitor analysis, it will be easier for decision makers to implement more targeted marketing strategies. Competitor analysis is done by analyzing the equivalence of human resources owned with the competitor categories that have been obtained in the early stages.

**Table 4.** Competitor Analysis Results

Competitors	Market commonality	Resources similarity	Competitor category	Human Resource Equality	Analysis Results
"M"	High	Low	Indirect Competitors	Low	Indirect Competitors with low human resource equivalency
"N"	High	Low	Indirect Competitors	Low	Indirect Competitors with low human resource equivalency
"S"	High	Low	Indirect Competitors	Low	Indirect Competitors with low human resource equivalency
"An"	Equal	High	Direct Competitors	High	Direct Competitors with high human resource equality
"C"	High	High	Direct Competitors	High	Direct Competitors with high human resource equality
"I"	High	Low	Indirect Competitors	Low	Indirect Competitors with low Resource Equivalence
"F"	High	Low	Indirect Competitors	Low	Indirect Competitors with low Resource Equivalence
"K"	Equal	High	Direct Competitors	Low	Direct Competitors with low HR equivalency (lower than Hospital "A")
"A"					

Based on the table, it can be seen that the competitor hospitals that are included in the direct competitor category with high equivalency are Hospital "An" and Hospital "C". Hospital "K" is a direct competitor with low HR equivalency, even lower than Hospital "A". There are advantages of Hospital "A" compared to direct competitor hospitals, namely the availability of cardiologists, eye doctors, neurologists, orthopedics, lungs and medical rehabilitation that are not owned by direct competitor hospitals. Based on the results of the Google review, the following is a list of weaknesses of competitor hospitals that can be used as a basis for determining a good service strategy for direct and indirect competitors.

**Table 5.** Competitor Analysis Based on Quality of Service to Patients in Google Reviews Over the Past Year

Competitors	Competitors Category	Rate of satisfaction (Google reviews)	Service quality through google reviews	Conclusion
"M"	Indirect Competitors with low human resource equivalency	4,8	<ol style="list-style-type: none"> <li>1. The visiting system is too complicated (Responsiveness)</li> <li>2. The cleanliness of the bathroom is still lacking (Tangible)</li> <li>3. Dissatisfaction with the service of one of the internal medicine specialists when explaining information (Reliability)</li> <li>4. Dissatisfaction with the security guard service (Reliability)</li> <li>5. Dissatisfaction with the front office service (Reliability)</li> <li>6. Unclear flow in the pharmacy installation (Responsiveness)</li> <li>7. Unfriendliness of nurses in the Operating Room (Assurance)</li> </ol>	The majority of patient dissatisfaction at Hospital "M" is related to the reliability aspect.
"N"	Indirect Competitors with low human resource equivalency	4,1	<ol style="list-style-type: none"> <li>1. There are no partitions between wards (Tangible)</li> <li>2. Cleanliness of inpatient rooms and bathrooms is still lacking (Tangible)</li> <li>3. Doctors arrive late from the scheduled time (Responsiveness)</li> <li>4. Information for surgical services is less informative (Responsiveness)</li> <li>5. Security guards and officers are less responsive to patients who come (Responsiveness)</li> <li>6. Polyclinic services are very long (Responsiveness)</li> <li>7. Dissatisfaction with nursing services (Reliability)</li> </ol>	The majority of patient dissatisfaction at Hospital "N" is related to the responsiveness aspect.

Competitors	Competitors Category	Rate of satisfaction (Google reviews)	Service quality through google reviews	Conclusion
			<ul style="list-style-type: none"> <li>8. Differences in service provision for BPJS and non-BPJS patients (Emphaty)</li> <li>9. Unclear provision of service and price information to patients (Responsiveness)</li> <li>10. Emergency room doctor services are less than satisfactory (Reliability)</li> <li>11. 11. Queue for non-prepared drugs is more than 3 hours (Responsiveness)</li> </ul>	
"S"	Indirect Competitors with low human resource equivalency	4,1	<ul style="list-style-type: none"> <li>1. The lights in the laboratory are off (Tangible)</li> <li>2. Security is rude and unfriendly (Assurance)</li> <li>3. Service in the old radiology unit (Responsiveness)</li> <li>4. The VIP inpatient bathroom is not clean (Tangible)</li> <li>5. The motorbike parking area is not neatly arranged and the number of parking attendants is lacking (Tangible)</li> <li>6. The pharmacy installation service is too crowded for inpatients (Assurance)</li> <li>7. The emergency room service is not very responsive (Reliability)</li> <li>8. There is only 1 online patient registration counter (Responsiveness)</li> <li>9. Facilities in the inpatient room need to be improved (Tangible)</li> </ul>	The majority of patient dissatisfaction at Hospital "S" is related to tangible aspects.
"I"	Direct Competitors with high human resource equality	4,3	<ul style="list-style-type: none"> <li>1. Unclear information for surgery patients (Responsiveness)</li> <li>2. Facilities are still inadequate for newborn care (Tangible)</li> <li>3. Canteen facilities are too far away (Tangible)</li> <li>4. Pediatricians do not arrive on time (Responsiveness)</li> <li>5. Registration services are less than satisfactory (Reliability)</li> <li>6. Pharmacy installation services are very slow (Responsiveness)</li> </ul>	The majority of patient dissatisfaction at Hospital "I" is related to the responsiveness aspect.

Competitors	Competitors Category	Rate of satisfaction (Google reviews)	Service quality through google reviews	Conclusion
			<ol style="list-style-type: none"> <li>7. Many mosquitoes in the inpatient room (Tangible)</li> <li>8. Nursing services are less than satisfactory (Reliability)</li> <li>9. Services in the inpatient section are less than satisfactory because they are still waiting for a prescription from the doctor (Responsiveness)</li> <li>10. Nursing services in the ER are less than responsive (Responsiveness)</li> <li>11. Pediatricians services are less than satisfactory (Reliability)</li> </ol>	
"F"	Direct Competitors with high human resource equality	3,7	<ol style="list-style-type: none"> <li>1. The doctor's arrival was not in accordance with the scheduled operating hours (Responsiveness)</li> <li>2. Outpatient services were not satisfactory (Reliability)</li> <li>3. Hospital staff services were not satisfactory (Reliability)</li> <li>4. There needs to be information on hospital costs before the procedure (Responsiveness)</li> <li>5. The service of one of the specialist doctors was not satisfactory (Reliability)</li> <li>6. The nurse's service was not satisfactory (Reliability)</li> <li>7. The security guard was not friendly (Assurance)</li> <li>8. There was a lack of coordination between employees in providing services (Assurance)</li> </ol>	The majority of patient dissatisfaction at Hospital "F" is related to the reliability aspect.
"An"	Indirect Competitors with low Resource Equivalence	4,5	<ol style="list-style-type: none"> <li>1. The doctor's arrival was not on time (Responsiveness)</li> <li>2. The pharmacy installation service is slow (Reliability)</li> <li>3. The provision of medication is not informative (Responsiveness)</li> <li>4. The cashier's service is very slow (Reliability)</li> </ol>	The majority of patient dissatisfaction at "An" Hospital is related to the responsiveness and reliability aspects.
"C"	Indirect Competitors with low	4,6	<ol style="list-style-type: none"> <li>1. The doctor's arrival is not on time (Responsiveness)</li> </ol>	The majority of patient dissatisfaction at

Competitors	Competitors Category	Rate of satisfaction (Google reviews)	Service quality through google reviews	Conclusion
	Resource Equivalence		<ol style="list-style-type: none"> <li>2. The doctor's service is not satisfactory (Reliability)</li> <li>3. The hospital is small (Tangible)</li> </ol>	Hospital "C" is related to the aspects of responsiveness, reliability and tangible.
"K"	Direct Competitors with low HR equivalency (lower than Hospital "A")	4,4	<ol style="list-style-type: none"> <li>1. The nurses' service is not friendly (Assurance)</li> <li>2. The AC facility is broken (Tangible)</li> <li>3. The bathroom is not clean (Tangible)</li> <li>4. The doctor's arrival is very long (Responsiveness)</li> <li>5. There are many cockroaches (Tangible)</li> <li>6. The pharmacy service is very slow (Responsiveness)</li> <li>7. There is an offer from the hospital to use general payments, not using BPJS (Reliability)</li> <li>8. The service in the post-operative room is not satisfactory (Reliability)</li> <li>9. The patient waiting room is not comfortable (Tangible)</li> </ol>	The majority of patient dissatisfaction at Hospital "M" is related to tangible aspects.
"A"		3,8	<ol style="list-style-type: none"> <li>1. No certainty about the arrival time of the specialist doctor (Responsiveness)</li> <li>2. Availability of water and soap facilities at the sink (Tangible)</li> <li>3. Accident case services take a long time (Responsiveness)</li> <li>4. Unfriendly service (Assurance)</li> </ol>	The majority of patient dissatisfaction at Hospital "A" is related to the responsiveness aspect.

### 3.2. Discussion

Strategic group analysis (also known as strategic group mapping) is a framework for revealing the different market or competitive positions that rivals occupy in the industry. Based on the table, it can be seen that the competing hospitals that are included in the direct competitor category with high equality are Hospital "An" and Hospital "C". Hospital "K" is a direct competitor with low human resource equality, even lower than Hospital "A". However, Hospital "K" is a competitor that has shown a form of willingness to cooperate through referral patients that have been carried out. Strategic management requires leadership skills that are able to make key decisions, overcome existing obstacles or problems, and maximize opportunities.

A noteworthy component of the show is the organization's vital mission and objectives. The mission or objective of an organization gives a common heading with

respect to quality of wellbeing and costs that reflects the in general organizational inner environment. An industry's outside environment, of which competition may be a major driver, impacts the vital course of the organizations inside the industry. The mission characterizes what an organization can do in terms of quality and costs and expresses the essential values and standards that direct how administrations are conveyed. In Hospital Institutions, strategic management is carried out continuously, meaning that it is sustainable by evaluating and also controlling internal business, conducting competitor analysis, and determining strategies to be able to compete with other hospitals and have superior programs that can improve the quality of service and patient satisfaction [18].

Dissatisfaction with the quality of service that occurs in several direct competitor hospitals are responsiveness, reliability and tangible aspects. Effective marketing strategies for hospitals in the digital era include building brand awareness through digital platforms, increasing engagement with patients through social media and websites, utilizing digital technology to improve patient services, building networks and collaboration with related parties, and building an effective referral system. This marketing strategy is expected to increase hospital competitiveness, attract more patients and increase patient satisfaction [17].

Most of the customer complaints from competing hospitals are about the doctor's arrival time which is considered not in accordance with the operational schedule that has been set, the quality of service of doctors, nurses, front office staff, pharmacists, security and all staff involved with patients which needs to be improved, the cleanliness of the hospital which has not been properly considered, hospital facilities which need to be maintained regularly.

Integrated Quality Management in the health sector must prioritize the fulfillment of quality needs because quality is the main factor in service, improving the quality is done by making continuous improvements to all aspects of the Hospital. The implementation of Integrated Quality Management in Hospital "A" can be implemented based on the principle of Total Quality Management. The principles in question are first, focusing on patients (through evaluation of work and parties involved in the problem). Second, leadership in the hospital is based on internal regulations (Hospital By Laws) which in the implementation of Integrated Quality each field is given authority to the heads of departments to manage and regulate each respective department according to the established Standard Operating Procedures. Third, the involvement of all employees in hospital accreditation and coordination meetings. Fourth, the process approach is carried out from the time the patient arrives until they go home according to the standard procedure for the patient handling flow. Finally, decision-making based on evidence from the survey results of the Hospital Quality Improvement and Patient Safety Committee and the Health Social Security Administration Agency is then used as data and information for decision-making [19].

The tiered referral system is a health service system for the community that aims to control the quality and cost of services in the National Health Insurance system. This system is also designed so that the health services received by patients can be optimal and patients can be satisfied with the service [13]. Indicators of health service quality, namely reliability, responsiveness, empathy, assurance, and tangible, all have a significant influence on patient satisfaction in hospitals [20]. Customer satisfaction is a post-purchase evaluation where the alternative chosen at least provides the same results or exceeds customer expectations, while dissatisfaction arises if the results obtained do not meet customer expectations [21].

A great opportunity is there to improve patient's satisfaction level if the service quality is improved around the time of patient and health care provider interaction and facility amenity services. Besides, improving the health literacy of service providers and devising a strategy to routinely assess satisfaction level of patients in the facility is critical. On top of this, providing tailored on-the-job training for health care workers in the facility

is a crucial step in order to improve their knowledge and skills to render patient-centered quality service to improve their patients' satisfaction. Using a checklist during service delivery may improve client patient interaction and ensure the standard [22]. Satisfaction with medical staff is the most significant factor that has a positive effect on inpatient satisfaction. Doctors' expertise (with trust and good communication skills) is more important to patients than satisfaction with nurses or other staff [23].

Organizations can progress the quality of wellbeing care and persistent fulfillment through speculations in difficult and delicate advances in arrange to develop and keep up a reasonable understanding base. Strategic positioning based on this research is the ownership of resources that its direct competitor hospitals do not have. The availability of resources for heart, eye, nerve, orthopedic and medical rehabilitation doctors should be an advantage that needs to be developed by "A" Hospital. This is because direct competitors do not have these doctor resources. So to anticipate the delay in the arrival of the doctor, it is necessary to evaluate and monitor the doctor's practice schedule so that there is no delay in the doctor. This requires monitoring and evaluation when starting service hours and for the registration section, it is better to use an online system from the patient registering, taking a queue number to choosing a polyclinic doctor to speed up the outpatient service process [24].

While Google reviews can provide valuable insight into customer satisfaction, they do have some limitations. Google reviews may not always reflect the opinions of the entire customer base, as some customers may not leave reviews, or the reviews that are written may not be representative of the overall customer experience. Additionally, negative reviews can have a significant impact on the perception of a business, and fake or inaccurate reviews can damage a business's reputation.

#### 4. Conclusions

Hospital "An", Hospital "C" and Hospital "K" are hospitals that have the same capabilities to meet customer needs. Competitor hospitals that are included in the direct competitor category with high equality are Hospital "An" and Hospital "C". Hospital "K" is a direct competitor with low resources similarity, even lower than Hospital "A". Patient dissatisfaction that occurs in hospitals with direct competitor categories are responsiveness, reliability and tangible aspects. Therefore, hospitals must immediately fix the dissatisfaction that occurs for short strategy and prevent dissatisfaction regarding responsiveness, reliability and tangible aspects from occurring for long term strategies. For further research, there needs to be a business strategy based on competitor analysis with website versions and real conditions.

**Author Contributions:** Conceptualization, A.P.; methodology, A.P.; software, S.F.D.; validation, S.F.D., and P.Y.; formal analysis, P.Y.; investigation, A.P.; resources, A.P.; data curation, A.P, and P.Y.; writing—original draft preparation, S.F.D., and P.Y.; writing—review and editing, A.P.; visualization, A.P.; supervision, A.P.; project administration, D.A.; funding acquisition, D.A. All authors have read and agreed to the published version of the manuscript.

**Funding:** This research was funded by STIKES Yayasan RS Dr Soetomo, Indonesia.

**Conflicts of Interest:** There is no.

#### References

- [1] T. W. Rahayu, A. H. Rahim, Sri Suwarsi, Muhardi, and Ahmad Arif Nurrahman, "Analisis SWOT Model Bisnis Kanvas dalam Strategi Peningkatan Persaingan Rumah Sakit," *Jurnal Riset Manajemen dan Bisnis*, pp. 73–82, Dec. 2024, doi: 10.29313/jrmb.v4i2.4000.
- [2] A. Prasetyorini, *Dasar Perencanaan RS Dalam Mendukung Angka Harapan Hidup Daerah*. Perkumpulan Rumah Cemerlang Indonesia, 2024.

- [3] P. Hartanto, R. Hurriyati, and P. D. Dirgantari, "Analisis Sosial Media Marketing Terhadap Purchase Intention," *Jurnal Informatika Ekonomi Bisnis*, pp. 227–232, Dec. 2022, doi: 10.37034/infv4i4.180.
- [4] D. Puspasari and R. Hadithya, "Pemanfaatan Sosial Media Marketing Melalui Konten pada Instagram dalam Upaya Meningkatkan Brand Image Sebuah Produk," *Jurnal Manajemen Bisnis dan Keuangan*, vol. 4, no. 2, pp. 239–252, Oct. 2023, doi: 10.51805/jmbk.v4i2.122.
- [5] Muhardi, A. Hendarta, S. Chan, and J. Kristiaji, *Strategic Management Rencana Strategi Bisnis Rumah Sakit*. Bandung: Refika Aditama, 2020.
- [6] M. Bergen and M. A. Peteraf, "Competitor identification and competitor analysis: A broad-based managerial approach," *Managerial and Decision Economics*, vol. 23, no. 4–5, pp. 157–169, 2002, doi: 10.1002/mde.1059.
- [7] M.-J. Chen, "Competitor Analysis And Interfirm Rivalry: Toward A Theoretical Integration," 1996.
- [8] M. A. Peteraf and M. E. Bergen, "Scanning dynamic competitive landscapes: A market-based and resource-based framework," *Strategic Management Journal*, vol. 24, no. 10 SPEC ISS., pp. 1027–1041, 2003, doi: 10.1002/smj.325.
- [9] S. Fong, "Framework of competitor analysis by monitoring information on the web," *Journal of Emerging Technologies in Web Intelligence*, vol. 4, no. 1, pp. 77–83, Feb. 2012, doi: 10.4304/jetwi.4.1.77-83.
- [10] A. Y. Adom, I. Kofi Nyarko, G. Narki, and K. Som, "Competitor Analysis in Strategic Management: Is it a Worthwhile Managerial Practice in Contemporary Times?," *An International Peer-reviewed Journal*, vol. 24, p. S. 116-125, 2016.
- [11] C. M. Wittmann, "Resource-advantage theory, market segmentation and competitor analysis," *Journal of Marketing Management*, vol. 40, no. 13–14, Nov. 2024.
- [12] M. Dahlan, I. Setyopranoto, and L. Trisnantoro, "Evaluasi Implementasi Program Jaminan Kesehatan Nasional Terhadap Pasien Stroke Di RSUP Dr. Sardjito Evaluation Research Of Universal Health Coverage For Stroke Care In The Sardjito General Hospital," *Jurnal Kebijakan Kesehatan Indonesia*, vol. 6, no. 2, pp. 73–82, 2017.
- [13] M. E. Setiawati and R. H. Nurrizka, "Evaluasi Pelaksanaan Sistem Rujukan Berjenjang Dalam Program Jaminan Kesehatan Nasional," *Jurnal Kebijakan Kesehatan Indonesia*, vol. 8, no. 1, pp. 35–40, 2019.
- [14] K. K. Republik Indonesia, *Keputusan Menteri Kesehatan Republik Indonesia Nomor Hk.01.07/Menkes/1596/2024 Tentang Standar Akreditasi Rumah Sakit*. Indonesia, 2024.
- [15] R. Tanaka, M. Matsuzaka, S. Nakaji, and Y. Sasaki, "Influence of distance from home to hospital on survival among lung cancer patients," *Asian Pacific Journal of Cancer Prevention*, vol. 17, no. 11, pp. 5025–5030, Nov. 2016, doi: 10.22034/APJCP.2016.17.11.5025.
- [16] B. S. Rintyarna *et al.*, "Modelling Service Quality of Internet Service Providers during COVID-19: The Customer Perspective Based on Twitter Dataset," *Informatics*, vol. 9, no. 1, Mar. 2022, doi: 10.3390/informatics9010011.
- [17] Y. Restiani Widjaja, K. Ibliyah, and S. Rahmawati Pontoh, "Pembangunan Strategi Pemasaran untuk Meningkatkan Daya Saing Rumah Sakit di Era Digital," 2024.
- [18] Made Santika, Vip Paramarta, and Ittang Somba, "Pentingnya Penerapan Strategik Manajemen Di Rumah Sakit: Kajian Teoritis," *Jurnal Ilmu Kedokteran dan Kesehatan Indonesia*, vol. 3, no. 3, pp. 178–185, Sep. 2023, doi: 10.55606/jikki.v3i3.2172.
- [19] H. Bakobat, M. Wullur, and J. S. B. Sumarauw, "Analisis Penerapan Manajemen Mutu Terpadu Di Rumah Sakit Budi Mulia Bitung," *Jurnal EMBA*, vol. 9, no. 4, pp. 622–631, Oct. 2021.
- [20] A. Setianingsih and A. S. Susanti, "Pengaruh Kualitas Pelayanan Kesehatan Terhadap Kepuasan Pasien Di Rumah Sakit 'S,'" *Jurnal Menara Medika*, vol. 4, pp. 22–27, Sep. 2021.
- [21] A. Dwi Cahyono, "Studi Kepustakaan Mengenai Kualitas Pelayanan Terhadap Kepuasan Pasien Rawat Jalan Di Rumah Sakit," *Jurnal Ilmiah Pamenang*, vol. 2, no. 2, pp. 1–6, Dec. 2020, doi: 10.53599.
- [22] N. Asamrew, A. A. Endris, and M. Tadesse, "Level of Patient Satisfaction with Inpatient Services and Its Determinants: A Study of a Specialized Hospital in Ethiopia," 2020, *Hindawi Limited*. doi: 10.1155/2020/2473469.
- [23] B. Gavurova, J. Dvorsky, and B. Popesko, "Patient satisfaction determinants of inpatient healthcare," *Int J Environ Res Public Health*, vol. 18, no. 21, Nov. 2021, doi: 10.3390/ijerph182111337.
- [24] S. Fauziyyah, "Analisis Waktu Tunggu Pelayanan Terhadap Kepuasan Pasien Di RSUD Cempaka Putih Tahun 2020," 2021, [Online]. Available: <http://ejournal.urindo.ac.id/index.php/MARSI>